

Original

11-002

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

JAN 04 2011

Facility/Project Identification

Facility Name: Apollo Health Center, Ltd.	HEALTH FACILITIES & SERVICES REVIEW BOARD		
Street Address: 2750 South River Road			
City and Zip Code: Des Plaines, Illinois 60018			
County: Cook	Health Service Area HSA-7	Health Planning Area:	

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Apollo Health Center, Ltd.
Address: 1640 North Arlington Heights Road, Suite 110
Name of Registered Agent: Scott H. Reynolds
Name of Chief Executive Officer: Vera Schmidt
CEO Address: 1640 North Arlington Heights Road, Suite 110
Telephone Number: 847-255-7400

Type of Ownership of Applicant/Co-Applicant

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

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which 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 during the review period]

Name: Vera Schmidt
Title: Chief Executive Officer
Company Name: Apollo Health Center, Ltd.
Address: 1640 North Arlington Heights Road, Suite 110
Telephone Number: 847-255-7400
E-mail Address: veras@networkgci.net
Fax Number: 847-398-4585

Additional Contact

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

Name: Aditi Puri
Title: Vice President
Company Name: Apollo Health Center, Ltd.
Address: 1640 North Arlington Heights Road, Suite 110
Telephone Number: 847-255-7400
E-mail Address: aditip@networkgci.net
Fax Number: 847-398-4585

Post Permit Contact

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

Name: Vera Schmidt
Title: Chief Executive Officer
Company Name: Apollo Health Center, Ltd.
Address: 1640 North Arlington Heights Road, Suite 110
Telephone Number: 847-255-7400
E-mail Address: veras@networkgci.net
Fax Number: 847-398-4585

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Forestview River, LP
Address of Site Owner: 2750 South River Road, Des Plaines, Illinois 60018
Street Address or Legal Description of Site: 2750 South River Road, Des Plaines, Illinois 60018 Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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: Apollo Health Center, Ltd.
Address: 2750 South River Road, Des Plaines, Illinois 60018
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-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.
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Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 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 #2005-5 (<http://www.hfsrb.illinois.gov>).

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 1110.40 and Part 1120.20(b)]

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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2. Narrative Description

Provide in the space below, 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.

Apollo Health Center, Ltd. (the "Applicant") seeks authority from the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center ("ASTC"). The proposed ASTC will consist of 4,673 gross square feet of clinical space and 1,180 gross square feet of non-clinical space, for a total of 5,853 gross square feet of rentable space and will house two operating rooms and eight recovery stations. The proposed ASTC will be located within an existing medical office building at 2750 South River Road, Des Plaines, Illinois 60018. Accordingly, this project will not involve new construction but rather only minor modifications to the existing physical plant, e.g., installation of a backup generator and minor modifications to the existing HVAC system.

The project constitutes a substantive, category B project because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must 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)	263,663	33,088	296,751
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	1,848,885	391,115	2,240,000
Other Costs To Be Capitalized	0	0	0
Acquisition of Building or Other Property (excluding land)	0	0	0
TOTAL USES OF FUNDS	2,112,548	424,203	2,536,751
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	263,663	33,088	296,751
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)	1,848,885	391,115	2,240,000
Governmental Appropriations	0	0	0
Grants	0	0	0
Other Funds and Sources	0	0	0
TOTAL SOURCES OF FUNDS	2,112,548	424,203	2,536,751
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 \$ 1,069,227.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): July 31, 2012

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

<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
<input checked="" type="checkbox"/> Project obligation 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 NOT APPLICABLE

Are the following submittals up to date as applicable:

<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> All reports regarding outstanding permits

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 department/area **DGSF** or the building/area **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 department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		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 following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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 representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Apollo Health Center, Ltd * 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE

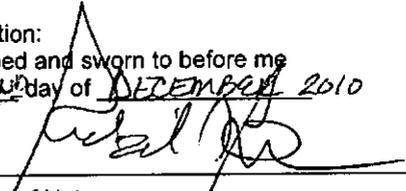
Aditi Puri

 PRINTED NAME

Vice President

 PRINTED TITLE

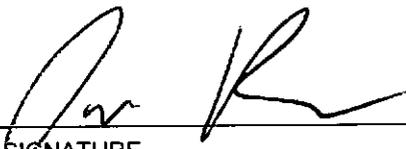
Notarization:
 Subscribed and sworn to before me
 this 22nd day of DECEMBER 2010



 Signature of Notary

Seal


*Insert EXACT legal name of the applicant.



 SIGNATURE

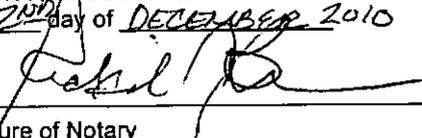
Jessica Bridgewater

 PRINTED NAME

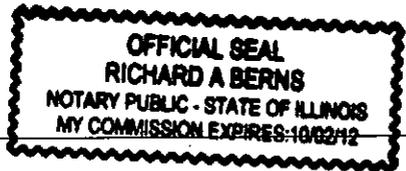
Vice President

 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 22nd day of DECEMBER 2010



 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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, 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 the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 Agency 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** of 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 1110.234 - 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.**
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;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

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	MET 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 of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot 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 are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Non-Hospital Based Ambulatory Surgery

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

1. Criterion 1110.1540(a), Scope of Services Provided

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

<input type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Podiatry
<input checked="" type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input type="checkbox"/> General/Other	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Urology

b. Indicate if the project will result in a limited or a multi-specialty ASTC.

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

- On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

3. Criterion 1110.1540(c), Projected Patient Volume

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

4. Criterion 1110.1540(d), Treatment Room Need Assessment

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

5. Criterion 1110.1540(e), Impact on Other Facilities

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

6. Criterion 1110.1540(f), Establishment of New Facilities

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
- a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
 - b. The hospital's surgical utilization data for the latest 12 months, and
 - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
 - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

8. Criterion 1110.1540(h), Change in Scope of Service

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

VIII. - 1120.120 - Availability of Funds

The applicant shall document that 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:**

\$475,000	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 time table 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 time table of receipts;
\$1,125,000	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
TOTAL FUNDS AVAILABLE		

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

IX. 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. All of the projects capital expenditures are completely funded through internal sources
2. 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
3. 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-40, 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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (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.

2. 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 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 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 of the cash and equivalents must be retained in the balance sheet asset accounts in order 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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	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 -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services 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 a given community, if reasonably known by the applicant.

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

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

A table in the following format must be provided as part of Attachment 43.

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

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.

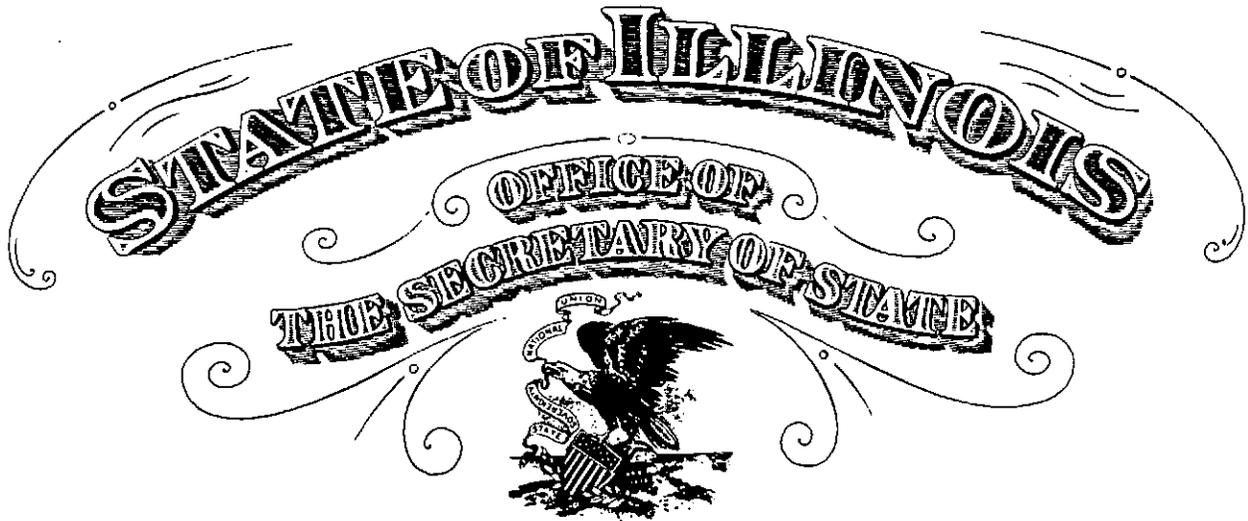
A table in the following format must be provided for all facilities as part of Attachment 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicants

The Illinois Certificate of Good Standing for Apollo Health Center, Ltd. is attached at Attachment – 1.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

APOLLO HEALTH CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 11, 2009, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1021801322

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of AUGUST A.D. 2010 .

Jesse White

SECRETARY OF STATE

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

The lease agreement between Forestview River, L.P. and Apollo Health Center, Ltd. is attached at Attachment – 2.

LEASE AGREEMENT

This lease is made between Forest view River, L.P. herein called Lessor, and Apollo Health Center, Ltd. herein called Lessee.

Lessee hereby offers to lease space from lessor the premises situated in the city of Des Plaines, County of Cook, State of Illinois, described as 2750 S River Road, Des Plaines IL 60018.

1. **Terms and Rent.** Lessor shall lease the above premises for a term of eighteen years commencing upon the later of the completion of construction or lessee occupancy and terminating 18 years from the date of commencement. The annual rental of \$231,194 payable in equal installments of \$19,266.17 on the first day of each month for that month's rental, during the term of the lease.

2. **Lease Contingency.** The lease shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a multi- specialty ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

2. **Use.** Lessee shall use and occupy the premises for medical use and general office use permitted within the zoning.

3. **Care and Maintenance of Premises.** Lessee shall, at his own expense and at all times; maintain the premises in good and safe condition, normal wear and tear excepted. Lessee shall be responsible for all repairs required, excepting the roof, exterior walls, and structural foundations.

4. **Utilities.** All applications and connections for necessary utility services on the demised premises shall be made in the name of Lessee only, and Lessee shall be solely liable for utility charges as they become due, including those for gas, electricity and telephone services.

5. **Security Deposit.** Lessee shall deposit with Lessor the sum of Nineteen Thousand two hundred and sixty six dollars and seventeen cents (\$19266.17) as security deposit.

6. **Changes to Lease.** Changes to the lease agreement can be made at anytime by mutual agreement of both parties.

7. **Option to Renew.** Lessee at its option shall have options to renew for ten (10) three (3) year periods each commencing at the expiration of the initial lease term. All of the terms and conditions of the lease shall apply during the renewal term except that the monthly rent shall be adjusted to reflect the change in the Consumer Price Index at the beginning of each new lease term after the expiration of the initial lease term.

8. **Real Estate Taxes & CAM.** Lessee shall pay pro-rata share of Real Estate Taxes and Common Area Maintenance (CAM) expense as additional monthly rent.

9. **Default.** A notice of 15 days shall be given for any default by either party and an additional time period of 15 days shall be allowed to cure such a default.

10. **Notices.** Any notice shall be sent via certified mail with return receipt requested

To Lessor: Forest view River LP.
P.O. Box 661066
Chicago, IL 60666

To: Lessee: Apollo Health Center Ltd
1640 N. Arlington Heights Road
Suite 110
Arlington Heights, IL 60004

By: 

By: 

Authorized Representative

Authorized Representative

It's:

It's:

General Partner

Forest view River, L.P.

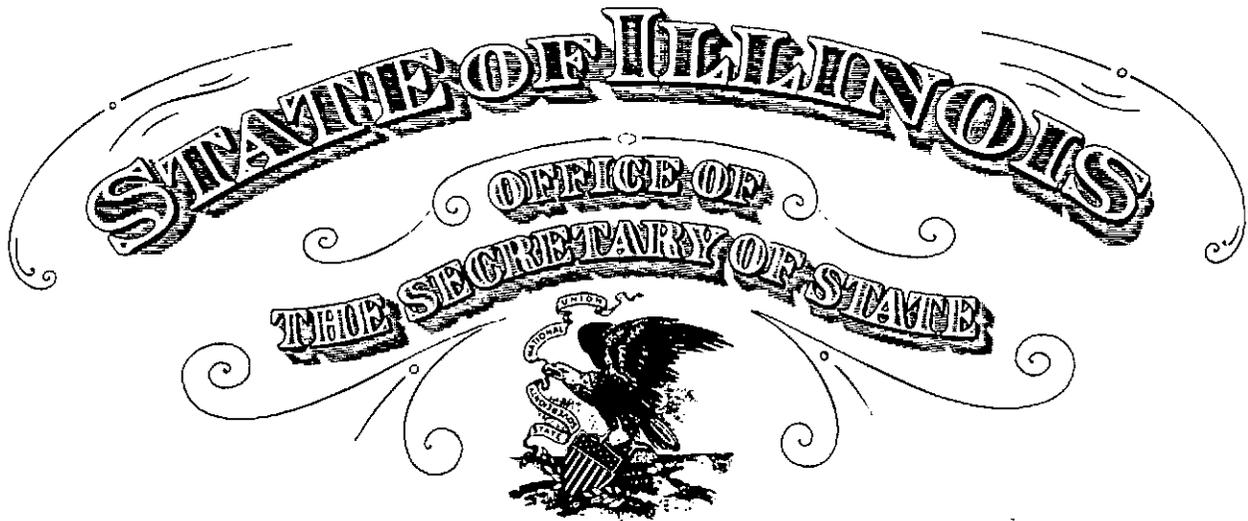
Lessor

Apollo Health Center, Ltd.

Lessee

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

The Illinois Certificate of Good Standing for Apollo Health Center, Ltd. is attached at Attachment – 3.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

APOLLO HEALTH CENTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 11, 2009, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of AUGUST A.D. 2010



Jesse White

Authentication #: 1021801322

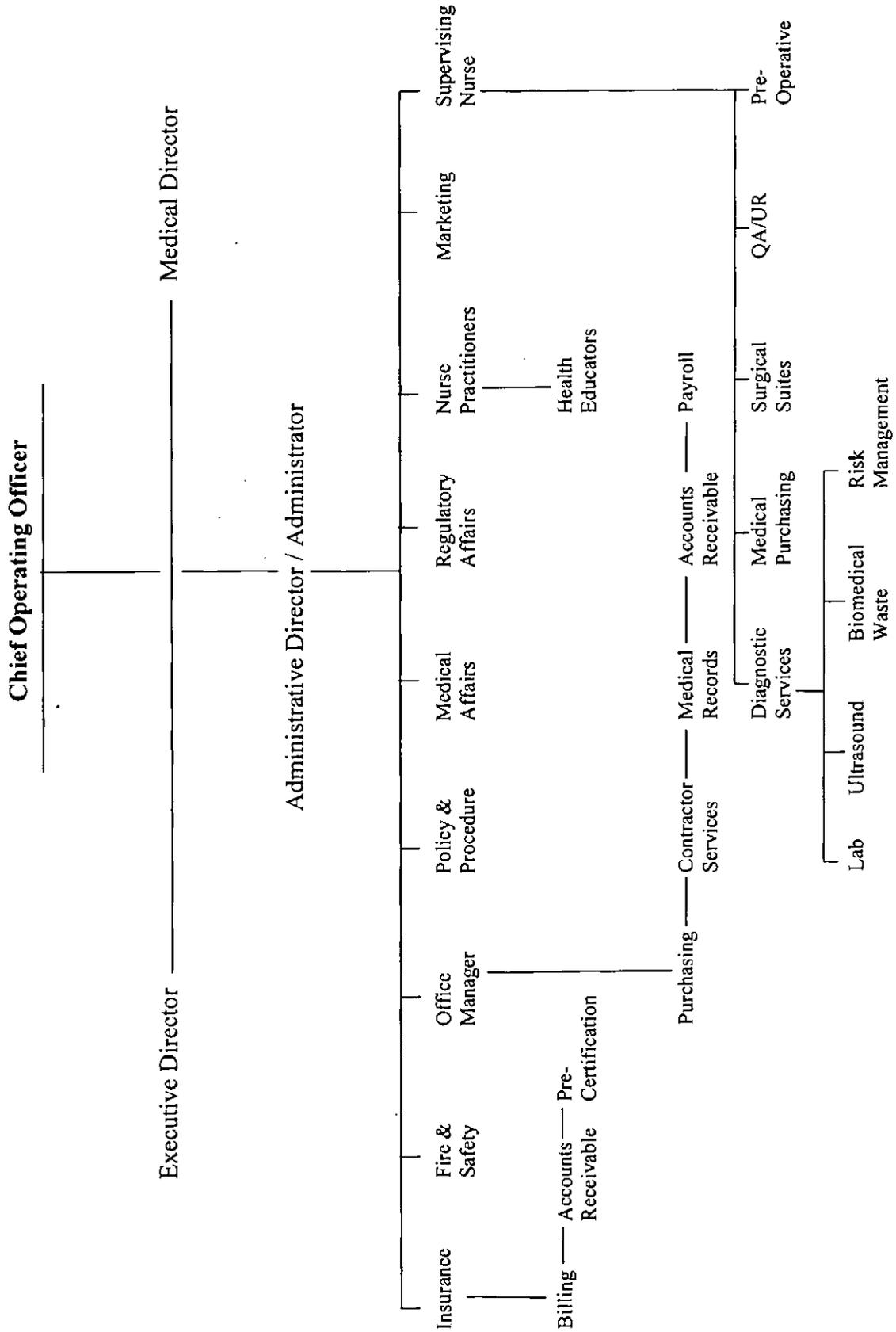
Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

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

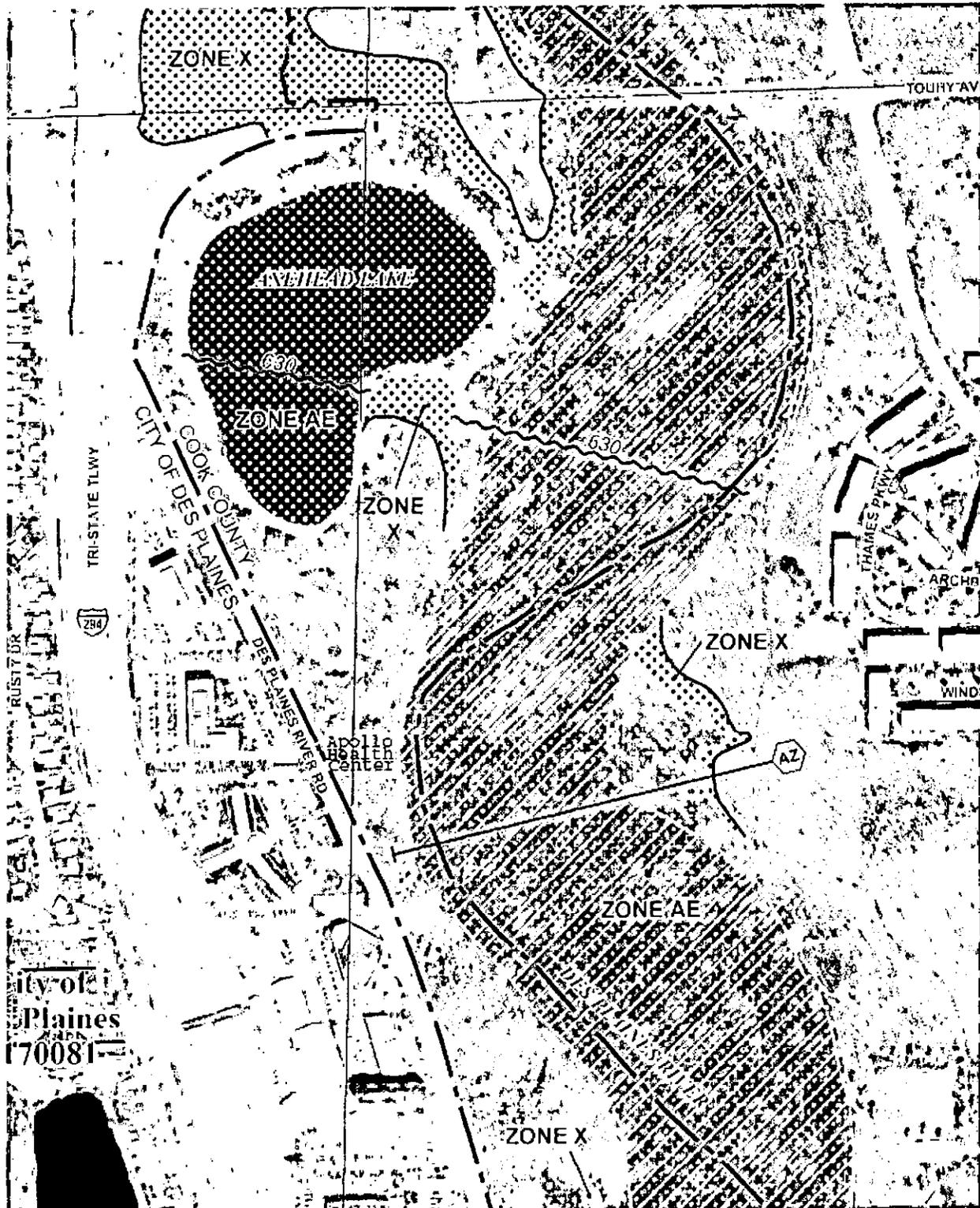
The organizational chart for Apollo Health Center, Ltd. is attached at Attachment-4. No individual or company "controls" the applicant as the term "control" is defined in Section 1130.140 of the HFSRB rules.

Apollo Health Center, Ltd.



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

The proposed ASTC site complies with the requirements of Illinois Executive Order #2005-5. The proposed ASTC is located at 2750 South River Road, Des Plaines, Illinois 60018. As shown on the FEMA flood plain map attached at Attachment – 5, the proposed ASTC site is located outside of a flood plain.



City of
Des Plaines
70081

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

The Historic Resources Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Cook County
Des Plaines

CON - Establish a Limited Specialty Ambulatory Surgical Treatment Center
2750 South River Road
IHPA Log #013081010

August 25, 2010

Anne Cooper
Polsinelli Shughart
161 N. Clark St., Suite 4200
Chicago, IL 60601

Dear Ms. Cooper:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

Attachment - 6

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

The floor plan for the proposed ASTC is attached at Attachment – 8.

I-HOR BY EVERY LINDER OWN THAT THESE
 PLANS ARE PROVIDED BY ME OR MY FIRM AND
 THE CODES AND ORDINANCES OF THE CITY OF
 CHICAGO AND ANY OTHER AGENCIES OF THE
 EMPLOYER SHALL BE THE RESPONSIBILITY OF THE
 EMPLOYER. CONSULT WITH THE BUILDING CODES.

GENERAL NOTES

© 2003

NO.	ISSUED FOR	REVISION / CORRECT	DATE

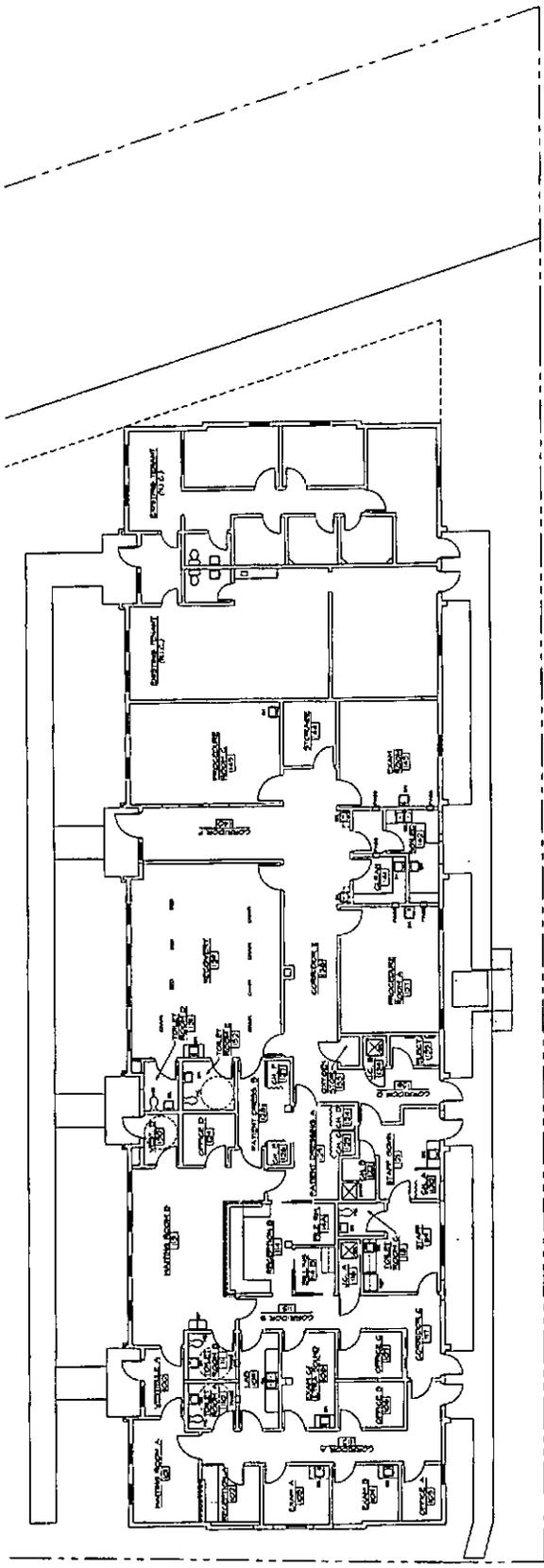
Alterations for:
**MEDICAL
 BUILDING**

2750-2772 River Road
 Des Plaines, Illinois

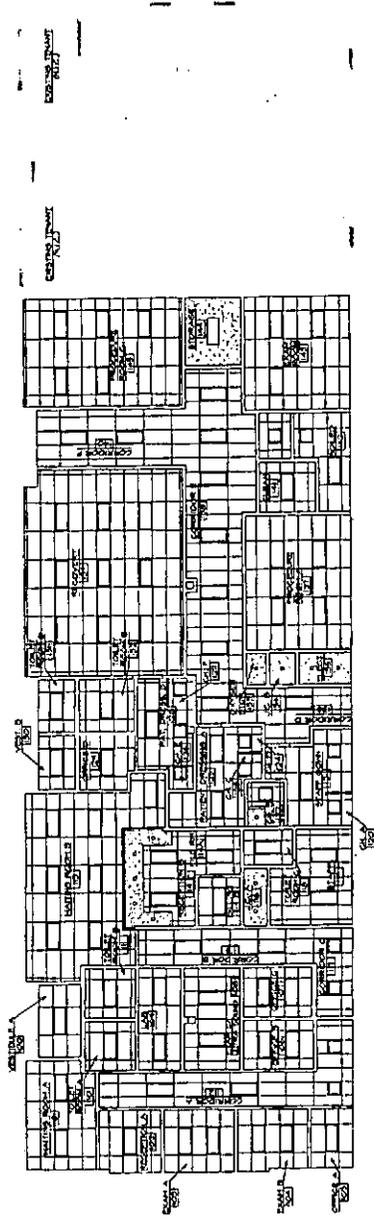
**PLANS - NEW
 WORK**

DRAWN BY	: JJJ
CHECKED BY	: OPM
APPROVED BY	: LMS
DATE	: MARCH, 31 2003
PROJECT NO.	: 22182

SHEET NO. : A-3



PLAN - 1st FLOOR
 SCALE: 1/8" = 1'-0"



PLAN - 2nd FLOOR
 SCALE: 1/8" = 1'-0"

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Laboratory	44,303	98				98	
Radiology	57,866	128				128	
Recovery	421,334	932				932	
Operating Room	1,303,786	2,884				2,884	
Exam Rooms	285,259	631				631	
Total Clinical	2,112,548	4,673				4,673	
NON CLINICAL							
Waiting Room/ Business Office	424,203	1,180				1,180	
Total Non-clinical	424,203	1,180				1,180	
TOTAL	2,536,751	5,853				5,853	

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230, Project Purpose, Background and Alternatives

Background of the Applicant

1. The Applicant does not currently own or operate any health care facilities. Accordingly, this criterion is not applicable.
2. Applicant has not previously owned or operated any health care facilities. Accordingly, this criterion is not applicable.
3. An authorization permitting HFSRB and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11A.
4. Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

APOLLO HEALTH CENTER, LTD.

2750 South River Road
Des Plaines, IL 60018

December 22, 2010

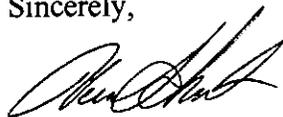
Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that Apollo Health Center, Ltd. is a newly created entity and has not previously owned or operated any health care facilities. Accordingly, the adverse action certification required by 77 Ill. Admin. Code § 1110.230(a)(3)(B) does not apply.

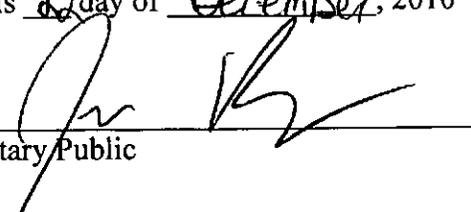
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Vera Schmidt
Chief Executive Officer
Apollo Health Center, Ltd.

