

JUN 28 2024

**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: Barrington Pain and Spine Institute |                        |                           |
| Street Address: 600 Hart Road, Suite 300           |                        |                           |
| City and Zip Code: Barrington, Illinois 60010      |                        |                           |
| County: Lake                                       | Health Service Area: 8 | Health Planning Area: N/A |

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

|                                                                      |
|----------------------------------------------------------------------|
| Exact Legal Name: DxTx Pain and Spine LLC                            |
| Street Address: 431 Summit Street, Suite 101                         |
| City and Zip Code: Elgin, Illinois 60120-3861                        |
| Name of Registered Agent: CT Corporation System                      |
| Registered Agent Street Address: 208 South LaSalle Street, Suite 814 |
| Registered Agent City and Zip Code: Chicago, Illinois 60604-1101     |
| Name of Chief Executive Officer: Owen Prunskis                       |
| CEO Street Address: 431 Summit Street, Suite 101                     |
| CEO City and Zip Code: Elgin, Illinois 60120-3861                    |
| CEO Telephone Number: 847-707-8899                                   |

**Type of Ownership of Applicants**

|                                                                                                                                                                                                                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Governmental        |
| <input checked="" type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                   |                                              |
| <ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li></ul> |                                              |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                             |                                              |

**Primary Contact** [Person to receive ALL correspondence or inquiries]

|                                                                                |
|--------------------------------------------------------------------------------|
| Name: Francine Norman                                                          |
| Title: Director of Operations                                                  |
| Company Name: DxTx Pain and Spine                                              |
| Address: 600 Hart Road, Suite 320, Barrington, Illinois 60010                  |
| Telephone Number: 847-852-2000                                                 |
| E-mail Address: <a href="mailto:frn@illinoispain.com">frn@illinoispain.com</a> |
| Fax Number:                                                                    |

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

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

**Facility/Project Identification**

|                                                    |                        |                           |
|----------------------------------------------------|------------------------|---------------------------|
| Facility Name: Barrington Pain and Spine Institute |                        |                           |
| Street Address: 600 Hart Road, Suite 300           |                        |                           |
| City and Zip Code: Barrington, Illinois 60010      |                        |                           |
| County: Lake                                       | Health Service Area: 8 | Health Planning Area: N/A |

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

|                                                               |
|---------------------------------------------------------------|
| Exact Legal Name: Barrington Pain and Spine Institute, L.L.C. |
| Street Address: 431 Summit Street                             |
| City and Zip Code: Elgin, Illinois 60120-3861                 |
| Name of Registered Agent: John V. Prunskis, M.D.              |
| Registered Agent Street Address: 431 Summit Street            |
| Registered Agent City and Zip Code: Elgin, Illinois 60120     |
| Name of Chief Executive Officer: John V. Prunskis, M.D.       |
| CEO Street Address: 431 Summit Street, Suite 101              |
| CEO City and Zip Code: Elgin, Illinois 60120-3861             |
| CEO Telephone Number:                                         |

**Type of Ownership of Applicants**

|                                                               |                                              |                                |
|---------------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation               | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental        |                                |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

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

**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]

|                                                                                |
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| Name: Francine Norman                                                          |
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| Company Name: DxTx Pain and Spine                                              |
| Address: 600 Hart Road, Suite 320, Barrington, Illinois 60010                  |
| Telephone Number: 847-852-2000                                                 |
| E-mail Address: <a href="mailto:frn@illinoispain.com">frn@illinoispain.com</a> |
| Fax Number:                                                                    |

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

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

**Post Permit Contact**

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

|                                                                                |
|--------------------------------------------------------------------------------|
| Name: Francine Norman                                                          |
| Title: Director of Operations                                                  |
| Company Name: DxTx Pain and Spine                                              |
| Address: 600 Hart Road, Suite 320, Barrington, Illinois 60010                  |
| Telephone Number: 847-852-2000                                                 |
| E-mail Address: <a href="mailto:frn@illinoispain.com">frn@illinoispain.com</a> |
| Fax Number:                                                                    |

**Site Ownership**

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: Hart Road, LLC                                                                                                                                                                                                                                                           |
| Address of Site Owner: 300 Park Boulevard, Itasca, Illinois 60143                                                                                                                                                                                                                                        |
| Street Address or Legal Description of the Site: 600 Hart Road, Suite 300, Barrington, Illinois 60010                                                                                                                                                                                                    |
| Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease. |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                    |

**Operating Identity/Licensee**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                          |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|---------------------|
| Exact Legal Name: Barrington Pain and Spine Institute, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                       |                           |                          |                     |
| Address: 600 Hart Road, Suite 300, Barrington, Illinois 60010                                                                                                                                                                                                                                                                                                                                                                                       |                           |                          |                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                            | Non-profit Corporation    | <input type="checkbox"/> | Partnership         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                            | For-profit Corporation    | <input type="checkbox"/> | Governmental        |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                 | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | <input type="checkbox"/> | Other               |
| <ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul> |                           |                          |                     |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                               |                           |                          |                     |

**Organizational Relationships**

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

**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](http://www.FEMA.gov) or [www.Illinoisfloodmaps.org](http://www.Illinoisfloodmaps.org). This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

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

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

Part 1110 Classification :

- ☐ Substantive
- ☒ Non-substantive

## 2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DxTx Pain and Spine LLC and Barrington Pain and Spine Institute, L.L.C. (the "Applicants") propose to credential an interventional radiologist at its existing ambulatory surgical treatment center located at 600 Hart Road, Suite 300, Barrington, Illinois 60010 (the "Surgery Center"). Interventional radiology plays an important role in managing chronic pain through several minimally invasive procedures described in more detail in this application. The Surgery Center currently has two operating rooms, one procedure room, eight Level 1 recovery stations, and four Level 2 recovery stations, which are housed in approximately 10,000 GSF of clinical space and 2,850 GSF of non-clinical space for a total of 12,850 GSF. ***Importantly, the change contemplated by this CON permit application will not add surgical capacity to the Surgery Center,*** and no construction or other alterations to the Surgery Center will be required to facilitate the addition of interventional radiology services. There are no costs associated with adding this specialty as the Surgery Center already possesses all the operative equipment needed for the interventional radiologist to perform his cases.

This CON permit application is non-substantive because it will not result in the establishment of a health care facility.

**Project Costs and Sources of Funds**

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

| <b>Project Costs and Sources of Funds</b>                                                                                                             |                 |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|--------------|
| <b>USE OF FUNDS</b>                                                                                                                                   | <b>CLINICAL</b> | <b>NONCLINICAL</b> | <b>TOTAL</b> |
| Preplanning Costs                                                                                                                                     |                 |                    |              |
| Site Survey and Soil Investigation                                                                                                                    |                 |                    |              |
| Site Preparation                                                                                                                                      |                 |                    |              |
| Off Site Work                                                                                                                                         |                 |                    |              |
| New Construction Contracts                                                                                                                            |                 |                    |              |
| Modernization Contracts                                                                                                                               |                 |                    |              |
| Contingencies                                                                                                                                         |                 |                    |              |
| Architectural/Engineering Fees                                                                                                                        |                 |                    |              |
| Consulting and Other Fees                                                                                                                             |                 |                    |              |
| Movable or Other Equipment (not in construction contracts)                                                                                            |                 |                    |              |
| Bond Issuance Expense (project related)                                                                                                               |                 |                    |              |
| Net Interest Expense During Construction (project related)                                                                                            |                 |                    |              |
| Fair Market Value of Leased Space or Equipment                                                                                                        |                 |                    |              |
| Other Costs to Be Capitalized                                                                                                                         |                 |                    |              |
| Acquisition of Building or Other Property (excluding land)                                                                                            |                 |                    |              |
| <b>TOTAL USES OF FUNDS</b>                                                                                                                            | <b>\$0</b>      | <b>\$0</b>         | <b>\$0</b>   |
| <b>SOURCE OF FUNDS</b>                                                                                                                                | <b>CLINICAL</b> | <b>NONCLINICAL</b> | <b>TOTAL</b> |
| Cash and Securities                                                                                                                                   |                 |                    |              |
| Pledges                                                                                                                                               |                 |                    |              |
| Gifts and Bequests                                                                                                                                    |                 |                    |              |
| Bond Issues (project related)                                                                                                                         |                 |                    |              |
| Mortgages                                                                                                                                             |                 |                    |              |
| Leases (fair market value)                                                                                                                            |                 |                    |              |
| Governmental Appropriations                                                                                                                           |                 |                    |              |
| Grants                                                                                                                                                |                 |                    |              |
| Other Funds and Sources                                                                                                                               |                 |                    |              |
| <b>TOTAL SOURCES OF FUNDS</b>                                                                                                                         | <b>\$0</b>      | <b>\$0</b>         | <b>\$0</b>   |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                 |                    |              |

**Related Project Costs**

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

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

**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:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2024</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <b>NOT APPLICABLE</b></p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Financial Commitment will occur after permit issuance.</p> |
| <p><b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

Are the following submittals up to date as applicable?

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> Cancer Registry - <b>NOT APPLICABLE</b></p> <p><input type="checkbox"/> APORS - <b>NOT APPLICABLE</b></p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Cost Space Requirements

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

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

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

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

**Facility Bed Capacity and Utilization - NOT APPLICABLE**

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

|                                       |                        |                   |                     |                    |                      |
|---------------------------------------|------------------------|-------------------|---------------------|--------------------|----------------------|
| <b>FACILITY NAME:</b>                 |                        | <b>CITY:</b>      |                     |                    |                      |
| <b>REPORTING PERIOD DATES:</b>        |                        | <b>From:</b>      |                     | <b>to:</b>         |                      |
| <b>Category of Service</b>            | <b>Authorized Beds</b> | <b>Admissions</b> | <b>Patient Days</b> | <b>Bed Changes</b> | <b>Proposed Beds</b> |
| Medical/Surgical                      |                        |                   |                     |                    |                      |
| Obstetrics                            |                        |                   |                     |                    |                      |
| Pediatrics                            |                        |                   |                     |                    |                      |
| Intensive Care                        |                        |                   |                     |                    |                      |
| Comprehensive Physical Rehabilitation |                        |                   |                     |                    |                      |
| Acute/Chronic Mental Illness          |                        |                   |                     |                    |                      |
| Neonatal Intensive Care               |                        |                   |                     |                    |                      |
| General Long-Term Care                |                        |                   |                     |                    |                      |
| Specialized Long-Term Care            |                        |                   |                     |                    |                      |
| Long Term Acute Care                  |                        |                   |                     |                    |                      |
| Other ((identify))                    |                        |                   |                     |                    |                      |
| <b>TOTALS:</b>                        |                        |                   |                     |                    |                      |

CERTIFICATION

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

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

This Application is filed on the behalf of **DxTx Pain and Spine LLC\*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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.

DocuSigned by:



4E47BC895F2D41E...

