

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Illinois Back and Neck Institute		
Street Address: 360 West Butterfield Rd., Suite 100		
City and Zip Code: Elmhurst 60126		
County: DuPage	Health Service Area: 7	Health Planning Area: 43

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

Exact Legal Name: Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute		
Street Address: 360 Butterfield Road, Suite 100		
City and Zip Code: Elmhurst 60126		
Name of Registered Agent: Neema Bayran		
Registered Agent Street Address: 360 W. Butterfield Road, Suite 100		
Registered Agent City and Zip Code: Elmhurst 60126		
Name of Chief Executive Officer: Neema Bayran, M.D.		
CEO Street Address: 360 W. Butterfield Road, Suite 100		
CEO City and Zip Code: Elmhurst 60126		
CEO Telephone Number: 847-501-0730		

**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
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>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.</li> </ul>		
APPEND DOCUMENTATION AS <u>ATTACHMENT 1</u> , 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: CON Counsel
Company Name: Benesch Friedlander Coplan and Aronoff, LLP
Address: 71 South Wacker Drive, Suite 1600, Chicago, Illinois 60606
Telephone Number: 312-212-4967 and 312-212-4952
E-mail Address: <a href="mailto:jmorado@beneschlaw.com">jmorado@beneschlaw.com</a> and <a href="mailto:msilberman@beneschlaw.com">msilberman@beneschlaw.com</a>
Fax Number: 312-767-9192

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Post Permit Contact** [Person to receive all correspondence after permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Neema Bayran, M.D.
Title: Chief Executive Officer
Company Name: Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute
Address: 360 Butterfield Road, Suite 100, Elmhurst, Illinois 60126
Telephone Number: 847-367-8100 ext. 7231
E-mail Address: <a href="mailto:Neema@paincenteril.com">Neema@paincenteril.com</a>
Fax Number: 866-998-0186

**Site Ownership** [Provide this information for each applicable site]

Exact Legal Name of Site Owner: 360 Butterfield, LLC
Address of Site Owner: 360 West Butterfield Road, Elmhurst, Illinois 60126
Street Address or Legal Description of the Site: <b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

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

Exact Legal Name: Illinois Back and Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute			
Address: 360 W. Butterfield Road, Suite 100, Elmhurst, Illinois 60126			
<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"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li><b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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.
<b>APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Flood Plain Requirements – NOT APPLICABLE** [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- ☒ Substantive  
☐ Non-substantive

**2. 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.

The Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute, ("IBSI") an ambulatory surgical treatment center ("ASTC") seeks to discontinue its facility at 360 W. Butterfield Rd., Suite 100, Elmhurst, Illinois 60126. IBSI is a multidisciplinary ASTC with one operating room. Two categories of services are provided which include (i) Pain management; and(ii) orthopedic surgery

The discontinuation of this facility is being proposed in conjunction with the relocation of the facility approximately 0.2 miles away. The Applicant has previously filed a corresponding application to relocate its operations to a new address (relocating from 360 W. Butterfield Rd. to 300 W. Butterfield Rd.), pending under Application #22-041.

This project is classified as substantive, in that it involves a discontinuation of a health care facility 77 Ill. Admin. Code. 1110.20(c)(1)(B)(ii).

There are no costs associated with the discontinuation.

**Project Costs and Sources of Funds – NOT APPLICABLE**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>			
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>			
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ <u>N/A</u> Fair Market Value: \$ <u>N/A</u>
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.
Estimated start-up costs and operating deficit cost is N/A

**Project Status and Completion Schedules**

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

- ☒ None or not applicable
 ☐ Preliminary  
☐ Schematics
 ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): Upon licensure of relocated facility.

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.  
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  
☐ Financial Commitment will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**State Agency Submittals** [Section 1130.620(c)]

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 for permit being deemed incomplete.**

**Cost Space Requirements – NOT APPLICABLE**

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

**Not Reviewable Space [i.e., non-clinical]:** means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON-REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Illinois Back and Neck Institute			CITY: Elmhurst		
REPORTING PERIOD DATES: From January 1, 2021 to December 31, 2021					
Category of Service	Authorized operating rooms	Admissions (Surgeries)	Patient Days (Hours)	Bed Changes (Operating Rooms)	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other (operating rooms)	1	598	-	-1	0
TOTALS:	1	598	-	-1	0



**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.

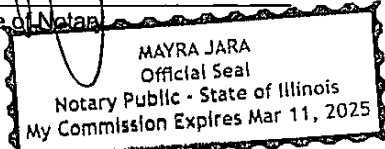
**This Application is filed on the behalf of Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this 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.**

*Neema Bayran*  
 SIGNATURE  
*Neema Bayran*  
 PRINTED NAME  
*CEO*  
 PRINTED TITLE

\_\_\_\_\_  
 SIGNATURE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 25 day of October, 2022

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_

*Mayra Jara*  
 Signature of Notary  
 Seal  


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

\*Insert the EXACT legal name of the applicant

**SECTION II. DISCONTINUATION**

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

**Criterion 1110.290 – Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

**IMPACT ON ACCESS**

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

**APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### 1110.110(a) – Background of the Applicant

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 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. For the following questions, 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.
  - a. 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.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
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, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

**Criterion 1110.110(b) & (d)****PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

**NOTE:** Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

**APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** the alternatives to the proposed project:  
Alternative options **must** include:
  - A) Proposing a project of greater or lesser scope and cost.
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

## SECTION VII. 1120.120 - AVAILABILITY OF FUNDS – NOT APPLICABLE

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [**Indicate the dollar amount to be provided from the following sources**]:

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated.
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.
		5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	<b>TOTAL FUNDS AVAILABLE</b>	

APPEND DOCUMENTATION AS **ATTACHMENT 34**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VIII. 1120.130 - FINANCIAL VIABILITY – NOT APPLICABLE**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

**Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY – NOT APPLICABLE**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**SECTION X. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

1. The project's material impact, if any, on essential safety net services in the community, **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 37.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)			
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)			
Inpatient			
Outpatient			
<b>Total</b>			

**APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**SECTION X. CHARITY CARE INFORMATION**

**Charity Care information MUST be furnished for ALL projects [1120.20(c)].**

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 39.**

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT 39, 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	19-21
2	Site Ownership	22-23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	24-25
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26
5	Flood Plain Requirements	n/a
6	Historic Preservation Act Requirements	n/a
7	Project and Sources of Funds Itemization	n/a
8	Financial Commitment Document if required	n/a
9	Cost Space Requirements	n/a
10	Discontinuation	27-63
11	Background of the Applicant	64-65
12	Purpose of the Project	66
13	Alternatives to the Project	n/a
14	Size of the Project	n/a
15	Project Service Utilization	n/a
16	Unfinished or Shell Space	n/a
17	Assurances for Unfinished/Shell Space	n/a
<b>Service Specific:</b>		
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surgery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	n/a
25	Selected Organ Transplantation	n/a
26	Kidney Transplantation	n/a
27	Subacute Care Hospital Model	n/a
28	Community-Based Residential Rehabilitation Center	n/a
29	Long Term Acute Care Hospital	n/a
30	Clinical Service Areas Other than Categories of Service	n/a
31	Freestanding Emergency Center Medical Services	n/a
32	Birth Center	n/a
<b>Financial and Economic Feasibility:</b>		
33	Availability of Funds	n/a
34	Financial Waiver	n/a
35	Financial Viability	n/a
36	Economic Feasibility	n/a
37	Safety Net Impact Statement	67-68
38	Charity Care Information	69
39	Flood Plain Information	n/a

**Attachment 1**  
**Type of Ownership of Applicant**

Included with this attachment are:

1. The Certificate of Good Standing for the applicant, Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute.
2. A filed application to adopt an assumed name for Illinois Bone & Spine Institute.

**Attachment 1**  
**Certificate of Good Standing**  
**Illinois Back & Neck Institute, PLLC**

*File Number* 0456293-3



***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 BACK & NECK INSTITUTE, PLLC, HAVING ORGANIZED IN THE STATE OF  
ILLINOIS ON OCTOBER 01, 2013, 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.



