ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Dreyer Ambulatory Surgery Center
Street Address:	1221 N Highland Ave
City and Zip Code:	Aurora, IL 60506
County: Cook	Health Service Area: 8 Health Planning Area: 089

Legislators

State Senator Name: Linda Holmes
State Representative Name: Barbara Hernandez

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Dreyer Ambulatory Surgery Center, an Illinois Partnership
Street Address:	1221 N Highland Ave
City and Zip Code:	Aurora, IL 60506
Name of Registered Agent:	Michael Kerns
Registered Agent Street Address:	3075 Highland Parkway
Registered Agent City and Zip Code:	Downers Grove, IL 60515
President:	Jeffrey Bahr
CEO Street Address:	1221 N Highland Ave
CEO City and Zip Code:	Aurora, IL 60506
CEO Telephone Number:	630-264-8475

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☒ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Joe Ourth
Title:	Attorney
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number:	312-876-7815
E-mail Address:	joe.ourth@saul.com
Fax Number:	312-876-6215

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Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Dreyer Clinic, Inc.
Street Address:	1221 N Highland Ave
City and Zip Code:	Aurora, IL 60506
Name of Registered Agent:	Michael Kerns
Registered Agent Street Address:	3075 Highland Parkway
Registered Agent City and Zip Code:	Downers Grove, IL 60515
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Type of Ownership of Applicants

☐ Non-profit Corporation ☐ Partnership
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☐ Limited Liability Company ☐ Sole Proprietorship ☐
Other

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County: Cook		Health Service Area: 8	Health Planning Area: 089

Legislators

State Senator Name: Linda Holmes
State Representative Name: Barbara Hernandez

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name	Advocate Health and Hospitals Corporation
Street Address:	3075 Highland Parkway
City and Zip Code:	Downers Grove, IL 60515
Name of Registered Agent:	Michael E. Kerns
Registered Agent Street Address:	3075 Highland Parkway
Registered Agent City and Zip Code:	Downers Grove, IL 60515
Name of Chief Executive Officer:	James Skogsbergh
CEO Street Address:	3075 Highland Parkway, Suite 600
CEO City and Zip Code:	Downers Grove, IL 60515
CEO Telephone Number:	630-572-9393

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
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County: Cook	Health Service Area: 8 Health Planning Area: 089

Legislators

State Senator Name: Linda Holmes
State Representative Name: Barbara Hernandez

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name	Advocate Aurora Health Inc.
Street Address:	3075 Highland Parkway
City and Zip Code:	Downers Grove, IL 60515
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	Corporation Trust Center, 1209 Orange Street
Registered Agent City and Zip Code:	Wilmington DE 19801
Name of Chief Executive Officer:	James Skogsbergh
CEO Street Address:	3075 Highland Parkway, Suite 600
CEO City and Zip Code:	Downers Grove 60515
CEO Telephone Number:	630-572-9393

Type of Ownership of Applicants

- ☒ Non-profit Corporation
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Legislators

State Senator Name: Linda Holmes
State Representative Name: Barbara Hernandez

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name	Advocate Health, Inc.
Street Address:	3075 Highland Parkway
City and Zip Code:	Downers Grove, IL 60515
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 S. LaSalle Street, Ste. 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Co-Chief Executive Officer:	James Skogsbergh
CEO Street Address:	3075 Highland Parkway, Suite 600
CEO City and Zip Code:	Downers Grove, IL 60515
CEO Telephone Number:	630-572-9393

Type of Ownership of Applicants

- ☒ Non-profit Corporation
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Name:	Joe Ourth
Title:	Attorney
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number:	312-876-7815
E-mail Address:	joe.ourth@saul.com
Fax Number:	312-876-6215

Additional Contact [Person who is also authorized to discuss the Application]

Name: Myndee Gomberg Balkan
Title: Director, Health Facilities Planning
Company Name: Advocate Aurora Health
Address:
Telephone Number: 847-721-0376
E-mail Address: Myndee.balkan@aah.org
Fax Number:

Post Exemption Contact

[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name: Michael Kerns
Title: Senior Vice President & Deputy General Counsel, Legal
Company Name: Advocate Aurora Health
Address: 3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Telephone Number: 630-929-8149 (x558149)
E-mail Address: Michael.Kerns@aah.org
Fax Number: 630-929-9820

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Health and Hospitals Corporation
Address of Site Owner: 3075 Highland Parkway, Downers Grove, IL 60515
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Dreyer Ambulatory Surgery Center
Address: 1221 N Highland Ave Aurora, IL 60506

☐	Non-profit Corporation	☒	Partnership	
☐	For-profit Corporation	☐	Governmental	
☐	Limited Liability Company	☐	Sole Proprietorship	☐
	Other			

Operating Identity/Licensee after the Project is Complete

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Dreyer Ambulatory Surgery Center, LLC

Address: (No Change)

☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
	Other		

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site.

Advocate Aurora Health (AAH) plans an in internal corporate reorganization as it relates to Dreyer Clinic, Inc., one of its wholly owned subsidiaries. As part of that reorganization there will be a change in ownership among related parties for Dreyer Ambulatory Surgery Center and consequently the need for a Certificate of Exemption.

Dreyer Clinic, Inc. (DCI) is a multi-specialty physician practice. DCI affiliated with Advocate Health Care Network (through its for profit subsidiary Evangelical Services Corporation (ESC)) in 1996. ESC subsequently became the sole shareholder of DCI. AAH now plans to fully integrate DCI into Advocate Medical Group, which is an operating division of Advocate Health and Hospitals Corporation. Under the proposed reorganization there will be an intercorporate transfer of the DCI assets, including its interest in Dreyer Ambulatory Surgery Center, to AHHC. After the transfer of assets to AHHC, DCI will be dissolved.

