

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites		
Street Address: 2502 D East Empire Street		
City and Zip Code: Bloomington 61704		
County: McLean	Health Service Area: 4	Health Planning Area: D-02

Legislators

State Senator Name: Jason Barickman
State Representative Name: Dan Brady

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

Exact Legal Name: The Carle Foundation
Street Address: 611 West Park Street
City and Zip Code: Urbana 61801
Name of Registered Agent: James Leonard
Registered Agent Street Address: 611 West Park Street
Registered Agent City and Zip Code: Urbana 61801
Name of Chief Executive Officer: James Leonard
CEO Street Address: 611 West Park Street
CEO City and Zip Code: Urbana 61801
CEO Telephone Number: (217) 383-3311

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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: The Carle Foundation
Address: 611 W. Park Street Urbana, IL 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com

Additional Contact [Person who is also authorized to discuss the Application]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: Kfriedman@polsinelli.com

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.**Facility/Project Identification**

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Street Address: 2502 D East Empire Street		
City and Zip Code: Bloomington 61704		
County: McLean	Health Service Area: 4	Health Planning Area: D-02

Legislators

State Senator Name: Jason Barickman
State Representative Name: Dan Brady

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

Exact Legal Name: The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites
Street Address: 2502 B East Empire Street
City and Zip Code: Bloomington 61704
Name of Registered Agent: Sarah Gardner
Registered Agent Street Address: 2502 B East Empire Street
Registered Agent City and Zip Code: Bloomington 61704
Name of Chief Executive Officer: Jason M Seibly, D.O.
CEO Street Address: 2502 B East Empire
CEO City and Zip Code: Bloomington, IL 61704
CEO Telephone Number: (309) 662-6120

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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: The Carle Foundation
Address: 611 W. Park Street Urbana, IL 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

Additional Contact [Person who is also authorized to discuss the Application]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: Kfriedman@polsinelli.com
Fax Number:

Post Exemption Contact

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

Name: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: Carle Health
Address: 611 West Park Street, Urbana, IL 61801
Telephone Number: (217) 902-5521
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: GAHC4 Bloomington IL MOB, LLC
Address of Site Owner: 18191 Von Karman Avenue, Suite 300, Irvine, CA 92612
Street Address or Legal Description of the Site: 2502 D East Empire Street, Bloomington, IL 61704
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.

Current Operating Identity/Licensee

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

Exact Legal Name: The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites			
Address: 2502 D East Empire Street, Bloomington, IL 61704			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	Other

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites

Address: 2502 D East Empire Street, Bloomington, IL 61704

- | | | |
|---|--|--------------------------------|
| ☐ 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 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.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

Under the current corporate structure of The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites (the "Healthcare Facility"), The Carle Foundation, d/b/a Carle Health ("Carle Health") holds a controlling interest in (i) the Healthcare Facility and (ii) several other healthcare facilities, including Carle Eureka Hospital and Carle BroMenn Medical Center. Carle Eureka Hospital and Carle BroMenn Medical Center are each geographically proximate to the Healthcare Facility, in an area referred to as the Carle Health Central Region. In order to provide a governance structure for the oversight of regional matters and align resources between and among healthcare facilities in each region where Carle Health operates healthcare facilities, including in the Carle Health Central Region, Carle Health is organizing three new Illinois not-for-profit corporations, including Carle Health Central Region. Carle Health Central Region will hold a controlling interest in the Healthcare Facility and the sole corporate member of Carle Health Central Region will be Carle Health. As such, the ultimate parent of the Healthcare Facility will not change and nor will the operating entity or the person with ultimate control of the Healthcare Facility.

Carle Health and The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites (the "Applicants") are filing this Certificate of Exemption application with the Illinois Health Facilities & Services Review Board ("Review Board") to allow consummation of the planned corporate restructuring. As the restructuring is being undertaken as an internal corporate reorganization with Carle Health maintaining its controlling interest in the Healthcare Facility, the restructuring constitutes a change of ownership among related persons under Review Board rules.

The restructuring is contingent upon approval from the Review Board and is anticipated to be completed on February 1, 2023 or shortly after HFSRB approval of this application for a Certificate of Exemption, whichever is later.

