

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Illinois Sports Medicine and Orthopedic Surgery Center, LLC		
Street Address: 9000 Waukegan Rd., Ste. 120		
City and Zip Code: Morton Grove, 60053		
County: Cook	Health Service Area: 7	Health Planning Area: 31

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

Exact Legal Name: Illinois Sports Medicine and Orthopedic Surgery Center, LLC		
Street Address: 9000 Waukegan Road, Suite 120		
City and Zip Code: Morton Grove, 60053		
Name of Registered Agent: David Raab, M.D.		
Registered Agent Street Address: 9000 Waukegan Road, Suite 120		
Registered Agent City and Zip Code: Morton Grove, 60053		
Name of Chief Executive Officer: David Raab, M.D. (Manager)		
CEO Street Address: 9000 Waukegan Road, Suite 120		
CEO City and Zip Code: Morton Grove, 60053		
CEO Telephone Number: 847-998-5680		

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	<input type="checkbox"/>

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o 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: Juan Morado Jr. and Mark J. Silberman
Title: Counsel
Company Name: Benesch Friedlander Coplan and Aronoff
Address: 71 South Wacker Drive, 16 th Floor, Chicago, IL 60606
Telephone Number: 312-212-4949
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com
Fax Number: 312-767-9162

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

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City and Zip Code: Morton Grove 60053		
County: Cook	Health Service Area: 7	Health Planning Area: 31

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

Exact Legal Name: IBI ISMOSC ASC, LLC
Street Address: 900 Rand Road, Ste. 300
City and Zip Code: Des Plaines, IL 60016
Name of Registered Agent: Charmia Zigmond
Registered Agent Street Address: 900 Rand Road, Ste. 300
Registered Agent City and Zip Code: Des Plaines, IL 60016
Name of Chief Executive Officer: Andre Blom
CEO Street Address: 900 Rand Road, Suite 300
CEO City and Zip Code: Des Plaines, Illinois 60016
CEO Telephone Number: 847-998-5680

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
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Name: Juan Morado, Jr. & Mark J. Silberman
Title: Counsel
Company Name: Benesch Friedlander Coplan & Aronoff, LLP
Address: 71 S. Wacker, 20 th Floor, Chicago, IL 60606
Telephone Number: 312-212-4952; 312-212-4967
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com
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City and Zip Code: Morton Grove, 60053		
County: Cook	Health Service Area: 7	Health Planning Area: 31

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

Exact Legal Name: IBI ASC Ventures, LLC
Street Address: 900 Rand Rd., Suite 300
City and Zip Code: Des Plaines, IL 60016
Name of Registered Agent: Charmia Zigmund
Registered Agent Street Address: 900 Rand Rd., Suite 300
Registered Agent City and Zip Code: Des Plaines, IL 60016
Name of Chief Executive Officer: Andre Blom
CEO Street Address: 900 Rand Road, Suite 300
CEO City and Zip Code: Des Plaines, 60016
CEO Telephone Number: 847-324-3972

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
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Title: Counsel
Company Name: Benesch Friedlander Coplan and Aronoff
Address: 71 South Wacker Drive, 16h Floor, Chicago, IL 60606
Telephone Number: 312-212-4949
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com
Fax Number: 312-767-9162

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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County: Cook	Health Service Area: 7	Health Planning Area: 31

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

Exact Legal Name: Illinois Bone and Joint Institute, LLC		
Street Address: 900 Rand Rd., Suite 300		
City and Zip Code: Des Plaines, IL 60016		
Name of Registered Agent: Charmia Zigmond		
Registered Agent Street Address: 900 Rand Rd., Suite 300		
Registered Agent City and Zip Code: Des Plaines, IL 60016		
Name of Chief Executive Officer: Andre Blom (Manager)		
CEO Street Address: 900 Rand Rd., Suite 300		
CEO City and Zip Code: Des Plaines, Illinois 60016		
CEO Telephone Number: 847-998-5680		