Subscribed and sworn to me
This 22 day of December, 2010



Notary Public



Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(b), Project Purpose, Background and Alternatives

Purpose of the Project

- a. The Applicant seeks authority from the HFSRB to establish a multi-specialty ASTC to be located within an existing medical office building located at 2750 South River Road, Des Plaines, Illinois 60018. The proposed ASTC will consist of 4,673 gross square feet of clinical space and 1,180 gross square feet of non-clinical space, for a total of 5,853 gross square feet of rentable space and will house two operating rooms and eight recovery stations.

The primary purpose of this project is to improve access to gastroenterology, obstetrics/gynecology, and urology services to residents of the Applicant's geographic service area, particularly low-income and medically underserved areas and population groups. As shown in Table 1110.230(b) below, the Applicant identified 72 existing or approved health care facilities located within 30 minutes normal travel time of the proposed ASTC: 27 hospitals and 45 ASTCS. As discussed more fully in Criterion 1110.230(c), hospital outpatient departments ("HOPDs") are generally more costly to both the patient and payor than ASTCs. Accordingly, a HOPD is not the most financially feasible alternative for patients or payors. Additionally, less than 45% of the ASTCs in the Applicant's geographic service area offer services to Medicaid beneficiaries. Of the ASTCs providing Medicaid care, only Loyola University Ambulatory Surgical Center and North Shore Surgical Center provide gastroenterology, obstetrics/gynecology and urology services. Both of these facilities are located approximately 25 minutes from the proposed ASTC and would not be easily accessible to the proposed ASTC's patient population. Accordingly, the proposed ASTC is needed to improve access to affordable health care services to residents of its geographic service area.

Facility	Distance	Time	Adjusted Time
Resurrection Medical Center	3.3 mi.	8.0 min.	9.2 min.
Holy Family Hospital	3.8 mi.	9.0 min.	10.4 min.
Advocate Lutheran General Hospital	3.9 mi.	9.0 min.	10.4 min.
Dimensions Medical Center, Ltd.	3.9 mi.	9.0 min.	10.4 min.
Foot & Ankle Surgical Center	3.9 mi.	9.0 min.	10.4 min.
Golf Surgical Center	5.0 mi.	12.0 min.	13.8 min.
Illinois Hand & Upper Extremity Center	8.4 mi.	12.0 min.	13.8 min.
Albany Medical Surgical Center	8.3 mi.	14.0 min.	16.1 min.
Illinois Sports Medicine & Orthopedic Surgery Center	6.3 mi.	15.0 min.	17.3 min.
Six Corners Same Day Surgery	8.7 mi.	15.0 min.	17.3 min.
Elmhurst Memorial Hospital	10.5 mi.	15.0 min.	17.3 min.
Belmont/Harlem Surgery Center, LLC	7.3 mi.	16.0 min.	18.4 min.
Gottlieb Memorial Hospital	7.5 mi.	16.0 min.	18.4 min.
Advantage Health Care, Ltd.	9.2 mi.	16.0 min.	18.4 min.
Northwest Community Hospital	10.2 mi.	16.0 min.	18.4 min.
Northwest Community Day Surgery	10.2 mi.	16.0 min.	18.4 min.
Northwest Surgicare HealthSouth	10.6 mi.	16.0 min.	18.4 min.
Glenbrook Hospital	8.5 mi.	17.0 min.	19.6 min.
American Women's Medical Group	12.0 mi.	17.0 min.	19.6 min.
Advanced Ambulatory Surgical Center	7.9 mi.	18.0 min.	20.7 min.
Alexian Brothers Medical Center	8.9 mi.	18.0 min.	20.7 min.

Table 1110.230(b)
Utilization of Facilities within 30 Minutes Travel Time of Proposed ASTC

Facility	Distance	Time	Adjusted Time
Our Lady of Resurrection Hospital	9.7 mi.	18.0 min.	20.7 min.
Elmhurst Outpatient Surgery Center	10.9 mi.	18.0 min.	20.7 min.
Elmwood Park Same Day Surgery, LLC	8.5 mi.	19.0 min.	21.9 min.
Children's Memorial Outpatient Services	13.6 mi.	19.0 min.	21.9 min.
Westlake Community Hospital	9.2 mi.	20.0 min.	23.0 min.
Fullerton & Kimball Medical & Surgical Center	12.8 mi.	20.0 min.	23.0 min.
Hinsdale Surgical Center	15.2 mi.	20.0 min.	23.0 min.
Eye Surgery Center of Hinsdale	15.3 mi.	20.0 min.	23.0 min.
Novamed Surgery Center of River Forest	9.6 mi.	21.0 min.	24.2 min.
Chicago Endoscopy Center	12.9 mi.	21.0 min.	24.2 min.
The Oak Brook Surgical Center	15.2 mi.	21.0 min.	24.2 min.
Loyola University Ambulatory Surgical Center	15.7 mi.	21.0 min.	24.2 min.
North Shore Surgical Center	8.1 mi.	22.0 min.	25.3 min.
Skokie Hospital	10.1 mi.	22.0 min.	25.3 min.
Swedish Covenant Hospital	10.9 mi.	22.0 min.	25.3 min.
Fullerton Surgery Center, Inc.	11.0 mi.	22.0 min.	25.3 min.
Swedish Covenant Surgery Center	11.0 mi.	22.0 min.	25.3 min.
Novamed Surgery Center of Chicago Northshore	11.7 mi.	22.0 min.	25.3 min.
The Glen Endoscopy Center	11.7 mi.	22.0 min.	25.3 min.
St. Elizabeth Hospital	13.8 mi.	22.0 min.	25.3 min.
Loyola University Medical Center	16.4 mi.	22.0 min.	25.3 min.
Chicago Prostate Cancer Surgery Center	16.5 mi.	22.0 min.	25.3 min.
Ravine Way Surgery Center	12.2 mi.	23.0 min.	26.5 min.
St. Mary of Nazareth Hospital	15.4 mi.	23.0 min.	26.5 min.
Loyola Ambulatory Surgical Center at Oakbrook	15.6 mi.	23.0 min.	26.5 min.
Aiden Center for Day Surgery Center, LLC	16.8 mi.	23.0 min.	26.5 min.
DuPage Medical Group Surgery Center	17.7 mi.	23.0 min.	26.5 min.
Children's Memorial Hospital	14.3 mi.	24.0 min.	27.6 min.
Grand Avenue Surgical Center	16.5 mi.	24.0 min.	27.6 min.
Adventist Hinsdale Hospital	16.7 mi.	24.0 min.	27.6 min.
River North Same Day Surgery Center	16.7 mi.	24.0 min.	27.6 min.
Midwest Center for Day Surgery	18.0 mi.	24.0 min.	27.6 min.
Rush Oak Park Hospital	18.1 mi.	24.0 min.	27.6 min.
Petersen Surgery Center	12.6 mi.	25.0 min.	28.8 min.
Advocate Illinois Masonic Medical Center	14.3 mi.	25.0 min.	28.8 min.
Norwegian American Hospital	15.0 mi.	25.0 min.	28.8 min.
25 East Same Day Surgery	17.0 mi.	25.0 min.	28.8 min.
The Hoffman Estates Surgery Center	17.8 mi.	25.0 min.	28.8 min.
Rush Surgicenter - Professional Building	17.8 mi.	25.0 min.	28.8 min.
Rush University Medical Center	17.8 mi.	25.0 min.	28.8 min.
Advocate Good Samaritan Hospital	18.8 mi.	25.0 min.	28.8 min.
Lakeshore Physicians & Surgery Center	9.7mi.	26.0 min.	29.9 min.
The Surgery Center at 900 North Michigan	17.1 mi.	26.0 min.	29.9 min.
Northwestern Memorial Hospital	17.1mi.	26.0 min.	29.9 min.

Facility	Distance	Time	Adjusted Time
Watertower Surgicenter	17.2mi.	26.0 min.	29.9 min.
St. Alexius Medical Center	17.9 mi.	26.0 min.	29.9 min.
John Stroger Hospital of Cook County	18.3 mi.	26.0 min.	29.9 min.
Westmont Surgery Center	18.5 mi.	26.0 min.	29.9 min.
Ambulatory Surgicenter of Downers Grove	18.8 mi.	26.0 min.	29.9 min.
Loretto Hospital	19.8 mi.	26.0 min.	29.9 min.
Ashton Center for Day Surgery	20.6 mi.	26.0 min.	29.9 min.

The Applicant seeks to improve access to much needed health care services to population groups that face various barriers to health care. As described in greater detail below, the geographic service area of the proposed ASTC primarily encompasses Cook, DuPage, Kane and Lake Counties. Based upon the most recent data available from the U.S. Census Bureau, approximately 13.4% of residents in the proposed ASTC's geographic service area¹ live below the federal poverty level.² Moreover, several medically underserved areas ("MUAs") and medically underserved populations ("MUPs") are located within the proposed ASTC's geographic service area. See Attachment – 12A. An MUA is an area designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration ("HRSA") where a shortage of personal health services exists. A MUP is a group of individuals identified by HRSA who face economic, cultural or linguistic barriers to health care.

The Applicant will improve access to health care to low-income population groups by applying for Medicaid certification. For patients with a demonstrated hardship who do not qualify for Medicaid, the Applicant will provide highly discounted rates. Those eligible for the discounted rates are students, single parents, disabled, unemployed, or underemployed (individuals employed less than 20 hours per week). See Attachment – 12B. The Applicant will utilize the higher reimbursement attributed to the facility fee to cross-subsidize services for these individuals. Accordingly, the Applicant will be able to improve access to health care to low-income individuals.

Additionally, the proposed ASTC will serve many low-income patients, many of whom work multiple jobs and must schedule their surgical procedures to minimize time off from work. To accommodate the needs of patients' work schedules, the proposed ASTC will provide surgical services during afternoons and on Saturdays. The Applicant is also considering offering surgical services once a month on Sundays, if sufficient demand exists. Additionally, for certain elective procedures, patients can schedule their physician consultation, pre-operative testing, and surgical procedure on the same day. The proposed ASTC will also house a CLIA certified laboratory that will be able to provide in vitro tests of moderate complexity for patients of the proposed ASTC. The extended hours, scheduling options, and in-center testing offered at the proposed ASTC will allow patients more flexibility in scheduling their procedures and will minimize time off from work. Thereby making health care more accessible to low-income individuals.

¹ U.S. Census Bureau projections for Cook and DuPage Counties were utilized to determine the geographic service area estimated population.

² U.S. Census Bureau, American FactFinder, 2005-2009 American Community Survey 5-Year Estimates, Data Profile Highlights available at <http://www.census.gov/> (last visited Dec. 21, 2010).

As discussed more fully below, there are several MUPs located within the Applicant's geographic service area. Many MUPs face cultural and/or linguistic barriers to access healthcare. In fact, there are large immigrant populations within the Applicant's geographic service area. Due to cultural and linguistic barriers, these groups often lack appropriate access to necessary health care services. To breakdown linguistic and cultural barriers, the proposed ASTC will retain physicians and staff who speak Spanish, Russian, Polish and various Asian languages including, but not limited to Hindi, Tagalog, Cantonese and Korean. This will improve access to health care for these groups as they are more likely to seek health care services from providers who speak their native language as they can better understand their condition and treatment options and make more informed health care decisions.

The proposed ASTC is needed. It will serve an unmet need in the community. Specifically, it will provide affordable health care options for low-income individuals through participation in Medicaid and its financial hardship policy. Through its extended hours and scheduling options, it will make health care more accessible to individuals in its geographic service area. Finally, for those population groups that face cultural and linguistic barriers, the proposed ASTC will have staff and physicians who can speak directly with patients in their native language to help patients make better informed decisions about their health care.

b. The proposed ASTC will serve the entire Chicago metropolitan area. The geographic service area of the proposed ASTC encompasses an 18-mile radius around the facility. See Attachment – 12C. This area includes Cook and DuPage counties as well as southern Lake and northeastern Kane counties. The boundaries of the geographic service area of the proposed ASTC are as follows:

- East: Approximately 30 minutes normal travel time to Rodgers Park
- Southeast: Approximately 30 minutes normal travel time to Kenwood
- South: Approximately 30 minutes normal travel time to Hickory Hills
- Southwest: Approximately 30 minutes normal travel time to Warrenville
- West: Approximately 30 minutes normal travel time to Bartlett
- Northwest: Approximately 30 minutes normal travel time to Carpentersville
- North: Approximately 30 minutes normal travel time to Lake Zurich
- Northeast: Approximately 30 minutes normal travel time to Highland Park

c. Existing problems or issues that need to be addressed:

As set forth above, the geographic service area of the proposed ASTC encompasses Cook and DuPage counties as well as parts of Kane and Lake Counties. As shown in Attachment – 12A, there are 43 MUAs and 11 MUPs located within the proposed ASTC's geographic service area. Designation as an MUA is based upon four criteria: (1) ratio of primary medical care physicians per 1,000 residents, (2) infant mortality rate, (3) percentage of population with incomes below the poverty level, and (4) percentage of population age 65 or over. An MUP is a group within an area with economic (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services. The same criteria for MUAs apply to MUPs; however, the analysis is limited to a specific population group rather than the entire resident population in the area. Accordingly, an MUP classification is based upon economic status and/or race, e.g., low-income, Hispanic population, or Hispanic low-income population. Currently, there are six low-income MUPs, one Asian-American MUP, two Hispanic low-income MUPs, and two MUPs designated by the Governor.

As stated throughout this Application, the Applicant proposes to improve access to much needed health care services to low-income individuals and medically underserved populations, specifically, Hispanic, Eastern European and Asian immigrant populations. As set forth in Table 1110.230(b) above, there are 72 existing or approved health care facilities within 30 minutes normal travel time of the proposed ASTC. Twenty-eight of these facilities are hospitals

and forty-five are ASTCs. As discussed more fully below, HOPDs do not provide the most cost effective treatment for payor and patient. Additionally, less than 45% of the ASTCs in the proposed ASTC's geographic service area provide Medicaid care. Only two ASTCs treating Medicaid beneficiaries offer gastroenterology, obstetrics/gynecology and urology services; however, they are not proximately located to the proposed ASTC's projected patient population and are not feasible alternatives.

According to the most recent population projections from the U.S. Census Bureau, there are approximately 1,585,345 individuals living below the Federal poverty level across the State of Illinois.³ Approximately 53.2% of these individuals or (842,860 individuals) reside within the proposed ASTC's geographic service area. Importantly, many low-income individuals do not qualify for the Illinois Medical Assistance Program ("Medicaid"). As a result, many residents have limited access to health care services. To improve access to health care services to low-income populations, the Applicant intends to apply for Medicaid certification. For those with a demonstrated hardship who do not qualify for Medicaid, the Applicant will provide highly discounted rates for services. Those eligible for the discounted rates are students, single parents, disabled, unemployed, or underemployed (individuals employed less than 20 hours per week). See Attachment – 12B. The Applicant will utilize the higher reimbursement attributed to the facility fee from other payors to cross-subsidize services for these individuals. Accordingly, the Applicant will be able to improve access to health care to low-income individuals.

The proposed ASTC will serve many low-income patients, many of whom work multiple jobs and must schedule their surgical procedures to minimize time off from work. HOPDs and most ASTCs do not schedule elective surgery on weekends. To accommodate the needs of patients' work schedules, the proposed ASTC will provide surgical services during the afternoons and on Saturdays. It is also considering offering surgical services once a month on Sundays, if sufficient demand exists. Additionally, for certain elective procedures, patients can schedule their physician consultation, pre-operative testing, and surgical procedure on the same day. The proposed ASTC will also house a CLIA certified laboratory that will be able to provide in vitro tests of moderate complexity for patients of the proposed ASTC. The extended hours, scheduling options, and in-center testing offered at the proposed ASTC will allow patients more flexibility in scheduling their procedures and will minimize time off from work for a surgical procedure.

Additionally, there are large immigrant populations within the Applicant's geographic service area. Due to cultural and linguistic barriers, these groups often lack appropriate access to necessary health care services. The proposed ASTC will retain physicians and staff who speak Spanish, Russian, Polish and various Asian languages including, but not limited to Hindi, Tagalog, Cantonese and Korean. This will improve access to health care for these groups as they are more likely to seek health care services from providers who speak their native language as they can better understand their condition and treatment options and make more informed health care decisions.

Finally, the proposed ASTC will provide a lower cost alternative to outpatient surgery to the residents of the ASTC's geographic service area. As set forth in the letter from the ASC Advocacy Committee to Secretary Sebelius regarding implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. See Attachment – 12D. ASTCs provide high quality surgical care, excellent outcomes, and high levels of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are generally reimbursed at lower rates than HOPDs and result in lower out-of-pocket

³ U.S. Census Bureau, American FactFinder, 2005-2009 American Community Survey 5-Year Estimates, Data Profile Highlights *available at* <http://www.census.gov/> (last visited Dec. 21, 2010).

expenses for patients. Accordingly, the Applicant seeks to provide a high-quality, lower cost option to residents of its geographic service area, particularly low-income and underserved populations.

d. Source information

U.S. Census Bureau, American FactFinder, 2005-2009 American Community Survey 5-Year Estimates, Data Profile Highlights *available at* <http://www.census.gov/> (last visited Dec. 21, 2010).

U.S. Dep't of Health and Human Svcs, Health Resources and Svcs Admin, MUA/P Shortage Areas by State and County *available at* <http://muafind.hrsa.gov/> (last visited Aug. 12, 2010).

Illinois Department of Economic Opportunity and Commerce, Population Projections *available at* http://www.commerce.state.il.us/dceo/Bureaus/Facts_Figures/Population_Projections/ (last visited Aug. 11, 2010).

e. How project will address or improve identified issues.

As set forth above, the proposed ASTC is located in a geographic service area with a disproportionate number of low-income residents as well as several MUAs and MUPs. These population groups face economic and/or cultural and linguistic barriers to health care. The Applicant seeks to improve access to health care to these population groups by enrolling in Medicaid, offering deeply discounted rates to individuals with a demonstrated financial hardship, and retaining physicians and staff that speak Spanish, Russian, Polish and various Asian languages including, but not limited to Hindi, Tagalog, Cantonese and Korean.

One of the purposes of the proposed ASTC is to improve access to health care services to low-income individuals. According to the latest U.S. Census Bureau projections, approximately 827,623 individuals, or 13.4% of the residents of the Applicant's geographic service area live below the federal poverty level.⁴ Moreover, based upon the 2009 ASTC Questionnaire data, less than 45% of the ASTCs located within the proposed ASTC's geographic service area provide services to Medicaid beneficiaries. To increase access to health care services for low-income populations residing in its geographic service area, the Applicant intends to enroll in the Illinois Medicaid program. For those patients who have a demonstrated financial hardship but do not qualify for Medicaid, the Applicant will offer deeply discounted rates.

To accommodate the needs of low-income patients who often have to work multiple jobs, the proposed ASTC will provide surgical services on Saturdays and is considering offering surgical services once a month on Sundays, if sufficient demand exists. Additionally, for certain elective procedures, patients can schedule their physician consultation, pre-operative testing, and surgical procedure on the same day. The proposed ASTC will also house a CLIA certified laboratory that will be able to provide in vitro tests of moderate complexity for patients of the proposed ASTC. The extended hours, scheduling options, and in-center testing offered at the proposed ASTC will allow patients more flexibility in scheduling their procedures and will minimize time off from work.

The Applicant will improve access to health care to individuals residing in MUAs or who are part of a MUP. As shown in Attachment 12-A, there are currently 43 MUAs, there are six low-income MUPs, one Asian-American MUP, two Hispanic low-income MUPs, and two MUPs designated by the Governor. As set forth above, the Applicant will increase access to

⁴ U.S. Census Bureau, American FactFinder, 2005-2009 American Community Survey 5-Year Estimates, Data Profile Highlights *available at* <http://www.census.gov/> (last visited Dec. 21, 2010).

healthcare to residents in low-income MUPs by offering services to Medicaid beneficiaries and offering deeply discounted rates to individuals with a demonstrated financial hardship.

To breakdown cultural and linguistic barriers for the large immigrant populations in its geographic service area, the Applicant will retain physicians and staff who speak Spanish, Russian, Polish and various Asian languages including, but not limited to Hindi, Tagalog, Cantonese and Korean. This will improve access to health care for these groups as they are more likely to seek health care services from providers who speak their native language as they can better understand their condition and treatment options and make more informed health care decisions.

- f. The primary goal of the proposed ASTC is to improve access to much needed health care services to the residents of its geographic service area, particularly low-income individuals and medically underserved areas and populations. As detailed above, the Applicant will improve access to low-income individuals through participation in Medicaid and providing deeply discounted rates to individuals with a demonstrated financial hardship. It will also offer extended hours, self-scheduling options for certain elective procedures, and in-center testing to minimize the time patients must take off from work. Finally, the proposed ASTC will have physicians and staff who speak Spanish, Russian, Polish and various Asian languages including, but not limited to Hindi, Tagalog, Cantonese and Korean to help break down cultural and linguistic barriers for the large immigrant communities that will be served by the proposed ASTC.

In addition to improving access, the Applicants will establish the patient satisfaction and infection control programs at the proposed ASTC, which are attached at Attachment – 12E.



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Shortage Designation Home
Find Shortage Areas
HPSA & MUA/P by Address
HPSA by State & County
HPSA Eligible for the Medicare Physician Bonus Payment

Criteria:						
State: Illinois						
County: Cook County						
DuPage County						
Kane County						
Lake County						
ID #: All						
Results: 562 records found.						
Name	ID#	Type	Score	Designation Date	Update Date	
Cook County						
Rogers Park Service Area	00522	MUA	61.20	1998/06/10		
CT 0101.00						
CT 0102.00						
CT 0103.00						
CT 0104.00						
CT 0105.00						
CT 0106.00						
CT 0107.00						
CT 0108.00						
CT 0109.00						
Communities Asian-American Population	00801	GOV MUP	0	1988/03/31		
MCD (14000) Chicago city						
Roseland Service Area	00802	MUA	46.90	1995/10/23		
CT 4409.00						
CT 4901.00						
CT 4902.00						
CT 4903.00						
CT 4905.00						
CT 4906.00						
CT 4907.00						
CT 4908.00						
CT 4909.00						
CT 4910.00						
CT 4911.00						
CT 4912.00						
CT 4913.00						
CT 4914.00						
Leclaire Courts Service Area	00822	MUA	56.50	1992/12/08	1994/02/01	
CT 5601.00						
CT 5602.00						
CT 5603.00						
CT 5604.00						
Cook Service Area	00826	MUA	48.50	1992/08/13	1994/02/03	
CT 6101.00						
CT 6102.00						
CT 6103.00						
CT 6104.00						
CT 6105.00						
CT 6106.00						
CT 6107.00						
CT 6108.00						
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CT 6113.00						
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CT 6116.00						
CT 6117.00						
CT 6118.00						
CT 6119.00						
CT 6120.00						
CT 6121.00						
CT 6122.00						
Cook Service Area	00827	MUA	57.80	1992/08/13	1994/02/03	
CT 3102.00						
CT 3103.00						
CT 3104.00						
CT 3105.00						
CT 3108.00						
CT 3107.00						
CT 3108.00						
CT 3109.00						
CT 3110.00						
CT 3111.00						
CT 3112.00						
CT 3113.00						
CT 3114.00						
CT 3115.00						
Cook Service Area	00828	MUA	43.30	1992/08/13	1994/02/03	
CT 3301.00						
CT 3302.00						
CT 3303.00						
CT 3304.00						
Cook Service Area	00829	MUA	59.20	1992/08/05	1994/02/03	
CT 3001.00						
CT 3002.00						
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CT 3018.00					
CT 3019.00					
CT 3020.00					
Robbins Service Area	00830	MUA	46.70	1992/06/11	1994/02/03
CT 8243.00					
CT 8244.00					
CT 8246.00					
Harvey/Phoenix Service Area	00831	MUA	45.20	1992/08/11	1994/02/03
CT 8269.01					
CT 8269.02					
CT 8273.00					
CT 8274.00					
Chicago Heights/Ford Heights Service Area	00832	MUA	45.00	1992/08/11	1994/02/03
CT 8289.00					
CT 8290.00					
CT 8291.00					
CT 8297.00					
Cook Service Area	00835	MUA	36.70	1984/06/04	1994/05/03
CT 0803.00					
CT 0804.00					
CT 0805.00					
CT 0806.00					
CT 0807.00					
CT 0808.00					
CT 0809.00					
CT 0810.00					
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CT 0818.00					
CT 0819.00					
CT 2401.00					
CT 2402.00					
CT 2415.00					
CT 2416.00					
CT 2417.00					
Cook Service Area	00836	MUA	53.30	1983/02/25	1994/05/03
CT 4601.00					
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CT 0307.00					
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CT 0313.00					
CT 0315.00					
CT 0316.00					
Cook Service Area	00839	MUA	56.20	1994/05/11	
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CT 2413.00					
CT 2414.00					
Cook Service Area	00840	MUA	56.40	1994/05/11	
CT 2418.00					
CT 2434.00					
Cook Service Area	00841	MUA	54.50	1994/05/11	
CT 2601.00					
CT 2602.00					
CT 2606.00					
CT 2609.00					
CT 2703.00					
CT 2704.00					
CT 2705.00					
CT 2711.00					
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CT 2918.00					
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Cook Service Area	00842	MUA	51.70	1994/05/11	
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CT 3406.00					
CT 3504.00					
CT 3507.00					
CT 3508.00					
CT 3511.00					
CT 3513.00					
CT 3514.00					
CT 3515.00					
Cook Service Area	00843	MUA	52.60	1994/05/11	
CT 3601.00					
CT 3602.00					
CT 3603.00					
CT 3604.00					
CT 3605.00					
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CT 3703.00					
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CT 3804.00					
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CT 4006.00					
Cook Service Area	00844	MUA	54.60	1994/05/11	
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CT 4212.00					
Cook Service Area	00845	MUA	53.60	1994/05/11	
CT 4307.00					
CT 4314.00					
Cook Service Area	00846	MUA	55.80	1994/05/18	
CT 6802.00					
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CT 6902.00					
CT 7101.00					
Cook Service Area	00874	MUA	49.00	1994/05/11	
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Cook Service Area	00875	MUA	55.10	1994/05/11	
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Cook Service Area	00876	MUA	57.10	1994/05/11	
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Cook Service Area	00877	MUA	57.10	1994/05/11	
CT 0714.00					
Cook Service Area	00878	MUA	55.80	1994/05/11	
CT 0720.00					

Cook Service Area	00879	MUA	58.00	1994/05/11	
CT 2316.00					
Cook Service Area	00880	MUA	58.00	1994/05/11	
CT 2523.00					
Cook Service Area	00881	MUA	35.10	1994/05/11	
CT 3205.00					
Evanston Service Area	00883	MUA	60.00	1994/05/18	1999/06/10
CT 8094.00					
Cook Service Area	00884	MUA	47.90	1994/05/18	
CT 8178.00					
Riverdale Service Area	06128	MUA	52.30	1998/05/27	
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CT 8215.00					
CT 8284.01					
CT 8284.02					
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CT 8286.00					
CT 8287.00					
Summit	06219	MUA	54.60	2001/05/24	
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CT 8204.00					
CT 8205.01					
CT 8205.02					
Maywood	06220	MUA	59.50	2001/05/25	
CT 8172.00					
CT 8173.00					
CT 8175.00					
Low Inc - Cicero Service Area	07058	MUP	80.30	1989/06/10	
CT 8136.00					
CT 8137.00					
CT 8138.00					
CT 8139.00					
CT 8141.00					
CT 8142.00					
Low Inc - Melrose Park/ Maywood Sa	07155	MUP	61.10	2002/02/27	
CT 8113.02					
CT 8182.00					
CT 8163.00					
CT 8184.01					
CT 8184.02					
CT 8185.00					
CT 8174.00					
Kenwood Area	07176	MUA	57.10	2002/04/04	
CT 3904.00					
CT 3905.00					
Des Plaines Service Area	07304	MUA	61.40	2003/02/28	
CT 7706.00					
CT 8049.02					
CT 8059.01					
CT 8061.02					
CT 8062.00					
CT 8063.00					
Low Inc - Blue Island	07308	MUP	61.60	2003/02/28	
CT 8212.00					
CT 8213.00					
CT 8234.00					
CT 8235.00					
CT 8236.03					
CT 8268.00					
West Ridge Service Area	07318	MUA	59.80	2003/03/13	
CT 0205.00					
CT 0208.00					
CT 0207.00					
CT 0208.00					
CT 0209.00					
Low Inc - Calumet City	07321	MUP	59.10	2003/04/04	
CT 8258.01					
CT 8258.02					
CT 8258.03					
CT 8259.00					
CT 8260.00					
CT 8261.00					
CT 8262.01					
CT 8262.02					
Brighton Park / Gage Park Service Area	07323	MUA	61.60	2003/04/07	
CT 5801.00					
CT 5802.00					
CT 5803.00					
CT 5804.00					
CT 5805.00					
CT 5806.00					
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CT 6303.00					
CT 6304.00					
CT 6305.00					
CT 6306.00					
CT 6307.00					
CT 6308.00					
CT 6309.00					
Numboldt Park Service Area	07335	MUA	60.70	2003/05/14	
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CT 2312.00					
CT 2313.00					
CT 2314.00					
CT 2315.00					
Austin Community Service Area	07336	MUA	51.00	2003/05/22	
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CT 2506.00					
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CT 2518.00					
CT 2519.00					
CT 2520.00					
CT 2521.00					
CT 2522.00					
CT 2524.00					
West Ridge Service Area	07337	MUA	61.50	2003/05/22	
CT 0201.00					
CT 0202.00					
CT 0203.00					
CT 0204.00					
Low Inc - Logan Square/ Hermosa	07486	MUP	61.70	2005/06/27	
CT 1605.00					
CT 1606.00					
CT 1607.00					
CT 1608.00					
CT 1609.00					
CT 1610.00					
CT 1611.00					
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Low Inc - Arlington Heights	07553	GOV MUP	68.40	2007/02/13	
MCD (57238) Palatine township					
MCD (81100) Wheeling township					
Chicago Lawn, West Lawn, Ashburn	07679	MUP	61.70	2008/08/28	
CT 6501.00					
CT 6502.00					
CT 6503.00					
CT 6504.00					
CT 6505.00					
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CT 6611.00					
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CT 7003.00					
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CT 7005.00					
DuPage County					
Hisp Low-Inc Pop- Addison / Bensenville	07312	GOV MUP	0	2003/03/06	
CT 8401.03					
CT 8401.04					
CT 8403.01					
CT 8403.02					
CT 8405.00					
CT 8407.01					
Hisp Low-Inc Pop- West Chicago	07313	GOV MUP	0	2003/03/07	

CT 8415.01						
Kane County						
Inner City Aurora Service Area	00833	MUA	58.40	1994/04/04	2002/04/11	
CT 8529.04						
CT 8532.00						
CT 8533.00						
CT 8534.00						
CT 8535.00						
CT 8536.00						
CT 8537.00						
CT 8538.00						
CT 8541.00						
CT 8542.00						
Kane Service Area	00935	MUA	54.30	1994/09/11		
CT 8512.00						
Central Carpentersville Service Area	05186	MUA	59.30	2001/01/30		
CT 8503.01						
Lake County						
North Chicago Service Area	00823	MUA	60.30	1992/08/26	1994/02/03	
CT 8628.00						
CT 8629.01						
CT 8630.01						
CT 8631.00						
CT 8632.01						
Low Inc - Waukegan Service Area	00824	GOV MUP	0	1992/08/26	1994/02/03	
CT 8617.01						
CT 8618.03						
CT 8618.05						
CT 8619.01						
CT 8619.02						
CT 8620.00						
CT 8621.00						
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CT 8623.00						
CT 8624.02						
CT 8625.02						
CT 8626.03						
CT 8626.04						
CT 8627.00						
Low Inc - Zion Service Area	00825	GOV MUP	0	1992/09/26	1994/02/03	
CT 8602.00						
CT 8603.02						
CT 8605.00						
Highland Park/Highwood Service Area	07115	GOV MUP	0	2001/11/26		
CT 8647.00						
CT 8652.00						
CT 8653.00						
CT 8654.00						
CT 8655.01						
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CT 8658.01						
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> NEW SEARCH MODIFY SEARCH CRITERIA </div>						

ELIGIBILITY FOR HARDSHIP CHARITY SURGICAL FEE

POLICY:

The patient must meet one or more of the following criteria:

1. Is a student, must present student ID card on day of surgery.
2. Is a single parent, must present a birth certificate, income tax statement, or social security card for child.
3. Is handicapped or disabled.
4. Is unemployed, or employed less than full time (20 hours/week).

