

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

RECEIVED

JUN 06 2024

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

ILLINOIS HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Northwestern Medicine Palos Hospital		
Street Address:	12251 South 80 th Avenue		
City and Zip Code:	Palos Heights, IL 60463		
County:	Suburban Cook	Health Service Area: 7	Health Planning Area: A-04

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

Exact Legal Name:	Palos Community Hospital		
Street Address:	12251 South 80 th Avenue		
City and Zip Code:	Palos Heights, IL 60463		
Name of Registered Agent:	Julia K. Lynch		
Registered Agent Street Address:	211 East Ontario Street Suite 1800		
Registered Agent City and Zip Code:	Chicago, IL 60611		
Name of Chief Executive Officer:	Michael V. Vivoda		
CEO Street Address:	12251 South 80 th Street		
CEO City and Zip Code:	Palos Heights, IL 60463		
CEO Telephone Number:	630-208-3071		

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Northwestern Medicine Palos Hospital		
Street Address:	12251 South 80 th Avenue		
City and Zip Code:	Palos Heights, IL 60463		
County:	Suburban Cook	Health Service Area:	7
		Health Planning Area:	A-04

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

Exact Legal Name:	Northwestern Memorial HealthCare		
Street Address:	251 East Huron Street		
City and Zip Code:	Chicago, IL 60611		
Name of Registered Agent:	Julia K. Lynch		
Registered Agent Street Address:	211 East Ontario Street Suite 1800		
Registered Agent City and Zip Code:	Chicago, IL 60611		
Name of Chief Executive Officer:	Howard B. Chrisman, MD		
CEO Street Address:	251 East Huron Street		
CEO City and Zip Code:	Chicago, IL 60611		
CEO Telephone Number:	312-926-0016		

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
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Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

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

Name:	Ann Hall
Title:	Vice President, Administration
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-6668
E-mail Address:	ann.hall@nm.org
Fax Number:	312-926-0373

Post Exemption Contact

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

Name:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Palos Community Hospital
Address of Site Owner:	12251 South 80 th Avenue, Palos Heights, IL 60463
Street Address or Legal Description of the Site:	Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Palos Community Hospital	
Address:	12251 South 80 th Avenue, Palos Heights, IL 60463	
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> 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 organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 		
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

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

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

Narrative Description

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

Northwestern Medicine Palos Hospital seeks to discontinue its 8-bed Pediatrics category of service. The applicants are Northwestern Memorial HealthCare and Palos Community Hospital.

Palos Community Hospital is located at 12551 South 80th Avenue in Palos Heights, Illinois.

The project is classified as substantive because it proposes the discontinuation of a category of service.

There is no project cost.

Project Status and Completion Schedules

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

NM Palos Hospital does not have any outstanding permits; however, NMHC has the following
outstanding permits (none of which have any impact on the proposed exemption project):

CON #21-008 – Old Irving Park Medical Office Building

CON #21-032 – NM Cancer Center Delnor Modernization/Expansion

CON #22-011 – Oak Brook Medical Office Building

CON #22-046 – Bronzeville Medical Office Building

CON #22-047 – Lake Forest Hospital Expansion

CON #24-006 – NM Cancer Center Warrenville Modernization/Expansion

Anticipated exemption completion date (refer to Part 1130.570): immediately following HFSRB approval

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

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 Palos Community Hospital *

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.

Michael V. Vivoda
SIGNATURE

Michael V. Vivoda
PRINTED NAME

President
PRINTED TITLE

John A. Orsini
SIGNATURE

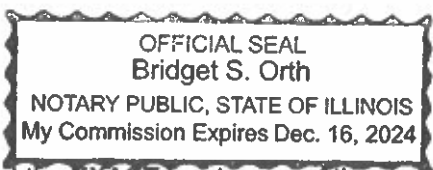
John A. Orsini
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of June 2024

[Signature]
Signature of Notary

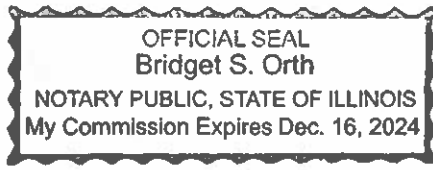
Seal



Notarization:
Subscribed and sworn to before me
this 5th day of June 2024

[Signature]
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

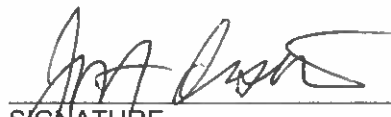
This Application is filed on the behalf of Northwestern Memorial HealthCare *