Note that this application is part of a series of Certificate of Exemption applications relating to the restructure. The broad corporate structure of the Carle Health organization before and following completion of the contemplated restructuring is included with this application as Attachment – 4. Note that the health care facilities which are planned to become part of the Carle Health system as described in COE application numbers E-054-22 through E-058-22 already are already under a regional corporate entity (Methodist Health Services Corporation) and therefore, no similar restructuring will be involved when those health care facilities become part of Carle Health.

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
 Purchase Price: n/a
 Fair Market Value: n/a

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes X No . If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

CON 20-048: Carle- Danville Medical Office Building- Will not be completed prior to restructure.

CON 20-047: Carle Danville Surgery Center- Will not be completed prior to restructure.

CON 21-001: Carle Danville Surgery Center- Will not be completed prior to restructure.

Anticipated exemption completion date (refer to Part 1130.570): February 1, 2023 or shortly after HFSRB approval

State Agency Submittals

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 being deemed incomplete.**

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

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 The Carle Foundation, an Illinois not-for-profit corporation.

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

James Leonard, M.D.
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9 day of January, 2023

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

L.J. Fallon, JD
PRINTED NAME

Executive Vice President and Chief Legal Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9 day of January, 2023

Signature of Notary

Seal

"OFFICIAL SEAL"
Erin E. Knight
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 11/30/2024

"OFFICIAL SEAL"
Erin E. Knight
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 11/30/2024

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites.

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

Jason Seibly, DO.
PRINTED NAME

Board Chair
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 11 day of January, 2023

Nancy J Kaufmann
Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

Aron Klein
PRINTED NAME

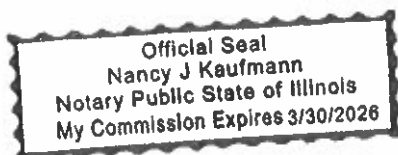
Treasurer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 11 day of January, 2023

Nancy J Kaufmann
Signature of Notary

Seal

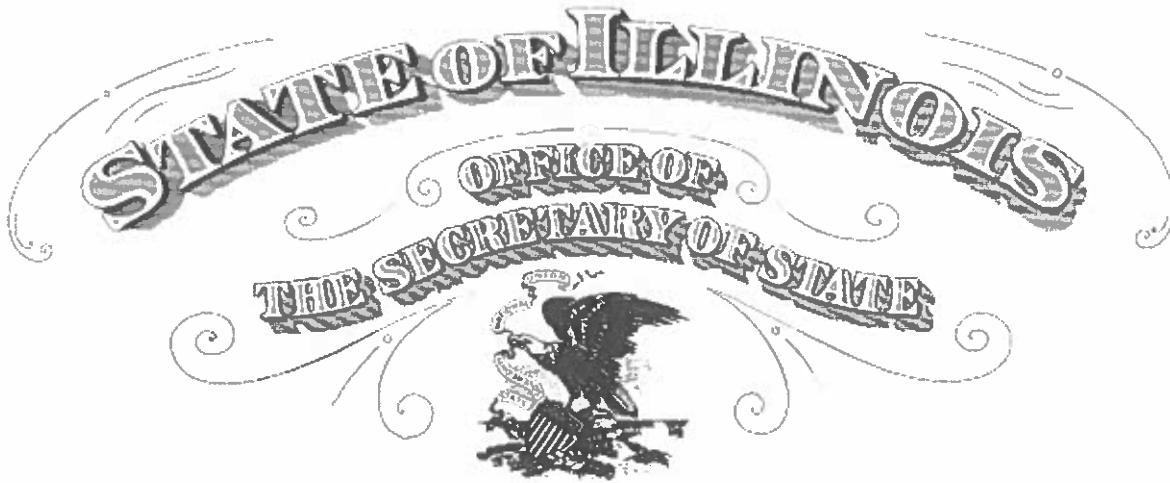


ATTACHMENT 1

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

1. The Carle Foundation;
2. The Center for Orthopedic Medicine, LLC.

File Number 2932-580-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2114800768 verifiable until 05/26/2022
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of MAY A.D. 2021 .