August 3, 2010

VIA HAND DELIVERY

Secretary Sebelius
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Report on a Value-Based Purchasing System for Ambulatory Surgical Centers

Dear Secretary Sebelius:

Please accept the following comments regarding the report on a value-based purchasing (VBP) program for ASCs, as outlined in the Patient Protection and Affordable Care Act (PL 111-148, PPACA) §3006(f). These comments are submitted by the ASC Advocacy Committee, a joint effort of the ASC Coalition and the ASC Association, representing all types of ASCs; and the ASC Quality Collaboration, a cooperative effort of organizations and companies interested in ensuring ASC quality data is appropriately developed and reported. Together, these organizations include single- and multi-specialty ASCs; physician-owned ASCs, joint ventures between hospitals and physicians, and joint ventures between physicians and management companies; professional societies; and accrediting bodies. Participating ASCs range from the very small to the very large and are located in all 50 states.

Progress towards a Medicare VBP program for ASCs should be incremental: beginning with building a reliable, voluntary quality reporting infrastructure for ASCs, and then measuring performance within the ASC setting. Indicators of quality should include measures such as efficiency, outcomes, patient experience of care, adherence to evidence-based processes. As the culmination of VBP, CMS should develop and implement comparisons of the quality and costs for outpatient surgery in ASCs and hospital outpatient departments (HOPDs). A VBP system for outpatient surgery in these settings could create competition based on quality and efficiency, drive improvement, recognize the highest quality and most efficient providers, and improve transparency.

Some patients in hospital outpatient departments are not comparable to patients who are treated in ASCs. For example, the current HOPD measures include a hospital's emergency room patients. Designing a VBP for ASCs which enables cross-setting comparisons should focus on patients who can be treated appropriately in both ASCs and HOPDs.

Value-based purchasing includes financial and other incentives

One tool of VBP is public disclosure of data on the quality of care and costs to payers. We strongly support increasing the transparency of Medicare rates, patients' out-of-pocket costs, and quality of surgeries and procedures. Confidential feedback to ASCs from quality measurement systems should be used in the first year of VBP. Data should not be publicly reported while a reliable reporting infrastructure is being created and implemented. Building quality measurement on a solid foundation with a high level of reliability may help increase participation and the value of the data for all stakeholders. The following principles should guide public reporting of the VBP measure set:

- Consumers should be able to directly compare providers of outpatient surgical services.
- ASCs should be given the opportunity to review, validate, and appeal measurements and scores prior to publishing.
- There should be a provider narrative section for each provider-specific item to allow the provider to advise the consumer of any concerns the provider has regarding the reliability or accuracy of the information presented.
- In addition to reporting quality measures, other useful information such as facility accreditation status, state licensure and Medicare certification should be made available.

Many private payers incentivize their enrollees to use higher value services by charging lower co-pays or coinsurance for them. The Medicare program already incorporates this VBP tool: because Medicare payments for the same service are lower in ASCs than HOPDs, the copayments for services provided in ASCs are generally lower than in an HOPD. This differential can function as a value incentive for beneficiaries. For example, a patient needing cataract surgery would be responsible for \$193 if it were performed in the ASC; the patient would owe \$496 if the service were provided in the hospital outpatient department, a difference of 61%. Table 1 below illustrates the payment differentials for some common surgeries and procedures for beneficiaries in 2010. VBP could help to build an awareness of these differences and help the Medicare program leverage the choices of its beneficiaries to increase value.

Table 1. Co-payment savings for Medicare beneficiaries in ASCs for some typical procedures

Comparison of 2010 ASC and HOPD beneficiary copayments				
HCPCS	Description	ASC Copay	HOPD Copay	Difference
66984	Cataract surg w/IOL, 1 stage	\$192.49	\$495.96	61%
43239	Upper GI endoscopy, biopsy	\$73.89	\$143.38	48%
45378	Diagnostic colonoscopy	\$76.05	\$186.06	59%
45380	Colonoscopy and biopsy	\$76.05	\$186.06	59%
45385	Lesion removal colonoscopy	\$76.05	\$186.06	59%
66821	After cataract laser surgery	\$46.81	\$104.31	55%
64483	Inj foramen epidural l/s	\$59.20	\$97.09	39%
66982	Cataract surgery, complex	\$192.49	\$495.96	61%
45384	Lesion remove colonoscopy	\$76.05	\$186.06	59%

29881	Knee arthroscopy	\$209.92	\$403.36	48%
63650	Implant neuroelectrodes	\$699.19	\$885.85	21%
29827	Arthroscop rotator cuff repr	\$327.64	\$804.74	59%

The chief tool of VBP is payment differentials for providers: paying more to high-performing providers and to those who have made significant improvements to the quality of care. Provider payment differentials are key pieces of CMS's Premier Hospital Quality Incentive Demonstration, Home Health Pay for Performance Demonstration, and Nursing Home Value Based Purchasing Demonstration. The ASC industry supports payment differentials in VBP for outpatient surgery.

Another VBP tool is shared savings which allows providers to recoup some of the efficiencies they create through lowering cost and improving quality. This VBP tool is used in the private sector and most recently by CMS in its design of the Home Health Pay for Performance Demonstration and the Medicare Physician Group Practice Demonstration. CMS has allowed high quality agencies and group practices to share the savings generated by decreasing hospital admissions and readmissions, and decreasing skilled nursing facility use and the use of other healthcare resources. We support the shared savings model for later phases of VBP for ASCs.

Medicare's VBP for ASCs should encourage widespread participation through incremental implementation. VBP should begin with voluntary data collection, followed by public disclosure of quality information. Improved transparency regarding Medicare's rates and patient co-payments at ASCs and HOPDs should be supplemented with comparable quality data as it becomes available. CMS should provide patients and physicians with a tool to enable apples-to-apples comparisons of outpatient surgery settings. Payment differentials for providers should be built upon a solid foundation of quality measurement. Shared savings should be the final stage of an incremental VBP implementation.

Rewarding ambulatory surgery centers

A VBP for ASCs should acknowledge the role that the facility plays in providing high quality surgical care to patients. ASCs range in size and scope from small, single-specialty facilities focused on endoscopic procedures to large facilities offering a range of surgical sub-specialties in multiple operating rooms. The ASC VBP program will have the greatest impact when it is implemented incrementally and is designed to reach the full spectrum of ASCs in the industry. The Secretary should consider exemptions for ASCs with very low Medicare volume.

ASCs that attain high quality or make substantial improvements should be rewarded. It is important to acknowledge centers that have already applied evidence-based guidelines in their care, implemented structures of care that enhance quality, ensured patient safety, achieved good outcomes, and provided a valuable patient experience. It is also important to acknowledge that some centers may be continuing to progress toward the highest level of quality. VBP should reward ASCs that achieve a high rank or exceed a national threshold as well as ASCs that close the gap between their past performance and the national threshold.

ASC quality measurement

The VBP system for ASCs should be based on quality measurements which capture many aspects of ASC patient services. These measures include processes, efficiency, outcomes, and patient experience.

Process measures can indicate that the ASC follows guidelines and uses evidence-based practices. The ASC Quality Collaboration has already developed two process measures for ASCs which have been endorsed for outpatient surgery by the National Quality Forum. These capture whether antibiotics given for prevention of surgical site infection were administered on time and the number of patients who have appropriate surgical site hair removal. We support the development of additional process measures which are similarly applicable across a wide range of surgical facilities, such as medication reconciliation.

ASCs are efficient providers. Assessing the value of ASCs should include measures of the ways in which ASCs maximize health care resources and provide high quality surgical care and procedures in lean, well-managed facilities.

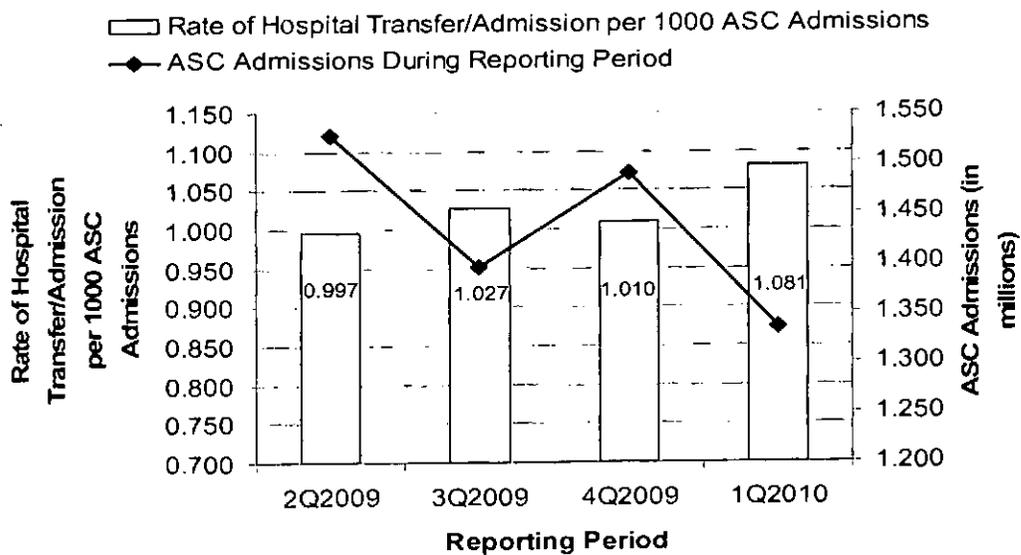
ASCs achieve excellent outcomes for patients and high levels of patient satisfaction. The ASC Quality Collaboration has already developed four measures of patient outcomes which have been endorsed by the National Quality Forum. These include patient safety indicators—patient burn; patient fall; and wrong site, side, patient, procedure or implant—and hospital transfers. Figure 1 below is an example of the voluntary outcome measure reporting in which many ASCs currently participate. A variety of patient satisfaction surveys are used throughout the industry to capture some aspects of patient experience.

Figure 1. Example of data available through ASC Quality Collaboration voluntary reporting

Data Summary: Hospital Transfer/Admission

Reporting Period	2Q2009	3Q2009	4Q2009	1Q2010
Number of Participating ASCs	1,294	1,177	1,266	1,185
Number of ASC Admissions Represented	1,528,402	1,396,179	1,490,427	1,334,614
Hospital Transfer/Admission Rate per 1000 ASC Admissions	0.997	1.027	1.010	1.081

Hospital Transfer/Admission



Both outcome measures and patient experience measurement for ASCs deserve a greater investment by CMS, the Agency for Healthcare Research and Quality, and other entities. A tool such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) would be a useful way to measure patient experience and satisfaction and would give patients relevant and easy-to-understand information.

Additionally, new research is needed to support the development of measures that enable fair, valid, and reliable comparison for similar patients in ASCs and HOPDs. In some cases, HOPD patients are not comparable to patients treated in ASCs. Designing a VBP for ASCs which enables cross-setting comparisons is an opportunity to improve transparency. Developing sound, useful comparisons across settings will require an investment in understanding the patient populations which can be compared and identifying and measuring factors that influence

outpatient surgical risks for patients. Improvements are also needed in post-surgical surveillance and case finding to support reliable outcome and patient safety measures.

The ASC Quality Collaboration should be included as a critical stakeholder in quality measurement for outpatient surgery. A role for the ASC Quality Collaboration similar to the role of the Hospital Quality Alliance would improve the VBP development process for all stakeholders. The following principles should guide measure development for VBP:

- Measure collection should minimize burden on ASCs and CMS. ASCs should be given more than one way to report quality data. For example, claims-based reporting should be an option, especially in the initial phases of VBP implementation. ASCs should be able to authorize an agent (e.g. a parent company or a registry) to report on their behalf.
- Where possible, measures should enable comparisons between ASCs and HOPDs. Patients who require care that could be provided in either ASCs or HOPDs should be enabled to identify and choose the setting with the best value through VBP.
- New measures must be credible: they must be based on evidence, broadly understood, and collected reliably across the variety of ASCs that serve Medicare beneficiaries.

We welcome opportunities to explore partnerships with agencies that can assist the industry in growing and enhancing the quality measurement tools for outpatient surgery in ASCs and HOPDs. New quality measurement infrastructure will be a key to evolving the most effective VBP and achieving the best value for Medicare and other payers.

Design a funding mechanism which strengthens VBP

Linking a portion of Medicare's payments to quality will be a significant change in Medicare ASC payment policy. To ensure that all Medicare beneficiaries continue to have access to care, VBP incentives should begin as a small portion of total Medicare spending for ASC services.

Funding should progress in increments, consistent with the phases in other aspects of the program. Full updates should be given to all of the ASCs that make the investment of time and resources to participate in the initial phase of pay for reporting and report valid and reliable data to CMS. The Secretary should consider a bonus for the use of health information technology to gather and report quality data, similar to the bonus for physicians' EHR use in Medicare.

The structure of incentive payments linked to performance should recognize that Medicare's payments to ASCs have been under a payment freeze for many years, and in addition, some payments have been dropping due to transition from the previous grouper payment system. The VBP system may lose acceptance if it is applied as a cost-cutting measure.

In the final phase of VBP, the VBP bonuses should be funded through a shared-savings mechanism. ASCs have already saved the Medicare program billions of dollars by providing a lower-priced setting for outpatient surgeries which can be appropriately performed in an ASC rather than an HOPD. VBP can help to demonstrate the quality and value of ASC services and encourage the continued, appropriate migration of services to the lower-priced setting. We

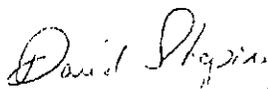
propose that later phases of the VBP for ASCs allow high-quality ASCs to share some of the savings they have produced for the Medicare program. A pool of ASC VBP bonus dollars could be generated from Medicare program's savings on the total amount spent for outpatient surgical services for Medicare beneficiaries that can be supplied in both HOPDs and ASCs. The shared-savings structure aligns the incentives of ASCs and the Medicare program to increase value.

- Building incentives across silos of care was a goal set by the Medicare Payment Advisory Commission in their recommendations for developing VBP.
- Decreasing the growth of Medicare spending on outpatient surgeries by encouraging continued migration to lower-priced settings could generate substantial savings for the Medicare program.
- A shared pool could create competition based on value between settings

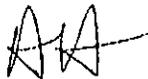
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In summary, the report on value based purchasing required by PL 111-148, §3006(f), should map out a VBP system for ASCs which increases transparency and enables patients and physicians to choose the best surgical setting. We look forward to conversations with CMS as they consider the development of VBP. Thank you for providing this opportunity to comment. We appreciate the dialogue and look forward to continued participation in the development process.

Sincerely,



David Shapiro, M.D.
Chairman
ASC Association



Andrew Hayek
Chairman
ASC Advocacy Committee

POST-OPERATIVE FOLLOW-UP LETTER

Your Name _____ Date of Surgery _____

Our facility is interested in providing the highest quality medical care. Therefore, we wish to receive responses from all patients post-operatively as follow-up care. It is absolutely necessary that you contact the facility either by telephone and/or by completing this form to be received at this facility within one week of surgery. Thank you for your cooperation. We look forward to servicing your future health needs.

If you answer "NO" to any of the following questions, please contact the facility.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you been comfortable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you taking fluids readily? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you eating and tolerating solid foods? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer "YES" to any of the following questions, please contact the facility.

Have you experienced any of the following since your surgery...

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Unusual drainage or bleeding | <input type="checkbox"/> | <input type="checkbox"/> |
| • Temperature elevation | <input type="checkbox"/> | <input type="checkbox"/> |
| • Unusual redness or swelling | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pain not relieved by your medication | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other problems (Please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

*When and where have you scheduled your mandatory 2-week exam?

How are we doing?

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Were efforts made to maintain your physical privacy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did surgery staff answer questions when asked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were discharge instructions given for post-operative care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were you pleased with the nursing care at the Center? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were you treated courteously by the medical and non-medical staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Would you recommend the HEALTH CENTER to others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What comments do you have regarding the care you received at the Health Center?
(We Welcome all Compliments and Criticism)

**If you have any questions or problems, do not hesitate to call us and ask to speak to a nurse.
Again, thank you for your time and comments.**

Note: The PHI (Protected Health Information) contained in this letter is HIGHLY CONFIDENTIAL and intended for the exclusive use by only the addressee. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is a violation of Federal Law pursuant to 45 CFR 164.502a and 45 CFR 164.506 and will be reported as such. If you have received this communication in error, please notify us immediately by replying to this message and destroying. Thank you.

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(c), Project Purpose, Background and Alternatives

Alternatives

- a. Do Nothing. The Applicant considered maintaining the status quo. As set forth throughout this application, the primary purpose of this project is to increase access to gastroenterology, obstetrics/gynecology, and urology surgical services to residents of its geographic service area, particularly low-income and medically underserved residents. As set forth in Criterion 1110.230(b), there are 72 approved or existing health care facilities within the geographic service area of the proposed ASTC. Twenty-seven facilities are acute care hospitals. As discussed in greater detail in Criterion 1110.230(b), HOPDs do not provide the most cost effective care for payors or patients. Additionally, only 19 of the 45 ASTCs in the geographic service area provide Medicaid care. Moreover, only two ASTCs providing Medicaid care offer gastroenterology, obstetrics/gynecology and urology services. Importantly these facilities are located approximately 25 minutes from the proposed ASTC and would not be accessible to the projected patient population of the proposed ASTC. The establishment of the proposed ASTC will increase access to much needed health care services to low-income patients through participation as a Medicaid provider and deeply discounted rates to individuals with a demonstrated financial hardship.

While the "do nothing" option would result in no project costs. This is not an option for the Applicant. The establishment of the proposed ASTC is necessary for the Applicant to meet the healthcare needs of the community.

- b. Utilize Hospitals and ASTC Providers with Excess Capacity.

The Applicant considered performing surgical procedures at area hospitals and ASTCs with excess capacity. As shown in Table 1110.230(b), there are 72 existing or approved health care facilities in the proposed ASTC's geographic service area. As described more fully below, acute care hospitals are generally more costly than ASTCs for payors and patients. Moreover, of the 45 ASTCs in the proposed ASTC's geographic service area, less than 45% provide Medicaid care. Of those ASTCs that provide Medicaid, only Loyola University Ambulatory Surgical Center and North Shore Surgical Center offer gastroenterology, obstetrics/gynecology and urology. Importantly, Loyola Ambulatory Surgical Center is located approximately 25 minutes south of the proposed ASTC and North Shore Ambulatory Surgical Center is located approximately 25 minutes west of the proposed ASTC. Neither facility is conveniently located to the proposed ASTC's patient population.

Utilizing acute care hospitals is not an effective use of resources. First and foremost, services provided in a HOPD are more costly for payors. According to a 2003 Department of Health and Human Services, Office of Inspector General ("OIG") report, the OIG found the Centers for Medicare and Medicaid Services ("CMS") reimbursed hospital outpatient departments more than ASTCs for two-thirds of procedure codes. In fact, the Medicare program could have saved an estimated \$1 billion if the procedures were reimbursed at the ASTC rate.⁵ Importantly, OIG has indicated that ASTCs "can significantly reduce costs for Federal health care programs, while simultaneously benefitting patients," and CMS "has promoted the use of [ASTCs] as cost-effective alternatives to higher cost settings."⁶ Finally, in a 2004 report to Congress, MedPac

⁵ DEPT OF HEALTH AND HUMAN SVCS., OFFICE OF INSPECTOR GENERAL, PAYMENT FOR PROCEDURES IN OUTPATIENT DEPARTMENTS AND AMBULATORY SURGICAL CENTERS 6 (2003).

⁶ 64 Fed. Reg. 63,517, 63,536 (Nov. 19, 1999).

recommended that CMS "should pay for all ambulatory surgical procedures provided by [ASTCs] that meet clinical safety standards and do not require an overnight stay."⁷

In addition to cost, another important factor to consider is scheduling. The proposed ASTC will serve many low-income patients, many of whom work multiple jobs and must schedule their surgical procedures to minimize time off from work. Unlike HOPDs and most ASTCs, the proposed ASTC will provide elective surgery on Saturdays. If sufficient demand exists, the Applicant will also consider operating one Sunday per month. Additionally, for certain elective procedures patients can schedule their physician consultation, pre-operative testing, and surgery for the same day to minimize time off work. Contrary to the proposed ASTC, scheduling at hospitals and other ASTCs is more complex and driven by the facility. In fact, physicians on staff at a hospital or ASTC are generally assigned specific blocks of time during the week to schedule surgical procedures and it is often difficult to accommodate a patient's schedule, requiring the approval of several decision makers at the hospital or ASTC.

While this alternative will result in no project costs to the Applicant, there are other costs that must be considered. The actual cost of care to both the payor and the patient would be higher in an acute care hospital setting. Moreover, patients would not have benefit of self-scheduling surgical procedures.

c. Establish an ASTC.

The final option the Applicant considered is to establish a multi-specialty ASTC. As set forth in Criterion 1110.230(b), several MUAs and MUPs are located within the proposed ASTC's geographic service area. Individuals residing in an MUA or a part of an MUP face economic and/or cultural and linguistic barriers to access needed health care. As discussed throughout this application, one of the primary objectives of this project is to improve access to needed health care by breaking down these barriers. As discussed more fully above, the Applicant will improve access to care for low-income individuals through Medicaid certification and offering deeply discounted rates to individuals with a demonstrated financial hardship. Additionally, it will retain physicians and staff who speak Russian, Polish, Spanish, and Asian languages, including but not limited to Hindi, Tagalog, Cantonese and Korean, to break down cultural and linguistic barriers and improve access to care for these population groups.

As discussed above, there are currently only two ASTCs that provide Medicaid care and offer gastroenterology, obstetrics/gynecology, and urology in the proposed ASTC's geographic service area. Both of these facilities are approximately 25 minutes from the proposed ASTC and are not conveniently located to the proposed ASTC's patient population.

Establishment of a multi-specialty ASTC is the only feasible option. It will increase access to health care services to low-income populations, i.e., Medicaid, uninsured and underinsured populations. The proposed ASTC will also provide a more convenient alternative to patients who cannot afford to take time off from work for a surgical procedure by offering weekend hours and self-scheduling.

Not only will the proposed ASTC increase access to low-income individuals, but it will increase access to various MUPs. The proposed ASTC will serve large Hispanic, Eastern European and Asian immigrant populations. The proposed ASTC will retain physicians and staff who speak Spanish, Russian, Polish, and Asian languages, including

⁷ MEDPAC, REPORT TO THE CONGRESS: MEDICARE PAYMENT POLICY 198 (2004) available at http://www.medpac.gov/documents/Mar04_Entire_reportv3.pdf (last visited Aug. 23, 2010).

but not limited to Hindi, Tagalog, Cantonese and Korean, to make its services more accessible to these medically underserved populations.

Finally, as set forth above, physicians currently perform a limited number of surgical procedures in the existing medical center. The Applicant seeks authority from the HFSRB to establish a licensed ASTC. The Applicant projects the cost to upgrade the facility to meet IDPH licensure standards is approximately \$2,536,751. Accordingly, this alternative results in the least cost with the most benefit to patient care and access.

d. Cost-Benefit Analysis

	Project Cost	Quality/Benefits	Non-Capital Costs
Maintain Status Quo	\$0	No expansion of surgical procedures	Practice cannot subsidize procedures for low-income patients
Utilize Other Providers	\$0	Reduced accessibility to needed services to low-income and medically underserved populations	Higher costs to payors and patients No self-scheduling
Establish ASTC	\$2,536,751	Increased availability of surgical services to low-income individuals Increased access to medically underserved populations	Lower cost than hospital outpatient department Self-scheduling to minimize time away from work.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Project will be a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 2,750 gross square feet per operating room and 180 gross square feet per recovery station for a total of 5,860 gross square feet for two operating rooms and eight recovery stations. The gross square footage of clinical space will be 4,673 gross square feet. Accordingly, the size of the proposed ASTC is below the State standard.

Table 1110.234(a) SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	4,673	6,940	-2,267	Below

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year after project completion, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ambulatory surgical treatment centers is based upon 1,500 hours per operating room. As documented in the physician referral letters attached at Attachment – 15A, referring physicians' project approximately 267 gastroenterology, 1,110 obstetrics/gynecology, and 308 urology surgical cases will be performed at the ASTC within the first year after project completion. Based upon the current experience of the referring physicians, the estimated procedure time, including prep and cleanup, is approximately one hour and fifteen minutes. As a result, 2,106 surgical hours are projected for the first year after project completion, which is sufficient to support the need for two operating rooms.

Based upon 2% projected growth, 1,719 surgical procedures or approximately 2,149 hours of surgery will be performed at the Proposed ASTC by the second year of operation. Accordingly, the projected utilization is sufficient to justify the need for two operating rooms by the second year after project completion.

Table 1110.234(b)					
UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	N/A	2,106 hours	1,500 hours per procedure room	Yes
YEAR 2	ASTC	N/A	2,149 hours	1,500 hours per procedure room	Yes

Northwest Suburban Urologists

900 Rand Road Suite 120
Des Plaines IL 60016

December 17, 2010

Dear Sir or Madam

We are a Urology group. Over the past twelve months, we performed a total of approx 384 outpatient surgery cases. Outpatient Urology surgery cases will constitute the majority of our work in the future.

With the opening of Apollo Health Center, we would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, approx 75% will reside within the proposed geographical service area of Apollo Health Center.

We expect to refer approximately 265 Urology cases to the proposed Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Advocate Lutheran General Hospital	266	195
Resurrection Health Care	57	32
Northwest Community Hospital	61	38
Total	384	265

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.

