ARONBERG GOLDGEHN

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Anne Cooper
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OUR FILE NUMBER: 106659-000100

August 19, 2026

Via Federal Express

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Application for Permit – Metroeast Surgery Center

Dear Mr. Constantino:

I am writing on behalf of Metroeast Endoscopic Surgery Center doing business as Metroeast Surgery Center ("MSC") and Ahmed Investments (collectively, the "Applicants") to submit the attached Application for Permit to transfer orthopedic surgical services from O'Fallon Surgical Center ("OSC") which will be operated going forward to focus exclusively on eye surgery, after an impending change of ownership transaction, to MSC, an existing multi-specialty ambulatory surgical treatment center located at 5023 North Illinois Street, Suite 3, Fairview Heights, Illinois (the "Project"). For your review, I have attached an original and one copy of the following documents:

1. Completed Application for Permit;
2. Certificates of Good Standing for the Applicants;
3. Authorization to Access Information;
4. Referral Letter; and
5. Support Letter from Dr. Michael Stock.

Currently, the principals of OSC are finalizing the sale of all the OSC ownership to Dr. Michael Stock of Ideal Eye Surgery. As confirmed in Dr. Stock's support letter for this Project, upon completion of the change of ownership, OSC will become a single specialty ophthalmology ambulatory surgical specialty with a closed medical staff limited to Ideal Eye Surgery physicians,

which will decrease the practice's malpractice premiums. Dr. Chien, the referring orthopedic surgeon for this Project, currently performs orthopedic procedures at OSC. To minimize patient disruptions, he will transition his surgical cases to MSC upon approval of this application for permit.

As this application seeks to transfer orthopedic surgical services from one affiliated surgery center to another, we respectfully request (assuming no opposition) that the Board Chair review and approve this application as we do not anticipate any negative findings. Importantly, because this project doesn't involve any capital expenditures and doesn't change the operating room capacity of MSC, the Project will not create an unnecessary duplication/maldistribution of services. Orthopedic surgery is a surgical specialty, not a Category of Service, and should not be subject to this review criterion. Importantly, this is a cost-effective use of health care resources, as it will only involve the transfer of orthopedic equipment from OSC to MSC. Finally, with the discontinuation of orthopedic surgery at OSC, there will only be one surgery center located on the far northern edge of the MSC geographic service area approved for orthopedic surgery. Accordingly, this Project is necessary to maintain access to orthopedic surgery for residents of the MSC geographic service area.

Thank you for your time and consideration of the Applicants' application for permit. If you have any questions or need additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,

Anne M. Cooper

Anne M. Cooper

Attachment

cc: Shakeel Ahmed

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Metroeast Surgery Center
Street Address: 5023 North Illinois Street, Suite 3
City and Zip Code: Fairview Heights, Illinois 62208
County: St. Clair Health Service Area: 11 Health Planning Area:

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

Exact Legal Name: Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center
Street Address: 5023 North Illinois Street, Suite 3
City and Zip Code: Fairview Heights, Illinois 62208
Name of Registered Agent: Shakeel Ahmed
Registered Agent Street Address: 5023 North Illinois Street, Suite 3
Registered Agent City and Zip Code: Fairview Heights, Illinois 62208
Name of Chief Executive Officer: Shakeel Ahmed, M.D.
CEO Street Address: 5023 North Illinois Street, Suite 3
CEO City and Zip Code: Fairview Heights, Illinois 62208
CEO Telephone Number: 618-239-0678

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: Kara Friedman
Title: Attorney
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 525 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: 312-755-3157
E-mail Address: kfriedman@agdglaw.com
Fax Number:

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

Name: Collin Anderson
Title: Health Planning Consultant
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 525 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: (312) 828-9600
E-mail Address: collin.anderson@agdglaw.com
Fax Number:

Facility/Project Identification

Facility Name: Metroeast Surgery Center
Street Address: 5023 North Illinois Street, Suite 3
City and Zip Code: Fairview Heights, Illinois 62208
County: St. Clair Health Service Area: 11 Health Planning Area:

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

Exact Legal Name: Ahmed Investments, LLC
Street Address: 5023 North Illinois Street Suite 1
City and Zip Code: Fairview Heights, Illinois 62208
Name of Registered Agent: Shakeel Ahmed
Registered Agent Street Address: 5023 North Illinois Street Suite 1
Registered Agent City and Zip Code: Fairview Heights, Illinois 62208
Name of Chief Executive Officer: Shakeel Ahmed
CEO Street Address: 5023 North Illinois Street
CEO City and Zip Code: Fairview Heights, Illinois 62208
CEO Telephone Number: 618-239-0678

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.

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Fax Number:

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

Name: Collin Anderson
Title: Health Planning Consultant
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 525 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: (312) 828-9600
E-mail Address: collin.anderson@agdglaw.com
Fax Number:

Post Permit Contact

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

Name: Shakeel Ahmed, M.D.
Title: Chief Executive Officer
Company Name: Metroeast Surgery Center
Address: 5023 North Illinois Street, Suite 3, Fairview Heights, Illinois 62208
Telephone Number: 618-239-0678
E-mail Address: ShakeelAhmedGI@gmail.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ahmed Investments, LLC
Address of Site Owner: 5023 North Illinois Street Suite 1, Fairview Heights, Illinois 62208
Street Address or Legal Description of the Site: 5023 North Illinois Street, Suite 3, Fairview Heights, Illinois 62208 **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: Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center
Address: 5023 North Illinois Street, Suite 3, Fairview Heights, Illinois 62208
☐ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☒ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which 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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov)**. **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification :

☐ Substantive

☒ Non-substantive

2. Narrative Description

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

Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center and Ahmed Investments, LLC (collectively, the "Applicants") propose to add orthopedic procedures at Metroeast Surgery Center ("MSC"), which is an existing ambulatory surgical treatment center located at 5023 North Illinois Street, Suite 3, Fairview Heights, Illinois 62208 (the "Project").

O'Fallon Surgical Center, an affiliate of MSC, is undergoing a change of ownership and will become an ophthalmology-only surgery center. To ensure continued access to orthopedic surgery for GSA residents, the Applicants propose to transfer that surgical specialty from O'Fallon Surgical Center to MSC. This change is endorsed by the planned new owner of O'Fallon Surgical Center, Dr. Michael Stock.

The existing Metroeast Surgery Center facility currently has two operating rooms. There will not be any construction or other alterations associated with the project. There are no expenditures associated with the project with existing orthopedic equipment planned to transfer from O'Fallon Surgical Center to MSC as stated in the support letter from Dr. Stock.