Jesse White

SECRETARY OF STATE

Attachment 1

File Number

0578023-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE CENTER FOR ORTHOPEDIC MEDICINE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 02, 2016, 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 #: 2234601898 verifiable until 12/12/2023
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 12TH
day of DECEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE

Attachment 1

ATTACHMENT 2

Site Ownership

By signing the certification pages within this application, the Applicants attest that GAHC4 Bloomington IL MOB, LLC owns the property at 2502 D East Empire Street Bloomington, IL 61704 and leases it to the Healthcare Facility.

ATTACHMENT 3

Operating Entity/Licensee

The Carle Foundation currently holds a controlling interest in The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites, which is the licensee and operator of the Healthcare Facility. Following completion of the contemplated restructuring, Carle Health Central Region will become a subsidiary of The Carle Foundation d/b/a Carle Health and will become the direct owner of such interests. After restructuring, The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites will continue to hold the license and operate the Healthcare Facility and Carle Health will continue to hold a controlling interest in the Healthcare Facility with final control of the Healthcare Facility.

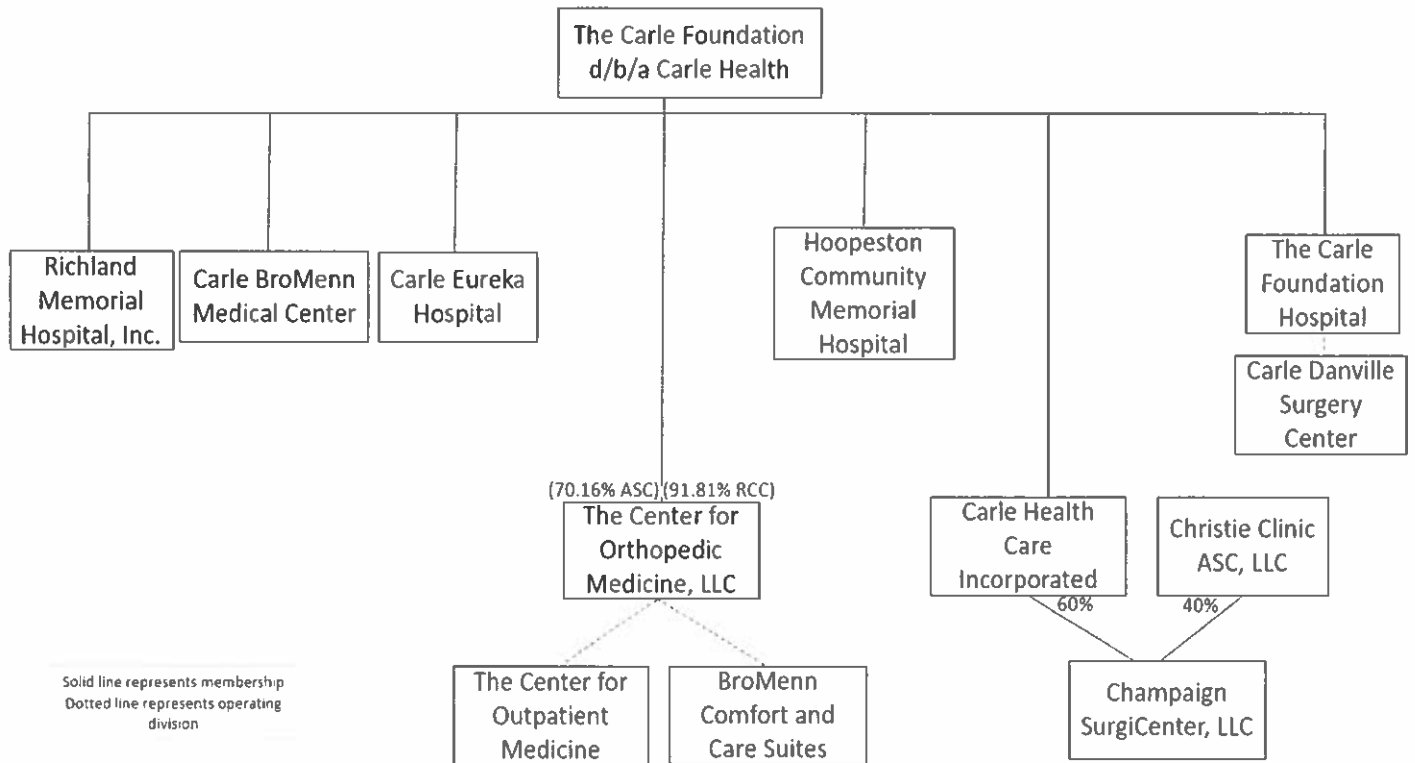
This Certificate of Exemption application is being filed because the inclusion of Carle Health Central Region as an intermediary direct owner of a controlling interest in the Healthcare Facility constitutes a change of ownership as defined in Section 1130.120 of the Review Board's rules.

