

**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: North Suburban Pain and Spine Center		
Street Address: 9700 Golf Road		
City and Zip Code: Des Plaines 60016		
County: Cook	Health Service Area: VII	Health Planning Area: 31

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

Exact Legal Name: North Suburban Pain and Spine Center, LLC
Street Address: 9700 Golf Road
City and Zip Code: Des Plaines 60016
Name of Registered Agent: Stuart Gimbel
Registered Agent Street Address: 120 S. Riverside Plaza, Suite 1675
Registered Agent City and Zip Code: Chicago 60606
Name of Manager: Darrel Saldanha, M.D.
Manager Street Address: 9700 Golf Road
Manager City and Zip Code: Des Plaines 60016
Manager Telephone Number: 847-985-4700

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado, Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago IL 60606
Telephone Number: (312) 212-4967 and (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9192

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

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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

Name: Darrel J. Saldanha, M.D.
Title: Chief Executive Officer
Company Name: North Suburban Pain and Spine Center, LLC
Address: 9700 Golf Road, Des Plaines, IL 60016
Telephone Number: 630/985-4700
E-mail Address: saldanha85@gmail.com
Fax Number: N/A

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: General Property Management, LLC
Address of Site Owner: 9700 Golf Road Des Plaines, IL 60016
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: North Suburban Pain and Spine, LLC	
Address: 9700 Golf Road, Des Plaines, IL 60016	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ Other	
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

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.

The Applicant, North Suburban Pain and Spine Center, LLC proposes to establish new categories of services at the North Suburban Pain and Spine Center, a licensed ambulatory surgery treatment center ("ASTC"), located at 9700 Golf Road, Des Plaines, Illinois 60016. The ASTC seeks to add Podiatry and General Surgery to the existing complement of procedures already offered at the facility. The ASTC currently leases space in the building which also houses physicians' offices.

The existing ASTC has two (2) operating rooms and there are no construction or equipment costs related to the addition of the Podiatry and General Surgery categories of service. The proposed project does not propose to establish a new health care facility as defined by the Illinois Health Facilities Planning Act and thus is a non-substantive project.

Project Costs and Sources of Funds- NOT APPLICABLE

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

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

Related Project Costs – NOT APPLICABLE

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: Not Applicable Fair Market Value: Not Applicable
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 Not Applicable .

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings: ☒ None or not applicable ☐ Preliminary ☐ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): Upon Approval of Licensure by IDPH or March 1, 2024.
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): NOT APPLICABLE ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies ☒ Financial Commitment will occur after permit issuance.
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable? ☒ Cancer Registry ☒ APORS ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted ☒ All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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 department's 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							
ASC	-	5,240	5,240	-	-	5,240	-
Total Clinical	-	5,240	5,240	-	-	5,240	-
NON-REVIEWABLE							
Administrative	-	1,740	1,740	-	-	1,740	-
Total Non-clinical	-	-	-	-	-	-	-
TOTAL	-	6,980	6,980	-	-	6,980	-

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: North Suburban Pain and Spine Center			CITY: Des Plaines		
REPORTING PERIOD DATES: From: January 2022 to: December 2022					
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 (ASTC)	2	441	441	-	-
TOTALS:	2	441	441	-	-

CERTIFICATION

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

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

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


SIGNATURE

DARREL J. SALDANHA
PRINTED NAME

CEO
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 10 day of 10 - 2023

Notarization:

Subscribed and sworn to before me
this ____ day of _____


Signature of Notary

Signature of Notary

Seal



Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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

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

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

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

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

ALTERNATIVES

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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?
ASTC (2 Operating Rooms)	5,240	5,500	-260	YES

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	MEET STANDARD?
YEAR 1	ASTC	441	934	>1,500 Hours	NO
YEAR 2	ASTC	441	962	>1,500 Hours	NO

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:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. 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 ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

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

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

SECTION VII. 1120.120 - AVAILABILITY OF FUNDS- NOT APPLICABLE

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

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

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY – NOT APPLICABLE

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY- NOT APPLICABLE

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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.

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT – NOT APPLICABLE/NEWLY-FORMED ENTITY

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 a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of 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.

1. Applicant: North Suburban Pain and Spine Center, LLC 9700 Golf Road
(Name) (Address)

Des Plaines Illinois 60016 847-985-4700
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 9700 Golf Road Des Plaines Illinois
(Address) (City) (State)

Cook County Maine
(County) (Township) (Section)

3. 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? NO

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

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	Service Specific:		
19	Medical Surgical Pediatrics, Obstetrics, ICU	n/a	
20	Comprehensive Physical Rehabilitation	n/a	
21	Acute Mental Illness	n/a	
22	Open Heart Surgery	n/a	
23	Cardiac Catheterization	n/a	
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Attachment 1 Type of Ownership of Applicants

Included with this attachment are:

The Certificate of Good Standing for the applicant facility, North Suburban Pain and Spine Center, LLC.

**Attachment 1
Certificate of Good Standing
North Suburban Pain and Spine Center, LLC**

File Number 0673960-1



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

NORTH SUBURBAN PAIN AND SPINE CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2327802790 verifiable until 10/05/2024
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of OCTOBER A.D. 2023 .***


SECRETARY OF STATE

ATTACHMENT 2

Site Ownership

Attached as evidence of control over the site is a copy of the facility's property tax statement for 2022. The tax document reflects that General Property Management, LLC is the site owner.

ATTACHMENT 2

Site Ownership

TOTAL PAYMENT DUE		2022 First Installment Property Tax Bill - Cook County Electronic Bill						
By 11/01/23	\$0.00	Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
		09-09-401-006-0000	086	22041	2022	(2023)	MAINE	1-00
IF PAYING LATE, PLEASE PAY	11/02/2023 - 12/01/2023	12/02/2023 - 01/01/2024	01/02/2024 - 02/01/2024	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW				
	\$0.00	\$0.00	\$0.00					
TAXING DISTRICT DEBT AND FINANCIAL DATA								
Your Taxing Districts	Money Owed by Your Taxing Districts	Pension and Healthcare Amounts Promised by Your Taxing Districts	Amount of Pension and Healthcare Shortage	% of Pension and Healthcare Costs Taxing Districts Can Pay				
Northwest Mosquito Abatement Wheeling	\$1,080,667	\$7,960,421	-\$824,317	110.36%				
Oak Meadow Sanitary District Des Plaines	\$10,000	\$0	\$0	0.00%				
Metro Water Reclamation Dist of Chicago	\$3,327,854,000	\$3,020,080,000	\$1,168,985,000	61.29%				
No. Maine Fire Prot Dist (Des Plaines)	\$1,448,842	\$46,329,192	\$14,270,851	69.20%				
Niles Public Library Dist	\$558,097	\$6,399,698	\$112,509	98.24%				
Oakton College Dist Skokie Des Plaines	\$118,966,734	\$39,740,435	\$128,905	99.68%				
Maine Township High School District 207	\$276,458,775	\$16,764,562	\$16,764,562	0.00%				
Comm Consolidated SD 62 (Des Plaines)	\$90,905,272	\$50,095,393	\$9,389,105	81.26%				
Town of Maine	\$1,482,493	\$13,253,441	-\$268,263	102.02%				
Cook County Forest Preserve District	\$233,103,051	\$540,107,634	\$328,420,280	39.19%				
County of Cook	\$8,019,310,814	\$29,739,673,504	\$17,090,063,066	42.53%				
Total	\$12,071,178,745	\$33,480,404,280	\$18,627,041,698					
For a more in-depth look at government finances and how they affect your taxes, visit cookcountytreasurer.com								
PAY YOUR TAXES ONLINE Pay at cookcountytreasurer.com from your bank account or credit card.								
TAX CALCULATOR				IMPORTANT MESSAGES				
2021 TOTAL TAX		8,156.93						
2022 ESTIMATE	X	55%						
2022 1st INSTALLMENT	=	4,486.31						
The First Installment amount is 55% of last year's total taxes. All exemptions, such as homeowner and senior exemptions, will be reflected on your Second Installment tax bill.								
				PROPERTY LOCATION		MAILING ADDRESS		
				9680 GOLF RD DES PLAINES IL 60016		GENERAL PROPERTY MGMT 9680 GOLF ROAD DES PLAINES IL 600161522		

*** Please see 2022 First Installment Payment Coupon next page ***

ATTACHMENT 3

Operating Entity

The North Suburban Pain and Spine Center is licensed by the Illinois Department of Public Health and will remain the licensee following this project. Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State.

ATTACHMENT 3
Operating Entity
Certificate of Good Standing
North Suburban Pain and Spine Center, LLC

File Number 0673960-1



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

NORTH SUBURBAN PAIN AND SPINE CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



