

**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: Pain & Spine Institute Surgery Center		
Street Address: 756 Essington Road, Unit A		
City and Zip Code: Joliet, Illinois 60435		
County: Will	Health Service Area: 9	Health Planning Area:

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

Exact Legal Name: DxTx Pain and Spine LLC
Street Address: 431 Summit Street, Suite 101
City and Zip Code: Elgin, Illinois 60120-3861
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, Illinois 60604
Name of Chief Executive Officer: Owen Prunskis
CEO Street Address: 431 Summit Street, Suite 101
CEO City and Zip Code: Elgin, Illinois 60120-3861
CEO Telephone Number:

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ Sole Proprietorship	☐ Other
1. Corporations and limited liability companies must provide an Illinois certificate of good standing. 2. Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara M. Friedman/Anne M. Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

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

Name: Jignesh Patel
Title: Administrator
Company Name: Pain & Spine Institute
Address: 744 Essington Road, Joliet, Illinois 60435
Telephone Number:
E-mail Address: jvpatel@pain-spine.com
Fax Number:

Facility/Project Identification

Facility Name: Pain & Spine Institute Surgery Center		
Street Address: 756 Essington Road, Unit A		
City and Zip Code: Joliet, Illinois 60435		
County: Will	Health Service Area: 9	Health Planning Area:

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

Exact Legal Name: Pain & Spine Institute Surgery Center, LLC
Street Address: 756 Essington Road, Unit A
City and Zip Code: Joliet, Illinois 60435
Name of Registered Agent:
Registered Agent Street Address:
Registered Agent City and Zip Code:
Name of Chief Executive Officer: Samir Sharma
CEO Street Address: 744 Essington Road
CEO City and Zip Code: Joliet, Illinois 60435
CEO Telephone Number:

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ Sole Proprietorship	☐ Other
3. Corporations and limited liability companies must provide an Illinois certificate of good standing .		
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Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Jignesh Patel
Title: Administrator
Company Name: Pain & Spine Institute
Address: 744 Essington Road, Joliet, Illinois 60435
Telephone Number:
E-mail Address: jvpatel@pain-spine.com
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: Kara M. Friedman/Anne M. Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ostir Construction L.L.C.
Address of Site Owner: 1024 Essington Road, Joliet, Illinois 60435
Street Address or Legal Description of the Site: 756 Essington Road, Unit A, Joliet, Illinois 60435 Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Pain & Spine Institute Surgery Center, LLC			
Address: 756 Essington Road, Unit A, Joliet, Illinois 60435			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	Other
5.	Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.		
6.	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.		
7.	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[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 or 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.

DxTx Pain and Spine LLC and Pain & Spine Institute Surgery Center, LLC (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a single specialty ambulatory surgical treatment center ("ASTC") limited to pain management with one operating room and three recovery stations to be located 756 Essington Road, Unit A, Joliet, Illinois. The ASTC will consist of 1,475 gross square feet of clinical space and 1,025 gross square feet of non-clinical space for a total of 2,500 gross square feet.

The total cost of the project is \$2,424,699.

This project is classified as a substantive project because it proposes the establishment of a new health care facility.

Project Costs and Sources of Funds

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.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$8,776	\$6,099	\$14,875
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$572,983	\$397,997	\$970,980
Modernization Contracts			
Contingencies	\$85,947	\$59,700	\$145,647
Architectural/Engineering Fees	\$69,893	\$48,570	\$118,463
Consulting and Other Fees	40,000	28,000	68,000
Movable or Other Equipment (not in construction contracts)	\$316,385	\$17,357	\$333,742
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$417,715	\$290,277	\$707,992
Other Costs to Be Capitalized*	\$59,037	\$5,963	\$65,000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$1,570,736	\$853,963	\$2,424,699
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,093,984	\$557,723	\$1,651,707
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$417,715	\$290,277	\$707,992
Governmental Appropriations			
Grants			
Other Funds and Sources	\$59,037	\$5,963	\$65,000
TOTAL SOURCES OF FUNDS	\$1,570,736	\$853,963	\$2,424,699
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

*Net book value of existing equipment to be transferred to Pain & Spine Institute Surgery Center.

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service ☒ Yes ☐ No If yes, provide the dollar amount of all non-capitalized 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 \$ _____.

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): <u>December 31, 2025</u>
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 <u>ATTACHMENT 8</u>, 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 NOT APPLICABLE ☐ APORS NOT APPLICABLE ☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted NOT APPLICABLE ☐ All reports regarding outstanding permits NOT APPLICABLE Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
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Cost Space Requirements

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
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization - NOT APPLICABLE

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:		CITY:			
REPORTING PERIOD DATES:					
		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	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 ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 for Permit is filed on the behalf of DxTx Pain and Spine LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

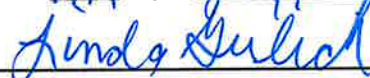
Owen V. Prunskis

PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 19th day of July, 2023


Signature of Notary

Seal



SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 for Permit is filed on the behalf of Pain & Spine Institute Surgery Center LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Owen V. Prunskis

PRINTED NAME

Manager, VBC Spine OpCo LLC,
Managing Member of Pain & Spine Institute
Surgery Center LLC

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 19th day of July, 2023



Signature of Notary

Seal



*Insert EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

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

- A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
- 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.
- 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 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.
- 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.
- A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
- A certified listing of each applicant with one or more unsatisfied judgements against him or her.
- 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.
- 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.**
- 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**

- Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
- Define the planning area or market area, or other relevant area, per the applicant's definition.
- Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
- Cite the sources of the documentation.
- Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
- 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.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

- Total gross square footage (GSF) of the proposed shell space.
 - The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
 - Evidence that the shell space is being constructed due to:
 - o Requirements of governmental or certification agencies; or
 - o Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
- a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information **APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED**:

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☐ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☐ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☒ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☐ Urology
☐ Other _____

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	

1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 25</u>, 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):

1. Section 1120.120 Availability of Funds – Review Criteria
2. Section 1120.130 Financial Viability – Review Criteria
3. Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VII. 1120.120 - AVAILABILITY OF FUNDS

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**]:

\$1,651,707 \$707,992	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.
<u>\$65,000</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$2,424,699	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

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:

- i. 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).
- ii.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
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.

2. 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			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			

	Outpatient				
	Total				

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
Net Patient Revenue			
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.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

Applicant: Pain & Spine Institute Surgery Center, LLC 744 Essington Road
 (Name) (Address)
Joliet Illinois 60435 815-729-0700
 (City) (State) (ZIP Code) (Telephone Number)

Project Location: 756 Essington Road, Unit A Joliet Illinois
 (Address) (City) (State)
Will Troy
 (County) (Township) (Section)

You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a copy of

the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No X?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

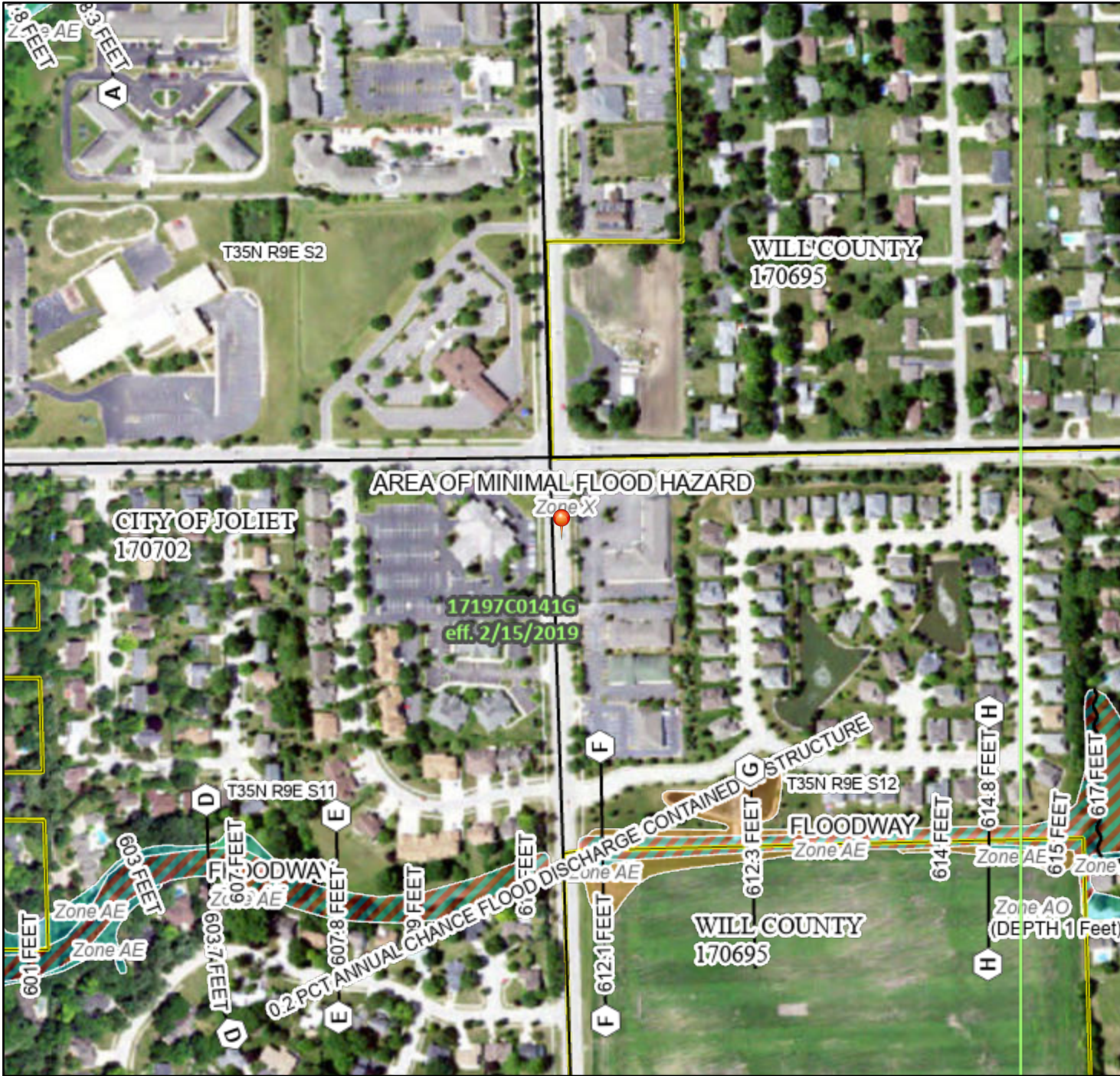
If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

National Flood Hazard Layer FIRMette



#23-033

88°9'57"W 41°32'23"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5
		Coastal Transect
		Base Flood Elevation Line (BFE)
MAP PANELS		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature
		Digital Data Available
		No Digital Data Available
		Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/28/2023 at 3:00 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Section I, Identification, General Information, and Certification
Applicants

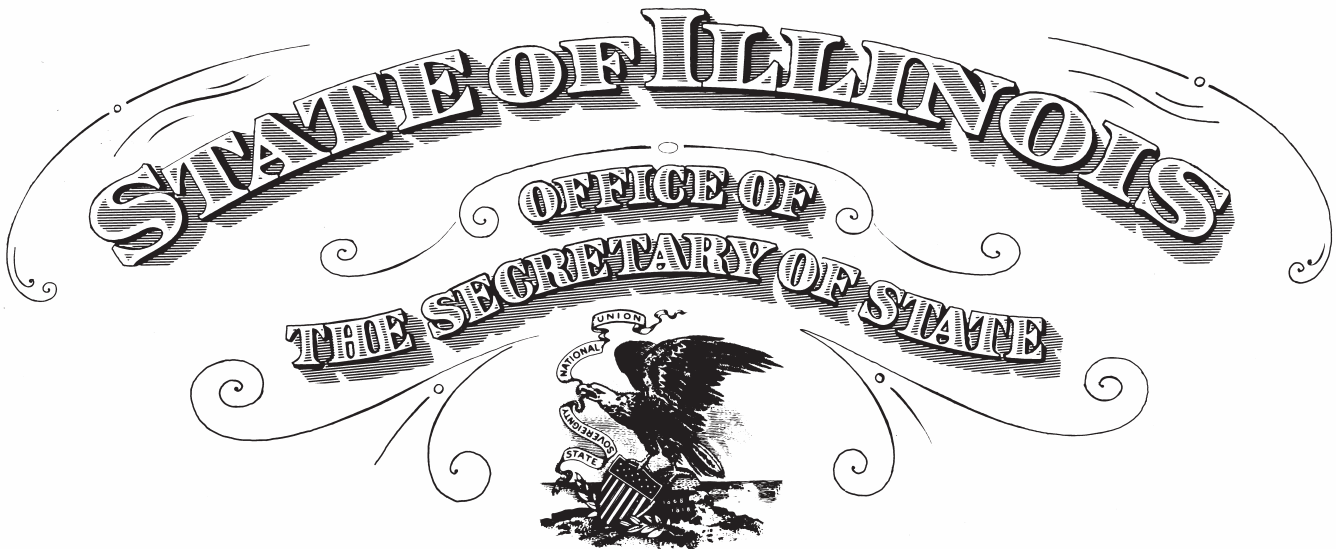
Certificates of good standing for DxTx Pain and Spine LLC and Pain & Spine Institute Surgery Center, LLC are attached at Attachment – 1.

Pain & Spine Institute Surgery Center, LLC will be the licensee of the ambulatory surgical treatment center.

As the person with final control over the operator, DxTx Pain and Spine LLC is named as an applicant for this certificate of need application.

File Number

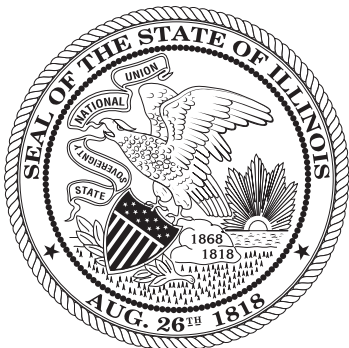
0947905-8



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

DXTX PAIN AND SPINE LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 11, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MAY A.D. 2023 .