This project does not propose to establish a new category of service or a new health care facility as defined in the Illinois Health Facilities Planning Act (the "Planning Act") or add any additional operating room capacity. Accordingly, this is a non-substantive project.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$0	$0	$0
Contingencies	$0	$0	$0
Architectural/Engineering Fees	$0	$0	$0
Consulting and Other Fees	$0	$0	$0
Movable or Other Equipment (not in construction contracts)	$0	$0	$0
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs to Be Capitalized (Net Book Value of Equipment to be Transferred)	$187,500	$0	$187,500
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	**$187,500**	**$0**	**$187,500**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$0	$0	$0
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources (Net Book Value of Equipment to be Transferred)	$187,500	$0	$187,500
TOTAL SOURCES OF FUNDS	**$187,500**	**$0**	**$187,500**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): February 28, 2027

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

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 been submitted
☐ All reports regarding outstanding permits – NOT APPLICABLE
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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

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

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

Facility Bed Capacity and Utilization - NOT APPLICABLE

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

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

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 Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center 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	Signature
Shakeel Ahmed, M.D. Printed Name	Printed Name
Manager Printed Title	Printed Title
Notarization: Subscribed and sworn to before me this 6th day of August, 2026	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

LAURIE L CRAIG
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 26, 2026

*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:

- 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 Ahmed Investments, 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

Shakeel Ahmed, M.D.
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of August, 2026

Signature of Notary

Seal

LAURIE L CRAIG
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 26, 2026

*Insert the EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

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

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

2. Define the planning area or market area, or other relevant area, per the applicant's definition.

3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.

4. Cite the sources of the documentation.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost.

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**

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

PROJECT SERVICES UTILIZATION:

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

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

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

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.

3. Evidence that the shell space is being constructed due to:
    a. Requirements of governmental or certification agencies; or
    b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
    a. Historical utilization for the area for the latest five-year period for which data is available; and
    b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS <u>ATTACHMENT 16,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS <u>ATTACHMENT 17,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
☐ **Cardiovascular**
☐ **Colon and Rectal Surgery**
☐ **Dermatology**
☐ **General Dentistry**
☒ **General Surgery**
☒ **Gastroenterology**
☐ **Neurological Surgery**
☐ **Nuclear Medicine**
☒ **Obstetrics/Gynecology**
☒ **Ophthalmology**
☐ **Oral/Maxillofacial Surgery**
☒ **Orthopedic Surgery**
☐ **Otolaryngology**
☒ **Pain Management**
☐ **Physical Medicine and Rehabilitation**
☒ **Plastic Surgery**
☒ **Podiatric Surgery**
☐ **Radiology**
☐ **Thoracic Surgery**
☒ **Urology**
☐ **Other**_____

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	

1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS <u>ATTACHMENT 25,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections <u>DO NOT</u> need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds − Review Criteria**
- **Section 1120.130 Financial Viability − Review Criteria**
- **Section 1120.140 Economic Feasibility − Review Criteria, subsection (a)**

VII. 1120.120 - AVAILABILITY OF FUNDS

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

_____	a)	Cash and Securities − statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
_____	b)	Pledges − for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests − verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
_____	d)	Debt − a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment. 5) For any option to lease, a copy of the option, including all

	terms and conditions.
_____	e) Governmental Appropriations − a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
_____	f) Grants − a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
$187,500*	g) All Other Funds and Sources* − verification of the amount and type of any other funds that will be used for the project. *NBV of equipment to be transferred
$187,500	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS <u>ATTACHMENT 34,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1) That the selected form of debt financing for the project will be at the lowest net cost available.

2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [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 facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all 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 37.

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

Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: _____
   (Name) (Address)

   _____
   (City) (State) (ZIP Code) (Telephone Number)

2. Project Location: _____
   (Address) (City) (State)

   _____
   (County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go to NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No ___?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date:_____

Name of Official:_____ Title: _____

Business/Agency:_____ Address:_____

_____
(City) (State) (ZIP Code) (Telephone Number)

Signature:_____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

Attachment- 1

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center (the "ASTC") and Ahmed Investments, LLC (collectively, the "Applicants") are attached at Attachment – 1.

Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center is the licensee of the ASTC. As the site owner with affiliated ownership to Metroeast Surgery Center, Ahmed Investments, LLC is named as an applicant for this certificate of need ("CON") application.

Attachment- 1

File Number 0378969-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias**, *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*

METROEAST ENDOSCOPIC SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 30, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* AUGUST *A.D.* 2026 .

Authentication #: 2622203280 verifiable until 08/10/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Attachment- 1

File Number 0328180-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *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*

AHMED INVESTMENTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 25, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* AUGUST *A.D.* 2026 .

Authentication #: 2622501478 verifiable until 08/13/2027
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Attachment- 2

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

By signing the certification pages within this application, the Applicants attest that Ahmed Investments, LLC controls the site located at 5023 North Illinois Street, Suite 3, Fairview Heights, Illinois 62208.

Attachment- 3

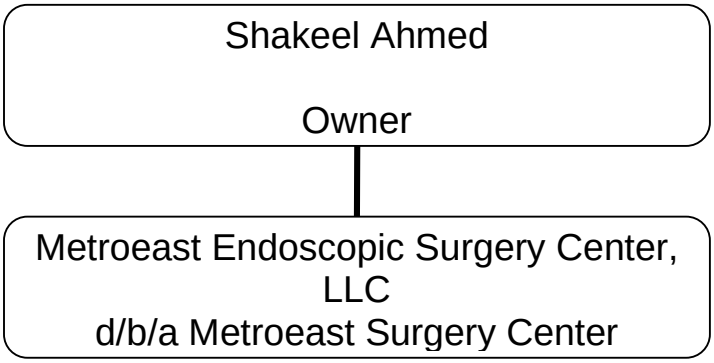
Section I, Identification, General Information, and Certification
Operating Entity/Licensee

Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center is the licensee and operator of the ASTC. The certificate of good standing for Metroeast Endoscopic Surgery Center is attached at Attachment – 1.

Attachment- 4

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

The organizational chart for Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center is provided below.



Attachment- 5

Section I, Identification, General Information, and Certification
Flood Pain Requirements

This CON application relates to the plans to transfer a surgical specialty from O'Fallon Surgical Center to the existing Metroeast Surgery Center. There will be no construction or modernization associated with this plan. Accordingly, this criterion is not applicable.

Attachment- 6

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

The CON application is related to a plan to transfer a surgical specialty from O'Fallon Surgical Center to the existing MSC. There will be no construction or modernization associated with these plans. Accordingly, this criterion is not applicable.

Attachment- 7

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

There are no expenditures associated with the project. Orthopedic surgery equipment with a net book value of $187,500 will be transferred from O'Fallon Surgical Center to MSC.

Attachment- 8

Section I, Identification, General Information, and Certification
Active CON Permits

Metroeast Endoscopic Surgery Center does not have any open CON permits.