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

Howard B. Chrisman, MD
PRINTED NAME

President & CEO
PRINTED TITLE


SIGNATURE

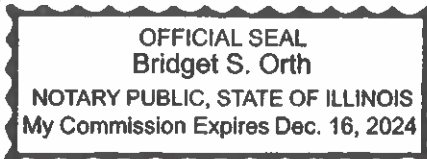
John A. Orsini
PRINTED NAME

Treasurer
PRINTED TITLE

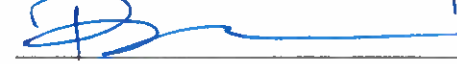
Notarization:
Subscribed and sworn to before me
this 5th day of June 2024


Signature of Notary

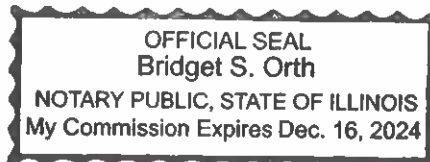
Seal



Notarization:
Subscribed and sworn to before me
this 5th day of June 2024


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

<input checked="" type="checkbox"/> Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

<p>GENERAL INFORMATION REQUIREMENTS</p> <ol style="list-style-type: none"> 1. Identify the category of service and the number of beds, if any, that are to be discontinued. 2. Identify all of the other clinical services that are to be discontinued. 3. Provide the anticipated date of discontinuation for each identified service. 4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs. 5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.
<p>APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

SECTION III. BACKGROUND

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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

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

	Medicaid (revenue)			
	Inpatient			
	Outpatient			
	Total			

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

SECTION V. CHARITY CARE INFORMATION

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

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

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	16-17
2	Site Ownership	18-22
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	N/A
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	23
5	Discontinuation General Information Requirements	24-26
6	Reasons for Discontinuation	27
7	Impact on Access	28-29
8	Background of the Applicant	30-31
9	Safety Net Impact Statement	32-33
10	Charity Care Information	34

File Number

2564-757-2



To all to whom these Presents Shall Come, Greeting:

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

PALOS COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 1938, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of MARCH A.D. 2024 .



Authentication #: 2408702608 verifiable until 03/27/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

File Number 5257-740-3



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

NORTHWESTERN MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of OCTOBER A.D. 2023 .



Authentication #: 2330402688 verifiable until 10/31/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

CHICAGO TITLE INSURANCE COMPANY

OWNER'S POLICY NO.
CCHI2004380LDPROFORMA

SCHEDULE A

Name and Address of Title Insurance Company: Chicago Title Insurance Company
10 South LaSalle Street, Suite 3100
Chicago, IL 60603

Address Reference: 12251 S 80th Ave., Palos Heights, IL 60463

Date of Policy	Amount of Insurance
PROFORMA 12/31/20	\$15,000,000.00

1. Name of Insured: **Chris Cattau**
Digitally signed by Chris Cattau
 DN: cn=Chris Cattau, c=US,
 o=Chicago Title Insurance
 Company,
 email=chris.cattau@ct.com
 Date: 2020.12.31 09:41:48 -0500
 Palos Community Hospital, an Illinois not-for-profit corporation

2. The estate or interest in the Land that is insured by this policy is:
 Fee Simple

3. Title is vested in:
 Palos Community Hospital, an Illinois not-for-profit corporation

4. The Land referred to in this policy is described as follows:
 SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

END OF SCHEDULE A

This is a PROFORMA Policy. It does not reflect the present state of the Title and is not a commitment to (i) insure the Title or (ii) issue any of the attached endorsements. Any such commitment must be an express written undertaking on appropriate forms of the Company.

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ALTA Owner's Policy (06/17/2006)



Printed: 12.23.20 @ 06:50 PM
IL-CT-FA83-02100.231406-SPS-72306-1-CCHI2004380LD

EXHIBIT "A"
Legal Description

PARCEL 1:

LOT 1 OWNERS' SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 7, 1972 AS DOCUMENT 22004846, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THAT PART OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF THE EAST 1116.00 FEET OF SAID NORTHWEST 1/4, SOUTH OF THE NORTH 1325.00 FEET OF SAID NORTHWEST 1/4 AND ALSO SOUTH OF THE SOUTHEASTERLY LINE OF BRAND STREET, AS SHOWN ON BRAND'S ADDITION TO PALOS RECORDED AUGUST 18, 1893 AS DOCUMENT 1918199, (EXCEPTING THEREFROM THE SOUTH 802.00 FEET OF THE WEST 910.00 FEET AND THE SOUTH 660.00 FEET OF THE EAST 250.00 OF THE WEST 160.00 FEET OF SAID NORTHWEST 1/4) AND EXCEPTING THEREFROM THAT PART DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE WEST LINE OF SAID NORTHWEST 1/4, WHICH IS A DISTANCE OF 802.00 FEET NORTH OF THE SOUTHWEST CORNER OF SAID NORTHWEST 1/4; THENCE CONTINUING NORTH ALONG SAID WEST LINE, A DISTANCE OF 81.36 FEET TO THE INTERSECTION OF SAID LINE WITH THE SOUTHEASTERLY LINE OF BRAND STREET AFORESAID; THENCE NORTH 59 DEGREES, 19 MINUTES EAST ALONG SAID SOUTHEASTERLY LINE OF BRAND STREET, A DISTANCE OF 314.08 FEET TO A POINT; THENCE SOUTH, PARALLEL WITH THE WEST LINE OF SAID NORTHWEST 1/4, A DISTANCE OF 241.16 FEET TO THE INTERSECTION OF SAID PARALLEL LINE WITH A LINE DRAWN 802.00 FEET NORTH OF AND PARALLEL WITH THE SOUTH LINE OF SAID NORTHWEST 1/4; THENCE WEST ALONG SAID PARALLEL LINE, A DISTANCE OF 270.12 FEET TO THE POINT OF BEGINNING; AND EXCEPTING THEREFROM THAT PART LYING WITHIN THE NORTH 248.92 FEET OF THE SOUTH 918.92 FEET OF THE EAST 175.00 FEET OF THE WEST 1055.00 FEET OF SAID NORTHWEST 1/4, IN COOK COUNTY, ILLINOIS.

PARCEL 3:

THE NORTH 62.23 FEET OF LOT 1 IN PALOS COMMUNITY HOSPITAL SUBDIVISION OF THE NORTH 248.92 FEET OF THE SOUTH 918.92 FEET OF THE EAST 175.00 FEET OF THE WEST 1055.00 FEET OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OCTOBER 25, 1985 AS DOCUMENT 85253957, IN COOK COUNTY, ILLINOIS.

PARCEL 4:

This is a PROFORMA Policy. It does not reflect the present state of the Title and is not a commitment to (i) insure the Title or (ii) issue any of the attached endorsements. Any such commitment must be an express written undertaking on appropriate forms of the Company.

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ALTA Owner's Policy (06/17/2006)

Printed: 12.23.20 @ 06:50 PM
IL-CT-FA83-02100.231406-SPS-72306-1-CCHI2004380LD

EXHIBIT "A"
Legal Description

LOT 1 (EXCEPT THE NORTH 62.23 FEET THEREOF) IN PALOS COMMUNITY HOSPITAL SUBDIVISION OF THE NORTH 248.92 FEET OF THE SOUTH 918.92 FEET OF THE EAST 175.00 OF THE WEST 1055.00 FEET OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 5:

A TRACT OF LAND IN THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT A POINT ON THE NORTH LINE OF THE SOUTHWEST 1/4 OF SECTION 25 AFORESAID, 629.52 FEET EAST OF THE WEST LINE OF SAID SOUTHWEST 1/4 OF SECTION 25; THENCE DUE SOUTH TO THE NORTHEASTERLY RIGHT OF WAY LINE OF 123RD STREET TO 127TH STREET CUT-OFF COUNTY ROAD; (AS DEEDED BY PLAT OF DEDICATION RECORDED AS DOCUMENT 8599656); THENCE NORTHWESTERLY ALONG SAID RIGHT OF WAY LINE TO THE NORTH LINE OF THE SOUTHWEST 1/4 OF SECTION 25 AFORESAID; THENCE EAST ALONG SAID NORTH LINE OF THE SOUTHWEST 1/4 OF SECTION 25 TO THE PLACE OF BEGINNING IN COOK COUNTY, ILLINOIS.

