

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Chicago Prostate Cancer Surgery Center LLC d/b/a Duly Surgery Center Westmont		
Street Address: 815 Pasquinelli Drive		
City and Zip Code: Westmont 60559		
County: DuPage	Health Service Area: 7	Health Planning Area: 043

Legislators

State Senator Name: Suzy Glowiak Hilton
State Representative Name: Jenn Ladisch Douglass

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

Facility Name: Chicago Prostate Cancer Surgery Center LLC d/b/a Duly Surgery Center Westmont
Street Address: 815 Pasquinelli Drive
City and Zip Code: Westmont 60559
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703
Name of Manager: Paul Merrick, M.D.
Manager Street Address: 3010 Highland Parkway, Suite 800
Manager City and Zip Code: Downers Grove 60515
Manager Telephone Number: (630) 469-9200

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐ Other
- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT 1 , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Nicolas Dronen
Title: VP Enterprise Strategy & Operations Finance
Company Name: Duly Health and Care
Address: 3010 Highland Parkway, Downers Grove, IL 60515
Telephone Number: (630) 469-9200
E-mail Address: Nicolas.Dronen@duly.com
Fax Number: N/A

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APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

Facility Name: Chicago Prostate Cancer Surgery Center LLC d/b/a Duly Surgery Center Westmont		
Street Address: 815 Pasquinelli Drive		
City and Zip Code: Westmont 60559		
County: DuPage	Health Service Area: 7	Health Planning Area: 043

Legislators

State Senator Name: Suzy Glowiak Hilton
State Representative Name: Jenn Ladisch Douglass

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

Facility Name: Surgery Center Holdings, Inc.
Street Address: 340 Seven Springs Way, Suite 600
City and Zip Code: Brentwood, TN 37027
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703
Name of Chief Executive Officer: J. Eric Evans
Manager Street Address: 340 Seven Springs Way, Suite 600
Manager City and Zip Code: Brentwood, TN 37027
Manager Telephone Number: (615) 234-5900

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☒ For-profit Corporation	☐ Governmental
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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado Jr
Title: Partner
Company Name: Benesch Friedlander Coplan and Aronoff LLP
Address: 71 South Wacker Drive, Suite 1600 Chicago IL 60641
Telephone Number: (312) 212-4967
E-mail Address: JMorado@beneschlaw.com
Fax Number: N/A

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City and Zip Code: Westmont 60559		
County: DuPage	Health Service Area: 7	Health Planning Area: 043

Legislators

State Senator Name: Suzy Glowiak Hilton
State Representative Name: Jenn Ladisch Douglass

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

Facility Name: Surgery Partners, Inc.
Street Address: 340 Seven Springs Way, Suite 600
City and Zip Code: Brentwood, TN 37027
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
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Name of Chief Executive Officer: J. Eric Evans
Manager Street Address: 340 Seven Springs Way, Suite 600
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Title: Partner
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E-mail Address: JMorado@beneschlaw.com
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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

Facility Name: Chicago Prostate Cancer Surgery Center LLC d/b/a Duly Surgery Center Westmont		
Street Address: 815 Pasquinelli Drive		
City and Zip Code: Westmont 60559		
County: DuPage	Health Service Area: 7	Health Planning Area: 043

Legislators

State Senator Name: Suzy Glowiak Hilton
State Representative Name: Jenn Ladisch Douglass

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

Facility Name: DuPage Medical Group, LTD.
Street Address: 3010 Highland Parkway, Suite 800
City and Zip Code: Downers Grove 60515
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield 62703
Name of Manager: Christina Bratis, M.D.
Manager Street Address: 3010 Highland Parkway, Suite 800
Manager City and Zip Code: Downers Grove 60515
Manager Telephone Number: (630) 469-9200

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☒ For-profit Corporation	☐ Governmental
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- 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.	
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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Nicolas Dronen
Title: VP Enterprise Strategy & Operations Finance
Company Name: Duly Health and Care
Address: 3010 Highland Parkway
Telephone Number: (630) 469-9200
E-mail Address: Nicolas.Dronen@duly.com
Fax Number: N/A

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

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

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: Nicolas Dronen
Title: VP Enterprise Strategy & Operations Finance
Company Name: Duly Health and Care
Address: 3010 Highland Parkway, Downers Grove, IL 60515
Telephone Number: (630) 469-9200
E-mail Address: Nicolas.Dronen@duly.com

Site Ownership after the Project is Complete [Provide this information for each applicable site]

Exact Legal Name: HSRE Chicago Prostate MOB, LLC
Address: 815 Pasquinelli Drive, Westmont, IL 60559
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.

Current Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Chicago Prostate Cancer Surgery Center LLC d/b/a Duly Surgery Center Westmont			
Address: 815 Pasquinelli Drive, Westmont, IL 60559			
☐ Non-profit Corporation	☐ Partnership		
☐ For-profit Corporation	☐ Governmental		
☒ Limited Liability Company	☐ Sole Proprietorship	☐ Other	

Operating Identity/Licensee after the Project is Complete [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Chicago Prostate Cancer Surgery Center LLC d/b/a Duly Surgery Center Westmont			
Address: 815 Pasquinelli Drive, Westmont, IL 60559			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	Other
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3 , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4 , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site.

This Certificate of Exemption ("COE") application addresses the transfer of ownership units in the Chicago Prostate Cancer Surgery Center LLC d/b/a/ Duly Surgery Center Westmont ("ASTC") located at 815 Pasquinelli Drive in Westmont, Illinois 60559. The facility is currently wholly owned by DuPage Medical Group, LTD. ("DMG"). Surgery Partners, Inc., through its wholly owned subsidiary Surgery Center Holdings, Inc., will acquire 26% of the ownership interests held by DMG. DMG will continue to maintain a direct 74% ownership interest in the ASTC.