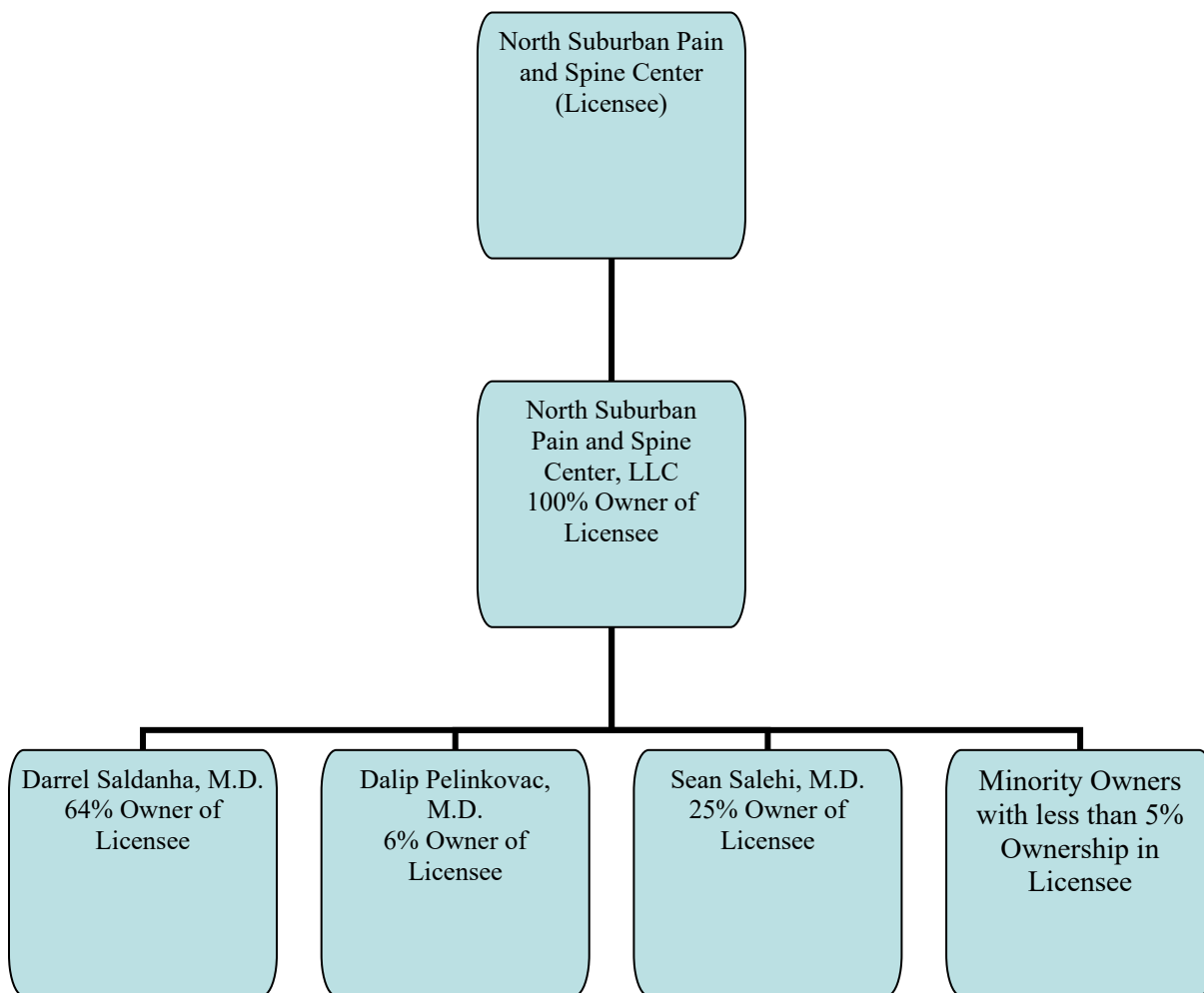
Authentication #: 2327802790 verifiable until 10/05/2024
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of OCTOBER A.D. 2023 .

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 4 Organizational Chart

The majority of the facility is owned by the Applicant, North Suburban Pain and Spine Center, LLC. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational charts.



ATTACHMENT 5 Floor Plain Requirement

October 5, 2023

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

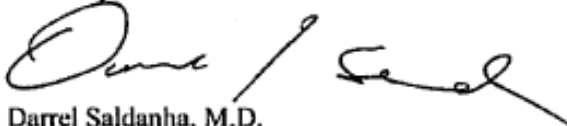
Re: North Suburban Pain and Spine Center, LLC - Flood Plain Requirements

Dear Mr. Kniery:

As a representative of North Suburban Pain and Spine Center, I, Darrel Saldanha, M.D., affirm that our facility North Suburban Pain and Spine Center complies with Illinois Executive Order #2005-5. The facility location is 9700 Golf Road, Des Plaines, Illinois 60016 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely,



Darrel Saldanha, M.D.
Manager
North Suburban Pain and Spine Center, LLC

ATTACHMENT 5

Floor Plain Requirement



ATTACHMENT 6

Historic Resources Preservation Act Requirements

The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction or modernization of the existing facility contemplated as a result of this application and thus this criterion is not applicable. However, included as evidence of compliance with the Historic Preservation Act, enclosed with this attachment is a copy of the original clearance letter from the Historic Preservation Agency.

ATTACHMENT 6

Historic Resources Preservation Act Requirements



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor

Wayne A. Rosenthal, Director

FAX (217) 524-7525

Cook County

Des Plaines

Partial Demolition, Rehabilitation and New Addition for a Medical Clinics Building

9680 Golf Road

SHPO Log #018031218

April 11, 2018

Jacob Axel

Axel & Associates, Inc.

575 North Court, Suite 210

Palatine, IL 60067

Dear Mr. Axel:

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 me at 217/785-5031.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel".

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

ATTACHMENT 7

Project Costs and Sources of Funds

The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction or modernization of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 8

Project Status and Completion Schedules

The proposed project does not involve construction and no change to the physical layout of the facility as it currently exists. The proposed project completion date is upon approval by the Illinois Department of Public Health of the facility to perform Podiatry and General Surgery procedures under their existing license or by March 1, 2024.

ATTACHMENT 9

Cost Space Requirements

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							
ASC	-	5,240	5,240	-	-	5,240	-
Total Clinical	-	5,240	5,240	-	-	5,240	-
NON-REVIEWABLE							
Administrative	-	1,740	1,740	-	-	1,740	-
Total Non-clinical	-	-	-	-	-	-	-
TOTAL	-	6,980	6,980	-	-	6,980	-

ATTACHMENT 11

Background of the Applicant

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

North Suburban Pain and Spine Center, LLC

1. The proposed project is brought forth by North Suburban Pain and Spine Center, LLC, and the majority owner and facility medical director is Dr. Darrel Saldanha. The ownership of the facility is reflected in Attachment 4.
2. North Suburban Pain and Spine Center, LLC does not have a direct ownership interest in any other health care facility in Illinois. The Applicant certifies that there have been no adverse actions taken during the three (3) years prior to filing of this application. A letter certifying the above information is included at Attachment 11.
3. We have included a letter authorizing access to the HFSRB and IDPH to verify information contained in the application at Attachment 11.

Background of North Suburban Pain and Spine Center, LLC

North Suburban Pain and Spine Center was approved by the Board on December 4, 2018, to establish an ASTC with 2 operating rooms and 8 recovery stations in Des Plaines, Illinois. The facility was approved to perform procedures in three categories of service, Pain Management, Orthopedics, and Neurology. The facility was completed on time and on budget as approved by the Health Facilities and Services Review Board and was licensed by the Illinois Department of Public Health on May 25, 2021.



ATTACHMENT 11

Background of the Applicant

The majority owner of the facility is Dr. Darrel Saldanha, Co-Founder and Chief Executive Officer of the physician practice Midwest Anesthesia and Pain Specialists. Dr. Saldanha is double board certified in both anesthesiology and pain medicine. He trained at the University of Illinois and was chief resident during his final year of residency. In addition, he was recognized with the Walter Kowalski achievement award for most outstanding new resident during his training. Dr. Saldanha has presented his research at numerous national conferences in the fields of neurobiology, chemistry, anesthesiology, and pain medicine.

Dr. Saldanha is also the founder of the Hyde Park Surgical Center, a state-licensed, multi-specialty outpatient surgical center focused on the care of work-related musculoskeletal injuries. Dr. Saldanha is a compassionate physician who is driven to provide healthcare to all of his patients regardless of their ability to pay. He also founded a free healthcare clinic serving patients in underserved areas in Chicago which has since provided care to thousands of patients over the years.

ATTACHMENT 11 Background of Applicant

October 5, 2023

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

Re: North Suburban Pain and Spine Center, LLC - Background of the Applicant Certification and Attestation

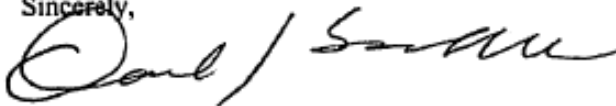
Dear Mr. Kniery:

As a representative of North Suburban Pain and Spine Center, LLC, I, Darrel Saldanha, M.D., give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that I maintain ownership in Hyde Park Same Day Surgicenter in excess of 5%. Neither that facility nor North Suburban Pain and Spine Center have had adverse actions to report for the past three (3) years.

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

Sincerely,



Darrel Saldanha, M.D.
Manager
North Suburban Pain and Spine Center, LLC

ATTACHMENT 11

Background of Applicant

		ILLINOIS DEPARTMENT OF PUBLIC HEALTH	HF128087
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.			
Sameer Vohra, MD,JD,MA Director		Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE 05/24/2024	CATEGORY	I.D. NUMBER 7003236	
Ambulatory Surgery Treatment Center			
Effective: 05/25/2023			
North Suburban Pain and Spine Center 9700 Golf Rd Des Plaines, IL 60016			
The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22			

ATTACHMENT 11
Background of Applicant

		ILLINOIS DEPARTMENT OF PUBLIC HEALTH		HF127716
LICENSE, PERMIT, CERTIFICATION, REGISTRATION				
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.				
Sameer Vohra, MD,JD,MA Director			Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE 4/27/2024	CATEGORY	I.D. NUMBER 7003196		
Ambulatory Surgery Treatment Center				
Effective: 04/28/2023				
Hyde Park Surgical Center, LLC 1644 E 53rd St Ste 108A Chicago, IL 60615				
The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22				

ATTACHMENT 12

Purpose of Project

The Applicants seek authority from the Health Facilities and Services Review Board to add Podiatry and General Surgery to its compliment of procedures offered at its existing surgery center that will serve patients in the geographic service area of the facility. The market area is consistent with the Board defined geographic service which is 10 mile radius from the existing facility. More generally, the patient base resides in Cook County and southern Lake County.

Adding this service to the existing ambulatory surgical treatment center will improve utilization and address unmet patient needs at North Suburban Pain and Spine Center, ("NSPS"). NSPS already provides services to patients focused on various musculoskeletal injuries, including Neurological, Orthopedic, and Pain Management. By allowing for Podiatric and General Surgery procedures it will help address a gap in available services for those visiting NSPS. Adding Podiatry and General Surgery to NSPS will also allow for better utilization of the facility and its surgical recovery areas.