Copies of the Healthcare Facility's license and accreditation are attached at Attachment- 5.

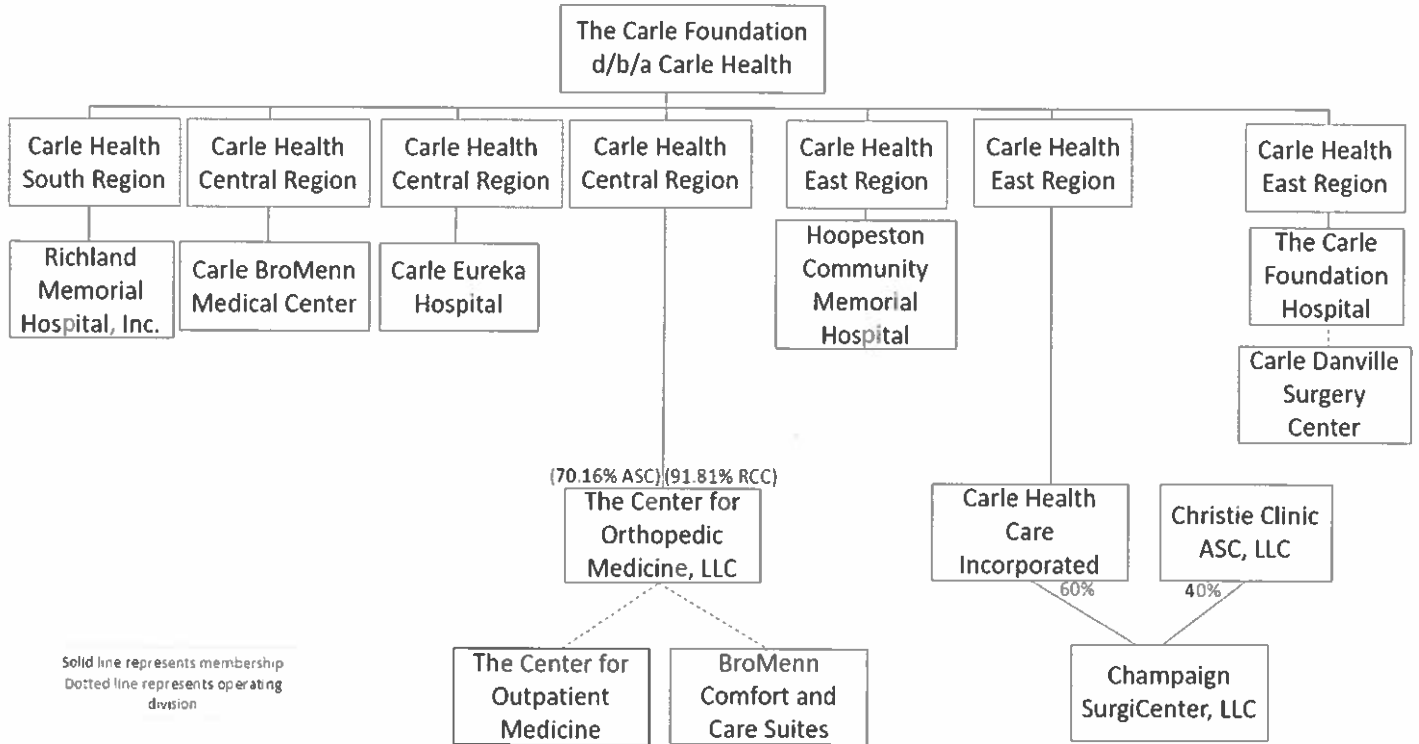
ATTACHMENT 4

Organizational Relationships

The pre-closing and post-closing organizational charts for the Healthcare Facility are attached hereto at Attachment- 4.