The facility will continue to operate as a specialty ambulatory surgical center focused on providing the following services to its patients: Orthopedics, podiatry and pain management.

Related Project Costs

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

Land acquisition is related to project	☐ Yes	☒ No
Purchase Price:	<u>N/A</u>	
Fair Market Value:	<u>N/A</u>	

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** ☒ 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.

Anticipated exemption completion date (refer to Part 1130.570): December 31, 2024.

State Agency Submittals

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☐ **APORS NOT APPLICABLE**
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports have 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 Surgery Center Holdings, Inc., 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

Jennifer Baldock

Vice President & Secretary

SIGNATURE

Dave Doherty

President & Chief Financial Officer

Notarization:

Subscribed and sworn to before me
this 19th day of September

Signature of Notary

Seal

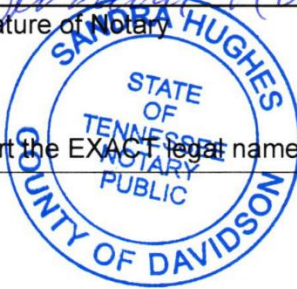
*Insert the EXACT legal name of the applicant

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Subscribed and sworn to before me
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This Application is filed on the behalf of Surgery Partners, Inc., 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

Jennifer Baldock

EVP, Chief Administrative & Development Officer

SIGNATURE

Dave Doherty

EVP & Chief Financial Officer

Notarization:

Subscribed and sworn to before me
this 19th day of September

Signature of Notary

Seal

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Jennifer Baldock

Vice President & Secretary

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SIGNATURE

Dave Doherty

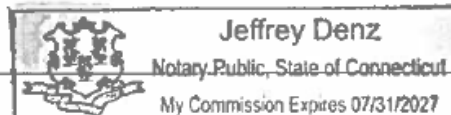
President & Chief Financial Officer

Notarization:

Subscribed and sworn to before me
this 20th day of September 2024

Signature of Notary

Seal



CERTIFICATION

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- 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);
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This Application is filed on the behalf of Surgery Center Holdings, Inc., 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

Jennifer Baldock

Vice President & Secretary

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

Dave Doherty

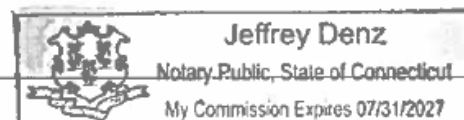
President & Chief Financial Officer

Notarization:

Subscribed and sworn to before me
this 20th day of September 2014

Signature of Notary

Seal



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

SIGNATURE

Paul Merrick, M.D.

Chairman/Manager

Notarization:

Subscribed and sworn to before me
this 09 day of July, 2024

Sarah Nichole Nienkerk
Signature of Notary
Official Seal
Sarah Nichole Nienkerk
Notary Public State of Illinois
My Commission Expires 10/12/2025

*Insert the full legal name of the applicant

SIGNATURE

Christina Bratis, M.D.

President/Manager

Notarization:

Subscribed and sworn to before me
this 09 day of July, 2024

Sarah Nichole Nienkerk
Signature of Notary
Official Seal
Sarah Nichole Nienkerk
Notary Public State of Illinois
My Commission Expires 10/12/2025

SECTION II. BACKGROUND**BACKGROUND OF APPLICANT**

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

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

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

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

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

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

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	X
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9) - A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.	

SECTION IV. CHARITY CARE INFORMATION

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

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

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

CHARITY CARE			
	2020	2021	2022
Net Patient Revenue	\$0*	\$8,343,557*	\$19,540,205
Amount of Charity Care* (charges)	0	0	0
Cost of Charity Care	0	0	0

*Operating under "DuPage
Medical Group Surgery
Westmont"

* Note: While the entity does engage in and is committed to the provision of charitable care, it does not meet the HFSRB definition, thus is not included in this calculation.

APPEND DOCUMENTATION AS ATTACHMENT 7, 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	19-23
2	Site Ownership	24-25
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	26-27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28-29
5	Background of the Applicant	30-34
6	Change of Ownership	35-51
7	Charity Care Information	52-53

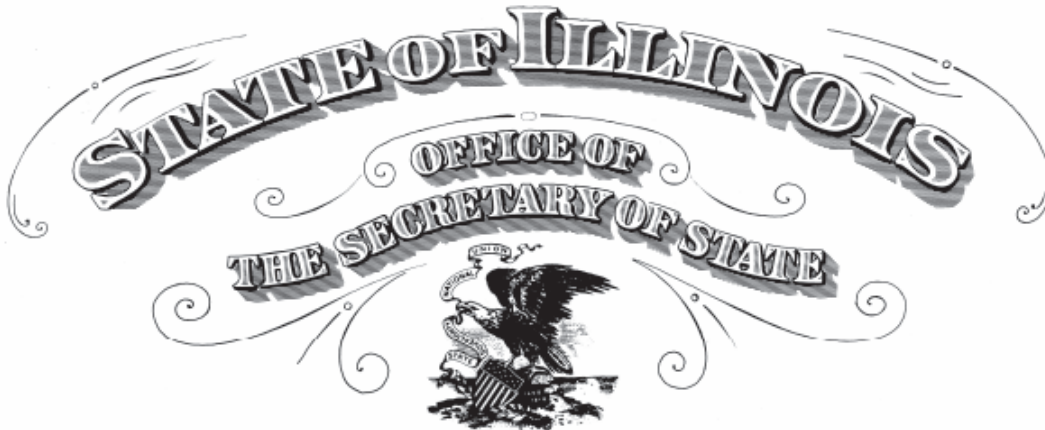
ATTACHMENT 1
Certificate of Good Standing

Included with this attachment are:

1. The Certificate of Good Standing for Chicago Prostate Cancer Surgery Center LLC (Facility).
2. The Certificate of Good Standing for Surgery Center Holdings, Inc. (Incoming Owner).
3. The Certificate of Good Standing for Surgery Partners, Inc. (Incoming Owner).
4. The Certificate of Good Standing for DuPage Medical Group, LTD. (Owner).