PARCEL 6:

LOT 1 IN THE SUBDIVISION OF THE NORTH 260.75 FEET (EXCEPT THE EAST 501.16 FEET) AND (EXCEPT THE WEST 800.52 FEET THEREOF) THE SOUTH 60.00 FEET OF THE NORTH 320.75 FEET OF THAT PORTION LYING EAST OF THE NORTHEASTERLY RIGHT OF WAY OF "CUT OFF COUNTY ROAD" AS NOW LAID OUT AND DEDICATED AND THE WEST 1002.33 FEET OF THE EAST 1336.44 FEET OF THE SOUTH 260.75 FEET OF THE NORTH 581.5 FEET OF THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SAID SUBDIVISION RECORDED JULY 3, 1946 AS DOCUMENT 13836869, IN COOK COUNTY, ILLINOIS.

PARCEL 7:

A TRACT OF LAND IN THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE NORTH LINE OF THE SOUTHWEST 1/4 OF SECTION 25; THENCE EAST ALONG SAID NORTH LINE OF THE SOUTHWEST 1/4 OF SECTION 25 FOR A DISTANCE OF 171.00 FEET; THENCE SOUTH ON A LINE PARALLEL WITH THE SAID WEST LINE OF THE SOUTHWEST 1/4 OF SAID SECTION 25 TO THE NORTHEASTERLY RIGHT OF WAY LINE OF THE 123RD STREET TO 127TH STREET CUT OFF, COUNTY ROAD (AS DEDICATED BY PLAT OF DEDICATION RECORDED AS DOCUMENT 8599658); THENCE NORTHWESTERLY ALONG SAID

This is a PROFORMA Policy. It does not reflect the present state of the Title and is not a commitment to (i) insure the Title or (ii) issue any of the attached endorsements. Any such commitment must be an express written undertaking on appropriate forms of the Company.

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ALTA Owner's Policy (06/17/2006)



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EXHIBIT "A"
Legal Description

NORTHEASTERLY RIGHT OF WAY LINE TO A POINT WHERE A LINE 629.52 FEET EAST OF AND PARALLEL WITH THE WEST LINE OF THE SOUTHWEST 1/4 OF SECTION 25 AFORESAID, INTERSECTS THE NORTHEASTERLY RIGHT OF WAY LINE OF SAID 123RD STREET TO 127TH STREET CUT OFF COUNTY ROAD; THENCE NORTH ALONG SAID LINE 629.52 FEET EAST OF AN PARALLEL WITH THE WEST LINE OF THE SOUTHWEST 1/4 OF SECTION 25, AFORESAID TO PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS;

EXCEPTING THAT PORTION OF A TRACT OF LAND BEING PART OF THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOI, DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF THE SOUTHWEST 1/4 OF SAID SECTION 25; THENCE ON AN ASSUMED BEARING OF NORTH 87 DEGREES, 54 MINUTES, 18 SECONDS EAST ALONG THE NORTH LINE OF SOUTHWEST 1/4, A DISTANCE OF 629.52 FEET TO THE NORTHWEST CORNER OF SAID TRACT OF LAND; THENCE SOUTH 02 DEGREES, 00 MINUTE, 50 SECONDS EAST ALONG THE WEST LINE OF SAID TRACT, PARALLEL WITH THE WEST LINE OF SAID SOUTHWEST 1/4, A DISTANCE OF 175.91 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING SOUTH 02 DEGREES, 00 MINUTE, 50 SECONDS EAST ALONG SAID WEST LINE, A DISTANCE OF 8.85 FEET TO THE NORTHWESTERLY RIGHT OF WAY LINE TO 123RD TO 127TH STREET COUNTY HIGHWAY DEDICATION RECORDED SEPTEMBER 22, 1924 AS DOCUMENT 8599658, BEING ALSO A POINT ON A 1026.95 FOOT RADIUS CURVE, THE CENTER OF CIRCLE OF SAID CURVE BEARS SOUTH 35 DEGREES, 54 MINUTES, 40 SECONDS WEST FROM SAID POINT; THENCE SOUTHEASTERLY ALONG SAID NORTHEASTERLY RIGHT OF WAY LINE AND SAID CURVE 92.27 FEET THROUGH A CENTRAL ANGLE OF 05 DEGREES, 08 MINUTES, 53 SECONDS; THENCE NORTH 41 DEGREES, 03 MINUTES, EAST 33 SECONDS EAST FROM SAID ALONG A RADIAL LINE 7.00 FEET TO A POINT ON A 1033.95 FOOT RADIUS CURVE, THE CENTER OF CIRCLE OF SAID CURVE BEARS SOUTH 41 DEGREES, 03 MINUTES, 33 SECONDS WEST FROM SAID POINT; THENCE NORTHWESTERLY ALONG SAID CURVE 98.34 FEET THROUGH A CENTRAL ANGLE OF 05 DEGREES, 26 MINUTES, 59 SECONDS TO THE POINT OF BEGINNING.