Pre-Closing Organizational Chart

Note: The five UnityPoint Health healthcare facilities that will become part of Carle Health will not be impacted by the restructuring, because they already have a regional entity (Methodist Health Services Corporation).

Post-Closing Organizational Chart

Note: The five UnityPoint Health healthcare facilities that will become part of Carle Health will not be impacted by the restructuring, because they already have a regional entity (Methodist Health Services Corporation).

SECTION II. BACKGROUND.**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. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

ATTACHMENT 5**Background of Applicants****1. A listing of all healthcare facilities owned or operated by Carle Health, including licensing, and certification.**

The following is a list of all Illinois healthcare facilities (as that term is defined in the Act) owned by Carle Health:

- The Carle Foundation Hospital
 - License Number: 003798
 - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Richland Memorial Hospital, d/b/a Carle Richland Memorial Hospital
 - License Number: 004788
 - Accreditation Identification Number: HFAP ID: 175621
- Hoopeston Community Memorial Hospital, d/b/a Carle Hoopeston Regional Health Center
 - License Number: 004200
 - Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO
- Carle BroMenn Medical Center
 - License Number: 0005645
 - Accreditation Identification Number: 189504-2018-AHC-USA-NIAHO
- Carle Eureka Hospital
 - License Number: 0005652
 - Accreditation Identification Number: 189647-2018-AHC-USA-NIAHO
- Champaign SurgiCenter, LLC
 - License Number: 7002959
 - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Carle Danville Surgery Center
 - License Number: 7002439
 - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- The Center for Orthopedic Medicine, LLC d/b/a Center for Outpatient Medicine, LLC
 - License Number: 7002116
 - Accreditation Identification Number: AAAHC #109077
- The Center for Orthopedic Medicine, LLC d/b/a BroMenn Care and Comfort Suites

- License Number: 4000025
- Accreditation Identification Number: AAAHC #109077

2. A listing of all health care facilities owned (at least 5%) and/or operated in Illinois by Carle Health.

Except as provided above, Carle Health does not have a five percent (5%) or greater ownership interest in any other Illinois healthcare facilities.

3. Attestation.

Carle Health attests that in the last three years prior to filing of this COE application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by Carle Health and subject to HFSRB jurisdiction.

4. Authorization.

HFSRB and IDPH are hereby authorized by Carle Health to access any documents necessary to verify the information submitted with this application relating to Carle Health, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

Illinois Department of PUBLIC HEALTH HF 126532

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 12/31/2023	CATEGORY	LIC. NUMBER 0003798
--------------------------------------	----------	-------------------------------

General Hospital

Effective: 01/01/2023

The Carle Foundation Hospital
611 West Park Street
Urbana, IL 61801

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2023
 Lic Number 0003798

Date Printed 10/14/2022

The Carle Foundation Hospital
 611 West Park Street
 Urbana, IL 61801

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH HF 125298

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Amaal V.E. Tokars
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE 6/30/2023	CATEGORY	LIC. NUMBER 0004200
-------------------------------------	----------	-------------------------------

Critical Access Hospital

Effective: 07/01/2022

Hoopeston Community Memorial Hospital
dba Carle Hoopeston Regional Health Center
701 E Orange St

Hoopeston, IL 60942

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2023
 Lic Number 0004200

Date Printed 4/6/2022

Hoopeston Community Memorial Hosp
 dba Carle Hoopeston Regional Health
 701 E Orange St
 Hoopeston, IL 60942

Attachment 5

FEE RECEIPT NO.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

Illinois Department of PUBLIC HEALTH HF 124733

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
1/31/2023		0004788

General Hospital

Effective: 02/01/2022

Richland Memorial Hospital Inc
dba Carle Richland Memorial Hospital
800 East Locust Street
Olney, IL 62450

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 8/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2023
Lic Number 0004788

Date Printed 1/27/2022

Richland Memorial Hospital Inc
dba Carle Richland Memorial Hospital
800 East Locust Street
Olney, IL 62450

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH HF 125541

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Amaal V.E. Tokars
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
6/30/2023		0006189