ATTACHMENT 1
Certificate of Good Standing
Chicago Prostate Cancer Surgery Center LLC

File Number 0112916-3



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

CHICAGO PROSTATE CANCER SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 03, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2415902848 verifiable until 06/07/2025
 Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of JUNE A.D. 2024 .

Alexi Giannoulas
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Surgery Center Holdings, Inc.**Delaware**
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURGERY CENTER HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4722670 8300

SR# 20243708703

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.
Jeffrey W. Bullock, Secretary of State

Authentication: 204411016

Date: 09-17-24

ATTACHMENT 1
Certificate of Good Standing
Surgery Partners, Inc.

File Number 7046-064-5



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

SURGERY PARTNERS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON FEBRUARY 11, 2016, AND MUST CONDUCT ALL BUSINESS IN THIS STATE UNDER THE ASSUMED NAME OF SURGERY PARTNERS SGRY, INC., APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



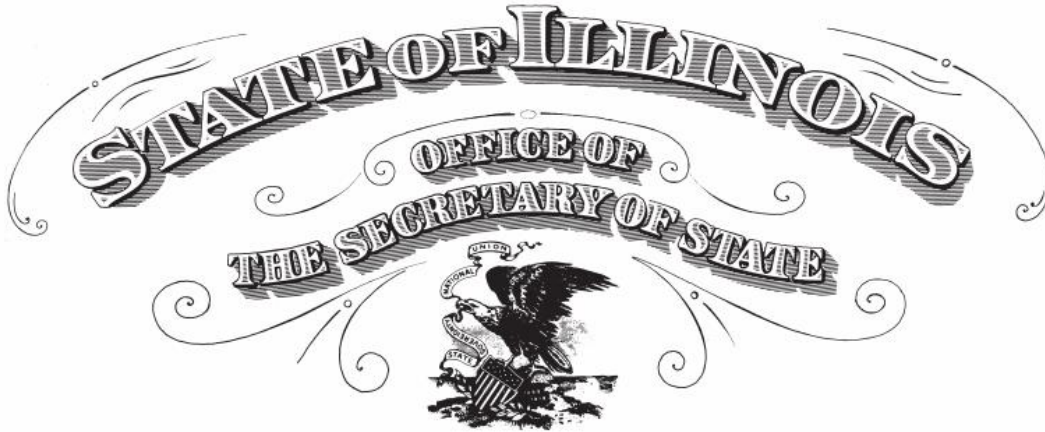
Authentication #: 2428004310 verifiable until 09/16/2025
 Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of SEPTEMBER A.D. 2024 .

Alexi Giannoulis
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
DuPage Medical Group, LTD.

File Number 4887-921-7



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

DU PAGE MEDICAL GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 22, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2417803832 verifiable until 06/26/2025
 Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of JUNE A.D. 2024 .

Alexi Giannoulas
 SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

The site ownership will continue to be held by HSRE Chicago Prostate MOB, LLC following the transaction. Chicago Prostate Cancer Surgery Center LLC the licensee, may seek to amend certain terms of the lease for use of the facility but ultimately the site owner will not change. Attached as evidence of ownership is a copy of the most recent tax bill for the property.

ATTACHMENT 2
Site Ownership

DuPage County, IL Property Tax Information - Printable Page

Printable page

PARCEL NUMBER: 09-02-100-027
 NBHD: 09OFF
 HSE CHICAGO PROSTATE MOB
 Tax Year: 2023 (Taxes Payable in 2024).

COUNTY #: 022
 ROLL: RP
 815 PASQUINELLI DR
 WESTMONT

Taxes Billed

Tax Year	Tax
2023	\$105,704.42
Total:	\$105,704.42

Property Tax by Entity

Entities	Rate:	Amount:
COLLEGE DU PAGE 502	0.190700	\$3,021.76
COUNTY OF DU PAGE	0.147300	\$2,334.06
DOWNERS GR TWP RD	0.053600	\$849.32
DOWNERS GROVE TWP	0.031800	\$503.88
DU PAGE AIRPORT AUTH	0.013200	\$209.16
FOREST PRESERVE DIST	0.107600	\$1,705.00
UNIT SCHOOL DIST 201	4.696000	\$74,410.94
VLG WESTMONT FIRE	0.098600	\$1,562.38
VLG WESTMONT LIBRARY	0.225700	\$3,576.36
VLG WESTMONT-EX FIRE	0.685700	\$10,865.32
WESTMONT PARK DIST	0.420700	\$6,666.24
Total:	6.670900	\$105,704.42

ATTACHMENT 3

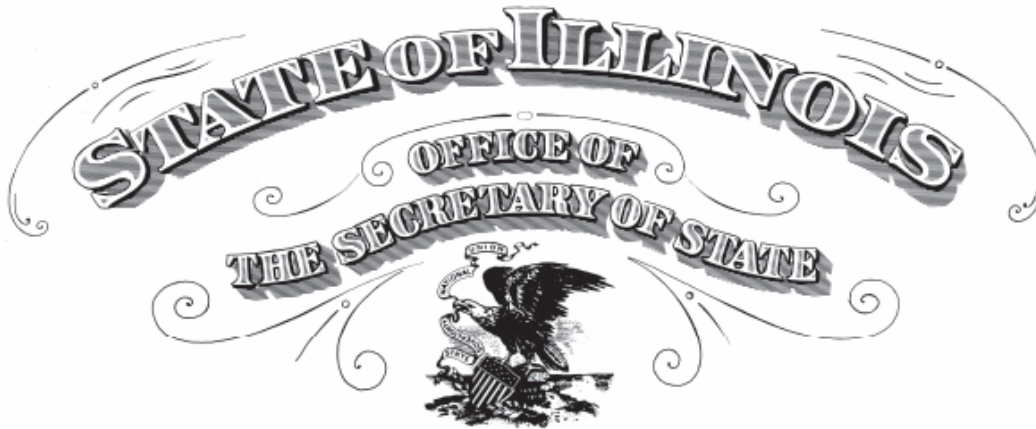
Operating Entity/Licensee

The operating entity and the licensee will continue to be Chicago Prostate Cancer Surgery Center LLC. Included with this Attachment is the licensee's Certificate of Good Standing.