PARCEL 8:

THE SOUTH 802.00 FEET OF THE WEST 910.00 FEET AND THE SOUTH 660.00 FEET OF THE EAST 250.00 FEET OF THE WEST 1160.00 FEET OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN; (EXCEPTING THEREFROM THAT PART TAKEN FOR MCCARTHY ROAD AND EXCEPTING THEREFROM THAT PART LYING WITHIN THE NORTH 248.92 FEET OF SAID NORTHWEST 1/4 OF SECTION 25), IN COOK COUNTY, ILLINOIS.

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**SCHEDULE B
EXCEPTIONS FROM COVERAGE**

This policy does not insure against loss or damage, and the Company will not pay costs, attorneys' fees or expenses that arise by reason of:

General Exceptions

1. **Rights or claims of parties in possession not shown by Public Records.**
2. **Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the title that would be disclosed by an accurate and complete land survey of the Land.**
3. **Easements, or claims of easements, not shown by the Public Records.**
4. **Any lien, or right to a lien, for services, labor or material heretofore or hereafter furnished, imposed by law and not shown by the Public Records.**
5. **Taxes or special assessments which are not shown as existing liens by the Public Records.**

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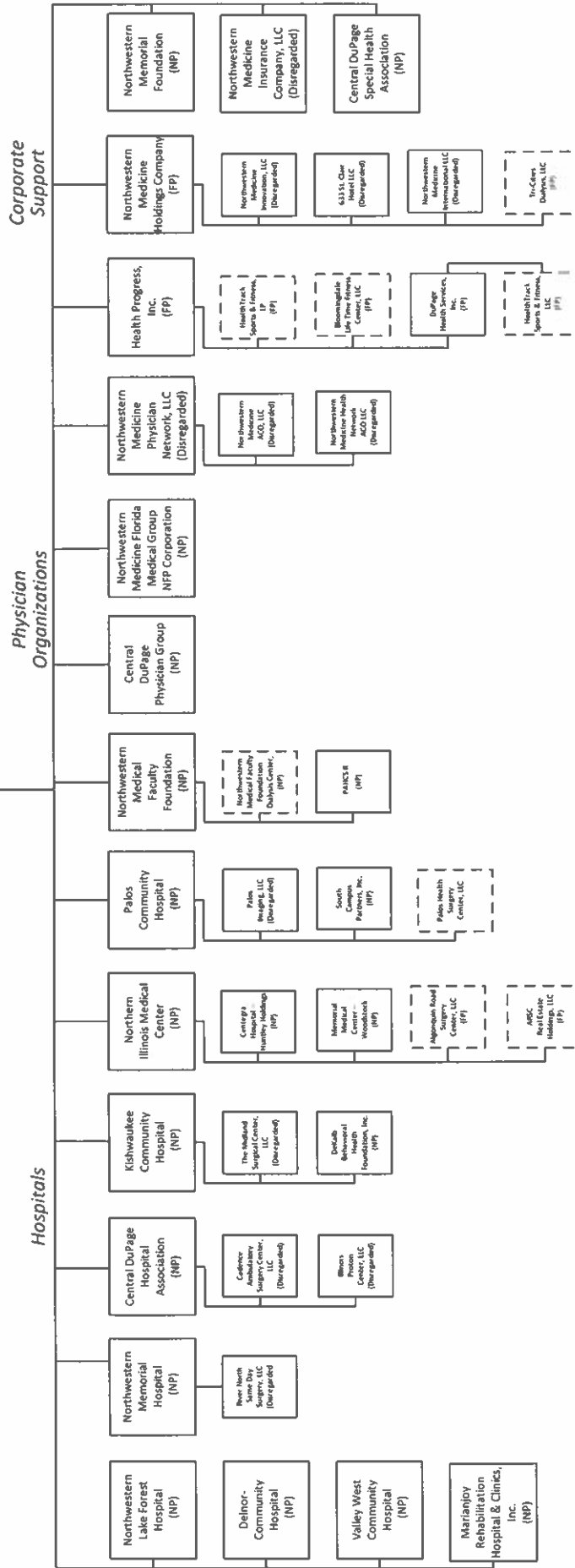
ALTA Owner's Policy (06/17/2006)



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Northwestern Memorial HealthCare



Effective February 16, 2024

SECTION II. DISCONTINUATION

Criterion 1130.525 and 1110.290 – Discontinuation

GENERAL INFORMATION REQUIREMENTS

1. Category of Service and Number of Beds that are to be Discontinued

Pediatrics category of service – 8 beds

2. All other Clinical Services that are to be Discontinued

There are no other clinical services that will be discontinued.