Attachment- 9

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

This CON application relates to the plans to transfer a surgical specialty from O'Fallon Surgical Center to MSC. There will be no construction or modernization associated with these plans. Accordingly, this criterion is not applicable.

Attachment- 11

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

1. Metroeast Endoscopic Surgery Center, LLC d/b/a Metroeast Surgery Center owns and operates the following health care facility:

   Metroeast Surgery Center
   License Number: 7003185
   Accreditation Identification Number: TJC 508160

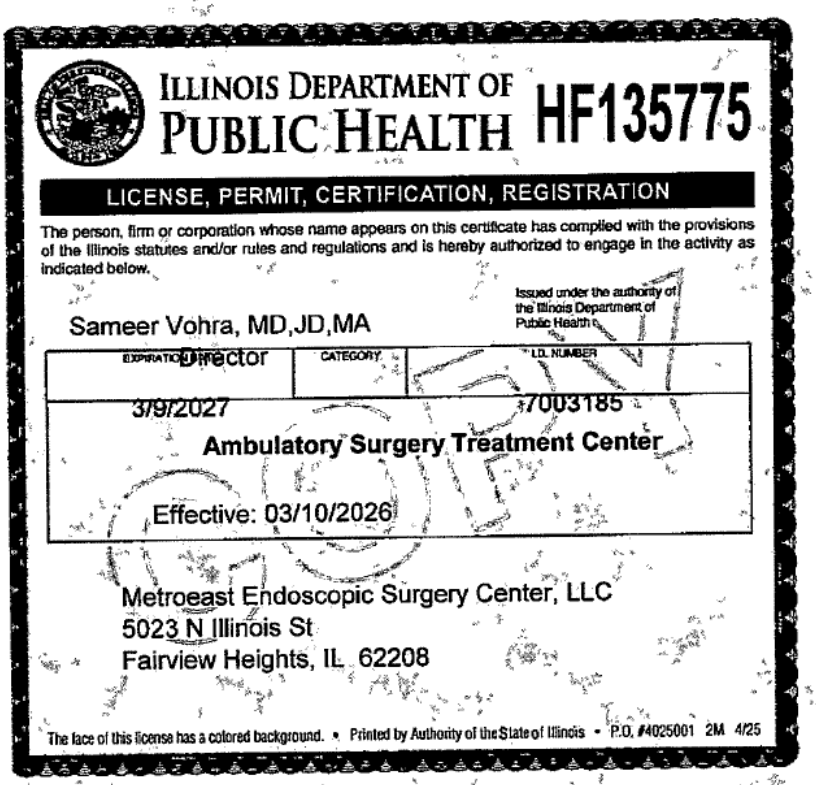
2. Proof of current licensure and Joint Commission accreditation for Metroeast Surgery Center is attached at Attachment – 11A.

3. By signing the certification pages within this application, the Applicants attest that no adverse action has been taken against any facility owned or operated by the Applicants during the three years prior to filing this application is attached at Attachment – 11B.

4. By signing the certification pages within this application, the Applicants authorize the HFSRB and Illinois Department of Public Health ("IDPH") to access any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations.

5. The Applicants have not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

Attachment- 11A



ILLINOIS DEPARTMENT OF PUBLIC HEALTH HF135775

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.

Issued under the authority of the Illinois Department of Public Health

Sameer Vohra, MD,JD,MA
Director

EXPIRATION	CATEGORY	I.D. NUMBER
3/9/2027		7003185

Ambulatory Surgery Treatment Center

Effective: 03/10/2026

Metroeast Endoscopic Surgery Center, LLC
5023 N Illinois St
Fairview Heights, IL 62208

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 3/9/2027
Lic Number 7003185
Date Printed 2/19/2026
Validation Num 19281

Metroeast Endoscopic Surgery Center,
5023 North Illinois St
Fairview Heights, IL 62208

FEE RECEIPT NO.

Attachment- 11A

ORGANIZATION

Metroeast Endoscopic Surgery Center

HCO ID: 508160

5023 North Illinois Street
Fairview Heights, Illinois 62208

Visit official website

Accredited Programs	Decision	Effective Date
Ambulatory Care	Accredited	August 2, 2023

Deemed and CMS-Recognized Programs

Ambulatory Surgical Center

Sites

Metroeast Endoscopic Surgery Center, LLC
5023 N Illinois, Suite 3, Fairview Heights, IL, 62208

Available Services

- Anesthesia
- Endoscopy
- Eye Surgery
- Gastroenterology Procedures
- General Surgery
- Gynecological Procedures
- Other Surgical Procedures/Anesthesia
- Pain Management - Trigger Point Injections
- Plastic Surgery
- Podiatric Surgery / Foot Surgery
- Urology Procedures

Accredited Programs

- Ambulatory Care

Attachment- 12

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

The Applicants seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to transfer orthopedic surgery cases from its affiliate, O'Fallon Surgical Center to its existing surgery center, Metroeast Surgery Center ("MSC"). O'Fallon Surgical Center is undergoing a change of ownership and will become a single specialty ophthalmology-only surgery center. To ensure continued access to orthopedic surgery, the Applicants propose to transfer this surgical specialty from O'Fallon Surgical Center to MSC.

The primary purpose of this project is to maintain access to outpatient orthopedic surgical services for residents within the Applicants' geographic service area and to increase utilization at MSC, which currently has capacity. Maintaining access to orthopedic surgical services in the GSA is particularly important given the demographics of the GSA, which has a large and growing elderly population that is more likely to experience joint and back musculoskeletal ("MSK") conditions. Orthopedic procedures play a crucial role in addressing painful age-related MSK conditions, which can significantly impact quality of life by limiting mobility.

Ensuring that GSA residents can access orthopedic services in the ASTC setting is critical for a number of reasons. Not only are hospital outpatient departments (HOPDs) more costly and less convenient than ASTCs, they also carry an increased risk of patient exposure to hospital-acquired infections. By offering orthopedic surgical services, MSC will allow physicians to schedule their surgeries to maximize efficiency. Furthermore, ASTCs provide high-quality surgical care, excellent outcomes, and a high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Additionally, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter wait times, and ease of access into and out of operating rooms. Finally, surgeons are more efficient in ASTCs due to faster turnover of operating rooms, designated surgical times without risk of delay due to urgent and emergency procedures, and specialized nursing staff.