Type of Ownership of Applicants

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Name: Juan Morado Jr. and Mark J. Silberman	
Title: Counsel	
Company Name: Benesch Friedlander Coplan and Aronoff	
Address: 71 South Wacker Drive, 16 th Floor, Chicago, IL 60606	
Telephone Number: 312-212-4949	
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com	
Fax Number: 312-767-9162	

Additional Contact [Person who is also authorized to discuss the application for exemption]

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
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: Lawrence Parrish
Title: Administrator
Company Name: Illinois Sports Medicine and Orthopedics Surgery Center, LLC
Address: 9000 Waukegan Road, Suite 120, Morton Grove, IL 60016
Telephone Number: 847-213-5444
E-mail Address: lparrish@ISMOSC.com
Fax Number: N/A

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: CMK 9000 Waukegan LLC
Address of Site Owner: 1111 E. Touhy, Ste. 230, Des Plaines, IL 60018
Street Address of the Site: 9000 Waukegan Road, Suite 120, Morton Grove, IL 60053
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.

Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Illinois Sports Medicine and Orthopedic Surgery Center, LLC
Address: 9000 Waukegan Rd., Suite 120, Morton Grove, IL 60053
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o 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. o 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 project. 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. Include the rationale regarding the project's classification as substantive or non-substantive.

This Certificate of Exemption ("COE") application addresses the change of ownership and change in control of Illinois Sports Medicine & Orthopedic Surgery Center, located at 9000 Waukegan Rd., Ste. 120, Morton Grove, IL 60053 ("ISMOSC"). The facility is currently owned by a limited liability company whose units are held by a group of twenty-three (23) physicians, including three physicians who own units in excess of 5%. Drs. James Bresch, David Raab, and Jeffrey Visotsky each currently own 17.51% of Illinois Sport Medicine and Orthopedic Surgery, LLC. There is no other current owner with more than 5% ownership interest in the facility.

IBJI ISMOSC ASC, LLC will be acquiring the ownership interest currently held by these physicians. IBJI ISMOSC ASC, LLC is wholly owned by parent company IBJI ASC Ventures, LLC. IBJI ASC Ventures, LLC is wholly owned by the Illinois Bone and Joint Institute, LLC. ISMOSC will continue to operate without any change in its license.

The facility will not be changing the categories of service that it is currently approved for and will continue to offer patients procedures in the following specialties: Orthopedic Surgery, Otolaryngology, Pain Management, Plastic Surgery and Podiatry.

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 ___ No X. 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.

Anticipated exemption completion date (refer to Part 1130.570): January 31, 2023

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- Cancer Registry – N/A
- APORS – N/A
- 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.

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o 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).
- o 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).
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Illinois Bone and Joint Institute, LLC, IBJI ASC Ventures, LLC, and IBJI ISMOSC ASC, LLC 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

Andre Blom

PRINTED NAME

Illinois Bone and Joint Institute, LLC- CEO
IBJI ASC Ventures, LLC- CEO
IBJI ISMOSC ASC, LLC- Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8 day of November

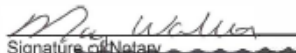
SIGNATURE

PRINTED NAME

PRINTED TITLE

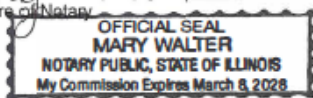
Notarization:

Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

Seal



Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

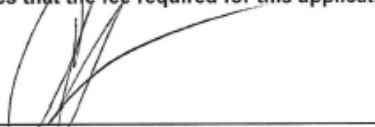
CERTIFICATION

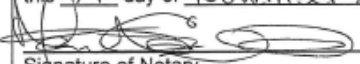
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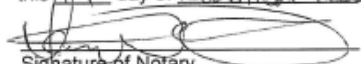
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of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

This Application is filed on the behalf of Illinois Sports Medicine and Orthopedic Surgery Center, LLC 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
 David J. Raab
 PRINTED NAME
 President/CEO
 PRINTED TITLE