3. Anticipated Date of Discontinuation

The discontinuation will occur immediately following HFSRB approval.

4. Anticipated use of the Physical Plant and Equipment after Discontinuation

The 8 pediatrics beds will be converted to medical/surgical beds.

5. Attestation of Local Media Notification

The required legal notice was published in the Daily Southtown on May 24, 2024. Proof of publication is attached.

CHICAGO TRIBUNE

media group

Sold To:
Northwestern Memorial HealthCare - CU80181027
211 East Ontario Street, Suite 1750
Chicago,IL 60611

Bill To:
Northwestern Memorial HealthCare - CU80181027
211 East Ontario Street, Suite 1750
Chicago,IL 60611

Certificate of Publication:

Order Number: 7641038
Purchase Order:

State of Illinois - Cook

Chicago Tribune Media Group does hereby certify that it is the publisher of the Daily Southtown. The Daily Southtown is a secular newspaper, has been continuously published Daily for more than fifty (50) weeks prior to the first publication of the attached notice, is published in the City of Park Forest, Township of Rich, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 IL CS 5/5.

This is to certify that a notice, a true copy of which is attached, was published 1 time(s) in the Daily Southtown, namely one time per week or on 1 successive weeks. The first publication of the notice was made in the newspaper, dated and published on 5/24/2024, and the last publication of the notice was made in the newspaper dated and published on 5/24/2024.

This notice was also placed on a statewide public notice website as required by 715 ILCS 5/2. 1.

PUBLICATION DATES: **May 24, 2024.**

Daily Southtown

In witness, an authorized agent of The Chicago Tribune Media Group has signed this certificate executed in Chicago, Illinois on this

25th Day of May, 2024, by

Chicago Tribune Media Group



Jeremy Gates

CHICAGO TRIBUNE

media group

Northwestern Medicine Palos Hospital, located at 12251 South 80th Avenue in Palos Heights, intends to permanently discontinue its inpatient pediatrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("HFSRB"). Operations of the unit were temporarily suspended in Winter 2022. The hospital intends to file the required Certificate of Exemption application with the HFSRB in June 2024; after which time additional information relating to the proposed discontinuation can be found on the HFSRB website at hfsrb.illinois.gov.
5/24/2024 7641038

REASONS FOR DISCONTINUATION

Northwestern Medicine Palos Hospital (NM Palos) is authorized for 8 Pediatrics beds. Since CY15, the annual average daily census (ADC) has been less than one (1) patient per day.

PEDIATRICS	CY15	CY16	CY17	CY18	CY19	CY20	CY21	CY22	CY23
Admissions	172	71	11	5	4	1	0	7	0
Inpatient Days	324	139	12	12	4	1	0	11	0
ADC	0.9	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Beds	15	15	15	15	15	15	15	8	8
Occupancy	5.9%	2.5%	0.2%	0.2%	0.1%	0.0%	0.0%	0.4%	0.0%

The types of pediatric patients that were typically treated at NM Palos were limited to patients who did not have complex medical needs but rather acute but non-life-threatening illnesses and injuries. As other providers, such as Advocate Children's Hospital, Loyola Medicine Children's Hospital, University of Chicago's Comer Children's Hospital, and Ann and Robert H. Lurie Children's Hospital of Chicago, developed advanced care with a variety of subspecialty pediatric providers, it became the regular practice of physicians in the community to refer children with more complex medical needs and who required inpatient admission to these specialty pediatric centers.

On November 14, 2022, NM Palos temporarily suspended the inpatient pediatrics service due to the inability to maintain adequate staffing levels with pediatric competencies. Because of the low occupancy levels, it was very challenging to hire appropriately trained nurses to provide the specialized care required for the pediatric population. Since that time, staffing conditions have not improved leading to this request for approval for the permanent discontinuation.

IMPACT ON ACCESS

1. The discontinuation of 8 pediatric beds at NM Palos is not anticipated to have an adverse effect on access to care for the residents of the A-04 planning area as there will continue to be an adequate number of pediatric beds in the planning area.