Authentication #: 2222303432 verifiable until 08/11/2023  
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 11TH  
day of AUGUST A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

**Attachment 1**  
**Application to Adopt an Assumed Name**  
**Illinois Bone & Spine Institute**

DocuSign Envelope ID: 09534C8B-0F01-430B-8DE8-C5680299DDE4

Form <b>LLC-1.20</b> July 2017 <b>Secretary of State</b> Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.	Illinois <b>Limited Liability Company Act</b> <b>Application to Adopt, Change, Cancel or Renew an Assumed Name</b> <div style="background-color: black; color: white; padding: 5px; margin: 10px auto; width: 150px;"> <b>SUBMIT IN DUPLICATE</b>  <small>Type or print clearly.</small> </div> Filing Fee (See Note): \$ 90.00 Approved:	FILE # 04562933 <small>This space for use by Secretary of State.</small> <div style="text-align: center; margin-top: 20px;"> <b>FILED</b>          SEP 09 2022  <b>JESSE WHITE</b>          SECRETARY OF STATE       </div>
---	---	---

1. Limited Liability Company name: Illinois Back & Neck Institute, PLLC
  
2. State or country under the laws of which the company is organized: (check one)  
☒ Illinois (domestic)    ☐ Foreign (specify): \_\_\_\_\_
  
3. Check this box ☐ if it is a Series of the Limited Liability Company that intends to adopt, change, cancel or renew an assumed name.  
 Name of Series: \_\_\_\_\_
  
4. TO ADOPT: (see note)    The Limited Liability Company or Series intends to adopt and transact business under the assumed name of: Illinois Bone & Spine Institute
  
5. TO CHANGE: (see note)    (a) The above-named Limited Liability Company or Series intends to cease transacting business under the assumed name of: \_\_\_\_\_  
 (b) and to commence transacting business under the new assumed name of: \_\_\_\_\_
  
6. TO CANCEL: (see note)    The above-named Limited Liability Company or Series intends to cease transacting business under the assumed name of: \_\_\_\_\_
  
7. TO RENEW: (see note)    The above-named Limited Liability Company or Series intends to renew the assumed name of: \_\_\_\_\_
  
8. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated: 09/08, 2022  
Month/Day                      Year

Signature  
Neema Bayvan M.D. CEO  
 Name and Title (type or print)

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

Printed by authority of the State of Illinois. December 2017 — 1 — LLC 15.14

ILSIS - 12/21/2017 Website: Online

**Attachment 2  
Site Ownership**

The current owner of the building is 360 Butterfield, LLC. A copy of the property tax bill is enclosed as evidence of control over the site.

Attachment 2  
Site OwnershipMAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR - SEND THIS COUPON WITH YOUR 2<sup>ND</sup> INSTALLMENT PAYMENT OF **2021 TAX**MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203  
PAY ON-LINE AT: [treasurer.dupageco.org](http://treasurer.dupageco.org)  
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

\*\*\* DUPLICATE BILL \*\*\*

06-14-318-018  
360 BUTTERFIELD LLC  
360 W BUTTERFIELD RD  
NO 310  
ELMHURST IL 60126

2

ON OR BEFORE: PAY:  
SEP 1, 2022 .00

PAYING LATE? PAY THIS AMOUNT:

\*INCLUDES \$10 COST: SEE BACK OF BILL FOR EXPLANATION

U.S. POSTMARK IS USED TO  
DETERMINE LATE PENALTY.PAYMENT OF THIS 2021 TAX  
BILL AFTER OCTOBER 28, 2022,  
REQUIRES A CASHIER'S CHECK,  
CASH OR MONEY ORDER.CHECK BOX AND  
COMPLETE CHANGE  
OF ADDRESS ON BACK.

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 16, 2022

\$53,876.05 PAID MAY 05, 2022

Rate 2020	Tax 2020	Taxing District	Rate 2021	Tax 2021
		<b>** COUNTY **</b>		
.0975	1,981.65	COUNTY OF DU PAGE	.0966	2,007.33
.0202	410.55	PENSION FUND	.0196	407.28
.0308	626.00	COUNTY HEALTH DEPT	.0298	619.24
.0124	252.02	PENSION FUND	.0127	263.90
.1128	2,292.62	FOREST PRESERVE DIST	.1102	2,289.94
.0077	156.50	PENSION FUND	.0075	155.84
.0148	300.80	DU PAGE AIRPORT AUTH	.0144	299.23
		<b>** LOCAL **</b>		
		DU PAGE WATER COMM		
NO LEVY		YORK TOWNSHIP	NO LEVY	
.0398	808.92	PENSION FUND	.0402	835.35
.0050	101.62	YORK TWP ROAD	.0048	99.74
.0417	847.53	PENSION FUND	.0422	876.91
.0021	42.68	CITY OF ELMHURST	.0018	37.40
.0953	1,936.94	PENSION FUND	.1428	2,967.36
.3384	6,877.87	CITY ELMHURST LIBR	.3207	6,664.11
.2889	5,871.80	ELMHURST PARK DIST	.2331	4,843.79
.2999	6,095.37	PENSION FUND	.2883	5,990.84
.0282	573.15		.0376	781.32
		<b>** EDUCATION **</b>		
1.5346	31,190.28	GRADE SCHOOL DIST 48	1.5260	31,710.12
.0158	321.13	PENSION FUND	.0156	324.16
1.9922	40,490.86	HIGH SCHOOL DIST 88	1.9811	41,167.05
.0615	1,249.96	PENSION FUND	.0567	1,178.22
.2114	4,296.75	COLLEGE DU PAGE 502	.2037	4,232.97
5.2510	106,725.00	TOTAL	5.1854	107,752.10

Mailed to:

360 BUTTERFIELD LLC  
360 W BUTTERFIELD RD  
NO 310  
ELMHURST IL 60126

Property Location:

360 W BUTTERFIELD RD  
ELMHURST, 60126

Township Assessor:

YORK  
630-627-3354

Tax Code:

6067

Property Index Number:

06-14-318-018

CHANGE OF NAME/ADDRESS:  
CALL: 630-407-5900

\* S OF A FACTOR 1.0224

1st INST PAID MAY 05, 2022

2nd INST PAID MAY 05, 2022

2021 DuPage County Real Estate Tax Bill  
Gwen Henry, CPA, County Collector  
421 N. County Farm Road  
Wheaton, IL 60187Office Hours - 8:00 am-4:30 pm, Mon-Fri  
Telephone - (630) 407-5900

TIF Frozen Value	
Fair Cash Value	
Land Value	943,590
+ Building Value	1,134,400
= Assessed Value	2,077,990*
x State Multiplier	1.0000
= Equalized Value	2,077,990
- Residential Exemption	
- Senior Exemption	
- Senior Freeze	
- Disabled Veteran	
- Disability Exemption	
- Returning Veteran Exemption	
- Home Improvement Exemption	
- Housing Abatement	
= Net Taxable Value	2,077,990
x Tax Rate	5.1854
= Total Tax Due	107,752.10
- Less Advance Payment	
= Net Tax Due	.00
+ PACE Reimbursement	
= Net Due	

2020 \$2,032,470 Assessed Value 2021 \$2,077,990

### **Attachment 3 Operating Entity/Licensee**

The Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute is licensed by the Illinois Department of Public Health and will remain the licensee following this project. 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**  
**Certificate of Good Standing Illinois Back & Neck Institute, PLLC**

*File Number*

0456293-3



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, 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 BACK & NECK INSTITUTE, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 01, 2013, 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.



Authentication #: 2301702222 verifiable until 01/17/2024  
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 17TH*  
*day of JANUARY A.D. 2023 .*

*Alexi Giannoulas*  
SECRETARY OF STATE

Attachment 4  
Organizational Chart

Illinois Back & Neck  
Institute, PLLC d/b/a  
Illinois Bone & Spine  
Institute

Neema Bayran, M.D.  
(100% Ownership  
Interest)

## Attachment 10 Discontinuation

### General:

1. **Categories of service and the number of beds, if any that are to be discontinued.**

There is one operating room at the Ambulatory Surgical Treatment Center that will be discontinued.

2. **Identify all the other clinical services that are to be discontinued.**

The category of services currently offered at the facility include Pain Management and Orthopedics, both will be discontinued upon approval of the application.

3. **Provide the anticipated date of discontinuation for each identified service or for the entire facility.**

The applicant proposes to permanently discontinue the service upon approval of licensure of replacement facility.

4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**

The anticipated use of the physical plant has not been determined as the licensee does not own the structure. Certain usable medical equipment will be transferred to the relocated Illinois Bone & Spine Institute (Project #22-041) if the project is approved.