Authentication #: 2313202526 verifiable until 05/12/2024

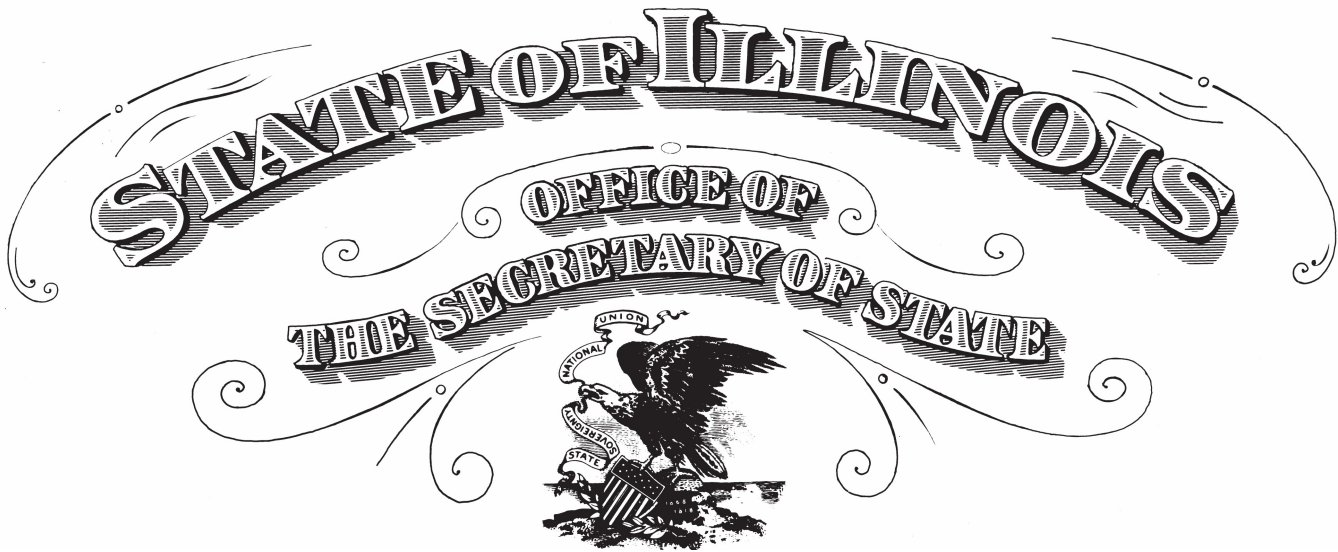
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

File Number

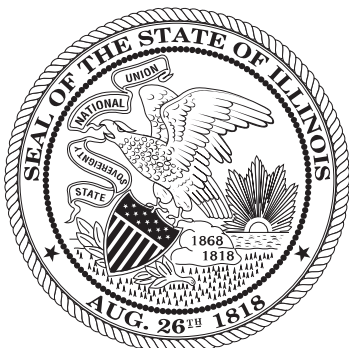
1306126-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

PAIN & SPINE INSTITUTE SURGERY CENTER LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 01, 2023, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MAY A.D. 2023 .

Authentication #: 2312300396 verifiable until 05/03/2024

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis

SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between Pain & Spine Institute Surgery Center, LLC and Ostir Construction, L.L.C. to lease the property located at 756 Essington Road, Unit A, Joliet, Illinois is attached at Attachment – 2.

NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

May 1, 2023

Jignesh Patel
Administrator
Pain & Spine Institute Surgery Center, LLC
744 Essington Road
Joliet, Illinois 60435

Re: Letter of Intent – Ambulatory Surgery Center Lease

Dear Mr. Patel:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Ostir Construction L.L.C. of the State of Illinois and Delaware (“Lessor”) is prepared to lease the premises located at 756 Essington Road, Unit A, Joliet, Illinois 60435 (“Leased Premises”) to Pain & Spine Institute Surgery Center, LLC (“Lessee”). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property pursuant to a mutually acceptable real estate lease agreement (the “Lease”).

Proposed Terms and Conditions of the Lease

Space: 2,500 gross square feet of rentable space to be located at the Leased Premises

Lease Term: Initial lease term will be 123 months (10 years + 3 months) effective upon a lease commencement date to be mutually agreed on by the parties (the “Commencement Date”). Pursuant to the Lease for the Subject Property Lessor will grant Lessee an option to renew the Lease for an additional ten-year term at the end of the initial Lease period.

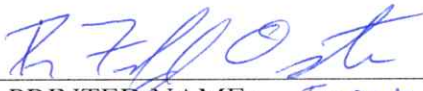
Lease Rate: The lease rate for the Subject Property will be \$24.00 per square foot, with an increase of 3% per year on each anniversary of the Commencement Date.

Lease Contingency: The Lease shall be contingent upon Lessee’s receipt of a certificate of need permit for the establishment of an ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

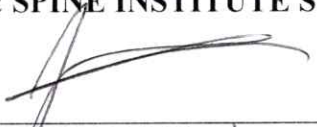
Sincerely,

OSTIR CONSTRUCTION L.L.C.

By: 
PRINTED NAME: Frank Ostir
TITLE: President OSTIR
CONSTRUCTION LLC

AGREED TO AND ACCEPTED THIS 25th DAY OF April 2023:

PAIN & SPINE INSTITUTE SURGERY CENTER, LLC

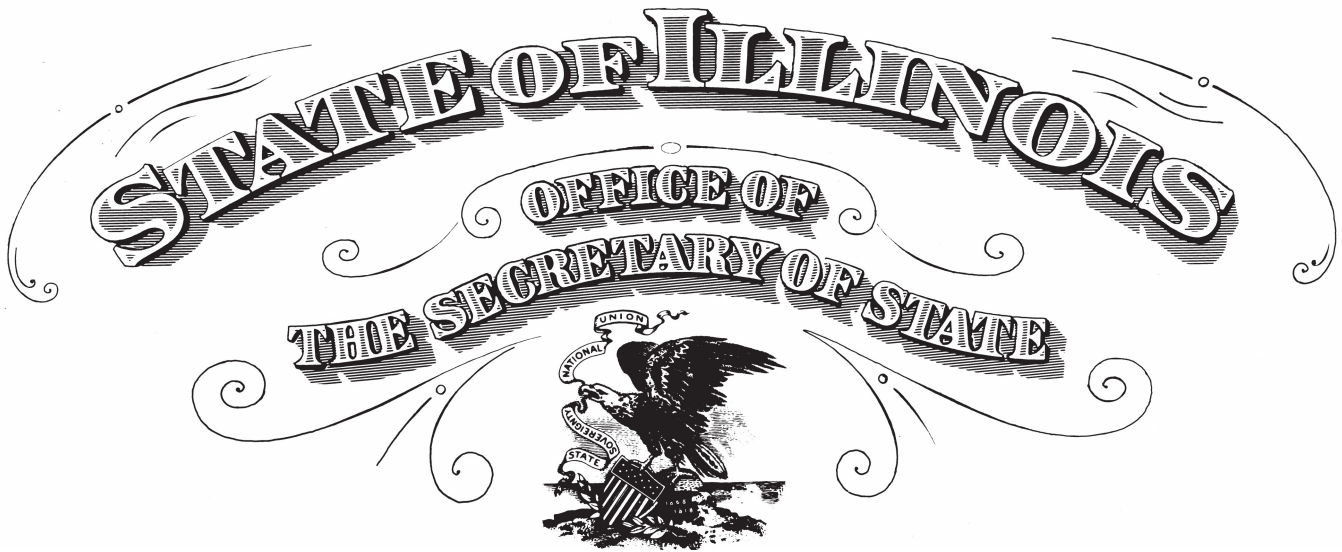
By: 
PRINTED NAME: Jagdish Patel
TITLE: Director of Operations

Section I, Identification, General Information, and Certification
Operating Entity/Licensee

The Illinois Certificate of Good Standing for Pain & Spine Institute Surgery Center, LLC is attached at Attachment – 3.

File Number

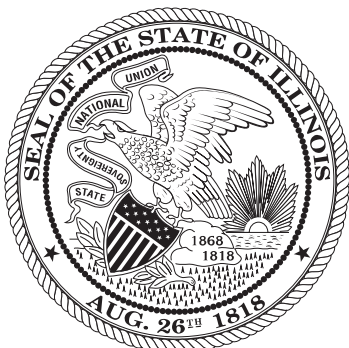
1306126-2



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

PAIN & SPINE INSTITUTE SURGERY CENTER LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 01, 2023, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MAY A.D. 2023 .

Authentication #: 2312300396 verifiable until 05/03/2024

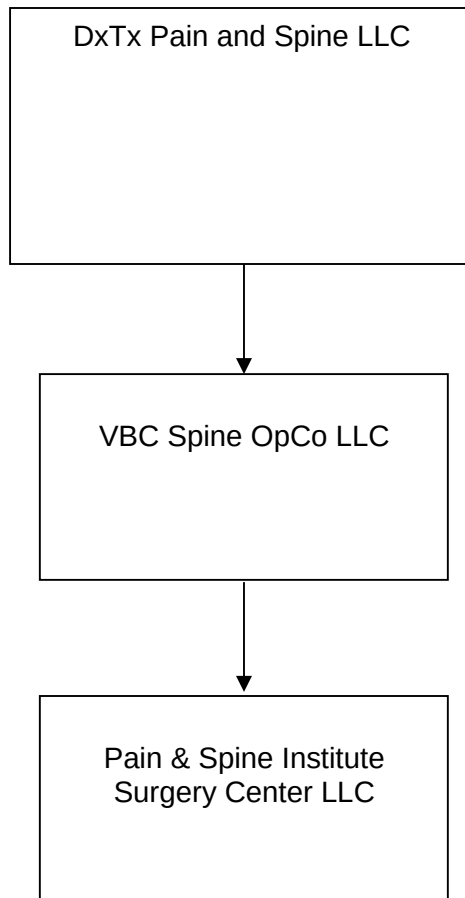
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational chart for Pain & Spine Institute Surgery Center, LLC is attached at Attachment – 4.

Pain & Spine Institute Surgery Center Organizational Chart



Section I, Identification, General Information, and Certification
Flood Plain Requirements

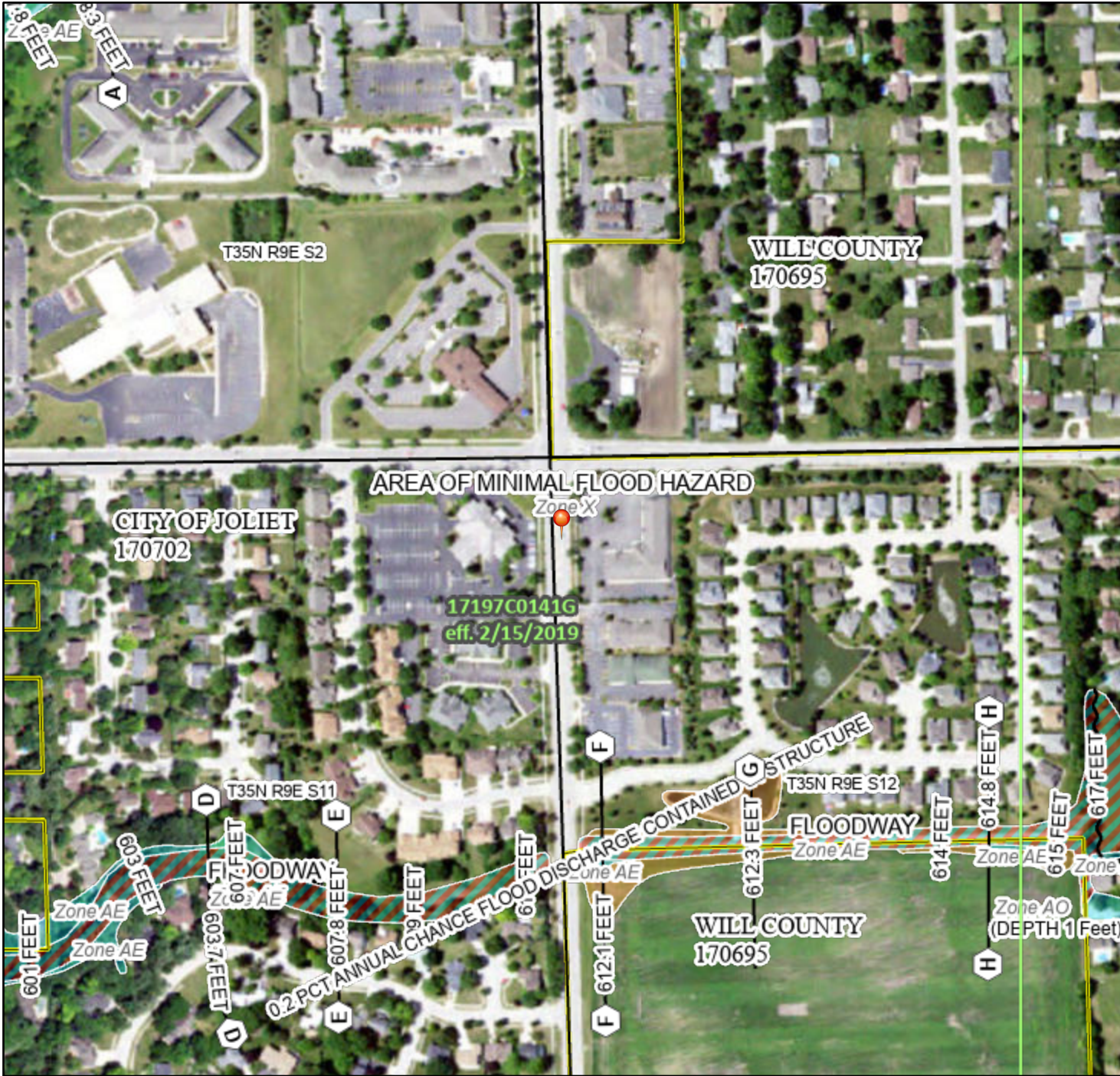
The site of the proposed Pain & Spine Institute Surgery Center complies with the requirements of Illinois Executive Order #2006-5. Pain & Spine Institute Surgery Center will be located at 756 Essington Road, Unit A, Joliet, Illinois. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5, the interactive map for Panel 17197C0141G reveals that this area is located in an area of minimal flood hazard.