SIGNATURE

Owen V. Prunskis

PRINTED NAME

Manager

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_

Notarization:

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_

Signature of Notary

Seal

Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant

93500795.1

10  
10

**CERTIFICATION**

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

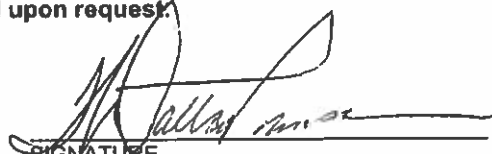
- in the case of a corporation, any two of its officers or members of its Board of Directors.
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- in the case of a partnership, two of its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

This Application is filed on the behalf of Barrington Pain and Spine Institute, L.L.C.\* 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

John V. Prunskis, M.D.  
PRINTED NAME

Manager  
PRINTED TITLE

  
SIGNATURE

Terri Dallas-Prunskis, M.D.  
PRINTED NAME

Member  
PRINTED TITLE

## Notarization:

Subscribed and sworn to before me  
this 19 day of February 2024

  
Signature of Notary

State of Illinois  
County of Lake  
Seal  
This instrument was acknowledged  
before me on 2/19/2024  
By Francine Norman

\*Insert the EXACT legal name of the applicant

## Notarization:

Subscribed and sworn to before me  
this 19 day of February 2024

  
Signature of Notary

State of Illinois  
County of Lake  
Seal  
This instrument was acknowledged  
before me on 2/19/2024  
By Francine Norman

### 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<br>BGSF/DGSF | STATE<br>STANDARD | DIFFERENCE | MET<br>STANDARD? |
|                    |                       |                   |            |                  |

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

| UTILIZATION |                   |                                                                     |                          |                   |                   |
|-------------|-------------------|---------------------------------------------------------------------|--------------------------|-------------------|-------------------|
|             | DEPT./<br>SERVICE | HISTORICAL<br>UTILIZATION<br>(PATIENT DAYS)<br>(TREATMENTS)<br>ETC. | PROJECTED<br>UTILIZATION | STATE<br>STANDARD | MEET<br>STANDARD? |
| YEAR 1      |                   |                                                                     |                          |                   |                   |
| YEAR 2      |                   |                                                                     |                          |                   |                   |

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

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                                                  |
|---------------------------------------------------------------|
| <input type="checkbox"/> Cardiovascular                       |
| <input type="checkbox"/> Colon and Rectal Surgery             |
| <input type="checkbox"/> Dermatology                          |
| <input type="checkbox"/> General Dentistry                    |
| <input type="checkbox"/> General Surgery                      |
| <input type="checkbox"/> Gastroenterology                     |
| <input checked="" type="checkbox"/> Neurological Surgery      |
| <input type="checkbox"/> Nuclear Medicine                     |
| <input type="checkbox"/> Obstetrics/Gynecology                |
| <input type="checkbox"/> Ophthalmology                        |
| <input type="checkbox"/> Oral/Maxillofacial Surgery           |
| <input checked="" type="checkbox"/> Orthopedic Surgery        |
| <input type="checkbox"/> Otolaryngology                       |
| <input checked="" type="checkbox"/> Pain Management           |
| <input type="checkbox"/> Physical Medicine and Rehabilitation |
| <input type="checkbox"/> Plastic Surgery                      |
| <input checked="" type="checkbox"/> Podiatric Surgery         |
| <input checked="" type="checkbox"/> Radiology                 |
| <input type="checkbox"/> Thoracic Surgery                     |
| <input type="checkbox"/> Urology                              |
| <input type="checkbox"/> Other                                |

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

| APPLICABLE REVIEW CRITERIA                   | Establish New<br>ASTC or Service | Expand Existing<br>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 |
| <b>APPEND DOCUMENTATION AS <u>ATTACHMENT 25</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |   |   |

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)

## VII. 1120.120 - AVAILABILITY OF FUNDS

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

|  |    |                                                                                                                                                                                                                                                                                                               |
|--|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | 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.                                                                                                                                                                                                            |
| \$0 | 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**

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

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

**Variance**

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

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

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

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

Read the criterion and provide the following:

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<br>(List below)                            | A                       | B    | C                    | D      | E                     | F      | G                    | H                  | Total<br>Cost<br>(G + H) |
|                                                       | Cost/Square Foot<br>New | Mod. | Gross Sq. Ft.<br>New | Circ.* | Gross Sq. Ft.<br>Mod. | Circ.* | Const. \$<br>(A x C) | Mod. \$<br>(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. 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 I, Identification, General Information, and Certification**  
**Applicants**

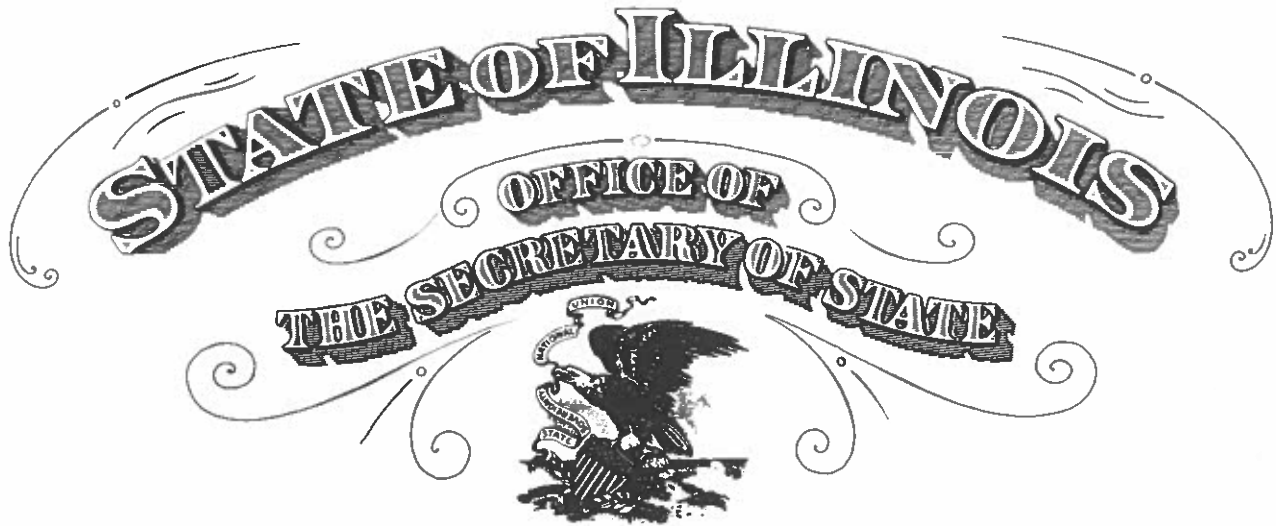
Certificates of good standing for DxTx Pain and Spine LLC and Barrington Pain and Spine Institute, L.L.C. are attached at Attachment - 1.

Barrington Pain and Spine Institute, L.L.C. is the operator/licensee of the ambulatory surgical treatment center.

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

File Number

0947905-8



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

***I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

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



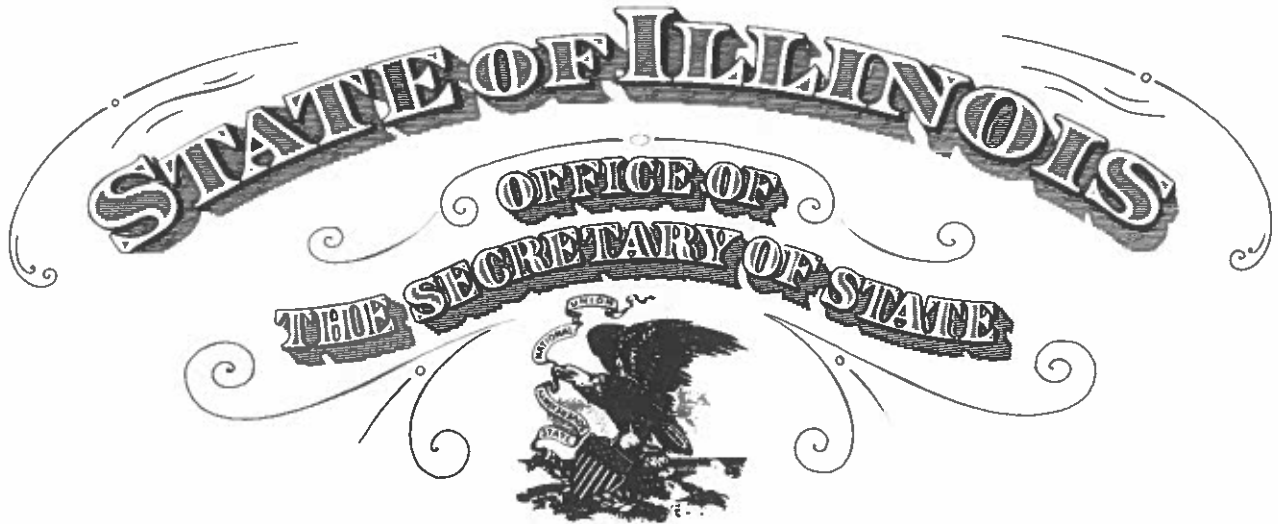
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MAY A.D. 2023 .***

Authentication #: 2313202526 verifiable until 05/12/2024  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

File Number

0329090-5



***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***

BARRINGTON PAIN AND SPINE INSTITUTE, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 16, 2010, 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.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2024 .***

Authentication #: 2403202470 verifiable until 02/01/2025  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

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

A copy of the lease between Barrington Pain and Spine Institute, L.L.C. and The Hart Professional Center, LLC is attached at Attachment – 2.

## SECOND AMENDMENT TO LEASE

This SECOND AMENDMENT TO LEASE (this "Second Amendment") is made and entered into as of this 29 day of September, 2021, by and between THE HART PROFESSIONAL CENTER, LLC, an Illinois limited liability company ("Landlord") and BARRINGTON PAIN AND SPINE INSTITUTE, LLC, an Illinois limited liability company ("Tenant").

### Recitals

- A. WHEREAS Landlord's predecessor in interest and Tenant's predecessor in interest (Hart Road Center For Pain Management, LLC) entered into that certain Lease Agreement, dated October 28, 2010 (the "Original Lease"), as amended by that certain First Amendment To Lease, dated September 17, 2019 (the "First Amendment"), pursuant to which Landlord leased to Tenant certain premises comprised of approximately sixteen thousand eight hundred ninety three (16,893) net rentable square feet located at 600 Hart Road, Suites 300 and 320 (the "Premises") (with Suite 300 containing 11,466 net rentable square feet, and Suite 320 containing 5,427 net rentable square feet), part of the 600, 800, 1000 Hart Road Barrington, IL 60010 office complex (the "Building"). The Original Lease, as amended, shall collectively be referred to herein as the "Lease."
- B. WHEREAS, the defined terms used herein shall have the meanings ascribed to them in the Lease; and
- C. WHEREAS, Landlord and Tenant have agreed to amend the Lease as hereinafter set forth, but not otherwise.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained and for other good and valuable consideration, the receipt whereof is hereby acknowledged, Landlord and Tenant agree that the Lease shall be and is hereby amended as follows:

- 1. Lease of Additional Premises. Landlord, for and in consideration of the rents herein reserved and of the covenants and agreements herein contained on the part of Tenant to be performed, does hereby lease to Tenant; and Tenant hereby accepts the lease of that additional office space in the Building commonly described as a portion of 600 Hart Road; Suite 350, and depicted on the attached Exhibit A (said space being herein referred to as the "Expansion Premises"), for a term commencing on January 1, 2022 and ending on February 28, 2029. It is mutually agreed that the Expansion Premises contain one thousand three hundred eighty-four (1,384) net rentable square feet.
  - a. After the addition of the Expansion Premises, the total Premises shall contain eighteen thousand two hundred seventy-seven (18,277) net rentable square feet

(with Suite 300 containing 12,850 net rentable square feet, and Suite 320 containing 5,427 net rentable square feet).

- b. The Expansion Premises are made a part of the Premises, so that the Expansion Premises are subject to all of the terms and conditions of the Lease, including, but not limited to, the payment of Additional Rent.
2. **Additional Rent.** As of April 1, 2022 (following the expiration of three months of abated rent for the Expansion Premises), Tenant's Proportionate Share, as defined in the Original Lease, shall be amended to be nine and 34/100 percent (9.34%), calculated as 18,277 square feet / 195,771 square feet. For Tenant's internal purposes, Suite 300 shall be deemed to have a Tenant Proportionate Share of 6.57% and Suite 320 shall be deemed to have a Tenant Proportionate Share of 2.77%.
3. **Lease Term.** For reference, the term of the Lease expires on February 28, 2029.
4. **Base Rent.** Base Rent shall be adjusted as follows:

| Total Premises - 18,277 sq ft |          |           |                  |             |
|-------------------------------|----------|-----------|------------------|-------------|
| Start                         | End      | Per Sq Ft | Base Rent Annual | Monthly     |
| 01/01/22                      | 03/31/22 | \$14.80   | \$270,464.88     | \$22,538.74 |
| 04/01/22                      | 05/31/22 | \$15.86   | \$289,840.88     | \$24,153.41 |
| 08/01/22                      | 05/31/23 | \$14.50   | \$265,016.50     | \$22,084.71 |
| 08/01/23                      | 05/31/24 | \$15.00   | \$274,155.00     | \$22,846.25 |
| 08/01/24                      | 05/31/25 | \$15.50   | \$283,293.50     | \$23,607.79 |
| 06/01/25                      | 05/31/26 | \$16.00   | \$292,432.00     | \$24,369.33 |
| 06/01/26                      | 05/31/27 | \$16.50   | \$301,570.50     | \$25,130.88 |
| 06/01/27                      | 05/31/28 | \$17.00   | \$310,709.00     | \$25,892.42 |
| 06/01/28                      | 02/28/29 | \$17.50   | \$319,847.50     | \$26,653.96 |