5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.**

The medical records will be maintained by Illinois Bone & Spine Institute for a period of 10 years.

6. **Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.**

Included in Attachment 10 is a copy of the Notice provided to the local media that would routinely be notified about the facilities events.

7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**

Included in Attachment 10 are copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district the health care facility is located, the Director of Public Health, and the Director of Healthcare and family Services.

8. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.**

Included in Attachment 10 is a certification from the Applicant that all required data will be submitted no later than 90 days following the date of discontinuation.

## Attachment 10 Discontinuation

### **Reasons For Discontinuation**

The reasons for discontinuation are that the provision of service at the currently location is not economically feasible.

The reason for discontinuation of the facility is to allow for the orderly relocation down the Butterfield Road to a physical location owned by the Dr. Neema Bayran. Control over the physical site will ensure the uninterrupted operation of the replacement facility. The lease for the current space expires in 2024 and the current building owner has been unwilling to enter into a long-term lease with the licensee. Continued operation of the facility is economically feasible and threatens the facility's long-term financial viability

### **Impact of Access**

#### **1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.**

The discontinuation will not have an adverse effect upon access of care for residents of the facility's market area. Upon approval of Project #22-041 Dr. Bayran will relocate the facility less than one mile away from the current location.

#### **2.Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.**

Included in Attachment 10 are copies of the notification letter sent to area facilities within the geographic service area and maps indicating the distance and drive times to the facilities.

**Attachment 10  
Discontinuation  
Media Notice**

The applicants will publish the notice below in the Chicago Tribune, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on February 8, 2023. The Chicago Tribune has a print circulation of 439,731, and an online presence. The Chicago Tribune is a newspaper of general circulation throughout the Cook and DuPage County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

"Illinois Back and Neck has filed a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue their ambulatory surgical treatment center located at 360 W Butterfield Road, Elmhurst, IL 60126 in the third quarter of 2024. The facility proposes to relocate the facility to 300 West Butterfield Road, Elmhurst, IL 60126. After submission of the application to discontinue the facility to the HFSRB, the application for the proposed discontinuation may be found on the HFSRB website at <https://www2.illinois.gov/sites/hfsrb/Pages/default.aspx>. If you are or have been a patient at Illinois Back and Neck Institute and have questions about accessing your medical records, please call 630-501-1706."

**Attachment 10  
Discontinuation  
Notices to Elected Officials and Agency Heads**

January 17, 2023

Hon. Jean Ladisch Douglass  
State Representative, District 47  
Stratton Office Building  
Springfield, IL 62706

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

Dear Representative Douglass:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Illinois Back and Neck Institute, located 360 W. Butterfield Road, Elmhurst, IL, 60126.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application (#22-041) to relocate the facility to 300 W. Butterfield Road, Elmhurst, Illinois.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Elmhurst, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

**Attachment 10**  
**Discontinuation**  
**Notices to Elected Officials and Agency Heads**

January 17, 2023

Hon. Suzy Glowiak Hilton  
State Senate, District 24  
17W715 East Butterfield Road Suite F  
Oakbrook Terrace, IL 60181

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

Dear Senator Hilton:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Illinois Back and Neck Institute, located 630 W. Butterfield Road, Elmhurst, IL, 60126.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application (#22-041) to relocate the facility to 300 W. Butterfield Road, Elmhurst, Illinois.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Elmhurst, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

**Attachment 10**  
**Discontinuation**  
**Notices to Elected Officials and Agency Heads**

January 17, 2023

Hon. Scott M. Levin  
Mayor of Elmhurst  
209 N. York Street  
Elmhurst, IL 60126

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

Dear Mayor Levin:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Illinois Back and Neck Institute, located 630 W. Butterfield Road, Elmhurst, IL, 60126.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application (#22-041) to relocate the facility to 300 W. Butterfield Road, Elmhurst, Illinois.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Elmhurst, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute



**Attachment 10  
Discontinuation  
Notices to Elected Officials and Agency Heads**

January 17, 2023

Theresa Eagleson  
Director  
Department of Healthcare and Family Services  
201 South Grand Avenue, East  
Springfield, Illinois 62763

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

Dear Director Eagleson:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Illinois Back and Neck Institute, located 630 W. Butterfield Road, Elmhurst, IL, 60126.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application (#22-041) to relocate the facility to 300 W. Butterfield Road, Elmhurst, Illinois.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Elmhurst, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

**Attachment 10  
Discontinuation  
Notices to Elected Officials and Agency Heads**

January 17, 2023

Sameer Vohra, MD, JD, MA  
Director  
Illinois Department of Public Health  
535 West Jefferson Street  
Springfield, Illinois 62761

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

Dear Director Vohra:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Illinois Back and Neck Institute, located 630 W. Butterfield Road, Elmhurst, IL, 60126.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application (#22-041) to relocate the facility to 300 W. Butterfield Road, Elmhurst, Illinois.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Elmhurst, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

**Attachment 10  
Discontinuation  
Notices to Elected Officials and Agency Heads**

January 17, 2023

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

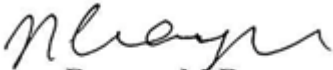
**Re: Applicant Certification**

Dear Mr. Kniery:

As representative of Illinois Back and Neck Institute and Illinois Back and Neck Institute, PLLC d/b/a Illinois Bone and Spine Institute, I, Neema Bayran affirm that all questionnaires and data required by the Health Facilities and Services Review Board and IDPH (e.g. annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of the discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

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,

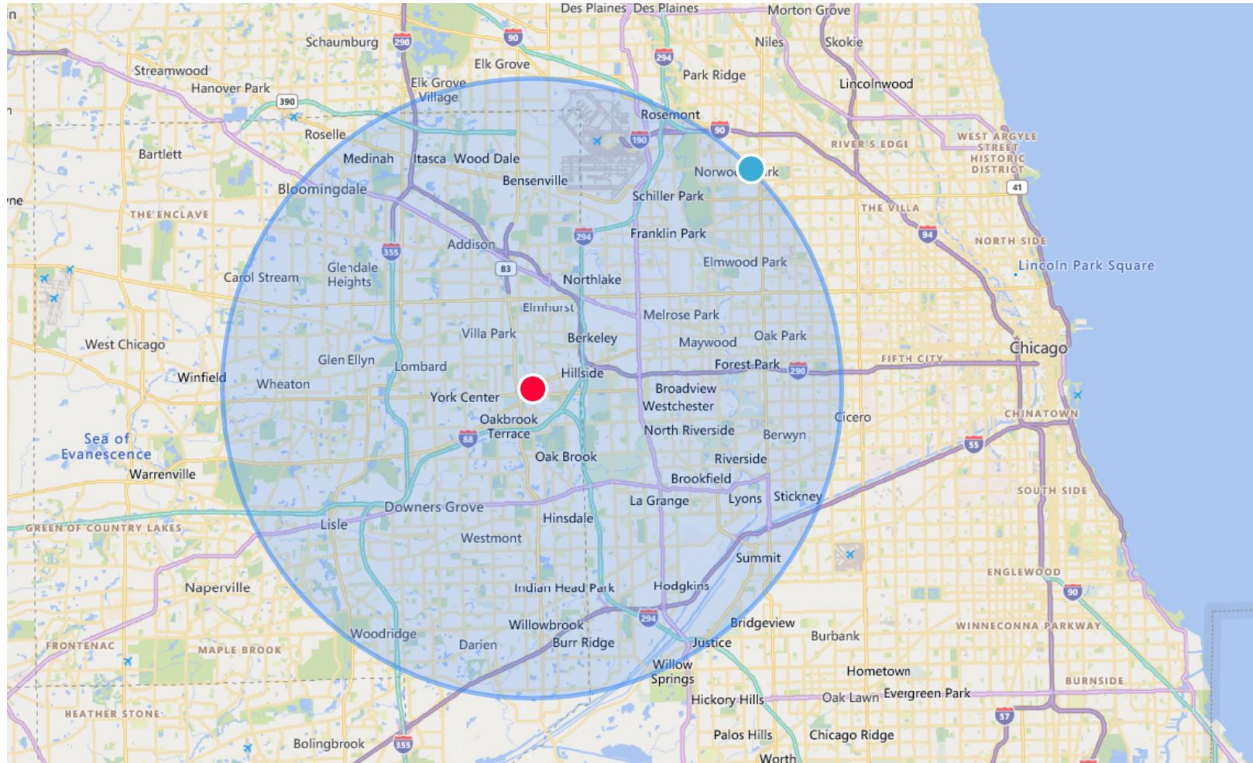
  
Neema Bayran, M.D.  
CEO  
Illinois Bone & Spine Institute

**Attachment 10**  
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The following notification letters were sent to area facilities within the geographic service area as determined by the distance and drive times to the facilities. Also listed on the following pages in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes areas that are located within a 10-mile radius of the proposed site of the ASTC. The zip codes and area within a 10-mile radius of the proposed facility is listed below. We have included a map of the multi-directional travel radii of the proposed ASTC site.