General Hospital

Effective: 07/01/2022

Carle BroMenn Medical Center
1304 Franklin Avenue
Normal, IL 61761

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 8/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2023
Lic Number 0006189

Date Printed 5/10/2022

Carle BroMenn Medical Center
1304 Franklin Avenue
Normal, IL 61761

Attachment 5

FEE RECEIPT NO.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

 **Illinois Department of PUBLIC HEALTH** HF 125300

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Amaal V.E. Tokars
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
6/30/2023		0006171

Critical Access Hospital

Effective: 07/01/2022

Carle Eureka Hospital
 101 South Major Street
 Eureka, IL 61530

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

 **Illinois Department of PUBLIC HEALTH** HF 124690

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
01/31/2023		7002959

Ambulatory Surgery Treatment Center

Effective: 02/01/2022

Champaign Surgicenter, LLC
 dba Champaign Surgery Center at the Fields
 3103 Fields South Dr
 Champaign, IL 61822

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

Attachment 5

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

 Illinois Department of PUBLIC HEALTH		HF 125778
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.		
Amaal V.E. Tokars Acting Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE 7/31/2023	CATEGORY	LIC NUMBER 7002439
Ambulatory Surgery Treatment Center Effective: 08/01/2022		
Carle Surgicenter 2300 N Vermilion Danville, IL 61832		
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-433-001 10M 9/13		

 Illinois Department of PUBLIC HEALTH		HF 125867
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.		
Amaal V.E. Tokars Acting Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE 8/6/2023	CATEGORY	LIC NUMBER 7002116
Ambulatory Surgery Treatment Center Effective: 08/07/2022		
The Center for Orthopedic Medicine, LLC 2502 East Empire St Ste B Bloomington, IL 61704		
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-433-001 10M 9/13		

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date: 8/6/2023
Lic Number: 7002116

Date Printed: 7/17/2022

The Center for Orthopedic Medicine, L
2502 East Empire St Ste B
Bloomington, IL 61704-3739

Attachment 5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

 Illinois Department of PUBLIC HEALTH		HF 125926
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes, rules and regulations and is hereby authorized to engage in the activity as indicated herein.		
Amaal V.E. Tokars Acting Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE 8/14/2023	CERTIFICATE	NUMBER 4000025
Postsurgical Recovery Care Center		
Licensed Beds: 3		
Bromenn Care and Comfort Suites 2502 B East Empire St Bloomington, IL 61704		
The form of this license has a solid background. Printed by Authority of the State of Illinois • PCH 119-4914-001 • 08/09/13		

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 8/14/2023

Lic Number 4000025

Date Printed 7/5/2022

Bromenn Care and Comfort Suites

2502 B East Empire
Bloomington IL 61704

FEE RECEIPT NO

Attachment 5



HEALTHCARE CERTIFICATE

Certificate no.:
100004E7101-MSC-CMS-USAInitial certification date:
29 June, 2012Valid:
29 June, 2021 – 29 June, 2024

This is to certify that the management system of

Carle Foundation Hospital

611 W. Park St., Urbana, IL, 61801, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Place and date:
Milford, OH, 02 June, 2021For the issuing office:
DNV Healthcare USA Inc.
400 Techne Center Drive, Suite 100,
Milford, OH, 45150, USA**Patrick Horine**
Management Representative

Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc., 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-941-8343; www.dnvhealthcare.com

Attachment 5



HEALTHCARE CERTIFICATE

Certificate no.:
10000490309 MISC-CMS-USA

Initial certification date:
19 December, 2012

Valid:
19 December, 2021 – 19 December, 2024

This is to certify that the management system of

Carle Hoopeston Regional Health Center

701 E. Orange, Hoopeston, IL, 60942, USA

has been found to comply with the requirements of the:

NIAHO® Critical Access Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Specialized Providers – Critical Access Hospitals (42 C.F.R. §485 Subpart F).