ATTACHMENT 3
Operating Entity/Licensee Certificate of Good Standing
Chicago Prostate Cancer Surgery Center, LLC

File Number

0112916-3



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

CHICAGO PROSTATE CANCER SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 03, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

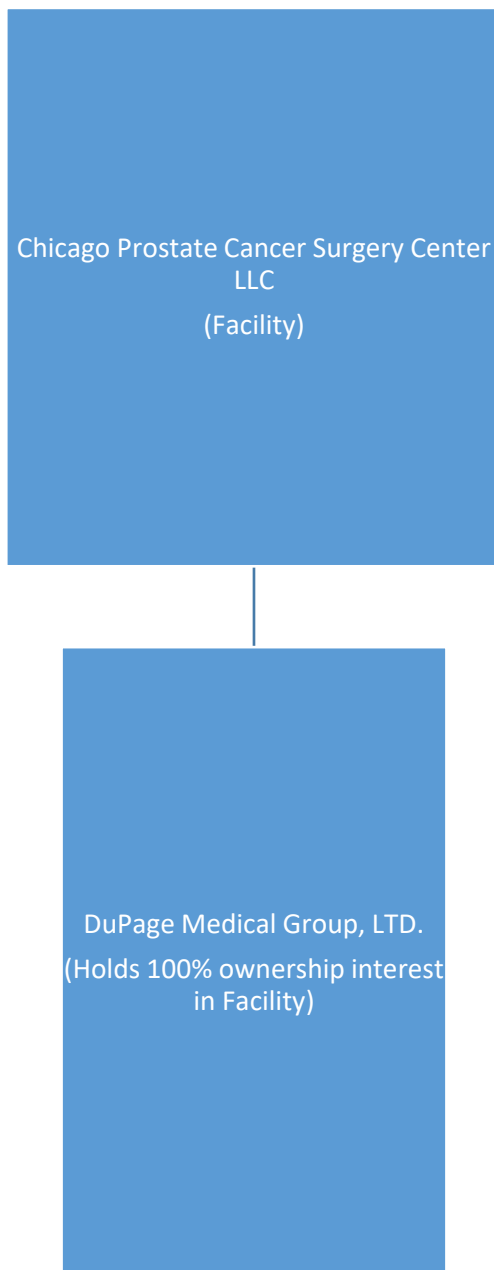


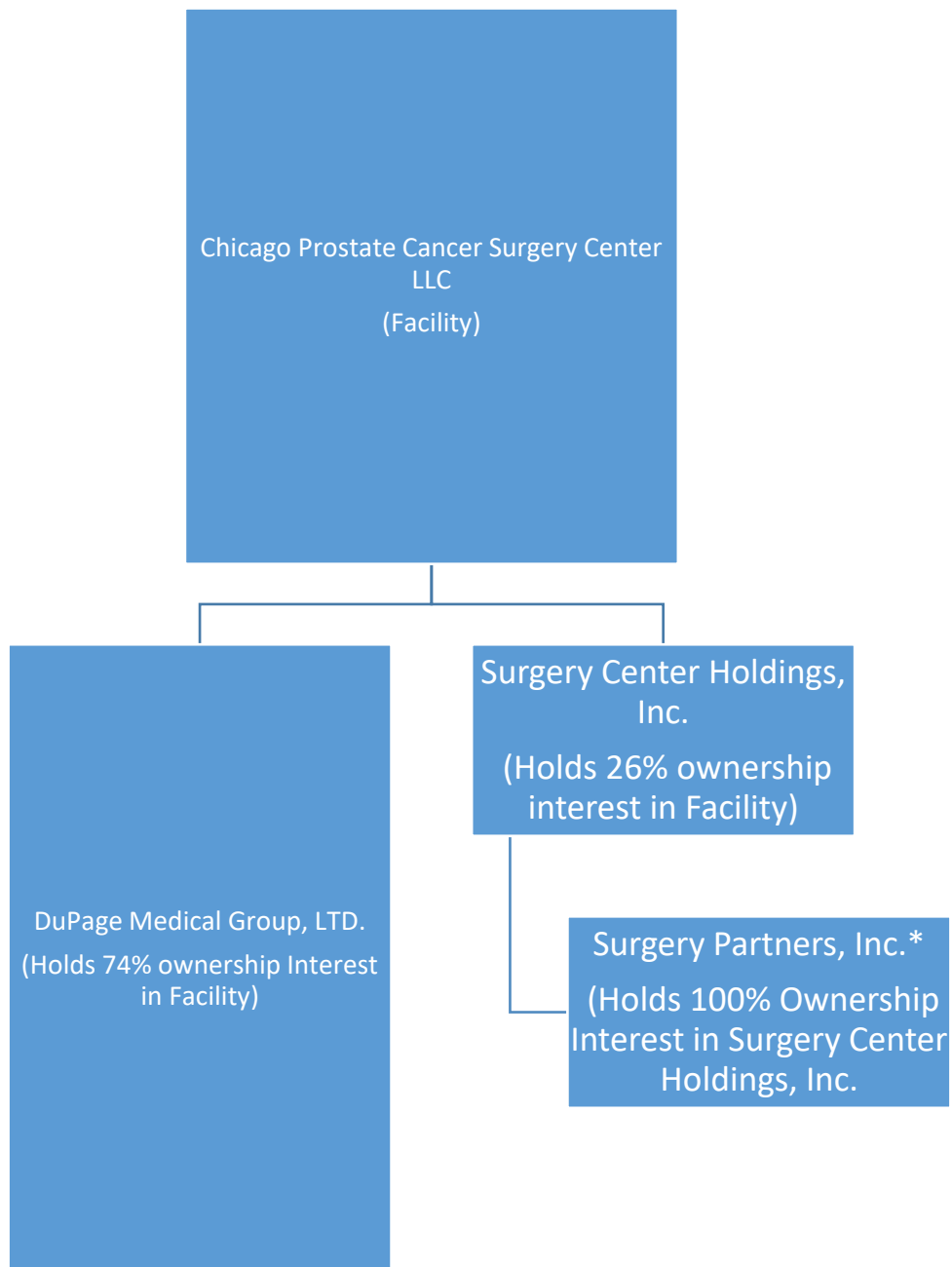
Authentication #: 2415902848 verifiable until 06/07/2025
 Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of JUNE A.D. 2024 .