**Attachment 10  
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**10 Mile Radius from 360 West Butterfield Road, Elmhurst, IL 60126**



Facility Name	Facility Name
Aiden Center for Day Surgery	Hinsdale Surgical Center
Eye Surgery Center of Hinsdale	Loyola University ASC
Ambulatory Surgicenter of Downers Grove	Midwest Center for Day Surgery
Chicago Prostate Cancer Surgery Center	Rush Oak Brook Surgery Center
DMG Surgical Center	Salt Creek Surgery Center
DuPage Eye Surgical Center	Ortho Tec surgery Center
Elmhurst Outpatient Surgery Center	

**Attachment 10  
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January 17, 2023

Administrator  
Aiden Center for Day Surgery  
1580 W Lake Street  
Addison, IL 60101

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have reached an agreement with a local physician, Dr. Neema Bayran who is looking to relocate this facility and establish operations less than 1 mile away in Elmhurst.

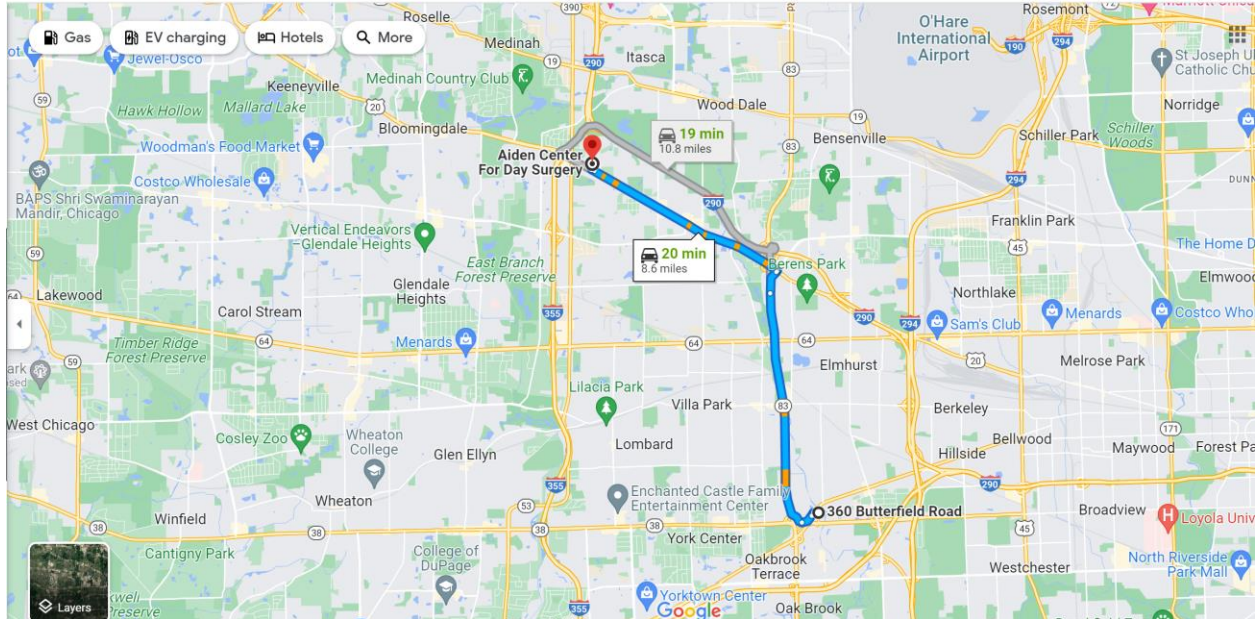
Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute



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**Notices to Elected Officials and Agency Heads**



**Attachment 10  
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January 17, 2023

Administrator  
Eye Surgery Center of Hinsdale  
950 N York Road  
Hinsdale, IL 60521

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

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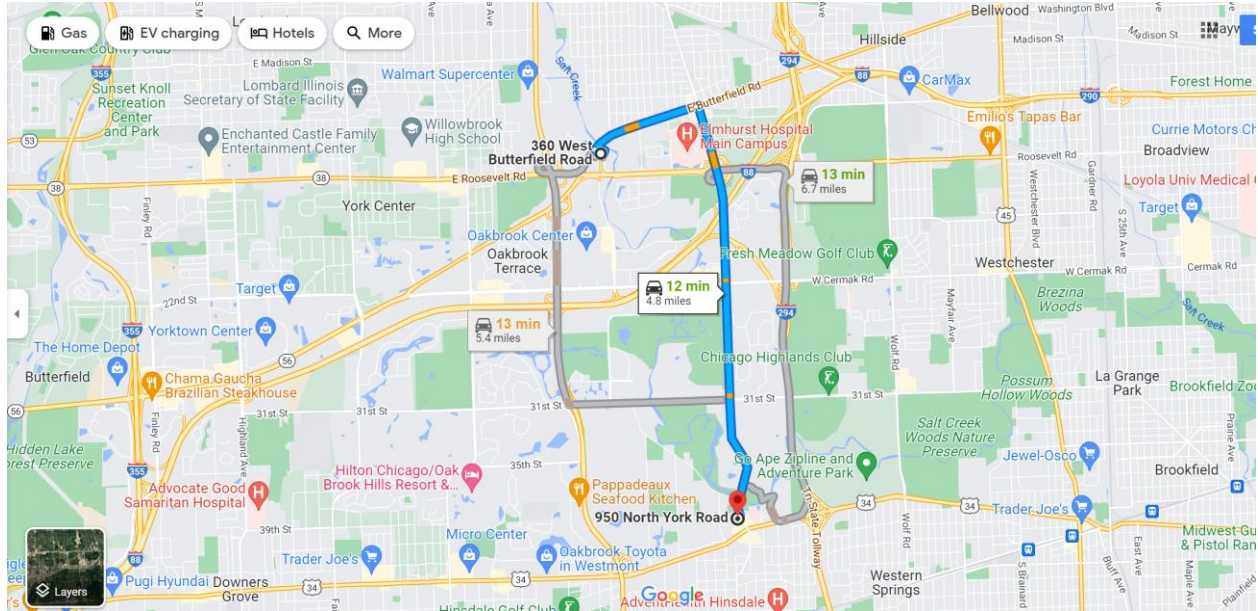
Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute



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**Notices to Elected Officials and Agency Heads**



**Attachment 10  
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January 17, 2023

Administrator  
Ambulatory Surgicenter of Downers Grove  
4333 Main Street, Suite #2  
Downers Grove, IL 60515

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

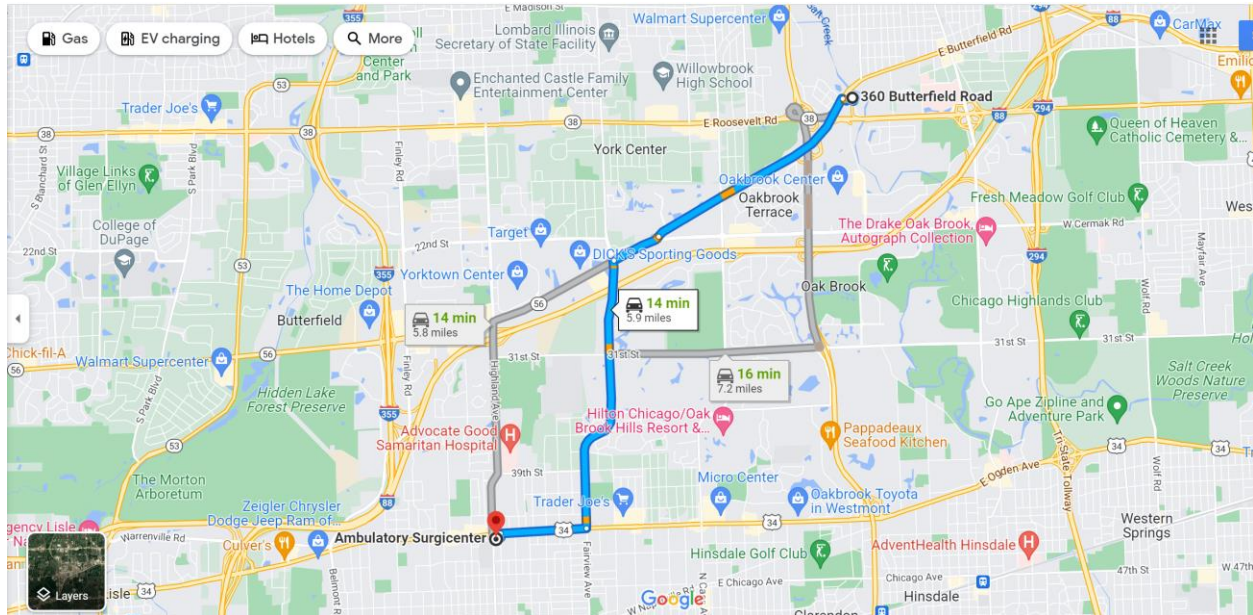
We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have reached an agreement with a local physician, Dr. Neema Bayran who is looking to relocate this facility and establish operations less than 1 mile away in Elmhurst.

Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

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**Attachment 10  
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January 17, 2023

Administrator  
Chicago Prostate Cancer Surgery Center  
815 Pasquinelli Drive  
Westmont, IL 60559

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

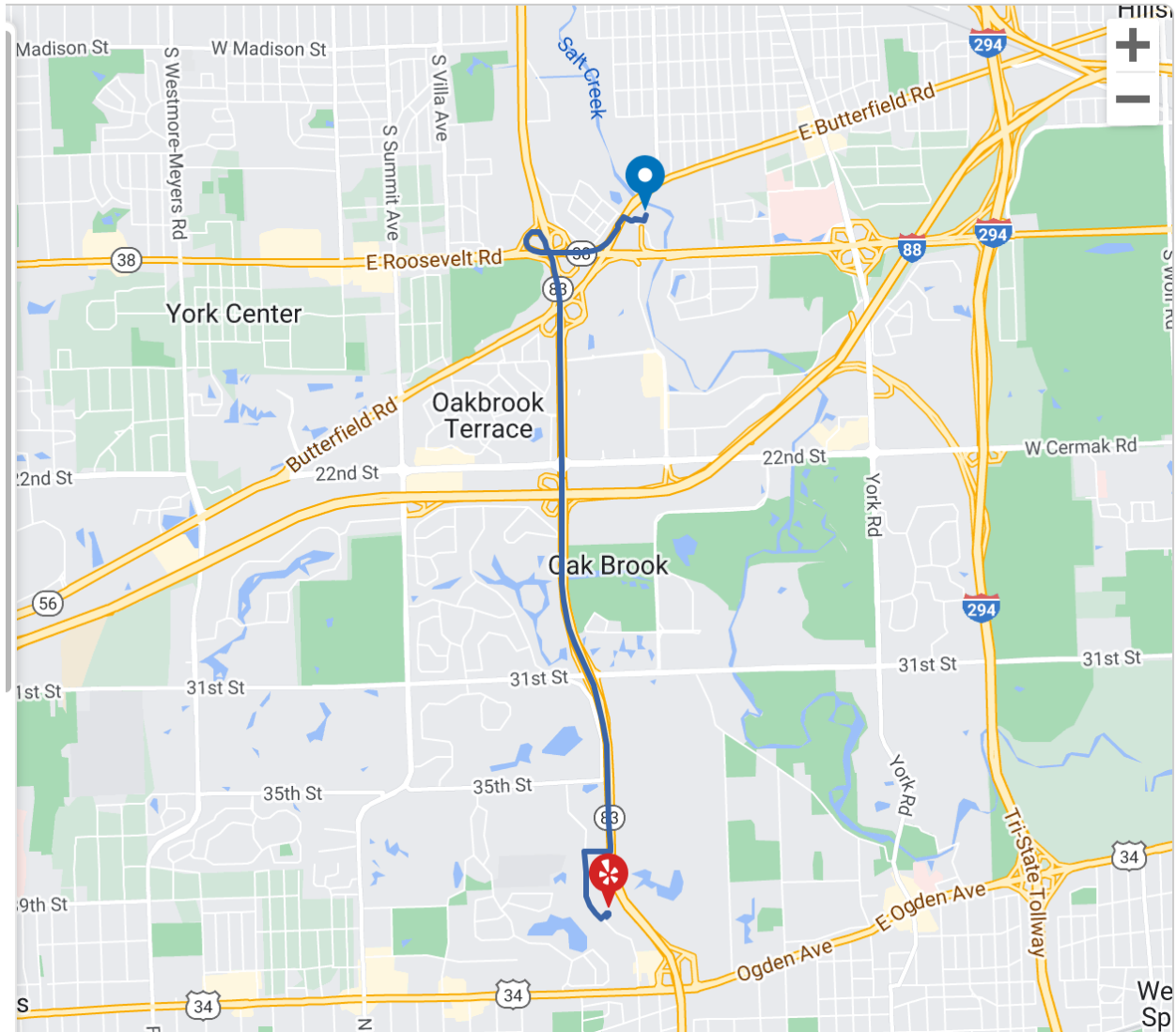
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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

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**Notices to Elected Officials and Agency Heads**



**Attachment 10  
Discontinuation  
Notices to Elected Officials and Agency Heads**

January 17, 2023

Administrator  
DMG Surgical Center  
725 S 60108, Technology Drive  
Lombard, IL 60148815

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

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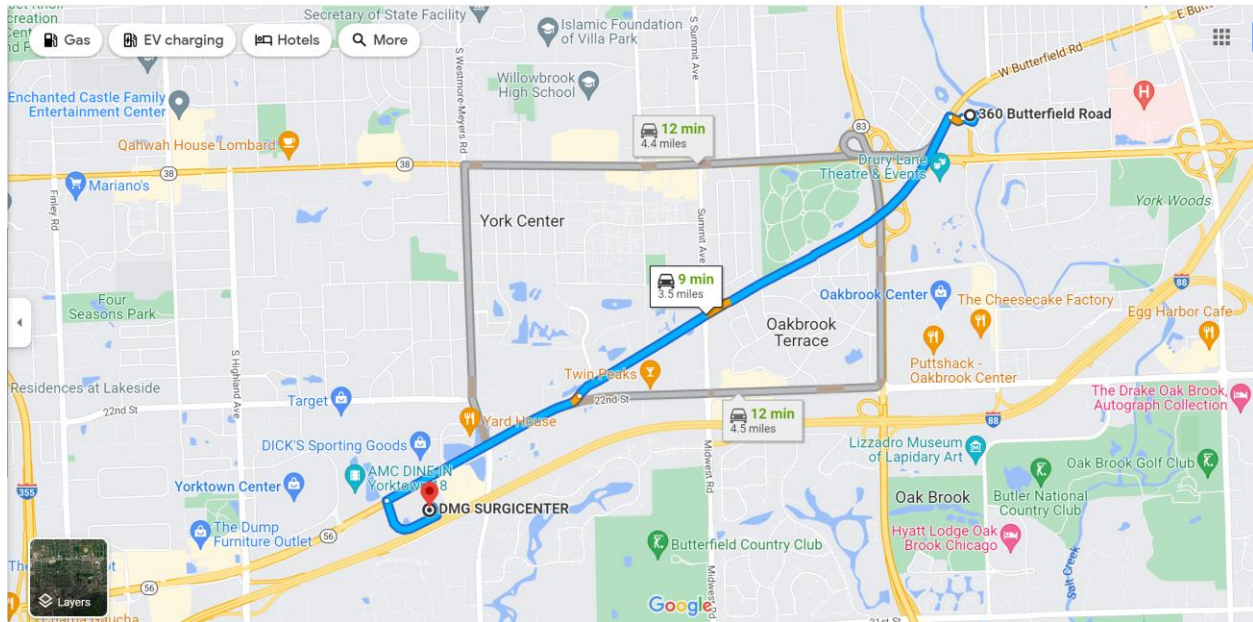
Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute



**Attachment 10**  
**Discontinuation**  
**Notices to Elected Officials and Agency Heads**



**Attachment 10  
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Notices to Elected Officials and Agency Heads**

January 17, 2023

Administrator  
DuPage Eye Surgery Center  
2015 N Main Street  
Wheaton, IL 60187