This application contains multiple referral letters from physicians who are committed to referring patients to the facility for Podiatric and General Surgery procedures. The facility has on multiple occasions faced a situation where patients have arrived with a host of injuries related to an accident and the facility is limited in performing procedures on the feet of patients. While there are circumstances that this procedure would be considered orthopedic, they could also be categorized as podiatric and the Applicant in an effort to ensure compliance with the state and the CON program is seeking to add Podiatry to the services they can offer patients.

Similarly, physicians at the facility have faced obstacles when an Anterior Lumbar Interbody Fusion procedure needs to be completed. To access the spine, a front abdomen surgery is required in order to perform the procedure. Because the facility is not approved for General Surgery the patient was forced to wait for availability at the nearby hospital to address their condition. Other common general surgery procedures that the facility expects to perform include hernias which is a common sports related injury and the type that patients would utilize the facility may be suffering from in addition to musculoskeletal issues.

Podiatry focuses on the diagnosis and treatment of disorders and injuries of the foot and ankle, has seen significant advancements in recent years, particularly in the realm of surgical procedures. Traditionally, many podiatric surgeries were performed in hospital settings, requiring lengthy hospital stays and prolonged recovery periods. General surgical procedures encompass a broad spectrum of operations, and also traditionally, many of these surgeries required inpatient care and extended hospital stays. However, innovations in treatment options has led to a transition from inpatient to outpatient surgery and it has had numerous benefits for patients, healthcare systems, and society at large.

One notable innovation in general surgery and podiatric surgery is the development of minimally invasive techniques. These approaches involve smaller incisions, specialized instruments, and often in podiatry they can use endoscopy or arthroscopy to visualize and treat foot and ankle conditions. Minimally invasive surgery has been shown to reduce postoperative pain, decrease the risk of infection, and shorten recovery times (*Frykberg et al., 2019*). Additionally, these techniques often allow patients to return to their regular activities more quickly, which is particularly beneficial in an outpatient setting.

Advancements in anesthesia techniques have made outpatient general surgery and podiatric surgery safer and more comfortable for patients. Regional anesthesia, such as peripheral nerve blocks and epidurals, allows for pain control without the need for general anesthesia. This reduces the risk of complications associated with general anesthesia and accelerates the patient's postoperative recovery (*Hill & Stuchin, 2015*).

ATTACHMENT 12

Purpose of Project

Performing surgical procedures in an outpatient setting is generally more cost-effective than hospital-based surgery. Patients incur fewer expenses for overnight stays, and healthcare systems benefit from reduced overhead costs. A study by H. B. Menz found that outpatient podiatric surgery resulted in significant cost savings compared to inpatient procedures, making it a more financially sustainable option for healthcare organizations.

Outpatient settings are typically associated with lower rates of hospital-acquired infections. Patients undergoing surgery in a hospital may be at higher risk due to exposure to various pathogens, longer hospital stays, and more frequent contact with healthcare providers. The faster recovery time associated with outpatient podiatric surgery is a significant benefit for patients.

The innovations and benefits of general surgery and podiatry surgical procedures in an outpatient setting represent a significant advancement in healthcare. Minimally invasive techniques, advanced imaging technology, improved anesthesia methods, cost-effectiveness, reduced hospital-acquired infections, faster recovery, enhanced patient satisfaction, and optimized resource utilization have collectively revolutionized the field of podiatry and general surgery. These developments have not only improved the outcomes and experiences of patients but have also offered cost savings and resource efficiency for healthcare systems.

References:

1. Frykberg, R. G., Armstrong, D. G., Boulton, A. J. M., & Diabetic Foot Surgery: A Comprehensive Team Approach (2019). New Developments in Office-Based Foot Surgery. *Diabetes Care*, 42(6), 969-972.
2. Trellu, S., Lavigne, M., & Guillo, S. (2016). Imaging of Achilles Tendon Pathology: A Comparison of Preoperative Ultrasonography with Magnetic Resonance Imaging. *Foot & Ankle International*, 37(3), 315-321.
3. Hill, N. & Stuchin, S. A. (2015). Local Anesthetics in Foot and Ankle Surgery. *Foot & Ankle Clinics*, 20(2), 155-166.
4. Simões, C., Sequeira, S., & Reis, P. (2017). Peripheral Nerve Blocks in Foot and Ankle Surgery. *European Journal of Orthopaedic Surgery & Traumatology*, 27(7), 863-870.
5. Menz, H. B., Morris, M. E., Bergin, S. M., & Young, M. J. (2019). Determinants of Cost and Choice of Surgical Technique for Hallux Valgus Surgery in a Publicly Funded Health Service. *The Journal of Bone & Joint Surgery*, 91(3), 634-641.
6. Roush, E. P., & Daoud, A. (2017). Impact of Surgical Site Infections in Podiatric Medicine and Surgery. *Journal of Foot and Ankle Research*, 10(1), 33.

ATTACHMENT 13

Alternatives

The Applicant explored several options before submitting this application to the Board requesting the additional categories of service at North Suburban Pain and Spine.

Among other options, the Applicant considered maintaining the status quo, seeking out other ASTCs or Hospitals, or the Project as Proposed. For the reasons stated below, Applicant opted to seek the Project as Proposed.

Alternative #1: Maintain the Status Quo (No additional Cost)

Maintaining the status quo would have no capital costs associated with choosing this option. Yet, choosing to follow the existing path of the facility would do nothing to address the unmet need of patients who are treated by the physicians who utilize North Suburban Pain and Spine Center and require Podiatry and General Surgery procedures. Maintaining the status quo would mean the continuation of limitations on the access of procedures to treat patients who suffer from musculoskeletal injuries. For this reason, this alternative was not chosen.

Alternative #2: Utilization of Existing ASTCs and Hospital

One alternative for the Applicant would be to utilize, and rely upon, existing ASTCs to fill the gap in healthcare services available to its patients. This alternative was suboptimal for several reasons. This would limit types of lower extremity procedures the physicians at North Suburban Pain and Spine could perform. Thus, patients would be required to either find another ASTC in the area to perform the procedure or wait for availability in a hospital surgical suite. There are several ASTCs within 10 miles of the facility that perform Podiatric procedures but there are still barriers to access for patients. Aside from the threshold question of whether nearby ASTC's had both the categories of services needed (not all do) and the willingness to service NSPS patients (which is not guaranteed), the broader issue is ensuring a patient's quality of healthcare services. Outsourcing the delivery of services is fraught with risks, including quality, continuity of care, and inconsistent outcomes for patients. This Alternative would benefit neither the patient nor NSPS.

Alternative #3: Project as Proposed:

The Applicant was thorough and data-driven in concluding to pursue this Certificate of Need. Despite setbacks from the COVID-19 pandemic the Applicant is now successfully operating and ramping up utilization and quality projections outlined in their original proposal for this project. There is a proven track record validating the high-quality care provided by the physicians at NSPS. These practitioners, and others vetted and onboarded by NSPS, will continue the exceptional care its patients have grown accustomed to. The costs will be mitigated once the additional service lines are incorporated into an existing building and leveraging interdisciplinary teams of staff. Simply put, this option is both the most cost effective, and guaranteed quality option available to NSPS.

ATTACHMENT 14

Size of Project

The proposed project does not involve construction nor any change to the physical layout of the facility as it currently exists. However, the square footage identified in this application for the facility consists of two operating rooms, eight recovery stations and is necessary, not excessive, and consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110, as documented below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC (2 Operating Rooms)	5,240	5,500	-260	YES

ATTACHMENT 15

Project Service Utilization

The annual utilization expected of an ASTC with two operating rooms should be 1500 hours per surgical or procedure room. The facility was only recently licensed in mid 2021 and only in 2023 did they complete their accreditation survey for deemed status with the Medicare program. At the end of 2022 the facility performed procedures on 441 patients for a total of 345 hours of utilized time in the 2 operating rooms. To date the facility has served 512 patients and annualized they are trending to treat 684 patients this year.

The objective for any facility is to better utilize it's available capacity and maintain a utilization of at least 80% of the target utilization standard or at least 1,500 hours per operating room on an annual basis. The addition of General Surgery and Podiatry procedures at North Suburban Pain and Spine Center will result in increased utilization of the facility. As pledged in the attached letter by Drs. Hook, Gelbmann and Summers they anticipate referring 252 patients to be treated at North Suburban Pain and Spine Center upon approval of this CON application by the Board. Adding these categories of service would also allow the facility to offer other physicians block time at the facility to provide similar services to their patients. With an open staff model, it is anticipated that additional physicians will seek credentialing with the facility to perform Podiatry and General Surgery procedures.

In 2021, the state average for completing a Podiatry procedure was 1.88 hours or roughly 113 minutes per procedure and the state average for completing a General Surgery was 1.40 hours or roughly 84 minutes (including room prep, procedure time, and room clean-up). The proposed 252 patient referrals would account for another 434 hours of utilized surgical time and increase the utilization of this existing facility. Based on the historical patients from 2022 and the proposed referrals, it is project that the facility could treat 934 patients in year one and with a modest increase of 3% a total of 962 could be treated in year 2.