Currently, Dreyer Ambulatory Surgery Center is an Illinois General partnership which is owned 99% by DCI and 1% by ESC. As part of the reorganization, Dreyer Ambulatory Surgery Center General Partnership will file a Statement of Conversion (IL Secretary of State Form EOA 205) pursuant to the Entity Omnibus Act with the Illinois Secretary of State converting its legal form of entity from an Illinois General Partnership to an Illinois Limited Liability Company. Thereafter, all of DCI's ownership interest and ESC's 1% interests in Dreyer Ambulatory Surgery Center will transfer to AHHC. The licensee going forward will be Dreyer Ambulatory Surgery Center, LLC.

The facility space in the building and real property where the Dreyer Ambulatory Surgery Center operates is currently owned by DCI and leased to the partnership. Under the reorganization, ownership of the building and real property will transfer to AHHC and the facility space will continue to be leased to Dreyer Ambulatory Surgery Center, LLC.

The Fair Market Value of Dreyer Ambulatory Surgery Center is approximately $17,000,000. AHHC will pay DCI approximately $17,000,000 as consideration for the transfer of the DCI assets.

There are no changes anticipated in the operations of Dreyer Surgery Center as a result of this reorganization.

The reorganization would be effective January 1, 2023.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☒ Yes ☐ No
Purchase Price: $_____N/A_____

Fair Market Value: $_See attachment 6__

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes _X_ No __. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Dreyer Ambulatory Surgery Center is a co-applicant pursuant to a certificate of Exemption, Exemption No. 22

Anticipated exemption completion date (refer to Part 1130.570): December 31, 2022

State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of *Dreyer Clinic, Inc.**

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

K. J. Fitch
SIGNATURE

KEVIN FITCH
PRINTED NAME

VICE PRESIDENT
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3RD day of November 2022

Michael E. Kerns
Signature of Notary

Seal

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State Of Illinois
My Commission Expires 05/26/2026
Commission No. 286069

*Insert the EXACT legal name of the applicant

Dominic Nakis
SIGNATURE

DOMINIC NAKIS
PRINTED NAME

TREASURER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3RD day of November 2022

Michael E. Kerns
Signature of Notary

Seal

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of *Dreyer Ambulatory Surgery Center, an Illinois Partnership**

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

KEVIN FITCH
PRINTED NAME

VICE PRESIDENT
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of November 2022

Signature of Notary

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DOMINIC NAKIS
PRINTED NAME

TREASURER
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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of *Advocate Health and Hospitals Corporation**

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data andinformation provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

JAMES SKOGSBERGH
PRINTED NAME

PRESIDENT
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of November 2022

Michael E. Kerns
Signature of Notary

Seal

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My Commission Expires 05/26/2026
Commission No. 286069

SIGNATURE

DOMINIC NAKIS
PRINTED NAME

TREASURER
PRINTED TITLE

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Michael E. Kerns
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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of *Advocate Aurora Health, Inc**

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

James Skogsbergh

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of November 2022

Signature of Notary

Seal

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State Of Illinois
My Commission Expires 05/26/2026
Commission No. 286069

*Insert the EXACT legal name of the applicant

SIGNATURE

Dominic Nakis

PRINTED NAME

Treasurer

PRINTED TITLE

Notarization:
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this 3rd day of November 2022

Signature of Notary

Seal

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SIGNATURE	SIGNATURE
Jim Skogsberg	
PRINTED NAME	PRINTED NAME
Chief Executive Officer	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 3rd day of November 2022	Notarization: Subscribed and sworn to before me this_____day of_____
Michael E. Kerns	
Signature of Notary	Signature of Notary
Seal "OFFICIAL SEAL" MICHAEL E. KERNS Notary Public, State Of Illinois My Commission Expires 05/26/2026 Commission No. 286069	Seal

*Insert the EXACT legal name of the applicant

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SIGNATURE

Michael M. Grebe
PRINTED NAME

Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of November, 2022

Signature of Notary

Seal

CATHERINE H. GREBE
NOTARY PUBLIC
STATE OF WISCONSIN

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this_____day of_____

Signature of Notary

Seal

*Insert the exact legal name of the applicant

SECTION II. BACKGROUND.

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☒ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☒ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.

2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.

3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 7.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	22-28
2	Site Ownership	29-30
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	31
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7	Charity Care Information	44

Section I, Identification, General Information and Certification

Attachment 1, Type of Ownership of Applicants

An organizational chart showing the current ownership structure of Dreyer Ambulatory Surgery Center ("Dreyer Ambulatory Surgery Center"), along with the post-closing ownership structure of the facility, is included in Attachment 4. Good standing certificates for the following entities are also attached:

1. Dreyer Clinic, Inc: is an Illinois corporation. A copy of its Illinois Good Standing Certificate is attached. Under the corporate reorganization all Dreyer Clinic, Inc. assets will be transferred to Advocate Health and Hospitals Corporation d/b/a Advocate Medical Group.

2. Dreyer Ambulatory Surgery Center: is an Illinois general partnership and is the license holder for the surgery center. It is owned 99% by Dreyer Clinic, Inc. and 1% by Evangelical Services Corporation. As a partnership there is no Certificate of Good Standing. As part of the reorganization, it will convert from a partnership to a limited liability company.

3. Advocate Health and Hospitals Corporation: is an Illinois non for profit corporation. A copy of its Illinois Certificate of Good Standing is attached.

4. Advocate Aurora Health ("AAH"): AAH is a Delaware nonprofit nonstock corporation. A copy of Advocate Aurora Health's Delaware and Illinois Good Standing Certificates are attached.