National Flood Hazard Layer FIRMMette



#23-033

88°9'57"W 41°32'23"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
OTHER AREAS		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
MAP PANELS		Base Flood Elevation Line (BFE)
		Limit of Study
OTHER FEATURES		Jurisdiction Boundary
		Coastal Transect Baseline
OTHER FEATURES		Profile Baseline
		Hydrographic Feature
MAP PANELS		Digital Data Available
		No Digital Data Available
MAP PANELS		Unmapped
		The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/28/2023 at 3:00 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



**Will County
Joliet**

**CON - Rehabilitation to Establish an Ambulatory Surgical Treatment Center, Pain & Spine Institute
Surgery Center LLC
756 Essington Road, Unit A
SHPO Log #007050123**

May 12, 2023

**Anne Cooper
Polsinelli
150 N. Riverside Plaza, Suite 3000
Chicago, IL 60606-1599**

Dear Ms. Cooper:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at Rita.E.Baker@illinois.gov.

Sincerely,

**Carey L. Mayer, AIA
Deputy State Historic
Preservation Officer**

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Costs	Clinical	Non-Clinical	Total
Pre-Planning Costs	\$8,776	\$6,099	\$14,875
New Construction Contracts	\$572,983	\$397,997	\$970,980
Contingencies	\$85,947	\$59,700	\$145,647
Architectural/Engineering Fees	\$69,893	\$48,570	\$118,463
Consulting and Other Fees	\$40,000	\$28,000	\$68,000
Moveable and Other Equipment			
Clock: Payroll		\$833	\$833
CART: Crash	\$1,482		\$1,482
CART: Crash Accessory Package	\$444		\$444
Warming Cabinet	\$4,856		\$4,856
Bucket, Utility with Wheels		\$138	\$138
CART: Linen w/cover		\$922	\$922
HAMPER: Trash/Linen		\$1,000	\$1,000
CHAIR: Task		\$1,252	\$1,252
CHAIR: Visitor		\$777	\$777
Data Voice Security System	\$52,000		\$52,000
Exam Table	\$6,105		\$6,105
WASTEBASKET, TRASH		\$233	\$233
REFRIGERATOR: Medical, full size, high/low temp	\$3,592		\$3,592
ASPIRATOR, PORTABLE SUCTION	\$389		\$389
ICE MACHINE		\$500	\$500
Narcotic Cabinet, Double Door	\$763		\$763
REFRIGERATOR: Undercounter		\$1,288	\$1,288
SCALE: Digital	\$303		\$303
STETHOSCOPE	\$50		\$50
THERMOMETER: Electric	\$120		\$120
WOW Cart	\$4,601		\$4,601
Anesthesia Machine	\$26,529		\$26,529
Anesthesia Machine: ePM AG Module	\$4,472		\$4,472
Anesthesia Machine: ePM 12MA, Maismo SPO2	\$4,562		\$4,562
CART, Utility	\$423		\$423
CART: Anesthesia	\$1,548		\$1,548
Clock	\$83		\$83
Glidescope Handle	\$4,163		\$4,163
Glidescope Laryngoscope	\$3,136		\$3,136
Glidescope Stand	\$389		\$389
IV STAND	\$717		\$717
KICKBUCKET w/ wheels	\$228		\$228

Table 1120.110			
Project Costs	Clinical	Non-Clinical	Total
MAYO STAND, foot controlled, SS, 12x19	\$1,321		\$1,321
Medical Gas System	\$75,000		\$75,000
Nurse Call System	\$26,500		\$26,500
O2 Sensor	\$2,109		\$2,109
SURGICAL LIGHTS	\$23,857		\$23,857
Pump, Infusion, IV POLE	\$139		\$139
Pump, Infusion, SMART PLATE	\$416		\$416
Pump, Infusion, Syringe	\$5,800		\$5,800
STEP STOOL, Bariatric w/handrail	\$133		\$133
STOOL ARM, Surgical	\$389		\$389
STOOL BACKREST, Surgical	\$472		\$472
STOOL, Pneumatic w/ Backrest	\$999		\$999
STOOL, Pneumatic w/o Backrest	\$272		\$272
STOOL, Surgical	\$3,572		\$3,572
TABLE, instruments 24x36x34	\$1,194		\$1,194
TABLE, Surgical	\$20,241		\$20,241
TABLE, Utility	\$738		\$738
ECG EKG Machine	\$2,214		\$2,214
STRETCHER	\$25,042		\$25,042
CHAIR: Visitor w/o arms		\$783	\$783
CUBICLE CURTAINS: Curtains Only		\$2,638	\$2,638
Table, overbed, H base	\$460		\$460
Quick Rinse Cleaning System	\$2,436		\$2,436
Shelving, Wire, Floor Mounted (36/14/54)		\$297	\$297
ULTRASONIC CLEANER; 22L	\$1,293		\$1,293
WASTEBASKET, MEDICAL		\$249	\$249
WRAP RACK		\$660	\$660
CHAIR: Café		\$1,021	\$1,021
Coffee Maker		\$83	\$83
REFRIGERATOR: Medical, Undercounter	\$833		\$833
Table: Café		\$555	\$555
CHAIR: Visitor		\$2,718	\$2,718
TABLE, END		\$605	\$605
Wheel Chair		\$527	\$527
Wheel Chair, Silver Sport		\$278	\$278
Total Moveable & Other Equipment	\$316,385	\$17,357	\$333,742
Fair Market Value of Leased Space	\$417,715	\$290,277	\$707,992
Other Costs to be Capitalized			
Defibrillator	\$500		\$500
Interventional Spine RF Generator System	\$2,500		\$2,500
Vitals Monitor	\$600		\$600
C-Arm	\$20,000		\$20,000
C-Arm Table	\$7,500		\$7,500
Electrosurgical Generator	\$3,500		\$3,500
Suction Machine	\$500		\$500
Spore Testing Machine	\$50		\$50
Autoclave	\$3,000		\$3,000
Vitals Monitor	\$350		\$350
Spot Vitals Monitor (4)	\$3,000		\$3,000

Table 1120.110			
Project Costs	Clinical	Non-Clinical	Total
Recovery Gurnee (2)	\$1,000		\$1,000
Pre/Post OP Recliner (500 lbs) (2)	\$1,500		\$1,500
Pre/Post OP Recliner (250 lbs) (2)	\$1,000		\$1,000
Other	\$14,037	\$5,963	\$20,000
Total	\$59,037	\$5,963	\$65,000
Total Project Costs	\$1,570,736	\$853,963	\$2,424,699

Section I, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ASTC	\$1,570,736	1,475			1,475		
Total Clinical	\$1,570,736	1,475			1,475		
NON REVIEWABLE							
Administrative	\$853,963	1,025			1,025		
Total Non-Reviewable	\$853,963	1,025			1,025		
TOTAL	\$2,424,699	2,500			2,500		

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(a), Project Purpose, Background and Alternatives

1. A list of health care facilities owned or operated by DxTx Pain and Spine LLC in Illinois is provided in Table 1110.110(a) below. Pain & Spine Institute Surgery Center LLC does not own or operate any health care facilities.

DxTx Pain and Spine LLC		
Name	Address	License Number
Barrington Ambulatory Surgery Center	600 Hart Road, Suite 300 Barrington, Illinois 60010	7003167

2. An authorization permitting HFSRB and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11.
3. The Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

Debra Savage
 Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by DxTx Pain and Spine LLC or Pain & Spine Institute Surgery Center LLC in the State of Illinois during the three-year period prior to filing this application.

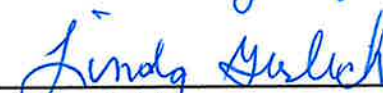
Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Owen V. Prunskis
 Manager
 DxTx Pain and Spine LLC
 Manager, VBC Spine OpCo LLC,
 Managing Member of Pain & Spine Institute Surgery Center LLC

Subscribed and sworn to me
 This 19th day of July, 2023


 Notary Public



Section III, Background, Purpose of the Project, and Alternatives – Information Requirements

Criterion 1110.110(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. The Applicants seek to convert its existing physician-office based interventional pain management practice to an ambulatory surgical treatment center (“ASTC”). Pain & Spine Institute (“PSI”) operates a medical practice employing a multidisciplinary, multispecialty approach to pain care to help patients control and minimize their pain. As part of that practice, one of the ancillary services the medical practice provides is interventional pain management. Currently, there are two ASTCs within 10 miles of the planned PSISC that are approved for pain management, and both continuously operate above the State Board standard.

Due to nationwide clinical staffing shortages, it is infeasible for every physician practice to perform office-based surgeries as part of their practice. Importantly, PSC will allow physicians outside of their medical practice to utilize the ASTC, which will limit the impact on current staffing shortages. Under the Ambulatory Surgical Treatment Center Licensing regulations, a medical practice may perform surgical procedures in an office-based setting provided: (1) the procedures are performed within, and operated in conjunction with, the offices of a single physician or a group of physicians, (2) it does not apply for certification as an ambulatory surgical center under the rules of the federal Centers for Medicare & Medicaid Services, and (3) surgical procedures constitute less than 50 percent of the activities at that location.¹ As the ASTC will be utilized by physicians, like Dr. John Hong, who are not members of PSI, it must be licensed to conform with the Ambulatory Surgical Treatment Center Act.

Chronic Pain and Opioid Addiction

According to data from the Centers for Disease Control and Prevention (“CDC”), approximately 50 million U.S. adults have chronic pain, with 19.6 million adults experiencing high-impact chronic pain that interferes with daily life or work activities.² Chronic pain is the leading cause of disability in the United States, costing the economy \$560 to \$635 billion dollars annually.³ At the same time, our nation is facing an opioid crisis over the past two decades, which has resulted in unprecedented number of overdose deaths associated with prescription opioids, heroin and synthetic opioids.

The practice of pain management and the opioid crisis have influenced one another as each has evolved in response to different influences and pressures. Acute pain is caused by a variety of conditions, such as trauma, burn, musculoskeletal injury, and neural injury, as well as pain from surgery/procedures in the perioperative period. PSI employs a multimodal approach to develop integrative pain treatment plans that balance

¹ 77 Ill. Admin. Code § 205.110.

² Centers for Disease Control and Prevention, Managing Chronic Pain, Dec. 2019 *available at* <https://www.cdc.gov/learnmorefeelbetter/programs/chronic-pain.htm#print> (last visited Apr. 3, 2023).

³ Centers for Disease Control and Prevention, Process for the Development of the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, Nov. 2021 *available at* <https://www.cdc.gov/opioids/guideline-update/> (last visited Apr. 3, 2023)/

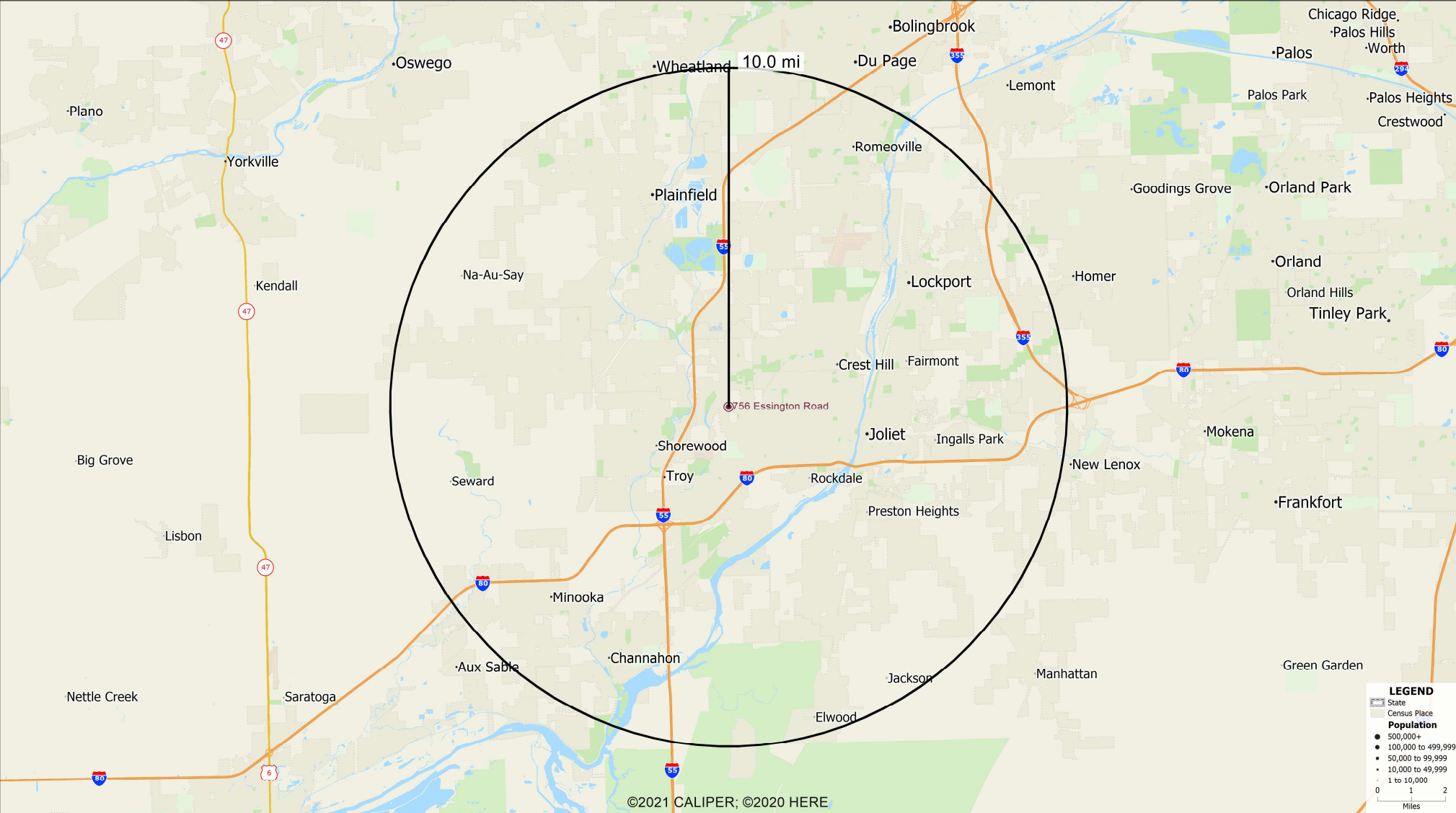
a focus on optimizing function, quality of life, and productivity while minimizing risks for opioid misuse and harm. Interventional pain management, which treats pain with minimally invasive interventions to alleviate pain and minimizes the use of oral medications, is a valuable option to opioid treatment.