UTILIZATION					
	DEPT / SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	441	934	>1,500 Hours	NO
YEAR 2	ASTC	441	962	>1,500 Hours	NO

ATTACHMENT 15

Project Service Utilization

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY- CALENDAR YEAR 2021

STATE	Number of Ambulatory Surgical Treatment Centers	147	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
TOTALS	Number of Operating Rooms	403	PAYMENT SOURCE	MALE	FEMALE	TOTAL
	Number of Procedure Rooms	159	Medicaid	7,547	12,389	19,936
	Number of Recovery Stations Stage 1	793	Medicare	78,198	102,318	180,516
	Number of Recovery Stations Stage 2	845	Other Public	6,363	4,501	10,864
	Number of Exam Rooms	162	Insurance	122,305	143,536	265,841
	Type of Ownership	For Profit	Private Pay	5,631	12,123	17,754
		Not For Profit	Charity Care	620	838	1,458
		Government				0.3%

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense
22.0%	1.9%	3.0%	66.3%	6.8%	100.0%	Expense	as % of Total Net Revent
247,014,655	21,397,418	33,583,378	745,580,132	76,988,258	1,124,563,841	1,730,877	0.15%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

Surgery Area	Total Surgeries Performed	Surgery Time (Hours)	Prep and Clean-Up (Hours)	Total Surgery (Hours)	Average Time (Hours)	PERSONNEL	FULL-TIME EQUIVALENTS
Cardiovascular	225	158.25	115.55	273.80	1.22	Administrator	129.30
Dermatology	1,063	1,247.80	682.20	1,930.00	1.82	Physicians	168.75
Gastroenterology	15,827	18,597.89	5,343.26	23,941.15	1.51	Nurse Anesthetists	68.53
General Surgery	18,539	18,017.97	9,945.69	25,963.66	1.40	Director of Nurses	111.10
Laser Eye Surgery	3,129	802.27	294.26	1,096.53	0.35	Registered Nurses	1,512.46
Neurological	1,510	1,483.03	1,116.13	2,599.16	1.72	Certified Aides	140.72
OB/Gynecology	11,650	7,452.20	5,646.79	13,098.99	1.12	Other Health Profs.	744.47
Ophthalmology	89,642	40,990.54	25,960.32	66,950.86	0.75	Other Non-Health Profs.	581.20
Oral/Maxillofacial	3,521	3,286.45	1,576.76	4,863.21	1.38	TOTAL	3,454.53
Orthopedic	77,381	105,381.97	42,455.21	147,837.18	1.91	NUMBER OF PATIENTS BY AGE GROUP	
Otolaryngology	13,826	14,358.00	5,369.37	19,727.37	1.43	AGE	MALE
Pain Management	36,668	9,311.89	13,119.45	22,431.34	0.61	0-14	6,600
Plastic Surgery	10,378	43,242.87	10,570.21	53,813.08	5.19	15-44	34,388
Podiatry	9,978	13,741.78	5,061.60	18,803.38	1.88	45-64	85,324
Thoracic	24	21.00	8.00	29.00	1.21	65-74	60,587
Urology	14,047	11,358.72	5,770.45	17,129.17	1.22	75+	36,287
TOTAL	307,408	287,452.63	133,035.25	420,487.88	1.37	TOTAL	223,186

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

Surgery Area	Procedure Rooms	Total Surgeries	Surgery Time (Hours)	Prep/Clean-Up Time (Hours)	Total Surgery Time (Hours)	Average Case Time (Hours)
Angiogram AV Fistula		76	38.00	44.00	82.00	1.08
Angioplasty AV Fistu		183	137.00	153.00	290.00	1.58
Cataract Extraction		3,316	718.45	553.00	1,271.45	0.38
Cornea Surgery		33	16.50	4.00	20.50	0.62
Dermatology (local a		537	268.50	268.50	537.00	1.00
Electrophysiology		553	502.00	296.00	798.00	1.44
ESRD Catheter, Fistu		612	306.00	306.00	612.00	1.00
Gastro-Intestinal	91	144,561	54,909.75	27,409.30	82,319.05	0.57
General Procedure Ro		1,291	437.50	767.50	1,205.00	0.93
GI Room		327	156.80	109.00	265.80	0.81
Glaucoma Surgery		32	21.00	4.50	25.50	0.80
induced abortion		4,164	347.00	694.00	1,041.00	0.25
Interventional nephr		1,057	1,057.00	524.00	1,581.00	1.50
IVF PROCEDURES		1,146	292.25	382.00	674.25	0.59
Ketamine infusion th		13	38.25	3.25	41.50	3.19
Laser Eye	12	7,232	1,208.85	855.63	2,064.48	0.29
Mohs Surgery		1,588	794.00	794.00	1,588.00	1.00
Multi-Laser Eye		324	108.00	81.00	189.00	0.58
Multi-Pain		68	22.75	17.00	39.75	0.58
Ophthalmology		6,053	2,333.00	1,210.50	3,543.50	0.59
Pain Management	10	20,335	3,983.56	3,793.73	7,777.29	0.38
Pediatric IVIG infus		189	804.00	47.25	851.25	4.50
Permacatheter proced		83	83.00	63.00	146.00	1.76
Plastic Surgery		110	73.50	11.00	84.50	0.77
Plastic Surgerv (loc		1,781	890.50	890.50	1,781.00	1.00

ATTACHMENT 16

Unfinished or Shell Space

NOT APPLICABLE - The proposed project does not include plans for shell space.

ATTACHMENT 17

Assurances for Unfinished/Shell Space

NOT APPLICABLE - The proposed project does not include plans for shell space.

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery Service to GSA Residents - 1110.235(c)(2)(B)

The proposed project is necessary to meet the needs of the residents of the planning area in which this facility will be located. As set forth in 77 Illinois Admin Code Section 1110.235(c)(2)(B), the ASTC serves patients residing in and around Des Plaines. Accordingly, the primary geographic service area ("GSA") consists of those areas within a 10-mile radius of the ASTC.

The primary purpose of this project is to provide necessary health care services to the residents of the GSA in which the ASTC will be located. Listed on the following pages, in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes areas that are located within a 10-mile radius of the proposed site of the ASTC. The zip codes and area within a 10-mile radius of the proposed facility is listed below. We have included a map of the multi-directional travel radiuses of the proposed ASTC site.

Zip Code	Population (2020 Census)
60016	61,888
60056	57,177
60068	39,672
60018	30,051
60026	14,518
60025	41,256
60070	15,840
60714	31,006
60005	30,221
60053	25,004
60631	29,691
60090	39,017
60062	42,751
60029	514
60007	33,670
60004	52,546
60176	11,714
60077	28,856
60656	28,474
60106	20,562
60706	24,327
60008	22,760
60191	14,456
60093	20,691
60646	28,383

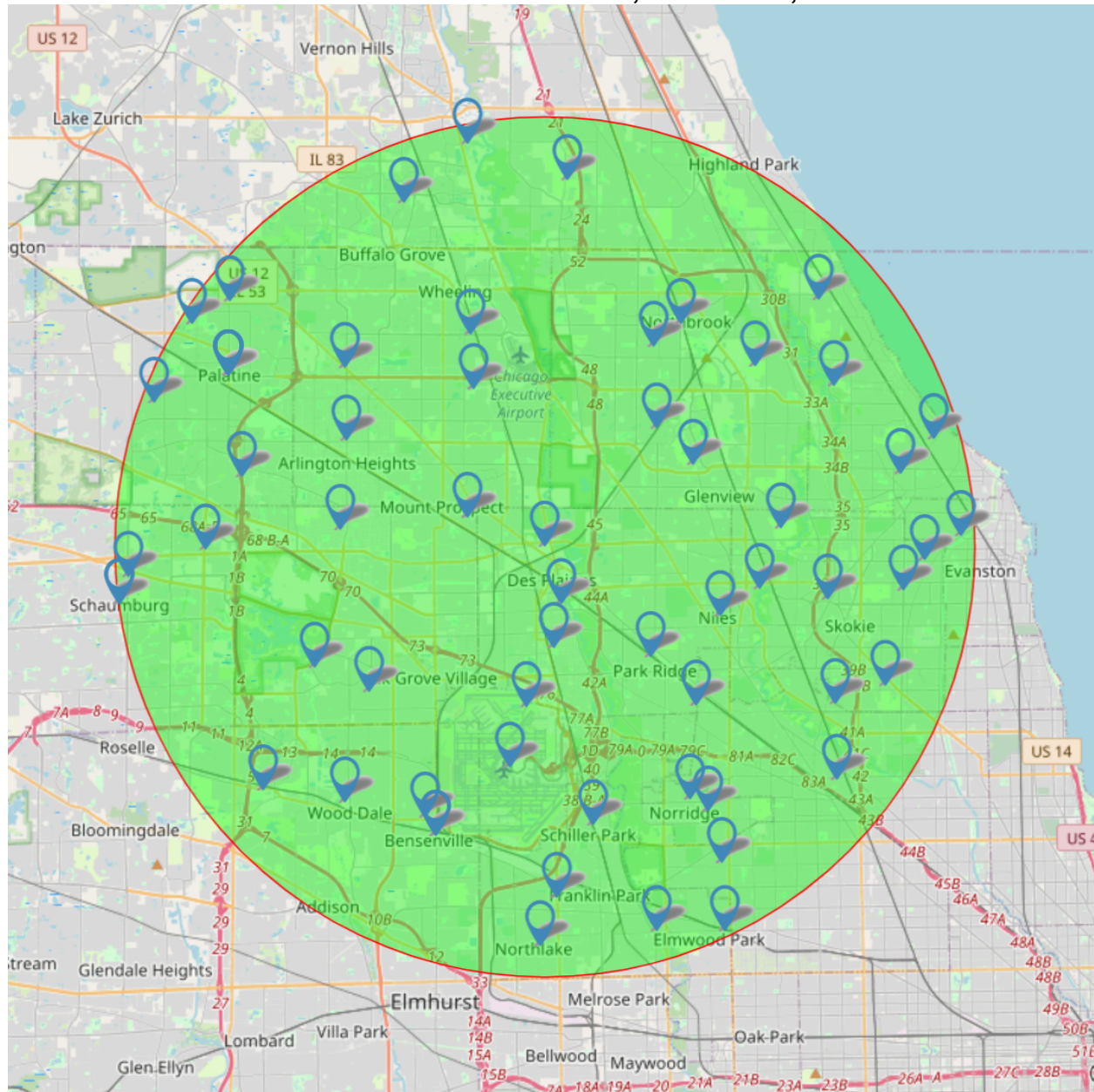
ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery Service to GSA Residents -
1110.235(c)(2)(B)

60173	13,764
60131	18,205
60076	34,295
60634	75,694
60091	27,750
60015	28,013
60022	8,482
60089	43,227
60143	11,214
60630	54,064
60203	4,634
60164	22,367
60171	10,612
60043	2,514
60069	8,735
60067	39,324
60201	43,452
60074	37,705
60707	43,241
Total	1,272,337

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery Service to GSA Residents- 1110.235(c)(2)(B)

10 Mile Radius from 9700 Golf Road, Des Plaines, IL 60016



ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC - 1110.235(c)(3)

The proposed project is necessary to accommodate the service demand proposed by the project referrals to the facility. The Applicant is submitting multiple referral letters from three individual physicians that includes zip code specific patient origin of the individual physician's historical caseload and the patient origin to be serviced at the proposed facility is identical to that identified in the letter. The zip code data included reflects that the projected patient volume is from within the facility's geographic service area.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

October 5, 2023

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

Re: Referral Letter- North Suburban Pain and Spine Center
9700 West Golf Road, Des Plaines, IL 60016

Dear Mr. Kniery,

My name is Barry Summers, M.D., and I am a general surgeon. I am writing in support of the addition of categories of service to North Suburban Pain and Spine Center. Outpatient general surgery cases already consist of a large portion of my work, and with this center it will increase our capacity to serve.

