

December 20, 2022

John Kniery  
Board Administrator  
Health Facilities and Services Review Board  
525 W Jefferson Street, Floor 2  
Springfield, IL 62761

23-001

**RECEIVED**

**Re: Rush Lisle Cancer Center - Flood Plain Requirements**

JAN 06 2023

Dear Mr. Kniery:

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

As representative of Rush University System for Health, I, Carl Bergetz, affirm that the proposed relocation for the facility complies with Illinois Executive Order #2005-5. The facility location at 2455 Corporate West Drive, Lisle, IL 60532 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely,

Carl Bergetz, JD  
Chief Legal Officer  
Rush University System for Health



December 20, 2022

John Kniery  
Board Administrator  
Health Facilities and Services Review Board  
525 W Jefferson Street, Floor 2  
Springfield, IL 62761

23-001

**Re: Certification and Authorization**

Dear Mr. Kniery:

As representative of Rush University System for Health, I, Carl Bergetz, respectively, 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 Rush University System for Health and Rush University Medical Center has no ownership interest in other healthcare facilities. Therefore, there are no adverse actions to report for the past three (3) years.

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,

Carl Bergetz, JD  
Chief Legal Officer  
Rush University System for Health

December 20, 2022

John Kniery  
Board Administrator  
Health Facilities and Services Review Board  
525 W Jefferson Street, Floor 2  
Springfield, IL 62761

**Re: Planning Area Attestation**

23-001

Dear Mr. Kniery,

As representative of Rush University System for Health and Rush University Medical Center, I, Carl Bergetz, attest to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) that through the signing of this letter, the primary purpose of this project is to serve at least 50% of the patients located in the planning area of the proposed project (located adjacent to the existing facility).

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,

Carl Bergetz, JD  
Chief Legal Officer  
Rush University System for Health

December 20, 2022

John Kniery  
Board Administrator  
Health Facilities and Services Review Board  
525 W Jefferson Street, Floor 2  
Springfield, IL 62761

23-001

**Re: Assurances Letter**

Dear Mr. Kniery,

As representative of Rush University System for Health and Rush University Medical Center, I, Carl Bergetz, attest that it is the Applicant's full anticipation that, by the end of the second year following the proposed cancer care facility opening, the proposed facility will operate at or in excess of the utilization standards identified in 77 Illinois Admin. Code Section 1125.210(c).

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,

Carl Bergetz, JD  
Chief Legal Officer  
Rush University System for Health

December 20, 2022

John Kniery  
Board Administrator  
Health Facilities and Services Review Board  
525 W Jefferson Street, Floor 2  
Springfield, IL 62761

23 - 001

**Re: Rush Lisle Cancer Center**  
**Ill. Admin. Code Section 1120.120(a) Available Funds Certification**  
**Ill. Admin. Code Section 1120.140(a) Reasonableness of Financing Arrangements**

Dear Mr. Kniery:

As a representative of Rush Lisle Cancer Center I, Patricia O'Neil, hereby attest that the project costs will be \$51,193,592. Rush University Medical Center will fund the entirety of the construction of the project with cash and existing securities. Rush University Medical Center has sufficient and readily accessible internal resources to fund the obligation required by the project, and to fully fund other ongoing obligations.

I further certify that our analysis of the funding options for this project reflected that the funding strategy outlined herein is the lowest net cost option available.

Sincerely,




Patricia O'Neil  
Senior Vice President and Chief Financial Officer  
Rush University System for Health

## 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 Rush University System for Health and Rush University Medical Center, 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


Omar B. Lateef, DO  
\_\_\_\_\_  
PRINTED NAME

President and CEO  
\_\_\_\_\_  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 21<sup>st</sup> day of DECEMBER 2022

  
\_\_\_\_\_  
Signature of Notary

Seal  
Official Seal  
Yurlesia Nichelle Monford  
Notary Public State of Illinois  
My Commission Expires 9/7/2025

\_\_\_\_\_  
SIGNATURE

Carl Bergetz, JD  
\_\_\_\_\_  
PRINTED NAME

Chief Legal Officer  
\_\_\_\_\_  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 21<sup>st</sup> day of DECEMBER 2022

  
\_\_\_\_\_  
Signature of Notary

Seal  
Official Seal  
Yurlesia Nichelle Monford  
Notary Public State of Illinois  
My Commission Expires 9/7/2025

\*Insert the EXACT legal name of the applicant