For Tenant's internal purposes, the breakdown of Base Rent between Suite 300 and 320 is as follows:

| Total Suite 300 - 12,850 sq ft |          |           |                  |             |
|--------------------------------|----------|-----------|------------------|-------------|
| Start                          | End      | Per Sq Ft | Base Rent Annual | Monthly     |
| 01/01/22                       | 03/31/22 | \$15.14   | \$194,486.88     | \$16,207.24 |
| 04/01/22                       | 05/31/22 | \$16.64   | \$213,862.88     | \$17,821.91 |
| 06/01/22                       | 05/31/23 | \$14.50   | \$186,325.00     | \$15,527.08 |
| 06/01/23                       | 05/31/24 | \$15.00   | \$192,750.00     | \$16,062.50 |
| 06/01/24                       | 05/31/25 | \$15.50   | \$199,175.00     | \$16,597.92 |
| 06/01/25                       | 05/31/26 | \$16.00   | \$205,600.00     | \$17,133.33 |
| 06/01/26                       | 05/31/27 | \$16.50   | \$212,025.00     | \$17,668.75 |
| 06/01/27                       | 05/31/28 | \$17.00   | \$218,450.00     | \$18,204.17 |
| 06/01/28                       | 02/28/29 | \$17.50   | \$224,875.00     | \$18,739.58 |

| Expansion Premises - Suite 320 - 5,427 sq ft |          |           |             |            |
|----------------------------------------------|----------|-----------|-------------|------------|
| Start                                        | End      | Per Sq Ft | Base Rent   |            |
|                                              |          |           | Annual      | Monthly    |
| 01/01/22                                     | 03/31/22 | \$14.00   | \$75,978.00 | \$6,331.50 |
| 04/01/22                                     | 05/31/22 | \$14.00   | \$75,978.00 | \$6,331.50 |
| 06/01/22                                     | 05/31/23 | \$14.50   | \$78,691.50 | \$6,557.63 |
| 06/01/23                                     | 05/31/24 | \$15.00   | \$81,405.00 | \$6,783.75 |
| 06/01/24                                     | 05/31/25 | \$15.50   | \$84,118.50 | \$7,009.88 |
| 06/01/25                                     | 05/31/26 | \$16.00   | \$86,832.00 | \$7,236.00 |
| 06/01/26                                     | 05/31/27 | \$16.50   | \$89,545.50 | \$7,462.13 |
| 06/01/27                                     | 05/31/28 | \$17.00   | \$92,259.00 | \$7,688.25 |
| 06/01/28                                     | 02/28/29 | \$17.50   | \$94,972.50 | \$7,914.38 |

**5. Condition of Demised Premises.**

- a. Landlord makes no representation or agreement with respect to the condition or improvement of the Demised Premises or the Building under or by reason of this Second Amendment or the extension of the lease term of the Lease. Tenant agrees to accept the Demised Premises in an "as-is", "where-is" condition as of January 1, 2022.
- b. It is understood that Tenant shall remodel the Expansion Premises for its use, as depicted in the attached Exhibit B. Tenant shall be responsible for the cost and supervision of all such improvements (the "Work") to the Expansion Premises to prepare it for occupancy, subject to Landlord's Contribution (as defined herein). Prior to commencement of any Work, Tenant shall submit to Landlord for Landlord's approval (such approval not to be unreasonably withheld, conditioned or delayed) its proposed plan for improvements, which improvements shall be in accordance with Building standards. All such Work shall be performed by a contractor chosen by Tenant but approved by Landlord, such approval not to be unreasonably withheld, and provided such contractor is duly licensed, bonded, insured and has a good reputation. The construction contract with the contractor shall be subject to the reasonable approval of Landlord and shall provide for sworn contractor statements, lien waivers, and such other documentation as reasonably required by Landlord. Notwithstanding the foregoing, Landlord hereby approves All-Pro Construction Services to act as Tenant's general contractor for performance of the Work.
- c. Landlord agrees to pay Tenant or the contractor directly, at Landlord's election, an allowance in an amount not to exceed THIRTY NINE THOUSAND FOUR

HUNDRED FORTY FOUR AND 00/100 Dollars (\$39,444.00) (the "Landlord's Contribution") (calculated by multiplying \$28.50 times 1,384 being the net rentable area of the Expansion Premises) to be applied toward payment or reimbursement of costs incurred in connection with the Work. The Landlord's Contribution is for Tenant personally and may not be applied or used for the benefit of any subtenant approved by Landlord nor will Landlord's Contribution inure to the benefit of any permitted assignee of Tenant. It shall be a condition to the application of such Landlord's Contribution that Tenant not be in default under any of the terms, covenants and conditions of this Lease at any time such Contribution is requested. The Landlord's Contribution is applicable only in connection with the initial preparation of the Expansion Premises for occupancy. In the event that Tenant causes any work or service to be performed by any contractor or person or furnished by a supplier other than Landlord for which Tenant is entitled to reimbursement hereunder, then it shall be a condition of Landlord's obligation to pay Tenant, or the contractors, that Tenant supply Landlord with satisfactorily completed contractor's affidavits and final waivers of lien from those persons entitled to lien rights against the Premises and Property covering all labor and materials expended and used, along with invoices for the amounts due in connection with such work. If the cost of the Work (including architectural and project management fees) is less than Landlord's Contribution, any credit for the difference and such unused balance shall be retained by Landlord. Landlord shall not be entitled to a Construction Management Fee. Landlord agrees that for each "draw" requested by Tenant's chosen general contractor for the Work, that Landlord shall pay a portion of each such draw equal to the proportion of Landlord's Contribution to the entire cost of the Work. Such payment shall be made by Landlord after Tenant makes its portion of the payment and Landlord receives appropriate affidavits or lien waivers, as described herein.

- d. Other than minor "punch-list" items identified prior to taking possession, Tenant's taking possession of the Premises shall serve as conclusive evidence that the Work was completed in a satisfactory manner for any elements of the work that can be observed upon reasonable visual inspection.

6. Right of First Refusal.

- a. Section 6 of the First Amendment to Lease is hereby modified to delete any stipulated references to the square footage of adjacent spaces.

7. Option to Renew.

- a. Tenant's 2 60-month renewal options set forth in Sections 1 and 2 of the Rider to the Lease (contained in the Original Lease) will remain in effect, and will apply to the entire Premises as constituted under this Second Amendment (i.e. after the addition of the Expansion Premises). Tenant is not permitted to exercise any renewal as to only a portion of the Premises.

8. Approval of Subtenant.

- a. It is understood that Tenant is subleasing the area commonly known as Suite 320 to ILLINOIS PAIN TREATMENT INSTITUTE, LTD., d/b/a ILLINOIS PAIN AND SPINE INSTITUTE ("Subtenant"). Landlord hereby approves Tenant's sublease to Subtenant.

9. No Brokers. Tenant hereby warrants to Landlord that Tenant has had no dealings with any real estate broker or agent in connection with the negotiation of this Second Lease Amendment and that Tenant knows of no other real estate broker or agent who is entitled to a commission in connection with this Lease. Tenant agrees to indemnify and defend Landlord against and hold Landlord harmless from any and all claims, demands, losses, liabilities, lawsuits, judgments, and costs and expenses (including without limitation reasonable attorneys' fees) with respect to any leasing commission or equivalent compensation alleged to be owing on account of Tenant's dealings with any real estate broker or agent. The terms of this paragraph shall survive the expiration or earlier termination of the Lease.

10. Preambles. The preambles are hereby restated and incorporated herein by this reference.

11. Binding Effect. Except as expressly set forth in this Second Amendment, the Lease shall remain in full force and effect without modification, change or amendment. In the event of any conflict between the terms of the Lease and the terms of this Second Amendment, the terms of the Second Amendment shall control. This Second Amendment shall be binding upon and inure to the benefit of Landlord, Tenant and their respective successors and permitted assigns.

IN WITNESS WHEREOF, the Landlord and Tenant have executed this Lease Amendment on the day and year first above written.

**THE HART PROFESSIONAL CENTER, LLC**  
an Illinois limited liability company

By:   
Robert C. Gienko, Jr.  
Its: Manager

**BARRINGTON PAIN AND SPINE INSTITUTE, LLC**  
an Illinois limited liability company

By:  \_\_\_\_\_

Its: *Practice Administrator*

Exhibit A

600 Hart Road, Floor 3

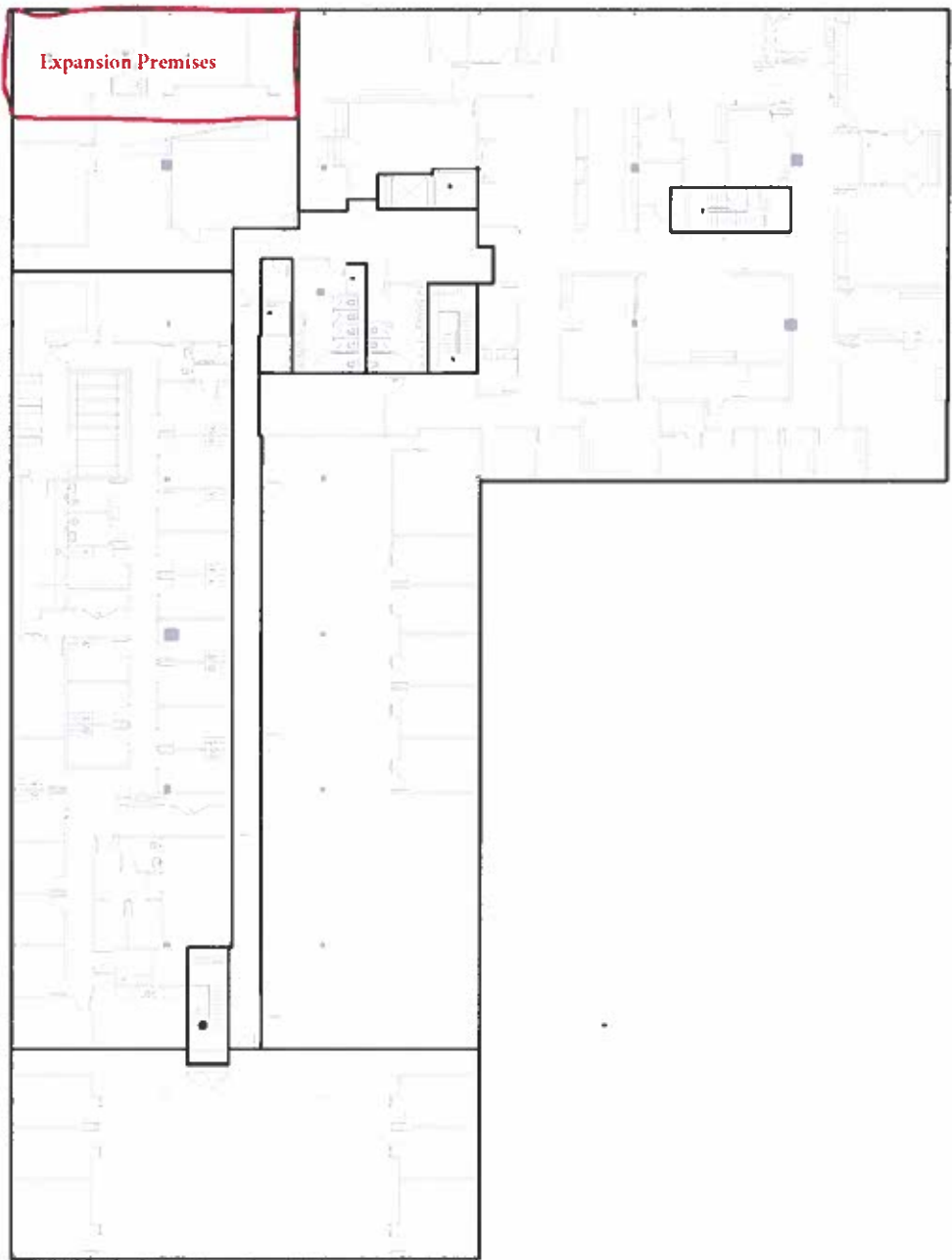
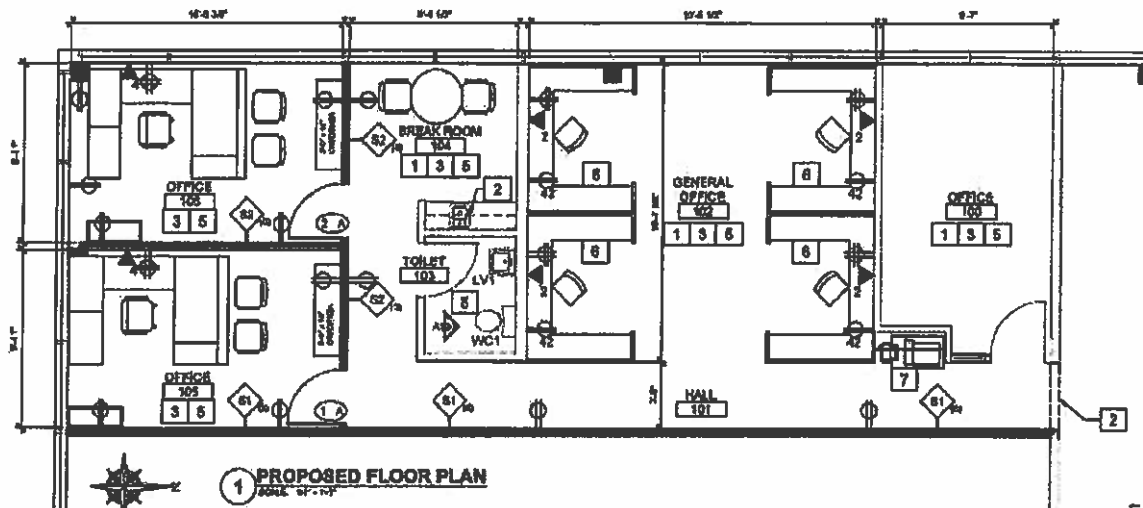