5. Advocate Health, Inc.: is a Delaware nonprofit, nonstock corporation owned equally by AAH and Atrium Health, Inc. ("Atrium"), a North Carolina nonprofit corporation. A copy of Advocate Health Delaware Certificate of Good Standing is attached as is its application with the Illinois Secretary of State.

File Number 4964-469-8

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DREYER CLINIC, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 01, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2216701684 verifiable until 06/16/2023
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* JUNE *A.D.* 2022 .

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 1004-695-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH AND HOSPITALS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 12, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 7TH *day of* NOVEMBER *A.D.* 2022 .

Authentication # 2231102852 verifiable until 11/07/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number 7155-851-7

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

Authentication #: 2216700804 verifiable until 06/16/2023
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* JUNE *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE AURORA HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE AURORA HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2017.

Jeffrey W. Bullock, Secretary of State

6645600 8300C

SR# 20222851042

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203788899

Date: 06-28-22

ATTACHMENT 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE HEALTH, INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

6784998 8300C
SR# 20222851073
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203788917
Date: 06-28-22

ATTACHMENT 1

File Number 7376-313-4

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVOCATE HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 28, 2022, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2230502922 verifiable until 11/01/2023
Authenticate at: https://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* NOVEMBER *A.D.* 2022 .

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

Section I, Identification, General Information and Certification

Attachment 2, Site Ownership

The real property is owned by Dreyer Clinic, Inc. and is leased to Dreyer Ambulatory Surgical Center. Following the reorganization the real property will be transferred to Advocate Health and Hospitals Corporation and leased to Dreyer Ambulatory Surgery Center . A copy of a letter attesting to site ownership is attached.

AdvocateAuroraHealth

Advocate Aurora Health
1075 Highland Parkway
Suite 600
Downers Grove, IL 60515

T (630) 572-9393
F (630) 990-4752
advocateaurorahealth.org

November 7, 2022

Ms. Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Dreyer Ambulatory Surgery Center
Application for Change of Ownership Exemption

Dear Ms. Savage:

In connection with the Certificate of Exemption application relating to the transaction referenced above, we provide you with this letter attesting that Dreyer Clinic, Inc. owns the Dreyer Ambulatory Surgery Center site and leases the property to the surgery center. As part of the reorganization, all assets including the building and real property will be transferred to Advocate Health and Hospitals Corporation (AHHC). Dreyer Ambulatory Surgery Center will continue to lease the property from AHHC.

Respectfully,

Kevin Fitch
Vice President
Advocate Health and Hospitals Corporation

Notarization:

Subscribed and sworn to before me this 7th day of November, 2022.

(Seal of Notary)

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State Of Illinois
My Commission Expires 09/26/2026
Commission No. 288069

Signature of Notary Public

Section I, Identification, General Information and Certification

Attachment 3, Operating Identity/Licensee

Dreyer Ambulatory Surgery Center, an Illinois general partnership, is the licensee. It will convert to become a limited liability partnership pursuant to the Entity Omnibus Act. Based upon Applicant's understanding of that Act it will be the same legal "person" and consequently there should be no change in the person who holds the operating license.

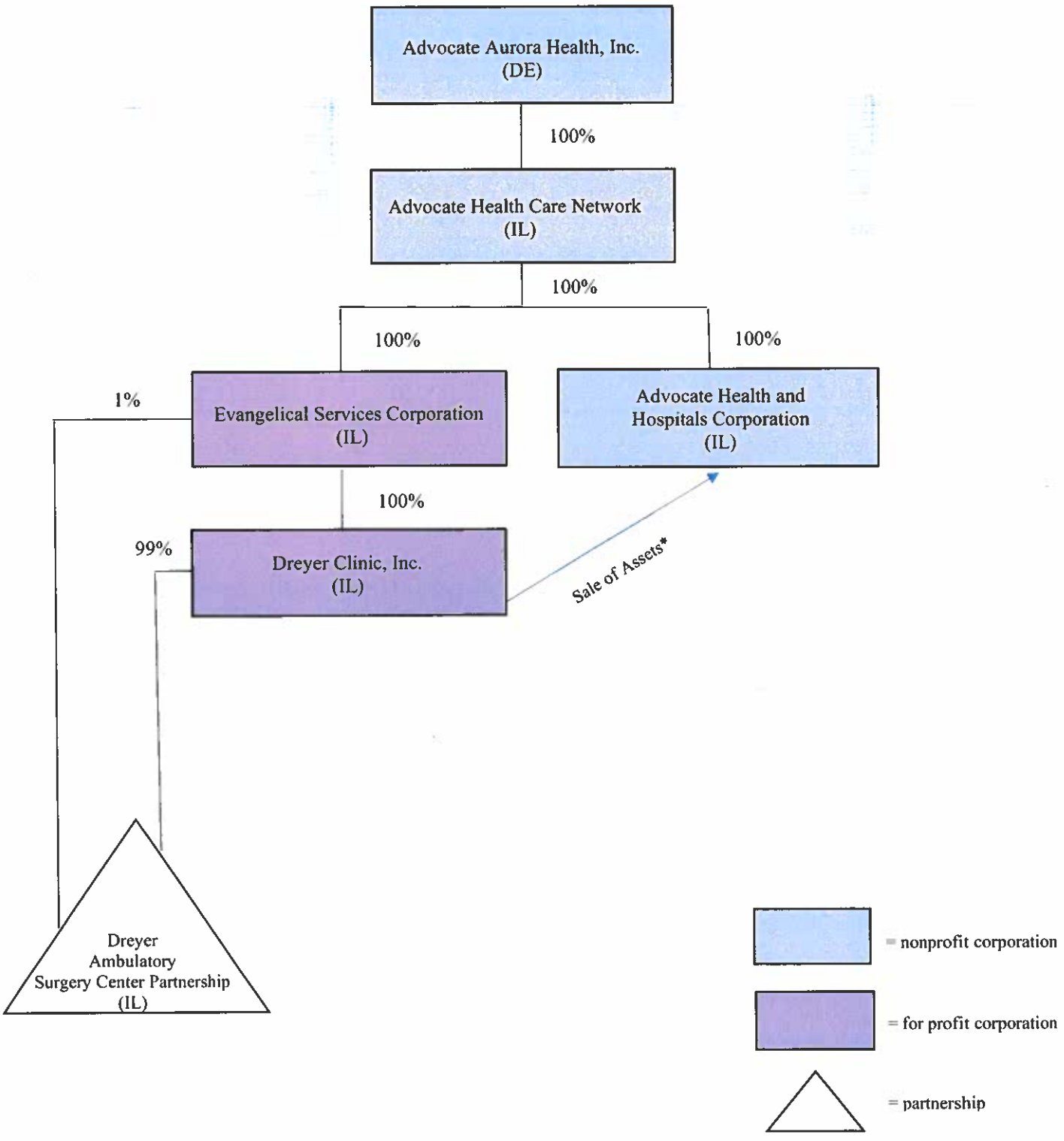
Section I, Identification, General Information and Certification