1. **Document that the Project will provide healthcare services that improve the healthcare or well-being of the market population to be served.**

As documented in the referral letter attached at Appendix – 1, 63.2% of Dr. Chien's historical cases were patients residing within the 17-mile GSA. The Applicants anticipate the percentage of patients residing within the GSA would only increase upon relocating orthopedic surgery to MSC. MSC is centrally located in Fairview Heights near a large patient population and multiple public transportation options. Additionally, since it is not part of a hospital campus, MSC is much more easily accessible in terms of parking, wayfinding, family waiting areas and drop-off/pick-up. The transfer of orthopedic surgery from O'Fallon Surgical Center to MSC will provide patients and payors a convenient, high quality, lower cost alternative to orthopedic procedures that would cost three to four times more in local hospitals. Accordingly, it is imperative that MSC is able to maintain access for its older and growing population. Based on the above, the Project will improve access to care for residents of the geographic service area.

2. **Define the planning area per the applicant's definition**

MSC serves patients in Metro East Illinois within 17 miles of the ASTC. A map of the market area is attached at Attachment – 12A. The distance from MSC to the GSA borders are as follows:

- East: Clinton County, Illinois (17 miles)
- South: Waterloo, Illinois (17 miles)
- West: Illinois-Missouri border (17 miles)
- North: Edwardsville, Illinois (17 miles)

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project. Detail how the Project will address or improve the issues as well as the population's health status and well-being.**

With the change of ownership and conversion of O'Fallon Surgical Center to an ophthalmology-only surgery center, the Project is necessary to maintain access to orthopedic procedures within the GSA. Maintaining access to orthopedic services to the GSA is particularly important given the demographics of the GSA, which has a large and growing elderly population that is more likely to experience joint and back pain. Orthopedic procedures play a crucial role in addressing age-related conditions, which can significantly impact quality of life.

Further, MSC currently has unused capacity, so healthcare resources such as procedure rooms and staff are underutilized. Moving orthopedic cases from O'Fallon Surgical Center to MSC would allow MSC to lower the cost of care by better utilizing its existing space and staffing resources. MSC is not adding capacity to the planning area but is trying to increase utilization to be closer to the State Board Standard by transferring cases historically performed at O'Fallon Surgical Center to MSC.

4. Cite the sources of the information provided as documentation

- The Applicants perform ongoing internal utilization studies based on internal reporting.
- HFSRB ASTC profiles
- HFSRB Inventories and data
- Healthcare literature regarding current trends

5. **Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate**

   The goal of this project is to maintain access to surgical services for patients residing in the GSA and to increase utilization at MSC, which has capacity. These goals can be achieved at the time of project completion without any capital expenditures.

Attachment- 12A

The table below lists the patient origin by zip code for all patients treated at MSC during calendar year 2025. As documented in Attachment- 24, 2,245 (or 87.0%) of the cases were from patients residing in the GSA.

Zip	Cases
29164	1
32439	3
32531	2
60626	1
61282	1
62001	1
62002	6
62010	7
62012	1
62023	2
62025	49
62031	4
62033	1
62034	19
62040	90
62048	3
62049	1
62052	1
62056	2
62059	4
62060	16
62061	2
62062	17
62067	2
62074	1
62077	1
62086	3
62088	3
62090	1
62095	7
62097	3
62201	21
62203	58
62204	19
62205	39
62206	60
62207	30
62208	206
62215	4
62217	4
62220	136
62221	207
62223	149
62225	11
62226	263

62230	12
62231	12
62232	78
62234	130
62236	6
62237	6
62239	14
62240	1
62243	35
62244	1
62245	2
62246	3
62249	13
62254	54
62255	9
62257	14
62258	80
62260	41
62263	11
62264	14
62265	40
62266	3
62268	1
62269	337
62271	5
62274	4
62277	3
62278	7
62281	6
62282	1
62285	21
62286	2
62288	9
62289	2
62292	5
62293	25
62294	51
62295	1
62297	1
62298	12
62401	1
62801	3
62853	2
62859	1
62864	3
62882	1
62896	3
62898	1
63021	1
63026	2

63033	2
63050	1
53088	1
63101	3
63104	3
63112	5
63114	1
63115	1
63119	3
63121	2
63122	1
63123	1
63125	1
63135	1
63137	1
63143	1
63628	1

Attachment- 12B

MSC 17-Mile Geographic Service Area

Attachment- 13

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

The Applicants explored multiple options prior to deciding to add orthopedic services to their ASTC. The options considered are as follows:

- Do nothing;
- Utilize existing facilities;
- Transfer orthopedic procedures from O'Fallon Surgical Center to the existing ASTC.

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

Do Nothing

The first alternative considered was to maintain the status quo, whereby the Applicants would not offer orthopedic services at MSC. Since O'Fallon Surgical Center, an affiliate of MSC, is undergoing a change of ownership and will become a single specialty ophthalmology-only surgery center, this alternative would result in reduced access for patients in the GSA. To ensure continued access to orthopedic surgery in the ATSC setting, the Applicants propose to transfer orthopedic services from O'Fallon Surgical Center to MSC. Doing nothing would not maintain access to lower cost ASTC care as described throughout this application. Furthermore, doing nothing would not increase utilization at MSC. For these reasons, this alternative was rejected.

Utilize Missouri Health Care Facilities or HOPDs (Undetermined Cost)
The Metro East communities of St. Clair and Madison Counties sit within commuting distance of St. Louis, but geographic proximity to a state line does not translate into equitable access to essential surgical care for the Illinois residents who live there. Orthopedic surgery for conditions such as knee and hip arthroplasty, rotator cuff repair, and sports medicine procedures is not a tertiary or highly specialized service requiring travel to an academic medical center; it is a routine, high-volume outpatient service that should be available close to where patients live, work, and recover. When an area facility discontinues its orthopedic surgery service line, Illinois patients are effectively pushed to cross the Mississippi River into Missouri to obtain care that is neither novel nor complex, forcing them to navigate an unfamiliar provider network and the practical burdens of interstate travel for pre-operative visits, the procedure itself, and follow-up care, burdens that fall hardest on elderly patients, those with mobility limitations, and those without reliable transportation. Adding orthopedic surgery capacity at this ASC preserves patients' ability to receive necessary, non-tertiary musculoskeletal care within their own community and state, consistent with the Board's mandate to ensure access to needed health services and to prevent geographic and jurisdictional barriers from standing between Illinois residents and the essential, everyday care they should be able to obtain close to home.

Due to the infeasibility of utilizing other Illinois ASTCs, this alternative was rejected.

Add Orthopedic Procedures to the Existing ASTC (No required expenditures)
As more fully discussed above, the transfer of orthopedic surgical cases from O'Fallon Surgical Center to the existing MSC ASC is necessary to maintain access to orthopedic services in the GSA following the conversion of O'Fallon Surgical Center to a single specialty ophthalmology-only center. To increase utilization at MSC, which has capacity, while maintaining access to orthopedic services in a lower cost setting, MSC decided to request the addition of this surgical specialty to its existing ASTC. After weighing this no-cost option against others, it was determined that this alternative would provide the greatest benefit in terms of increased utilization and access to healthcare services.