Alexi Giannoulas
 SECRETARY OF STATE

ATTACHMENT 4
Pre-Transactional Organizational Chart



ATTACHMENT 4
Post-Transactional Organizational Chart

*Surgery Partners, Inc. will also have a management agreement with Facility but not control as defined by the Board through its wholly owned affiliate SP Management Services, Inc.

ATTACHMENT 5

Background of the Applicant

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

Surgery Partners, Inc., through its wholly owned subsidiary Surgical Center Holdings, Inc., will become part of the ownership group that owns Chicago Prostate Cancer Surgery Center LLC. Chicago Prostate Cancer Surgery Center, LLC has no ownership interest in any other healthcare facility. Surgery Partners, Inc., maintains an ownership interest in several healthcare facilities and the appropriate documentation is attached.

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.**

See above.

3. **A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

Included with this Attachment is a letter from Jennifer Baldock, EVP, Chief Administrative & Development Officer for Surgery Partners, Inc. and Paul Merrick, Chairman, DuPage Medical Group, LTD. verifying that no adverse actions have been taken against the facility.

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.**

Included with this Attachment is the applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

5. **If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.**

Not applicable.

ATTACHMENT 5
Background of the Applicant -
Letter from Surgery Partners, Inc.

September 18, 2024

John P. Kniery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification and Authorization – Chicago Prostate Cancer Center, LLC

Dear Mr. Kniery,

As representative of Surgery Partners, Inc. and Surgery Center Holdings, Inc., I, Jennifer Baldock, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Surgery Partners, Inc. and Surgery Center Holdings, Inc. has an ownership interest in excess of 5% in the following Illinois healthcare facilities:

- Gold Coast Surgicenter
- NovaMed Eye Surgery Center – Northshore
- Valley Ambulatory Surgery Center

Additionally, none of the health care facilities listed above have been cited for an adverse action in the past three (3) years.

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

Sincerely,



Jennifer Baldock
EVP, Chief Administrative & Development Officer
Surgery Partners, Inc.

Vice President & Secretary
Surgery Center Holdings, Inc.

ATTACHMENT 5
Background of the Applicant -
Letter from DuPage Medical Group, LTD.

September 13, 2024

John P. Knierly
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification and Authorization - Chicago Prostate Surgery Center, LLC

Dear Mr. Knierly,

As representative of DuPage Medical Group, LTD. and Chicago Prostate Surgery Center, LLC, I, Paul Merrick, M.D., give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

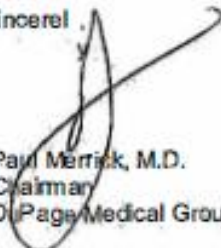
I further verify that, DuPage Medical Group, LTD. has ownership interest in excess of 5% in the following Illinois healthcare facilities:

- DMG Surgical Center, LLC
- DMG Pain Management Surgery Center, LLC
- Naperville Surgical Centre, LLC

Additionally, none of the health care facilities listed above have been cited for an adverse action in the past three (3) years. Further, DMG Surgical Center, LLC has no interest in any other Illinois healthcare facilities.

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

Sincerely,


Paul Merrick, M.D.
Chairman
DuPage Medical Group, LTD.

ATTACHMENT 5

Background of the Applicant Facility License Information

Surgery Partners, Inc. Facility List

Facility Name	Facility Address	Facility License Number
Gold Coast Surgicenter	845 N. Michigan Ave., Suite 985W Chicago IL 60611	7003150
NovaMed Eye Surgery Center – Northshore	3034 West Peterson Avenue Chicago, IL 60659	7002678
Valley Ambulatory Surgery Center	2475 Dean Street St. Charles, IL 60175	7001217

DuPage Medical Group, LTD. Facility List

Facility Name	Facility Address	Facility License Number
DMG Pain Management Surgery Center, LLC	2940 Rolling Ridge Road, Suite 200 Naperville, IL 60567	7003162
DMG Surgical Center, LLC d/b/a DMG Surgical Center Lombard	2725 Technology Drive Lombard, IL 60148	7003023
Naperville Surgical Centre, LLC	1263 Rickert Drive Naperville, IL 60540	7003205

ATTACHMENT 5

Background of the Applicant Facility License Information

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 07/16/2024	CATEGORY	ID NUMBER 7003098
Ambulatory Surgery Treatment Center Effective: 07/17/2023		
Chicago Prostate Cancer Surgery Center, LLC dba Duly Surgery Center Westmont 815 Pasquinelli Dr Westmont, IL 60559		
The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22		

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(1)(A)- Names of parties

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500

The parties involved in this project are:

- Chicago Prostate Cancer Surgery Center LLC
- Surgery Partners, Inc.
- Surgery Center Holdings, Inc.
- DuPage Medical Group, LTD.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(1)(B)- Background of the parties

“Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.”