We support the proposed opening of the Apollo Health Center, Ltd.

Northwest Suburban Urologists

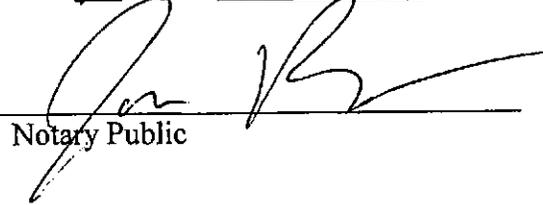
900 Rand Road Suite 120
Des Plaines IL 60016

Sincerely,



Gordon Gluckman M.D.
Northwest Suburban Urologists
900 Rand Road Suite 120
Des Plaines IL 60016

Subscribed and sworn to me
This 17 day of December, 2010



Notary Public

Fermina Ventura M.D.

1186 Roosevelt Road, Glen Ellyn, IL 60137

December 21, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I am a OB/GYN surgeon. Over the past twelve months, I performed a total of approx 2462 outpatient surgery cases. Outpatient gynecology surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Apollo Health Center, I expect to refer my cases as noted below. Of the total cases, 40% percent will reside within the proposed geographic service area of the Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Access Health Center	1670	237
ACU Health Center	193	13
AAAnchor Health Center	599	80
Total	2462	330

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

Fermina Ventura M.D.

1186 Roosevelt Road, Glen Ellyn, IL 60137

Mr. Dale Galassie
December 21, 2010
Page 2

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

I support the proposed opening of the Apollo Health Center, Ltd.

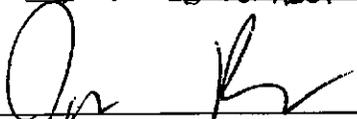
Sincerely,



Fermina Ventura M.D.

1186 Roosevelt Road
Glen Ellyn, IL 60137

Subscribed and sworn to me
This 21 day of December, 2010



Notary Public



Vinod Goyal M.D.

1640 North Arlington Heights Road
Arlington Heights, IL 60004

December 21, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I am a OB/GYN surgeon. Over the past twelve months, I performed a total of approx 1635 outpatient surgery cases. Outpatient gynecology surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Apollo Health Center, I expect to refer my cases as noted below. Of the total cases, 89% percent will reside within the proposed geographic service area of the Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Forest View Medical Center	287	257
Dimensions Medical Center	1348	248
Total	1635	505

Vinod Goyal M.D.

1640 North Arlington Heights Road
Arlington Heights, IL 60004

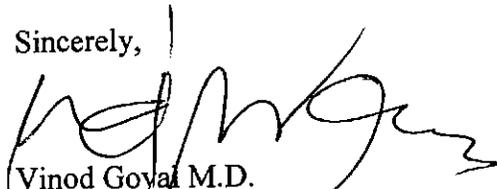
Mr. Dale Galassie
December 21, 2010
Page 2

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

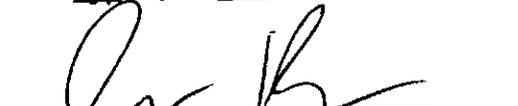
The information in this letter is true and correct to the best of my knowledge.

I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,


Vinod Goyal M.D.
1640 North Arlington Heights Road
Arlington Heights, IL 60004

Subscribed and sworn to me
This 21 day of December, 2010



Notary Public



Faramarz Salimi M.D.

2415 South Michigan Avenue
Chicago, IL 60616

December 21, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I am an OB/GYN surgeon. Over the past twelve months, I performed a total of approx 1330 outpatient surgery cases. Outpatient gynecology surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Apollo Health Center, I expect to refer my cases as noted below. Of the total cases, 60% percent will reside within the proposed geographic service area of the Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Dimensions Medical Center	522	75
Michigan Avenue Center for Health	789	183
Forest View Medical Center	19	17
Total	1330	275

Faramarz Salimi M.D.

2415 South Michigan Avenue
Chicago, IL 60616

Mr. Dale Galassie
December 21, 2010
Page 2

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.

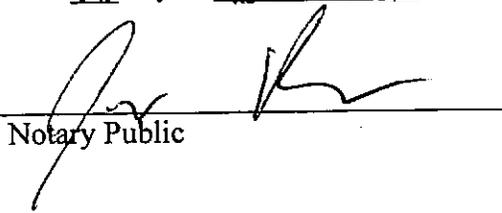
I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,



Faramarz Salimi M.D.
2415 South Michigan Avenue
Chicago, IL 60616

Subscribed and sworn to me
This 21 day of December, 2010



Notary Public

Azher Quader

1640 N Arlington Heights Road
Arlington Heights IL 60004

November 16th 2010

Dear Sir or Madam

I am a Urology surgeon. Over the past twelve months, I performed a total of 29 outpatient surgery cases at Dimensions Medical Center in Des Plaines IL. Outpatient Urology surgery cases will constitute the majority of my work in the future.

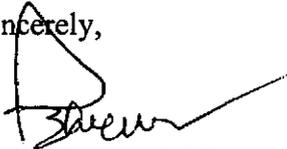
With the opening of Apollo Health Center, I would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, approx 90% will reside within the proposed geographical service area of Apollo Health Center.

I expect to refer approximately 26 Urology cases to the proposed Apollo Health 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.

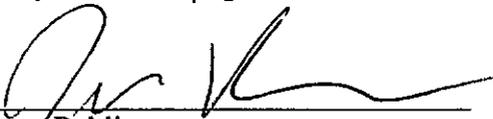
I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,



Azher Quader M.D.
1640 N Arlington Heights Road
Arlington Heights IL 60004

Subscribed and sworn to me
This 21 day of December, 2010



Notary Public

Stephen Marshall M.D.

1700 W Central Road Suite 260
Arlington Heights IL 60005

November 16th 2010

Dear Sir or Madam:

I am a Gastroenterology surgeon. Over the past twelve months, I performed a total of 356 outpatient surgery cases at Northwest Community Hospital in Arlington Heights IL. Outpatient GI surgery cases will constitute the majority of my work in the future.

With the opening of Apollo Health Center, I would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, 75% will reside within the proposed geographical service area of Apollo Health Center.

I expect to refer approximately 267 GI cases to the proposed Apollo Health 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.

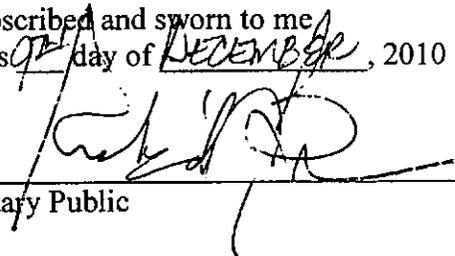
I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,

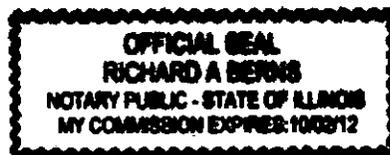


Stephen Marshall M.D.
1700 W Central Road, Suite 260,
Arlington Heights IL 60005

Subscribed and sworn to me
This 16th day of December, 2010



Notary Public



Michael Karasis. M.D.

1700 75th St, Downers Grove IL 60516

December 15th 2010

Dear Sir or Madam

I am a Urology surgeon. Over the past twelve months, I performed a total of 47 outpatient surgery cases at Access Health Center in Downers Grove IL. Outpatient Urology surgery cases will constitute the majority of my work in the future.

With the opening of Apollo Health Center, I would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, approx 36% will reside within the proposed geographical service area of Apollo Health Center.

I expect to refer approximately 17 Urology cases to the proposed Apollo Health 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 proposed opening of the Apollo Health Center, Ltd.

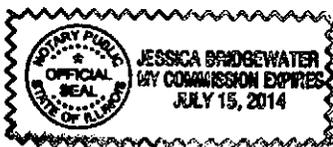
Sincerely,



Michael Karasis M.D.
1700 75th St
Downers Grove IL 60516

Subscribed and sworn to me
This 16 day of December, 2010



Notary Public

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

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

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

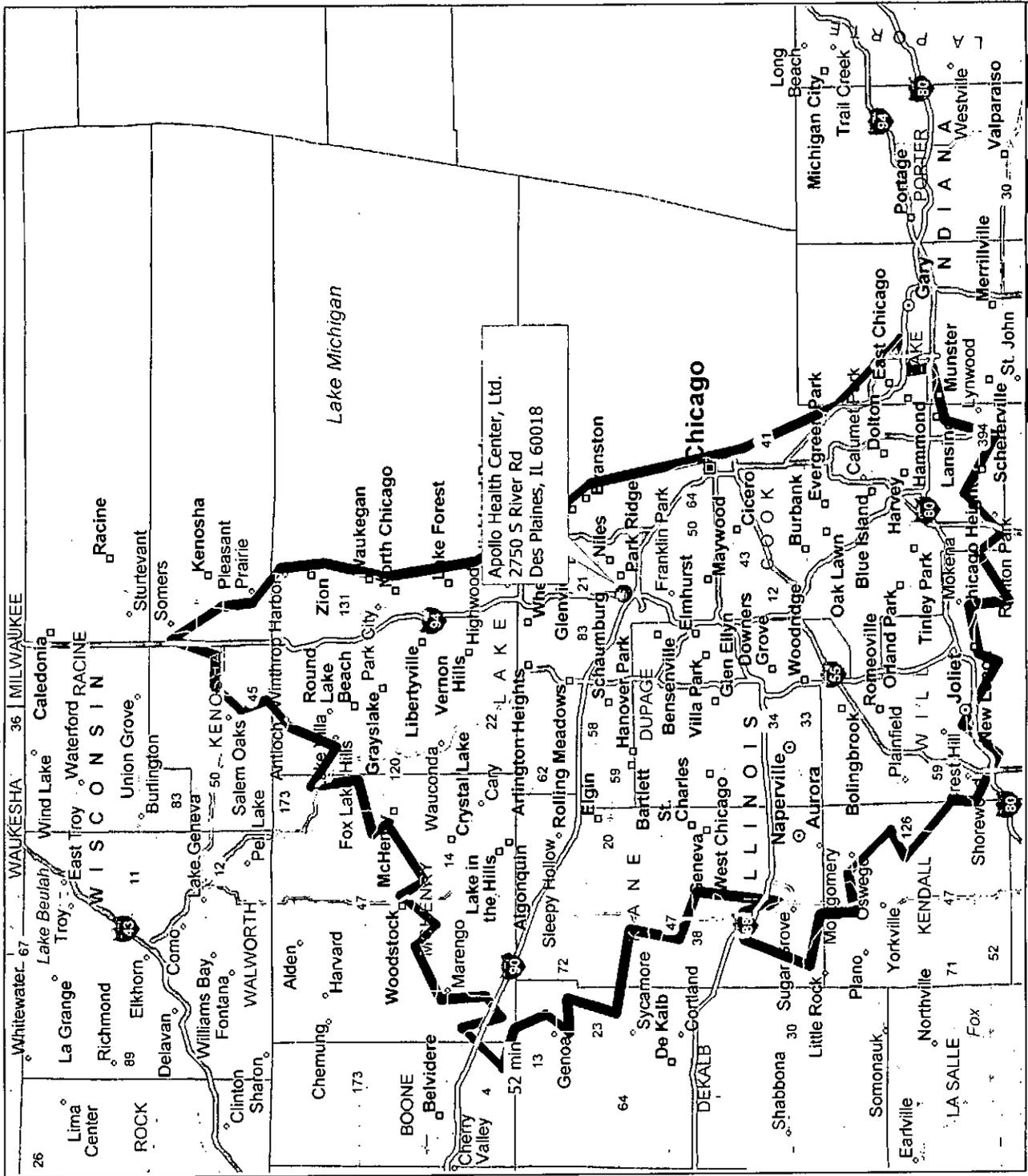
This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(b), Target Population

- a. Attached at Attachment – 27A is a map outlining the intended geographic service area ("GSA") for the proposed ASTC. The proposed ASTC will encompass the Chicago metropolitan area. More specifically, the intended GSA consists of those areas within 30 minutes normal travel time from proposed ASTC, or approximately 18 miles.
- b. As set forth in Criterion 1110.230, the proposed ASTC will serve the area within 30 minutes normal travel time of the proposed site. This area encompasses Cook and DuPage Counties and parts of Lake and Kane counties. The estimated population of the proposed GSA is 6,402,978.⁸ Pursuant to Section 1110.1540(b) of the HFSRB's rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. Therefore, population was based upon the Illinois Department of Commerce and Economic Opportunity's 2010 population estimates for those counties within 30 minutes normal travel time of the proposed ASTC (i.e., Cook, and DuPage). See Attachment – 27B.
- c. Pursuant to Section 1110.1540(b) of the HFSRB's rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. As set forth throughout this application, the proposed ASTC will serve the Chicago metropolitan area within 30 minutes normal travel time of the proposed site. Travel times to from the proposed ASTC to the GSA borders are as follows:
 - East: Approximately 30 minutes normal travel time to Rodgers Park
 - Southeast: Approximately 30 minutes normal travel time to Kenwood
 - South: Approximately 30 minutes normal travel time to Hickory Hills
 - Southwest: Approximately 30 minutes normal travel time to Warrenville
 - West: Approximately 30 minutes normal travel time to Bartlett
 - Northwest: Approximately 30 minutes normal travel time to Carpentersville
 - North: Approximately 30 minutes normal travel time to Lake Zurich
 - Northeast: Approximately 30 minutes normal travel time to Highland Park

⁸ Illinois Department of Economic Opportunity and Commerce, Population Projections *available at* http://www.commerce.state.il.us/dceo/Bureaus/Facts_Figures/Population_Projections/ (last visited Aug. 11, 2010).

Apollo - Market Area Map



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Illinois Department of Commerce and Economic Opportunity Population Projections by County

State/County	Race	Age Group	Sex	2000	2005	2010	2015	2020	2025	2030
Illinois	All	All	Both Sexes	12,440,846	12,875,035	13,279,091	13,748,695	14,316,487	14,784,968	15,138,849
Adams	All	All	Both Sexes	68,390	69,656	70,212	73,370	76,273	77,159	78,397
Alexander	All	All	Both Sexes	9,590	9,521	9,501	9,627	9,933	10,278	10,464
Bond	All	All	Both Sexes	17,664	17,583	17,804	18,386	19,154	19,718	20,064
Boone	All	All	Both Sexes	41,852	44,016	45,484	46,773	48,540	50,807	52,161
Brown	All	All	Both Sexes	6,951	6,906	7,015	7,191	7,404	7,560	7,689
Bureau	All	All	Both Sexes	35,561	35,641	36,427	37,426	38,631	39,795	40,820
Calhoun	All	All	Both Sexes	5,084	4,992	5,018	5,127	5,260	5,397	5,572
Carroll	All	All	Both Sexes	16,705	16,477	16,368	16,610	17,003	17,384	17,729
Cass	All	All	Both Sexes	13,723	14,209	14,722	15,154	15,538	15,750	16,064
Champaign	All	All	Both Sexes	179,981	187,020	194,234	201,770	209,833	215,425	216,958
Christian	All	All	Both Sexes	35,431	36,254	38,094	38,708	40,053	40,422	40,601
Clark	All	All	Both Sexes	17,041	17,886	18,612	19,272	19,791	20,080	20,398
Clay	All	All	Both Sexes	14,592	14,684	14,827	15,218	15,537	15,670	15,927
Clinton	All	All	Both Sexes	35,593	37,278	40,058	41,359	43,075	44,451	44,621
Coles	All	All	Both Sexes	53,285	53,896	54,878	56,317	58,030	59,345	59,746
Cook	All	All	Both Sexes	5,386,673	5,453,899	5,472,429	5,562,950	5,707,832	5,835,948	5,990,243
Crawford	All	All	Both Sexes	20,485	20,837	21,363	21,977	22,407	22,488	22,683
Cumberland	All	All	Both Sexes	11,275	11,429	11,687	12,006	12,475	12,909	13,182
DeKalb	All	All	Both Sexes	89,118	95,427	101,735	108,233	114,992	120,664	124,200
DeWitt	All	All	Both Sexes	16,829	17,333	17,885	18,406	18,914	19,330	19,768
Douglas	All	All	Both Sexes	19,955	20,713	21,823	22,750	23,495	23,883	24,607
DuPage	All	All	Both Sexes	905,764	930,482	948,549	958,778	1,010,323	1,026,713	1,034,039
Edgar	All	All	Both Sexes	19,738	19,560	19,363	19,417	19,632	19,630	19,811
Edwards	All	All	Both Sexes	6,971	7,095	7,219	7,400	7,514	7,552	7,760
Effingham	All	All	Both Sexes	34,322	35,980	38,374	40,335	42,191	43,720	44,752
Fayette	All	All	Both Sexes	21,837	21,807	21,865	22,081	22,319	22,473	22,570
Ford	All	All	Both Sexes	14,272	14,340	14,706	15,108	15,530	15,743	16,015
Franklin	All	All	Both Sexes	39,084	39,840	41,148	42,905	44,535	45,807	46,739
Fulton	All	All	Both Sexes	38,315	37,818	38,140	38,822	39,621	40,193	40,946
Gallatin	All	All	Both Sexes	6,445	6,474	6,421	6,429	6,414	6,406	6,554
Greene	All	All	Both Sexes	14,791	14,746	14,641	14,735	14,872	14,859	14,958
Grundy	All	All	Both Sexes	37,599	39,514	41,650	43,839	46,454	49,176	50,414
Hamilton	All	All	Both Sexes	8,632	8,690	8,931	9,163	9,374	9,543	9,751
Hancock	All	All	Both Sexes	20,155	20,613	21,662	22,346	22,692	22,159	22,454
Hardin	All	All	Both Sexes	4,800	4,744	4,805	4,951	5,167	5,421	5,570
Henderson	All	All	Both Sexes	8,221	8,164	8,337	8,559	8,884	9,256	9,527
Henry	All	All	Both Sexes	51,107	50,217	50,707	51,525	52,418	53,221	54,321
Iroquois	All	All	Both Sexes	31,386	31,803	32,524	33,486	34,609	35,608	36,304
Jackson	All	All	Both Sexes	59,710	60,704	61,574	62,561	63,719	64,295	63,825
Jasper	All	All	Both Sexes	10,135	10,137	10,080	10,101	10,199	10,280	10,403
Jefferson	All	All	Both Sexes	40,106	40,264	40,772	42,036	43,792	45,527	46,800
Jersey	All	All	Both Sexes	21,706	22,874	24,334	26,129	28,280	30,202	31,071
Jo Daviess	All	All	Both Sexes	22,324	23,906	25,472	26,721	27,932	28,943	29,574
Johnson	All	All	Both Sexes	12,905	13,383	13,965	14,735	15,414	16,176	16,859
Kane	All	All	Both Sexes	404,834	459,164	516,914	572,277	630,563	668,645	679,403
Kankakee	All	All	Both Sexes	104,010	107,657	110,659	114,547	119,655	124,378	126,509
Kendall	All	All	Both Sexes	54,633	61,418	68,588	73,748	78,694	83,471	85,060
Knox	All	All	Both Sexes	55,928	55,418	55,666	56,493	57,732	58,863	60,122
La Salle	All	All	Both Sexes	111,700	114,493	118,385	124,277	131,155	137,954	141,615
Lake	All	All	Both Sexes	645,503	703,760	762,918	794,851	820,250	863,245	873,024
Lawrence	All	All	Both Sexes	15,484	15,378	15,351	15,466	15,675	15,715	15,915
Lee	All	All	Both Sexes	36,118	36,268	36,554	37,222	37,939	38,340	38,923
Livingston	All	All	Both Sexes	39,743	39,939	40,838	42,028	43,199	44,289	45,162
Logan	All	All	Both Sexes	31,235	31,226	31,353	31,766	32,164	32,358	32,715
Macon	All	All	Both Sexes	114,906	112,450	111,957	113,207	115,797	117,836	119,693
Macoupin	All	All	Both Sexes	49,103	49,622	51,161	53,426	55,948	58,148	59,442
Madison	All	All	Both Sexes	259,391	261,758	267,588	276,185	285,586	291,825	296,342
Marion	All	All	Both Sexes	41,762	42,566	43,324	44,523	45,651	46,255	47,285
Marshall	All	All	Both Sexes	13,209	13,261	13,370	13,633	14,024	14,185	14,340
Mason	All	All	Both Sexes	16,089	16,097	16,615	17,080	17,312	17,178	17,147
Massac	All	All	Both Sexes	15,191	16,106	17,164	17,439	17,820	18,165	18,649
McDonough	All	All	Both Sexes	32,967	33,373	33,710	34,346	35,147	35,704	35,716
McHenry	All	All	Both Sexes	260,528	297,935	337,034	377,315	407,931	434,286	443,398
McLean	All	All	Both Sexes	150,696	159,705	168,611	177,700	187,086	194,838	199,102
Menard	All	All	Both Sexes	12,509	12,991	13,598	14,153	14,740	15,084	15,195

Illinois Department of Commerce and Economic Opportunity Population Projections by County

State/County	Race	Age Group	Sex	2000	2005	2010	2015	2020	2025	2030
Mercer	All	All	Both Sexes	16,988	17,288	17,586	17,943	18,384	18,703	18,924
Monroe	All	All	Both Sexes	27,667	30,162	32,920	35,692	38,754	41,884	43,111
Montgomery	All	All	Both Sexes	30,704	30,573	30,729	31,171	31,744	32,349	33,124
Morgan	All	All	Both Sexes	36,676	36,910	37,696	38,824	39,474	39,909	40,429
Moultrie	All	All	Both Sexes	14,317	15,129	15,770	16,370	16,911	17,233	17,588
Ogle	All	All	Both Sexes	51,119	52,880	54,704	56,627	59,230	62,016	63,765
Peoria	All	All	Both Sexes	183,751	185,245	187,876	190,903	194,083	195,266	193,314
Perry	All	All	Both Sexes	23,130	22,901	23,065	23,401	23,913	24,445	24,913
Piatt	All	All	Both Sexes	16,396	16,573	17,023	17,396	17,748	17,897	18,034
Pike	All	All	Both Sexes	17,418	17,098	17,221	17,603	18,123	18,824	19,138
Pope	All	All	Both Sexes	4,413	4,580	4,774	4,949	5,106	5,226	5,245
Pulaski	All	All	Both Sexes	7,348	7,373	7,437	7,608	7,891	8,069	8,075
Putnam	All	All	Both Sexes	6,086	6,113	6,221	6,361	6,526	6,652	6,758
Randolph	All	All	Both Sexes	33,951	34,129	34,432	35,090	35,743	36,260	37,004
Richland	All	All	Both Sexes	16,181	16,220	16,401	16,789	17,169	17,533	17,867
Rock Island	All	All	Both Sexes	149,637	150,256	151,651	153,296	154,941	154,846	152,171
Saline	All	All	Both Sexes	26,776	27,082	27,477	27,885	28,356	28,739	29,195
Sangamon	All	All	Both Sexes	189,278	193,345	195,115	202,158	210,672	217,252	222,367
Schuyler	All	All	Both Sexes	7,190	7,336	7,442	7,496	7,528	7,479	7,482
Scott	All	All	Both Sexes	5,537	5,672	5,847	5,975	6,039	6,041	6,060
Shelby	All	All	Both Sexes	22,931	23,080	23,274	23,633	24,116	24,230	24,471
St. Clair	All	All	Both Sexes	256,532	254,993	254,235	253,993	253,924	250,921	243,453
Stark	All	All	Both Sexes	6,332	6,370	6,455	6,596	6,805	6,995	7,225
Stephenson	All	All	Both Sexes	49,058	48,152	47,812	48,136	49,268	50,553	51,737
Tazewell	All	All	Both Sexes	128,175	133,240	139,616	146,850	154,567	161,456	165,373
Union	All	All	Both Sexes	18,326	18,554	18,809	19,488	20,454	21,248	21,617
Vermilion	All	All	Both Sexes	84,062	80,467	78,181	77,295	77,363	78,182	80,137
Wabash	All	All	Both Sexes	12,964	12,680	12,699	12,892	13,212	13,434	13,643
Warren	All	All	Both Sexes	18,767	19,227	20,113	21,008	21,864	22,229	22,431
Washington	All	All	Both Sexes	15,178	15,314	15,805	16,234	16,534	16,551	16,793
Wayne	All	All	Both Sexes	17,184	16,815	16,635	16,579	16,581	16,503	16,690
White	All	All	Both Sexes	15,405	15,747	16,019	16,402	16,816	17,028	17,189
Whiteside	All	All	Both Sexes	60,755	61,448	62,431	63,927	65,565	66,748	68,134
Will	All	All	Both Sexes	503,162	610,155	706,639	808,846	907,625	999,824	1,093,207
Williamson	All	All	Both Sexes	61,399	62,802	65,497	68,791	72,441	75,763	77,760
Winnebago	All	All	Both Sexes	278,902	292,714	307,349	320,683	337,049	352,965	359,900
Woodford	All	All	Both Sexes	35,529	37,015	39,362	41,551	43,845	45,789	46,857

Total (Cook, DuPage, Kane & Lake Counties)

7,700,810

**Section VII, Service Specific Review Criteria
 Non-Hospital Based Ambulatory Surgery
 Criterion 1110.1540(c), Projected Patient Volume**

Physician referral letters providing the name and number of patients referred to health care facilities within the past 12 months and the projected referrals to the ASTC are attached at Attachment – 27C. A summary of the physician referral letters is provided in Table 1110.150(c) below.

Table 1110.1540(c)		
Hospital/ASTC	Cases Performed in the Last 12 Months	Anticipated Referral to Proposed ASTC
Dimensions Medical Center	1,899	349
Advocate Lutheran General Hospital	266	195
Access Health Center	1,717	254
Forestview Medical Center	306	274
ACU Health Center	193	13
Michigan Avenue Center for Health	789	183
Northwest Community Hospital	417	305
AAnchor Health Center	599	80
Resurrection Medical Center	57	32
Total	6,243	1,685

Northwest Suburban Urologists

900 Rand Road Suite 120
Des Plaines IL 60016

December 17, 2010

Dear Sir or Madam

We are a Urology group. Over the past twelve months, we performed a total of approx 384 outpatient surgery cases. Outpatient Urology surgery cases will constitute the majority of our work in the future.

With the opening of Apollo Health Center, we would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, approx 75% will reside within the proposed geographical service area of Apollo Health Center.

We expect to refer approximately 265 Urology cases to the proposed Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Advocate Lutheran General Hospital	266	195
Resurrection Health Care	57	32
Northwest Community Hospital	61	38
Total	384	265

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.

We support the proposed opening of the Apollo Health Center, Ltd.

Northwest Suburban Urologists

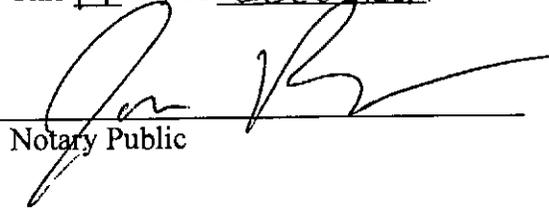
900 Rand Road Suite 120
Des Plaines IL 60016

Sincerely,



Gordon Gluckman M.D.
Northwest Suburban Urologists
900 Rand Road Suite 120
Des Plaines IL 60016

Subscribed and sworn to me
This 17 day of December, 2010



Notary Public

Fermina Ventura M.D.

1186 Roosevelt Road, Glen Ellyn, IL 60137

December 21, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I am a OB/GYN surgeon. Over the past twelve months, I performed a total of approx 2462 outpatient surgery cases. Outpatient gynecology surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Apollo Health Center, I expect to refer my cases as noted below. Of the total cases, 40% percent will reside within the proposed geographic service area of the Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Access Health Center	1670	237
ACU Health Center	193	13
AAncor Health Center	599	80
Total	2462	330

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

Fermina Ventura M.D.

1186 Roosevelt Road, Glen Ellyn, IL 60137

Mr. Dale Galassie
December 21, 2010
Page 2

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

I support the proposed opening of the Apollo Health Center, Ltd.

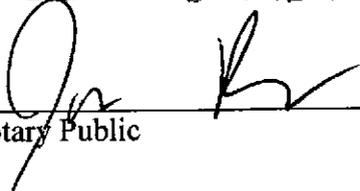
Sincerely,



Fermina Ventura M.D.

1186 Roosevelt Road
Glen Ellyn, IL 60137

Subscribed and sworn to me
This 21 day of December, 2010



Notary Public

Vinod Goyal M.D.

1640 North Arlington Heights Road
Arlington Heights, IL 60004

December 21, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I am a OB/GYN surgeon. Over the past twelve months, I performed a total of approx 1635 outpatient surgery cases. Outpatient gynecology surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Apollo Health Center, I expect to refer my cases as noted below. Of the total cases, 89% percent will reside within the proposed geographic service area of the Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Forest View Medical Center	287	257
Dimensions Medical Center	1348	248
Total	1635	505

Vinod Goyal M.D.