Place and date:
Milford, OH, 30 August, 2021



For the issuing office:
DNV Healthcare USA Inc.
400 Techno Center Drive, Suite 100,
Milford, OH, 45150, USA

Patrick Morine
Management Representative



Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ADDRESS: DNV Healthcare USA Inc. 400 Techno Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-847-8343 - www.dnvhealthcare.com

Attachment 5



HEALTHCARE CERTIFICATE

Certificate no.:
10000419347 AISC CMS USA

Initial certification date:
22 March, 2022

Valid:
22 March, 2022 - 22 March, 2025

This is to certify that the management system of

Carle Richland Memorial Hospital

800 E. Locust Street, Olney, IL 62450, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Place and date:
Milford, OH, 25 March, 2022



For the issuing office:
DNV Healthcare USA Inc.
400 Techne Center Drive, Suite 100,
Milford, OH, 45150, USA

Patrick Morine
Management Representative



Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc. 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-947-5343 - www.dnv-healthcare.com

Attachment 5



HEALTHCARE CERTIFICATE

Certificate no.:
13000505920-MSC-CMG-USA

Initial certification date:
07 December, 2012

Valid:
07 December, 2021 – 07 December, 2024

This is to certify that the management system of

Carle BroMenn Medical Center

1304 Franklin Avenue, Normal, IL, 61761, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

done and dated:
Milford, OH, 09 November, 2021



For the issuing office:
DNV Healthcare USA Inc.
400 Techno Center Drive, Suite 100,
Milford, OH, 45150, USA

Attachment 5



Patrick Horine
Management Representative

lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.

CREDITED UNIT: DNV Healthcare USA Inc., 400 Techno Center Drive, Suite 100, Milford, OH 45150, USA - TEL: +1 513-947-9343. www.dnvhealthcare.com



HEALTHCARE CERTIFICATE

Certificate no.:
10000504781 MSC CMS USA

Initial certification date:
12 December, 2012

Valid:
12 December, 2021 - 12 December, 2024

This is to certify that the management system of

Carle Eureka Hospital

101 S. Major Street, Eureka, IL 61530, USA

has been found to comply with the requirements of the:

NIAHO® Critical Access Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Specialized Providers – Critical Access Hospitals (42 C.F.R. §485 Subpart F).

Place and date:
Milford, OH, 03 November, 2021



For the issuing office:
DNV Healthcare USA Inc.
400 Techni Center Drive, Suite 100,
Milford, OH, 45150, USA

Patrick Morine
Management Representative



Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc. 400 Techni Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-447-8343 - www.dnv.us/Healthcare.com

Attachment 5

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☒ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of	X

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

the proposed changes in ownership to the community	
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

ATTACHMENT 6**1130.520. Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility****Names of Parties, Post-Closing Licensee and Structure of the Transaction - (1130.520 (b)(1)(A), (b)(1)(B) and (b)(1)(C))**

Under the current corporate structure of The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites (the "Healthcare Facility"), The Carle Foundation, d/b/a Carle Health ("Carle Health") holds a controlling interest in (i) the Healthcare Facility and (ii) several other healthcare facilities, including Carle Eureka Hospital and Carle BroMenn Medical Center. Carle Eureka Hospital and Carle BroMenn Medical Center are each geographically proximate to the Healthcare Facility, in an area referred to as the Carle Health Central Region. In order to provide a governance structure for the oversight of regional matters and align resources between and among healthcare facilities in each region where Carle Health operates healthcare facilities, including in the Carle Health Central Region, Carle Health is organizing three new Illinois not-for-profit corporations, including Carle Health Central Region. Carle Health Central Region will hold a controlling interest in the Healthcare Facility and the sole corporate member of Carle Health Central Region will be Carle Health. As such, the ultimate parent of the Healthcare Facility will not change and nor will the operating entity or the position of Carle Health as the entity with ultimate control of the Healthcare Facility.

Carle Health and The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites (the "Applicants") are filing this Certificate of Exemption application with the Illinois Health Facilities & Services Review Board ("Review Board") to allow consummation of the planned corporate restructuring. As the restructuring is being undertaken as an internal corporate reorganization with Carle Health maintaining its controlling interest in the Healthcare Facility, the restructuring constitutes a change of ownership among related persons under Review Board rules.

The restructuring is contingent upon approval from the Review Board and is anticipated to be completed on February 1, 2023 or shortly after HFSRB approval of this application for a Certificate of Exemption, whichever is later.