Attachment 4, Organizational Relationships

Organizational charts showing the current ownership structure of Dreyer Ambulatory Surgery Center along with the post-reorganization structure of the surgery center are attached.

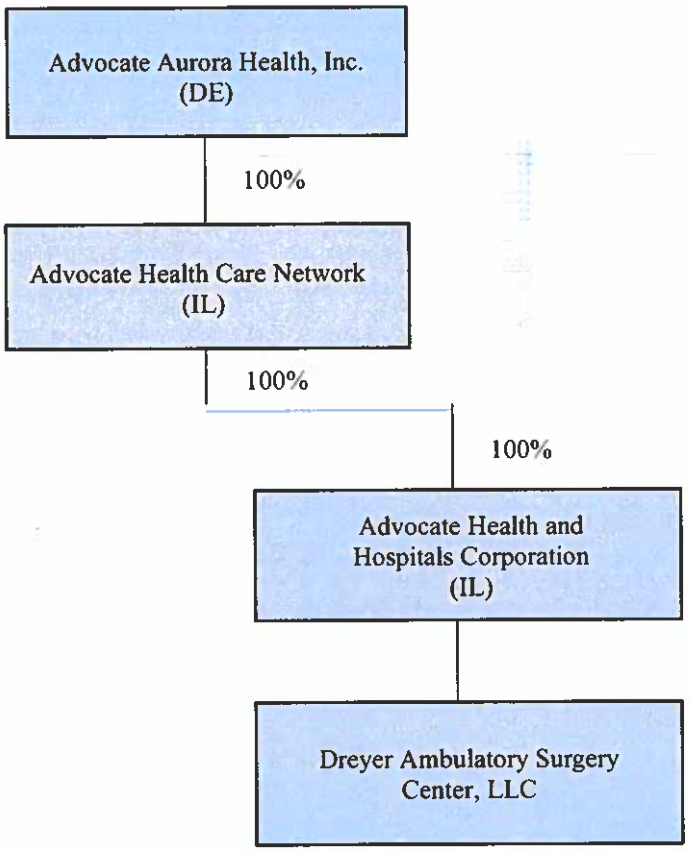
ATTACHMENT 4

Current Organizational Chart



ATTACHMENT 4

Post-Closing Ownership Structure



ATTACHMENT 4

Section 1110.230 Background of Applicant Attachment 5

1. **A listing of all health care facilities owned or operated by the Applicants, including licensing, and certificate if applicable.**

A listing of all Illinois health care facilities owned by Applicants. Copies of IDPH licenses are attached.

Hospital Name	License Number	ID Number	Expiration Date	DNV Accreditation No.
Advocate Condell Medical Center	HF123806	0005579	11/30/2022	PRJC-492361-2013-AST-USA
Advocate Good Samaritan Hospital	FH124184	0003384	12/31/2022	PRJC-369029-2012-MSL-USA
Advocate Good Shepard Hospital	HF124185	0003475	12/31/2022	PRJC-369027-2012-MSL-USA
Advocate Northside Health Network dba Illinois Masonic Medical Center	HF124281	0005165	11/4/2022	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	HF124036	0004796	12/31/2022	PRJC-369033-2012-MSL-USA
Advocate Sherman Hospital	HF122684	0005884	5/31/2023	PRJC-469379-2013-MSL-USA
Advocate South Suburban Hospital	HF124035	0004697	12/31/2022	PRJC-40998-2012-MSL-USA
Advocate Trinity Hospital	HF122929	0004176	6/30/2022	PRJC-408213-2012-MSL-USA
Advocate Christ Hospital & Medical Center	HF124022	0000315	12/31/2022	PRJC-435588-2012-MSL-USA
Dreyer Ambulatory Surgery Center	HF1237621	7001779	10/9/2021	AAAHC

ATTACHMENT 5

2. **A certified listing of any adverse action taken against any facility owned and/or operated by the Applicant during the three years prior to the filing of the application.**

   By their signatures on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken against any facility owned and/or operated by them during the three (3) years prior to the filing of this application.

3. **Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.**

   By their signatures to the Certification pages to this application, each of the Applicants authorize HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

ATTACHMENT 5

Illinois Department of PUBLIC HEALTH

HF 123762

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

Ngozi O. Ezike, M.D.
Director

10/8/2022

7001779

Ambulatory Surgery Treatment Center

Effective: 10/09/2021

Dreyer Ambulatory Surgery Center
1221 N Highland Ave
Aurora, IL 60506

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 10/8/2022
Lic Number 7001779

Date Printed 9/14/2021

Dreyer Ambulatory Surgery Center
1221 N Highland Avenue
Aurora, IL 60506-1404

FEE RECEIPT NO.