ASTCs play a vital role in ensuring patient access to pain management in a convenient and affordable setting. When performed in ASTCs, both patients and payors save money because surgery centers perform the procedures at a lower cost than HOPDs. ASTCs are efficient providers of surgical services. They provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Furthermore, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care. Given the benefits of ASTCs, this facility will benefit area residents. According to the 2020 U.S. Census, there are over 375,000 residents in the GSA and only 2 overutilized ASTCs providing interventional pain management, this ASTC will serve a large number of patients.

2. A map of the market area of the planned surgery center is attached at Attachment – 12. The market area encompasses an approximate 10-mile radius around Pain & Spine Institute Surgery Center. The boundaries of the market area are as follows:
 - North approximately 10 miles to Wheatland
 - Northeast approximately 10 miles to Lockport
 - East approximately 10 miles to New Lenox
 - Southeast approximately 10 miles to Manhattan
 - South approximately 10 miles to Elwood
 - Southwest approximately 10 miles to Aux Sable
 - West approximately 10 miles to Plattville
 - Northwest approximately 10 miles to Plainfield
3. Currently, there are only two surgery centers within the 10-mile geographic service area of the planned PSISC that are approved for pain management, AmSurg Surgery Center and Silver Cross Ambulatory Surgery Center, and both surgery centers operate above the State Board standard. The establishment of PSISC will improve access to interventional pain management to patients residing in and around Joliet and Will County.
4. Sources.
 - Illinois Health Facilities and Services Review Board, 2019 – 2021 ASTC Facility Profiles
 - U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U.S. Department of Health and Human

Services website: <https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf> (last visited Apr. 18, 2023).

- Centers for Disease Control and Prevention, Managing Chronic Pain (2019, December) *available at* <https://www.cdc.gov/learnmorefeelbetter/programs/chronic-pain.htm> (last visited Apr. 18, 2023).
5. The goal of this project is to establish an ambulatory surgical treatment center that will allow physicians who are not members of PSI to perform interventional pain management services. Currently, there are two hospitals and three surgery centers within the 10-mile radius of the planned PSISC. Two of the ambulatory surgery centers are operating above the State Board Standard, AmSurg Surgery Center and Silver Cross Ambulatory Surgery Center, and the third, Plainfield Surgery Center is not approved for pain management. To increase access to interventional pain management in a cost effective manner, the applicants plan to establish a high quality ASTC to patients residing in Joliet and Will County.



Section III, Background, Purpose of the Project, and Alternatives – Information Requirements

Criterion 1110.110(d), Background, Purpose of the Project and Alternatives

Alternatives

The Applicants explored three options prior to determining to establish Pain & Spine Institute Surgery Center. The options considered are as follows:

- Continue to Perform Interventional Pain Management Procedures at PSI
- Utilize Existing ASTCs and Hospital Outpatient Facilities; and
- Establish an ASTC.

After exploring these options, which are discussed in more detail below, the Applicant decided to establish the ASTC. A review of each of the options considered and the reasons they were rejected follows.

Continue to Perform Interventional Pain Management Procedures at PSI

As discussed at Attachment – 12, PSI operates a medical practice employing a multidisciplinary, multispecialty approach to pain care to help patients control and minimize their pain. As part of that practice, one of the ancillary services the medical practice provides interventional pain management. While PSI currently performs interventional pain management procedures in an office-based setting, IDPH restrictions do not allow physicians outside of PSI to perform surgical procedures at their office. The planned ASTC will allow physicians outside of PSI, including Dr. John Hong, to obtain privileges at PSISC. Opening up the ASTC to outside physicians will limit the need for additional office-based and licensed surgical facilities, which in turn, will minimize the impact on current staffing shortages.

The proposed ASTC will be a single-specialty ASTC limited to interventional pain management.

There is no cost to this alternative.

Utilize Existing ASTCs and Hospitals.

The Applicant considered utilizing existing ASTCs and Hospitals. This is not a viable option for several reasons. As discussed in greater detail in Criterion 1110.110(b) There are two ASTCs within 10 miles of the planned PSISC that are approved for pain management, and both continuously operate above the State Board. Likewise, the two area hospitals, Ascension Saint Joseph – Joliet and Silver Cross Hospital operate above the State Board standard of 1,500 surgical hours per operating room. Finally, ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs.

There is no cost to this alternative.

Establish an ASTC

To better serve the needs of the residents of Joliet and Will County, the Applicants decided to establish a single-specialty ASTC. The estimated cost of this alternative is \$2,424,699.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(a), Project Scope, Utilization, and Unfinished/Shell Space

Size of the Project

The Project proposes to establish an ASTC with one procedure room and three recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 1,660 to 2,200 gross square feet per procedure room. The gross square footage of clinical space will be 1,475 gross square feet. Accordingly, the size of the ASTC meets the State standard.

Table 1110.120(a)				
SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	1,475	1,660 – 2,200	-185	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(b), Project Scope, Utilization, and Unfinished/Shell Space

Project Services Utilization

By the second year after project completion, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ambulatory surgical treatment centers is based upon 1,500 hours per operating/procedure room. Based upon historical utilization and projected procedures documented in the physician referral letters attached at Appendix – 1, approximately 4,643 procedures will be performed at the ASTC within the first year after project completion. Based upon current experience, the estimated procedure time, including prep and cleanup, is approximately 28 minutes. As a result, 2,182 surgical hours are projected for the first year after project completion, which is sufficient to support the need for one procedure room.

Table 1110.234(b)					
UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	N/A	2,182 hours	1,500 hours	Yes
YEAR 2	ASTC	N/A	2,182 hours	1,500 hours	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(d), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(e), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(2)(B), Service to Geographic Area Residents

1. Attached at Attachment – 25A is a map outlining the intended geographic service area (“GSA”) for the proposed ASTC. As set forth in Criterion 1110.230, Pain & Spine Institute Surgery Center will serve residents of Joliet and surrounding communities within 10 miles of the proposed ASTC. Accordingly, the intended GSA consists of those areas within 10 miles of Pain & Spine Institute Surgery Center.
2. Table 1110.235(c)(2)(B)(i) below lists the zip code areas that comprise the GSA of Pain & Spine Institute Surgery Center.

Table 1110.235(c)(2)(B)(i) Geographic Service Area Population		
Zip Code	City	Population
60403	Crest Hill	17,095
60404	Shorewood	19,651
60421	Elwood	3,838
60431	Joliet	26,965
60432	Joliet	19,927
60433	Joliet	16,045
60435	Joliet	48,131
60436	Joliet	19,013
60441	Lockport	37,688
60442	Manhattan	12,758
60446	Romeoville	41,247
60447	Minooka	15,544
60490	Bolingbrook	22,497
60544	Plainfield	27,606
60586	Plainfield	48,227
Total		376,232

Source: U.S. Census Bureau, Census 2020, 2021 American Community Survey: 5-Year Estimates Data Profile available at https://data.census.gov/table?q=United+States&table=DP05&tid=ACSDP1Y2017.DP05&g=0100000US&lastDisplayedRow=29&vintage=2017&layer=state&cid=DP05_0001E (last visited Mar. 10, 2023).

3. Table 1110.235(c)(2)(B)(i) lists the patient origin by zip code for all patients treated by the referring physicians. As documented in in Table 1110.235(c)(2)(B)(i) below 2,751 (or 57%) percent of cases were from patients residing in the GSA.

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Cases
32963	Vero Beach, FL	2
33956	Saint James City, FL	1
33967	Fort Myers, FL	2
34120	Naples, FL	2
34481	Ocala, FL	3
37042	Clarksville, TN	1
37803	Maryville, TN	1
38242	Paris, TN	3
42003	Paducah, KY	2
45208	Cincinnati, OH	1
46304	Chesterton, IN	3
46311	Dyer, IN	5
46319	Griffith, IN	1
46321	Munster, IN	1
46322	Highland, IN	1
46341	Hebron, IN	4
46360	Hanna, IN	1
46368	Portage, IN	2
46373	Saint John, IN	9
46375	Schererville, IN	1
47304	Muncie, IN	3
47960	Monticello, IN	6
47978	Rensselaer, IN	9
53147	Lake Geneva, WI	1
60004	Arlington Heights	2
60007	Elk Grove Village	1
60008	Rolling Meadows	2
60015	Deerfield	2
60016	Des Plaines	1
60018	Des Plaines	2
60033	Harvard	1
60035	Highland Park	14
60041	Ingleside	2
60051	McHenry	3
60062	Northbrook	1
60070	Prospect Heights	1

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Cases
60073	Round Lake	1
60077	Skokie	1
60085	Waukegan	2
60101	Addison	8
60103	Bartlett	1
60104	Bellwood	10
60110	Carpentersville	1
60124	Elgin	1
60126	Elmhurst	41
60131	Franklin Park	2
60134	Geneva	2
60135	Genoa	1
60137	Glen Ellyn	7
60139	Glendale Heights	2
60140	Hampshire	4
60143	Itasca	1
60148	Lombard	10
60154	Westchester	6
60162	Hillside	1
60163	Berkeley	2
60164	Melrose Park	4
60169	Hoffman Estates	1
60171	River Grove	1
60172	Roselle	2
60174	Saint Charles	6
60177	South Elgin	1
60181	Villa Park	3
60185	West Chicago	1
60187	Wheaton	3
60188	Carol Stream	4
60189	Wheaton	2
60191	Wood Dale	1
60193	Schaumburg	1
60401	Beecher	3
60402	Berwyn	5
60403	Crest Hill	206
60404	Shorewood	300
60406	Blue Island	1
60407	Braceville	21

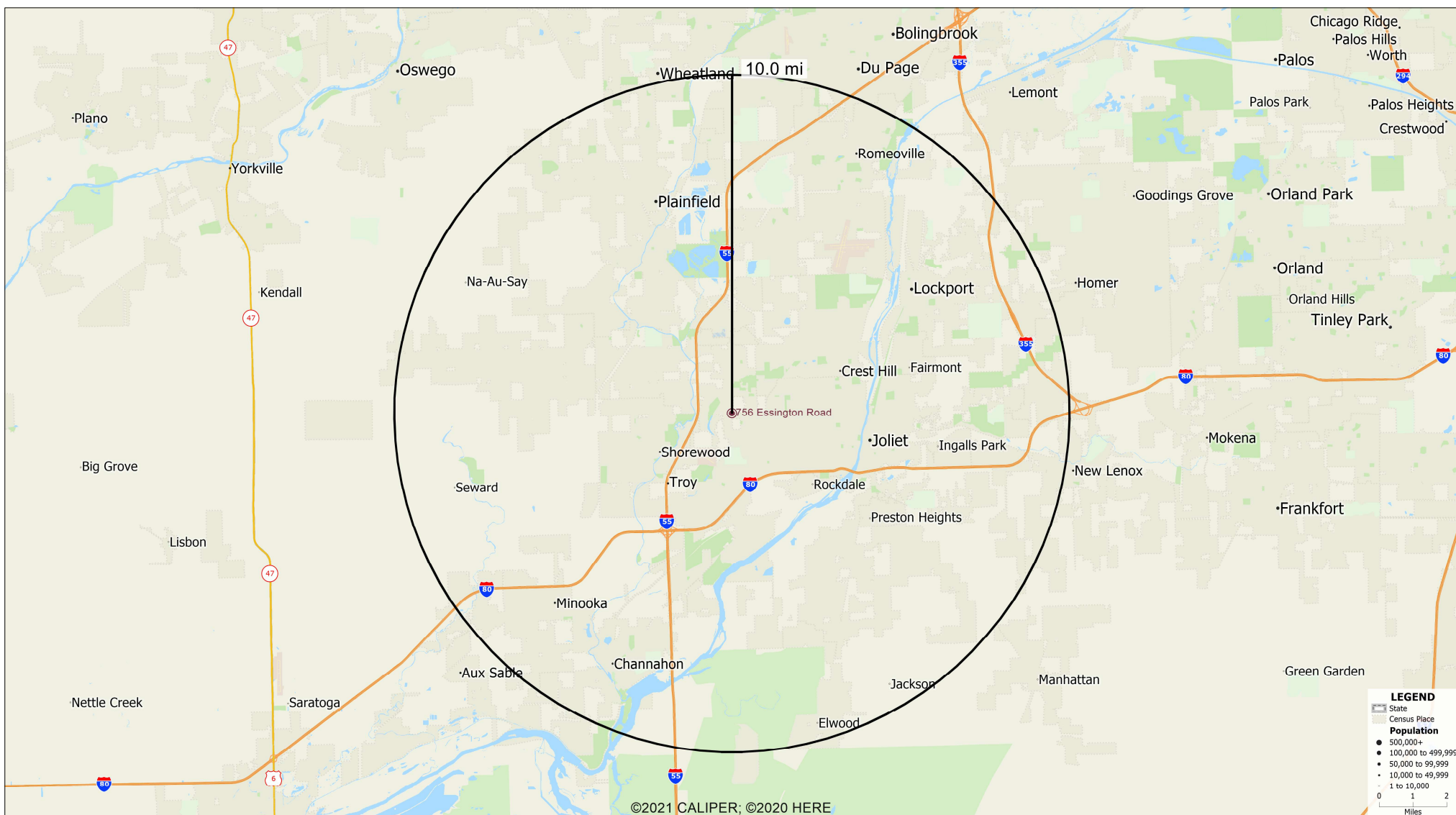
Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Cases
60408	Braidwood	90
60409	Calumet City	4
60410	Channahon	189
60411	Chicago Heights	2
60415	Chicago Ridge	3
60416	Coal City	81
60417	Crete	11
60418	Crestwood	5
60420	Dwight	19
60421	Elwood	19
60422	Flossmoor	1
60423	Frankfort	58
60424	Gardner	7
60425	Glenwood	1
60430	Homewood	14
60431	Joliet	312
60432	Joliet	79
60433	Joliet	108
60434	Joliet	2
60435	Joliet	534
60436	Joliet	186
60439	Lemont	24
60440	Bolingbrook	20
60441	Lockport	129
60442	Manhattan	50
60443	Matteson	7
60444	Mazon	4
60445	Midlothian	1
60446	Romeoville	141
60447	Minooka	159
60448	Mokena	65
60449	Monee	8
60450	Morris	105
60451	New Lenox	134
60452	Oak Forest	5
60453	Oak Lawn	9
60455	Bridgeview	8
60457	Hickory Hills	7
60458	Justice	2