This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12-month period prior to submission of this letter, I referred a total of 377 procedures to the following healthcare facilities: West Suburban Medical Center, Advocate Illinois Masonic Medical Center, Amita St. Joseph Hospital, Weiss Memorial Hospital.

Historical Caseload by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Referrals to North Suburban Pain and Spine Center
West Suburban Medical Center	120	30
Advocate Masonic Medical Center	27	9
Amita St. Joseph Hospital Chicago	30	11
Weiss Memorial Hospital	200	35
Total	377	85

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Based on my historical referrals, I anticipate referring 85 surgical cases each year to the North Suburban Pain and Spine Center. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients I propose to refer reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

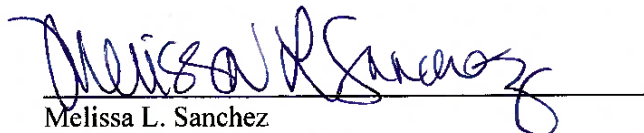
Thank you,

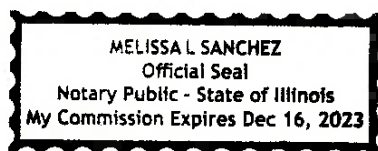
DocuSigned by:
Barry Summers
21A9D61CBC8B498...

Barry Summers, M.D.

Subscribed and sworn to before me

this 14th day of October, 2023.


Melissa L. Sanchez



Seal

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Patient Zip Code	Number of Cases
60302	6
60301	19
60304	11
60644	17
60305	5
60614	3
60613	15
60618	9
60647	13
60622	8
60610	12
60611	7
60607	17
60640	11
60626	12
60616	8
60641	11
60618	12
60625	14
60629	8
60630	11
60659	19

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

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

Re: Referral Letter- North Suburban Pain and Spine Center, LLC
9700 W. Golf Road, Des Plaines, IL 60016 (the "Surgery Center")

Dear Mr. Kniery,

My name is Jonathan L. Hook MD and I am a Podiatrist with Weil Foot and Ankle Institute. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12-month period prior to submission of this letter, I referred a total of 348 procedures to the following healthcare facilities: Advocate Surgery Center Libertyville and Center for Minimally Invasive Surgery Center Mokena.

Historical Caseload by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Referrals to North Suburban Pain and Spine Center
Advocate Surgery Center Libertyville	229	45
Center for Minimally Invasive Surgery Center Mokena.	119	40

Based on my historical referrals, I anticipate referring 85 surgical cases each year to the North Suburban Pain and Spine Center. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients I propose to refer reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

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ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Thank you,

Jonathan L. Hook, MD

Physician's Signature



Date

8/14/23

(Please Print/Type Name)

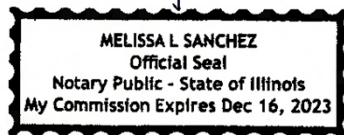
Melissa L. Sanchez

Signature of Notary:



Subscribed and sworn to before me

this 14 day of August, 2023



Seal

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Zip Code	Patients Treated
46150	2
46349	2
53105	9
53142	23
53144	14
53158	22
53182	13
53209	3
53405	5
60008	5
60016	21
60018	32
60020	3
60021	2
60025	23
60030	6
60035	6
60045	5
60048	14
60060	3
60061	4
60068	21
60073	1
60081	4
60083	2
60085	1
60096	3
60099	5
60110	1
60152	1
60176	6
60192	4
60410	1
60440	2
60448	5
60456	1

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

60462	4
60477	8
60482	1
60585	3
60601	8
60609	2
60616	2
60618	3
60629	6
60631	8
60638	13
60657	12
60659	2
60804	1
Total	348

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

September 17, 2023

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

Re: Referral Letter- North Suburban Pain and Spine Center
9700 West Golf Road, Des Plaines, IL 60016

Dear Mr. Kniery,

My name is David Gelbmann, DPM, and I am a Podiatrist. I am writing in support of the addition of categories of service to North Suburban Pain and Spine Center. Outpatient general surgery cases already consist of a large portion of my work, and with this center it will increase our capacity to serve.

This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12 month period prior to submission of this letter, I referred a total of 221 procedures to the following healthcare facilities: Lake Forest Hospital, Northwestern Memorial Hospital, and Weiss Memorial Hospital.

Historical Caseload by Licensed setting:

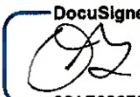
Name of Healthcare Facility	Number of cases in past 12 months	Referrals to North Suburban Pain and Spine Center
Lake Forest Hospital	27	9
Northwestern Memorial Hospital	30	11
Weiss Memorial Hospital	164	62
Total	377	85

Based on my historical referrals, I anticipate referring 82 surgical cases each year to the North Suburban Pain and Spine Center. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients I propose to refer reside within the Applicant's proposed geographic service area.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

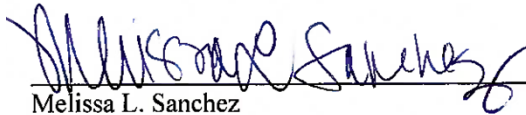
Thank you,

DocuSigned by:

86AF806F046F453...

David Gelbmann, DPM

Subscribed and sworn to before me

this 17th day of September, 2023.


Melissa L. Sanchez



ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

Patient Zip Code	Number of Cases
60302	6
60301	9
60304	11
60644	12
60305	5
60614	13
60613	5
60618	14
60647	5
60622	4
60610	17
60611	13
60607	7
60640	11
60626	12
60616	8
60641	11
60618	12
60625	14
60629	8
60630	11
60659	13

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery Treatment Room Assessment- 1110.235(c)(4)

The annual utilization expected of an ASTC with two operating rooms should be 1500 hours per surgical or procedure room. The facility was only recently licensed in mid 2021 and only in 2023 did they complete their accreditation survey for deemed status with the Medicare program. At the end of 2022, the facility performed procedures on 441 patients for a total of 345 hours of utilized time in the 2 operating rooms. To date, the facility has served 512 patients and annualized they are trending to treat 684 patients this year.

The objective for any facility is to better utilize its available capacity and maintain a utilization of at least 80% of the target utilization standard or at least 1500 hours per operating room on an annual basis. The addition of General Surgery and Podiatry procedures at North Suburban Pain and Spine Center will result in increased utilization of the facility. As pledged in the attached letter by Drs. Hook, Gelbmann and Summers, they anticipate referring 252 patients to be treated at North Suburban Pain and Spine Center upon approval of this CON application by the Board. Adding these categories of service would also allow the facility to offer other physicians block time at the facility to provide similar services to their patients. With an open staff model, it is anticipated that additional physicians will seek credentialing with the facility to perform Podiatry and General Surgery procedures.

In 2021, the state average for completing a Podiatry procedure was 1.88 hours or roughly 113 minutes per procedure and the state average for completing a General Surgery was 1.40 hours or roughly 84 minutes (including room prep, procedure time, and room clean-up). The proposed 252 patient referrals would account for another 434 hours of utilized surgical time and increase the utilization of this existing facility. Based on the historical patients from 2022 and the proposed referrals, it is projected that the facility could treat 934 patients in year one and with a modest increase of 3% a total of 962 could be treated in year 2.

UTILIZATION					
	DEPT / SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	441	934	>1,500 Hours	NO
YEAR 2	ASTC	441	962	>1,500 Hours	NO

Physician Name	Proposed Referrals	State Average Procedure Time (In minutes)	Proposed Surgery Time (in hours)
Jonathon Hook, M.D.	85	113	160
David Gelbmann, M.D.	82	113	154
Barry Summers, M.D.	85	84	119
Total	252	310	434

ATTACHMENT 25

Project Service Utilization

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY- CALENDAR YEAR 2021

STATE TOTALS	Number of Ambulatory Surgical Treatment Centers		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
			PAYMENT SOURCE	MALE	FEMALE	TOTAL Pct
	Number of Operating Rooms	403	Medicaid	7,547	12,389	19,936 4.0%
	Number of Procedure Rooms	159	Medicare	78,198	102,318	180,516 36.4%
	Number of Recovery Stations Stage 1	793	Other Public	6,363	4,501	10,864 2.2%
	Number of Recovery Stations Stage 2	845	Insurance	122,305	143,536	265,841 53.6%
	Number of Exam Rooms	162	Private Pay	5,631	12,123	17,754 3.6%
	Type of Ownership		Charity Care	620	838	1,458 0.3%
	For Profit	135				
	Not For Profit	7				
	Government	5				

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense
22.0%	1.9%	3.0%	66.3%	6.8%	100.0%	Expense	as % of Total Net Revenue
247,014,655	21,397,418	33,583,378	745,580,132	76,988,258	1,124,563,841	1,730,877	0.15%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