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

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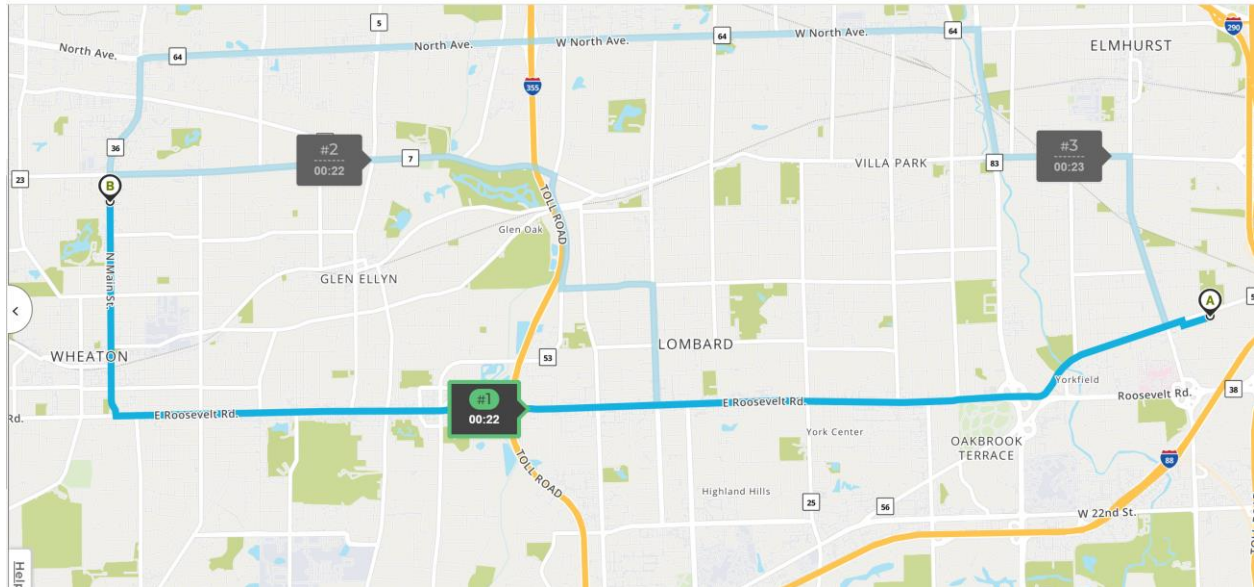
Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute



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**Attachment 10  
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January 17, 2023

Administrator  
Elmhurst Outpatient Surgery Center  
1200 S York Street  
Elmhurst, IL 60126

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

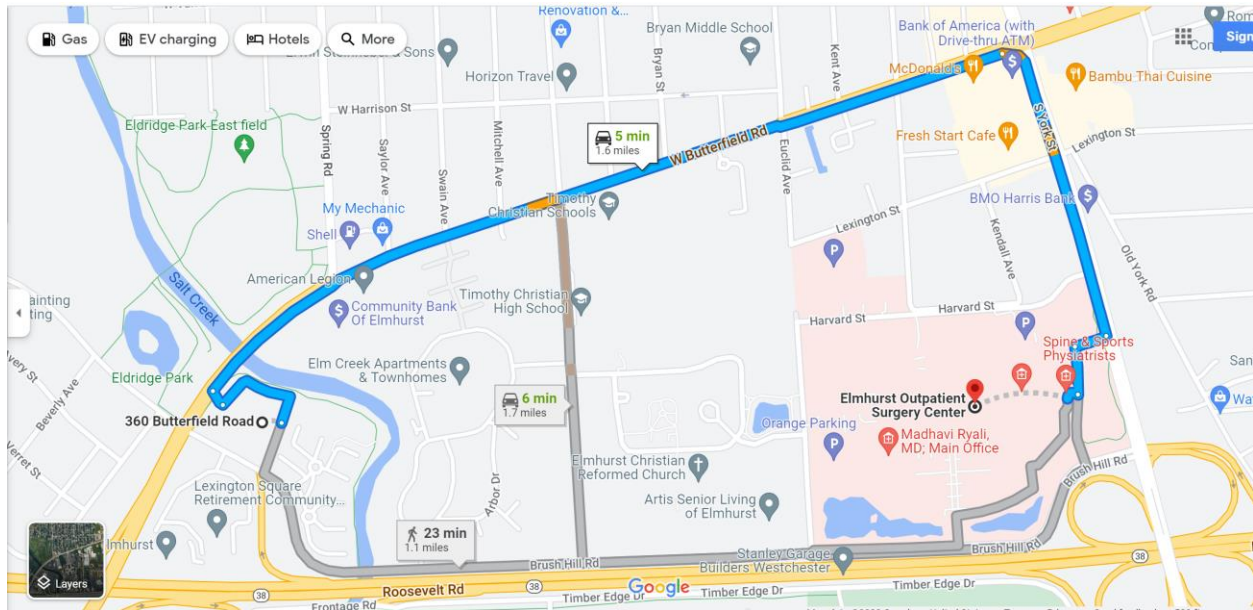
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Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

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**Attachment 10  
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January 17, 2023

Administrator  
Hinsdale Surgical Center  
10 Salt Creek Lane  
Hinsdale, IL 60521

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

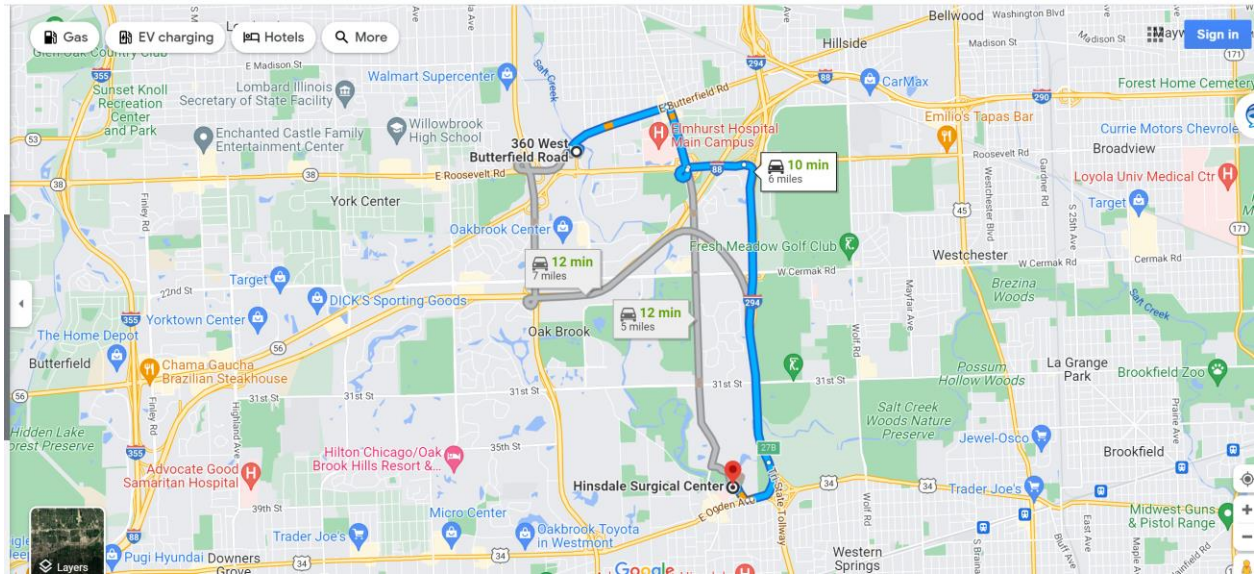
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Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

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**Notices to Elected Officials and Agency Heads**



**Attachment 10  
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January 17, 2023

Administrator  
Loyola University ASC  
2160 S. First Ave.  
Maywood, Illinois 60153