 SIGNATURE
 Craig S. Williams
 PRINTED NAME
 Board Member
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 14 day of November 2022

 Signature of Notary

Notarization:
 Subscribed and sworn to before me
 this 14 day of November 2022

 Signature of Notary



*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

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 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.
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 for permit or exemption, 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
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

APPLICABLE REVIEW CRITERIA	CHOW
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			
	2018	2019	2020
Net Patient Revenue	\$12,408,123	\$10,807,458	\$11,035,618
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

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		17-22
2	Site Ownership		23-24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		25-26
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		27-29
5	Background of the Applicant		30-32
6	Change of Ownership		33-48
7	Charity Care Information		49

ATTACHMENT 1

Type of Ownership of Applicant

Included with this attachment are:

1. The Certificate of Good Standing for the applicant, Illinois Sports Medicine and Orthopedic Surgery Center, LLC
2. The Certificate of Good Standing for Illinois Bone and Joint Institute, LLC
3. The Certificate of Good Standing for IBJI ASC Ventures, LLC
4. The Articles of Organization for IBJI ISMOSC ASC, LLC

ATTACHMENT 1
**Certificate of Good Standing - Illinois Sports Medicine and
Orthopedic Surgery Center, LLC**

File Number 0117628-5



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***

**ILLINOIS SPORTS MEDICINE AND ORTHOPEDIC SURGERY CENTER, LLC, HAVING
ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 29, 2004, APPEARS TO HAVE
COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF
THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED
LIABILITY COMPANY 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 13TH
day of NOVEMBER A.D. 2022 .***



Authentication #: 2231701018 verifiable until 11/13/2023
Authenticate at: <https://www.ilios.gov>

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing - Illinois Bone and Joint Institute, LLC

File Number 0168922-3



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

ILLINOIS BONE AND JOINT INSTITUTE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 29, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 20TH day of AUGUST A.D. 2021 .



Authentication #: 2123200698 verifiable until 08/20/2022
Authenticate at: <http://www.isos.gov>

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing - IBIJ ASC Ventures, LLC

File Number 1000735-6



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

IBIJ ASC VENTURES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 19, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 2ND day of AUGUST A.D. 2021 .




Authentication #: 2121401688 verifiable until 08/02/2022
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
Articles of Organization – IBJI ISMOSC ASC, LLC

<p>Form LLC-5.5 February 2020</p> <p>Secretary of State Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com</p> <p>Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.</p>	<p>Illinois Limited Liability Company Act Articles of Organization</p> <p>SUBMIT IN DUPLICATE Type or print clearly.</p> <p>Filing Fee: \$150 Approved: </p>	<p>FILE # 12241275</p> <p>This space for use by Secretary of State.</p> <p>FILED SEP 29 2022 JESSE WHITE SECRETARY OF STATE</p>
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1. Limited Liability Company name (see Note 1): IBJI ISMOSC ASC, LLC

2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)
900 RAND RD. STE 300 DES PLAINES, IL 60016-0000

3. Articles of Organization effective on: (check one)
 the filing date
 a later date (not to exceed 60 days after the filing date): _____
Month, Day, Year

4. Registered agent's name and registered office address:

Registered agent:	<u>CHARMIA</u>	<u>ZIGMOND</u>
(P.O. Box alone or c/o is unacceptable.)	First Name	Last Name
Registered office:	<u>900 RAND RD.</u>	<u>STE 300</u>
	Number	Suite #
	<u>DES PLAINES</u>	<u>IL 60016-0000</u>
	City	ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

5. Purpose(s) for which the Limited Liability Company is organized: (see Note 2)
The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act and/or exclusively for the purpose(s) stated below:
Directly or indirectly own and/or operate one or more ambulatory surgery centers.