STAFFING PATTERNS					
Surgery Area	Total Surgeries Performed	Surgery Time (Hours)	Prep and Clean-Up (Hours)	Total Surgery (Hours)	Average Time (Hours)
Cardiovascular	225	158.25	115.55	273.80	1.22
Dermatology	1,083	1,247.80	682.20	1,930.00	1.82
Gastroenterology	15,827	18,597.89	5,343.26	23,941.15	1.51
General Surgery	18,539	16,017.97	9,945.69	25,963.66	1.40
Laser Eye Surgery	3,129	802.27	294.26	1,096.53	0.35
Neurological	1,510	1,483.03	1,116.13	2,599.16	1.72
OB/Gynecology	11,650	7,452.20	5,646.79	13,098.99	1.12
Ophthalmology	89,642	40,990.54	25,960.32	66,950.86	0.75
Oral/Maxillofacial	3,521	3,286.45	1,576.76	4,863.21	1.38
Orthopedic	77,381	105,381.97	42,455.21	147,837.18	1.91
Otolaryngology	13,826	14,358.00	5,369.37	19,727.37	1.43
Pain Management	36,668	9,311.89	13,119.45	22,431.34	0.61
Plastic Surgery	10,378	43,242.87	10,570.21	53,813.08	5.19
Podiatry	9,978	13,741.78	5,061.60	18,803.38	1.88
Thoracic	24	21.00	8.00	29.00	1.21
Urology	14,047	11,358.72	5,770.45	17,129.17	1.22
TOTAL	307,408	287,452.63	133,035.25	420,487.88	1.37

STAFFING PATTERNS			
PERSONNEL	FULL-TIME EQUIVALENTS		
Administrator	129.30		
Physicians	166.75		
Nurse Anesthetists	68.53		
Director of Nurses	111.10		
Registered Nurses	1,512.46		
Certified Aides	140.72		
Other Health Profs.	744.47		
Other Non-Health Profs.	581.20		
TOTAL	3,454.53		

NUMBER OF PATIENTS BY AGE GROUP			
AGE	MALE	FEMALE	TOTAL
0-14	6,600	4,654	11,254
15-44	34,388	52,440	86,828
45-64	85,324	101,344	186,668
65-74	60,587	73,982	134,569
75+	36,287	46,230	82,517
TOTAL	223,186	278,650	501,836

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

Surgery Area	Procedure Rooms	Total Surgeries	Surgery Time (Hours)	Prep/Clean-Up Time (Hours)	Total Surgery Time (Hours)	Average Case Time (Hours)
Angiogram AV Fistula		76	38.00	44.00	82.00	1.08
Angioplasty AV Fistu		183	137.00	153.00	290.00	1.58
Cataract Extraction		3,316	718.45	553.00	1,271.45	0.38
Cornea Surgery		33	16.50	4.00	20.50	0.62
Dermatology (local a		537	268.50	268.50	537.00	1.00
Electrophysiology		553	502.00	296.00	798.00	1.44
ESRD Catheter, Fistu		612	306.00	306.00	612.00	1.00
Gastro-Intestinal	91	144,561	54,909.75	27,409.30	82,319.05	0.57
General Procedure Ro		1,291	437.50	767.50	1,205.00	0.93
GI Room		327	156.80	109.00	265.80	0.81
Glaucoma Surgery		32	21.00	4.50	25.50	0.80
induced abortion		4,164	347.00	694.00	1,041.00	0.25
Interventional nephr		1,057	1,057.00	524.00	1,581.00	1.50
IVF PROCEDURES		1,146	292.25	382.00	674.25	0.59
Ketamine infusion th		13	38.25	3.25	41.50	3.19
Laser Eye	12	7,232	1,208.85	855.63	2,064.48	0.29
Mohs Surgery		1,588	794.00	794.00	1,588.00	1.00
Multi-Laser Eye		324	108.00	81.00	189.00	0.58
Multi-Pain		68	22.75	17.00	39.75	0.58
Ophthalmology		6,053	2,333.00	1,210.50	3,543.50	0.59
Pain Management	10	20,335	3,983.56	3,793.73	7,777.29	0.38
Pediatric IVIG infus		189	804.00	47.25	851.25	4.50
Permacatheter proced		83	83.00	63.00	146.00	1.76
Plastic Surgery		110	73.50	11.00	84.50	0.77
Plastic Suroerv (loc		1,781	890.50	890.50	1,781.00	1.00

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Service Accessibility- 1110.235(c)(6)

The proposed service being added is necessary to improve access for the residents and patients served within the geographic service area. There are existing IDPH licensed facilities within the identified geographic service area, and some of those facilities have not met the state's standard for target utilization.

There are four ASTCs that offer both Podiatry and General Surgery procedures at their facility. One of those is Northwest Surgicare which was recently the subject of a change of ownership and was acquired by a ophthalmology group with an intention to focus solely on those types of procedures. Another ASTC, Golf Surgical Center does not offer significant block time to general surgeon and podiatrists to utilize the facility, which led the physicians supporting this project to seek out North Suburban Pain and Spine. Northwest Community Day Surgery, which also offers both categories only recently added General Surgery and described in their application that the reason was to relieve Northwest Community Hospital whose operating rooms were over utilized. This facility is dedicated to serving the patients from that hospital and not the patient base served by North Suburban Pain and Spine Center. The only other ASTC that offers both these services is Associated Surgical Center and that facility is operating at full utilization according to the 2022 ASTC annual questionnaire submitted to the Board. Thus, a limitation on service accessibility exists among the ASTCs in the geographic service area.

The remaining facilities where these procedures can be performed are hospitals. However, hospitals are not the best site to perform pain management procedures as the procedures can be completed safely and for lower costs as an outpatient procedure in an ASTC. The proposed referrals included in this application would also come from hospitals within the geographic service area.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Unnecessary Duplication/Maldistribution, Impact on Area
Providers 1110.235(c)(7)(a)-(c)

The proposed project seeks to add categories of service that would allow patients to receive services in the geographic service area and the proposed project will not result in an unnecessary duplication, maldistribution, nor will it have a negative impact on area providers. Below is a list of licensed ASTCs and Hospitals within the geographic service area along with a list of approved categories of service at each facility. There are 1,272,337 individuals that reside in the existing geographic service area according to the most recent U.S. census figures.

As an existing multi-specialty ASTC focused on musculoskeletal injuries and providing services to the surrounding community patient base, the impact upon any area facility at which procedures have been previously performed should be minimal. As mentioned in the attachment addressing Service Accessibility, there are only four other ASTCs in the geographic service area that offer these same services, and each of them have a different limitation on access.

The Applicant believes that when evaluating whether these services are in fact necessary in the community, a comprehensive assessment of the existing facilities and issues faced by providers on the ground must be reviewed. This application was designed to have the least possible impact on existing hospitals and licensed ASTCs in the geographic service area. While area hospitals certainly reflect a degree of surgical capacity, it has been proven by multiple studies, articles, and actions of the Centers of Medicare and Medicaid Services (CMS) that outpatient procedures in an ASTC setting are less costly when medically appropriate. There are huge cost incentives, and ASTCs offer more patients better access to care at a lower cost. That is why the Applicant believes any impact on area facilities will be minimal.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Unnecessary Duplication/Maldistribution, Impact on Area
Providers 1110.235(c)(7)(a)-(c)

ASTC Facility Name	Distance from Proposed Project	Categories of Services
Des Plaines Endoscopy Center 150 N. River Rd., Suite 215 Des Plaines, IL 60016	1.5 miles	-Gastro-Intestinal
Golf Surgical Center 8901 Golf Rd. Des Plaines, IL 60016	1.0 miles	-Gastroenterology -General Surgery -Neurological -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
North Suburban Pain and Spine 9700 Golf Road Des Plaines, IL 60016	0 miles	-Neurological -Orthopedic -Pain Management
Northwest Community Foot and Ankle Center, LLC 1455 Golf Rd. Des Plaines, IL 60016	1.6 miles	-Orthopedic -Podiatry
Greater Chicago Center for Advanced Surgery 999 E. Touhy Ave., Suite 350 Des Plaines, IL 60018	6.1 miles	-Orthopedic -Podiatry
Uropartners Surgery Center, LLC 2750 S. River Road Des Plaines, IL 60018	5.0 miles	-Pain Management
The Glen Endoscopy Center 2551 Compass Road, Suite 115 Glenview, IL 60026	5.2 miles	-Gastro-Intestinal
Ravine Way Surgery Center 2350 Ravine Way, Suite 500 Glenview, IL 60025	6.5 miles	-Orthopedic -Pain Management -Podiatry
Retina Surgery Center, LLC 8780 W. Golf Road, #102 Niles, IL 60714	1.6 miles	-Ophthalmology
Northwest Community Day Surgery Center 675 West Kirchoff Rd. Arlington Heights, IL 60005	7.0 miles	-Cardiovascular -Gastroenterology -General Surgery -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Unnecessary Duplication/Maldistribution, Impact on Area
Providers 1110.235(c)(7)(a)-(c)

Northwest Endo Center LLC 1415 S. Arlington Heights Rd. Arlington Heights, IL 60005	6.8 miles	-Gastro-Intestinal
Northwest Surgicare 1100 W. Central Rd. Arlington Heights, IL 60005	7.1 miles	-General Surgery -Laser Eye Surgery -Neurological -Ophthalmology -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry
Illinois Sports Medicine & Orthopedic Center 9000 Waukegan Rd., Suite 120 Morton Grove, IL 60053	4.2 miles	-Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry
Lurie Children's Surgery Center in Northbrook 1121 Techny Rd. Northbrook, IL 60062	7.2 miles	-Dermatology -Gastroenterology -General Surgery -Neurological -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Plastic Surgery -Urology
Associated Surgical Center 129 W. Rand Rd. Arlington Heights, IL 60004	8.6 miles	-Gastroenterology -General Surgery -OB/Gynecology -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Staffing- 1110.235(c)(8)

The facility's Medical Director is Darrel Saldanha, M.D., who is double board certified in both anesthesiology and pain medicine. The Applicant has not traditionally had any difficulties in staffing their existing facility nor do they anticipate difficulty in staffing the proposed ASTC. As needed, additional staff will be identified and employed, utilizing existing job search sites and professional placement services.