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

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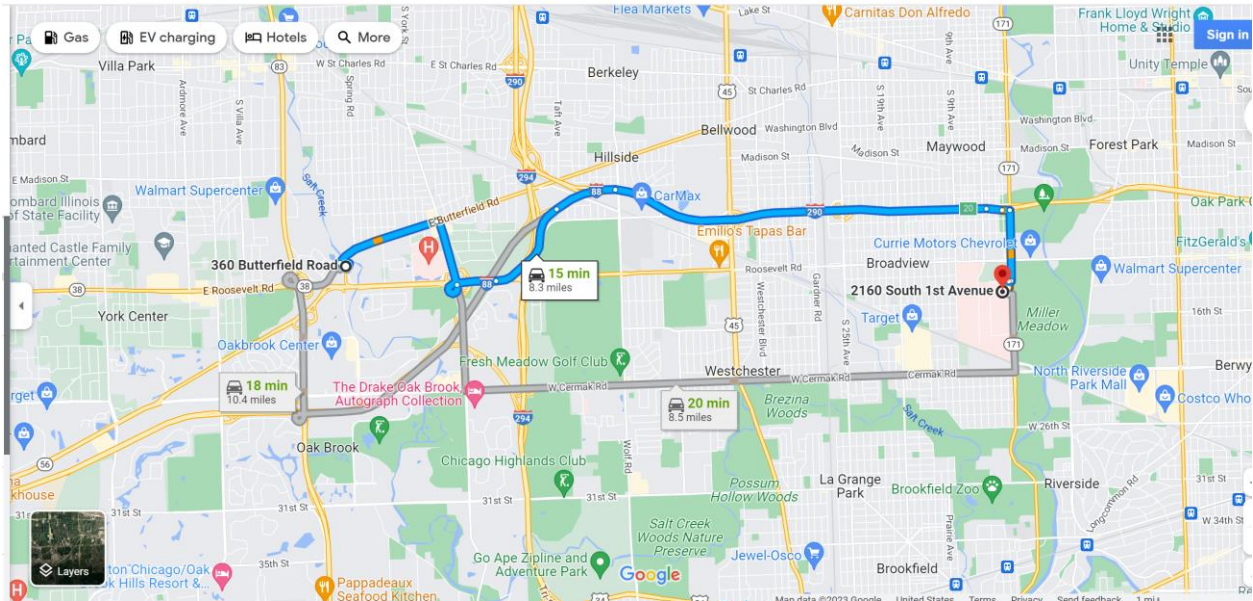
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Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute



**Attachment 10**  
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**Notices to Elected Officials and Agency Heads**



**Attachment 10  
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January 17, 2023

Administrator  
Midwest Center for Day Surgery  
3811 Highland Avenue  
Downers Grove, IL 60515

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

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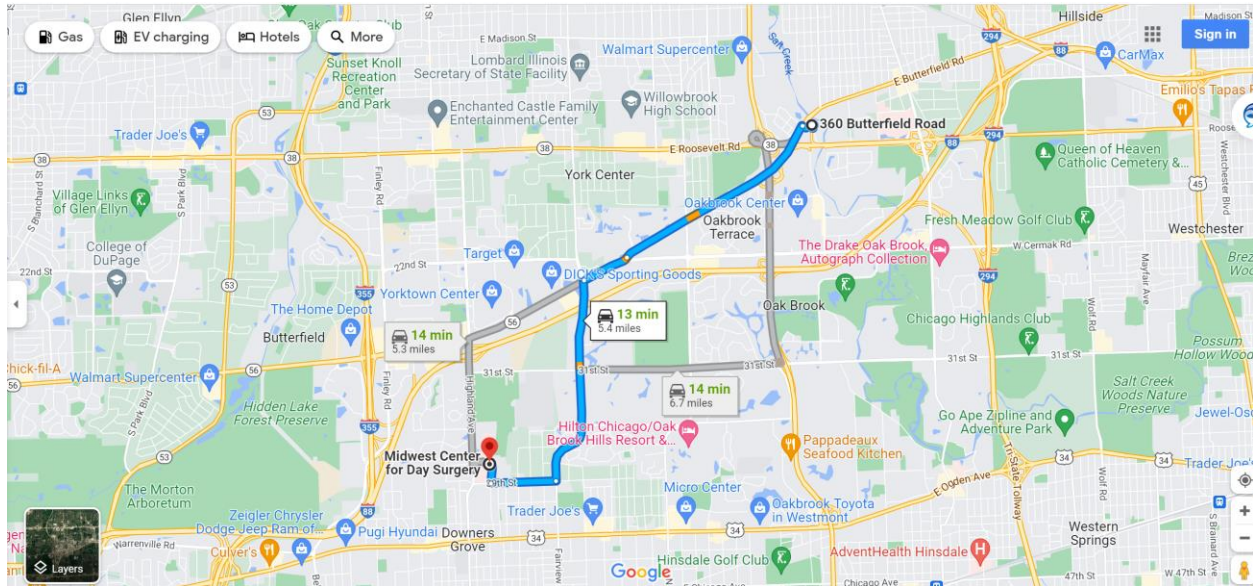
Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute



**Attachment 10**  
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**Notices to Elected Officials and Agency Heads**



**Attachment 10  
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Notices to Elected Officials and Agency Heads**

January 17, 2023

Administrator  
Rush Oak Brook Surgery Center  
2011 York Rd Suite 3000  
Oak Brook, IL 60523

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

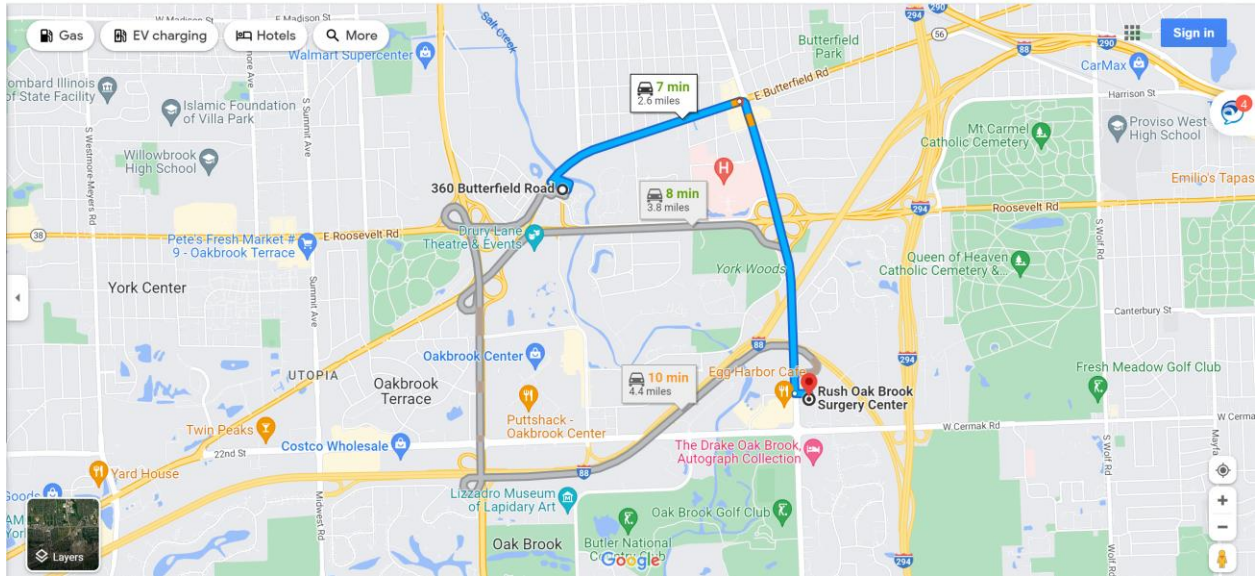
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Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

**Attachment 10**  
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**Notices to Elected Officials and Agency Heads**



**Attachment 10  
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January 17, 2023

Administrator  
Salt Creek Surgery Center  
530 N Cass Avenue  
Westmont, IL 60559