1640 North Arlington Heights Road
Arlington Heights, IL 60004

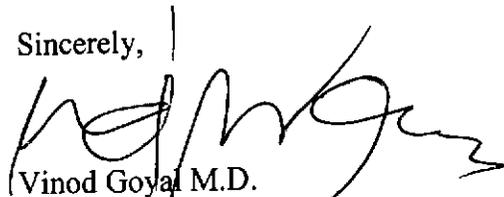
Mr. Dale Galassie
December 21, 2010
Page 2

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.

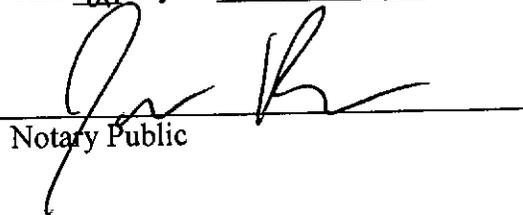
I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,



Vinod Goyal M.D.
1640 North Arlington Heights Road
Arlington Heights, IL 60004

Subscribed and sworn to me
This 21 day of December, 2010



Notary Public

Faramarz Salimi M.D.

2415 South Michigan Avenue
Chicago, IL 60616

December 21, 2010

Dale Galassie
Acting Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

I am an OB/GYN surgeon. Over the past twelve months, I performed a total of approx 1330 outpatient surgery cases. Outpatient gynecology surgery cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the opening of the proposed Apollo Health Center, I expect to refer my cases as noted below. Of the total cases, 60% percent will reside within the proposed geographic service area of the Apollo Health Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Dimensions Medical Center	522	75
Michigan Avenue Center for Health	789	183
Forest View Medical Center	19	17
Total	1330	275

Faramarz Salimi M.D.

2415 South Michigan Avenue
Chicago, IL 60616

Mr. Dale Galassie
December 21, 2010
Page 2

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

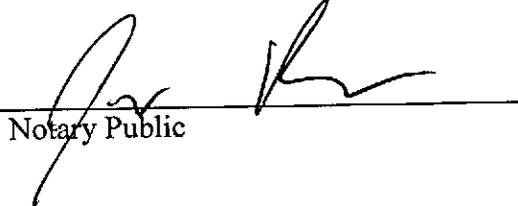
The information in this letter is true and correct to the best of my knowledge.

I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,


Faramarz Salimi M.D.
2415 South Michigan Avenue
Chicago, IL 60616

Subscribed and sworn to me
This 21 day of December, 2010



Notary Public



Azher Quader

1640 N Arlington Heights Road
Arlington Heights IL 60004

November 16th 2010

Dear Sir or Madam

I am a Urology surgeon. Over the past twelve months, I performed a total of 29 outpatient surgery cases at Dimensions Medical Center in Des Plaines IL. Outpatient Urology surgery cases will constitute the majority of my work in the future.

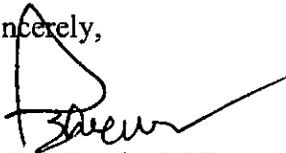
With the opening of Apollo Health Center, I would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, approx 90% will reside within the proposed geographical service area of Apollo Health Center.

I expect to refer approximately 26 Urology cases to the proposed Apollo Health 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.

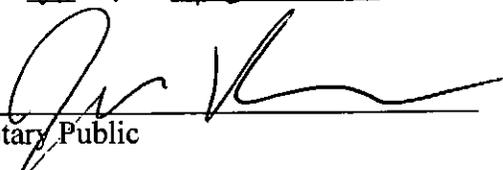
I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,



Azher Quader M.D.
1640 N Arlington Heights Road
Arlington Heights IL 60004

Subscribed and sworn to me
This 21 day of December, 2010


Notary Public



Stephen Marshall M.D.

1700 W Central Road Suite 260
Arlington Heights IL 60005

November 16th 2010

Dear Sir or Madam:

I am a Gastroenterology surgeon. Over the past twelve months, I performed a total of 356 outpatient surgery cases at Northwest Community Hospital in Arlington Heights IL. Outpatient GI surgery cases will constitute the majority of my work in the future.

With the opening of Apollo Health Center, I would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, 75% will reside within the proposed geographical service area of Apollo Health Center.

I expect to refer approximately 267 GI cases to the proposed Apollo Health 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.

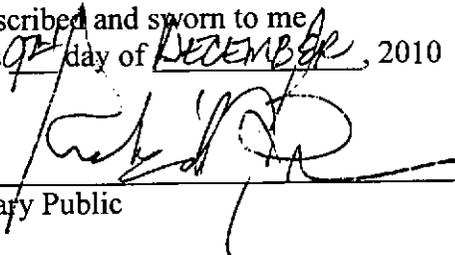
I support the proposed opening of the Apollo Health Center, Ltd.

Sincerely,

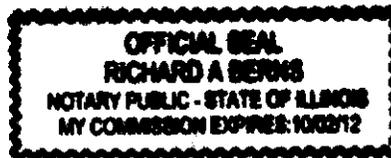


Stephen Marshall M.D.
1700 W Central Road, Suite 260,
Arlington Heights IL 60005

Subscribed and sworn to me
This 16th day of DECEMBER, 2010



Notary Public



Michael Karasis. M.D.

1700 75th St, Downers Grove IL 60516

December 15th 2010

Dear Sir or Madam

I am a Urology surgeon. Over the past twelve months, I performed a total of 47 outpatient surgery cases at Access Health Center in Downers Grove IL. Outpatient Urology surgery cases will constitute the majority of my work in the future.

With the opening of Apollo Health Center, I would consider the alternative option of bringing these cases to the proposed surgical facility. Of the total cases, approx 36% will reside within the proposed geographical service area of Apollo Health Center.

I expect to refer approximately 17 Urology cases to the proposed Apollo Health 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 proposed opening of the Apollo Health Center, Ltd.

Sincerely,



Michael Karasis M.D.
1700 75th St
Downers Grove IL 60516

Subscribed and sworn to me
This 16 day of December, 2010



Notary Public

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(d), Treatment Room Need Assessment

- a. As stated throughout this application, the Applicant proposes establish a multi-specialty ASTC with two operating rooms and eight recovery stations.
- b. The Applicants estimate average length of time per procedure will be one hour and fifteen minutes. This estimate includes 15 minutes for prep and 15 minutes for cleanup.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(e), Impact on Other Facilities

- a. A copy of the letter sent to area surgical facilities regarding the proposed ASTC's impact on their workload is attached at Appendix 1.
- b. The list of the facilities contacted is attached at Appendix 2.
- c. MapQuest printouts with the time and distance to each facility within 30 minutes normal travel time to the proposed ASTC are attached at Appendix 3.
- d. Copies of the registered mail receipts are attached at Appendix 4.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(f), Establishment of New Facilities

As set forth throughout this application, the Applicant seeks authority from HFSRB to establish a multi-specialty surgery center with two operating rooms and eight recovery stations. As discussed throughout this application, the primary purpose of this project is to expand access to gastroenterology, obstetrics/gynecology, and urology services to residents of the Applicant's geographic service area, particularly to individual facing various barriers to health care, i.e., low-income, uninsured/underinsured, and medically underserved populations. As described in greater detail in Section 1110.230(b), the geographic service area of the proposed ASTC primarily encompasses Cook, DuPage, Kane and Lake Counties. Approximately 13.4% of residents in the proposed ASTC's geographic service area live below the federal poverty level,⁹ and several MUAs and MUPs are located within the proposed ASTC's geographic service area.

The Applicant seeks to improve access to health care to these population groups by enrolling in Medicaid, offering deeply discounted rates to individuals with a demonstrated financial hardship, and retaining physicians and staff that speak Spanish, Russian, Polish and various Asian languages including, but not limited to Hindi, Tagalog, Cantonese and Korean.

One of the purposes of the proposed ASTC is to improve access to health care services to low-income individuals. According to the latest U.S. Census Bureau projections, approximately 827,623 individuals, or 13.4% of the residents of the Applicant's geographic service area live below the federal poverty level.¹⁰ Moreover, based upon the 2009 ASTC Questionnaire data, less than 45% of the ASTCs located within the proposed ASTC's geographic service area provide services to Medicaid beneficiaries. To increase access to health care services for low-income populations residing in its geographic service area, the Applicant intends to enroll in the Illinois Medicaid program. For those patients who have a demonstrated financial hardship but do not qualify for Medicaid, the Applicant will offer deeply discounted rates.

To accommodate the needs of low-income patients who often have to work multiple jobs, the proposed ASTC will provide surgical services on Saturdays and is considering offering surgical services once a month on Sundays, if sufficient demand exists. Additionally, for certain elective procedures, patients can schedule their physician consultation, pre-operative testing, and surgical procedure on the same day. The extended hours and scheduling options offered at the proposed ASTC will allow patients more flexibility in scheduling their procedures and will minimize their time off from work.

The Applicant will improve access to health care to individuals residing in MUAs or who are part of a MUP. As discussed more fully in Criterion 1110.230(b), there are currently 43 MUAs in the proposed ASTC's geographic services area, six low-income MUPs, one Asian-American MUP, two Hispanic low-income MUPs, and two MUPs designated by the Governor. As set forth above, the Applicant will increase access to healthcare to residents in low-income MUPs by providing care to Medicaid beneficiaries and offering deeply discounted rates to individuals with a demonstrated financial hardship.

To breakdown cultural and linguistic barriers for the large immigrant populations in its geographic service area, the Applicant will retain physicians and staff who speak Spanish, Russian, Polish and various Asian languages including, but not limited to Hindi, Tagalog, Cantonese and Korean. This will improve access to health care for these groups as they are more likely to seek health care services from providers who speak their native language as they can better understand their condition and treatment options and make more informed health care decisions.

⁹ U.S. Census Bureau, American FactFinder, 2006-2008 American Community Survey 3-Year Estimates, Data Profile Highlights available at <http://www.census.gov/> (last visited Aug. 12, 2010).

¹⁰ U.S. Census Bureau, American FactFinder, 2006-2009 American Community Survey 5-Year Estimates, Data Profile Highlights available at <http://www.census.gov/> (last visited Dec. 21, 2010).

- b. A letter from Vera Schmidt, Chief Executive Officer of Apollo Health Center, Ltd, committing to maintain the charges listed in Table 1110.1540(g) on the previous page is attached at Attachment 27G.

APOLLO HEALTH CENTER, LTD.

2750 South River Road
Des Plaines, IL 60018

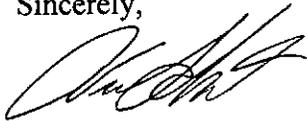
December 22, 2010

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

Dear Mr. Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1540(g), I hereby commit that the charges listed in the table attached hereto will not be increased, at a minimum, for the first two years of operation following the opening of Apollo Health Center unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).

Sincerely,



Vera Schmidt
Chief Executive Officer
Apollo Health Center, Ltd.

ATTACHMENT A

Apollo Health Center Charges		
Procedure Code	Description	Charge
58670	Tubal Sterilization	\$6,825
58671	Mini Laparotomy	\$7,935
58120	Dilatation and Curettage	\$3,775
59840	Dilation and Evacuation	\$5,300
57513	Laser Surgery (Cervix Ablation)	\$2,750
56501	Laser Surgery (Vulva)	\$2,750
57065	Laser Surgery (Vaginal)	\$2,750
49320	Laparoscopy	\$6,725
56740	Removal of Bartholin Cyst	\$3,225
56605	Excision/Biopsy of Lesion	\$2,750
57520	Cervical Conization	\$3,775
58555	Hysteroscopy Diagnostic	\$3,225
43234	Upper GI Endoscopy	\$3,134
45378	Colonoscopy	\$3,223
42330	Sigmoidoscopy With/Without Biopsy	\$2,725
55250	Vasectomy	\$3,975
54057	Laser Surgery Condyloma (Penile)	\$2,750
54161	Circumcision	\$3,225
52000	Cystoscopy	\$2,700
52204	Cystoscopy With Biopsy of Bladder	\$5,678

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(h), Change in Scope of Service

The Applicant is proposing to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations. Accordingly, this criterion is not applicable.

Section VIII
Criterion 1120.120, Availability of Funds

All project capital expenses, including the lease with Forestview River, LP, shall be funded through internal resources. A copy of the lease and forecasted financial statements evidencing sufficient financial resources to finance the project are attached at Attachment – 39A and 39B.

LEASE AGREEMENT

This lease is made between Forest view River, L.P. herein called Lessor, and Apollo Health Center, Ltd. herein called Lessee.

Lessee hereby offers to lease space from lessor the premises situated in the city of Des Plaines, County of Cook, State of Illinois, described as 2750 S River Road, Des Plaines IL 60018.

1. **Terms and Rent.** Lessor shall lease the above premises for a term of eighteen years commencing upon the later of the completion of construction or lessee occupancy and terminating 18 years from the date of commencement. The annual rental of \$231,194 payable in equal installments of \$19,266.17 on the first day of each month for that month's rental, during the term of the lease.

2. **Lease Contingency.** The lease shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a multi- specialty ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

2. **Use.** Lessee shall use and occupy the premises for medical use and general office use permitted within the zoning.

3. **Care and Maintenance of Premises.** Lessee shall, at his own expense and at all times; maintain the premises in good and safe condition, normal wear and tear excepted. Lessee shall be responsible for all repairs required, excepting the roof, exterior walls, and structural foundations.

4. **Utilities.** All applications and connections for necessary utility services on the demised premises shall be made in the name of Lessee only, and Lessee shall be solely liable for utility charges as they become due, including those for gas, electricity and telephone services.

5. **Security Deposit.** Lessee shall deposit with Lessor the sum of Nineteen Thousand two hundred and sixty six dollars and seventeen cents (\$19266.17) as security deposit.

6. **Changes to Lease.** Changes to the lease agreement can be made at anytime by mutual agreement of both parties.

7. **Option to Renew.** Lessee at its option shall have options to renew for ten (10) three (3) year periods each commencing at the expiration of the initial lease term. All of the terms and conditions of the lease shall apply during the renewal term except that the monthly rent shall be adjusted to reflect the change in the Consumer Price Index at the beginning of each new lease term after the expiration of the initial lease term.

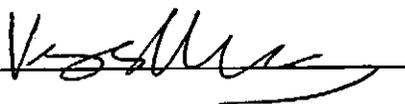
8. **Real Estate Taxes & CAM.** Lessee shall pay pro-rata share of Real Estate Taxes and Common Area Maintenance (CAM) expense as additional monthly rent.

9. **Default.** A notice of 15 days shall be given for any default by either party and an additional time period of 15 days shall be allowed to cure such a default.

10. **Notices.** Any notice shall be sent via certified mail with return receipt requested

To Lessor: Forest view River LP.
P.O. Box 661066
Chicago, IL 60666

To: Lessee: Apollo Health Center Ltd
1640 N. Arlington Heights Road
Suite 110
Arlington Heights, IL 60004

By: 

By: 

Authorized Representative

Authorized Representative

It's:

It's:

General Partner

Forest view River, L.P.
Lessor

Apollo Health Center, Ltd.
Lessee

Letter of Intent

THIS AGREEMENT TO LEASE EQUIPMENT ("Lease") is made and effective start date January 1, 2012 or upon licensure whichever is later by and between Platinum Capitol, Inc. ("Lessor") and Apollo Health Center, Ltd. ("Lessee").

Lessor desires to lease to Lessee, and Lessee desires to lease from Lessor, certain tangible personal property.

NOW, THEREFORE, in consideration of the mutual covenants and promises hereinafter set forth, the parties hereto agree as follows:

1. Lease.

Lessor hereby leases to Lessee, and Lessee hereby leases from Lessor, the following described equipment (the "Equipment"):

Anesthesia equipment (See exhibit B)

2. Term.

The term of this Lease shall commence on January 1, 2012 and shall expire 60 months thereafter.

3. Shipping.

Lessee shall be responsible for shipping the Equipment to Lessee's premises.

4. Rent and Deposit.

A. The monthly rent for the Equipment shall be paid in advance in installments of \$938.00 each month, beginning on January 1, 2012 and on the first day of each succeeding month throughout the term hereof, at P.O. Box 1025, Arlington Heights, IL, 60006-1025, or at such other place as Lessor may designate from time to time. Any installment payment not made by the tenth (10th) day of the month shall be considered overdue and in addition to Lessor's other remedies, Lessor may levy a late payment charge equal to one percent (1%) per month on any overdue amount. Rent for any partial month shall be prorated.

B. Lessee shall pay a deposit in the following amount prior to taking possession of the Equipment: \$0. The deposit will be refunded to Lessee promptly following Lessee's performance of all obligations in this Lease.

5. Use.

Lessee shall use the Equipment in a careful and proper manner and shall comply with and conform to all national, state, municipal, police and other laws, ordinances and regulations in any way relating to the possession, use or maintenance of the Equipment.

6. Right to Lease.

LESSOR WARRANTS THAT LESSOR HAS THE RIGHT TO LEASE THE EQUIPMENT, AS PROVIDED IN THIS LEASE.

7. Repairs.

Lessee, at its own cost and expense, shall keep the Equipment in good repair, condition and working order and shall furnish any and all parts, mechanisms and devices required to keep the Equipment in good mechanical working order.

8. Loss and Damage.

A. Lessee hereby assumes and shall bear the entire risk of loss and damage to the Equipment from any and every cause whatsoever. No loss or damage to the Equipment or any part thereof shall impair any obligation of Lessee under this Lease which shall continue in full force and effect through the term of the Lease.

B. In the event of loss or damage of any kind whatever to the Equipment, Lessee shall, at Lessor's option:

- (i) Place the same in good repair, condition and working order; or
- (ii) Replace the same with like equipment in good repair, condition and working order; or
- (iii) Pay to Lessor the replacement cost of the Equipment.

9. Surrender.

Upon the expiration or earlier termination of this Lease, Lessee shall return the Equipment to Lessor in good repair, condition and working order, ordinary wear and tear resulting from proper use thereof alone excepted, by delivering the Equipment at Lessee's cost and expense to such place as Lessor shall specify within the city or county in which the same was delivered to Lessee.

10. Insurance.

Lessee shall procure and continuously maintain and pay for:

A. All risk insurance against loss of and damage to the Equipment for not less than the full replacement value of the Equipment, naming Lessor as loss payee, and;

B. Combined public liability and property damage insurance with limits as approved by Lessor, naming Lessor as additionally named insured and a loss payee.

The insurance shall be in such form and with such company or companies as shall be reasonably acceptable to Lessor, shall provide at least thirty (30) days advance written notice to Lessor of any cancellation, change or modification, and shall provide primary coverage for the protection of Lessee and Lessor without regard to any other coverage carried by Lessee or Lessor protecting against similar risks. Lessee shall provide Lessor with an original policy or certificate evidencing such insurance. Lessee hereby appoints Lessor as Lessee's attorney in fact with power and authority to do all things, including, but not limited to, making claims, receiving payments and endorsing documents, checks or drafts necessary or advisable to secure payments due under any policy of insurance required under this Agreement.

11. Taxes.

Lessee shall keep the Equipment free and clear of all levies, liens and encumbrances. Lessee, or Lessor at Lessee's expense, shall report, pay and discharge when due all license and registration fees, assessments, sales, use and property taxes, gross receipts, taxes arising out of receipts from use or operation of the Equipment, and other taxes, fees and governmental charges similar or dissimilar to the foregoing, together with any penalties or interest thereon, imposed by any state, federal or local government or any agency, or department thereof, upon the Equipment or the purchase, use, operation or leasing of the Equipment or otherwise in any manner with respect thereto and whether or not the same shall be assessed against or in the name of Lessor or Lessee. However, Lessee shall not be required to pay or discharge any such tax or assessment so long as it shall, in good faith and by appropriate legal proceedings,

contest the validity thereof in any reasonable manner which will not affect or endanger the title and interest of Lessor to the Equipment; provided, Lessee shall reimburse Lessor for any damages or expenses resulting from such failure to pay or discharge.

12. Lessor's Payment.

In case of failure of Lessee to procure or maintain said insurance or to pay fees, assessments, charges and taxes, all as specified in this Lease, Lessor shall have the right, but shall not be obligated, to effect such insurance, or pay said fees, assignments, charges and taxes, as the case may be. In that event, the cost thereof shall be repayable to Lessor with the next installment of rent, and failure to repay the same shall carry with it the same consequences, including interest at ten percent (10%) per annum, as failure to pay any installment of rent.

13. Indemnity.

Lessee shall indemnify Lessor against, and hold Lessor harmless from, any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including reasonable attorney's fees and costs, arising out of, connected with, or resulting from Lessee's use of the Equipment, including without limitation the manufacture, selection, delivery, possession, use, operation, or return of the Equipment.

14. Default.

If Lessee fails to pay any rent or other amount herein provided within ten (10) days after the same is due and payable, or if Lessee fails to observe, keep or perform any other provision of this Lease required to be observed, kept or performed by Lessee, Lessor shall have the right to exercise any one or more of the following remedies:

- A. To declare the entire amount of rent hereunder immediately due and payable without notice or demand to Lessee.
- B. To sue for and recover all rents, and other payments, then accrued or thereafter accruing.
- C. To take possession of the Equipment, without demand or notice, wherever same may be located, without any court order or other process of law. Lessee hereby waives any and all damages occasioned by such taking of possession.
- D. To terminate this Lease.
- E. To pursue any other remedy at law or in equity.

Notwithstanding any repossession or any other action which Lessor may take, Lessee shall be and remain liable for the full performance of all obligations on the part of the Lessee to be performed under this Lease. All of Lessor's remedies are cumulative, and may be exercised concurrently or separately.

15. Bankruptcy.

Neither this Lease nor any interest therein is assignable or transferable by operation of law. If any proceeding under the Bankruptcy Act, as amended, is commenced by or against the Lessee, or if the Lessee is adjudged insolvent, or if Lessee makes any assignment for the benefit of his creditors, or if a writ of attachment or execution is levied on the Equipment and is not released or satisfied within ten (10) days thereafter, or if a receiver is appointed in any proceeding or action to which the Lessee is a party with authority to take possession or control of the Equipment, Lessor shall have and may exercise any one or more of the remedies set forth in Section 14 hereof; and this Lease shall, at the option of the Lessor, without notice, immediately terminate and shall not be treated as an asset of Lessee after the exercise of said option.

16. Ownership.

The Equipment is, and shall at all times be and remain, the sole and exclusive property of Lessor; and the Lessee shall have no right, title or interest therein or thereto except as expressly set forth in this Lease.

17. Additional Documents.

If Lessor shall so request, Lessee shall execute and deliver to Lessor such documents as Lessor shall deem necessary or desirable for purposes of recording or filing to protect the interest of Lessor in the Equipment including, but not limited to a UCC financing statement.

18. Entire Agreement.

This instrument constitutes the entire agreement between the parties on the subject matter hereof and it shall not be amended, altered or changed except by a further writing signed by the parties hereto.

19. Notices.

Service of all notices under this Agreement shall be sufficient if given personally or mailed certified, return receipt requested, postage prepaid, at the address hereinafter set forth, or to such address as such party may provide in writing from time to time.

If to Lessor:

___Platinum Capitol, Inc._____
___P.O. Box 1025_____
___Arlington Heights, IL 60006_____

If to Lessee:

___Apollo Health Center, Ltd._____
___2750 S. River Road_____
___Des Plaines, IL 60018_____

20. Assignment.

Lessee shall not assign this Lease or its interest in the Equipment without the prior written consent of Lessor.

21. Headings.

Headings used in this Lease are provided for convenience only and shall not be used to construe meaning or intent.

22. Governing Law.

This Lease shall be construed and enforced according to laws of the State of Illinois.

WITNESS THE SIGNATURES OF THE PARTIES TO THIS AGREEMENT TO LEASE EQUIPMENT:

LESSEE:

Sign: Antoinette S. Williams / AR

Print: ANTOINETTE S. WILLIAMS Date: 12/29/10

Exhibit B

2 Units of Each:

- Datex-Omeda Anesthesia Aespire 7000
- Ventilator
- Gas (Forane) Container
- Isoflorane Container
- End Tidal Monitor
- Pulse Oximeter
- Auto BP Monitor

Letter of Intent

THIS AGREEMENT TO LEASE EQUIPMENT ("Lease") is made and effective __start date January 1, 2012 or upon licensure whichever is later_____, by and between ___Platinum Capitol, Inc._____, ("Lessor") and _____Apollo Health Center, Ltd._____, ("Lessee").

Lessor desires to lease to Lessee, and Lessee desires to lease from Lessor, certain tangible personal property.

NOW, THEREFORE, in consideration of the mutual covenants and promises hereinafter set forth, the parties hereto agree as follows:

1. Lease.

Lessor hereby leases to Lessee, and Lessee hereby leases from Lessor, the following described equipment (the "Equipment"):

Gastroenterology equipment (See exhibit A)

2. Term.

The term of this Lease shall commence on ___January 1, 2012_____ and shall expire ___60_____ months thereafter.

3. Shipping.

Lessee shall be responsible for shipping the Equipment to Lessee's premises.

4. Rent and Deposit.

A. The monthly rent for the Equipment shall be paid in advance in installments of ___\$938.00_____ each month, beginning on ___January 1, 2012_____ and on the first day of each succeeding month throughout the term hereof, at P.O. Box 1025, Arlington Heights, IL, 60006-1025, or at such other place as Lessor may designate from time to time. Any installment payment not made by the tenth (10th) day of the month shall be considered overdue and in addition to Lessor's other remedies, Lessor may levy a late payment charge equal to one percent (1%) per month on any overdue amount. Rent for any partial month shall be prorated.

B. Lessee shall pay a deposit in the following amount prior to taking possession of the Equipment: ___\$0_____. The deposit will be refunded to Lessee promptly following Lessee's performance of all obligations in this Lease.

5. Use.

Lessee shall use the Equipment in a careful and proper manner and shall comply with and conform to all national, state, municipal, police and other laws, ordinances and regulations in any way relating to the possession, use or maintenance of the Equipment. _____

6. Right to Lease.

LESSOR WARRANTS THAT LESSOR HAS THE RIGHT TO LEASE THE EQUIPMENT, AS PROVIDED IN THIS LEASE.

7. Repairs.

Lessee, at its own cost and expense, shall keep the Equipment in good repair, condition and working order and shall furnish any and all parts, mechanisms and devices required to keep the Equipment in good mechanical working order.

8. Loss and Damage.

A. Lessee hereby assumes and shall bear the entire risk of loss and damage to the Equipment from any and every cause whatsoever. No loss or damage to the Equipment or any part thereof shall impair any obligation of Lessee under this Lease which shall continue in full force and effect through the term of the Lease.

B. In the event of loss or damage of any kind whatever to the Equipment, Lessee shall, at Lessor's option:

- (i) Place the same in good repair, condition and working order; or
- (ii) Replace the same with like equipment in good repair, condition and working order; or
- (iii) Pay to Lessor the replacement cost of the Equipment.

9. Surrender.

Upon the expiration or earlier termination of this Lease, Lessee shall return the Equipment to Lessor in good repair, condition and working order, ordinary wear and tear resulting from proper use thereof alone excepted, by delivering the Equipment at Lessee's cost and expense to such place as Lessor shall specify within the city or county in which the same was delivered to Lessee.

10. Insurance.

Lessee shall procure and continuously maintain and pay for:

A. All risk insurance against loss of and damage to the Equipment for not less than the full replacement value of the Equipment, naming Lessor as loss payee, and;

B. Combined public liability and property damage insurance with limits as approved by Lessor, naming Lessor as additionally named insured and a loss payee.

The insurance shall be in such form and with such company or companies as shall be reasonably acceptable to Lessor, shall provide at least thirty (30) days advance written notice to Lessor of any cancellation, change or modification, and shall provide primary coverage for the protection of Lessee and Lessor without regard to any other coverage carried by Lessee or Lessor protecting against similar risks. Lessee shall provide Lessor with an original policy or certificate evidencing such insurance. Lessee hereby appoints Lessor as Lessee's attorney in fact with power and authority to do all things, including, but not limited to, making claims, receiving payments and endorsing documents, checks or drafts necessary or advisable to secure payments due under any policy of insurance required under this Agreement.

11. Taxes.

Lessee shall keep the Equipment free and clear of all levies, liens and encumbrances. Lessee, or Lessor at Lessee's expense, shall report, pay and discharge when due all license and registration fees, assessments, sales, use and property taxes, gross receipts, taxes arising out of receipts from use or operation of the Equipment, and other taxes, fees and governmental charges similar or dissimilar to the foregoing, together with any penalties or interest thereon, imposed by any state, federal or local government or any agency, or department thereof, upon the Equipment or the purchase, use, operation or leasing of the Equipment or otherwise in any manner with respect thereto and whether or not the same shall be assessed against or in the name of Lessor or Lessee. However, Lessee shall not be required to pay or discharge any such tax or assessment so long as it shall, in good faith and by appropriate legal proceedings,

contest the validity thereof in any reasonable manner which will not affect or endanger the title and interest of Lessor to the Equipment; provided, Lessee shall reimburse Lessor for any damages or expenses resulting from such failure to pay or discharge.