Attachment- 14

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

This CON application relates to the planned transfer of a surgical specialty from O'Fallon Surgical Center to an existing ambulatory surgical treatment center, MSC. There will be no construction or modernization associated with these plans. Accordingly, this criterion is not applicable.

Attachment- 15

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(b) – Project Services Utilization

With the change of ownership and conversion of O'Fallon Surgical Center to an ophthalmology-only surgery center, the transfer of orthopedics procedures to MSC will improve its annual utilization to be closer to the State Board's utilization standard. Importantly, MSC is not adding capacity to the planning area but is trying to maintain orthopedic surgery access and increase MSC utilization to be closer to the State Board Standard by transferring cases historically performed at O'Fallon Surgical Center to MSC and supporting Dr. Chien as he grows his clinical practice in the Metro East area. In 2025, 2,581 surgical procedures (or 949 surgical hours) were performed at MSC. As documented in the referral letter attached at Appendix – 1, Dr. Chien anticipates referring approximately 70 cases to MSC within the first two years after project completion. Based on the State average hours per case, additional estimated surgical hours, including prep and clean up, in the second year after project completion are as follows:

Table 1110.120(b)
Project Services Utilization

Surgical Specialty	Projected Referrals	Estimated Surgical Time	Estimated Total Surgical Hours in Second Year After Project Completion
Orthopedics	70	1.40	98

Attachment- 16

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

This CON application relates to the plans to transfer a surgical specialty from O'Fallon Surgical Center to MSC. There will be no unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Attachment- 17

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

This CON application relates to the plans to transfer a surgical specialty from O'Fallon Surgical Center to MSC. There will be no unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Attachment- 25

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

1. Attached at Attachment – 25A is a map outlining the intended geographic service area ("GSA") for MSC. As set forth in Criterion 1110.110(b), MSC serves patients residing in and around Fairview Heights. Accordingly, the intended primary GSA consists of those areas within a 17-mile radius of MSC.

2. Pursuant to Section 1110.510(d) of the State Board's rules, the normal travel radius should be based upon the location of the applicant facility. MSC is located in Fairview Heights, and therefore the intended GSA is the radius of 17 miles from MSC. A list of all zip codes located, in whole or in part, within a 17-mile radius of MSC as well as the 2024 U.S. Census estimates for each zip code is provided in Table 1110.235(c)(2)(B).

Table 1110.235(c)(2)(B)(i)
Population within Geographic Service Area

Zip Code	City	Population
62034	Glen Carbon	14,870
62040	Granite City	40,404
62048	Hartford	1,347
62059	Lovejoy	729
62060	Madison	3,558
62062	Maryville	8,277
62087	South Roxana	2,181
62090	Venice	1,039
62201	East Saint Louis	4,921
62203	East Saint Louis	5,465
62204	East Saint Louis	4,055
62205	East Saint Louis	6,459
62206	East Saint Louis	12,959
62207	East Saint Louis	6,984
62208	Fairview Heights	16,821
62220	Belleville	19,152
62221	Belleville	29,875
62223	Belleville	16,296
62225	Scott Air Force Base	5,242
62226	Belleville	28,255
62232	Caseyville	7,063
62234	Collinsville	31,648
62236	Columbia	14,154
62239	Dupo	4,232
62240	East Carondelet	1,796

Table 1110.235(c)(2)(B)(i) Population within Geographic Service Area		
Zip Code	**City**	**Population**
62243	Freeburg	6,418
62254	Lebanon	6,710
62258	Mascoutah	10,437
62260	Millstadt	6,668
62265	New Baden	4,555
62269	O'Fallon	35,923
62281	Saint Jacob	3,059
62285	Smithton	4,239
62289	Summerfield	273
62294	Troy	15,325
Total		**381,389**

Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates Data Profiles *available at* https://data.cenus.gov/table (last visited Jul. 27, 2026).

3. A map of the MSC GSA is attached at Attachment – 25A. As set forth throughout this application, MSC serves Fairview Heights and the surrounding area within a 17-mile radius of the surgery center. The distance from MSC to the GSA borders are as follows:

   - East: Clinton County, Illinois (17 miles)
   - South: Waterloo, Illinois (17 miles)
   - West: Eastern Missouri (17 miles)
   - North: Edwardsville, Illinois (17 miles)

4. Table 1110.235(c)(2)(B)(ii) below lists the patient origin by zip code for all patients treated at MSC during calendar year 2025. 2,245 (or 87.0%) of cases were from patients residing in the GSA. Further, as documented in the referral letter attached at Appendix – 1, 63.2% of Dr. Chien's historical cases were patients residing within the 17-mile GSA. The Applicants anticipate the percentage of patients residing within the GSA would only increase upon relocating orthopedic surgery from O'Fallon Surgical Center to MSC.

Zip	Cases
29164	1
32439	3
32531	2
60626	1
61282	1
62001	1
62002	6
62010	7
62012	1
62023	2
62025	49
62031	4
62033	1

62034	19
62040	90
62048	3
62049	1
62052	1
62056	2
62059	4
62060	16
62061	2
62062	17
62067	2
62074	1
62077	1
62086	3
62088	3
62090	1
62095	7
62097	3
62201	21
62203	58
62204	19
62205	39
62206	60
62207	30
62208	206
62215	4
62217	4
62220	136
62221	207
62223	149
62225	11
62226	263
62230	12
62231	12
62232	78
62234	130
62236	6
62237	6
62239	14
62240	1
62243	35
62244	1
62245	2
62246	3
62249	13
62254	54
62255	9
62257	14
62258	80
62260	41

62263	11
62264	14
62265	40
62266	3
62268	1
62269	337
62271	5
62274	4
62277	3
62278	7
62281	6
62282	1
62285	21
62286	2
62288	9
62289	2
62292	5
62293	25
62294	51
62295	1
62297	1
62298	12
62401	1
62801	3
62853	2
62859	1
62864	3
62882	1
62896	3
62898	1
63021	1
63026	2
63033	2
63050	1
53088	1
63101	3
63104	3
63112	5
63114	1
63115	1
63119	3
63121	2
63122	1
63123	1
63125	1
63135	1
63137	1
63143	1
63628	1

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(2), Service Demand – Additional ASTC Service

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

Table 1110.235(c)(3)		
Name and Location of Licensed Facility	**Outpatient Cases (August 2025-June 2026)**	**Projected Referrals to MSC (Cases)**
O'Fallon Surgical Center, LLC O'Fallon, IL	19	70

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

1. Pursuant to Section 1100.640(c) of the State Board's rules, ambulatory surgical treatment centers should operate 1,500 hours per room per year (including setup and clean up time). MSC currently has two procedure rooms for a total capacity of 3,000 hours per year. In 2025, 2,581 surgical procedures (or 949 surgical hours) were performed at MSC. Based on Dr. Chien's letter, the Applicants project at least 70 additional cases (or approximately 100 surgical hours) will be referred to MSC.