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Cases
60459	Burbank	17
60461	Olympia Fields	2
60462	Orland Park	9
60463	Palos Heights	2
60464	Palos Park	9
60465	Palos Hills	9
60466	Park Forest	2
60467	Orland Park	14
60468	Peotone	7
60470	Ransom	1
60471	Richton Park	1
60473	South Holland	2
60474	South Wilmington	2
60475	Steger	1
60477	Tinley Park	23
60479	Verona	3
60480	Willow Springs	2
60481	Wilmington	143
60484	University Park	1
60486		1
60487	Tinley Park	31
60490	Bolingbrook	18
60491	Homer Glen	57
60502	Aurora	1
60503	Aurora	3
60504	Aurora	5
60505	Aurora	5
60506	Aurora	23
60510	Batavia	5
60513	Brookfield	4
60514	Clarendon Hills	5
60515	Downers Grove	15
60516	Downers Grove	29
60517	Woodridge	6
60521	Hinsdale	2
60523	Oak Brook	10
60525	La Grange	13
60526	La Grange Park	2
60527	Willowbrook	31

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Cases
60531	Leland	7
60532	Lisle	2
60534	Lyons	1
60538	Montgomery	4
60540	Naperville	5
60541	Newark	3
60542	North Aurora	2
60543	Oswego	17
60544	Plainfield	104
60545	Plano	2
60546	Riverside	1
60548	Sandwich	3
60551	Sheridan	4
60552	Somonauk	6
60554	Sugar Grove	1
60558	Western Springs	1
60559	Westmont	8
60560	Yorkville	21
60561	Darien	8
60563	Naperville	5
60564	Naperville	8
60565	Naperville	7
60566	Naperville	3
60585	Plainfield	13
60586	Plainfield	294
60594	Momence	4
60601	Chicago	3
60605	Chicago	6
60609	Chicago	1
60611	Chicago	9
60613	Chicago	14
60614	Chicago	7
60617	Chicago	13
60618	Chicago	1
60619	Chicago	1
60620	Chicago	1
60621	Chicago	1
60622	Chicago	4
60623	Chicago	5

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Cases
60625	Chicago	5
60626	Chicago	6
60629	Chicago	9
60630	Chicago	7
60632	Chicago	3
60633	Chicago	1
60637	Chicago	1
60638	Chicago	3
60640	Chicago	3
60641	Chicago	16
60642	Chicago	8
60643	Chicago	3
60644	Chicago	1
60647	Chicago	3
60650	Chicago	1
60651	Chicago	2
60652	Chicago	5
60653	Chicago	5
60654	Chicago	1
60655	Chicago	3
60656	Chicago	4
60657	Chicago	1
60659	Chicago	1
60660	Chicago	2
60803	Alsip	4
60804	Cicero	5
60805	Evergreen Park	7
60901	Kankakee	11
60910	Aroma Park	1
60913	Bonfield	1
60914	Bourbonnais	22
60915	Bradley	4
60922	Chebanse	3
60927	Clifton	5
60929	Cullom	1
60931	Donovan	1
60934	Emington	4
60935	Essex	5
60938	Gilman	3

Table 1110.235(c)(2)(B)(i) Patients by Zip Code		
Zip Code	City	Cases
60950	Manteno	7
60954	Momence	4
60958	Pembroke Township	4
60961	Reddick	3
60964	Saint Anne	1
60970	Watseka	2
61301	La Salle	4
61310	Amboy	4
61325	Grand Ridge	1
61341	Marseilles	27
61348	Oglesby	1
61350	Ottawa	50
61354	Peru	9
61360	Seneca	22
61361	Sheffield	4
61364	Streator	11
61373	Utica	8
61378	West Brooklyn	1
61421	Bradford	2
61443	Kewanee	4
61741	Forrest	1
61764	Pontiac	3
61873	Saint Joseph	9
62245	Germantown	1
62301	Quincy	1
62987	Stonefort	5
68118	Omaha, NE	1
75189	Royse City, TX	1
85210	Mesa, AZ	4
Total		4852



Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(3), Service Demand

Physician referral letters providing the number of patients referred to health care facilities within the past 12 months and the projected number of referrals to the proposed ASTC is attached at Appendix - 1. A summary of the physician referral letters is provided in Table 1110.235(c)(3) below.

Table 1110.235(c)(3)		
Current Provider	Current Volume	Projected Referrals to Pain & Spine Institute Surgery Center after Project Completion
Oak Brook Surgical Center	62	43
Surgicare of Chicago	17	7
Pain & Spine Institute	4,537	4,537
Advocate Good Samaritan Hospital	23	10
Midwest Center for Day Surgery	25	6
Hinsdale Surgical Center	188	40
Total	4,852	4,643

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(5), Treatment Room Need Assessment

1. As stated throughout this application, the Applicant proposes to establish an ASTC providing interventional pain management services with one procedure room. The State Board standard is 1,500 per procedure room. As documented in Appendix – 1, the referring physicians project to perform 4,643 surgical procedures by the second year after project completion. The Applicant estimates the average length of time per procedure will be 28 minutes, or 2,182 surgical hours. Accordingly, the proposed number of procedure rooms is necessary to service the projected patient volume.
2. As documented in Appendix – 1, the referring physicians project to perform 4,643 surgical procedures in the first year after project completion. Based upon historical caseload data, the Applicant estimates the average length of time per procedure will be 28 minutes. This estimate includes 13 minutes for prep and clean up.

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(6), Service Accessibility

As previously discussed, the Applicants proposes to establish an ASTC with a single procedure room. There are two hospitals and three ASTCs located within the 10-mile geographic service area of the planned PSISC. As shown in Table 1110.235(c)(6) below, the two hospitals, Ascension Saint Joseph – Joliet and Silver Cross both operated above the State Board standard of 1,500 surgical hours per operating room. Only two of the three ASTCs are approved for pain management, and both operate above the State Board standard. Accordingly, other IDPH-licensed ASTC and hospital surgical/treatment rooms within the planned PSISC's geographic service area are utilized above the State Board standard.

Table 1110.235(c)(6)			
2021 Utilization of Existing Hospitals/ASTCs			
Hospital/ASTC	Operating Rooms	Surgical Hours	Utilization
AmSurg Surgery Center	4	5,463	72.8%
Presence Saint Joseph Medical Center	13	21,556	88.4%
Plainfield Surgery Center, LLC	3	1,205	21.4%
Silver Cross Ambulatory Surgery Center	3	5,116	90.9%
Silver Cross Hospital and Medical Centers	14	23,307	88.8%

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(7)(A), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

- a. Pain & Spine Institute Surgery Center will be located at 756 Essington Road, Unit A, Joliet, Illinois. A map of the proposed facility's market area is attached at Attachment – 25A. A list of all zip codes located, in total or in part, within 10 miles of the site of the proposed facility as well as 2021 estimated census figures for each zip code is provided in Table 1110.235(c)(7).

Table 1110.235(c)(7)(A) Geographic Service Area Population		
Zip Code	City	Population
60403	Crest Hill	17,095
60404	Shorewood	19,651
60421	Elwood	3,838
60431	Joliet	26,965
60432	Joliet	19,927
60433	Joliet	16,045
60435	Joliet	48,131
60436	Joliet	19,013
60441	Lockport	37,688
60442	Manhattan	12,758
60446	Romeoville	41,247
60447	Minooka	15,544
60490	Bolingbrook	22,497
60544	Plainfield	27,606
60586	Plainfield	48,227
Total		376,232

Source: U.S. Census Bureau, Census 2020, 2021 American Community Survey: 5-Year Estimates Data Profile available at https://data.census.gov/table?q=United+States&table=DP05&tid=ACSDP1Y2017.DP05&g=0100000US&lastDisplayedRow=29&vintage=2017&layer=state&cid=DP05_0001E (last visited Mar. 10, 2023).

- b. A list of all existing and approved health care facilities located within the Pain & Spine Institute Surgery Center GSA that provide the surgical services proposed by the project is provided below.

Hospital/ASTC	Address	City	Operating/ Procedure Rooms
AmSurg Surgery Center	998 129th Infantry Drive	Joliet	7
Presence Saint Joseph Medical Center	333 N Madison St	Joliet	19
Plainfield Surgery Center, LLC	24600 W 127th St	Plainfield	4
Silver Cross Ambulatory Surgery Center	1003 Pawlak Parkway	New Lenox	20
Silver Cross Hospital and Medical Centers	1900 Silver Cross Blvd	New Lenox	3

2. Maldistribution of Services

Ratio of Stations to Population

As shown in Table 1110.1540(h)(2)(A), the ratio of stations to population is 69% of the State Average.

Table 1110.1540(h)(2)(A) Ratio of Stations to Population			
	Population	Operating & Procedures Rooms	Stations to Population
Geographic Service Area	376,232	53	1:7,099
State	12,671,469	2,604	1:4,866

Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a single specialty ASTC. To achieve the State Board standard of 1,500 hours per operating room within the first two years after project completion, the Applicants would need 3,200 patient referrals. As set forth above in Table 1110.1540(d), the referring physicians have historically performed 4,852 procedures annually. Once Pain & Spine Institute Surgery Center is operational, the referring physicians anticipate performing 4,643 procedures (or 2,182 surgical hours) at the facility to reach target utilization after the first year of project completion.

3. Impact to Other Providers

- Pain & Spine Institute Surgery Center will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the procedures proposed to be performed at the surgery center are primarily performed by the referring physicians in an office-based setting.
- The proposed facility will not lower the utilization of other area providers that are operating below the occupancy standards.

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(i), Staffing

Pain & Spine Institute Surgery Center will be staffed in accordance with all State and Medicare staffing requirements. The Applicants do not anticipate issues with hiring Registered Nurses and Certified Surgical Technologists as needed. Pain & Spine Institute routinely recruits for various clinical staff and offers fair wages and if necessary, sign-on and referral bonuses for newly hired clinical employees.

The Applicant anticipates that Dr. Samir Sharma will be the medical director of Pain & Spine Institute Surgery Center. Dr. Sharma's curriculum vitae is attached at Attachment – 25F.

CURRICULUM VITAE

Samir Sharma, M.D.Phone: (815)729-0700 E-mail: s.sharma@pain-spine.com**Employment****Pain & Spine Institute LLC**

Interventional Pain Management Physician / Founding Member

Joliet, IL
(September 2006 – Current)**Northwest Community Hospital**

Department of Anesthesiology & Interventional Pain Management

Arlington Heights, IL
(August 2005 – February 2007)**Licensures / Certifications**

Board Certified in Interventional Pain Management (ABAPM)

(September 2007)

Board Certified in Anesthesiology

(April 2006)

Post Graduate Training**Fellowship****University of Michigan Health Systems**

Center for Interventional Pain Medicine

Ann Arbor, MI
(July 2004 – July 2005)**Residency****Rush-Presbyterian St. Luke's Medical Center**

Anesthesiology

Chicago, IL
(July 2001 – June 2004)**Lutheran General Hospital**

Surgery/ Internal Medicine

Park Ridge, IL
(July 2000 - June 2001)**Education****Univ. Health Sciences/the Chicago Medical School***Doctor of Medicine*North Chicago, IL
(1996 – 2000)**Illinois Institute of Technology***School of Engineering**Dept. of Biomedical/Chemical Engineering**Bachelor of Science, Chemical Engineering*Chicago, IL
(1993 – 1996)

Accelerated Combined-Degree Program in Engineering and Medical Education IIT/CMS

(July 1993 - June 2000)

Research**Pulsed Radio-Frequency Treatment for Atypical Facial Pain;**

Case Series presented at MARC 2005; Abstract submitted to ASA 3/2005

The Effect of Acute Postoperative Pain on Range of Motion at Time Of Discharge after Total Knee Arthroplasty;

1st author; Presented at Marc 2003

USFDA, Summit-Argo, IL. Use of Clostridium Botulinum spores to culture Botulinum Toxin for clinical application in Myofascial and LBP;

under Dr. Rukma Reddy; (6/1995-7/1996)

Volunteer Experience

CMS (CARES); Community AIDS Resources and Education Service;	(1996-1999)
Stop AIDS; Program designed to teach inner city adolescents about HIV/AIDS;	(1997-1999)
Head Start Preschools and Educational Programs; Big Brother	(1992-1999)

Professional Affiliations

- Member, American Medical Association (AMA)
- Member, American Osteopathic Association (AOA)
- Member, American Society of Interventional Pain Physicians (ASIPP)
- Member, North American Spine Society (NASS)
- Member, International Spine Intervention Society (ISIS)

Speaking Engagements

- CME Lecture at Provena St. Joseph's Hospital - Joliet, IL 2012
- DepoMed Inc. Option for Balancing Pain Control and Tolerability in Postherpetic Neuralgia – Naperville, IL 2012
- Treatments in Interventional Spine at Inwood Athletic Club – Joliet, IL 2011
- Forest Pharmaceuticals Inc. Fibromyalgia – Chicago, IL 2012, 2011, 2010
- Diamond Mark Educational Meetings LLC – Bolingbrook, IL 2011, 2009
- Techniques in Interventional Spine – Ottawa, IL 2010

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(9), Charge Commitment

1. A list of the procedures to be performed at Pain & Spine Institute Surgery Center with the proposed charges is provided in Table 1110.235(c)(9) below.