12. Lessor's Payment.

In case of failure of Lessee to procure or maintain said insurance or to pay fees, assessments, charges and taxes, all as specified in this Lease, Lessor shall have the right, but shall not be obligated, to effect such insurance, or pay said fees, assignments, charges and taxes, as the case may be. In that event, the cost thereof shall be repayable to Lessor with the next installment of rent, and failure to repay the same shall carry with it the same consequences, including interest at ten percent (10%) per annum, as failure to pay any installment of rent.

13. Indemnity.

Lessee shall indemnify Lessor against, and hold Lessor harmless from, any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including reasonable attorney's fees and costs, arising out of, connected with, or resulting from Lessee's use of the Equipment, including without limitation the manufacture, selection, delivery, possession, use, operation, or return of the Equipment.

14. Default.

If Lessee fails to pay any rent or other amount herein provided within ten (10) days after the same is due and payable, or if Lessee fails to observe, keep or perform any other provision of this Lease required to be observed, kept or performed by Lessee, Lessor shall have the right to exercise any one or more of the following remedies:

A. To declare the entire amount of rent hereunder immediately due and payable without notice or demand to Lessee.

B. To sue for and recover all rents, and other payments, then accrued or thereafter accruing.

C. To take possession of the Equipment, without demand or notice, wherever same may be located, without any court order or other process of law. Lessee hereby waives any and all damages occasioned by such taking of possession.

D. To terminate this Lease.

E. To pursue any other remedy at law or in equity.

Notwithstanding any repossession or any other action which Lessor may take, Lessee shall be and remain liable for the full performance of all obligations on the part of the Lessee to be performed under this Lease. All of Lessor's remedies are cumulative, and may be exercised concurrently or separately.

15. Bankruptcy.

Neither this Lease nor any interest therein is assignable or transferable by operation of law. If any proceeding under the Bankruptcy Act, as amended, is commenced by or against the Lessee, or if the Lessee is adjudged insolvent, or if Lessee makes any assignment for the benefit of his creditors, or if a writ of attachment or execution is levied on the Equipment and is not released or satisfied within ten (10) days thereafter, or if a receiver is appointed in any proceeding or action to which the Lessee is a party with authority to take possession or control of the Equipment, Lessor shall have and may exercise any one or more of the remedies set forth in Section 14 hereof; and this Lease shall, at the option of the Lessor, without notice, immediately terminate and shall not be treated as an asset of Lessee after the exercise of said option.

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The Equipment is, and shall at all times be and remain, the sole and exclusive property of Lessor; and the Lessee shall have no right, title or interest therein or thereto except as expressly set forth in this Lease.

17. Additional Documents.

If Lessor shall so request, Lessee shall execute and deliver to Lessor such documents as Lessor shall deem necessary or desirable for purposes of recording or filing to protect the interest of Lessor in the Equipment including, but not limited to a UCC financing statement.

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Service of all notices under this Agreement shall be sufficient if given personally or mailed certified, return receipt requested, postage prepaid, at the address hereinafter set forth, or to such address as such party may provide in writing from time to time.

If to Lessor:

___Platinum Capitol, Inc._____

___ P.O. Box 1025 _____

___Arlington Heights, IL, 60006-1025_____

If to Lessee:

___Apollo Health Center, Ltd._____

___ 2750 S. River Road _____

___Des Plaines, IL 60018_____

20. Assignment.

Lessee shall not assign this Lease or its interest in the Equipment without the prior written consent of Lessor.

21. Headings.

Headings used in this Lease are provided for convenience only and shall not be used to construe meaning or intent.

22. Governing Law.

This Lease shall be construed and enforced according to laws of the State of Illinois.

WITNESS THE SIGNATURES OF THE PARTIES TO THIS AGREEMENT TO LEASE EQUIPMENT:

LESSEE:

Sign: Antonette S. Williams / AR

Print: ANTONETTE S. WILLIAMS Date: 12/29/10

Exhibit A

1 Unit of Each:

- Flexible Gastroscope 8 mm. with camera (Olympus or Similar Brand)
- Biopsy Forceps
- Flush System
- Light Source
- Monitor
- Printer for Color Photographs
- Colonoscope

ATTACHMENT FINANCIALS

INCOME STATEMENT FORECAST

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>
# of Procedures	1,685	1,719	1,753	1,788
		2.0%	2.0%	2.0%
	\$1,576	\$1,576	\$1,608	\$1,640
		0.0%	2.0%	2.0%
<u>Revenue:</u>				
Patient Service Revenue	2,795,974	2,709,299	2,818,754	2,932,632
Indigent Care	(139,799)	(135,465)	(140,938)	(146,632)
Net Revenue	<u>2,656,175</u>	<u>2,573,834</u>	<u>2,677,816</u>	<u>2,786,000</u>
<u>Expenses:</u>				
Bank and Finance Charges	22,100	21,415	22,281	23,181
Salaries and Wages	620,400	632,808	645,464	658,373
Advertising	12,520	12,520	12,770	13,026
Rent	231,194	235,817	240,534	245,344
Utilities/Telephone	15,264	15,569	15,881	16,198
Office Expense	5,725	5,868	5,985	6,105
Dues & Subscriptions	7,062	7,239	7,383	7,531
Equipment Rental	44,756	44,756	44,756	44,756
Travel and Entertainment	0	0	0	0
Drugs & Prof Supplies	103,603	105,675	107,789	109,945
Lab Fees	25,917	26,565	27,096	27,638
Insurance	16,651	17,067	17,409	17,757
Laundry & Cleaning	32,275	33,082	33,744	34,419
Repairs and Maintenance	4,825	4,946	5,045	5,145
Accounting & Legal	4,125	4,228	4,313	4,399
Misc Expense	750	769	784	800
Total Expenses	<u>1,147,167</u>	<u>1,168,325</u>	<u>1,191,234</u>	<u>1,214,617</u>
Net Income from Operations	<u>1,509,008</u>	<u>1,405,509</u>	<u>1,486,582</u>	<u>1,571,383</u>

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

ATTACHMENT FINANCIALS

BALANCE SHEET FORECAST

Year 1

ASSETS

Current Assets		
Cash & Short Term Investments	1,411,548	
Accounts Receivable, Net	232,998	
Prepaid Expense	<u>8,473</u>	
Total Net Current Assets		1,653,018
Property and Equipment		
Property and Equipment	0	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		0
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$1,672,284</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	51,213	
Wages Payable	12,063	
Other	<u>0</u>	
Total Current Liabilities		63,277
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>63,277</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	0	
Net Income	<u>1,509,008</u>	
Total Capital		1,609,008
Total Liabilities & Capital		<u><u>\$1,672,284</u></u>

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

ATTACHMENT FINANCIALS
BALANCE SHEET FORECAST
Year 2

ASSETS

Current Assets		
Cash	2,776,311	
Accounts Receivable, Net	301,033	
Prepaid Expense	<u>8,642</u>	
Total Net Current Assets		3,085,986
Property and Equipment		
Property and Equipment	0	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		0
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$3,105,252</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	52,064	
Wages Payable	38,672	
Other	<u>0</u>	
Total Current Liabilities		90,736
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>90,736</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	1,509,008	
Net Income	<u>1,405,509</u>	
Total Capital		3,014,517
Total Liabilities & Capital		<u><u>\$3,105,252</u></u>

Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195

ATTACHMENT FINANCIALS
BALANCE SHEET FORECAST
Year 3

ASSETS

Current Assets		
Cash	4,213,180	
Accounts Receivable, Net	352,344	
Prepaid Expense	<u>8,815</u>	
Total Net Current Assets		4,574,339
Property and Equipment		
Property and Equipment	0	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		0
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$4,593,605</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	53,061	
Wages Payable	39,445	
Other	<u>0</u>	
Total Current Liabilities		92,506
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>92,506</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	2,914,517	
Net Income	<u>1,486,582</u>	
Total Capital		4,501,099
Total Liabilities & Capital		<u><u>\$4,593,605</u></u>

Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195

ATTACHMENT FINANCIALS
BALANCE SHEET FORECAST
Year 4

ASSETS

Current Assets		
Cash	5,711,228	
Accounts Receivable, Net	407,310	
Prepaid Expense	<u>8,991</u>	
Total Net Current Assets		6,127,529
Property and Equipment		
Property and Equipment	20,000	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		20,000
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$6,166,795</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	54,079	
Wages Payable	40,234	
Other	<u>0</u>	
Total Current Liabilities		94,313
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>94,313</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	4,401,099	
Net Income	<u>1,571,383</u>	
Total Capital		6,072,481
Total Liabilities & Capital		<u><u>\$6,166,795</u></u>

Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195

**ATTACHMENT FIN-1
FORECASTED VIABILITY RATIOS**

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>
<u>Current Ratio</u>				
Current Assets	1,653,018	3,085,986	4,574,339	6,127,529
Current Liabilities	63,277	90,736	92,506	94,313
 <u>Net Margin Percentage</u>				
Operating Income	1,509,008	1,405,509	1,486,582	1,571,383
Net Revenue	2,656,175	2,573,834	2,677,816	2,786,000
 <u>Percent Debt to Total Capitalization</u>				
Long Term Debt	0	0	0	0
Long Term Debt + Unrestricted Fund Balance	1,609,008	3,014,517	4,501,099	6,072,481
 <u>Debt Coverage Ratio</u>				
Operating Income Before Depr/Interest/Amort	1,509,008	1,405,509	1,486,582	1,571,383
Principal + Interest	0	0	0	0
 <u>Debt Capitalization</u>				
Total Long Term Debt	0	0	0	0
Total Assets	1,672,284	3,105,252	4,593,605	6,166,795
 <u>Days Cash on Hand</u>				
Cash and Investments	1,411,548	2,776,311	4,213,180	5,711,228
(Operating Expense - Depreciation)/365	3,143	3,201	3,264	3,328
 <u>Cushion Ratio</u>				
Cash and Investments	1,411,548	2,776,311	4,213,180	5,711,228
Annual Debt Service	0	0	0	0

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

**ATTACHMENT FIN-1
FORECASTED VIABILITY RATIOS**

	<u>Standard</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>
Current Ratio	>1.5x	26.12	34.0	49.4	65.0
Net Margin Percentage	>3.0%	56.8%	54.6%	55.5%	56.4%
Percent Debt to Total Capitalization		N/A	N/A	N/A	N/A
Debt Service Coverage Ratio	>1.5x	N/A	N/A	N/A	N/A
Debt Capitalization Ratio	<80%	N/A	N/A	N/A	N/A
Days Cash on Hand		449	867	1,291	1,716
Cushion Ratio		N/A	N/A	N/A	N/A

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

Section IX
Criterion 1120.130, Financial Viability

Apollo Health Center, Ltd. is a newly established entity with no financial history. Attached at Attachment 41A are pro forma financial statements for the first three years after project completion.

	Category A or Category B (last three years)			Category B (Projected)
	2012	2013	2014	
Current Ratio	26.1	34.0	49.4	
Net Margin Percentage	56.8%	54.6%	55.5%	
Percent Debt to Total Capitalization	N/A	N/A	N/A	
Projected Debt Service Coverage	N/A	N/A	N/A	
Days Cash on Hand	449	867	1,291	
Cushion Ratio	N/A	N/A	N/A	

ATTACHMENT FINANCIALS

INCOME STATEMENT FORECAST

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>
# of Procedures	1,685	1,719	1,753	1,788
		2.0%	2.0%	2.0%
	\$1,576	\$1,576	\$1,608	\$1,640
		0.0%	2.0%	2.0%
<u>Revenue:</u>				
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Indigent Care	(139,799)	(135,465)	(140,938)	(146,632)
Net Revenue	2,656,175	2,573,834	2,677,816	2,786,000
<u>Expenses:</u>				
Bank and Finance Charges	22,100	21,415	22,281	23,181
Salaries and Wages	620,400	632,808	645,464	658,373
Advertising	12,520	12,520	12,770	13,026
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Utilities/Telephone	15,264	15,569	15,881	16,198
Office Expense	5,725	5,868	5,985	6,105
Dues & Subscriptions	7,062	7,239	7,383	7,531
Equipment Rental	44,756	44,756	44,756	44,756
Travel and Entertainment	0	0	0	0
Drugs & Prof Supplies	103,603	105,675	107,789	109,945
Lab Fees	25,917	26,565	27,096	27,638
Insurance	16,651	17,067	17,409	17,757
Laundry & Cleaning	32,275	33,082	33,744	34,419
Repairs and Maintenance	4,825	4,946	5,045	5,145
Accounting & Legal	4,125	4,228	4,313	4,399
Misc Expense	750	769	784	800
Total Expenses	1,147,167	1,168,325	1,191,234	1,214,617
Net Income from Operations	1,509,008	1,405,509	1,486,582	1,571,383

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

ATTACHMENT FINANCIALS

BALANCE SHEET FORECAST

Year 1

ASSETS

Current Assets		
Cash & Short Term Investments	1,411,548	
Accounts Receivable, Net	232,998	
Prepaid Expense	<u>8,473</u>	
Total Net Current Assets		1,653,018
Property and Equipment		
Property and Equipment	0	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		0
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$1,672,284</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	51,213	
Wages Payable	12,063	
Other	<u>0</u>	
Total Current Liabilities		63,277
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>63,277</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	0	
Net Income	<u>1,509,008</u>	
Total Capital		1,609,008
Total Liabilities & Capital		<u><u>\$1,672,284</u></u>

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

ATTACHMENT FINANCIALS

BALANCE SHEET FORECAST

Year 2

ASSETS

Current Assets		
Cash	2,776,311	
Accounts Receivable, Net	301,033	
Prepaid Expense	<u>8,642</u>	
Total Net Current Assets		3,085,986
Property and Equipment		
Property and Equipment	0	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		0
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u>\$3,105,252</u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	52,064	
Wages Payable	38,672	
Other	<u>0</u>	
Total Current Liabilities		90,736
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>90,736</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	1,509,008	
Net Income	<u>1,405,509</u>	
Total Capital		3,014,517
Total Liabilities & Capital		<u>\$3,105,252</u>

Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195

ATTACHMENT FINANCIALS
BALANCE SHEET FORECAST
Year 3

ASSETS

Current Assets		
Cash	4,213,180	
Accounts Receivable, Net	352,344	
Prepaid Expense	<u>8,815</u>	
Total Net Current Assets		4,574,339
Property and Equipment		
Property and Equipment	0	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		0
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u>\$4,593,605</u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	53,061	
Wages Payable	39,445	
Other	<u>0</u>	
Total Current Liabilities		92,506
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>92,506</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	2,914,517	
Net Income	<u>1,486,582</u>	
Total Capital		4,501,099
Total Liabilities & Capital		<u>\$4,593,605</u>

Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195

ATTACHMENT FINANCIALS
BALANCE SHEET FORECAST
Year 4

ASSETS

Current Assets		
Cash	5,711,228	
Accounts Receivable, Net	407,310	
Prepaid Expense	<u>8,991</u>	
Total Net Current Assets		6,127,529
Property and Equipment		
Property and Equipment	20,000	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		20,000
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$6,166,795</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	54,079	
Wages Payable	40,234	
Other	<u>0</u>	
Total Current Liabilities		94,313
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>94,313</u>
Capital		
Paid in Capital	100,000	
Retained Earnings	4,401,099	
Net Income	<u>1,571,383</u>	
Total Capital		6,072,481
Total Liabilities & Capital		<u><u>\$6,166,795</u></u>

Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195

**ATTACHMENT FIN-1
FORECASTED VIABILITY RATIOS**

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>
<u>Current Ratio</u>				
Current Assets	1,653,018	3,085,986	4,574,339	6,127,529
Current Liabilities	63,277	90,736	92,506	94,313
<u>Net Margin Percentage</u>				
Operating Income	1,509,008	1,405,509	1,486,582	1,571,383
Net Revenue	2,656,175	2,573,834	2,677,816	2,786,000
<u>Percent Debt to Total Capitalization</u>				
Long Term Debt	0	0	0	0
Long Term Debt + Unrestricted Fund Balance	1,609,008	3,014,517	4,501,099	6,072,481
<u>Debt Coverage Ratio</u>				
Operating Income Before Depr/Interest/Amort	1,509,008	1,405,509	1,486,582	1,571,383
Principal + Interest	0	0	0	0
<u>Debt Capitalization</u>				
Total Long Term Debt	0	0	0	0
Total Assets	1,672,284	3,105,252	4,593,605	6,166,795
<u>Days Cash on Hand</u>				
Cash and Investments	1,411,548	2,776,311	4,213,180	5,711,228
(Operating Expense - Depreciation)/365	3,143	3,201	3,264	3,328
<u>Cushion Ratio</u>				
Cash and Investments	1,411,548	2,776,311	4,213,180	5,711,228
Annual Debt Service	0	0	0	0

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

**ATTACHMENT FIN-1
FORECASTED VIABILITY RATIOS**

	<u>Standard</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>
Current Ratio	>1.5x	26.12	34.0	49.4	65.0
Net Margin Percentage	>3.0%	56.8%	54.6%	55.5%	56.4%
Percent Debt to Total Capitalization		N/A	N/A	N/A	N/A
Debt Service Coverage Ratio	>1.5x	N/A	N/A	N/A	N/A
Debt Capitalization Ratio	<80%	N/A	N/A	N/A	N/A
Days Cash on Hand		449	867	1,291	1,716
Cushion Ratio		N/A	N/A	N/A	N/A

*Prepared by Ingold Associates, Ltd.
2300 N. Barrington Road, Ste 400
Hoffman Estates, IL 60195*

Section X, Economic Feasibility

Criterion 1120.310(b), Reasonableness of Financing Arrangements and Conditions of Debt Financing

A letter from Vera Schmidt, chief executive officer of Apollo Health Center, Ltd., attesting that the total estimated project costs and related costs will be funded in total with cash and cash equivalents is attached at Attachment – 42A.

APOLLO HEALTH CENTER, LTD.

2750 South River Road
Des Plaines, IL 60018

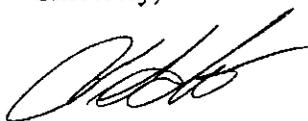
December 22, 2010

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

Dear Mr. Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.

Sincerely,



Vera Schmidt
Chief Executive Officer
Apollo Health Center, Ltd.

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

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department or Service table below sets forth the modernization cost and square footage allocated to each department of the proposed ASTC.

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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Clinical									
Laboratory		\$2.56			98			\$251	\$251
Radiology		\$2.56			128			\$328	\$328
Recovery		\$2.56			932			\$2,389	\$2,389
Operating Room		\$2.56			2,884			\$7,391	\$7,391
Exam Rooms		\$2.56			631			\$1,671	\$1,671
Total Clinical		\$2.56			4,673			\$12,030	\$12,030
Non-Clinical									
Waiting Room/ Business Office		\$2.52			1,180			\$2,970	\$2,970
Total Non-Clinical		\$2.52			1,180			\$2,970	\$2,970
TOTALS		\$2.52			5,853			\$15,000	\$15,000

* Include the percentage (%) of space for circulation

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses:	\$ 1,147,167
Procedures:	1,685 procedures
Operating Expense per Procedure:	\$ 680.81 per procedure

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs: 0
Procedures: 1,685 procedures
Capital Costs per Procedure: \$0 per procedure

Section XI, Safety Net Impact Statement

- a. The Proposed ASTC will be a safety net provider of gastroenterology, obstetrics/gynecology, and urology surgical services to the residents of the Chicago metropolitan area. As discussed throughout this application, the primary purpose for the establishment of the Proposed ASTC is to increase access to surgical services to low-income populations and individuals residing in MUAs or who are a part of a MUPs who must overcome economic, social and linguistic barriers to access needed health care services. Importantly, the Applicant does not discriminate based on payor source and will participate in the Illinois Medicaid program in order to offer its services to a greater number individuals.
- b. The establishment of the proposed ASTC will not impact the ability of other providers or other health care facilities to cross-subsidize safety net services. As set forth throughout this application, the purpose of this project is to improve access to essential safety net services to low-income individuals, residents in MUAs, and MUPs.
- c. The proposed ASTC is a newly established entity and has no historical data on Medicaid and charity care. The following table shows projected case load for the first three years of operation.

Safety Net Information per PA 96-0031			
	2012	2013	2014
Procedures			
Usual and Customary	674	688	702
Hardship	927	946	965
Charity	84	85	86
Total	1,685	1,719	1,753
Charges			
Usual and Customary	2,317,550	2,363,774	2,459,403
Hardship	338,625	345,525	359,352
Charity	0	0	0
Total	2,656,175	2,709,299	2,818,754
Net Revenue	2,656,175	2,573,834	2,818,754

Section XII, Charity Care Information

The amount of charity care provided by the applicant for the latest three audited fiscal years is provided in the table below.

Charity Care			
	2012	2013	2014
Net Patient Revenue	2,656,175	2,573,834	2,677,816
Amount of Charity Care (Charges)	139,799	135,965	140,938
Cost of Charity Care	688,299	700,723	778,599

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Mark Mayo
Administrator
25 East Same Day Surgery
25 East Washington Street, Suite 300
Chicago, IL 60602

Dear Mr. Mayo:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on 25 East Same Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Severko Hrywnak
Administrator
Advanced Ambulatory Surgical Center
2333 Harlem Avenue
Chicago, IL 60707

Dear Dr. Hrywnak:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advanced Ambulatory Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Aimee Dillard
Administrator
Advantage Health Care, Ltd.
203 East Irving Park Road
Wood Dale, IL 60191

Dear Ms. Dillard:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advantage Health Care, Ltd.. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. David Crane
Chief Executive Officer
Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521

Dear Mr. Crane:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Adventist Hinsdale Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. David Fox
President
Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515

Dear Mr. Fox:

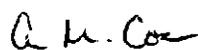
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Good Samaritan Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical Center
811 West Wellington Avenue
Chicago, IL 60657

Dear Ms. Nordstrom Lopez:

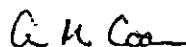
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Illinois Masonic Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

* Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Anthony Armada
President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

Dear Mr. Armada:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Lutheran General Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Diana Maracich
Administrator
Albany Medical Surgical Center
5086 North Elston Avenue
Chicago, IL 60630

Dear Ms. Maracich:

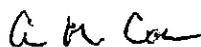
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Albany Medical Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. John Werrbach
President & CEO
Alexian Brothers Medical Center
800 Biesterfield Road
Elk Grove Village, IL 60007

Dear Mr. Werrbach:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Alexian Brothers Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Inga Ferdkoff
Administrator
Ambulatory Surgicenter of Downers Grove
4333 Main Street
Downers Grove, IL 60515

Dear Ms. Ferdkoff:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Ambulatory Surgicenter of Downers Grove. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Renlin Xia
Administrator
American Women's Medical Group
2744 North Western Avenue
Chicago, IL 60647

Dear Dr. Xia:

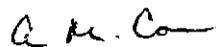
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on American Women's Medical Group. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Ali Nili
Administrator
Ashton Center for Day Surgery
1800 McDonough Road, Suite 100
Hoffman Estates, IL 60192

Dear Mr. Nili:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Ashton Center for Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Faith McHale
Administrator
Belmont/Harlem Surgery Center, LLC
3101 North Harlem Avenue
Chicago, IL 60634

Dear Ms. McHale:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Belmont/Harlem Surgery Center, LLC. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Luke McGuinness
President & Chief Executive Officer
Central DuPage Hospital
25 Winfield Road
Winfield, IL 60190

Dear Mr. McGuinness:

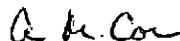
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Central DuPage Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Jennifer Broucek
Administrator
Chicago Prostate Cancer Surgery Center
815 Pasquinelli Drive
Westmont, IL 60559

Dear Ms. Broucek:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Chicago Prostate Cancer Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Patrick Magoon
President & CEO
Children's Memorial Hospital
2300 North Children's Plaza
Chicago, IL 60614

Dear Mr. Magoon:

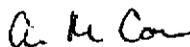
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Children's Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Kristen DiCicco
Administrator
Children's Memorial Outpatient Services
2301 Enterprise Drive
Westchester, IL 60154

Dear Ms. DiCicco:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Children's Memorial Outpatient Services. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Renlin Xia
Administrator
Fullerton Kimball Medical & Surgical Center
3412 West Fullerton Avenue
Chicago, IL 60647

Dear Dr. Xia:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Fullerton Kimball Medical & Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Nancy Nelson
Administrator
Dimensions Medical Center, Ltd.
1455 Golf Road, Suite 108
Des Plaines, IL 60016

Dear Ms. Nelson:

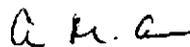
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Dimensions Medical Center, Ltd.. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Rik Baier
Administrator
DMG Surgical Center
2725 South Technology Drive
Lombard, IL 60148

Dear Mr. Baier:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on DMG Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Leo Fronza
President & Chief Executive Officer
Elmhurst Memorial Hospital
200 North Berteau Avenue
Elmhurst, IL 60126

Dear Mr. Fronza:

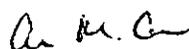
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Elmhurst Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Tina Mentz
Administrator
Elmhurst Outpatient Surgery Center
120 South York Road
Elmhurst, IL 60126

Dear Ms. Mentz:

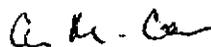
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Elmhurst Outpatient Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Mark Mayo
Administrator
Elmwood Park Same Day Surgery, LLC
1614 North Harlem Avenue
Elmwood Park, IL 60707

Dear Mr. Mayo:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Elmwood Park Same Day Surgery, LLC. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Brian Smith
Administrator
Eye Surgery Center of Hinsdale
950 North York Road
Hinsdale, IL 60521

Dear Dr. Smith:

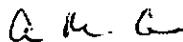
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Eye Surgery Center of Hinsdale. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Lowell Scott Weil
Administrator
Foot & Ankle Surgical Center
1455 Golf Road, Suite 134
Des Plaines, IL 60016

Dear Mr. Weil:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Foot & Ankle Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Salam Okasha
Administrator
Fullerton Surgery Center, Inc.
4849 West Fullerton Avenue
Chicago, IL 60639

Dear Dr. Okasha:

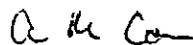
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Fullerton Surgery Center, Inc.. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Douglas Silverstein
President
Glenbrook Hospital
2100 Pfingsten Road
Glenview, IL 60026

Dear Mr. Silverstein:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Glenbrook Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Nicholas Lygizos
Administrator
Golf Surgical Center
8901 Golf Road
Des Plaines, IL 60016

Dear Dr. Lygizos:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Golf Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Patricia Cassidy
President
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

Dear Ms. Cassidy:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Gottlieb Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Joe Jafari
Administrator
Grand Avenue Surgical Center
17 West Grand Avenue
Chicago, IL 60654

Dear Mr. Jafari:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Grand Avenue Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Fernando Gruta
Administrator
Hinsdale Surgical Center
908 North Elm Street, Suite 401
Hinsdale, IL 60521

Dear Mr. Gruta:

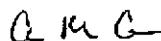
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Hinsdale Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Ramon Garcia
Administrator
Hispanic-American Endoscopy Center, LLC
3536 West Fullerton Avenue
Chicago, IL 60647

Dear Dr. Garcia:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Hispanic-American Endoscopy Center, LLC. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. John Baird
CEO
Holy Family Hospital
100 North River Road
Des Plaines, IL 60016

Dear Mr. Baird:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Holy Family Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Lawrence Parrish
Administrator
Illinois Sports Medicine & Orthopedic Surgery Center
9000 Waukegan Road, Suite 120
Morton Grove, IL 60053

Dear Mr. Parrish:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Illinois Sports Medicine & Orthopedic Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Wendy Luxenburg
Administrator
John Stroger Hospital of Cook County
1901 West Harrison Street
Chicago, IL 60612

Dear Ms. Luxenburg:

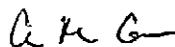
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on John Stroger Hospital of Cook County. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Yvette Barnabas
Administrator
Lakeshore Physicians & Surgery Center
7200 North Western Avenue
Chicago, IL 60645

Dear Ms. Barnabas:

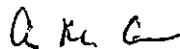
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Lakeshore Physicians & Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Steve Drucker
President & CEO
Loretto Hospital
645 South Central Avenue
Chicago, IL 60644

Dear Mr. Drucker:

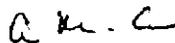
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Loretto Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Geoffrey Abbott
Administrator
Loyola Ambulatory Surgical Center at Oakbrook
1 So. 224 Summit Avenue, Suite 201
Oakbrook Terrace, IL 60181

Dear Mr. Abbott:

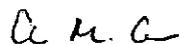
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Loyola Ambulatory Surgical Center at Oakbrook. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Daniel Post
Administrator
Loyola University Ambulatory Surgical Center
2160 South First Avenue
Maywood, IL 60153

Dear Mr. Post:

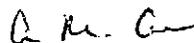
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Loyola University Ambulatory Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Sharon O'Keefe
President
Loyola University Medical Center
2160 South First Avenue
Maywood, IL 60153

Dear Ms. O'Keefe:

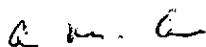
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Loyola University Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Ronald Ladniak
Administrator
Midwest Center for Day Surgery
3811 Highland Avenue
Downers Grove, IL 60515

Dear Mr. Ladniak:

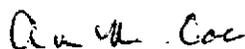
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Midwest Center for Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Kimberly Zidonis
Administrator
North Shore Surgical Center
3725 West Touhy Avenue
Lincolnwood, IL 60712