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery Staffing- 1110.235(c)(8)

Permanent Address
31 Forest Lane
South Barrington, IL 60010

Home Phone: 847-907-4060
Cell Phone: 847-212-8227
Email: saldanha85@gmail.com

Darrel J. Saldanha, M.D.

Personal

I am trained in Interventional, Acute and Chronic Pain Management. I completed a four year anesthesiology residency and served as Chief Resident during my final year at the University of Illinois at Chicago Hospital. I am also trained and experienced in ultrasound and landmark-guided peripheral nerve blocks, cancer pain, and implants such as spinal cord stimulation and intrathecal pump placement. My current practice involves treatment of acute and chronic pain syndromes using a variety of multimodal techniques.

Education

- | | |
|-----------|--|
| 2013-2014 | University of Illinois Hospital & Health Sciences System |
| • | Pain Medicine Fellow, 2013 - 2014 |
| 2009-2013 | University of Illinois Hospital & Health Sciences System |
| • | Anesthesiology Resident, Chief Resident 2012-2013 |
| 2005-2009 | University of Illinois at Chicago - College of Medicine |
| • | M.D. with Honors |
| 2002-2005 | University of Illinois at Chicago |
| • | B.A. with College Honors and High Distinction in Economics |
| • | Graduated Summa Cum Laude |
| • | GPA 3.98/4.00 |
| 1999-2002 | Illinois Mathematics & Science Academy |
| • | Nationally ranked high school |

Honors

- 2012 – 2013: Chief Resident — Department of Anesthesiology, University of Illinois Hospital and Health Sciences System
- 2011: Walter Kowalski Achievement Award given annually to the most outstanding new resident in anesthesiology
- 2011: 1st Place — Midwest Anesthesiology Research Conference, Airway Category
- 2002 – 2009: Guaranteed Professional Program Admissions — University of Illinois at Chicago Medical School 6 year combined BA/MD program
- 2002 – 2005: Honors College Scholarship Program — University of Illinois – Chicago
- 2002 – 2005: University of Illinois at Chicago Dean's List

Research

- 2010 – 2012: Department of Anesthesiology, University of Illinois Hospital and Health Sciences System
- D. Saldanha M.D., V. Krishnamoorthy, M.D. Created a

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery Staffing- 1110.235(c)(8)

classification system to categorize airways based on a pre-operative indirect mirror laryngoscopy exam. This system was used in a prospective study designed to predict a potentially difficult tracheal intubation.

2006 – 2007: Department of Hepatology, University of Illinois Medical Center

- Scott Cotler, M.D. Aided in data collection and blood draws of patients undergoing liver transplantation to study viral kinetics of Hepatitis C after transplant. Patients received treatment for with interferon and ribavirin for 12 weeks prior to transplantation.

2000-2004: Department of Physiology, Northwestern University – Feinberg School of Medicine

- John Disterhoft, Ph.D. Studied afferent and efferent connections of the caudal medial prefrontal cortex in rabbits. Successfully mapped a circuit mediating early acquisition of the trace eyeblink conditioning reflex.
- Craig Weiss, Ph.D. Studied effects of aging and hippocampal lesions in associative learning tasks such as Pavlovian eyeblink conditioning. Investigated drugs such as nimodipine that were shown to increase associative learning abilities in rats and rabbits.

Presentations/Papers

2013 Saldanha, Darrel, M.D. et al, The Case of The Migrated Lead, The North American Neuromodulation Society's 17th Annual Meeting 2013, Las Vegas, NV

2011: Saldanha, Darrel, M.D., Krishnamoorthy, Vijay, M.D. Pre-Operative Indirect Mirror Laryngoscopy Used as a Means of Predicting a Difficult Airway. Annual Meeting of the American Society of Anesthesiologists.

2011: Saldanha, Darrel, M.D., Krishnamoorthy, Vijay, M.D. Pre-Operative Indirect Mirror Laryngoscopy Used as a Means of Predicting a Difficult Airway. Midwest Anesthesiology Residents Conference. 1st place presentation in the airway category

2002: Disterhoft, John, Ph.D., Weiss, Craig, Ph.D., Saldanha, Darrel. Afferent and efferent connections of the caudal medial prefrontal cortex in rabbit: a proposed circuit mediating early acquisition of the trace eyeblink conditioned reflex. Illinois Mathematics and Science Academy Inquiry and Research Forum.

Volunteer Experience

2006-2011: Served as main organizer of free primary care clinic, annual health fair and toy drive in the medically underserved south side Chicago neighborhood of Roseland through sponsorship of a prominent local medical center.

2005-2009: Volunteered extensively in a variety of University of Illinois College of Medicine sponsored free clinics, such as the UIC Student Run Free Clinic.

Personal

Sixteen years of Spanish language education with fluency especially in medical Spanish
Hobbies include competitive swimming, baseball, and woodcrafting.
Trained for fourteen years as a classical concert and jazz pianist

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Staffing- 1110.235(c)(8)

Certifications

American Board of Anesthesiology certified in April 2014 for ten years
ACLS/BLS – 6/2012 - currently valid

Licenses

State of Illinois Permanent Physician License No. 038-130154
State of Illinois Controlled Substance License
Federal DEA license – Schedule 2, 2N, 3, 3N, 4, 5

Professional Affiliations

American Society of Anesthesiologists, 2009 – Current
American Society of Regional Anesthesia and Pain Medicine, 2009-Current
American Medical Association, 2005 – Current
Illinois State Medical Society, 2005 – Current
Chicago Medical Society, 2005 – Current

References

Available upon request

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

A list of the relevant CPT codes for Podiatry and General Surgery procedures and charges for the proposed ASTC is outlined below. In submitting this information, the Applicant verifies that it will not increase these charges for a minimum of 24 months.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

October 5, 2023

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

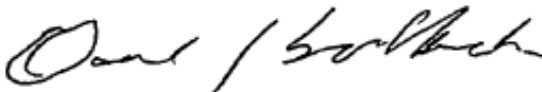
Re: North Suburban Pain and Spine Center, LLC – Charge Commitment

Dear Mr. Kniery:

As a representative of North Suburban Pain and Spine Center, I, Darrel Saldanha, M.D. commit that the charge schedule included in this certification of need application, which is a non-exhaustive list of the procedures typically performed within the new podiatric and general surgery surgical specialties, will not be increased, at a minimum, for the first two years after the addition of surgical specialties at the facility, unless a permit is first obtained pursuant to 77 Illinois Admin. Code Section 1130.31 0(a).

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

Sincerely,



Darrel Saldanha, M.D.
Manager
North Suburban Pain and Spine Center, LLC

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

CPT CODES	DESCRIPTION	COST
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$1,641.05
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$1,641.05
10080	Incision and drainage of pilonidal cyst; simple	\$1,641.05
10081	Incision and drainage of pilonidal cyst; complicated	\$12,718.60
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	\$17,221.70
10140	Incision and drainage of hematoma, seroma or fluid collection	\$12,718.60
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	\$1,244.95
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	\$1,244.95
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	\$1,244.95
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	\$1,244.95
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	\$1,244.95
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$1,244.95
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	\$4,666.00
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	\$4,666.00

11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	\$4,666.00
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	\$7,763.70
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	\$17,221.70
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	\$17,221.70
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	\$7,763.70
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	\$7,763.70
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	\$7,763.70
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$17,221.70
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	\$17,221.70
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$22,881.20
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	\$4,666.00
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0cm	\$4,666.00
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	\$7,763.70

11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	\$7,763.70
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0cm	\$7,763.70
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0cm	\$22,881.20
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	\$22,881.20
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	\$22,881.20
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	\$22,881.20
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perinea!, or umbilical; with simple or intermediate repair	\$22,881.20
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perinea!, or umbilical; with complex repair	\$22,881.20
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	\$4,666.00
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	\$4,666.00
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	\$4,666.00
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	\$7,763.70
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	\$7,763.70
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	\$17,221.70
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	\$7,763.70
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	\$4,666.00
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	\$7,763.70

11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$17,221.70
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	\$17,221.70
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$22,881.20
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	\$7,763.70
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	\$7,763.70
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	\$7,763.70
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	\$7,763.70
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	\$17,221.70
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	\$22,881.20
11770	Excision of pilonidal cyst or sinus; simple	\$22,881.20
11771	Excision of pilonidal cyst or sinus; extensive	\$22,881.20
11772	Excision of pilonidal cyst or sinus; complicated	\$22,881.20
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$1,692.60
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$1,692.60
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	\$1,692.60
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	\$1,692.60
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1cm to 30.0 cm	\$1,692.60
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and	\$1,692.60

	feet); over 30.0 cm	
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,692.60
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,692.60
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$1,692.60
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$1,692.60
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$1,692.60
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$1,692.60
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$1,692.60
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$1,692.60
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$1,692.60
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$5,997.55
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	\$4,666.00
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	\$24,437.35
15931	Excision, sacral pressure ulcer, with primary suture	\$22,881.20
15934	Excision, sacral pressure ulcer, with skin flap closure	\$24,437.35
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	\$24,437.35
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure	\$24,437.35
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	\$24,437.35
15940	Excision, ischial pressure ulcer, with primary suture	\$22,881.20
15950	Excision, trochanteric pressure ulcer, with primary suture	\$22,881.20

19020	Mastotomy with exploration or drainage of abscess, deep	\$19,965.40
19101	Biopsy of breast; open, incisional	\$21,984.10
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	\$21,984.10
19112	Excision of lactiferous duct fistula	\$21,984.10
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	\$21,984.10
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$21,984.10
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)	\$21,984.10
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	\$42,190.55
19303	Mastectomy, simple, complete	\$31,947.85
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	\$43,183.15
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	\$2,647.40
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	\$6,080.60
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	\$22,881.20
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	\$23,437.00
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	\$22,881.20
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	\$23,437.00
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	\$22,881.20
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$23,106.28
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	\$23,437.00
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg,	\$22,881.20

	intramuscular); less than 5cm	
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	\$20,380.00
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$12,161.20
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$20,380.00
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	\$17,221.70
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$19,550.00
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	\$17,221.70
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	\$17,221.70
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	\$19,550.00
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	\$17,221.70
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	\$19,550.00
27040	Biopsy, soft tissue of pelvis and hip area; superficial	\$7,763.70
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	\$22,881.20
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	\$20,380.00
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	\$22,881.20
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	\$19,550.00
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	\$17,221.70
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$19,550.00
38500	Biopsy or excision of lymph node(s); open, superficial	\$24,245.60
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$24,245.60
38740	Axillary lymphadenectomy; superficial	\$43,015.60