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

Chicago Prostate Cancer Surgery Center, LLC

Chicago Prostate Cancer Surgery Center, LLC is an Illinois Limited Liability Company and the current licensee. The current ownership is held entirely by DuPage Medical Group, LTD (“DMG”). Following the proposed transaction, Chicago Prostate Cancer Surgery Center, LLC will continue to hold the license in the facility and DuPage Medical Group, LTD. will maintain a majority ownership interest in the facility.

Surgery Partners, Inc.

Founded in 2004, Surgery Partners, Inc. (“Surgery Partners”), has grown to become a national operator of surgical facilities and ancillary services with more than 200 locations in 33 states. Surgery Partners provides exceptional integrated healthcare experiences between its providers and patients, developing nationally-recognized quality services and outcomes. Surgery Partners integrates its multi-specialty physician practices and anesthesia services to supplement the surgical facilities core operations. Surgery Partners has a presence in Illinois with an ownership interest in 3 existing surgery centers. Surgery Partners takes an integrated approach to partnering with providers operating in surgical centers by working to develop a customized strategy for each facility and the community where it is located. The goal is to provide high quality, cost effective service to patients. Surgery Partners through its wholly owned subsidiary Surgery Center Holdings, Inc., will hold 26% of the ownership units in DMG Surgical Center, LLC.

Surgery Center Holdings, Inc.

Surgery Center Holdings, Inc. is 100% owned by Surgery Partners. Following the closing of the proposed transaction, Surgery Center Holdings, Inc. will directly hold a 26% ownership interest in Chicago Prostate Cancer Surgery Center, LLC.

DuPage Medical Group, LTD.

DMG is the largest independent, multispecialty physician directed medical group in the Midwest with more than 900 primary care and specialty care physicians and more than 6,000 team members, in over 150 locations. DMG will jointly own Chicago Prostate Cancer Surgery Center, LLC with Surgery Center Holdings, Inc., and will hold a 74% interest in the licensee.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(C)- Structure of the transaction

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.

DuPage Medical Group, LTD. ("DMG") currently maintains a 100% ownership interest in the licensee, Chicago Prostate Cancer Surgery Center LLC. Following the proposed transaction, DMG and Surgery Partners, Inc. (through its wholly owned subsidiary Surgery Center Holdings, Inc.) will jointly hold ownership in the licensee. DMG will hold 74% of the ownership interests, and Surgery Partners, Inc. (through its wholly owned subsidiary Surgery Center Holdings, Inc.) will hold 26% of the ownership interests in the licensee.

ATTACHMENT 6
Change of Ownership**1130.520(b) (1)(D)- Entity to be Licensed after transaction***"Name of the person who will be the licensed or certified entity after the transaction"*

The entity to be licensed after the change of ownership will remain Chicago Prostate Cancer Surgery Center LLC. There will be no change in the entity currently licensed by the Illinois Department of Public Health to operate the ambulatory surgical treatment center. Additionally, there are no contemplated changes at this time to the category of service offered at the facility following the transaction.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(E)- List of Ownership

"List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons."

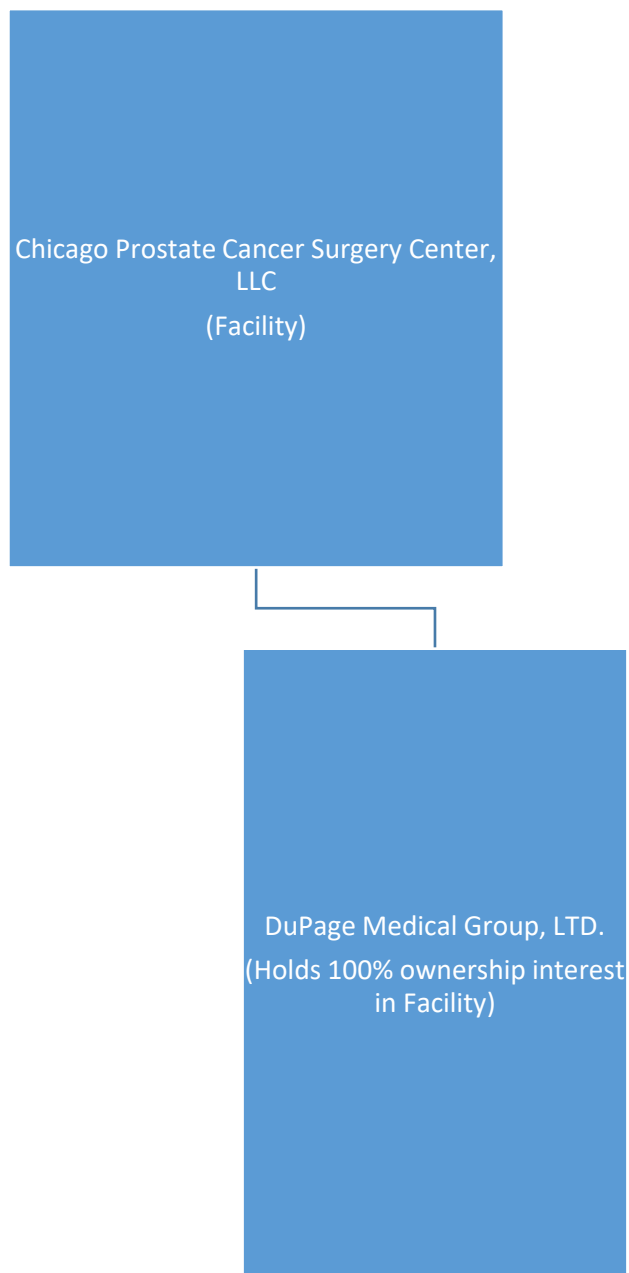
DuPage Medical Group, LTD. ("DMG") currently maintains a 100% ownership interest in the licensee, Chicago Prostate Cancer Surgery Center LLC.