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: _____
Month/Day Year

ATTACHMENT 1

Articles of Organization – IBJI ISMOSC ASC, LLC

LLC-5.5

7. **Optional:** Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use standard sized paper.) _____

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

Andre Blom	900 Rand Road, Suite 300	Des Plaines	IL	60016
Name	Number & Street	City	State	ZIP
David Raab, M.D.	900 Rand Road, Suite 300	Des Plaines	IL	60016
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP

(If additional space is needed, use standard sized paper.)

10. **Name and Address of Organizer(s):**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: September 29, 2022
Month/Day Year

1. 
Signature

Ryan S. Johnson, Attorney / Organizer
Name and Title (type or print)

Fredrikson & Byron, P.A.
If organizer is signing for a company or other entity,
state name of company or entity.

1. 200 South Sixth Street, Suite 4000
Number Street

Minneapolis
City

MN 55402
State ZIP

2. _____
Signature

Name (type or print)

If organizer is signing for a company or other entity,
state name of company or entity.

2. _____
Number Street

City

State ZIP

Note 1: The limited liability company name cannot contain any of the following terms or abbreviations including: Corporation, Incorporated, LTD., Co. or Limited Partnership. The name must contain the term **Limited Liability Company, LLC or L.L.C.** For the following two entity types: a company providing professional services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.** The name of a worker cooperative shall end with the term or abbreviation **Limited Worker Cooperative Association, LWCA or L.W.C.A.**

ATTACHMENT 2

Site Ownership

Enclosed with this Attachment is a property tax bill for the property site where the facility is located. The bill confirms that CMK 9000 Waukegan LLC maintains ownership of the site. There is an existing lease that will continue to be in place following the change in ownership.

ATTACHMENT 2 Site Ownership

TOTAL PAYMENT DUE	2021 First Installment Property Tax Bill - Cook County Electronic Bill							
By 12/01/22	\$0.00	Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
		10-18-309-053-0000	118	24019	2021	(2022)	NILES	5-92
IF PAYING LATE, PLEASE PAY							LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW	
TAXING DISTRICT DEBT AND FINANCIAL DATA								
Your Taxing Districts	Money Owed by Your Taxing Districts	Pension and Healthcare Amounts Promised by Your Taxing Districts	Amount of Pension and Healthcare Shortage	% of Pension and Healthcare Costs Taxing Districts Can Pay				
North Shore Mosq Abatement Northfield	\$378,168	\$2,925,770	-\$331,755	111.34%				
Metro Water Reclamation Dist of Chicago	\$3,294,323,000	\$2,958,492,000	\$1,219,143,000	58.79%				
Morton Grove Park Dist	\$20,948,346	\$12,319,768	\$315,059	97.44%				
Oakton College Dist Skokie Des Plaines	\$108,179,948	\$42,906,145	\$22,928,407	46.56%				
Niles Township HS District 219 (Skokie)	\$162,134,268	\$85,719,637	\$16,736,783	80.47%				
Golf School District 67 (Morton Grove)	\$8,034,569	\$0	\$0	0.00%				
Village of Morton Grove	\$50,287,195	\$202,411,786	\$94,630,165	53.25%				
Town of Niles	\$249,018	\$2,542,397	-\$161,538	106.35%				
Cook County Forest Preserve District	\$233,103,051	\$540,107,634	\$328,420,280	39.19%				
County of Cook	\$7,595,772,042	\$26,972,931,181	\$15,481,971,961	42.60%				
Total	\$11,473,409,605	\$30,820,356,318	\$17,163,652,362					
For a more in-depth look at government finances and how they affect your taxes, visit cookcountytreasurer.com								
<p>PAY YOUR TAXES ONLINE</p> <p>Pay at cookcountytreasurer.com from your bank account or credit card.</p>								
TAX CALCULATOR				IMPORTANT MESSAGES				
2020 TOTAL TAX		173,502.62						
2021 ESTIMATE	X	55%						
2021 1st INSTALLMENT	=	95,426.44						
<p>The First Installment amount is 55% of last year's total taxes. All exemptions, such as homeowner and senior exemptions, will be reflected on your Second Installment tax bill.</p>								
				PROPERTY LOCATION		MAILING ADDRESS		
				9000 WAUKEGAN RD MORTON GROVE IL 60053		CMK 9000 WAUKEGAN LLC 800 W MADISON STE 400 CHICAGO IL 606072481		