Exhibit B



**Section I, Identification, General Information, and Certification**  
**Operating Identity/Licensee**

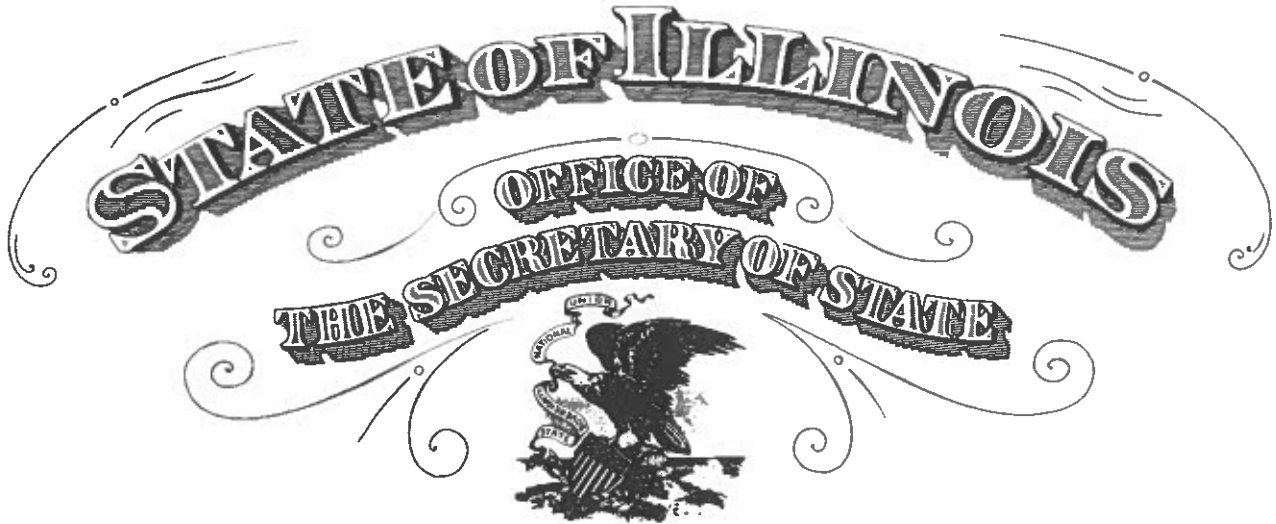
The Illinois Certificate of Good Standing for Barrington Pain and Spine Institute, L.L.C. is attached at Attachment – 3.

Persons owning a 5% or greater interest in Barrington Pain and Spine Institute, L.L.C. are listed in the table below:

| <b>Name</b>                 | <b>Address</b>                             | <b>Ownership</b> |
|-----------------------------|--------------------------------------------|------------------|
| John V. Prunskis, M.D.      | 431 Summit Street<br>Elgin, Illinois 60120 | 20.5%            |
| Terri Dallas-Prunskis, M.D. | 431 Summit Street<br>Elgin, Illinois 60120 | 20.5%            |

File Number

0329090-5



***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***

BARRINGTON PAIN AND SPINE INSTITUTE, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 16, 2010, 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.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2024 .***

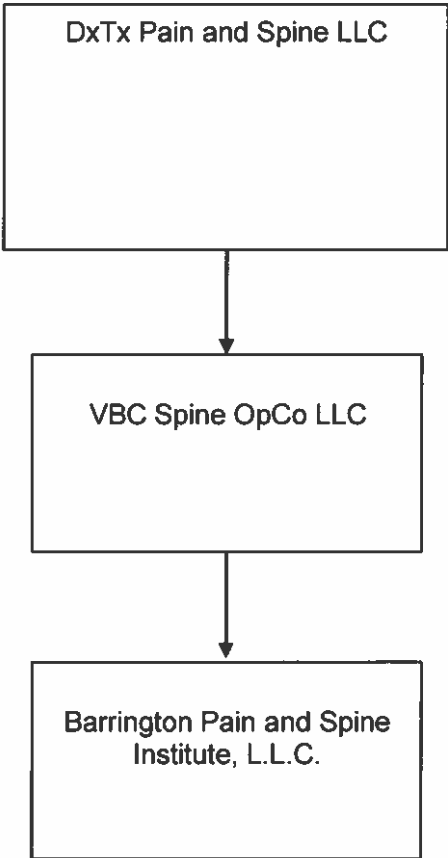
Authentication #: 2403202470 verifiable until 02/01/2025  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

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

The organizational chart for Barrington Pain and Spine Institute, L.L.C. is attached at Attachment – 4.

**Barrington Pain and Spine Institute, L.L.C. Surgery Center Organizational Chart**



Note: DxTx Pain and Spine, LLC owns 85% of the interest in the operating entity and part of the ownership interests of Terri Dallas-Prunskis, M.D. and John V. Prunskis, M.D. in the operating entity described on page 36 are owned directly by them (15% each).

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

This CON permit application is for the addition of one or more interventional radiologists to the medical staff of an existing ambulatory surgical treatment center ("ASTC"). There will be no construction or modernization associated with the expansion of surgical services at the ASTC. Accordingly, this criterion is not applicable.

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

This CON permit application is for the addition of one or more interventional radiologists to the medical staff of an existing ambulatory surgical treatment center ("ASTC"). There will be no construction or modernization associated with the expansion of surgical services at the ASTC. Accordingly, this criterion is not applicable.

**Active Certificate of Need Permits**

DxTx Pain and Spine LLC has one active CON permit:

**Pain & Spine Institute Surgery Center (Proj. No. 23-033)**

- CON permit approved March 12, 2024
- Financial commitment will occur before the required commitment date.
- Project completion is anticipated on December 31, 2025

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

| Cost Space Table    |            |                   |          |                                                     |            |               |               |
|---------------------|------------|-------------------|----------|-----------------------------------------------------|------------|---------------|---------------|
| Dept. / Area        | Cost       | Gross Square Feet |          | Amount of Proposed Total Gross Square Feet That Is: |            |               |               |
|                     |            | Existing          | Proposed | New Const.                                          | Modernized | As Is         | Vacated Space |
| <b>CLINICAL</b>     |            |                   |          |                                                     |            |               |               |
| ASTC                | \$0        | 10,000            |          |                                                     |            | 10,000        |               |
|                     |            |                   |          |                                                     |            |               |               |
|                     |            |                   |          |                                                     |            |               |               |
| Total Clinical      | \$0        | 10,000            |          |                                                     |            | 10,000        |               |
|                     |            |                   |          |                                                     |            |               |               |
| <b>NON CLINICAL</b> |            |                   |          |                                                     |            |               |               |
| Administrative      |            | 2,850             |          |                                                     |            | 2,850         |               |
|                     |            |                   |          |                                                     |            |               |               |
|                     |            |                   |          |                                                     |            |               |               |
|                     |            |                   |          |                                                     |            |               |               |
| Total Non-clinical  | \$0        | 12,850            |          |                                                     |            | 12,850        |               |
| <b>TOTAL</b>        | <b>\$0</b> | <b>12,850</b>     |          |                                                     |            | <b>12,850</b> |               |

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

**Background of the Applicant**

1. The Applicants operate Barrington Pain and Spine Institute. Copies of the current IDPH license and accreditation are attached at Attachment – 11A.
2. Letters certifying no adverse action has been taken against any facility owned and/or operated by the Applicants during the three years prior to filing this application are attached at Attachment – 11B.
3. An authorization permitting the State Board and the IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.
4. The Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE



ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH

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  
09/17/2024

CATEGORY

ID NUMBER  
7003167

Ambulatory Surgery Treatment Center

Effective: 09/18/2023

Barrington Ambulatory Surgery Center  
600 Hart Rd Ste 300  
Barrington, IL 60010

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

Exp. Date 09/17/2024  
Lic Number 7003167

Date Printed 08/22/2023

Barrington Ambulatory Surgery Center  
600 Hart Rd Ste 300  
Barrington, IL 60010-2610

FEE RECEIPT NO.

Attachment - 11A

45

February 14, 2024

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

Dear Chair Savage:

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

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

Sincerely,

DocuSigned by:  
  
4E47BC895F254FE  
Owen V. Prunskis, M.D.  
Manager  
DxTx Pain and Spine LLC

January 24, 2024

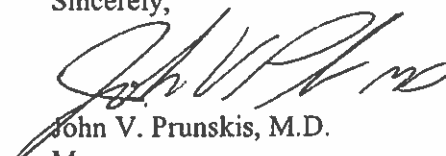
Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Chair Savage:

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

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

Sincerely,

  
John V. Prunskis, M.D.  
Manager  
Barrington Pain and Spine Institute, L.L.C.

Subscribed and sworn to me  
This 19 day of February, 2024

  
\_\_\_\_\_  
Notary Public

State of Illinois  
County of Lake  
This instrument was acknowledged  
before me on 2/19/2024  
By Francine Norman

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

**Purpose of the Project**

1. The Applicants seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to permit interventional radiologists to join the medical staff of its existing surgery center. ***Importantly, the expansion of services associated with this CON permit application has no costs and will not add surgical capacity to the area.*** The primary purpose of this CON permit application is to improve access to interventional radiology procedures to patients suffering from chronic pain within the Applicants' geographic service area and to increase utilization at Barrington Pain and Spine Institute ("BPSI"), which currently has capacity to offer surgical time to additional surgeons.

Illinois Pain & Spine Institute ("IPSI"), BPSI's affiliated medical practice, treats multiple sites of pain, including neck pain, back pain, herniated disks, sciatica, headache, pelvic, musculoskeletal, and other conditions. Interventional radiology ("IR") plays an important role in managing chronic pain through several minimally invasive procedures described in more detail below:

**Vertebral augmentation:** Techniques like kyphoplasty and vertebroplasty are used to treat vertebral compression fractures. These procedures involve injecting bone cement into fractured vertebrae to stabilize them, providing pain relief and improving mobility.

**Nerve blocks:** Interventional radiologists can perform targeted nerve blocks to interrupt pain signals. This includes procedures like celiac plexus blocks for abdominal pain and hypogastric plexus blocks for pelvic pain

**Embolization procedures:** Geniculate artery embolization is used to treat knee pain from arthritis by reducing blood flow to inflamed synovium. Similar embolization techniques are being explored for shoulder and other joint pain.