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

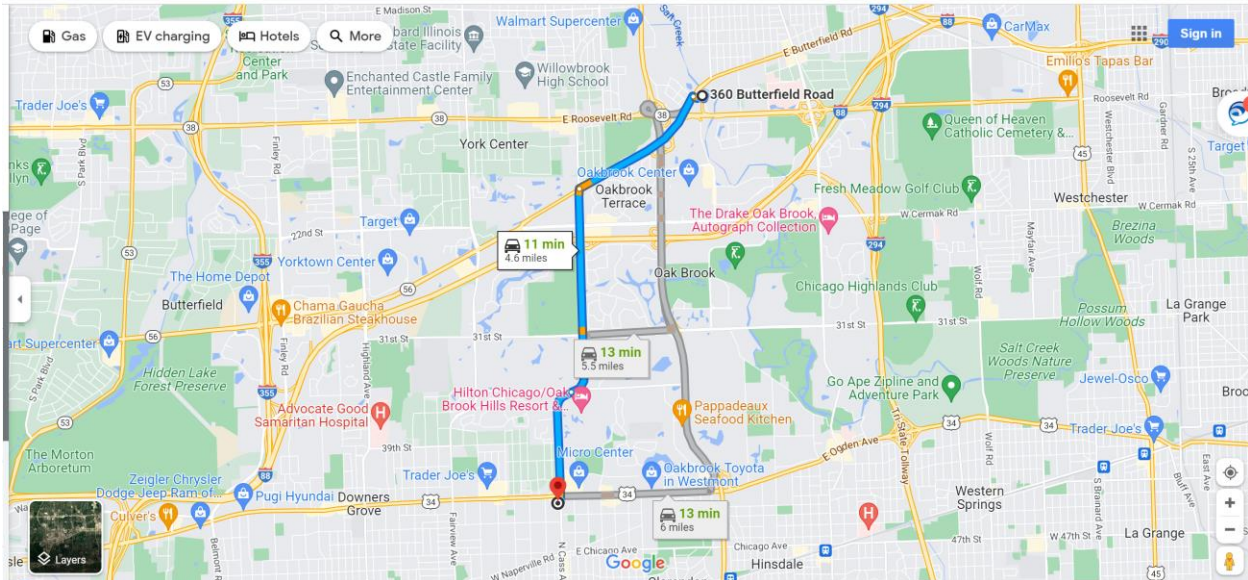
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Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

**Attachment 10  
Discontinuation  
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**Attachment 10  
Discontinuation  
Notices to Elected Officials and Agency Heads**

January 17, 2023

Administrator  
Ortho Tec Surgery Center  
340 W Butterfield Road 1 B  
Elmhurst, IL 60126

**Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Illinois Back and Neck Institute**

To Whom It May Concern:

This letter is to notify you that Illinois Back and Neck Institute, located at 360 West Butterfield Road, Elmhurst, Illinois 60126 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 300 West Butterfield Road, Elmhurst, Illinois 60126. The replacement facility is expected to be completed by December 31, 2023. In the last 24 months the facility has treated 598 patients in 2021, and 1,102 patients in 2022 through August 2022.

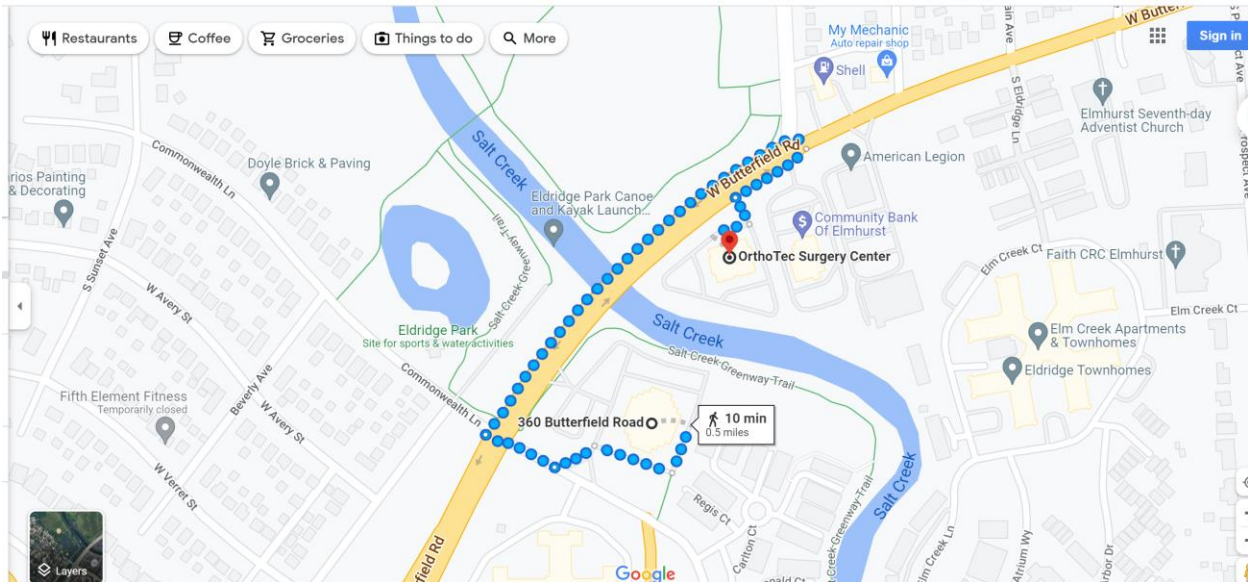
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Sincerely,

  
Neema Bayran, M.D.  
Chief Executive Officer  
Illinois Back & Spine Institute

**Attachment 10**  
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**Notices to Elected Officials and Agency Heads**



## Attachment 11 Background of the Applicants

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

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

The Applicant owns no other ambulatory surgical treatment centers.

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.**

The officers or members of the Applicant do not own any other healthcare facilities in Illinois.

3. **For the following questions, 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.**

The officers or members of the Applicant do not own any other healthcare facilities in Illinois.

- a. **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.**

Pursuant to the certification executed with the submission of this application, the Applicant certify that there have been no adverse action taking against any facility owned and/or operated by the Applicant during the three years prior to filing of the application.

- b. **A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.**

Pursuant to the certification executed with the submission of this application, the Applicant certify that there have been no individuals cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding

- c. **A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.**

Pursuant to the certification executed with the submission of this application, the Applicant certify that no person has charged with fraudulent conduct or any act involving moral turpitude.

- d. **A certified listing of each applicant with one or more unsatisfied judgements against him or her.**

Pursuant to the certification executed with the submission of this application, the Applicant certify that they do not have one or more unsatisfied judgements against him or her.



## Attachment 11 Background of the Applicants

- e. **A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.**

Pursuant to the certification executed with the submission of this application, the Applicant certify that they do not have an applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

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.**

The Applicant permit the 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.

5. **If, during a given calendar year, an applicant submits more than one application for permit, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.**

Not Applicable.

## **Attachment 12**

### **Purpose of Project**

#### **Reasons For Discontinuation**

The reasons for discontinuation are that the provision of service at the currently location is not economically feasible.

The reason for discontinuation of the facility is to allow for the orderly relocation down the Butterfield Road to a physical location owned by the Dr. Neema Bayran. Control over the physical site will ensure the uninterrupted operation of the replacement facility. The lease for the current space expires in 2024 and the current building owner has been unwilling to enter into a long-term lease with the licensee. Continued operation of the facility is economically feasible and threatens the facility's long-term financial viability

### **Attachment 37 Safety Net Impact Statement**

1. **The project will not have a material impact, on essential safety net services in the community, *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.**

The applicant facility will cease operations upon approval of a replacement facility and thus there will be no adverse material impact on the essential safety net services that it provides. Additionally, the discontinuation of its facility will not impact existing providers.

2. **The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.**

The project should not have any impact on the ability of another provider or health care system to cross subsidize safety net services.

3. **How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.**

The discontinuation of the facility will not impact remaining safety net providers as the licensee proposes to relocate less than a mile away.

### Attachment 37 Safety Net Impact Statement

Illinois Back and Neck Institute did not begin operations until mid-2021 and as such there is no available data for calendar years 2019 and 2020.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2019	2020	2021
Inpatient	-	-	0
Outpatient	-	-	24
<b>Total</b>	-	-	<b>24</b>
Charity (cost in dollars)	2019	2020	2021
Inpatient	-	-	0
Outpatient	-	-	\$108,000
<b>Total</b>	-	-	<b>\$108,000</b>
MEDICAID			
Medicaid (# of patients)	2019	2020	2021
Inpatient	-	-	0
Outpatient	-	-	4
<b>Total</b>	-	-	<b>4</b>
Medicaid (revenue)	2019	2020	2021
Inpatient	-	-	0
Outpatient	-	-	\$0
<b>Total</b>	-	-	<b>\$0</b>

**Attachment 38**  
**Charity Care Information**

Illinois Back and Neck Institute did not begin operations until mid-2021 and as such there is no available data for calendar years 2019 and 2020.

Illinois Back and Neck Institute - CHARITY CARE			
	2019	2020	2021
<b>Net Patient Revenue</b>	-	-	<b>\$2,945,919</b>
Amount of Charity Care (charges)	-	-	0
Cost of Charity Care	-	-	0

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<b>Service Specific:</b>		
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surgery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	n/a
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36	Economic Feasibility	n/a
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