*** Please see 2021 First Installment Payment Coupon next page ***

ATTACHMENT 3

Operating Entity/Licensee

The Illinois Sports Medicine and Orthopedic Surgery Center, LLC is licensed by the Illinois Department of Public Health. Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State.

ATTACHMENT 3
Operating Entity/Licensee
Certificate Of Good Standing for Illinois Sports Medicine
and Orthopedic Surgery Center, LLC

File Number 0117628-5



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

ILLINOIS SPORTS MEDICINE AND ORTHOPEDIC SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 29, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 13TH day of NOVEMBER A.D. 2022 .



Authentication #: 2231701018 verifiable until 11/13/2023
Authenticate at: <https://www.ilsos.gov>

Jesse White

SECRETARY OF STATE

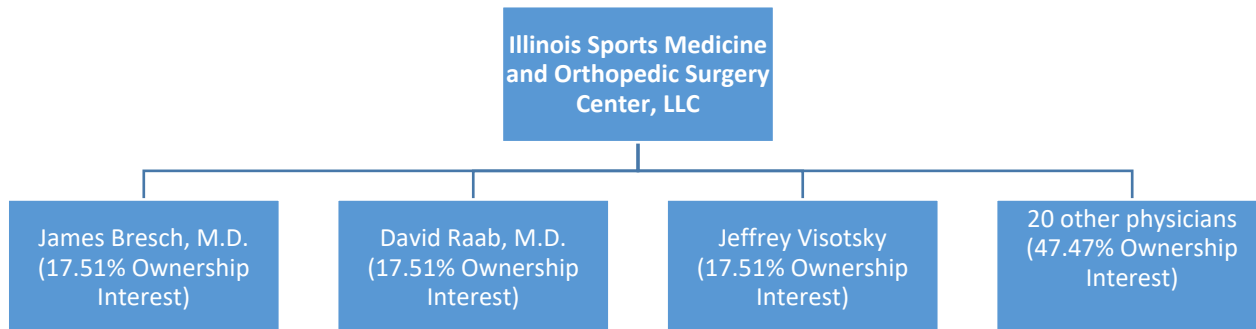
ATTACHMENT 4

Organizational Relationships

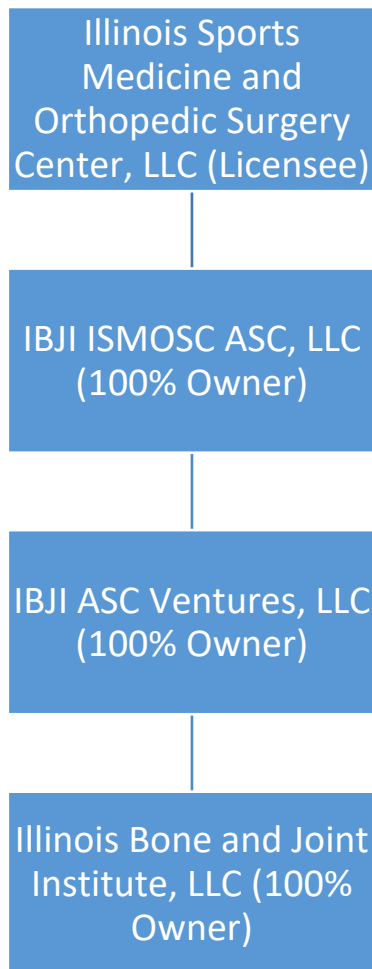
The facility is currently owned by Illinois Sports Medicine and Orthopedic Surgery Center, LLC which is in turn owned by a group of physicians, as described below. All direct owners with a 5% or more interest in the facility are identified in the organizational chart below.