**Thermal ablation:** This technique can be used to treat painful bone metastases, providing relief for cancer patients.

**Sacroplasty:** Similar to vertebroplasty, this procedure is used to treat sacral insufficiency fractures.

**Gonadal vein embolization:** This can be used to address chronic pelvic pain associated with pelvic venous disorders.

Many IPSI patients could benefit from IR procedures; however, due to the lack of availability of hospitals and ambulatory surgical treatment centers to perform outpatient interventional radiology cases, many IPSI patients forego these vital procedures for lower extremity pain and rely on other types of pain relief. Accordingly, the Applicants anticipate 4-8 cases per month (or 50 – 100 cases annually) from IPSI will be referred to BPSI in addition to those projected by Dr. Sean Zivin,

IR is a minimally invasive, image-guided treatment of medical conditions that once required open surgery. IR physicians perform a wide array of "pinhole surgeries," minimally invasive procedures that leverage catheters, wires, needles, sheaths, using image guidance provided by fluoroscopy, ultrasound, CT, or MRI. IR physicians can interpret images in real time and use them to perform therapeutic procedures that traditionally have been open or laparoscopic in nature. Compared with other surgical alternatives, endovascular approaches in IR often have favorable outcomes in procedures such as port placement and varicose vein ablation and are associated with fewer

complications.<sup>1</sup> IR procedures are particularly well suited for ambulatory surgery centers ("ASCs") as most cases are performed under sedation rather than general anesthesia with a low-risk profile and rapid post-procedural recovery. Moreover, changes in technology allow more procedures to be performed on an outpatient basis at an ASC at far lower prices than hospital outpatient departments ("HOPD").

Further, ASCs provide greater value for patients (better experience and lower out-of-pocket costs), payors (lower cost plus better outcomes), and physicians (control over scheduling plus increased professional freedom). Given the positive impact of ASCs, with each passing year, CMS adds more types of surgical cases to the list of procedures that can be safely performed in an ASC. Payers are increasingly looking to ASCs to decrease costs. UnitedHealthcare's 2024 site-of-service policy, for example, is likely to push procedures to the ASC setting.<sup>2</sup>

2. BPSI serves patients in the northern suburbs of Chicago within a 10-mile radius of the ambulatory surgical treatment center. A map of the market area of BPSI's geographic service area ("GSA") is attached at Attachment – 12. Distance from BPSI to the GSA borders are as follows:

East: Approximate 10-mile radius to Wheeling  
 Southeast: Approximate 10-mile radius to Schaumburg  
 South: Approximate 10-mile radius to Streamwood  
 Southwest: Approximate 10-mile radius to Elgin  
 West: Approximate 10-mile radius to Lake in the Hills  
 Northwest: Approximate 10-mile radius to Crystal Lake  
 North: Approximate 10-mile radius to Fox Lake  
 Northeast: Approximate 10-mile radius to Mundelein

3. Adding IR physicians to the medical staff of BPSI will improve access to high-quality/low-cost interventional radiology to patients living in the northern suburbs of Chicago. While there are 10 existing or approved health care facilities located within 10 miles of BPSI (3 hospitals and 7 ASCs), the existing hospitals operate at or above the State standard of 1,500 surgical hours per operating room and do not have capacity to accommodate the projected referrals to BPSI.<sup>3</sup> Moreover, utilizing hospitals for procedures that can be safely performed in an outpatient surgery center is not an efficient use of scarce health care resources. A 2019 report by the Center for American Progress noted the escalation in health care costs is largely attributed to high prices charged by hospitals.<sup>4</sup> This report highlighted that "hospitals are able to sustain profits and high prices because of their market power, which has grown as competition has dwindled and providers have consolidated."<sup>5</sup> Prices set by hospitals are discretionary and not connected to underlying costs or market prices. Further, according to the March 2024 MedPac Report to Congress, Medicare payment rates for most ambulatory surgical procedures performed in HOPDs are almost twice as high as in surgery centers.

<sup>1</sup> Mikhail C.S.S. Higgins, MD, MPH and James P. Herpy, MS, MEDICAL ERROR, ADVERSE EVENTS, ARadiology 275, 276 (2021) available at <https://pubs.rsna.org/doi/epdf/10.1148/radiol.2020202341> (last visited Feb. 1, 2024).

<sup>2</sup> UnitedHealthcare Commercial and Individual Exchange Medical Policy, Outpatient Surgical Procedures – Site of Service (2024) available at <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/outpatient-surg-procedures-site-service.pdf> (last visited Jun. 25, 2024).

<sup>3</sup> See 2022 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development showing Saint Alexius Medical Center operated at over 2,300 hours per operating room in 2022; Advocate Good Shepherd operated at approximately 1,500 hours per operating room in 2022; and Mercy Crystal Lake Hospital which opened in July 2023 had no utilization data is available.

<sup>4</sup> Emily Gee, *The High Price of Hospital Care*, CTR. AM. PROGRESS, 1, Jun. 2019 available at <https://www.americanprogress.org/wp-content/uploads/sites/2/2019/06/HospitalCosts-report.pdf> (last visited Feb. 1, 2024).

<sup>5</sup> *Id.*

Of the 7 ambulatory surgery centers in the GSA, none provide interventional radiology: Aghapy Surgical Center is only approved for gastroenterology, Schaumburg Surgery Center is approved for orthopedics, pain and podiatry, Specialty Surgicare is only approved for orthopedics and pain management. The remaining surgery centers (Hoffman Estates Surgery Center, Ashton Center for Day Surgery, Associated Surgical Center, and Algonquin Road Surgery Center) are multi-specialty surgery centers; however, they are not approved to provide interventional radiology. Importantly, for the existing surgery centers to perform interventional radiology procedures, they too will need to receive approval to add interventional radiology from the State Board. Accordingly, they are not an option for Dr. Zivin.

#### 4. Sources

MEDICARE PAYMENT ADVISORY COMMISSION, MARCH 2024 MEDICARE PAYMENT POLICY REPORT TO CONGRESS 302 (2024) available at [https://www.medpac.gov/wp-content/uploads/2024/03/Mar24\\_MedPAC\\_Report\\_To\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_MedPAC_Report_To_Congress_SEC.pdf) (last visited Jun. 18, 2024).

Jack Anderson & Mike Lee, 46 CARDIOVASC. INTEVENT. RAD. 282, 282 (2022) available at [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9488876/#:~:text=Interventional%20radiology%20\(IR\)%20is%20particularly,and%20rapid%20post%2Dprocedural%20recovery.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9488876/#:~:text=Interventional%20radiology%20(IR)%20is%20particularly,and%20rapid%20post%2Dprocedural%20recovery.) (last visited Feb. 1, 2024).

Emily Gee, *The High Price of Hospital Care*, CTR. AM. PROGRESS, 1, Jun. 2019 available at <https://www.americanprogress.org/wp-content/uploads/sites/2/2019/06/HospitalCosts-report.pdf> (last visited Feb. 1, 2024).

Mikhail C.S.S. Higgins, MD, MPH and James P. Herpy, MS, MEDICAL ERROR, ADVERSE EVENTS, AND COMPLICATIONS IN INTERVENTIONAL RADIOLOGY: LIABILITY OR OPPORTUNITY, 298 Radiology 275, 276 (2021) available at <https://pubs.rsna.org/doi/epdf/10.1148/radiol.2020202341> (last visited Feb. 1, 2024).

Mariah Taylor, Hospitals Grapple with Radiologist Shortage, Becker's Hospital review (Apr. 29, 2024) available at <https://www.beckershospitalreview.com/care-coordination/hospitals-grapple-with-radiologist-shortage.html#:~:text=In%202023%2C%20there%20were%201%2C006,in%20radiology%20than%20positions%20available.> (last visited Jun. 21, 2024).

R.D. Wells, 77 CLINICAL RADIOLOGY, 489, 489 (2022) available at <https://pubmed.ncbi.nlm.nih.gov/35469662/> (last visited Feb. 1, 2024)

5. The planned addition of physicians specializing in interventional radiology to the medical staff of BPSI will provide a high-quality/low-cost alternative to HOPDs while improving utilization at BPSI, which has surgical capacity. As noted above, changes in technology allow more procedures to be performed on an outpatient basis at an ASC at a far lower cost than HOPDs. Moreover, ASCs are becoming a more attractive location for physicians and patients. Physicians can operate in an environment over which they have more control, e.g., procurement, streamlined scheduling, and access to highly skilled staff, which enhances their ability to provide outstanding care and reduces burnout. Patients benefit because it is a more accommodating environment with patients who are less sick; surgical outcomes are equivalent to hospitals, and they are less costly and less susceptible to propagating drug-resistant infections. ASCs offer a faster and more efficient care model, which provides more effective care. Additionally, patients in ASCs generally require fewer medications, which reduces opioid consumption, and have lower infection rates, which is integral in reducing the spread of drug-resistant infections.
6. The goal of adding another specialty at BPSI is to improve access to interventional radiology to chronic pain patients residing in the BPSI GSA and to increase utilization at BPSI, which has surgical capacity.



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

**Alternatives**

The Applicants explored several options prior to determining to add interventional radiology to their ASTC. The options considered are as follows:

**Do nothing;**

**Utilize existing facilities; and**

**Add interventional radiology to the existing ASTC.**

After exploring these options, which are discussed in more detail below, the Applicants decided to add interventional radiology to their ASTC. A review of each of the options considered and the reasons they were rejected or accepted follows.

**Do Nothing**

The first alternative considered was to maintain the status quo, whereby the Applicant would continue to perform previously approved surgical specialties at BPSI. The primary purpose of this CON application is to improve access to interventional radiology to patients within the Applicants' geographic service area and to increase utilization at BPSI, which currently has capacity. Accordingly, maintaining the status quo would not achieve either of these goals. For these reasons, the option to do nothing was rejected.

There is no cost to this alternative.

**Utilize Other Existing Facilities**

Another alternative was utilizing existing health care facilities to provide an option for interventional radiology. Utilizing hospitals is not cost effective for payors, patients and employers when these procedures can be performed safely in an ASTC. The Surgery Center has capacity. A 2019 report by the Center for American Progress noted the escalation in health care costs is largely attributed to high prices charged by hospitals.<sup>6</sup> This report highlighted that "hospitals are able to sustain profits and high prices because of their market power, which has grown as competition has dwindled and providers have consolidated."<sup>7</sup> Prices set by hospitals are discretionary and not connected to underlying costs or market prices. Further, according to the March 2024 MedPac Report to Congress, Medicare payment rates for most ambulatory surgical procedures performed in HOPDs are almost twice as high as in surgery centers. Not only is using hospitals not an efficient use of scarce resources, but it is more costly to patients and payors.

While there are 7 ambulatory surgery centers in the GSA, none are approved to provide interventional radiology: Aghapay Surgical Center is only approved for gastroenterology, Schaumburg Surgery Center is approved for orthopedics, pain and podiatry, Specialty Surgicare is only approved for orthopedics and pain management. The remaining surgery centers (Hoffman Estates Surgery Center, Ashton Center for Day Surgery, Associated Surgical Center, and Algonquin Road Surgery Center) are multi-specialty surgery centers; however, they do not provide interventional radiology. Importantly, for the existing surgery centers to perform interventional radiology procedures, they too will need to receive approval from the State Board to add interventional radiology. Therefore, they are not an option for Dr. Zivin.

<sup>6</sup> Emily Gee, *The High Price of Hospital Care*, CTR. AM. PROGRESS, 1, Jun. 2019 available at <https://www.americanprogress.org/wp-content/uploads/sites/2/2019/06/HospitalCosts-report.pdf> (last visited Feb. 1, 2024).

<sup>7</sup> *Id.*

There is no cost to this option.

Add Interventional Radiology to the Existing Surgery Center

As more fully discussed above, BPSI has capacity to add more procedures. To increase utilization at the surgery center while at the same time increasing access to interventional radiology in a lower cost setting, BPSI decided to request the addition interventional radiology at its existing surgery center. After weighing this low-cost option against others, it was determined that this alternative would provide the greatest benefit in terms of increased utilization and increased access to interventional radiology.

There is no cost to this option, so it is a highly appealing option from a health planning perspective.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120 – Size of the Project**

There is no construction associated with this CON permit application. Thus, this criterion is not applicable.