ATTACHMENT 5

Section IV, Change of Ownership

Attachment 6, Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Section 1130.520, Information Requirements for Change of Ownership of a Health Care Facility

1. **1130.520(b)(1)(A), Names of Parties.**

The Applicants are: (i) Dreyer Ambulatory Surgery Center ("Dreyer Ambulatory Surgery Center"), (ii) Dreyer Clinic, Inc., (iii) Advocate Health and Hospitals Corporation, (iv) Advocate Aurora Health; Inc. ("AAH"), and (v) Advocate Health, Inc.

An organizational chart showing the current ownership structure of Dreyer Ambulatory Surgery Center, along with the post-reorganizational structure is included in Attachment 4. Good standing certificates for each of the Applicants are included in Attachment 1.

2. **1130.520(b)(1)(B), Background of Parties.**

Each of the Applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able and have the qualifications, background and character to adequately provide a proper standard of health service for the community.

By their signatures on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken against any facility owned and/or operated by each of them during the three (3) years prior to the filing of this application.

3. **1130.520(b)(1)(C), Structure of the Transaction.**

Advocate Aurora Health (AAH) plans an in internal corporate reorganization as it relates to Dreyer Clinic, Inc., one of its wholly owned subsidiaries. As part of that reorganization there will be a change in ownership among related parties for Dreyer Ambulatory Surgery Center and consequently the need for a Certificate of Exemption.

Dreyer Clinic, Inc. (DCI) is a multi-specialty physician practice. DCI affiliated with Advocate Health Care Network (through its for profit subsidiary Evangelical Services Corporation (ESC)) in 1996. ESC subsequently became the sole shareholder of DCI. AAH now plans to fully integrate DCI into Advocate Medical Group, which is an operating division of Advocate Health and Hospitals Corporation. Under the proposed reorganization there will be an intercorporate transfer of the DCI assets, including its interest in Dreyer Ambulatory Surgery Center, to AHHC. After the transfer of assets to AHHC, DCI will be dissolved.

Currently, Dreyer Ambulatory Surgery Center is an Illinois General partnership which is owned 99% by DCI and 1% by ESC. As part of the reorganization, Dreyer Ambulatory Surgery Center General Partnership will file a Statement of Conversion (IL Secretary of State Form EOA 205) pursuant to the Entity Omnibus Act with the Illinois Secretary of State converting its legal form of entity from an Illinois General Partnership to an Illinois Limited Liability Company. Thereafter, all of DCI's ownership interest and ESC's 1% interests in Dreyer Ambulatory Surgery Center will transfer to AHHC. The licensee going forward will be Dreyer Ambulatory Surgery Center, LLC. Based upon the Applicant's interpretation of the Entity Omnibus Act this conversion does not constitute a change in the "person" that is the licensee.

The facility space in the building and real property where the Dreyer Ambulatory Surgery Center operates is currently owned by DCI and leased to the partnership. Under the reorganization, ownership of the building and real property will transfer to AHHC and the facility space will continue to be leased to Dreyer Ambulatory Surgery Center, LLC.

The Fair Market Value of Dreyer Ambulatory Surgery Center is approximately $17,000,000. AHHC will make a corporate transfer of approximately $17,000,000 as consideration for the transfer of the DCI assets. The exact amount of the transfer will be determined based upon the valuation of an independent valuation firm.

There are no changes anticipated in the operations of Dreyer Surgery Center as a result of this reorganization.

The reorganization would be effective January 1, 2023.

4. **1130.520(b)(1)(D), Name of Licensed Entity after Transaction**.

Dreyer Ambulatory Surgery Center, an Illinois general partnership, is the licensee. It will convert to become a limited liability partnership pursuant to the Entity Omnibus Act. Based upon Applicant's understanding of that Act it will be the same legal "person" and consequently there should be no change in the person who holds the operating license.

5. **1130.520(b)(1)(E), List of Ownership/Membership Interests in Licensed Entity Prior to and After Transaction**.

Dreyer Ambulatory Surgery Center is currently a general partnership with Dreyer Clinic, Inc. owning 99% of the partnershjip and Evangelic Services Corporation owning 1%. Upon the conversion and corporate reaorganization Advocate Health and Hospitals Corporation d/b/a Advocate Medical Group will own 100% of Dreyer Ambulatory Suiregery Center, LLC.

ATTACHMENT 6

6. **1130.520(b)(1)(F), Fair Market Value of Assets to be Transferred**.

As part of the reorganization AHHC will make a corporate transfer in exchange for the acquisition of the assets of DCI, including the Dreyer Ambulatyory Surgery Center. The exact amount will be determined by an independent valuation consultant. The Fair Marked Value of Dreyer Ambulatory Surgery Center is estimated to be approximately $17,000,000.

7. **1130.520(b)(1)(G), Purchase Price or Other Forms of Consideration to be Provided**.

As described above, the transaction is a reorganization among related parties. Consequently, the consideration for the acquisition of the assets is more in the nature of a corporate transfer than payment of a purchase price. The exact amount of the consideration will be determined by an independent valuation firm. The value of Dreyer Ambulatory Surgery Center is estimated to be approximately $17,000,000.

8. **1130.520(b)(2), Affirmations**.

In accordance with 77 Ill. Adm. Code §1130.520, each of the Applicants affirm that any projects for which permits have been issued by the Review Board have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Adm. Code §1130.520. The open permits are listed on page 7 of the COE application form.

9. **1130.520(b)(4), Statement as to the Anticipated Benefits of the Proposed Changes in Ownership to the Community**.