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	Description	Charge
11042	Debridement, subcutaneous tissue (includes epidermis and de...	\$550.00
15002	Surgical preparation or creation of recipient site by excis...	\$1,000.00
15275	Application of skin substitute graft to face, scalp, eyelid...	\$1,000.00
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femor...	\$3,000.00
20526	INJ THERAPUTIC CARPAL TUNNEL	\$1,500.00
20550	INJ THERAPUTIC / TENDON SHEATH, LIGAMENT EACH LEVEL	\$1,500.00
20552	INJ SINGLE / MULTIPLE TRIGGER POINT 1 TO 2 MUSCLES	\$2,000.00
20553	INJ SINGLE / MULTIPLE TRIGGER POINT 3 + MUSCLES	\$2,000.00
20600	DRAIN / INJECTION SMALL JOINT / BURSA	\$2,000.00
20604	Arthrocentesis, aspiration and/or injection, small joint or...	\$1,500.00
20605	ARTHROCENTESIS ASPIRATION OR INJECTION INTERMEDIATE JOINT O...	\$2,000.00
20606	Arthrocentesis, aspiration and/or injection, intermediate j...	\$2,000.00
20610	ARTHROCENTESIS ASPIRATION OR INJECTION MAJOR JOINT OR BURSA	\$2,000.00
20611	ARTHROCENTESIS ASPIRATION AND/OR INJ W/US GUIDE W/PERM RECO...	\$2,000.00
20680	Removal of implant; deep (eg, buried wire, pin, screw, meta...	\$2,000.00
20930	ALLOGRAFT OR OSTEOPROMOTIVE MATERIAL	\$12,000.00
20936	Autograft for spine surgery only (includes harvesting the g...	\$2,300.00
20937	Autograft for spine surgery only (includes harvesting the g...	\$2,300.00
22114	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT LUMBAR	\$10,000.00
22116	EACH ADDITIONAL VETEBRAL SEGEMENT	\$10,000.00
22510	Percutaneous vertebroplasty (bone biopsy included when perf...	\$2,400.00
22511	Percutaneous vertebroplasty (bone biopsy included when perf...	\$2,400.00
22512	Percutaneous vertebroplasty, 1 vertebral body, unilateral o...	\$2,120.00
22513	Percutaneous vertebral augmentation, including cavity creat...	\$4,000.00
22514	Percutaneous vertebral augmentation, including cavity creat...	\$4,000.00
22515	Percutaneous vertebral augmentation, including cavity creat...	\$2,400.00
22551	Arthrodesis, anterior interbody, including disc space prepa...	\$4,500.00
22552	Arthrodesis, anterior interbody, including disc space prepa...	\$2,300.00
22633	ARTHRODESIS COMBINED POSTERIOR OR POSTEROLATERAL INCLUDING ...	\$20,000.00
22634	ADDITIONAL INTERSPACE AND SEGMENT	\$20,000.00
22840	Posterior non-segmental instrumentation	\$2,300.00
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VERTEBRAL SEGMENTS	\$15,000.00
22845	Anterior instrumentation; 2 to 3 vertebral segments (List s...	\$3,500.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	Description	Charge
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE	\$7,500.00
22852	Removal of posterior segmental instrumentation	\$10,000.00
22853	Insertion of interbody biomechanical device with integral a...	\$7,000.00
22869	Insertion of interlaminar/interspinous process stabilizatio...	\$40,000.00
22870	Insertion of interlaminar/interspinous process stabilizatio...	\$7,000.00
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC STEROI...	\$2,800.00
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally in...	\$54,500.00
27280	Arthrodesis, open, sacroiliac joint, including obtaining bo...	\$6,800.00
27658	Repair, flexor tendon, leg; primary, without graft, each te...	\$3,000.00
27659	Repair, flexor tendon, leg; secondary, with or without graf...	\$3,000.00
27675	Repair, dislocating peroneal tendons; without fibular osteo...	\$1,500.00
27822	Open treatment of trimalleolar ankle fracture, includes int...	\$9,000.00
27829	Open treatment of distal tibiofibular joint (syndesmosis) d...	\$4,000.00
28008	Fasciotomy, foot and/or toe [Toggle Dictionary Definitions]	\$3,100.00
28020	Arthrotomy, including exploration, drainage, or removal of ...	\$2,500.00
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; ...	\$3,000.00
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg...	\$2,000.00
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; ...	\$3,000.00
28108	Excision or curettage of bone cyst or benign tumor, phalang...	\$2,500.00
28110	Ostectomy, partial excision, fifth metatarsal head (bunione...	\$4,000.00
28113	Ostectomy, complete excision; fifth metatarsal head	\$4,500.00
28153	Resection, condyle(s), distal end of phalanx, each toe [Tog...	\$4,200.00
28193	Removal of foreign body, foot; complicated	\$1,589.69
28200	Repair, tendon, flexor, foot; primary or secondary, without...	\$3,000.00
28306	Osteotomy, with or without lengthening, shortening or angu...	\$4,100.00
28315	Sesamoidectomy, first toe (separate procedure)	\$2,500.00
28615	Open treatment of tarsometatarsal joint dislocation, includ...	\$5,000.00
28825	Amputation, toe; interphalangeal joint	\$4,000.00
29515	Application of short leg splint (calf to foot)	\$500.00
62194	REPLACEMENT OR IRRIGATION SUBARACHNOID / SUBDURAL CATHETER	\$2,000.00
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	\$3,500.00
62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	\$2,200.00
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	\$3,200.00
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	\$3,200.00
62310	NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC	\$2,200.00
62311	NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL	\$2,200.00
62320	Injection(s), not including neurolytic substances, includin...	\$3,950.00
62321	Injection(s), of diagnostic or therapeutic substance includ...	\$3,950.00
62322	Injection, of diagnostic or therapeutic substance including...	\$3,950.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	Description	Charge
62323	Injection(s) of diagnostic or therapeutic substance, includ...	\$3,950.00
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	\$10,000.00
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	\$6,000.00
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	\$75,000.00
62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	\$10,000.00
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	\$5,000.00
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	\$1,000.00
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	\$20,000.00
63042	Arthrodesis, combined posterior or posterolateral technique...	\$16,750.00
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	\$6,000.00
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	\$16,000.00
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	\$8,000.00
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	\$6,000.00
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRA...	\$20,500.00
63655	Laminectomy for implantation of neurostimulator electrodes,...	\$6,000.00
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANIOUS AR...	\$12,000.00
63662	Removal of spinal neurostimulator electrode plate/paddle(s)...	\$15,000.00
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL N...	\$15,000.00
63664	Revision including replacement, when performed, of spinal n...	\$5,000.00
63685	INSJ/RPLCMT SPI NPGR DIR/INDUCTIVE COUPLING	\$70,000.00
63688	REMOVAL/REVISION OF SPINAL CORD STIMULATOR GENERATOR	\$10,080.00
64400	TRIGEMINAL NERVE BLOCK	\$1,800.00
64402	NJX OCCIPITAL NERVE BLOCKS	\$2,000.00
64405	NJX ANES GREATER OCCIPITAL NRV BLCK	\$2,000.00
64417	NJX NRV BLCK, AXILLARY	\$2,000.00
64418	NJX ANES SUPRSCP NRV	\$2,000.00
64420	NJX NRV BLOCK, INTERCOSTAL, SNGL	\$2,000.00
64421	NJX GENITOFEMORAL NRV, INTERCOSTAL MULTPL	\$2,200.00
64425	PUDENDAL NRV BLK	\$2,000.00
64430	PUDENDAL NERVE BLOCK	\$2,000.00
64435	INJ ANESTHETIC AGENT PARACERVICAL NRV	\$1,500.00
64445	NJX, ANES AGNT SCIATIC NRV, SNGL	\$1,500.00
64447	NJX, ANES AGNT FERMORAL NRV, SNGL	\$2,000.00
64450	NJX NRV BLCK, PERIPH NRV	\$2,000.00
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves in...	\$1,000.00
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular...	\$1,000.00
64455	NJX, ANES STEROID, PLNTR COMMON DGT NRV	\$1,500.00
64461	Paravertebral block (PVB) (paraspinous block), thoracic; si...	\$250.00
64462	Paravertebral block (PVB), thoracic; second and any additio...	\$250.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	Description	Charge
64479	NJX, ANES/STEROID, TRSMRL EPI, CVR/THRC, SNGL LVL	\$3,000.00
64480	NJX, ANES/STEROID, TRSMRL EPI, CRV/THRC EA ADD LVL	\$3,000.00
64483	NJX, ANES/STEROID TRSFRML EPI, LMBR/SAC, SNGL LVL	\$3,000.00
64484	NJX, ANES/STEROID, TRSFRML EPI LMBR/SAC ADDL LVL	\$3,000.00
64486	Transversus abdominis plane (TAP) block (abdominal plane bl...	\$2,200.00
64490	NJX ANES/STEROID PRVRT FACET JT NRV CRV/THRC SNGL LVL	\$4,500.00
64491	NJX ANES/STEROID PRVRT FACET JT NRV CRV/THRC 2ND LVL	\$3,200.00
64492	NJX ANES/STEROID PRVRT FACET JT NRV CRV/THRC 3RD+ EA ADDL L...	\$3,200.00
64493	NJX ANES/STEROID PRVRT FACET JT NRV LMBR/SAC SNGL LVL	\$4,500.00
64494	NJX ANES/STEROID PRVRT FACET JT NRV LMBR/SAC 2ND LVL	\$3,200.00
64495	NJX ANES/STEROID PRVRT FACET JT NRV LMBR 3RD+ EA ADDL LVL	\$3,200.00
64505	NJX ANES AGNT SPHENOPALATINE GANGLION	\$3,000.00
64510	NJX NRV BLCK, STELLATE GANGLION	\$3,000.00
64517	SYMPH NRV BLCK INF HYPOGCTRC PELXUS	\$3,200.00
64520	NJX NRV BLCK, PRVRT SYMPATHETIC	\$3,000.00
64530	NJX ANES AGNT CELIAC PLEXUS	\$3,000.00
64555	Percutaneous implantation of neurostimulator electrode arra...	\$7,000.00
64585	Revision or removal of peripheral neurostimulator electrode...	\$1,800.00
64590	Insertion or replacement of peripheral or gastric neurostim...	\$30,000.00
64595	Revision or removal of peripheral or gastric neurostimulato...	\$2,050.00
64600	Destruction by neurolytic agent, trigeminal nerve; supraorb...	\$1,000.00
64612	Chemodenervation of muscle(s); muscle(s) innervated by faci...	\$147.54
64616	DESTRUCTION OF NEUROLYTIC AGNT, NECK MSCL	\$2,500.00
64620	DSTRJ NEUROLYTIC AGNT, INTERCOSTAL NRV	\$3,500.00
64624	Destruction by neurolytic agent, genicular nerve branches i...	\$1,000.00
64630	DSTRJ RF LESIONING PUDENDAL NRV	\$4,500.00
64633	DSTRJ NEUROLYTIC AGNT CRV/THRC SNGL LVL	\$5,400.00
64634	CERVICAL OR THORACIC, EA ADDL FACET JNT	\$3,200.00
64635	DSTRJ NEUROLYTIC AGNT LMBR/SAC SNGL LVL	\$5,400.00
64636	DSTRJ NEUROLYTIC AGNT LUMBAR/SAC EA ADDL LVL	\$3,200.00
64640	DSTRJ NEUROLYTIC AGNT OTHER PERIPHERAL NRV	\$3,000.00
64646	CHEMODENERVATION OF TRUNK MUSCLES 1-5 MUSCLES	\$3,000.00
64680	DSTRJ NEUROLYTIC AGENT SPLANCHNIC PLEXUS	\$2,000.00
64681	DSTRJ NEUROLYTIC AGNT GANGLION IMPAR	\$2,000.00
64704	Neuroplasty; nerve of hand or foot	\$3,000.00
64721	Neuroplasty and/or transposition; median nerve at carpal tu...	\$3,000.00
69990	microsurgery add-on	\$2,300.00
72275	EPIDUROGRAPHY	\$750.00
72295	Discography, lumbar, radiological supervision and interpret...	\$750.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	Description	Charge
76000	Fluoroscopy (separate procedure), up to 1 hour physician or...	\$700.00
76942	ULTRASONIC GUIDED NDL PLAMENT	\$900.00
77003	LCLJX W/FLUOROSCOPY	\$750.00
95907	NERVE CONDUCTION STUDY; 1-2	\$800.00
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN OPE...	\$625.00
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN OP...	\$800.00
0275T	Percutaneous laminotomy/laminectomy for decompression of ne...	\$12,000.00
C1762	CONN TISS, HUMAN(INC FASCIA)	\$8,995.00
C1769	GUIDE WIRE	\$330.00
E0445	OXIMETER NON-INVASIVE	\$350.00
E0786	IMPLANTABLE PROGRAMABLE INFUSION PUMP REPLACEMENT	\$22,000.00
G0260	INJ FOR SACROILIAC JT	\$700.00
J0585	INJECTION, ONABOTULINUMTOXINA	\$850.00
J0670	INJ MEPIVACAINE HCL/10 ML	\$101.00
J0690	CEFAZOLIN SODIUM INJECTION	\$49.00
J0702	BETAMETHASONE ACET&SOD PHOSP	\$102.00
J1100	DEXAMETHASONE SODIUM PHOS	\$102.00
J1170	DILAUDID	\$50.00
J1200	DIPHENHYDRAMINE HCL INJECTIO	\$150.00
J1790	DROPERIDOL	\$70.00
J1885	KETOROLAC TROMETHAMINE INJ	\$22.00
J2001	LIDOCAINE INJECTION	\$40.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE	\$125.00
J2270	MORPHINE SULFATE INJECTION	\$500.00
J2310	INJ NALOXONE HYDROCHLORIDE	\$100.00
J2405	ONDANSETRON HCL INJECTION	\$150.00
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	\$30.00
J2765	METOCLOPRAMIDE HCL INJECTION	\$300.00
J2780	RANITIDINE HYDROCHLORIDE INJ	\$15.00
J3010	FENTANYL CITRATE INJECTON	\$101.00
J3301	TRIAMCINOLONE ACET INJ NOS	\$175.00
J7643	GLYCOPYRROLATE COMP UNIT	\$41.00
J8540	Decadron	\$35.00
L8680	IMPLT NEUROSTIM ELCTR EACH	\$8,000.00
L8683	Radiofrequency transmitter (external) for use with implanta...	\$19,000.00
L8685	Implantable neurostimulator pulse generator, single array, ...	\$18,645.00
L8687	IMPLT NROSTM PLS GEN DUA REC	\$40,200.00
L8688	IMPLT NROSTM PLS GEN DUA NON	\$40,200.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	\$3,300.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	Description	Charge
Q9953	INJ FE-BASED MR CONTRAST, 1ML	\$425.00
S0020	INJECTION, BUPIVICAINE HYDRO	\$50.00
S0077	INJECTION, CLINDAMYCIN PHOSP	\$150.00
S0093	MORPHINE 500 MG	\$5,000.00