This CON permit application is for the addition of a single surgical specialty to an existing ASTC. The existing ASTC consists of two operating rooms, one procedure room and twelve recovery stations.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120 - Project Services Utilization**

When the ASTC begins to offer interventional radiology services, the ASTC's annual utilization will improve to be closer to the State Board's utilization standard. Importantly, Barrington Pain and Spine Institute is not adding capacity to the planning area but endeavors to increase utilization of its existing ASTC to be closer to the State Board standard by adding cases. In 2023, 2,856 surgical procedures (or 3,419 surgical hours) were performed at Barrington Pain and Spine Institute. Based on the physician referral letter attached at Appendix – 1, Dr. Zivin conservatively anticipates referring 24 interventional radiology cases (or 16 surgical hours) within the first year after CON permit completion.<sup>8</sup> Based upon historical utilization and Dr. Zivin's projected referrals, BPSI anticipates utilization in the first year after CON permit completion will be as follows:

| <b>Surgical Specialty</b> | <b>Projected Referrals<sup>9</sup></b> | <b>Estimated Surgical Time per Case</b> | <b>Estimated Total Surgical Hours After First Year of Completion of CON Permit</b> |
|---------------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|
| Orthopedics               | 5                                      | 3.8                                     | 19                                                                                 |
| Pain Management           | 2,827                                  | 1.2                                     | 3,335                                                                              |
| Podiatry                  | 24                                     | 0.3                                     | 64                                                                                 |
| Interventional Radiology  | 24                                     | 0.7                                     | 16                                                                                 |
| Neurology                 | 2                                      | 1.15                                    | 2.3                                                                                |
| <b>Total</b>              | <b>2,882</b>                           |                                         | <b>3,436.3</b>                                                                     |

<sup>8</sup> Due to the lack of availability of hospitals and ambulatory surgical treatment centers to perform outpatient interventional radiology cases, many patients forego these vital procedures for lower extremity pain and rely on other types of pain relief. Accordingly, the Applicants anticipate 4-8 cases per month (or 50 – 100 cases annually) will be referred to BPSI from its affiliated medical practice, IPSI. As the State Board's rules limit the number of projected referrals to the referring physician's historical caseload, these projected cases were excluded from the estimated cases in the table above.

<sup>9</sup> Project case volumes for orthopedics, neurology, pain management and podiatry are based on the most recent historical volumes.

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

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

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

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

**Section V, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(2)(B), Service to GSA Residents**

1. Attached at Attachment – 25A is a map outlining the intended GSA for Barrington Pain and Spine Institute. As set forth in Criterion 1110.110(b), the surgery center will serve patients residing in and around Barrington. Accordingly, the intended primary GSA consists of those areas within a 10-mile radius from Barrington Pain and Spine Institute.
2. Pursuant to Section 1100.510(d) of the State Board's rules, the normal drive time should be based upon the location of the applicant facility. Barrington Pain and Spine Institute's intended GSA is the radius of 10 miles from the ASTC. A list of all zip codes located, in whole or in part, within the Barrington Pain and Spine Institute GSA as well as the 2020 U.S. Census estimates for each zip code is provided in Table 1110.235(c)(2)(B)(i).

| <b>Table 1110.235(c)(2)(B)(i)</b><br><b>GSA Population by Zip Code</b> |                   |                   |
|------------------------------------------------------------------------|-------------------|-------------------|
| <b>Zip Code</b>                                                        | <b>City</b>       | <b>Population</b> |
| 60004                                                                  | Arlington Heights | 52,546            |
| 60008                                                                  | Rolling Meadows   | 22,760            |
| 60010                                                                  | Barrington        | 46,365            |
| 60013                                                                  | Cary              | 26,144            |
| 60021                                                                  | Fox River Grove   | 5,404             |
| 60042                                                                  | Island Lake       | 8,433             |
| 60047                                                                  | Lake Zurich       | 43,944            |
| 60060                                                                  | Mundelein         | 37,599            |
| 60067                                                                  | Palatine          | 39,324            |
| 60074                                                                  | Palatine          | 37,705            |
| 60084                                                                  | Wauconda          | 17,029            |
| 60089                                                                  | Buffalo Grove     | 43,227            |
| 60102                                                                  | Algonquin         | 31,959            |
| 60107                                                                  | Streamwood        | 39,535            |
| 60110                                                                  | Carpentersville   | 38,762            |
| 60118                                                                  | Dundee            | 16,342            |
| 60120                                                                  | Elgin             | 50,799            |
| 60156                                                                  | Lake in the Hills | 28,982            |
| 60169                                                                  | Hoffman Estates   | 34,248            |
| 60173                                                                  | Schaumburg        | 13,764            |
| 60192                                                                  | Hoffman Estates   | 16,550            |
| 60194                                                                  | Schaumburg        | 20,622            |
| 60195                                                                  | Schaumburg        | 5,150             |
| <b>Total</b>                                                           |                   | <b>677,193</b>    |

United States Census Bureau, 2020: Total Population available at <https://data.census.gov/table/DECENNIALDHC2020.P1?q=ZCTA5%2060403> (last visited Dec. 20, 2023).

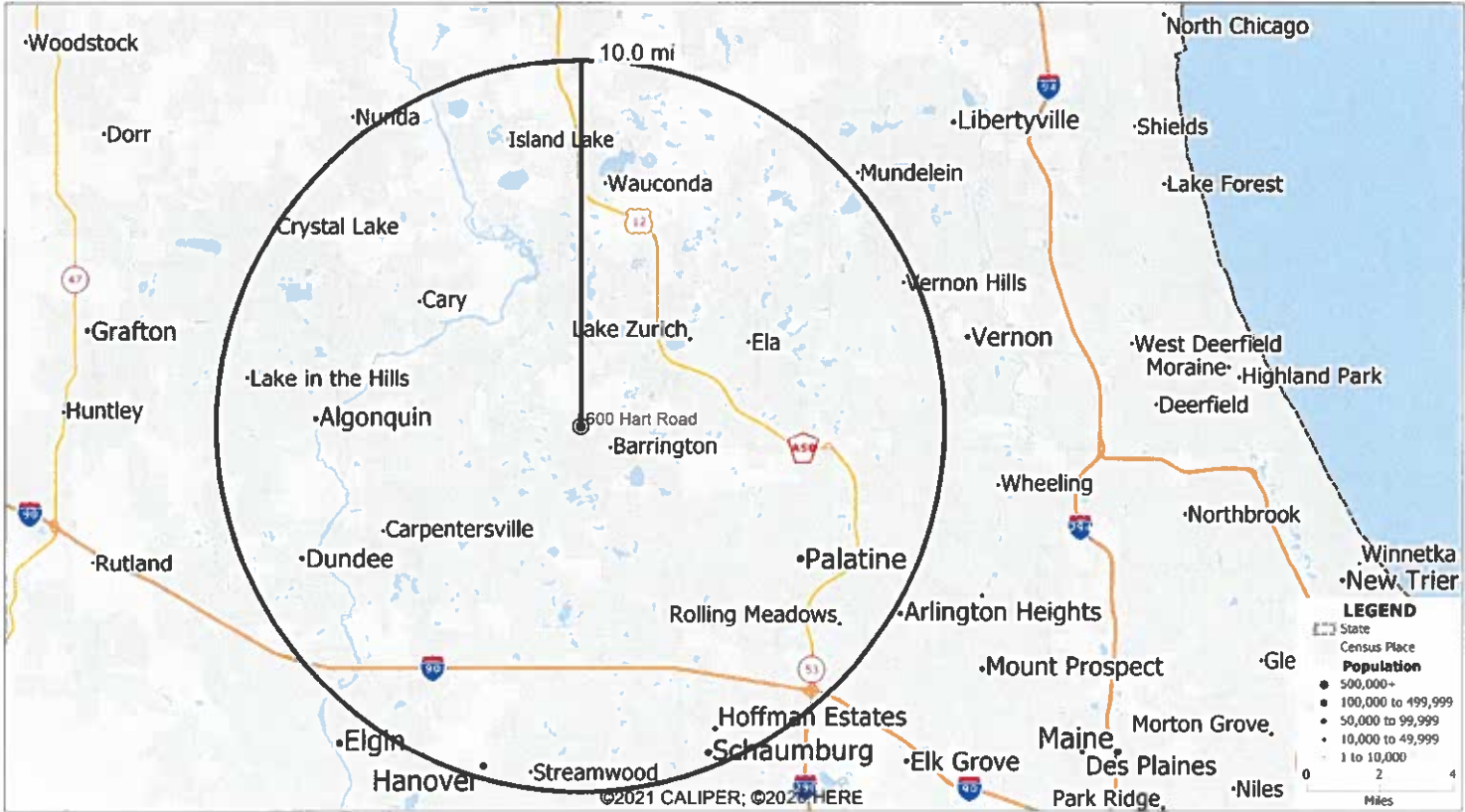
3. Pursuant to Section 1100.510(d) of the State Board's rules, the intended geographic service area shall be a 10-mile radius time from the proposed ambulatory surgical treatment center. As set forth throughout this application, Barrington Pain and Spine Institute serves the northern suburbs of Chicago within a 10-mile radius of the surgery center. Travel times to and from Barrington Pain and Spine Institute to the GSA borders are as follows:

East: Approximate 10-mile radius to Wheeling  
 Southeast: Approximate 10-mile radius to Schaumburg  
 South: Approximate 10-mile radius to Streamwood  
 Southwest: Approximate 10-mile radius time to Elgin  
 West: Approximate 10-mile radius to Lake in the Hills  
 Northwest: Approximate 10-mile radius to Crystal Lake  
 North: Approximate 10-mile radius to Fox Lake  
 Northeast: Approximate 10-mile radius to Mundelein

4. Patient origin information by zip code for Dr. Zivin's admissions for the last 12- month period is provided in Table 1110.235(c)(2)(B)(ii) below.

| <b>Table 1110.235(c)(2)(B)(ii)<br/>Patients by Zip Code</b> |                    |                 |
|-------------------------------------------------------------|--------------------|-----------------|
| <b>Zip Code</b>                                             | <b>City</b>        | <b>Patients</b> |
| 46996                                                       | Winamac, IN        | 2               |
| 60004                                                       | Arlington Heights  | 6               |
| 60005                                                       | Arlington Heights  | 4               |
| 60007                                                       | Elk Grove Village  | 3               |
| 60008                                                       | Rolling Meadows    | 3               |
| 60010                                                       | Barrington         | 2               |
| 60020                                                       | Fox Lake           | 1               |
| 60021                                                       | Fox River Grove    | 1               |
| 60030                                                       | Grayslake          | 1               |
| 60047                                                       | Lake Zurich        | 1               |
| 60056                                                       | Mount Prospect     | 3               |
| 60074                                                       | Palatine           | 1               |
| 60090                                                       | Wheeling           | 2               |
| 60108                                                       | Bloomingtondale    | 1               |
| 60148                                                       | Lombard            | 1               |
| 60169                                                       | Hoffman Estates    | 1               |
| 60304                                                       | Oak Park           | 2               |
| 60409                                                       | Calumet City       | 1               |
| 60430                                                       | Homewood           | 1               |
| 60440                                                       | Bolingbrook        | 1               |
| 60457                                                       | Hickory Hills      | 1               |
| 60458                                                       | Justice            | 1               |
| 60478                                                       | Country Club Hills | 1               |
| 60481                                                       | Wilmington         | 1               |
| 60487                                                       | Tinley Park        | 1               |
| 60499                                                       | Bedford Park       | 1               |
| 60501                                                       | Summit Argo        | 1               |
| 60515                                                       | Downers Grove      | 4               |

| Table 1110.235(c)(2)(B)(II)<br>Patients by Zip Code |               |           |
|-----------------------------------------------------|---------------|-----------|
| Zip Code                                            | City          | Patients  |
| 60516                                               | Downers Grove | 4         |
| 60523                                               | Oak Brook     | 1         |
| 60532                                               | Lisle         | 1         |
| 60559                                               | Westmont      | 2         |
| 60631                                               | Chicago       | 1         |
| 60638                                               | Chicago       | 1         |
| 61008                                               | Belvidere     | 1         |
| <b>Total</b>                                        |               | <b>60</b> |



**Section V, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(3) – Service Demand-Additional ASTC Service**

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

| <b>Table 1110.235(c)(3)</b>            |                                              |                                      |
|----------------------------------------|----------------------------------------------|--------------------------------------|
| <b>Hospital/ASTC</b>                   | <b>Cases Performed in the Last 12 Months</b> | <b>Anticipated Referrals to BPSI</b> |
| Northwestern Medicine McHenry Hospital | 5                                            | 3                                    |
| Advocate South Suburban Hospital       | 3                                            | 1                                    |
| Advocate Good Samaritan Hospital       | 7                                            | 1                                    |
| Northwest Community Hospital           | 42                                           | 19                                   |
| Advocate Christ Medical Center         | 3                                            | 0                                    |
|                                        |                                              |                                      |
|                                        |                                              |                                      |
|                                        |                                              |                                      |
|                                        |                                              |                                      |
|                                        |                                              |                                      |
| <b>Total</b>                           | <b>60</b>                                    | <b>24</b>                            |

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

1. Pursuant to Section 1100.640(c) of the State Board's rules, ambulatory surgical treatment centers should operate 1,500 hours per room per year (including setup and cleanup time). Barrington Pain and Spine institute currently has two operating rooms and one procedure with total a capacity of 4,500 hours per year. In 2023, 2,856 surgical procedures (or 3,419 surgical hours) were performed at Barrington Pain and Spine Institute. Based on the physician referral letter attached at Appendix – 1, Dr. Zivin conservatively anticipates referring 24 interventional radiology cases (or 16 surgical hours) within the first year after CON permit completion.<sup>10</sup> Accordingly, the Applicants project 2,880 cases (or 3,434 surgical hours) will be referred to Barrington Pain and Spine Institute.
2. The Applicants estimate the average length of time will be 0.5 surgical hours and 10 minutes for prep and clean up for a total of 0.7 hours per interventional radiology procedure.