There will be no change in the operation of the Applicant facility anticipated as a consequence of the reorganization among related parties.

10. **1130.520(b)(5), Statement as to the Anticipated or Potential Cost Savings, if any, That Will Result for the Community and the Facility as a Result of the Change in Ownership**.

There will be no change in the operation of the Applicant facility anticipated as a consequence of the reorganization among related parties.

11. **1130.520(b)(6), Description of the Facility's Quality Improvement Program Mechanism that will be Utilized to Assure Quality Control**.

There will be no change in the operation of the Applicant facility anticipated as a consequence of the reorganization among related parties.

ATTACHMENT 6

12. **1130.520(b)(7), Description of the selection process that the acquiring entity will use to select the facility's governing body**.

After the conversion and reorganization Advocate Health and Hospital Corporation d/b/a Advocate Medical Group will be the sole owner of Dreyer Ambulotry Surgery Center, LLC and will select the governing board.

13. **1130.520(b)(9), Description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within twenty-four (24) months after acquisition**.

There are no long term proposed changes to the scope of services currently provided at the Facility that are anticipated to occur within twenty-four (24) months as a result of the transaction except as noted here.

ATTACHMENT 6

Section X, Charity Care Information

Attachment 7, Charity Care Information

Shown below is the amount of charity care provided by each of the facilities part of the transaction affected in this series of COE applications:

ADVOCATE ILLINOIS MASONIC CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$446,067,744**	**$464,043,788**	**$558,682,242**
Amount of Charity Care (charges)	$37,705,943	$60,060,899	$16,519,416
Cost of Charity Care	$8,657,174	$13,202,987	$4,086,993
Ratio of Charity Care Cost to Net Patient Rev.	1.94%	2.84%	0.73%

ADVOCATE CONDELL CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$350,747,922**	**$359,469,865**	**$327,656,967**
Amount of Charity Care (charges)	$40,941,841	$52,660,694	$23,429,482
Cost of Charity Care	$8,105,829	$10,363,620	$5,284,252
Ratio of Charity Care Cost to Net Patient Rev.	2.31%	2.88%	1.61%

ADVOCATE CHRIST CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$1,181,676,596**	**$1,245,631,502**	**$1,230,689,381**
Amount of Charity Care (charges)	$64,360,916	$88,608,133	$34,057,425
Cost of Charity Care	$16,663,728	$23,539,897	$9,616,064
Ratio of Charity Care Cost to Net Patient Rev.	1.41%	1.88%	0.78%

ADVOCATE GOOD SAMARITAN CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$389,323,184**	**$378,882,433**	**$357,505,757**
Amount of Charity Care (charges)	$23,368,083	$31,579,551	$7,573,969
Cost of Charity Care	$5,476,622	$7,593,321	$2,016,408
Ratio of Charity Care Cost to Net Patient Rev.	1.40%	2.00%	0.56%

ATTACHMENT 7

ADVOCATE GOOD SHEPHERD CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$310,190,896**	**$318,624,080**	**$297,578,445**
Amount of Charity Care (charges)	$8,842,242	$12,335,845	$7,591,732
Cost of Charity Care	$2,372,361	$3,368,567	$2,229,681
Ratio of Charity Care Cost to Net Patient Rev.	0.76%	1.05%	0.74%

ADVOCATE TRINITY CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$143,831,965**	**$138,144,376**	**$130,718,091**
Amount of Charity Care (charges)	$16,047,346	$30,491,273	$14,337,362
Cost of Charity Care	$4,190,691	$8,657,776	$4,122,424
Ratio of Charity Care Cost to Net Patient Rev.	2.91%	6.26%	3.15%

ADVOCATE SOUTH SUBURBAN CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$223,593,781**	**$220,604,105**	**$216,138,790**
Amount of Charity Care (charges)	$15,001,510	$29,425,318	$8,023,875
Cost of Charity Care	$3,336,519	$6,998,059	$2,189,300
Ratio of Charity Care Cost to Net Patient Rev.	1.49%	3.17%	1.01%

ADVOCATE LUTHERAN GENERAL CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$863,311,145**	**$900,058,496**	**$849,197,405**
Amount of Charity Care (charges)	$59,398,217	$57,499,186	$44,297,894
Cost of Charity Care	$14,479,715	$14,226,553	$11,925,644
Ratio of Charity Care Cost to Net Patient Rev.	1.67%	1.58%	1.40%

ATTACHMENT 7

ADVOCATE SHERMAN CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$310,393,910**	**$307,322,615**	**$285,972,615**
Amount of Charity Care (charges)	$30,017,281	$47,421,592	$32,568,997
Cost of Charity Care	$6,103,934	$9,881,012	$7,826,047
Ratio of Charity Care Cost to Net Patient Rev.	1.96%	3.21%	2.73%

DREYER SURGERY CENTER CHARITY CARE			
	FY18	**FY19**	**FY20**
Net Patient Revenue	**$14,780,196**	**$14,970,475**	**$12,493,057**
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0
Ratio of Charity Care Cost to Net Patient Rev.	0%	0%	0%

ATTACHMENT 7

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Ambulatory Surgery Center
Company 14