Per IDPH data, the pediatric population (0-14 years old) in the A-04 planning area is projected to decrease from 209,290 in 2021 to 191,410 by 2026. The projected total pediatric patient days for the planning area in 2026 is 12,977, which is an average daily census of 35.5 patients. Per 77 Ill. Adm. Code 1100.70, at 80% occupancy, 45 beds are needed to accommodate the projected volume. Advocate Christ Hospital & Medical Center is authorized for 45 pediatrics beds and as such, discontinuing the 8 beds at NM Palos will reduce the number of excess pediatric beds in the planning area.

The NM Palos Emergency Department will continue to provide emergency care or stabilize and transfer patients who need a higher level of care to a specialty children's hospital.

2. A notification/written request for impact statement letter was sent to Advocate Christ Hospital & Medical Center on April 29, 2024. Advocate Christ Hospital & Medical Center is located approximately 7 miles/20 minutes from NM Palos. An impact statement was not provided.



Northwestern Memorial HealthCare
251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2033
nm.org

April 29, 2024

Moody Chisholm
President, Advocate Christ Hospital & Medical Center
4440 W. 95th Street
Oak Lawn, Illinois 60453

**RE: Northwestern Medicine Palos Hospital
Proposed Discontinuation of Pediatric Category of Service**

Dear Mr. Chisholm:

Consistent with the requirements of 77 IAC §1110.290, Palos Community Hospital d/b/a Northwestern Medicine Palos Hospital (Palos) is notifying you of the preparation of a Certificate of Exemption application to request approval for the discontinuation of its 8-bed Pediatric category of service. The proposed discontinuation would occur immediately following HFSRB approval.

The Pediatric unit at Palos has been temporarily suspended since Fall 2022 due to staffing shortages. Prior to that, there had been only one (1) admission to the unit in both CY20 and CY21.

Please advise me in writing within 15 days if you have any concerns about the impact of this change on your facility. Thank you for your attention to this matter.

Sincerely,

Bridget S. Orth
Director, Regulatory Planning
Northwestern Memorial HealthCare

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For delivery information, visit our website at www.usps.com	
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OFFICIAL USE	
Certified Mail Fee	\$4.40
Extra Services & Fees (check box, add fee as appropriate)	\$3.65
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.68
Total Postage and Fees	\$8.73
Sent To	Moody Chisholm
Street and Apt. No., or PO Box No.	4440 W. 95th Street
City, State, ZIP+4®	Oak Lawn, IL 60453
PS Form 3800, January 2023 PSN 7530-02-000 9047 See Reverse for Instructions	

ATTACHMENT-7

SECTION III. BACKGROUND**BACKGROUND OF APPLICANT**

1. *Listing of all health care facilities owned or operated by the applicants, including licensing, and certification if applicable.*

Northwestern Memorial HealthCare (NMHC):

	IDPH License No.	Joint Commission Organization No.
Northwestern Memorial Hospital	0003251	7267
Northwestern Lake Forest Hospital	0005660	3918
Central DuPage Hospital Association	0005744	7444
Delnor-Community Hospital	0005736	5291
Marianjoy Rehabilitation Hospital	0003228	7445
Kishwaukee Community Hospital	0005470	7325
Valley West Community Hospital	0004690	382957
Northern Illinois Medical Center (McHenry)	0003889	7375
Northern Illinois Medical Center (Huntley)	0003890	7375
Memorial Medical Center (Woodstock)	0004606	7447
Palos Community Hospital	0003210	7306
Grayslake ASTC	7003156	3918
Grayslake Endoscopy ASTC	7003149	3918
Cadence Ambulatory Surgery Center (NMSC)	7003173	n/a
The Midland Surgical Center	7003148	n/a
Palos Health Surgery Center*	7003224	n/a
River North Sameday Surgery Center	7002090	n/a
Grayslake Freestanding Emergency Center	22002	3918
Illinois Proton Center	n/a	n/a

*denotes partial ownership > 50%

2. *A certified listing of any adverse action taken against any facility owned and/or operated by the applicants during the three years prior to the filing of the application.*

By their signatures on the Certification pages of this application, the applicants attest that no adverse action has been taken against any facility owned and/or operated by Northwestern Memorial HealthCare during the three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.140.