Physician Name	Units	Ownership Percentage
Bresch, James	23.6	17.51%
Raab, David	23.6	17.51%
Visotsky, Jeffrey	23.6	17.51%
Baxamusa, Taizoon	4.0	2.97%
Williams, Craig	6.0	4.45%
Emerzian, Garo	3.0	2.23%
Kurzydowski, Henry	4.0	2.97%
Noren, Richard	4.0	2.97%
Breslow, Marc	5.0	3.71%
Solway, Douglas	3.0	2.23%
Stone, Howard	3.0	2.23%
League, Alan	4.0	2.97%
Grace, Kathryn	2.0	1.48%
Tojo, David	4.0	2.97%
Layland, Michael	4.0	2.97%
Goldin, Alexander	3.0	2.23%
Kramer, Andrea	1.0	0.74%
Shah, Ritesh	5.0	3.71%
Gordon, Alexander	4.0	2.97%
Clay, Brian	1.0	0.74%
Dickie, Sara	1.0	0.74%
Goldstein Jeffrey	2.0	1.48%
Young, Adam	1.0	0.74%
Total	134.8	100.00%

ATTACHMENT 4 Pre-Transaction Organizational Chart



ATTACHMENT 4 Post-Transaction Organizational Chart



ATTACHMENT 5

Background of the Applicant

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

IBJI ASC Ventures, LLC owns Ravine Way Surgery Center and Salt Creek Surgery Center. Included with this Attachment is a letter from the entity affirming ownership of the facilities.

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.**

None of the current owners own or operate healthcare facilities other than the facility subject to this application.

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.**

Included with this Attachment is letter from Illinois Sports Medicine and Orthopedic Surgery Center, LLC, IBJI ISMOSC ASC, LLC, IBJI ASC Ventures, LLC, and Illinois Bone and Joint Institute, LLC verifying that no adverse action has taken place.

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.**

Included with this Attachment is the applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

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.**

Not applicable.

ATTACHMENT 5 Background of the Applicant

November 14, 2022

John Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification and Authorization

Dear Mr. Kniery,

As representative of Illinois Sports Medicine and Orthopedic Surgery Center, LLC, and Illinois Bone and Joint Institute, LLC, I, David Raab, M.D., give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, Illinois Sports Medicine and Orthopedic Surgery Center, LLC has no ownership interest in any Illinois Healthcare facilities, and as such we have no adverse actions to report for the past three (3) years.

I hereby certify that this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



David Raab, M.D.
Manager
Illinois Sports Medicine and Orthopedic Surgery Center, LLC

ATTACHMENT 5 Background of the Applicant



November 7, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification and Authorization- Illinois Sports Medicine and Orthopedic Surgery Center

Dear Mr. Kniery,

As representative of IBJI ISMOSC ASC, LLC, IBJI ASC Ventures, LLC and Illinois Bone and Joint Institute, LLC, I, Andre Blom, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that IBJI ISMOSC ASC, LLC, through IBJI ASC Ventures, LLC and Illinois Bone and Joint Institute, LLC will have an ownership interest in the Illinois Sports Medicine and Orthopedic Surgery Center, LLC located at 9000 Waukegan Road, Suite 120, Morton Grove, Illinois 60053. IBJI ASC Ventures, LLC and Illinois Bone and Joint Institute, LLC maintain an ownership interest in other healthcare facilities and there are no adverse actions to report for the past three (3) years at any of these facilities.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Andre Blom
Illinois Bone and Joint Institute, LLC- CEO
IBJI ASC Ventures, LLC- CEO
IBJI ISMOSC ASC, LLC- Manager

900 Rand Rd, Suite 300
Des Plaines, IL 60016

ibji.com

P 847.324.3060

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(1)(B)- Names of parties

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500

The parties involved in this project are:

- Illinois Sports Medicine and Orthopedic Surgery Center, LLC
- Illinois Bone and Joint Institute, LLC
- IBI ASC Ventures, LLC
- IBI ISMOSC ASC, LLC

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(1)(B)- Background of the parties

“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.”