Income Statement

ASC Total

As of 12/31/21
Run Date 1/18/2022

Current Month						Year to Date				
Actual Amount	Budget Amount	Budget Variance	% Var/Budget	Last Year		Actual Amount	Budget Amount	Budget Variance	% Var/Budget	Last Year
					Total Operating Revenue					
					Patient Service Revenue					
$5,598,692	$5,391,971	$206,721	4%	$4,248,353	Outpatient Services	$51,048,046	$56,739,113	($5,691,067)	-10%	$38,559,503
5,598,692	5,391,971	206,721	4%	4,248,353	Patient Service Revenue	51,048,046	56,739,113	(5,691,067)	-10%	38,559,503
					Allowances					
(4,005,175)	(3,673,071)	(332,104)	9%	(2,694,428)	3rd-Party Contractual Allow	(34,896,656)	(38,661,242)	3,764,586	-10%	(25,606,662)
-	-	-	0%	-	Charity Care	(5,177)	-	(5,177)	0%	-
107,645	(80,514)	188,159	-234%	(43,639)	Prov for Uncollectable Acct	(918,914)	(849,433)	(69,481)	8%	(459,772)
(3,897,530)	(3,753,585)	(143,945)	4%	(2,738,067)	Allowances	(35,820,747)	(39,510,675)	3,689,928	-9%	(26,066,434)
1,701,162	1,638,386	62,776	4%	1,510,286	Net Patient Serv Revenue	15,227,299	17,228,438	(2,001,139)	-12%	12,493,069
1,701,162	1,638,386	62,776	4%	1,510,286	Tot Oper Rev w/o COVID-19 Rev	15,227,299	17,228,438	(2,001,139)	-12%	12,493,069
-	-	$0	0%	565,690	COVID-19 Grant & Other Revenue	-	-	$0	0%	1,430,884
1,701,162	1,638,386	62,776	4%	2,075,976	Total Operating Revenue	15,227,299	17,228,438	(2,001,139)	-12%	13,923,953
					Total Operating Expense					
470,324	410,544	(59,780)	-15%	417,807	Salaries and Wages	4,706,726	4,800,574	93,848	2%	4,350,665
409,718	122,039	(287,679)	-236%	119,010	Employee Benefits	1,487,937	1,430,469	(57,468)	-4%	1,269,829
192,115	186,915	(5,200)	-3%	188,992	Professional Fees	2,240,557	2,242,938	2,381	0%	2,131,032
321,165	194,362	(126,803)	-65%	245,335	Supplies and Food	2,416,622	1,993,340	(423,282)	-21%	1,558,470
36,649	36,552	(97)	0%	37,410	Drugs & Pharmaceuticals	358,868	382,550	23,682	6%	251,708
31,928	40,152	8,224	20%	36,881	Purchased Services	519,780	515,761	(4,019)	-1%	456,381
167,596	133,442	(34,154)	-26%	151,333	Other	1,939,261	1,641,748	(297,513)	-18%	1,631,800
4,658	4,658	-	0%	4,937	Insurance	55,896	55,896	-	0%	59,244
39,000	-	(39,000)	0%	-	Amortization	468,000	-	(468,000)	0%	-
1,673,153	1,128,664	(544,489)	-48%	1,201,705	Total Operating Expense	14,193,647	13,063,276	(1,130,371)	-9%	11,709,129
28,009	509,722	(481,713)	-95%	874,271	Total Income From Operations	1,033,652	4,165,162	(3,131,510)	-75%	2,214,824
104	-	104	0%	-	Net Non-Operating Revenue	104	-	104	0%	-
361	209	152	73%	75	Non-Operating Investment Inc	1,570	2,514	(944)	-38%	1,163
$28,474	$509,931	($481,457)	-94%	$874,346	Total Net Income	$1,035,326	$4,167,676	($3,132,350)	-75%	$2,215,987
$0	$0	$0	0%	$254,725	AMITA Partnership Interest	$0	$0	$0	0%	$615,726
$28,474	$509,931	($481,457)	-94%	$619,621	Income to Dreyer/ESC	$1,035,326	$4,167,676	($3,132,350)	-75%	$1,600,261
71.54%	68.12%	-3.42%		63.42%	Contractual % of Gross	68.36%	68.14%	-0.22%		66.41%
-1.92%	1.49%	3.42%		1.03%	Bad Debt % of Gross	1.80%	1.50%	-0.30%		1.19%
69.62%	69.61%	0.00%		64.45%	Total %	70.16%	69.64%	-0.52%		67.60%
					Cases					
551	631	(80)	-12.7%	514	Surgical Suites	5,592	6,619	(1,027)	-15.5%	4,722
741	727	14	1.9%	608	Endo Suites	6,920	7,569	(649)	-8.6%	5,290
1,292	1,358	(66)	-4.9%	1,122	Total Cases	12,512	14,188	(1,676)	-11.8%	10,012

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Ambulatory Surgery Center
Company 14