- 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, by 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.*

By their signatures on the Certification pages of this application, the applicants authorize HFSRB and DPH access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of DPH or other State agencies and the records of nationally recognized accreditation organizations.

SECTION IV. SAFETY NET IMPACT STATEMENT

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible to have such knowledge.

This project is not expected to have a material impact on safety net services in the community because of the extremely low volume of the program. Additionally, the NM Palos Emergency Department will continue treating/stabilizing pediatric patients.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services.

As stated above, because of the historic low volume of the NM Palos Pediatric unit, this project is not expected to have an impact on other providers' ability to cross-subsidize safety net services.

3. How the discontinuation might impact the remaining safety net providers in a giving community, if reasonably known.

As stated above, because of the historic low volume of the NM Palos Pediatric unit, this project is not expected to have an impact on any providers in the community.

Charity Care and Medicaid**NORTHWESTERN MEDICINE PALOS HOSPITAL**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	FY21	FY22	FY23
Inpatient	134	89	96
Outpatient	866	639	1,011
Total	1,000	728	1,107
Charity (cost in dollars)			
Inpatient	\$ 943,359	\$ 1,170,009	\$ 477,612
Outpatient	\$ 965,250	\$ 1,012,789	\$ 1,174,915
Total	\$ 1,908,609	\$ 2,182,798	\$ 1,652,527
MEDICAID			
Medicaid (# of patients)	FY21	FY22	FY23
Inpatient	1,688	1,625	2,133
Outpatient	19,538	20,708	17,042
Total	21,226	22,333	19,175
Medicaid (revenue)			
Inpatient	\$ 19,982,403	\$ 21,541,919	\$ 24,277,252
Outpatient	\$ 25,580,795	\$ 21,895,358	\$ 23,283,875
Total	\$ 45,563,198	\$ 43,437,277	\$ 47,561,127

Source: IDPH Annual Hospital Questionnaires

NM Palos Hospital Community Benefit Activities

Through outreach services and health education programs, NM Palos improves access to health-related services/activities for the residents of Cook County as well as surrounding counties. Examples include:

- Donations, Grants & Sponsorship Support
 - 50 community organizations received funding support with more than \$1.3 million allocated to support their programs and services
 - One example: Moraine Valley Community College will open a food pantry for students and community members as a result of a grant from Northwestern Medicine. The funding provided by NM will also launch a healthcare career boot camp for 30 area high school students.
- Community Programs
 - 71 programming events were submitted, 66 completed by the programming team
 - 1,185 people were reached through community programs
- Discovery Program
 - 38 students participated in the Discovery Program from 18 different area high schools
- Team NM
 - 475 NM employees volunteered
 - 1,225 hours served in 120 events
 - Partners served include Crisis Center for South Suburbia, Beds Plus, Special Olympics, Sleep in Heavenly Peace, United Methodist Church Food Bank

SECTION V. CHARITY CARE INFORMATION

With a mission-driven commitment to provide quality medical care regardless of the patient's ability to pay, NMHC is dedicated to improve the health of members of the community who are the most medically underserved. NMHC's financial assistance programs and outreach services enable NMHC to serve patients with the most socioeconomic needs in our communities. Through our financial assistance programs and Presumptive Eligibility policy, NMHC continues to provide medically necessary health care for those who do not have the resources to pay for it.

NMHC is committed to benefiting the communities we serve. In FY23, NMHC contributed more than \$1.45 billion, or approximately 17.9% of net patient service revenue, including more than \$1.28 billion in community services and charity care and approximately \$161.8 million in research and education. While NMHC reported a decrease in charity care from FY22 to FY23, the reported unreimbursed cost of government-sponsored indigent care increased from FY22 to FY23.

Northwestern Memorial HealthCare

	FY21	FY22	FY23
Net Patient Revenue	\$6,810,599,673	\$7,399,122,793	\$8,095,919,536
Amount of Charity Care (charges)	\$ 476,740,967	\$ 469,227,416	\$ 360,059,649
Cost of Charity Care	\$ 79,890,361	\$ 90,752,502	\$ 67,545,943

Northwestern Medicine Palos Hospital

	FY21	FY22	FY23
Net Patient Revenue	\$ 382,895,387	\$ 392,816,741	\$ 423,561,078
Amount of Charity Care (charges)	\$ 8,246,989	\$ 9,391,975	\$ 8,770,302
Cost of Charity Care	\$ 1,908,609	\$ 2,182,798	\$ 1,652,527