Dear Ms. Zidonis:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on North Shore Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Ali Nili
Administrator
Aiden Center for Day Surgery
1580 West Lake Street
Addison, IL 60101

Dear Mr. Nili:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Aiden Center for Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Michael Eesley
President & Chief Executive Officer
Northern Illinois Medical Center
330 West Terra Cotta Avenue
Crystal Lake, IL 60014

Dear Mr. Eesley:

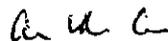
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Northern Illinois Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Roxanne Matias
Administrator
Northwest Community Day Surgery
675 West Kirchoff Road
Arlington Heights, IL 60005

Dear Ms. Matias:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Northwest Community Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Bruce Crowther
President & CEO
Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005

Dear Mr. Crowther:

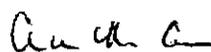
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Northwest Community Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Karolynn Welu-Kuecker
Administrator
Northwest Surgicare HealthSouth
1100 West Central Road
Arlington Heights, IL 60005

Dear Ms. Welu-Kuecker:

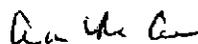
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Northwest Surgicare HealthSouth. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Dean Harrison
President & CEO
Northwestern Memorial Hospital
240 East Ontario
Chicago, IL 60611

Dear Mr. Harrison:

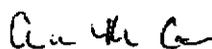
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Northwestern Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Jose Sanchez
President & CEO
Norwegian American Hospital
1044 North Francisco Avenue
Chicago, IL 60622

Dear Mr. Sanchez:

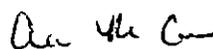
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Norwegian American Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. John Calta
Administrator
Novamed Surgery Center of Chicago Northshore, LLC
3034 West Peterson Avenue
Chicago, IL 60659

Dear Mr. Calta:

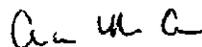
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Novamed Surgery Center of Chicago Northshore, LLC. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Kelly Spillane
Administrator
Novamed Surgery Center of River Forest
7427 West Lake Street
River Forest, IL 60453

Dear Ms. Spillane:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Novamed Surgery Center of River Forest. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Ivette Estrada
CEO
Our Lady of Resurrection Hospital
5645 West Addison Street
Chicago, IL 60634

Dear Ms. Estrada:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Our Lady of Resurrection Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Tess Sagaidoro
Administrator
Peterson Surgery Center
2300 West Peterson Avenue
Chicago, IL 60659

Dear Ms. Sagaidoro:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Peterson Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Melody Winter-Jabeck
Administrator
Ravine Way Surgery Center
2350 Ravine Way, Suite 500
Glenview, IL 60025

Dear Ms. Winter-Jabeck:

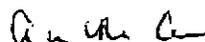
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Ravine Way Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Sr. Donna Marie Wolowicki
Executive Vice President
Resurrection Medical Center
7435 West Talcott Avenue
Chicago, IL 60631

Dear Sr. Wolowicki:

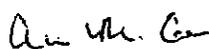
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Resurrection Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Jonette Marino
Administrator
River North Same Day Surgery Center
One East Erie, Suite 300
Chicago, IL 60611

Dear Ms. Marino:

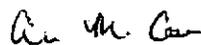
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on River North Same Day Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

Dear Ms. Murtos:

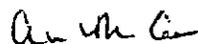
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Skokie Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Bruce Elegant
President & CEO
Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304

Dear Mr. Elegant:

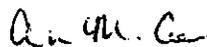
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush Oak Park Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Barbara Ramsey
Administrator
Rush Surgicenter - Professional Building
1725 West Harrison, Suite 556
Chicago, IL 60612

Dear Ms. Ramsey:

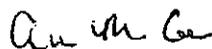
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush Surgicenter - Professional Building. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Larry Goodman
President & CEO
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

Dear Dr. Goodman:

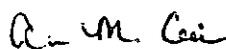
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush University Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Sarmed Elias
Administrator
Six Corners Same Day Surgery
4211 North Cicero Avenue, Suite 400
Chicago, IL 60641

Dear Dr. Elias:

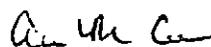
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Six Corners Same Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Edward Goldberg
President & Chief Executive Officer
St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60169

Dear Mr. Goldberg:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Alexius Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Margaret McDermott
CEO
St. Elizabeth's Hospital
1431 North Claremont Avenue
Chicago, IL 60622

Dear Ms. McDermott:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Elizabeth's Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Margaret McDermott
CEO
St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, IL 60622

Dear Ms. McDermott:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Mary of Nazareth Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Mark Newton
President & CEO
Swedish Covenant Hospital
5145 North California Avenue
Chicago, IL 60625

Dear Mr. Newton:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Swedish Covenant Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Ronald Bloom
Administrator
The Glen Endoscopy Center
2551 Compass Road, Suite 115
Glenview, IL 60026

Dear Dr. Bloom:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on The Glen Endoscopy Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Patricia Wade
Administrator
The Hoffman Estates Surgery Center
1555 Barrington Road, DOB 3, Suite 0400
Hoffman Estates, IL 60169

Dear Ms. Wade:

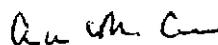
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on The Hoffman Estates Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Ali Nili
Administrator
The Oak Brook Surgical Centre
2425 West 22nd Street, Suite 101
Oakbrook, IL 60523

Dear Mr. Nili:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on The Oak Brook Surgical Centre. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Guita Griffiths
Administrator
The Surgery Center at 900 North Michigan
60 East Delaware Avenue, 15th Floor
Chicago, IL 60611

Dear Ms. Griffiths:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on The Surgery Center at 900 North Michigan. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Dr. Paul Madison
Administrator
Watertown Surgicenter
845 North Michigan Avenue, Suite 930 E
Chicago, IL 60611

Dear Dr. Madison:

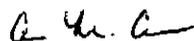
I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Watertown Surgicenter. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Ms. Patricia Shehorn
CEO
Westlake Community Hospital
1225 West Lake Street
Melrose Park, IL 60160

Dear Ms. Shehorn:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Westlake Community Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Apollo Health Center, Ltd
2750 South River Road
Des Plaines, Illinois 60018

December 28, 2010

CERTIFIED MAIL

Mr. Ronald Ladniak
Administrator
Westmont Surgery Center
530 North Cass Avenue
Westmont, IL 60559

Dear Mr. Ladniak:

I am writing on behalf of Apollo Health Center, Ltd. ("Apollo") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to establish a multi-specialty ambulatory surgical treatment center with two operating rooms and eight recovery stations (the "Proposed Project"). The proposed project will be located at 2750 South River Road, Des Plaines, Illinois 60018 and will provide gastroenterology, obstetrics/gynecology, and urology surgical procedures.

The space of the planned surgery center will consist of approximately 4,673 gross square feet of clinical space and 1,180 gross square feet of administrative and other non-clinical space, for a total of 5,853 gross square feet. The cost of the Proposed Project will be approximately \$2,112,547. Apollo projects the caseload for the first year after project completion will be approximately 1,685 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Westmont Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. We believe the project will not have an adverse impact on your operations.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761.

Sincerely,



Anne M. Cooper
On behalf of
Apollo Health Center, Ltd.

Title	First	Last	Position	Facility	Address	City	State	Zip Code
Mr. Mark	Mayo		Administrator	25 East Same Day Surgery	25 East Washington Street, Suite 300	Chicago	IL	60602
Dr. Severko	Hrynak		Administrator	Advanced Ambulatory Surgical Center	2333 Harlem Avenue	Chicago	IL	60707
Ms. Aimee	Dillard		Administrator	Advantage Health Care, Ltd.	203 East Irving Park Road	Wood Dale	IL	60191
Mr. David	Crane		Chief Executive Officer	Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	IL	60521
Mr. David	Fox		President	Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	IL	60515
Ms. Susan	Nordstrom Lopez		President	Advocate Illinois Masonic Medical Center	811 West Wellington Avenue	Chicago	IL	60657
Mr. Anthony	Arnada		President	Advocate Lutheran General Hospital	1775 Dempster Street	Chicago	IL	60068
Ms. Diana	Maracich		Administrator	Albany Medical Surgical Center	5086 North Elston Avenue	Chicago	IL	60630
Mr. John	Werrbach		President & CEO	Alexian Brothers Medical Center	800 Bieslerfield Road	Elk Grove Village	IL	60007
Ms. Inga	Ferdkoff		Administrator	Ambulatory Surgicenter of Downers Grove	4333 Main Street	Downers Grove	IL	60515
Dr. Renlin	Xia		Administrator	American Women's Medical Group	2744 North Western Avenue	Chicago	IL	60647
Mr. Ali	Nili		Administrator	Ashton Center for Day Surgery	1800 McDonough Road, Suite 100	Hoffman Estates	IL	60192
Ms. Faith	McHale		Administrator	Belmont/Harlem Surgery Center, LLC	3101 North Harlem Avenue	Chicago	IL	60634
Mr. Luke	McGuinness		President & Chief Executive Officer	Central DuPage Hospital	25 Winfield Road	Winfield	IL	60190
Ms. Jennifer	Broucek		Administrator	Chicago Prostate Cancer Surgery Center	815 Pasquinelli Drive	Westmont	IL	60559
Mr. Patrick	Magoon		President & CEO	Children's Memorial Hospital	2300 North Children's Plaza	Chicago	IL	60614
Ms. Kristen	DiCiccio		Administrator	Children's Memorial Outpatient Services	2301 Enterprise Drive	Westchester	IL	60154
Dr. Renlin	Xia		Administrator	Fullerton Kimball Medical & Surgical Center	3412 West Fullerton Avenue	Chicago	IL	60647
Ms. Nancy	Nelson		Administrator	Dimensions Medical Center, Ltd.	1455 Golf Road, Suite 108	Des Plaines	IL	60016
Mr. Rik	Bater		Administrator	DMG Surgical Center	2725 South Technology Drive	Lombard	IL	60148
Mr. Leo	Fronza		President & Chief Executive Officer	Elmhurst Memorial Hospital	200 North Berneau Avenue	Elmhurst	IL	60126
Ms. Tina	Mentz		Administrator	Elmhurst Outpatient Surgery Center	1200 South York Road	Elmhurst	IL	60126
Mr. Mark	Mayo		Administrator	Elmwood Park Same Day Surgery, LLC	1614 North Harlem Avenue	Elmwood Park	IL	60707
Dr. Brian	Smith		Administrator	Eye Surgery Center of Hinsdale	950 North York Road	Hinsdale	IL	60521
Mr. Lowell Scott	Weil		Administrator	Foot & Ankle Surgical Center	1455 Golf Road, Suite 134	Des Plaines	IL	60016
Dr. Salam	Okasha		Administrator	Fullerton Surgery Center, Inc.	4849 West Fullerton Avenue	Chicago	IL	60639
Mr. Douglas	Silverstein		Administrator	Glenbrook Hospital	2100 Pfingsten Road	Glenview	IL	60026
Dr. Nicholas	Lygizos		Administrator	Golf Surgical Center	8901 Golf Road	Des Plaines	IL	60016
Ms. Patricia	Cassidy		President	Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	IL	60160
Mr. Joe	Jafari		Administrator	Grand Avenue Surgical Center	17 West Grand Avenue	Chicago	IL	60654
Mr. Fernando	Gruia		Administrator	Hinsdale Surgical Center	908 North Elm Street, Suite 401	Hinsdale	IL	60521
Dr. Ramon	Garcia		Administrator	Hispanic-American Endoscopy Center, LLC	3536 West Fullerton Avenue	Chicago	IL	60647
Mr. John	Baird		CEO	Holy Family Hospital	100 North River Road	Des Plaines	IL	60016
Mr. Lawrence	Parrish		Administrator	Illinois Sports Medicine & Orthopedic Surgery Center	9000 Waukegan Road, Suite 120	Morton Grove	IL	60053
Ms. Wendy	Luxenburg		Administrator	John Stroger Hospital of Cook County	1901 West Harrison Street	Chicago	IL	60612
Ms. Yvette	Barnabas		Administrator	Lakeshore Physicians & Surgery Center	7200 North Western Avenue	Chicago	IL	60645
Mr. Steve	Druker		President & CEO	Loretto Hospital	645 South Central Avenue	Chicago	IL	60644
Mr. Geoffrey	Abbott		Administrator	Loyola Ambulatory Surgical Center at Oakbrook	1 So. 224 Summit Avenue, Suite 201	Oakbrook Terrace	IL	60181
Mr. Daniel	Post		Administrator	Loyola University Ambulatory Surgical Center	2160 South First Avenue	Maywood	IL	60153
Ms. Sharon	O'Keefe		President	Loyola University Medical Center	2160 South First Avenue	Maywood	IL	60153
Mr. Ronald	Ladniak		Administrator	Loyola University Medical Center	3811 Highland Avenue	Downers Grove	IL	60515
Ms. Kimberly	Zidonis		Administrator	North Shore Surgical Center	3725 West Touhy Avenue	Lincolnwood	IL	60712
Mr. Ali	Nili		Administrator	Alden Center for Day Surgery	1580 West Lake Street	Addison	IL	60101
Mr. Michael	Easley		President & Chief Executive Officer	Northern Illinois Medical Center	330 West Terra Cotta Avenue	Crystal Lake	IL	60014
Ms. Roxanne	Mattias		Administrator	Northwest Community Day Surgery	675 West Kirchoff Road	Arlington Heights	IL	60005
Mr. Bruce	Crowther		President & CEO	Northwest Community Hospital	800 West Central Road	Arlington Heights	IL	60005
Ms. Karolynn	Welu-Kuecker		Administrator	Northwest Surgicare HealthSouth	1100 West Central Road	Arlington Heights	IL	60005
Ms. Dean	Harrison		Administrator	Northwestern Memorial Hospital	240 East Ontario	Chicago	IL	60611
Ms. Jose	Sanchez		President & CEO	Norwegian American Hospital	1044 North Francisco Avenue	Chicago	IL	60622
Ms. John	Calta		Administrator	Novamed Surgery Center of Chicago Northshore, LLC	3034 West Peterson Avenue	Chicago	IL	60659
Ms. Kelly	Spillane		Administrator	Novamed Surgery Center of River Forest	7427 West Lake Street	River Forest	IL	60453
Ms. Ivette	Esirada		CEO	Our Lady of Resurrection Hospital	5645 West Addison Street	Chicago	IL	60634
Ms. Tess	Sagaidoro		Administrator	Peterson Surgery Center	2300 West Peterson Avenue	Chicago	IL	60659
Ms. Melody	Winter-Jabeck		Administrator	Ravine Way Surgery Center	2350 Ravine Way, Suite 500	Glenview	IL	60025
Ms. Donna Marie	Wolowicki		Executive Vice President	Resurrection Medical Center	7435 West Talcott Avenue	Chicago	IL	60631
Ms. Jonette	Marino		Administrator	River North Same Day Surgery Center	One East Erie, Suite 300	Chicago	IL	60611
Ms. Kristen	Murtos		President	Stokkie Hospital	9600 Gross Point Road	Stokkie	IL	60076

Title	First	Last	Position	Facility	Address	City	State	Zip Code
Mr.	Bruce	Elegant	President & CEO	Rush Oak Park Hospital	520 South Maple Avenue	Oak Park	IL	60304
Ms.	Barbara	Ramsey	Administrator	Rush Surgicenter - Professional Building	1725 West Harrison, Suite 556	Chicago	IL	60612
Dr.	Larry	Goodman	President & CEO	Rush University Medical Center	1653 West Congress Parkway	Chicago	IL	60612
Dr.	Sarned	Elias	Administrator	Six Corners Same Day Surgery	4211 North Cicero Avenue, Suite 400	Chicago	IL	60641
Mr.	Edward	Goldberg	President & Chief Executive Officer	St. Alexius Medical Center	1555 Barrington Road	Hoffman Estates	IL	60169
Ms.	Margaret	McDermott	CEO	St. Elizabeth's Hospital	1431 North Claremont Avenue	Chicago	IL	60622
Ms.	Margaret	McDermott	CEO	St. Mary of Nazareth Hospital	2233 West Division Street	Chicago	IL	60622
Mr.	Mark	Newton	President & CEO	Swedish Covenant Hospital	5145 North California Avenue	Chicago	IL	60625
Dr.	Ronald	Bloom	Administrator	The Glen Endoscopy Center	2551 Compass Road, Suite 115	Glennview	IL	60026
Ms.	Patricia	Wade	Administrator	The Hoffman Estates Surgery Center	1555 Barrington Road, DOB 3, Suite 0400	Hoffman Estates	IL	60169
Mr.	Ali	Nili	Administrator	The Oak Brook Surgical Centre	2425 West 22nd Street, Suite 101	Oakbrook	IL	60523
Ms.	Guita	Griffiths	Administrator	The Surgery Center at 900 North Michigan	60 East Delaware Avenue, 15th Floor	Chicago	IL	60611
Dr.	Paul	Madison	Administrator	Waterfower Surgicenter	845 North Michigan Avenue, Suite 930 E	Chicago	IL	60611
Ms.	Patricia	Shehorn	CEO	Westlake Community Hospital	1225 West Lake Street	Melrose Park	IL	60160
Mr.	Ronald	Ladniak	Administrator	Westmont Surgery Center	530 North Cass Avenue	Westmont	IL	60559

x

MAPQUEST

Notes

25 East Same Day Surgery

Trip to 25 E Washington St

Chicago, IL 60602-1708

17.04 miles - about 25 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 13.3 mi



4. Take **EXIT 51C** toward **EAST WASHINGTON BLVD**.

go 0.1 mi



5. Turn **LEFT** onto **W WASHINGTON BLVD**.

go 0.3 mi



6. **W WASHINGTON BLVD** becomes **W WASHINGTON ST**.

go 0.7 mi



7. **25 E WASHINGTON ST** is on the **RIGHT**.

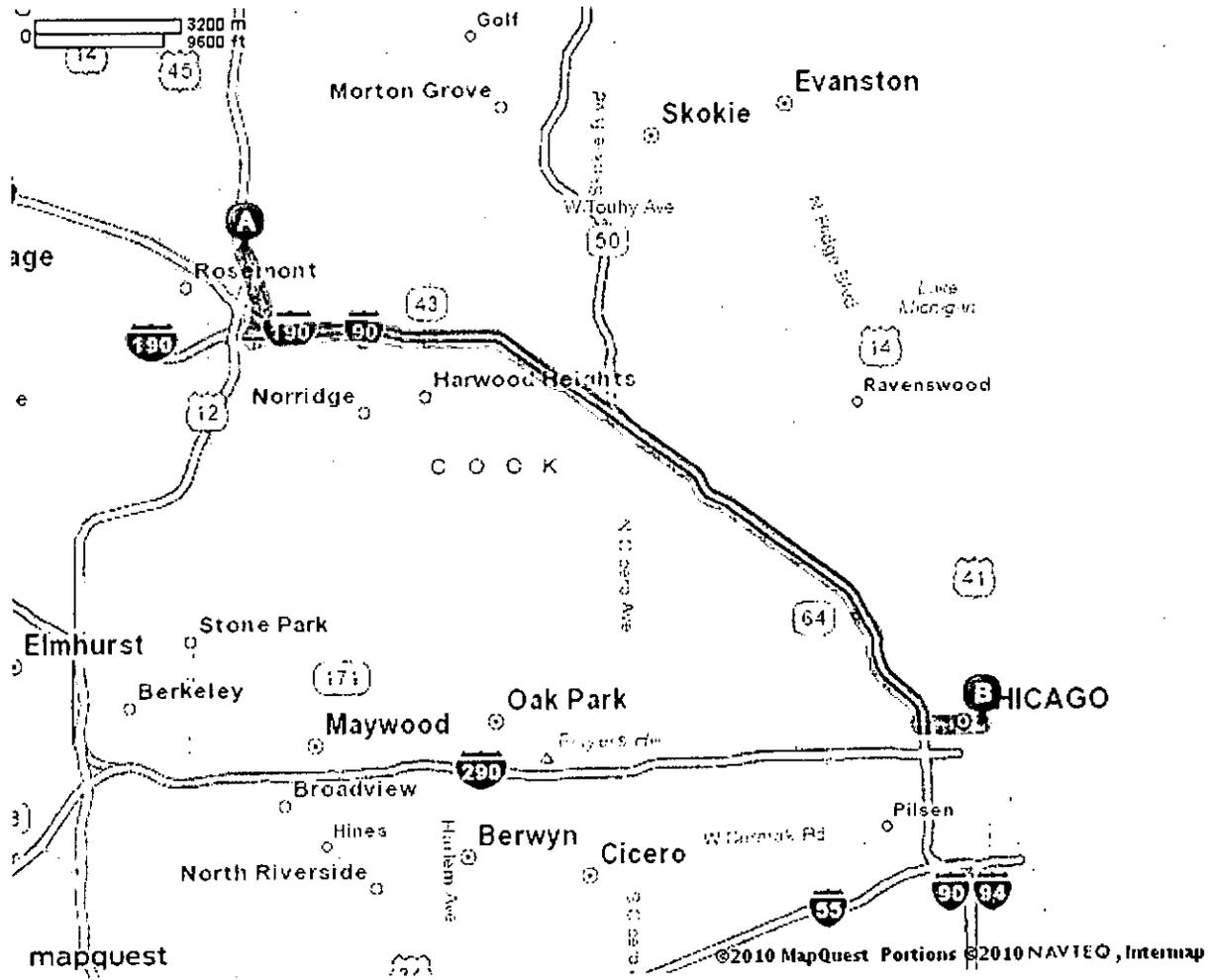
go 0.0 mi



25 E Washington St, Chicago, IL 60602-1708

Total Travel Estimate : 17.04 miles - about 25 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to Advanced Ambulatory

2333 N Harlem Ave, Chicago, IL 60707 -

(773) 637-1700

7.98 miles - about 19 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 3.6 mi



2. Turn **LEFT** onto **IRVING PARK RD / IL-19**.

go 1.0 mi



3. Turn **RIGHT** onto **N CUMBERLAND AVE / IL-171 S**. Continue to follow **IL-171 S**.

go 1.6 mi



4. Turn **LEFT** onto **W GRAND AVE**.

go 1.6 mi



5. Turn **RIGHT** onto **IL-43 / N HARLEM AVE**.

go 0.1 mi



6. **2333 N HARLEM AVE** is on the **LEFT**.

go 0.0 mi



Advanced Ambulatory - (773) 637-1700

2333 N Harlem Ave, Chicago, IL 60707

Total Travel Estimate : 7.98 miles - about 19 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to Advantage Health Care Ltd
 203 E Irving Park Rd, Wood Dale, IL 60191
 - (630) 595-1515
9.60 miles - about 17 minutes



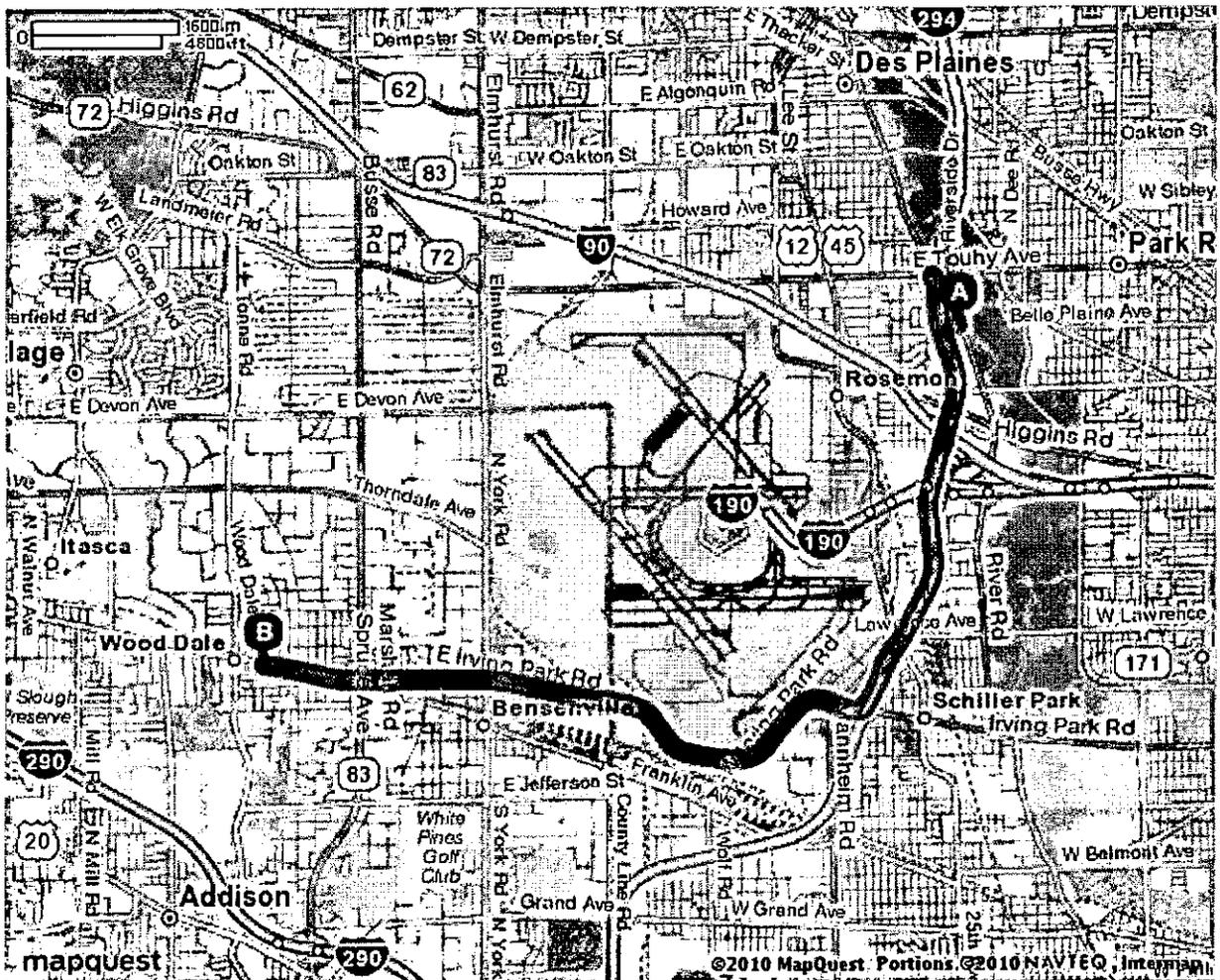
2750 S River Rd, Des Plaines, IL 60018-4103

- | | | |
|---|--|-----------|
|  | 1. Start out going NORTHWEST on DES PLAINES RIVER RD / S RIVER RD toward E TOUHY AVE . Continue to follow S RIVER RD . | go 0.5 mi |
|  | 2. Make a U-TURN onto S RIVER RD . | go 0.0 mi |
|   | 3. Merge onto I-294 S toward TRI-STATE SOUTH / INDIANA (Portions toll). | go 3.5 mi |
|   | 4. Merge onto IRVING PARK RD / IL-19 W . | go 5.6 mi |
|  | 5. 203 E IRVING PARK RD is on the RIGHT . | go 0.0 mi |



Advantage Health Care Ltd - (630) 595-1515
 203 E Irving Park Rd, Wood Dale, IL 60191
 Total Travel Estimate : 9.60 miles - about 17 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to Adventist Hinsdale Hospital

120 N Oak St, Hinsdale, IL 60521 - (630) 856-9000

856-9000

16.30 miles - about 24 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 14.4 mi



4. Take the **US-34 W / OGDEN AVE** exit.

go 0.4 mi



5. Turn **SLIGHT RIGHT** onto **E OGDEN AVE / US-34**.

go 0.1 mi



6. Turn **LEFT** onto **N OAK ST**.

go 0.7 mi



7. Turn **RIGHT** onto **E HICKORY ST**.

go 0.0 mi



8. Turn **LEFT** onto **N OAK ST**.

go 0.2 mi



9. **120 N OAK ST** is on the **RIGHT**.

go 0.0 mi

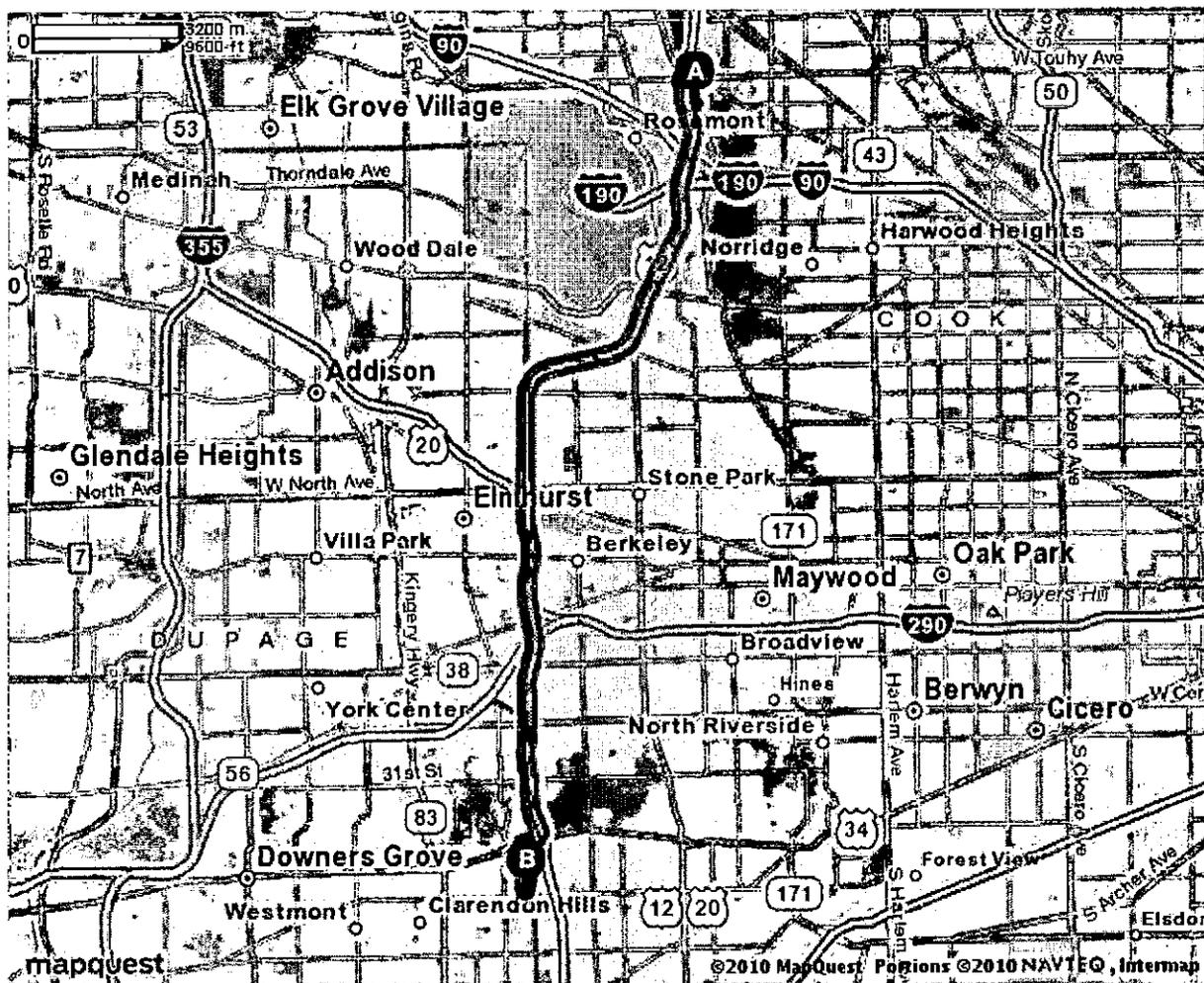


Adventist Hinsdale Hospital - (630) 856-9000

120 N Oak St, Hinsdale, IL 60521

Total Travel Estimate : 16.30 miles - about 24 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Advocate Good Samaritan Hospital

3815 Highland Ave, Downers Grove,
IL 60515 - (630) 275-5900

18.42 miles - about 25 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 10.9 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).

go 1.3 mi



5. Keep **RIGHT** at the fork to continue on **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).

go 4.3 mi



6. Take the **HIGHLAND AVE** exit.

go 0.2 mi



7. Take the ramp toward **DOWNERS GROVE / MIDWESTERN COLLEGE / KELLER COLLEGE**.

go 0.0 mi



8. Turn **LEFT** onto **HIGHLAND AVE / CR-9 S**.

go 1.1 mi



9. 3815 **HIGHLAND AVE** is on the **LEFT**.