2. MSC estimates the average length of time per orthopedic procedure will be 1.4 hours (including prep and clean up).[1]

[1] Average surgical times from the 2024 Illinois Ambulatory Surgical Treatment Center State Summary *available at* https://hfsrb.illinois.gov/content/dam/soi/en/web/hfsrb/documents/inventories-data/astc/state-summary/2024/2024%20ASTC%20Statewide%20Summary.pdf (last visited Jul. 27, 2026).

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

The Applicants seek to add orthopedic surgery to an existing ASTC to improve access to surgical services for residents within MSC's geographic service area and to increase utilization at MSC, which currently has capacity. As discussed throughout this application, Dr. Chien, currently performs orthopedic procedures at O'Fallon Surgical Center, an affiliate of MSC. Upon closing of the change of ownership of O'Fallon Surgical Center, it will become a single-specialty ophthalmology surgery center, so Dr. Chien must transfer his surgical cases to another surgery center in the area.

Maintaining access for patients within the GSA to obtain orthopedic services in the ASTC setting is important for a number of reasons. Not only are hospital outpatient departments (HOPDs) more costly and less convenient than ASTCs, they also carry an increased risk of patient exposure to hospital-acquired infections. By offering orthopedic surgery services, MSC will allow physicians to schedule their surgeries to maximize efficiency. Furthermore, ASTCs provide high-quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Additionally, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter wait times, and ease of access into and out of operating rooms. Finally, surgeons are more efficient in ASTCs due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care.

The Metro East communities of St. Clair and Madison Counties sit within commuting distance of St. Louis, but geographic proximity to a state line does not translate into equitable access to essential surgical care for the Illinois residents who live there. Orthopedic surgery, for conditions such as knee and hip arthroplasty, rotator cuff repair, and sports medicine procedures, is not a tertiary or highly specialized service requiring travel to an academic medical center; it is a routine, high-volume outpatient service that should be available close to where patients live, work, and recover. When an area facility discontinues its orthopedic surgery service line, Illinois patients are effectively pushed to cross the Mississippi River into Missouri to obtain care that is neither novel nor complex, forcing them to navigate the practical burdens of interstate travel for pre-operative visits, the procedure itself, and follow-up care, burdens that fall hardest on elderly patients, those with mobility limitations, and those without reliable transportation. Adding orthopedic surgery capacity at this ASC preserves patients' ability to receive necessary, non-tertiary musculoskeletal care within their own community and state, consistent with the Board's mandate to ensure access to needed health services and to prevent geographic and jurisdictional barriers from standing between Illinois residents and the essential, everyday care they should be able to obtain close to home.

Through MSC, patients residing in the Metro East Illinois area have access to surgical procedures that would cost three to four times more in local hospitals in Illinois and Missouri. Accordingly, it is imperative that MSC move forward with its plans for better access to orthopedic services for GSA residents.

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

1. Unnecessary Duplication of Services

a. MSC will remain at its current location at 5023 North Illinois Street, Fairview Heights, Illinois 62208. A map of MSC's GSA is attached at Attachment – 25A. A list of all of all zip codes located, in whole or in part, with the 17-mile radius of MSC as well as the 2024 U.S. Census estimates for each zip code is provide in Table 1110.235(c)(7)(A)(i).

Table 1110.235(c)(7)(A)(i)
Population within Geographic Service Area

Zip Code	City	Population
62034	Glen Carbon	14,870
62040	Granite City	40,404
62048	Hartford	1,347
62059	Lovejoy	729
62060	Madison	3,558
62062	Maryville	8,277
62087	South Roxana	2,181
62090	Venice	1,039
62201	East Saint Louis	4,921
62203	East Saint Louis	5,465
62204	East Saint Louis	4,055
62205	East Saint Louis	6,459
62206	East Saint Louis	12,959
62207	East Saint Louis	6,984
62208	Fairview Heights	16,821
62220	Belleville	19,152
62221	Belleville	29,875
62223	Belleville	16,296
62225	Scott Air Force Base	5,242
62226	Belleville	28,255
62232	Caseyville	7,063
62234	Collinsville	31,648
62236	Columbia	14,154
62239	Dupo	4,232
62240	East Carondelet	1,796
62243	Freeburg	6,418
62254	Lebanon	6,710
62258	Mascoutah	10,437
62260	Millstadt	6,668

Table 1110.235(c)(7)(A)(i) Population within Geographic Service Area		
Zip Code	**City**	**Population**
62265	New Baden	4,555
62269	O'Fallon	35,923
62281	Saint Jacob	3,059
62285	Smithton	4,239
62289	Summerfield	273
62294	Troy	15,325
Total		**381,389**

Source: U.S. Census Bureau, 2024 ACS 5-Year Estimates Data Profiles *available at* https://data.cenus.gov/table (last visited Jul. 27, 2026).

b. Once O'Fallon Surgical Center stops offering orthopedic surgery, that specialty will only be available at one surgery center within MSC's GSA. A list of hospitals and surgery centers that offer orthopedic services within MSC's GSA are identified in Table 1110.235(c)(7)(A)(ii):

Table 1110.235(c)(7)(A)(ii) Hospitals & Surgery Centers in GSA						
Facility Type	**Facility Name**	**Address**	**City**	**County**	**Zip**	**Distance (Miles)**
Hospital	Memorial Hospital-Belleville	4500 Memorial Drive	Belleville	St Clair	62226	4
Hospital	Memorial Hospital-Shiloh	1404 Cross Street	Shiloh	St. Clair	62269	5
ASTC	O'Fallon Surgical Center	741 Insight Ave	O'Fallon	St Clair	62269	5
Hospital	HSHS St Elizabeth's Hospital	1 Saint Elizabeth Blvd	O'Fallon	St Clair	62269	6
Hospital	Touchette Regional Hospital	5900 Bond Avenue	Cahokia Heights	St Clair	62207	9
Hospital	Anderson Hospital	6800 State Route 162	Maryville	Madison	62062	12
Hospital	Gateway Regional Medical Ctr	2100 Madison Ave	Granite City	Madison	62040	17
ASTC	Edwardsville Ambulatory Surg Ctr	12 Ginger Creek Pkwy	Glen Carbon	Madison	62034	17

2. Maldistribution of Services

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

a. Ratio of Operating Rooms to Population

As shown in Table 1110.235(c)(7)(B), the ratio of population to operating/procedure rooms is 123% of the State Average. Since access to operating and procedure rooms is more limited than in other parts of the State, it is important that MSC is able to offer orthopedic services to maintain access to surgical services in the GSA. This is particularly true because there are far more operating/procedure rooms in the hospital

setting than in the lower cost ASTC setting, which is more appropriate for simple surgical procedures. Specifically, there are 86 surgical rooms in the GSA, and nearly 80% of those rooms are operated under a hospital license with a much higher cost to patients, the government, employers, and private payors.