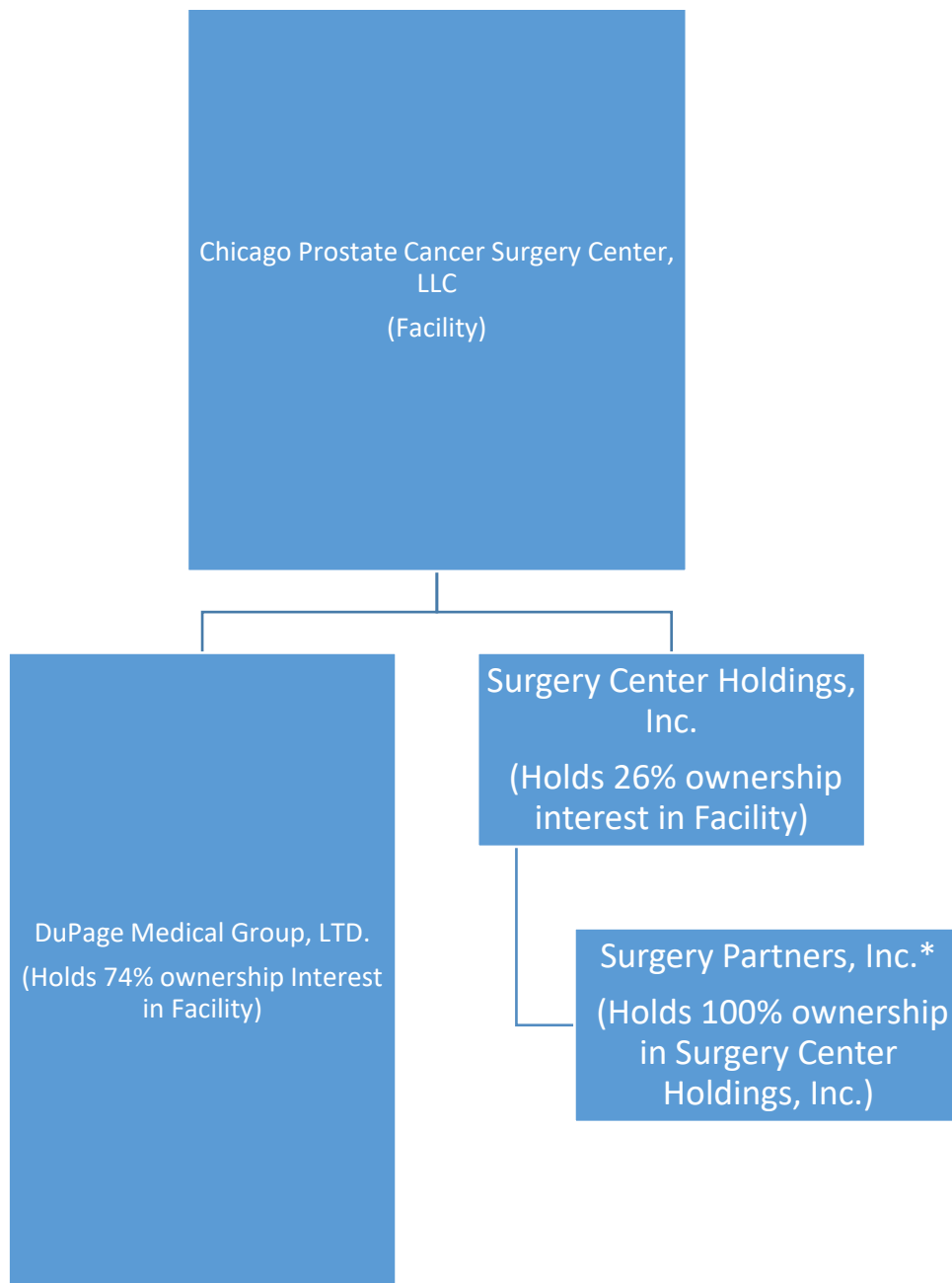
Following the proposed transaction the ownership interest in the licensee, DMG Surgical Center, LLC will include the following owners:

- DuPage Medical Group, LTD. ("DMG") maintains a direct 74% ownership interest in the licensee; and
- Surgery Partners, Inc. maintains an indirect ownership interest through Surgical Center Holdings, Inc. which will maintain a direct 26% ownership interest in the licensee.

ATTACHMENT 6 Change of Ownership

Pre-Transaction Organizational Chart



ATTACHMENT 6
Change of Ownership**Post-Transactional Organizational Chart**

*Surgery Partners, Inc. will also have a management agreement with Facility but not control as defined by the Board through its wholly owned affiliate SP Management Services, Inc.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b) (1)(F)- Fair Market Value of the transaction***"Fair market value of assets to be transferred."*

The identified purchase price of \$39,972,108 (such amount may be reduced by other forms of consideration to be provided for the ownership units prior to close) is based on an arm's length negotiation and third-party valuation and represents the fair market value of the assets being transferred.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(G)- Purchase price

"The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]"

The identified purchase price of \$39,972,108 (such amount may be reduced by other forms of consideration to be provided for the ownership units prior to close) is based on an arm's length negotiation and third-party valuation and represents the fair market value of the assets being transferred.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Outstanding Permits

"Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section"

Not Applicable.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(3)- Hospital Charity Care

"If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction"

This change of ownership does not involve a hospital; thus, this provision is NOT APPLICABLE.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(4)- Anticipated Benefits to the Community

“A statement as to the anticipated benefits of the proposed change in ownership to the community.”