Income Statement

ASC Total

As of 12/31/21
Run Date 1/18/2022

Current Month						Year to Date				
Actual Amount	Budget Amount	Budget Variance	% Var/Budget	Last Year		Actual Amount	Budget Amount	Budget Variance	% Var/Budget	Last Year
					Total Operating Revenue					
					Patient Service Revenue					
$5,598,692	$5,391,971	$206,721	4%	$4,248,353	Outpatient Services	$51,048,046	$56,739,113	($5,691,067)	-10%	$38,559,503
5,598,692	5,391,971	206,721	4%	4,248,353	Patient Service Revenue	51,048,046	56,739,113	(5,691,067)	-10%	38,559,503
					Allowances					
(4,005,175)	(3,673,071)	(332,104)	9%	(2,694,428)	3rd-Party Contractual Allow	(34,896,656)	(38,661,242)	3,764,586	-10%	(25,606,662)
-	-	-	0%	-	Charity Care	(5,177)	-	(5,177)	0%	-
107,645	(80,514)	188,159	-234%	(43,639)	Prov for Uncollectable Acct	(918,914)	(849,433)	(69,481)	8%	(459,772)
(3,897,530)	(3,753,585)	(143,945)	4%	(2,738,067)	Allowances	(35,820,747)	(39,510,675)	3,689,928	-9%	(26,066,434)
1,701,162	1,638,386	62,776	4%	1,510,286	Net Patient Serv Revenue	15,227,299	17,228,438	(2,001,139)	-12%	12,493,069
1,701,162	1,638,386	62,776	4%	1,510,286	Tot Oper Rev w/o COVID-19 Rev	15,227,299	17,228,438	(2,001,139)	-12%	12,493,069
-	-	$0	0%	565,690	COVID-19 Grant & Other Revenue	-	-	$0	0%	1,430,884
1,701,162	1,638,386	62,776	4%	2,075,976	Total Operating Revenue	15,227,299	17,228,438	(2,001,139)	-12%	13,923,953
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31,928	40,152	8,224	20%	36,881	Purchased Services	519,780	515,761	(4,019)	-1%	456,381
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39,000	-	(39,000)	0%	-	Amortization	468,000	-	(468,000)	0%	-
1,673,153	1,128,664	(544,489)	-48%	1,201,705	Total Operating Expense	14,193,647	13,063,276	(1,130,371)	-9%	11,709,129
28,009	509,722	(481,713)	-95%	874,271	Total Income From Operations	1,033,652	4,165,162	(3,131,510)	-75%	2,214,824
104	-	104	0%	-	Net Non-Operating Revenue	104	-	104	0%	-
361	209	152	73%	75	Non-Operating Investment Inc	1,570	2,514	(944)	-38%	1,163
$28,474	$509,931	($481,457)	-94%	$874,346	Total Net Income	$1,035,326	$4,167,676	($3,132,350)	-75%	$2,215,987
$0	$0	$0	0%	$254,725	AMITA Partnership Interest	$0	$0	$0	0%	$615,726
$28,474	$509,931	($481,457)	-94%	$619,621	Income to Dreyer/ESC	$1,035,326	$4,167,676	($3,132,350)	-75%	$1,600,261
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1,292	1,358	(66)	-4.9%	1,122	Total Cases	12,512	14,188	(1,676)	-11.8%	10,012

#E-074-22

Internal Balance Sheet 5017

Company	**214 Dreyer Ambulatory Surgery Center**
Period	**2021 - December**
Worktags	
Book	GL Book
Perform Intercompany Eliminations	No
Journal Source	

Ledger Account	Current Balance	LY-Period 12
ASSETS		
CURRENT ASSETS		
Cash	1,249,352	5,792,028
Patient Accounts Receivable	2,847,738	2,146,746
Less Allowance for Doubtful Accounts	(587,180)	(562,452)
Net Patient Accounts Receivable	2,260,558	1,584,294
Inventory	270,664	281,743
Prepaid Expenses and Other	0	16,976
Intercompany Assets	192,753	228,359
TOTAL CURRENT ASSETS	**3,973,328**	**7,903,400**
NONCURRENT ASSETS		
PROPERTY AND EQUIPMENT		
Property and Equipment	0	0
Less Allowances for Depreciation	0	0
Property and Equipment, Net	0	0
Operating Lease Right of Use Assets	0	0
Intangible Assets and Other Deferred Costs	4,212,000	4,680,000
NONCURRENT ASSETS	**4,212,000**	**4,680,000**
TOTAL ASSETS	**8,185,328**	**12,583,400**
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	553,397	3,069,888
Other Accrued Expense	(301,340)	615,726
Intercompany Liabilities	724,672	1,620,833
Amounts Due to Third Party Payors	743,272	1,846,953
TOTAL CURRENT LIABILITIES	**1,720,001**	**7,153,400**
NONCURRENT LIABILITIES		
TOTAL NONCURRENT LIABILITIES	**0**	**0**
TOTAL LIABILITIES	**1,720,001**	**7,153,400**
NET ASSETS		
Controlling Interest	5,307,000	5,307,000
Retained Earning Undistributed	1,035,327	0
Noncontrolling Interest Equity	123,000	123,000
Total Unrestricted Net Assets	**6,465,327**	**5,430,000**
TOTAL NET ASSETS	**6,465,327**	**5,430,000**
TOTAL LIABILITIES AND NET ASSETS	**8,185,328**	**12,583,400**

#E-074-22

Internal Balance Sheet 5017

Company	**214 Dreyer Ambulatory Surgery Center**
Period	**2021 - December**
Worktags	
Book	GL Book
Perform Intercompany Eliminations	No
Journal Source	

Ledger Account	Current Balance	LY-Period 12
ASSETS		
CURRENT ASSETS		
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Prepaid Expenses and Other	0	16,976
Intercompany Assets	192,753	228,359
TOTAL CURRENT ASSETS	**3,973,328**	**7,903,400**
NONCURRENT ASSETS		
PROPERTY AND EQUIPMENT		
Property and Equipment	0	0
Less Allowances for Depreciation	0	0
Property and Equipment, Net	0	0
Operating Lease Right of Use Assets	0	0
Intangible Assets and Other Deferred Costs	4,212,000	4,680,000
NONCURRENT ASSETS	**4,212,000**	**4,680,000**
TOTAL ASSETS	**8,185,328**	**12,583,400**
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
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Other Accrued Expense	(301,340)	615,726
Intercompany Liabilities	724,672	1,620,833
Amounts Due to Third Party Payors	743,272	1,846,953
TOTAL CURRENT LIABILITIES	**1,720,001**	**7,153,400**
NONCURRENT LIABILITIES		
TOTAL NONCURRENT LIABILITIES	**0**	**0**
TOTAL LIABILITIES	**1,720,001**	**7,153,400**
NET ASSETS		
Controlling Interest	5,307,000	5,307,000
Retained Earning Undistributed	1,035,327	0
Noncontrolling Interest Equity	123,000	123,000
Total Unrestricted Net Assets	**6,465,327**	**5,430,000**
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TOTAL LIABILITIES AND NET ASSETS	**8,185,328**	**12,583,400**