Table 1110.235(c)(7)(B) Ratio of Surgical/Treatment Rooms to Population				
	Population	**Operating/ Procedure Rooms**	**Rooms to Population**	**Standard Met?**
Geographic Service Area	381,389	86	1:4,435	Yes
State	12,694,798	2,639	1:5,439	

b. Historical Utilization of Existing Health Care Facilities

Since ASTCs offer patients and payors a convenient, high-quality lower cost alternative to hospital outpatient departments for orthopedic surgery, it is important that patients within the GSA have access to orthopedic services in the ASTC setting. Additionally, since it is not part of a hospital campus, MSC is more accessible in terms of parking, wayfinding, family waiting areas, and drop-off/pick-up.

c. Sufficient Population to Provide the Necessary Volume or Caseload.

MSC currently operates two procedure rooms and proposes to add a surgical specialty to increase its utilization closer to the State Board's standard of 1,500 surgical hours per operating/procedure room. In 2025, 2,581 surgical procedures or (or 949 surgical hours) were performed at MSC. Based on Dr. Chien's letter, the Applicants project at least 70 additional cases (or ~100 surgical hours) will be referred to MSC. There is sufficient population to yield this case volume.

3. Impact on Other Health Care Facilities

This project will not have an adverse impact on existing facilities in the GSA or lower utilization of other area providers that are operating below the occupancy standards but will improve utilization at MSC, which has capacity to credential more physicians. As discussed throughout this application, Dr. Chien, currently performs orthopedic procedures at O'Fallon Surgical Center, an affiliate of MSC. Upon closing of the change of ownership of O'Fallon Surgical Center, it will become a single-specialty ophthalmology surgery center. Accordingly, the transfer of surgical cases from O'Fallon Surgical Center will not adversely impact other health care facilities in the GSA.

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

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

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

1. A list of the procedures to be performed at MSC with the proposed charge is provided in Table 1110.235(c)(9).

2. A letter from Dr. Shakeel Ahmed, Manager, Metroeast Surgery Center, committing to maintain the charges listed in Table 1110.235(c)(9) is attached at Attachment – 25.

Table 1110.235(c)(9)		
Primary CPT	**Name of Procedure**	**Max Charge**
22100	Remove Part Of Neck Vertebra	$39,897
22101	Remove Part Thorax Vertebra	$18,363
22102	Remove Part Lumbar Vertebra	$39,897
22310	Closed Tx Vert Fx W/O Manj	$5,500
22315	Closed Tx Vert Fx W/Manj	$18,363
22505	Manipulation Of Spine	$9,193
22510	Perq Cervicothoracic Inject	$18,363
22511	Perq Lumbosacral Injection	$18,363
22513	Perq Vertebral Augmentation	$39,897
22899	Spine Surgery Procedure	$18,363
23405	Tenotomy Shoulder Area 1 Tendon	$39,897
23430	Tenodesis Long Tendon Biceps	$39,897
23515	Open Tx Clavicular Fracture Internal Fixation	$39,897
24006	Arthrt Elbow Capsular Excision Capsular Rls Spx	$18,363
24105	Excision Olecranon Bursa	$18,363
24140	Partial Excision Bone Humerus	$18,363
24147	Partial Excision Bone Olecranon Process	$18,363
24332	Tenolysis Triceps	$18,363
24342	Rinsj Rptd Biceps/Triceps Tdn Dstl W/Wo Tdn Grf	$39,897
24358	Tnot Elbow Lateral/Medial Debride Open	$18,363
24359	Tnot Elbow Lateral/Medial Debride Open Tdn Rpr	$18,363
29806	Arthroscopy Shoulder Surgical Capsulorrhaphy	$39,897
29807	Arthroscopy Shoulder Surgical Repair Slap Lesion	$39,897
29819	Arthroscopy Shoulder Surgical Removal Loose/Fb	$18,363
29823	Arthroscopy Shoulder Surg Debridement Extensive	$18,363
29824	Arthroscopy Shoulder Distal Claviculectomy	$18,363
29825	Arthroscopy Shoulder Ahesiolysis W/Wo Manipj	$18,363
29826	Arthroscopy Shoulder W/Coracoacrm Ligmnt Release	$19,527
29828	Arthroscopy Shoulder Biceps Tenodesis	$39,897
29834	Arthroscopy Elbow Surgical W/Removal Loose/Fb	$18,363
29838	Arthroscopy Elbow Surgical Debridement Extensive	$18,363
29866	Arthroscopy Knee Osteochondral Agrft Mosaicplast	$39,897
29874	Arthroscopy Knee Removal Loose/Foreign Body	$18,363
29876	Arthroscopy Knee Synovectomy 2/> Compartments	$18,363
29881	Arthrs Kne Surg W/Meniscectomy Med/Lat W/Shvg	$18,363
29827	Arthroscopy Shoulder Rotator Cuff Repair	$39,897

Table 1110.235(c)(9) above is a non-exhaustive list of the procedures by primary CPT code that will be typically performed. Each line shows anticipated maximum charges for two years for a surgical case with the primary CPT code shown.

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(10), Assurances

A letter from Dr. Shakeel Ahmed attesting that a peer review program exists at MSC is attached at Attachment – 25.

Attachment- 25

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

Re: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances

Dear Chair Savage:

On behalf of Metroeast Endoscopic Surgery Center, LLC doing business as Metroeast Surgery Center ("Metroeast Surgery Center"), I hereby certify the charge schedule submitted as part of the certificate of need application will not be increased, at a minimum for the first two years orthopedic and spine surgical procedures are performed at Metroeast Surgery Center.

Metroeast Surgery Center will continue its existing peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for surgical services. If outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.

By the second year of operation after the project completion date, the annual utilization of the treatment rooms at Metroeast Surgery Center will meet or exceed the utilization standard specified in 77 Ill. Admin. Code § 1100.

Sincerely,

Shakeel Ahmed, M.D.
Manager
Metroeast Endoscopic Surgery Center, LLC

Subscribed and sworn to me
This 6th day of August, 2026

Notary Public

LAURIE L CRAIG
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 26, 2026

Attachment- 25A

MSC 17-Mile Geographic Service Area

Attachment- 34

Section VI, Availability of Funds
Criterion 1120.120

There are no expenditures associated with the project. The orthopedic surgery equipment used at O'Fallon Surgical Center will be transferred from O'Fallon Surgical Center to MSC. Accordingly, this criterion is not applicable.