2. A letter from Pain & Spine Institute Surgery Center committing to maintain the above charges for the first two years of operation is attached at Attachment – 25G.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Charge Commitment

Dear Chair Savage:

Pursuant to 77 Ill. Admin Code §1110.235(c)(9)(B), I hereby commit that the charge schedule included in the certificate of need application, which is a non-exhaustive list of the procedures typically performed within the new surgical specialty, will not be increased, at a minimum, for the first two years after establishment of Pain & Spine Institute Surgery Center LLC, unless a permit is first obtained pursuant to 77 Ill. Admin. Code §1130.310(a).

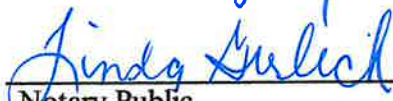
Sincerely,



Owen V. Prunskis
Manager
DxTx Pain and Spine LLC
Manager, VBC Spine OpCo LLC,
Managing Member of Pain & Spine Institute Surgery Center LLC

Subscribed and sworn to me

This 4th day of July, 2023



Notary Public

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(1), Assurances

Attached at Attachment – 25H is a letter from Pain & Spine Institute Surgery Center certifying that the proposed facility will achieve target utilization by the end of the second year of operation.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Peer Review Program

Dear Chair Savage:

Pursuant to 77 Ill. Admin Code §1110.235(c)(10), I hereby certify that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

I further certify that by the second year of operation after project completion, the annual utilization of procedure rooms will meet or exceed the utilization standard specified in 77 Ill. Admin. Code §1100.

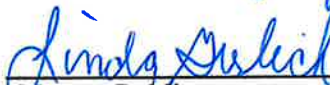
Sincerely,



Owen V. Prunskis
Manager
DxTx Pain and Spine LLC
Manager, VBC Spine OpCo LLC,
Managing Member of Pain & Spine Institute Surgery Center LLC

Subscribed and sworn to me

This ~~19th~~ day of July, 2023



Notary Public



Section VII
Criterion 1120.120, Availability of Funds

The Project will be funded through internal resources (cash on hand and net book value of existing equipment) and a lease. To support the fact that there are sufficient funds to cover the cost of the proposed project, the Applicants provide the enclosed from JPMorgan Chase Bank showing sufficient cash to fund the project at Attachment – 34A. The real estate letter of intent to lease the property located at 756 Essington Road, Unit A, Joliet, Illinois is attached at Attachment – 34B.



Mail Code TX1-0062
P.O. Box 955200
Fort Worth, TX 76155-9200

May 4, 2023

VBC SPINE OPCO LLC
ATTN: OWEN V PRUNSKIS
8 OAK LAKE DR
BARRINGTON, IL 60010-5914

Dear VBC SPINE OPCO LLC:

Thank you for contacting us. We verified the account ending in 6166. The account details as of May 4, 2023 are as follows:

- | | |
|----------------------------|--------------------|
| • Account Owner(s): | VBC SPINE OPCO LLC |
| • Account Type: | Checking |
| • Account Status: | Active |
| • Account Number: | XXXXXX6166 |
| • Balance as of 3/31/2023: | \$2,282,464.84 |

If you have questions, please call us at 1-800-550-8509 and refer to Document ID number CFM-04May23-5309. We accept operator relay calls. We're available to help Monday through Friday, from 8 a.m. to 9 p.m. Eastern Time.

Sincerely,

Confirmations Department

This letter is provided to you as an accommodation. Neither JPMorgan Chase & Co. and its subsidiaries and affiliates or any of their respective officers, employees or agents shall have any liability or responsibility whatsoever in connection with this letter. JPMorgan Chase & Co. and its subsidiaries and affiliates makes no representations regarding the general condition of the subject of this letter, its management, or its future ability to meet its obligations, therefore any reliance on this letter is at your sole risk. If you have furnished us with an account number and/or identifier, this response is limited to information related to that account or identifier, and does not take into account any other banking relationships, including lending, which the subject of this letter may have with the JPMorgan Chase & Co. and its subsidiaries and affiliates. The information provided in this letter is the only information that will be released and may not be complete. The information provided to you in this letter is subject to change without notice and JPMorgan Chase & Co. and its subsidiaries and affiliates does not undertake to notify you of any changes. This letter is intended for the sole use of the addressee and is furnished on the condition that it is strictly confidential. If you are not the intended recipient, you are hereby notified that retention, dissemination, distribution, or copying of this letter is strictly prohibited. If you received this in error, please notify the sender immediately and destroy the original and any copies.

CONFIRM06
JPMorgan Chase Bank, N.A. Member FDIC

NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

May 1, 2023

Jignesh Patel
Administrator
Pain & Spine Institute Surgery Center, LLC
744 Essington Road
Joliet, Illinois 60435

Re: Letter of Intent – Ambulatory Surgery Center Lease

Dear Mr. Patel:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Ostir Construction L.L.C. of the State of Illinois and Delaware (“Lessor”) is prepared to lease the premises located at 756 Essington Road, Unit A, Joliet, Illinois 60435 (“Leased Premises”) to Pain & Spine Institute Surgery Center, LLC (“Lessee”). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property pursuant to a mutually acceptable real estate lease agreement (the “Lease”).

Proposed Terms and Conditions of the Lease

Space: 2,500 gross square feet of rentable space to be located at the Leased Premises

Lease Term: Initial lease term will be 123 months (10 years + 3 months) effective upon a lease commencement date to be mutually agreed on by the parties (the “Commencement Date”). Pursuant to the Lease for the Subject Property Lessor will grant Lessee an option to renew the Lease for an additional ten-year term at the end of the initial Lease period.

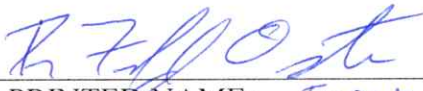
Lease Rate: The lease rate for the Subject Property will be \$24.00 per square foot, with an increase of 3% per year on each anniversary of the Commencement Date.

Lease Contingency: The Lease shall be contingent upon Lessee’s receipt of a certificate of need permit for the establishment of an ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

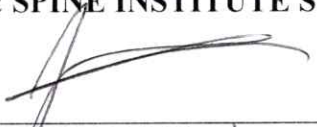
Sincerely,

OSTIR CONSTRUCTION L.L.C.

By: 
PRINTED NAME: Frank Ostir
TITLE: President OSTIR
CONSTRUCTION LLC

AGREED TO AND ACCEPTED THIS 25th DAY OF April 2023:

PAIN & SPINE INSTITUTE SURGERY CENTER, LLC

By: 
PRINTED NAME: Jagdish Patel
TITLE: Director of Operations

Section VIII

Criterion 1120.130(a), Financial Viability Waiver

The project will be funded entirely by cash. A letter from JPMorgan Chase Bank showing sufficient cash to fund the project is attached at Attachment – 34A.

Section IX Economic Feasibility

Criterion 1120.140(a) Reasonableness of Financing Arrangements

A letter from Pain & Spine Institute Surgery Center certifying the estimated project costs and related costs will be funded entirely with cash and existing equipment is attached as Attachment – 36A.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that there will be no long-term debt associated with the project and all project costs and related costs will be funded with cash on hand and existing equipment.

This project also involves leasing the facility from a third-party landlord. Leasing the facility is the least costly alternative when compared to other alternatives.

Sincerely,



Owen V. Prunskis
Manager
DxTx Pain and Spine LLC
Manager, VBC Spine OpCo LLC,
Managing Member of Pain & Spine Institute Surgery Center LLC

Subscribed and sworn to me
This 19th day of July, 2023



Notary Public

Section IX Economic Feasibility
Criterion 1120.140(b), Conditions of Debt Financing

The Project will be funded in total with cash and existing equipment. Accordingly, this criterion is not applicable.

Section IX Economic Feasibility
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
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)	
Reviewable									
ASTC		\$388.46			1,475			\$572,983	\$572,983
Contingency		\$58.27			1,475			\$85,947	\$85,947
Total – Reviewable		\$446.73			1,475			\$658,930	\$658,930
Non-Reviewable									
Administration		\$388.29			1,025			\$397,997	\$397,997
Contingency		58.24			1,025			\$59,700	\$59,700
Total – Non-Reviewable		\$446.53			1,025			\$457,697	\$457,697
TOTALS		\$446.65			2,500			\$1,116,627	\$1,116,627

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.140(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed ASTC	State Standard	Above/Below State Standard
Preplanning Costs	\$8,776	$1.8\% \times (\text{New Construction} + \text{Contingencies} + \text{Equipment Costs}) =$ $1.8\% \times (\$607,765 + \$91,165 + \$510,000) =$ $1.8\% \times \$1,208,930 =$ $\$21,760.74$	Below
New Construction + Contingencies	\$658,930	$\$453.37 \times 1,475 \text{ GSF} =$ $\$668,720.75$	Below
Contingencies	\$85,947	$15\% \times \$572,983 =$ $\$85,947.45$	Meets
Architectural/Engineering Fees	\$69,893	$8.21\% - 12.33\% \times (\text{New Construction} + \text{Contingencies}) =$ $8.21\% - 12.33\% \times (\$572,983 + \$85,947) =$ $8.21\% - 12.33\% \times \$698,930 =$	Meets

Table 1120.310(c)			
	Proposed ASTC	State Standard	Above/Below State Standard
		\$54,098.15 - \$81,246.07	
Consulting & Other Fees	\$40,000	No State Standard	No State Standard
Moveable or Other Equipment	\$316,385	\$567,748.34 per operating room	Below
Fair Market Value of Leased Space	\$417,715	No State Standard	No State Standard
Other Costs to be Capitalized	\$59,037	No State Standard	No State Standard

Section X. Safety Net Impact Statement

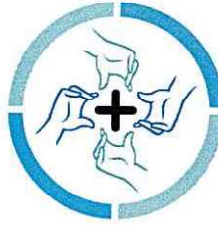
1. Pain & Spine Institute Surgery Center will not have a material impact on essential safety net services in the community. As documented in the physician referral letters attached at Appendix – 1, the procedures to be performed at Pain & Spine Institute Surgery Center are predominantly performed in the physicians' offices. No procedures will be transferred to Pain & Spine Institute Surgery Center from existing hospitals and surgery centers within the geographic service area.
2. The establishment of the ASTC will not impact the ability of other providers or other health care facilities to cross-subsidize safety net services. As noted above, no procedures will be transferred from existing hospitals and surgery centers within the Pain & Spine Institute Surgery Center geographic service area. Accordingly, the proposed project will not impact the ability of other providers to cross-subsidize safety net services.
3. The Applicant is proposing to establish a limited-specialty ASTC. Thus, this criterion does not apply.

Section XII, Charity Care Information

Pain & Spine Institute Surgery Center has entered into an arrangement with Will-Grundy Medical Clinic to provide free interventional pain management to patients of the clinic. Attached at Attachment – 38 is a support letter from Shawn Marconi, Executive Director, Will-Grundy Medical Clinic.

WGMC

Health Partnership



June 23, 2023

Dr. Samir Sharma
Pain & Spine Institute
744 Essington Road
Joliet, Illinois 60435

Re: Pain and Spine Institute Surgery Center Service Arrangement

Dear Dr. Sharma:

I am writing on behalf of Will-Grundy Medical Clinic ("WGMC") regarding your proposal to provide interventional pain management services to 1-2 patients referred by WGMC monthly.