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<sup>10</sup> Due to the lack of availability of hospitals and ambulatory surgical treatment centers to perform outpatient interventional radiology cases, many patients forego these vital procedures for lower extremity pain and rely on other types of pain relief. Accordingly, the Applicants anticipate 4-8 cases per month (or 50 – 100 cases annually) will be referred to BPSI from its affiliated medical practice, IPSI. As the State Board's rules limit the number of projected referrals to the referring physician's historical caseload, these projected cases were excluded from the estimated cases.

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

The primary purpose of this CON permit application is to improve access to interventional radiology to patients within the Applicants' geographic service area and to increase utilization at BPSI, which currently has surgical capacity.

As noted in Section 1110.110(b), adding IR physicians to the medical staff of BPSI will improve access to high-quality/low-cost interventional radiology to patients living in the northern suburbs of Chicago. While there are 10 existing or approved health care facilities located within 10 miles of BPSI (3 hospitals and 7 ASCs), the existing hospitals operate at or above the State standard of 1,500 surgical hours per operating room and do not have capacity to accommodate the projected referrals to BPSI.<sup>11</sup> Moreover, utilizing hospitals for procedures that can be safely performed in an outpatient surgery center is not an efficient use of scarce health care resources. A 2019 report by the Center for American Progress noted the escalation in health care costs is largely attributed to high prices charged by hospitals.<sup>12</sup> This report highlighted that "hospitals are able to sustain profits and high prices because of their market power, which has grown as competition has dwindled and providers have consolidated."<sup>13</sup> Prices set by hospitals are discretionary and not connected to underlying costs or market prices. Further, according to the March 2024 MedPac Report to Congress, Medicare payment rates for most ambulatory surgical procedures performed in HOPDs are almost twice as high as in surgery centers.

Of the 7 ambulatory surgery centers in the GSA, none are approved to provide interventional radiology: Aghapy Surgical Center is only approved for gastroenterology, Schaumburg Surgery Center is approved for orthopedics, pain and podiatry, Specialty Surgicare is only approved for orthopedics and pain management. The remaining surgery centers (Hoffman Estates Surgery Center, Ashton Center for Day Surgery, Associated Surgical Center, and Algonquin Road Surgery Center) are multi-specialty surgery centers; however, they do not provide interventional radiology. Importantly, for the existing surgery centers to perform interventional radiology procedures, they too will need approval from the State Board to add interventional radiology. Accordingly, they are not an option for Dr. Zivin.

Adding interventional radiology at BPSI is necessary to improve access to low cost/high quality interventional radiology procedures to residents of the northern suburbs of Chicago.

<sup>11</sup> See 2022 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development showing Saint Alexius Medical Center operated at over 2,300 hours per operating room in 2022; Advocate Good Shepherd operated at approximately 1,500 hours per operating room in 2022; and Mercy Crystal Lake Hospital which opened in July 2023 had no utilization data is available.

<sup>12</sup> Emily Gee, *The High Price of Hospital Care*, CTR. AM. PROGRESS, 1, Jun. 2019 available at <https://www.americanprogress.org/wp-content/uploads/sites/2/2019/06/HospitalCosts-report.pdf> (last visited Feb. 1, 2024).

<sup>13</sup> *Id.*

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

**1. Unnecessary Duplication of Services**

- a. Barrington Pain and Spine Institute will remain in its current location at 600 Hart Road, Suite 300, Barrington, Illinois. A map of the Barrington Pain and Spine Institute's market area is attached at Attachment – 25A. A list of all zip codes located, in whole or in part, within a 10-mile radius of Barrington Pain and Spine Institute as well as the 2020 U.S. Census estimates figures for each zip code is provided in Table 1110.235(c)(7)(A)(i).

| <b>Table 1110.235(c)(7)(A)(i)</b><br><b>GSA Population by Zip Code</b> |                   |                   |
|------------------------------------------------------------------------|-------------------|-------------------|
| <b>Zip Code</b>                                                        | <b>City</b>       | <b>Population</b> |
| 60004                                                                  | Arlington Heights | 52,546            |
| 60008                                                                  | Rolling Meadows   | 22,760            |
| 60010                                                                  | Barrington        | 46,365            |
| 60013                                                                  | Cary              | 26,144            |
| 60021                                                                  | Fox River Grove   | 5,404             |
| 60042                                                                  | Island Lake       | 8,433             |
| 60047                                                                  | Lake Zurich       | 43,944            |
| 60060                                                                  | Mundelein         | 37,599            |
| 60067                                                                  | Palatine          | 39,324            |
| 60074                                                                  | Palatine          | 37,705            |
| 60084                                                                  | Wauconda          | 17,029            |
| 60089                                                                  | Buffalo Grove     | 43,227            |
| 60102                                                                  | Algonquin         | 31,959            |
| 60107                                                                  | Streamwood        | 39,535            |
| 60110                                                                  | Carpentersville   | 38,762            |
| 60118                                                                  | Dundee            | 16,342            |
| 60120                                                                  | Elgin             | 50,799            |
| 60156                                                                  | Lake in the Hills | 28,982            |
| 60169                                                                  | Hoffman Estates   | 34,248            |
| 60173                                                                  | Schaumburg        | 13,764            |
| 60192                                                                  | Hoffman Estates   | 16,550            |
| 60194                                                                  | Schaumburg        | 20,622            |
| 60195                                                                  | Schaumburg        | 5,150             |
| <b>Total</b>                                                           |                   | <b>677,193</b>    |

United States Census Bureau, 2020: Total Population available at <https://data.census.gov/table/DECENNIALDHC2020.P1?q=ZCTA5%2060403> (last visited Dec. 20, 2023).

- b. A list of all existing and approved hospitals and surgery centers located within the Barrington Pain and Spine Institute geographic service area is provided in Table 1110.235(c)(7)(A)(ii) below.

| <b>Table 1110.235(c)(7)(A)(ii)</b><br><b>Facilities within 10 Miles of Barrington Pain and Spine Institute</b> |                                |                   |                                |
|----------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|--------------------------------|
| Facility Name                                                                                                  | Address                        | City              | Straight-Line Distance (Miles) |
| <b>AMBULATORY SURGICAL TREATMENT CENTERS</b>                                                                   |                                |                   |                                |
| Aghapy Surgical Center, S.C.                                                                                   | 200 Fox Glen Court             | Barrington        | 3.2                            |
| Hoffman Estates Surgery Center, LLC                                                                            | 1555 Barrington Road Suite 400 | Hoffman Estates   | 7.6                            |
| Ashton Center for Day Surgery                                                                                  | 1800 McDonough Rd Ste 100      | Hoffman Estates   | 7.8                            |
| Schaumburg Surgery Center, LLC                                                                                 | 929 W Higgins Rd FL 2          | Schaumburg        | 8.2                            |
| Associated Surgical Center, LLC                                                                                | 129 W. Rand Rd Ste 1           | Arlington Heights | 9.2                            |
| Specialty Surgicare LTD                                                                                        | 500 West Golf Rd Ste 102       | Schaumburg        | 8.5                            |
| Algonquin Road Surgery Center, LLC                                                                             | 2550 W. Algonquin Road         | Lake in the Hills | 9.6                            |
| <b>HOSPITALS</b>                                                                                               |                                |                   |                                |
| Advocate Good Shepherd Hospital                                                                                | 450 West Highway 22            | Barrington        | 2.3                            |
| St. Alexius Medical Center                                                                                     | 1555 Barrington Road           | Barrington        | 7.6                            |
| Mercyhealth Hosp & Physician Clinic - Crystal Lake                                                             | 875 S. Route 31                | Crystal Lake      | 9.4                            |

## 2. Maldistribution of Services

Expansion of services at Barrington Pain and Spine Institute will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of surgical/treatment rooms characterized by such factors as, but not limited to: (1) ratio of surgical/treatment rooms to population exceeds one and one-half times the State Average; (2) historical utilization of existing surgical/treatment rooms is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

- a. Ratio of operating rooms to population.

As shown in Table 1110.235(c)(7)(B)(i), the ratio of population to operating/procedure rooms is 43% of the State Average.

| <b>Table 110.235(c)(7)(B)(ii)</b><br><b>Ratio of Surgical/Treatment Rooms to Population</b> |            |                               |                        |               |
|---------------------------------------------------------------------------------------------|------------|-------------------------------|------------------------|---------------|
|                                                                                             | Population | Operating/<br>Procedure Rooms | Rooms to<br>Population | Standard Met? |
| <b>Geographic Service Area</b>                                                              | 677,193    | 63                            | 1:10,749               | YES           |
| <b>State</b>                                                                                | 12,812,508 | 2,756                         | 1:4,648                |               |

b. Historical Utilization of Existing Health Care Facilities

As noted in Section 1110.110(b), adding IR physicians to the medical staff of BPSI will improve access to high-quality/low-cost interventional radiology to patients living in the northern suburbs of Chicago. While there are 10 existing or approved health care facilities located within 10 miles of BPSI (3 hospitals and 7 ASCs), the existing hospitals operate at or above the State standard of 1,500 surgical hours per operating room and do not have capacity to accommodate the projected referrals to BPSI.<sup>14</sup> Moreover, utilizing hospitals for procedures that can be safely performed in an outpatient surgery center is not an efficient use of scarce health care resources. A 2019 report by the Center for American Progress noted the escalation in health care costs is largely attributed to high prices charged by hospitals.<sup>15</sup> This report highlighted that "hospitals are able to sustain profits and high prices because of their market power, which has grown as competition has dwindled and providers have consolidated."<sup>16</sup> Prices set by hospitals are discretionary and not connected to underlying costs or market prices. Further, according to the March 2024 MedPac Report to Congress, Medicare payment rates for most ambulatory surgical procedures performed in HOPDs are almost twice as high as in surgery centers.

Of the 7 ambulatory surgery centers in the GSA, none is approved to provide interventional radiology: Aghapy Surgical Center is only approved for gastroenterology, Schaumburg Surgery Center is approved for orthopedics, pain and podiatry, Specialty Surgicare is only approved for orthopedics and pain management. The remaining surgery centers (Hoffman Estates Surgery Center, Ashton Center for Day Surgery, Associated Surgical Center, and Algonquin Road Surgery Center) are multi-specialty surgery centers; however, they do not provide interventional radiology. Importantly, for the existing surgery centers to perform interventional radiology procedures, they too will need approval to add interventional radiology from the State Board. Accordingly, they are not an option for Dr. Zivin.

c. Sufficient Population to Provide the Necessary Volume or Caseload

The Applicants currently operate an ASTC with two operating rooms and one procedure room. ***Importantly, this CON permit application does not add surgical capacity to the GSA and there are no capital costs associated with it.*** This CON permit application requests approval to credential physicians practicing in interventional radiology. Doing so will increase its utilization to be closer to the State Board's standard of 1,500 surgical hours per operating/procedure room. In 2023, 2,856 surgical procedures (or 3,419 surgical hours) were performed at Barrington Pain and Spine Institute. Based on the physician referral letter attached at Appendix – 1, Dr. Zivin conservatively anticipates referring 24 interventional radiology cases (or 16 surgical hours) within the first year after CON permit completion.<sup>17</sup> Accordingly, the Applicants project 2,886 cases (or 3,434 surgical hours) will be referred to

<sup>14</sup> See 2022 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development showing Saint Alexius Medical Center operated at over 2,300 hours per operating room in 2022; Advocate Good Shepherd operated at approximately 1,500 hours per operating room in 2022; and Mercy Crystal Lake Hospital which opened in July 2023 had no utilization data is available.