Attachment- 36

Section VII, Availability of Funds
Criterion 1120.130, Financial Viability Waiver

The project will be funded through internal resources (net book value of equipment to be transferred) and qualifies for the financial viability waiver.

Attachment- 37

Section VIII, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

By signing the certification pages within this application, the Applicants attest that there will be no debt associated with the Project.

Attachment- 37

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

No debt will be necessary to fund the transfer of orthopedic surgery cases from O'Fallon Surgical Center to MSC. Accordingly, this criterion is not applicable.

Attachment- 37

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

1. This project will not include any construction. Accordingly, this criterion is not applicable.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

2. There is no State standard for net book value of equipment to be transferred.

Attachment- 37

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

Operating Expenses:	$123,105
Procedures:	70
Operating Expense per Procedure:	$1,758.64

Attachment- 37

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

Capital Costs:	$0
Procedures:	70
Capital Costs per Procedure:	$0

Attachment- 38

Section X, Safety Net Impact Statement

The project is non-substantive as it involves the transfer of orthopedic surgical cases from O'Fallon Surgical Center to the existing MSC ASTC. Accordingly, this criterion is not applicable.

Attachment- 39

Section X, Charity Care Information

The table below provides MSC's charity care information for the most recent three years.

CHARITY CARE			
	2023	**2024**	**2025**
Net Patient Revenue	**$1,942,572**	**$1,863,746**	**$1,856,672**
Amount of Charity Care (charges)	n/a	n/a	n/a
Cost of Charity Care	n/a	n/a	n/a

The ASTC operator does not have the benefit of a tax exemption. Accordingly, the operator tracks bad debt rather than charity care.

Appendix I – Physician Referral Letter

Below is a referral letter from Dr. Chien projecting that 50 to 70 cases will be referred to MSC within 12 to 24 months of project completion.

August 10, 2026

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

Dear Chair Savage:

I am an orthopedic surgeon and am writing in support of the addition of orthopedic and spine surgery at Metroeast Surgery Center, an existing ambulatory surgical treatment center located at 5023 North Illinois Street, Fairview Heights, Illinois. I currently perform orthopedic cases at O'Fallon Surgical Center, an affiliate of Metroeast Surgery Center. With the impending change of ownership and conversion of O'Fallon Surgical Center to a single specialty ambulatory surgery center focused on ophthalmology, I need to transfer my cases to Metroeast Surgery Center to maintain access to high-quality outpatient orthopedic surgery.

Over the past twelve months (from August 2025 to July 2026) for the zip codes listed on Exhibit 1, I referred 19 patients to O'Fallon Surgery Center. With the addition of orthopedics and spine procedures at Metroeast Surgery Center, I plan to shift all my O'Fallon Surgery Center cases to Metroeast Surgery Center. Further, now that I have been practicing in the Metro East Illinois area for a full year, I am starting to see my patient base and referral sources grow. I hope to soon add additional time in the area and expect that my case volumes will far exceed 19 cases per year. I expect to perform about 50 to 70 cases a year at Metroeast Surgery Center.

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

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

I support the addition of orthopedics and spine surgery at Metroeast Surgery Center.

Sincerely,

Tony L. Chien, D.O.
Orthopedist
Community Orthopedics and Sports Medicine
2821 North Ballas Road Suite C20
St Louis, Missouri 63131

Subscribed and sworn to me
This 10 day of August,
2026

Rebecca Lewise Campbell
Notary Public

REBECCA LEWISE CAMPBELL
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Aug. 21, 2026
Commission # 22737777

Expires Aug 21, 2026

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
61101	1
62040	1
62201	1
62203	1
62206	1
62220	4
62223	1
62226	2
62232	1
62966	2
63048	1
63121	1
63601	2
Total	**19**

Appendix II – Support Letter

Below is a support letter from Ideal Eye Surgery attesting that O'Fallon Surgical Center will become an ophthalmology-only ASTC and that all orthopedic surgery equipment will be transferred to MSC, enabling Dr. Chien to continue providing those services in Metro East Illinois:

August 11, 2026

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

Re: Transition of Orthopedic Surgical Care from O'Fallon Surgery Center to Metroeast Surgery Center

Dear Chair Savage:

I am writing in support of the transition of orthopedic and spine surgery cases from O'Fallon Surgical Center to Metroeast Surgery Center, an existing IDPH-licensed ambulatory surgical treatment center, located at 5023 North Illinois Street, Fairview Heights, Illinois.

As background, as the principal of the affiliated medical practice, Ideal Eye Surgery I am acquiring O'Fallon Surgical Center from Dr. Shakeel Ahmed. In connection with this change of ownership, O'Fallon Surgical Center will be converted to a single specialty center for eye surgery only. Going forward, the surgeons on the medical staff of O'Fallon Surgical Center will be limited to Ideal Eye Surgery physicians. This planned conversion of the ASC to an ophthalmology-only facility, together with the closed medical staff, will enable the practice to reduce malpractice insurance premium costs while focusing the facility's resources on the needs of ophthalmology patients. Ideal Eye Surgery has a significant patient load, and dedicating the ASC in this manner will help ensure timely access to surgery for the practice's patients which is essential for older adults, for whom timely treatment can preserve independence, reduce fall risk, and maintain the ability to drive, read, manage medications, and remain engaged in their communities. Cataracts are a leading and highly treatable cause of vision loss, while age-related macular degeneration, glaucoma, and diabetic eye disease also threaten sight and underscore the need for convenient, high-quality ophthalmic care.

As part of the pending transaction, all orthopedic surgery center equipment will be transferred to Metroeast Surgery Center, enabling Dr. Chien to continue providing those surgical services in Illinois rather than sending Illinois patients to facilities in St. Louis. Since O'Fallon Surgical Center will no longer be an option for Dr. Chien's cases, it is critical that Metroeast Surgery Center is approved to accommodate his case load.

Maintaining and improving access to outpatient orthopedic surgery in the Illinois suburbs of St. Louis is essential to providing timely, convenient, and cost-effective care for patients who would otherwise face delays, long travel times, or avoidable reliance on hospital-based services. Adults commonly experience musculoskeletal conditions—including osteoarthritis, degenerative joint disease, rotator cuff injuries, spinal disorders, fractures, chronic tendon and ligament injuries, and hand or nerve-compression conditions—that can substantially limit mobility, independence, and quality of life.

Moving the orthopedic surgical cases to Metroeast Surgery Center will help ensure access to that care. Please approve this change.

Sincerely,

Michael Stock
Ideal Eye Surgery
1660 Essex Way, Ste A
O'Fallon, IL 62269

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

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