We understand you plan to establish an ambulatory surgery center providing interventional pain management in Joliet and would like to develop a relationship with WGMC through which we would refer 1-2 patients per month and the professional fees and facility fees would be waived for interventional pain management procedures performed at your surgery center. Over 20% of Americans suffer from chronic pain. Early intervention is key to optimizing function and improving quality of life. Through this arrangement, Pain & Spine Institute Surgery Center will improve access for low-income patients to these critical services.

While certain protocols would need to be established related to patient confidentiality, referral procedures, information flow, etc., it appears such a relationship would be beneficial to our clients.

We support your efforts to establish an interventional pain management surgery center in Joliet and look forward to formalizing our relationship.

Sincerely,

Shawn Marconi, MBA
Executive Director
Will-Grundy Medical Clinic



United Way of Will County
& Grundy County

Appendix 1
Physician Referral Letters

Attached as Appendix 1 are physician referral letters projecting 4,643 procedures will be performed at Pain & Spine Institute Surgery Center by the second year after project completion.

Debra Savage
 Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

Dear Ms Savage:

I am writing on behalf of my practice, Pain & Spine Institute ("PSI"), a practice of interventional pain management physicians located in Lake Joliet, Illinois. PSI supports the proposed establishment of Pain & Spine Institute Surgery Center ("PSISC") and submits this letter to verify the anticipated case volumes that will be performed at PSISC.

Over the past twelve months (from January 1, 2022 to December 31, 2022, for the zip codes listed on Exhibit 1, PSI physicians performed a total of 4,616 outpatient surgical procedures, and those physicians referred those cases to the following hospitals and surgery centers.

With the establishment of PSISC, we expect our employed physicians to refer these cases as noted below. Of the total cases, 60% percent will reside within the proposed geographic service area of PSISC.

Hospital/Licensed ASC	Hospital and Licensed ASC number of cases Most recent 12 months	Referrals to Hospital and Licensed ASC number of cases Most recent 12 months
Oak Brook Surgical Center	62	43
Surgicare of Chicago	17	7
Pain & Spine Institute	4,537	4,537
Total	4,616	4,587

These referrals have not been used to support another pending or approved certificate of need application.

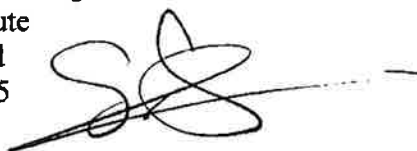
The information in this letter is true and correct to the best of my knowledge.

Ms. Debra Savage
Page 2

PSI supports the proposed establishment of PSISC.

Sincerely,

Samir Sharma, M.D.
Interventional Pain Management
Pain & Spine Institute
744 Essington Road
Joliet, Illinois 60435



Subscribed and sworn to me
This 28th day of March, 2023



Notary Public



Exhibit 1**Patients by Zip Code of Residence**

Zip Code	City	Cases
32963	Vero Beach, FL	2
33956	Saint James City, FL	1
33967	Fort Myers, FL	2
34120	Naples, FL	2
34481	Ocala, FL	3
37042	Clarksville, TN	1
37803	Maryville, TN	1
38242	Paris, TN	3
42003	Paducah, KY	2
45208	Cincinnati, OH	1
46304	Chesterton, IN	3
46311	Dyer, IN	5
46319	Griffith, IN	1
46321	Munster, IN	1
46322	Highland, IN	1
46341	Hebron, IN	4
46360	Hanna, IN	1
46368	Portage, IN	2
46373	Saint John, IN	9
47304	Muncie, IN	3
47960	Monticello, IN	6
47978	Rensselaer, IN	9
53147	Lake Geneva, WI	1
60004	Arlington Heights	2
60008	Rolling Meadows	2
60018	Des Plaines	1
60033	Harvard	1
60035	Highland Park	14
60041	Ingleside	2
60051	McHenry	2
60070	Prospect Heights	1
60073	Round Lake	1
60077	Skokie	1
60085	Waukegan	1
60101	Addison	7
60104	Bellwood	7
60126	Elmhurst	38

Zip Code	City	Cases
60131	Franklin Park	1
60137	Glen Ellyn	5
60139	Glendale Heights	2
60140	Hampshire	4
60148	Lombard	2
60154	Westchester	1
60163	Berkeley	2
60164	Melrose Park	2
60172	Roselle	1
60174	Saint Charles	4
60181	Villa Park	1
60185	West Chicago	1
60188	Carol Stream	3
60189	Wheaton	1
60401	Beecher	3
60402	Berwyn	5
60403	Crest Hill	206
60404	Shorewood	299
60407	Braceville	21
60408	Braidwood	90
60409	Calumet City	4
60410	Channahon	189
60411	Chicago Heights	2
60415	Chicago Ridge	3
60416	Coal City	81
60417	Crete	11
60418	Crestwood	5
60420	Dwight	19
60421	Elwood	19
60422	Flossmoor	1
60423	Frankfort	56
60424	Gardner	7
60430	Homewood	14
60431	Joliet	310
60432	Joliet	79
60433	Joliet	106
60434	Joliet	2
60435	Joliet	533
60436	Joliet	186
60439	Lemont	17

Zip Code	City	Cases
60440	Bolingbrook	16
60441	Lockport	129
60442	Manhattan	50
60443	Matteson	7
60444	Mazon	4
60445	Midlothian	1
60446	Romeoville	136
60447	Minooka	159
60448	Mokena	64
60449	Monee	8
60450	Morris	105
60451	New Lenox	133
60452	Oak Forest	5
60453	Oak Lawn	6
60455	Bridgeview	8
60457	Hickory Hills	7
60459	Burbank	17
60461	Olympia Fields	2
60462	Orland Park	7
60464	Palos Park	8
60465	Palos Hills	7
60466	Park Forest	2
60467	Orland Park	12
60468	Peotone	7
60471	Richton Park	1
60473	South Holland	2
60474	South Wilmington	2
60475	Steger	1
60477	Tinley Park	22
60479	Verona	3
60481	Wilmington	143
60484	University Park	1
60486		1
60487	Tinley Park	30
60490	Bolingbrook	17
60491	Homer Glen	57
60503	Aurora	2
60504	Aurora	5
60505	Aurora	3
60506	Aurora	20

Zip Code	City	Cases
60510	Batavia	2
60515	Downers Grove	7
60516	Downers Grove	14
60517	Woodridge	1
60523	Oak Brook	6
60525	La Grange	5
60527	Willowbrook	26
60531	Leland	7
60532	Oak Brook	1
60538	Montgomery	3
60540	Naperville	3
60541	Newark	3
60542	North Aurora	2
60543	Oswego	13
60544	Plainfield	103
60545	Plano	2
60548	Sandwich	3
60551	Sheridan	4
60552	Somonauk	5
60559	Westmont	6
60560	Yorkville	18
60561	Darien	1
60563	Naperville	2
60564	Naperville	7
60565	Naperville	3
60566	Naperville	3
60585	Plainfield	13
60586	Plainfield	292
60594	Momence	4
60601	Chicago	3
60605	Chicago	6
60609	Chicago	1
60611	Chicago	8
60613	Chicago	13
60614	Chicago	7
60617	Chicago	12
60621	Chicago	1
60622	Chicago	4
60623	Chicago	5
60625	Chicago	5

Zip Code	City	Cases
60626	Chicago	5
60629	Chicago	9
60630	Chicago	7
60632	Chicago	2
60637	Chicago	1
60638	Chicago	2
60640	Chicago	2
60641	Chicago	14
60642	Chicago	8
60643	Chicago	1
60647	Chicago	3
60650	Chicago	1
60651	Chicago	1
60652	Chicago	4
60653	Chicago	5
60654	Chicago	1
60655	Chicago	2
60656	Chicago	4
60657	Chicago	1
60659	Chicago	1
60660	Chicago	2
60803	Alsip	3
60804	Cicero	3
60805	Evergreen Park	7
60901	Kankakee	11
60910	Aroma Park	1
60913	Bonfield	1
60914	Bourbonnais	22
60915	Bradley	3
60922	Chebanse	3
60927	Clifton	5
60929	Cullom	1
60931	Donovan	1
60934	Emington	4
60935	Essex	5
60938	Gilman	3
60950	Manteno	7
60954	Momence	4
60958	Pembroke Township	4
60961	Reddick	3

Zip Code	City	Cases
60964	Saint Anne	1
60970	Watseka	2
61301	La Salle	4
61310	Amboy	4
61325	Grand Ridge	1
61341	Marseilles	26
61350	Ottawa	48
61354	Peru	9
61360	Seneca	22
61361	Sheffield	4
61364	Streator	11
61373	Utica	8
61378	West Brooklyn	1
61421	Bradford	2
61443	Kewanee	4
61741	Forrest	1
61764	Pontiac	3
61873	Saint Joseph	9
62245	Germantown	1
62301	Quincy	1
62987	Stonefort	5
68118	Omaha, NE	1
75189	Royse City, TX	1
85210	Mesa, AZ	4
Total		4,616

Debra Savage
 Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

Dear Ms Savage:

I am interventional pain management physician. I am writing in support establishment of Pain & Spine Institute Surgery Center. Changes in clinical practice and health care technology have expanded the provision of procedures in ambulatory surgery centers. Further, with increased focused on value-based care, ambulatory surgery centers provide a lower cost alternative to traditional hospital outpatient departments. The establishment of Pain & Spine Institute Surgery Center will allow my patients to receive high quality care at lower cost and with greater convenience than at a hospital outpatient department

Over the past twelve months (from January 1, 2022 to December 31, 2022, for the zip codes listed on Exhibit 1, I have performed a total of 236 outpatient surgical procedures referred those cases to the following hospitals and surgery centers.

With the establishment of Pain & Spine Institute Surgery Center, I expect to refer my cases as noted below., we expect our employed physicians to refer these cases as noted below.

Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months	Projected Referrals to Pepper Road Endoscopy Center after Project Completion
Advocate Good Samaritan Hospital	23	10
Midwest Center for Day Surgery	25	6
Hinsdale Surgical Center	188	40
	0	0
Total	236	56

These referrals have not been used to support another pending or approved certificate of need application.

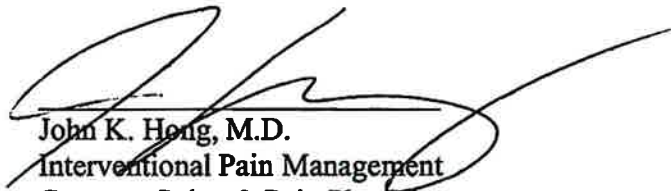
Ms. Debra Savage

Page 2

The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Pain & Spine Institute Surgery Center.

Sincerely,


John K. Hong, M.D.
Interventional Pain Management
Gateway Spine & Pain Physicians
12 Salt Creek Lane, Suite 350
Hinsdale, Illinois 60521

Subscribed and sworn to me
This 28th day of March, 2023



Notary Public



Exhibit 1**Patients by Zip Code of Residence**

Zip Code	City	Patients
46375	Schererville, IN	1
60007	Elk Grove Village	1
60015	Deerfield	2
60016	Des Plaines	1
60018	Des Plaines	1
60051	McHenry	1
60062	Northbrook	1
60085	Waukegan	1
60101	Addison	1
60103	Bartlett	1
60104	Bellwood	3
60110	Carpentersville	1
60124	Elgin	1
60126	Elmhurst	3
60131	Franklin Park	1
60134	Geneva	2
60135	Genoa	1
60137	Glen Ellyn	2
60143	Itasca	1
60148	Lombard	8
60154	Westchester	5
60162	Hillside	1
60164	Melrose Park	2
60169	Hoffman Estates	1
60171	River Grove	1
60172	Roselle	1
60174	Saint Charles	2
60177	South Elgin	1
60181	Villa Park	2
60187	Wheaton	3
60188	Carol Stream	1
60189	Wheaton	1
60191	Wood Dale	1
60193	Schaumburg	1
60404	Shorewood	1
60406	Blue Island	1
60423	Frankfort	2
60425	Glenwood	1

60431	Joliet	2
60433	Joliet	2
60435	Joliet	1
60439	Lemont	7
60440	Bolingbrook	4
60446	Romeoville	5
60448	Mokena	1
60451	New Lenox	1
60453	Oak Lawn	3
60458	Justice	2
60462	Orland Park	2
60463	Palos Heights	2
60464	Palos Park	1
60465	Palos Hills	2
60467	Orland Park	2
60470	Ransom	1
60477	Tinley Park	1
60480	Willow Springs	2
60487	Tinley Park	1
60490	Bolingbrook	1
60502	Aurora	1
60503	Aurora	1
60505	Aurora	2
60506	Aurora	3
60510	Batavia	3
60513	Brookfield	4
60514	Clarendon Hills	5
60515	Downers Grove	8
60516	Downers Grove	15
60517	Woodridge	5
60521	Hinsdale	2
60523	Oak Brook	4
60525	La Grange	8
60526	La Grange Park	2
60527	Willowbrook	5
60532	Lisle	1
60534	Lyons	1
60538	Montgomery	1
60540	Naperville	2
60543	Oswego	4
60544	Plainfield	1
60546	Riverside	1
60552	Somonauk	1

60554	Sugar Grove	1
60558	Western Springs	1
60559	Westmont	2
60560	Yorkville	3
60561	Darien	7
60563	Naperville	3
60564	Naperville	1
60565	Naperville	4
60586	Plainfield	2
60611	Chicago	1
60613	Chicago	1
60617	Chicago	1
60618	Chicago	1
60619	Chicago	1
60620	Chicago	1
60626	Chicago	1
60632	Chicago	1
60633	Chicago	1
60638	Chicago	1
60640	Chicago	1
60641	Chicago	2
60643	Chicago	2
60644	Chicago	1
60651	Chicago	1
60652	Chicago	1
60655	Chicago	1
60803	Alsip	1
60804	Cicero	2
60915	Bradley	1
61341	Marseilles	1
61348	Oglesby	1
61350	Ottawa	2
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