The purpose of this project is to ensure the residents of the community and the patients historically served by Chicago Prostate Cancer Surgery Center LLC will continue to have access to the procedures they need.

Chicago Prostate Cancer Surgery Center LLC has always made an effort to provide care for patients within their community, and with this new joint ownership between DuPage Medical Group, LTD. and Surgery Partners, Inc. (through its wholly owned subsidiary Surgery Center Holdings, Inc.), it will introduce a world class operator to the facility which will increase efficiency and patient experience. They have, and will continue to provide services to the patient populations and communities they are already serving.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(5)- Anticipated Cost Savings for the Community and Facility

“The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership”

This transaction will provide the fundamental benefit of stability of operations and control of the facility with Surgery Partners, Inc., a proven nationwide operator of ambulatory surgical treatment centers. This should yield cost savings to the facility and the community which it serves. This transaction will ensure continuity of service to the community. This facility currently serves a widespread geographic population and, for many patients it serves, ensures meaningful access to outpatient surgical care.

The social and economic benefit of ambulatory surgical care cannot be understated. Healthcare trends, and increasingly, insurance programs are encouraging a shift in procedures to be performed in an outpatient setting such as this facility as a means to decrease costs for patients and the healthcare system in general. Outpatient care has the added benefit to patients of decreased infection rates, quicker discharges and increased access to care. The benefits of a facility like this one are exactly in alignment with the Board’s mission to ensure access where it’s needed and to reduce costs to patients and the healthcare delivery system.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(6)- Quality Improvement Program**

“A description of the facility's quality improvement program mechanism that will be utilized to assure quality control”

Chicago Prostate Cancer Surgery Center LLC's quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(7)- Facility's Governing Body

"A description of the selection process that the acquiring entity will use to select the facility's governing body"

Following the closing of the transaction, the facility will continue to be board managed. The facility will be governed jointly with equal board seat representation between DuPage Medical Group, Inc. and Surgery Partners, Inc., (through its wholly owned subsidiary Surgery Center Holdings, Inc.).

From a patient, provider, and community basis the operation of the facility will remain unchanged.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Review Criteria in 77 Ill. Admin. Code 1110.240

"A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility"

A response has been prepared addressing the review criteria in 77 Ill. Admin. Code 1110.240 and is available for public review on the premises of the facility.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(9)- Summary of Proposed Changes Within 24 Months

“A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.”

This transaction does not envision any proposed changes to the scope of services or level of care currently provided in the facility. This is a designed part of this undertaking and reflects an effort to ensure minimal disruption to the patients in the facility's area.

There is no expectation, as a result of this transaction, of any disruptions with the physicians who currently perform surgeries at the facility nor is it anticipated that there will be any reductions to the services that are already approved within 24 months of the acquisition. Should the Applicant seek to provide additional services under un-approved categories of service, they understand their obligation to file a Certificate of Need application before initiating a new service line.

ATTACHMENT 7

Charity Care Information

The amount of charity care listed for the last three years provided by the applicant facility are included in the table below.

CHARITY CARE			
	2020	2021	2022
Net Patient Revenue	\$0	\$8,343,557	\$19,540,205
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

While the Applicant facility has provided both discounted and free care at the facility, such care does not meet the definition of “charity care” as defined by the Board and that is why zero is entered above as the amount of charity care. However, it should be noted that Duly Health and Care maintains a robust commitment to charitable endeavors within the communities it serves. Duly Health and Care’s Charitable Fund (available at <https://www.dulyhealthandcare.com/charitable-fund>) supports nonprofit partners that help its communities have access to healthcare, housing and food.

The Charitable Fund works to address the social needs and risk factors that impact health beyond Duly Health and Care’s clinic doors. Since 2010, the Charitable Fund has granted nearly \$5 million to support nonprofit partners that help its neighbors and communities flourish. The Charitable Fund primarily focuses its grantmaking in three impact areas: Community Health & Wellness, Housing and Support Services, and Food Insecurity. The Charitable Fund operates as a Donor-Advised Fund of DuPage Foundation, a 501(c)(3) not-for-profit entity, and DuPage County’s philanthropic leader. Duly Health and Care’s Charitable Fund is governed by an Advisory Board comprised of physicians, staff and team members, and community members.

2023 Charitable Fund Grantees include:

Community Health & Wellness Partners

- Age Options
- Alive Center
- Candor Health Education
- Child’s Voice
- Clearbrook
- DuPage Health Coalition
- Easterseals DuPage & Fox Valley
- Easterseals Joliet Region
- Greater Family Health
- Inside Out Club DuPage
- Little City Foundation
- Metropolitan Family Services DuPage
- Midwestern University
- NAMI DuPage
- NAMI Will Grundy
- Northeast DuPage Family and Youth Services
- Pillar Community Health
- SamaraCare
- SEASPAR
- Shelter, Inc.
- Teen Parent Connection
- The Bridge Teen Center
- The Cancer Support Center
- Turning Pointe Autism Foundation
- VNA Health Care
- Wellness House
- Western DuPage Special Recreation Association
- Will-Grundy Medical Clinic
- World Relief Chicagoland

ATTACHMENT 7

Charity Care Information

Housing & Support Services Partners

- 360 Youth Services
- BEDS Plus
- Catholic Charities, Diocese of Joliet
- Crisis Center for South Suburbia
- DuPage Habitat for Humanity
- DuPagePads
- Hesed House
- Hope's Front Door
- Kids Above All
- Lazarus House
- Marklund

Food Insecurity Partners

- DuPage Senior Citizens Council
- Loaves & Fishes Community Services
- Northern Illinois Food Bank
- People's Resource Center
- The Gardenworks Project
- West Suburban Community Pantry

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	19-23
2	Site Ownership	24-25
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	26-27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28-29
5	Background of the Applicant	30-34
6	Change of Ownership	35-51
7	Charity Care Information	52-53