<sup>15</sup> Emily Gee, *The High Price of Hospital Care*, CTR. AM. PROGRESS, 1, Jun. 2019 available at <https://www.americanprogress.org/wp-content/uploads/sites/2/2019/06/HospitalCosts-report.pdf> (last visited Feb. 1, 2024).

<sup>16</sup> *Id.*

<sup>17</sup> Due to the lack of availability of hospitals and ambulatory surgical treatment centers to perform outpatient interventional radiology cases, many patients forego these vital procedures for lower extremity pain and rely on other types of pain relief. Accordingly, the Applicants anticipate 4-8 cases per month (or 50 – 100 cases annually) will be referred to BPSI from its affiliated medical practice, IPSI. As the State Board's rules limit the number of projected referrals to the referring physician's historical caseload, these projected cases were excluded from the estimated cases.

Barrington Pain and Spine Institute.<sup>18</sup> Accordingly, there is sufficient population to provide the volume necessary to utilize the operating rooms proposed by the project.

### **3. Impact on Other Health Care Facilities**

- a. Expansion of surgical services at BPSI will not have an adverse impact on existing health care facilities in the GSA. Due to the lack of availability of hospitals and ambulatory surgical treatment centers to perform outpatient interventional radiology cases, many IPSI chronic pain patients forego these vital procedures for lower extremity pain and rely on other types of pain relief. Accordingly, the Applicants anticipate 4-8 cases per month (or 50 – 100 cases annually) will be referred to BPSI from IPSI. For these reasons, it will not adversely impact existing health care facilities in the GSA.
- b. BPSI will not lower the utilization of other area providers that are operating below the occupancy standards. Due to the lack of availability of hospitals and ambulatory surgical treatment centers to perform outpatient interventional radiology cases, many IPSI chronic pain patients forego these vital procedures for lower extremity pain and rely on other types of pain relief. Accordingly, the Applicants anticipate 4-8 cases per month (or 50 – 100 cases annually) will be referred to BPSI from IPSI. For these reasons, it will not further lower utilization of area providers operating below the State Board's occupancy standards.

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<sup>18</sup> Due to the lack of availability of hospitals and ambulatory surgical treatment centers to perform outpatient interventional radiology cases, many patients forego these vital procedures for lower extremity pain and rely on other types of pain relief. Accordingly, the Applicants anticipate 4-8 cases per month (or 50 – 100 cases annually) will be referred to BPSI from its affiliated medical practice, IPSI. As the State Board's rules limit the number of projected referrals to the referring physician's historical caseload, these projected cases were excluded from the estimated cases.

**Section V, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(8), Staffing**

BPSI is staffed in accordance with all IDPH and Medicare staffing requirements.

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

1. Most of the interventional pain management procedures discussed in Section 1110.110(b) are already performed by anesthesiologists at BPSI. The CPT codes provided below are in addition to the surgical procedures currently on the BPSI charge schedule.

| <b>Table 1110.235(c)(9)</b>                                        |                                                                                                     |               |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------|
| <b>Additional Interventional Pain Management Procedure Charges</b> |                                                                                                     |               |
| <b>CPT Code</b>                                                    | <b>Description</b>                                                                                  | <b>Charge</b> |
| 36245                                                              | Selective Catheter Placement in an Arterial System Branch in the Abdomen, Pelvis or Lower Extremity | \$7,560.54    |
| 36246                                                              | Transluminal Balloon Angioplasty (except lower extremity artery(ies))                               | \$18,731.64   |
| 36248                                                              | Transluminal Balloon Angioplasty                                                                    | \$14,434.20   |
| 37242                                                              | Vascular Embolization and Occlusion Procedures on Arteries and Veins                                | \$67,664.52   |
| 76937                                                              | Ultrasound Guidance for Vascular Access                                                             | \$153.36      |

2. A letter from John V. Prunskis, M.D., Manager, Barrington Pain and Spine Institute, L.L.C. committing to maintain the charges listed in Table 1110.235(c)(9) is attached at Attachment – 25G.

Barrington Pain and Spine Institute  
600 Hart Rd  
Barrington, IL 60010  
847-289-8822

January 24, 2024

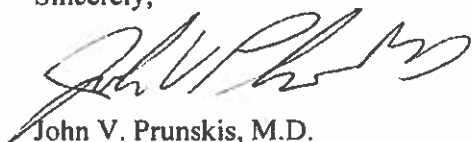
Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Charge Commitment**

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 110.235(c)(9)(B), I hereby commit that the attached charge schedule will not be increased, at a minimum, for the first two years after the addition of interventional radiology at Barrington Pain and Spine Institute, L.L.C. unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1130.310(a).

Sincerely,



John V. Prunskis, M.D.  
Manager  
Barrington Pain and Spine Institute, L.L.C.

Subscribed and sworn to me  
This 19 day of February, 2024



Notary Public

State of Illinois  
County of Lake  
This instrument was acknowledged  
before me on 2/19/2024  
By Francis Norman

**Section V, Service Specific Review Criteria  
Non-Hospital Based Ambulatory Surgery**

**Criterion 1110.235(c)(10), Assurances**

Attached at Attachment – 25H is a letter from John V. Prunskis, M.D., Manager, Barrington Pain and Spine Institute, L.L.C., certifying that a peer review program exists at BPSI.

Attachment – 25H

Barrington Pain and Spine Institute  
 600 Hart Rd  
 Barrington, IL 60010  
 847-289-8822

January 24, 2024

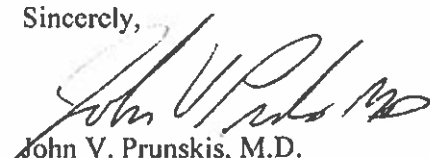
Debra Savage  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2<sup>nd</sup> Floor  
 Springfield, IL 62761

Dear Chair Savage:

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

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

Sincerely,

  
 John V. Prunskis, M.D.  
 Manager  
 Barrington Pain and Spine Institute, L.L.C.

Subscribed and sworn to me  
 This 19 day of February, 2024

  
 Notary Public

State of Illinois Lake  
 County of Lake  
 This instrument was acknowledged  
 before me on 2/19/2024  
 By Francine Narman

**Section VI, Availability of Funds**  
**Criterion 1120.120**

This project will not have any project costs. Accordingly, this criterion is not applicable.

**Section VII, 1120.130(b) Financial Viability**  
**Financial Viability**

This project will not have any project costs. Accordingly, this criterion is not applicable.

**VIII, Economic Feasibility Review Criteria**

**Criterion 1120.140(a), Reasonableness of Financing Arrangements**

This project will not have any project costs. Accordingly, this criterion is not applicable.

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140(b), Conditions of Debt Financing**

This project will not have any project costs. Accordingly, this criterion is not applicable.

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140(c), Reasonableness of Project and Related Costs**

This project will not have any project costs. Accordingly, this criterion is not applicable.

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140(d), Projected Operating Costs**

|                                 |                       |
|---------------------------------|-----------------------|
| Operating Expenses              | \$48,960              |
| Procedures                      | 24 Procedures         |
| Operating Expense per Procedure | \$2,040 per Procedure |

**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140(e), Total Effect of Project on Capital Costs**

|                            |                   |
|----------------------------|-------------------|
| Capital Costs              | \$0               |
| Procedures                 | 24 Procedures     |
| Capital Cost per Procedure | \$0 per Procedure |

**Section IX, Safety Net Impact Statement**

This CON permit application is non-substantive as it merely involves the addition interventional radiology to an existing ASTC with no physical expansion or capital expenditure. Accordingly, this criterion is not applicable.

**Section X, Charity Care Information**

BPSI is not a tax-exempt organization. As it is not required to provide charity care, it does not track it, although it has bad debt.

**Appendix I – Physician Referral Letter**

Attached as Appendix - 1 is the referral letter from Dr. Sean Zivin projecting 24 patients will be referred to BPSI within 12 to 24 months of project completion.

Debra Savage

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

Dear Ms. Savage:

I am an interventional radiologist. I am writing in support of the expansion of surgical specialties at Barrington Pain & Spine Institute ("BPSI"). Changes in clinical practice and health care technology have expanded the provision of procedures in ambulatory surgery centers. Further, with increased focus on value-based care, ambulatory surgery centers provide a lower cost alternative to traditional hospital outpatient departments.

The expansion of surgical specialties at BPSI will allow my patients to receive high quality care at a lower cost and with greater convenience than at a hospital outpatient department.

Over the past twelve months (from May 1, 2023 to April 30, 2024), for the zip codes listed on Exhibit 1, I performed a total of 57 outpatient surgical procedures at the following hospitals and surgery centers. With the expansion of surgical specialties at BPSI, I expect to refer my cases as noted below. Of the total cases, 80% percent will reside within the proposed geographic service area of BPSI.

| Hospital / Licensed ASTC       | Hospital and<br>Licensed ASTC<br>(number of cases)<br>Most recent 12<br>months | Projected Referrals<br>to BPSI<br>after Project<br>Completion |
|--------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------|
| Northwest Community Hospital   | 42                                                                             | 19                                                            |
| McHenry Hospital               | 5                                                                              | 3                                                             |
| South Suburban Hospital        | 3                                                                              | 1                                                             |
| Good Samaritan Hospital        | 7                                                                              | 1                                                             |
| Advocate Christ Medical Center | 3                                                                              | 0                                                             |
|                                |                                                                                |                                                               |
|                                |                                                                                |                                                               |
|                                |                                                                                |                                                               |
|                                |                                                                                |                                                               |
| <b>Total</b>                   |                                                                                |                                                               |

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

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

I support the expansion of surgical specialties at BPSI.

Sincerely, *Sean Zivin* 6-21-2024

Sean Zivin, M.D.  
Northwest Radiology Associates  
800 West Central Avenue  
Arlington Heights, Illinois 60005

|                                                                                     |                                                                                                             |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Subscribed and sworn to me<br>This <u>22</u> day of <u>June</u> , 2024              |                                                                                                             |
|  | BARBARA GROSHON<br>Official Seal<br>Notary Public - State of Illinois<br>My Commission Expires Dec 20, 2025 |
| Notary Public                                                                       |                                                                                                             |

92633741 1

Exhibit 1

Referrals by Patient Zip Code

| Interventional Radiology |                 |
|--------------------------|-----------------|
| Zip Code                 | Number of Cases |
| 46996                    | 1               |
| 60004                    | 5               |
| 60005                    | 3               |
| 60007                    | 2               |
| 60008                    | 2               |
| 60010                    | 1               |
| 60020                    | 1               |
| 60021                    | 1               |
| 60030                    | 1               |
| 60047                    | 1               |
| 60056                    | 3               |
| 60074                    | 1               |
| 60090                    | 2               |
| 60108                    | 1               |

|       |    |
|-------|----|
| 60148 | 1  |
| 60169 | 1  |
| 60304 | 2  |
| 60409 | 1  |
| 60440 | 1  |
| 60458 | 1  |
| 60481 | 1  |
| 60515 | 1  |
| 60516 | 3  |
| 60532 | 1  |
| 60631 | 1  |
| 60638 | 1  |
| 61008 | 1  |
| 46996 | 1  |
| 60004 | 1  |
| 60005 | 1  |
| 60007 | 1  |
| 60008 | 1  |
| 60010 | 1  |
| 60515 | 3  |
| 60516 | 1  |
| 60523 | 1  |
| 60499 | 1  |
| 60457 | 1  |
| 60559 | 2  |
| 60430 | 1  |
| 60478 | 1  |
| 60501 | 1  |
| 60487 | 1  |
| Total | 60 |

92633741.1

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

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| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 36 – 37 |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  | 38 – 39 |
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