45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	\$14,526.45
46020	Placement of seton	\$25,392.90
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	\$25,392.90
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	\$25,392.90
46050	Incision and drainage, perianal abscess, superficial	\$5,789.45
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	\$25,392.90
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	\$25,392.90
46083	Incision of thrombosed hemorrhoid, external	\$2,439.45
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	\$5,789.45
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	\$14,526.45
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	\$14,526.45
46220	Excision of single external papilla or tag, anus	\$25,392.90
46320	Excision of thrombosed hemorrhoid, external	\$14,526.45
46250	Hemorrhoidectomy, external, 2 or more columns/groups	\$25,392.90
46255	Hemorrhoidectomy, internal and external, single column/group	\$25,392.90
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups	\$25,392.90
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	\$25,392.90
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	\$25,392.90
46288	Closure of anal fistula with rectal advancement flap	\$25,392.90
46706	Repair of anal fistula with fibrin glue	\$33,775.05
47562	Laparoscopy, surgical; cholecystectomy	\$49,659.60
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	\$49,659.60
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$6,280.35

49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$36,631.75
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	\$36,631.75
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$33,318.05
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$33,318.05
49520	Repair recurrent inguinal hernia, any age; reducible	\$33,318.05
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$33,318.05
49540	Repair lumbar hernia	\$33,318.05
49550	Repair initial femoral hernia, any age; reducible	\$33,318.05
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	\$33,318.05
49555	Repair recurrent femoral hernia; reducible	\$33,318.05
49560	Laparoscopy, surgical; repair initial inguinal hernia	\$33,318.05
49561	Laparoscopy, surgical; repair initial inguinal hernia	\$33,318.05
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$33,318.05
28285	Hammertoe surgery	\$23,292.50
28080	Neuroma surgery	\$23,292.50
25260	Tendon surgery	\$28,655.85
27702	Total ankle replacement	\$38,550.00
29897	Ankle arthroscopy	\$32,641.00
28300	Flat foot reconstruction	\$46,588.75
27698	Instability reconstruction of the foot and ankle	\$28,655.85
28119	Heel spur surgery	\$23,292.50
28470	Metatarsal surgery	\$1,922.35
28298	Bunion surgery	\$32,196.85

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery
Assurances- 1110.235(c)(10)

October 5, 2023

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

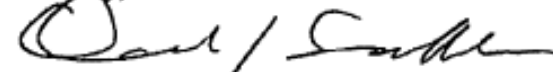
Re: North Suburban Pain and Spine Center, LLC – Assurances and Peer Review Program

Dear Mr. Kniery:

As a representative of North Suburban Pain and Spine Center, I, Darrel Saldanha, M.D., attest that 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. Furthermore, it is the Applicant's full anticipation that, by the end of the second year following the project completion that the proposed facility will operate at or in excess of the utilization standards identified in 77 Illinois Admin. Code Section 1125.210(c).

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

Sincerely,



Darrel Saldanha, M.D.
Manager
North Suburban Pain and Spine Center, LLC

ATTACHMENT 34

Availability of Funds

NOT APPLICABLE - The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 35

Financial Waiver

NOT APPLICABLE - The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 36

Financial Viability

NOT APPLICABLE - The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 37

Economic Feasibility

NOT APPLICABLE - The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 38

Safety Net Impact Statement

The project is not expected to have a material negative impact on the essential safety net services in the community. The facility serves a diverse patient base, that is diverse in racial make-up and economic status. Given that this facility is an existing facility and additional categories being sought are to compliment services already offered, the Applicant believes that the proposed project should not have any impact on the provider's ability to cross-subsidize safety net services.

Below is a breakdown by patient payor mix. It is important to note that the facility only obtained their Medicare Certification on January 9, 2023, which is why there is no historical Medicare and Medicaid data. The facility is currently contracted with United Healthcare, Aetna, and Cigna, including the Medicaid Managed care product from Aetna. The facility is in discussions to contracting with BCBS (including their Medicaid Managed Care product) and Countycare.

Patient Base Payor Mix in 2022

Payor Name	% of Patients Treated at Facility
Private Insurance	91%
Worker's Compensation	1%
Other Payors	8%

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
Charity (cost in dollars)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
MEDICAID			
Medicaid (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
Medicaid (revenue)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-

ATTACHMENT 39
Charity Care Information
North Suburban Pain and Spine Center

CHARITY CARE			
	2020	2021	2022
Net Patient Revenue	-	-	\$2,729,246
Amount of Charity Care (charges)	-	-	-
Cost of Charity Care	-	-	-

ATTACHMENT 40
Flood Plain Information

October 5, 2023

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

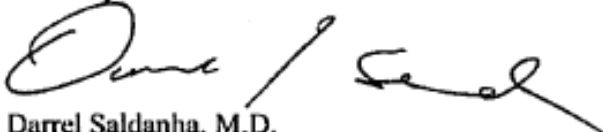
Re: North Suburban Pain and Spine Center, LLC - Flood Plain Requirements

Dear Mr. Kniery:

As a representative of North Suburban Pain and Spine Center, I, Darrel Saldanha, M.D., affirm that our facility North Suburban Pain and Spine Center complies with Illinois Executive Order #2005-5. The facility location is 9700 Golf Road, Des Plaines, Illinois 60016 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

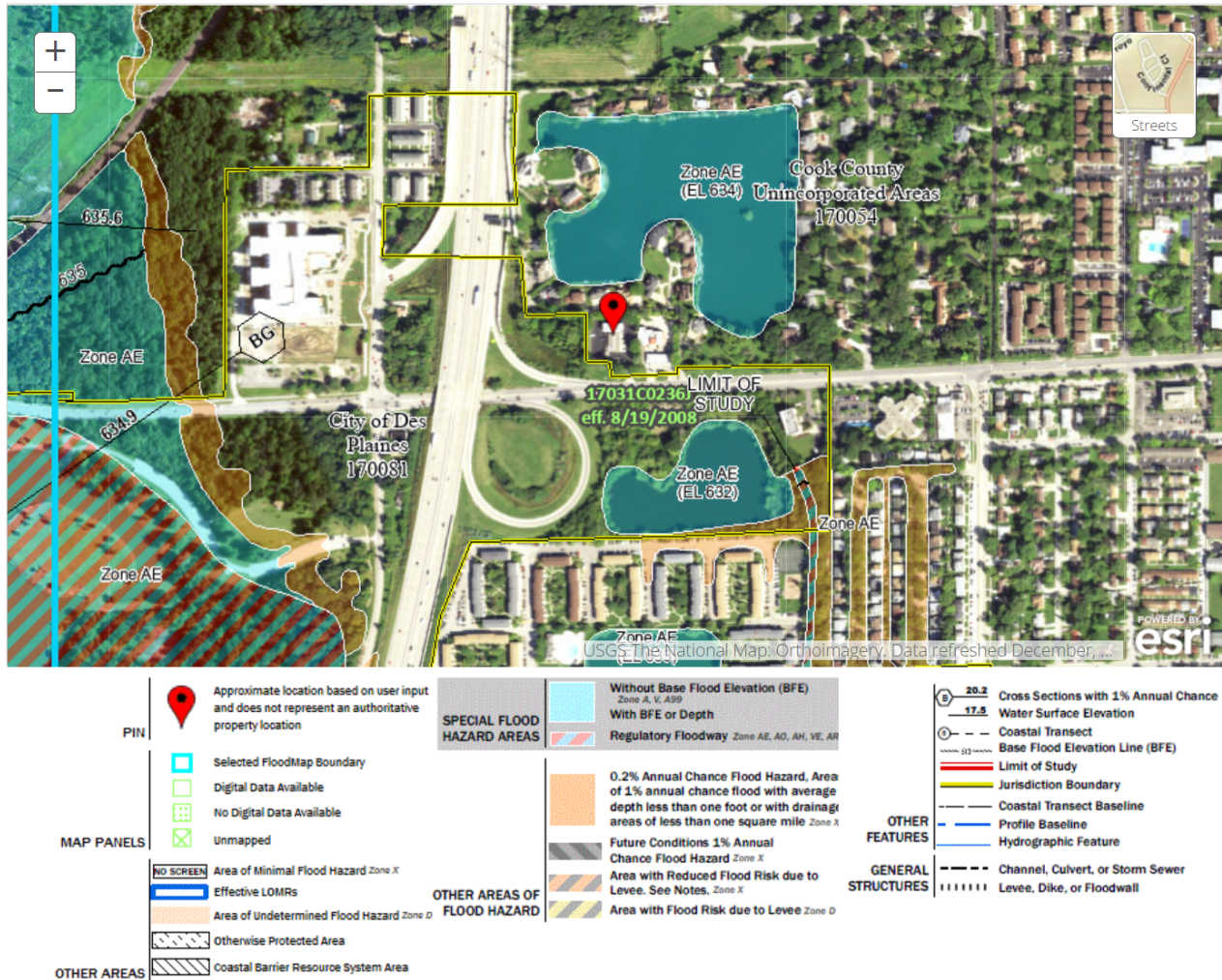
I hereby certify this true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Darrel Saldanha, M.D.
Manager
North Suburban Pain and Spine Center, LLC

ATTACHMENT 40 Flood Plain Information



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	Service Specific:		
19	Medical Surgical Pediatrics, Obstetrics, ICU		n/a
20	Comprehensive Physical Rehabilitation		n/a
21	Acute Mental Illness		n/a
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23	Cardiac Catheterization		n/a
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