



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

**MEMORANDUM**

TO: Mike Constantino, Chief – Program Review Section  
Office of Policy, Planning and Statistics

FROM: Debra Savage, Chairman  
Illinois Health Facilities and Services Review Board

RE: Approval Application for Exemption/Change of Ownership

Exemption: #E-029-23 – NovaMed Surgery Center of Oak Lawn, LLC d/b/a Center for  
Reconstructive Surgery

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This is to advise you that I have reviewed the above-captioned application for exemption and have determined the following:

- X   The request is in compliance with the requirements in Part 1130 is approved.
- This request is to be reviewed by the Illinois Health Facilities and Services Review Board
- This request is DENIED effective \_\_\_\_\_ because it does **NOT** comply with the requirements specified in Part 1130.
- Other actions as follows:

\_\_\_\_\_  
Debra Savage, Chairman  
Illinois Health Facilities and Services  
Review Board

\_\_\_\_\_  
August 11, 2023