Note that this application is part of a series of Certificate of Exemption applications relating to the restructure. The broad corporate structure of the Carle Health organization before and following completion of the contemplated restructuring is included with this application as Attachment – 4. Note that the health care facilities which are planned to become part of the Carle Health system as described in COE application numbers E-054-22 through E-058-22 already are already under a regional corporate entity (Methodist Health Services Corporation) and therefore, no similar restructuring will be involved when those health care facilities become part of Carle Health.

List of Membership Interests -1130.520(b)(1)(E)

The Carle Foundation, d/b/a Carle Health (“Carle Health”) holds a controlling interest in The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites, which is the licensee and operator of the Healthcare Facility. Following the completion of the contemplated restructuring, Carle Health Central Region will become a subsidiary of The Carle Foundation and will become the direct owner of such interests. The Center for Orthopedic Medicine, LLC d/b/a BroMenn Comfort and Care Suites will continue to hold the license and operate the Healthcare Facility.

Copies of the Healthcare Facility’s license and accreditation are attached at Attachment- 5.

Fair Market Value of Assets -1130.520(b)(1)(F)

The fair market value of the Healthcare Facility is \$2,778¹.

Purchase Price -1130.520(b)(1)(G)

N/A. This is a change of ownership among related parties.

Affirmation regarding Outstanding CON Permits -1130.520(b)(2)

Carle holds the following Certificate of Need permits:

- CON 20-048: Carle- Danville Medical Office Building
- CON 20-047: Carle Danville Surgery Center
- CON 21-001: Carle Danville Surgery Center

With the signatures in the certification section of this Certificate of Exemption application, the Applicants affirm that the above-identified projects will be completed in accordance with all applicable provisions of Section 1130 of the Review Board’s rules.

Potential Benefits and Cost Savings -1130.520(b)(4) and (b)(5)

Carle Health believes the planned restructuring will enhance stewardship of local resources by allowing for and coordinating regional input.

Quality Improvement Program to be Utilized– 1130.520(b)(7)

Carle Health has a longstanding commitment to a culture of quality, safety, service and evidence-based practices. By aspiring to consistently engage in process improvement and improve consistency to meet the highest standards for quality and patient satisfaction, Carle will continue to advance its commitment to delivering care that is of the highest quality, and eliminates preventable harm.

¹ The fair market value figure noted above is a good faith estimate of the value based on the 10/31/22 fixed asset ledger. It represents the approximate net book value of the Healthcare Facility assets as of 10/31/22. There will be no consideration exchanged in connection with the internal restructuring

Governing Body Composition/Selection Process -1130.520(b)(7)

- The Carle Health Board and processes for appointing new members will generally remain unchanged, though in connection with the integration of the three UnityPoint hospitals, some board members from Methodist Health Services Corporation will become board members of Carle Health after the transactions associated with the pending UnityPoint Health transaction is consummated. As a general matter, members of the Carle Health Board are appointed from a broad pool.
- The composition of the new regional boards will vary by region but will generally consist of a combination of community members, physicians and two ex officio members (the president of the largest Carle Health hospital in the region and the CEO of the regional corporation). Members will be generally appointed from a pool of individuals in the respective regions with some overlap between the regional boards and the hospital boards. No Carle Health Board members are expected to be on the regional boards being created as described in this application.
- The Healthcare Facility board, its process for appointing new members, and the scope of its authority will generally remain unchanged.

Scope of Services – 1130.520(b)(9)

There will be no changes in the Categories of Service(s) provided by the Healthcare Facility within 24 months following the consummation of the planned restructuring unless it applies for and obtains approval from the HFSRB to make any adjustments necessary to best address the healthcare needs of the communities served by the Healthcare Facility.

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 7.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ATTACHMENT 7

Charity Care Information- The Center for Orthopedic Medicine, LLC

	2019	2020	2021
Net Patient Revenue	\$12,291,605	\$8,398,272	\$8,721,306
Amount of Charity Care (charges)	\$81,801	\$15,819	\$27,432
Cost of Charity Care	\$4,522	\$1,514	\$2,259

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		11-13
2	Site Ownership		14
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		15
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		16-18
5	Background of the Applicant		20-31
6	Change of Ownership		35-37
7	Charity Care Information		39