The following information is provided to illustrate the qualifications, background and character of the Applicants, and to assure the Health Facilities and Services Review Board that the proposed hospital will provide a proper standard of health care services for the community.

Illinois Bone and Joint Institute, LLC, IBJI ISMOSC ASC, LLC, and IBJI ASC Ventures, LLC - IBJI ASC Ventures, LLC is a wholly owned subsidiary of Illinois Bone and Joint Institute, LLC (“IBJI”). IBJI ISMOSC ASC, LLC, is a wholly owned subsidiary of IBJI ASC Ventures, LLC. Founded in 1990, IBJI is the largest orthopedic group practice in Illinois. The group has 150 physicians in every orthopedic specialty. The group offers care for children and adults and offers a full range of orthopedic care, including advanced MRI imaging, pain management, non-surgical and surgical treatment plans, rheumatology, physical therapy, occupational therapy, wellness, and sports training.

IBJI also maintains OrthoAccess® walk-in clinics that provide same day immediate care for orthopedic injuries. Offering comprehensive care all in one place enables physicians, therapists, and staff to work closely together, so that patients and families achieve better outcomes. IBJI ISMOSC ASC, LLC will be acquiring the individual physician ownership interests in the facility.

Illinois Sports Medicine and Orthopedic Surgery Center, LLC

The proposed project is brought forth by Illinois Sports Medicine and Orthopedic Surgery, LLC. The applicant is currently owned by 23 physicians, with only 3 physicians owning greater than 5% of the entity. Specifically, Dr. James Bresch, Dr. David Raab, and Dr. Jeffrey Visotsky each owning 17.51%. Neither Drs. Bresch, Raab or Visotsky have a direct ownership interest in any other health care facility in Illinois.

ATTACHMENT 6 Change of Ownership

Illinois Department of PUBLIC HEALTH HF 124453

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/9/2023		7003118

Ambulatory Surgery Treatment Center

Effective: 01/10/2022

Illinois Sports Medicine & Orthopedic Surgery Center, LLC
9000 Waukegan Rd Ste 120
Morton Grove, IL 60053

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/9/2023
Lic Number 7003118

Date Printed 12/13/2021

Illinois Sports Medicine & Orthopedic S
9000 Waukegan Rd Ste 120
Morton Grove, IL 60053-2128

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH HF 125429

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Amaal V.E. Tokars
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
7/5/2023		7003080

Ambulatory Surgery Treatment Center

Effective: 07/06/2022

Ravine Way Surgery Center, LLC
dba Ravine Way Surgery Center
2350 Ravine Way Ste 500
Glenview, IL 60025

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 7/5/2023
Lic Number 7003080

Date Printed 4/28/2022

Ravine Way Surgery Center, LLC
dba Ravine Way Surgery Center
2350 Ravine Way Ste 500
Glenview, IL 60025-7657

FEE RECEIPT NO.

ATTACHMENT 6 Change of Ownership

IBJI ASC Ventures, LLC Owned Facility License:



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/30/2022
Lic Number 7003189

Date Printed 10/5/2021

Westmont Surgery Center LLC
dba Salt Creek Surgery Center
530 N Cass Avenue
Westmont, IL 60559-1503

FEE RECEIPT NO.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(C)- Structure of the transaction

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.

IBJI ISMOSC ASC, LLC will purchase 100% of the outstanding units in Illinois Sports Medicine and Orthopedic Surgery Center, LLC from a group of 23 physicians, including Drs. Bresch, Raab, and Visotsky who hold greater than 5% ownership interests.

ATTACHMENT 6

Change of Ownership

1130.520(b) (1)(D)- Entity to be Licensed after transaction

"Name of the person who will be the licensed or certified entity after the transaction"

The entity to be licensed after the change of ownership will remain Illinois Sports Medicine and Orthopedic Surgery Center, LLC. There will be no change in the entity currently licensed by the Illinois Department of Public Health to operate the ambulatory surgical treatment center.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(E)- List of Ownership

“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.”

IBJI ISMOSC ASC, LLC will purchase 100% of the outstanding units in Illinois Sports Medicine and Orthopedic Surgery Center, LLC from a group of 23 physicians, including three physicians (Drs. Bresch, Raab and Visotsky) with greater than 5% ownership interest, and will be the sole owner of the facility.

IBJI ISMOSC ASC, LLC, is a wholly owned subsidiary of IBJI ASC Ventures, LLC. IBJI ASC Ventures, LLC is a wholly owned subsidiary of Illinois Bone and Joint Institute, LLC, a physician practice.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b) (1)(F)- Fair Market Value of the transaction
“Fair market value of assets to be transferred.”

The identified purchase price of \$24 million is based on an arm’s length transaction and represents the fair market value of the assets being transferred along with the acquisition of existing debt estimated as of November 14, 2022.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(G)- Purchase price

“The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]”

The identified purchase price of \$24 million is based on an arm's length transaction and represents the fair market value of the assets being transferred along with the acquisition of existing debt estimated as of November 14, 2022.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Outstanding Permits

“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”

There are currently no outstanding permits that have been issued to the Applicants.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(3)- Hospital Charity Care

“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”

This change of ownership does not involve a hospital; thus, this provision is NOT APPLICABLE.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(4)- Anticipated Benefits to the Community

“A statement as to the anticipated benefits of the proposed change in ownership to the community.”

This purpose of this project is to ensure the residents of the community and the patients that will be served by Illinois Sports Medicine and Orthopedic Surgery Center, LLC will continue to have access to the procedures they need. The facility is committed to provide care for all patients within their community. The physicians associated with ownership group of the facility have and will continue to provide services to vulnerable patient populations.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(5)- Anticipated Cost Savings for the Community and Facility

“The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership”

This transaction will not negatively impact the service to the community as this transaction allows for the continued operation of the facility by the same physicians currently affiliated with the facility. The operation of this surgery center will undoubtedly yield cost savings to the facility and the community which it serves. Ambulatory Surgical Treatment Centers increase access to surgical care and provides patients with the ability to have procedures performed at costs that significantly lower those performed in a hospital operating suite. Those savings result in lower costs to healthcare systems and the patients themselves. This facility proposes to serve a widespread geographic population and will provide meaningful access to surgical care.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(6)- Quality Improvement Program

“A description of the facility's quality improvement program mechanism that will be utilized to assure quality control”

Illinois Sports Medicine and Orthopedic Surgery Center, LLC's quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(7)- Facility's Governing Body

"A description of the selection process that the acquiring entity will use to select the facility's governing body"

The transaction involves shifting from a historical structure comprised of ownership among several individual physicians to ownership by a limited liability company that is ultimately owned by a single physician-owned entity. While the operating agreement of the licensee will change consistent with the new ownership structure, there will be no substantial changes in the individuals currently serving on the facility's governing body.

From a patient, provider, and communal basis, the operation of the facility will remain unchanged.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(9)- Summary of Proposed Changes Within 24 Months

“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.”

This transaction does not envision any proposed changes to the scope of services or level of care currently provided in the facility. There is no expectation of any disruptions with the physicians who will perform surgeries at the facility once licensed as a result of this transaction nor will there be changes to the categories of services that are already approved under the permit for this project. We do not expect any other changes within 24 months of the acquisition.

**ATTACHMENT 7
CHARITY CARE INFORMATION**

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$12,408,123	\$10,807,458	\$11,035,618
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

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		17-22
2	Site Ownership		23-24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		25-26
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		27-29
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7	Charity Care Information		49