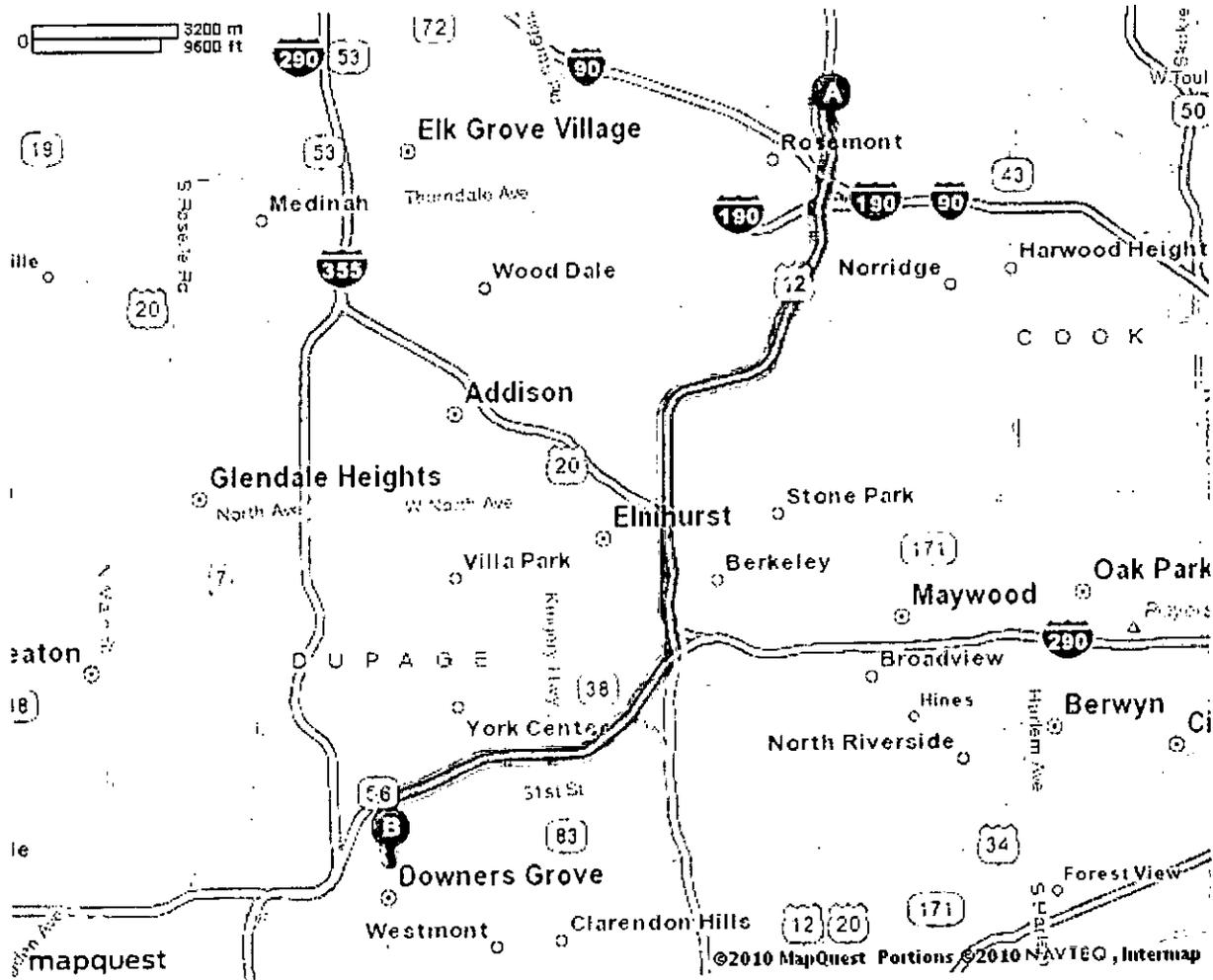
go 0.0 mi



Advocate Good Samaritan Hospital - (630) 275-5900
3815 Highland Ave, Downers Grove, IL 60515

Total Travel Estimate : 18.42 miles - about 25 minutes

Route Map Hide



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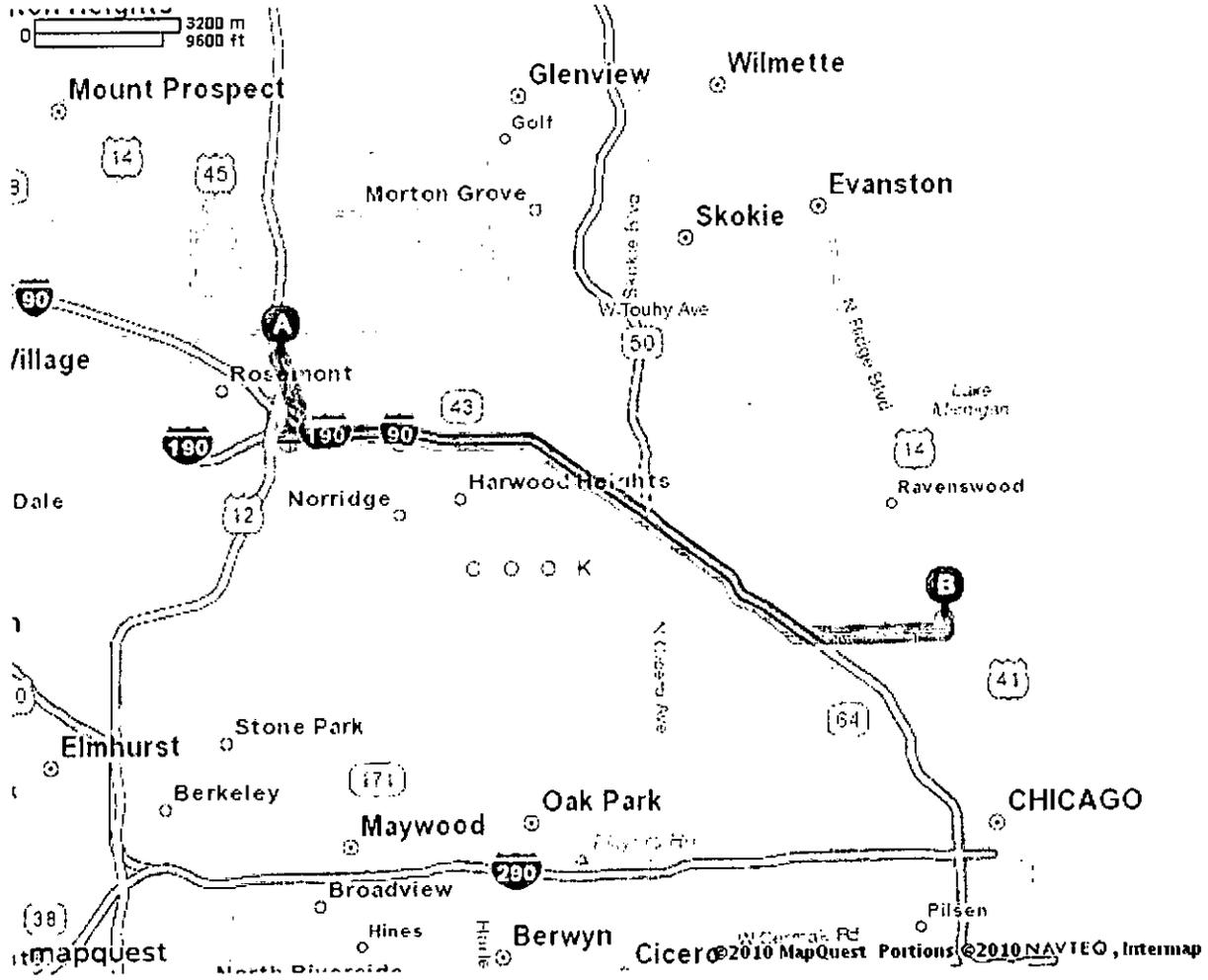
MAPQUEST.

Trip to 811 W Wellington Ave
Chicago, IL 60657-5123
14.29 miles - about 25 minutes

Notes

Advocate Illinois Masonic Medical Center

Route Map Hide



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MAPQUEST

Notes

Trip to Advocate Lutheran General Hospital

1775 Dempster St, Park Ridge, IL 60068 -
(847) 723-2210

3.91 miles - about 9 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Turn **RIGHT** onto **E TOUHY AVE**.

go 0.7 mi



3. Turn **LEFT** onto **N DEE RD**.

go 1.0 mi



4. Turn **LEFT** onto **BUSSE HWY**.

go 0.3 mi



5. Turn **RIGHT** onto **POTTER RD**.

go 0.9 mi



6. Turn **RIGHT** onto **DEMPSTER ST / US-14**.

go 0.6 mi



7. 1775 **DEMPSTER ST** is on the **RIGHT**.

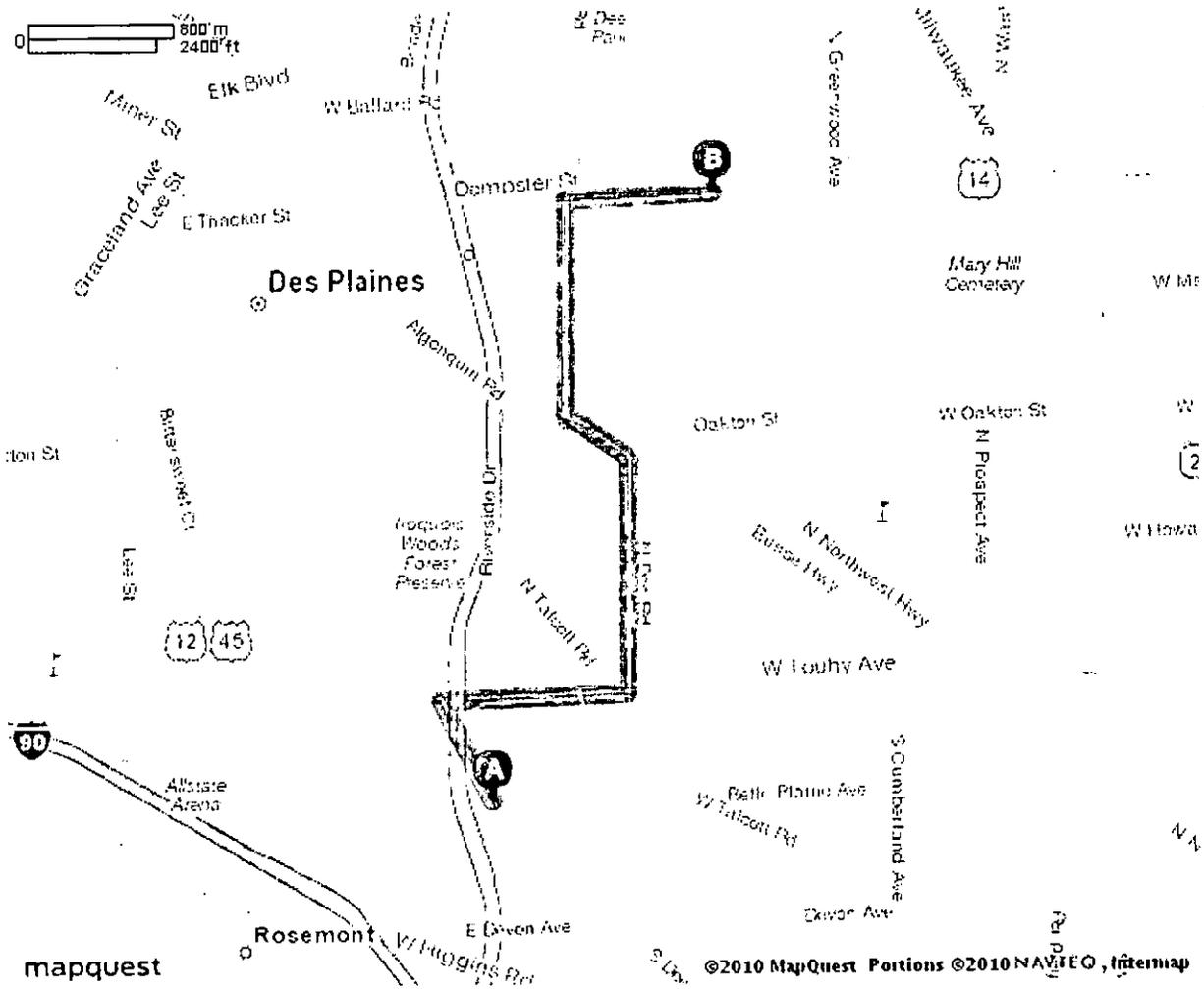
go 0.0 mi



Advocate Lutheran General Hospital - (847) 723-2210
1775 Dempster St, Park Ridge, IL 60068

Total Travel Estimate : 3.91 miles - about 9 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Albany Medical Surgical Center

5086 N Elston Ave, Chicago, IL 60630 -
(773) 725-6665

8.37 miles - about 14 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 4.8 mi



4. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



6. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 0.3 mi



7. Turn **SLIGHT LEFT** onto **N ELSTON AVE**.

go 0.0 mi



8. **5086 N ELSTON AVE** is on the **LEFT**.

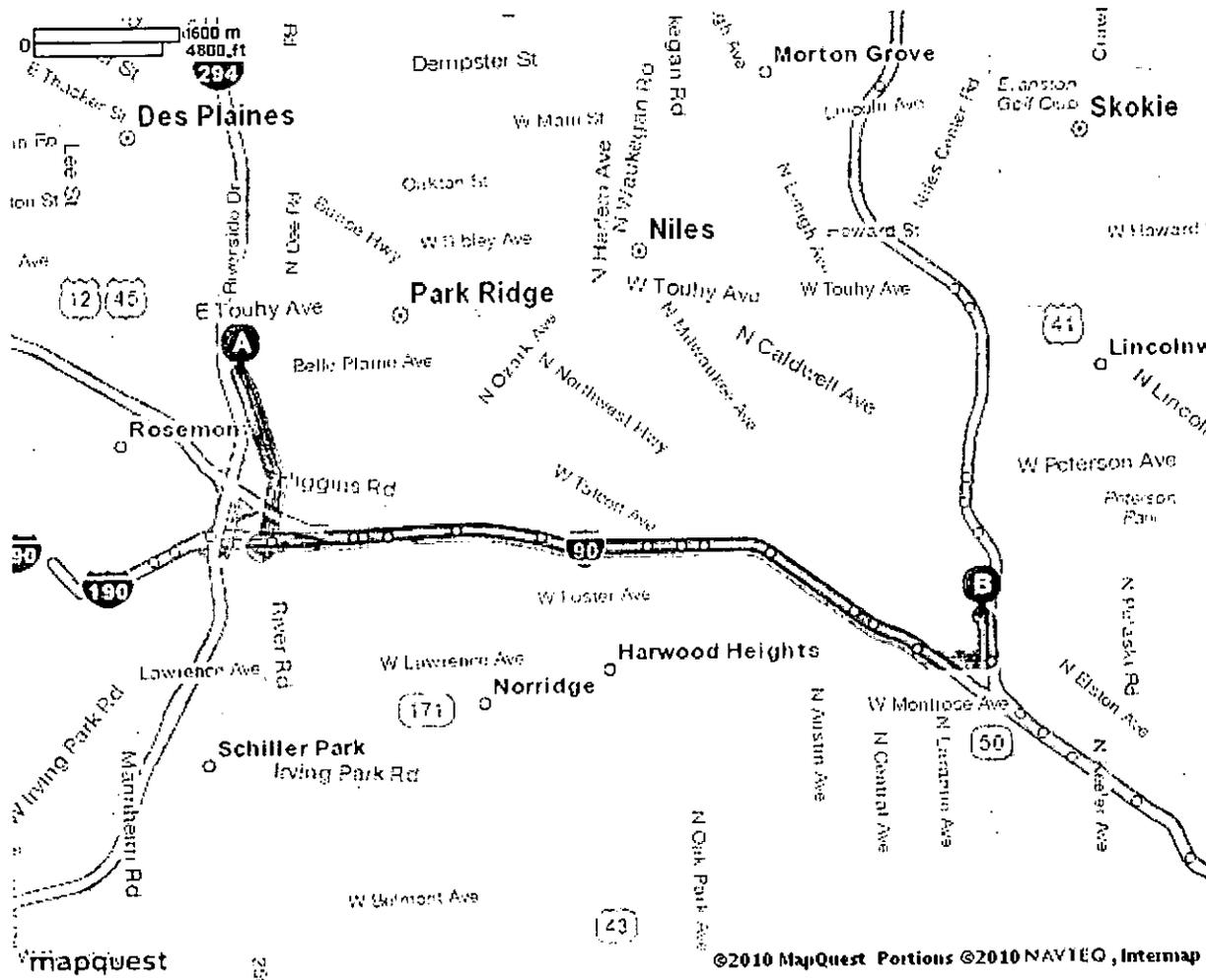
go 0.0 mi



Albany Medical Surgical Center - (773) 725-6665
5086 N Elston Ave, Chicago, IL 60630

Total Travel Estimate : 8.37 miles - about 14 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Alexian Brothers Medical Center

800 Biesterfield Rd # 605, Elk Grove Vlg, IL 60007 - (847) 437-5500

8.89 miles - about 18 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Turn **LEFT** onto **E TOUHY AVE**.

go 3.9 mi



3. Turn **LEFT** onto **LANDMEIER RD**.

go 2.5 mi



4. Turn **LEFT** onto **S ARLINGTON HEIGHTS RD**.

go 1.3 mi



5. Turn **RIGHT** onto **BIESTERFIELD RD**.

go 0.7 mi



6. **800 BIESTERFIELD RD # 605** is on the **RIGHT**.

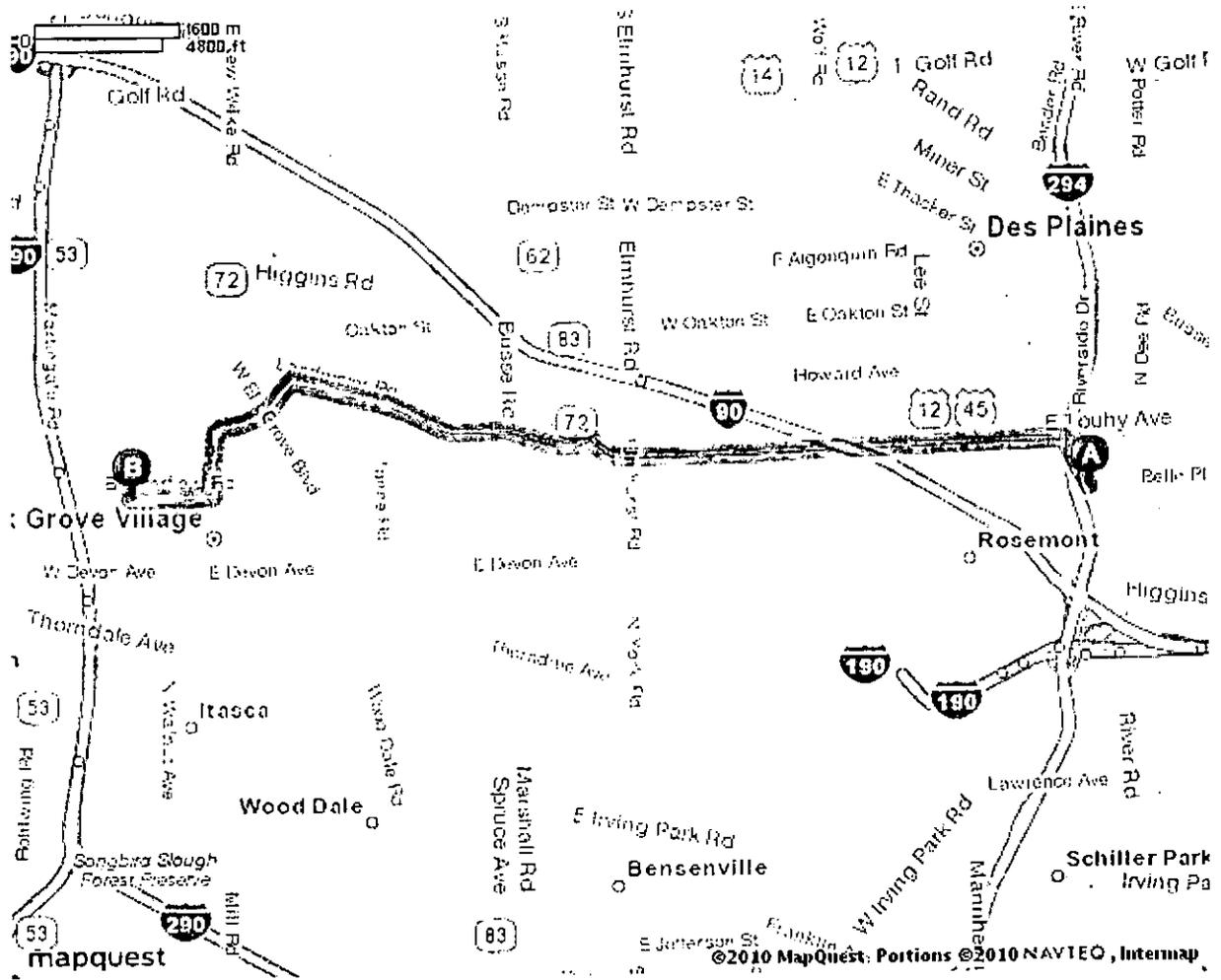
go 0.0 mi



Alexian Brothers Medical Center - (847) 437-5500
800 Biesterfield Rd # 605, Elk Grove Vlg, IL 60007

Total Travel Estimate : 8.89 miles - about 18 minutes

Route Map Hide



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MAPQUEST

Notes

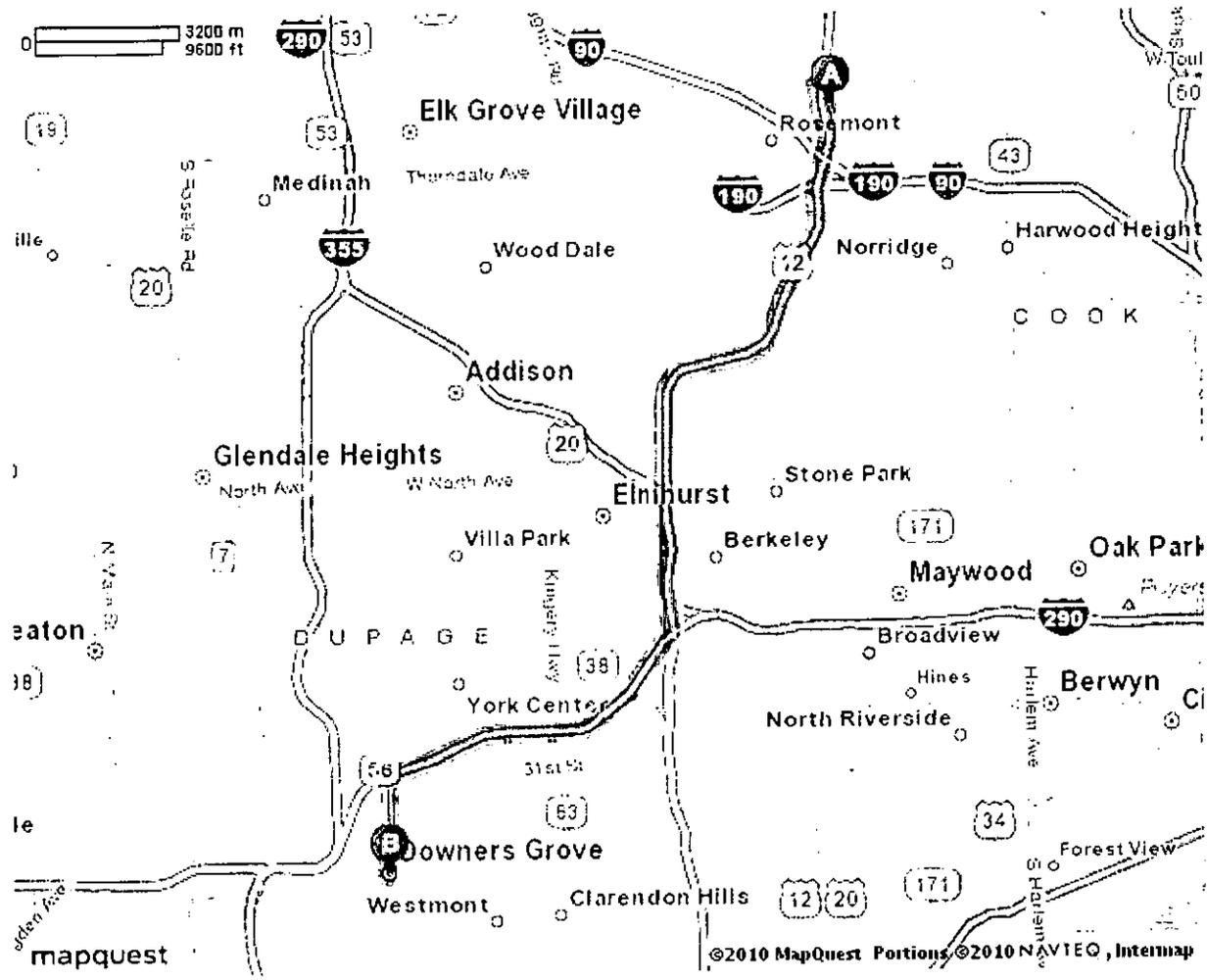
Ambulatory Surgicenter of Downers Grove

Trip to 4333 Main St

Downers Grove, IL 60515-2869

19.15 miles - about 27 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to American Womens Medical

2744 N Western Ave, Chicago, IL 60647 -

(773) 772-7726

12.08 miles - about 18 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi

2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi

3. I-190 E becomes **I-90 E / KENNEDY EXPY E**.

go 8.8 mi

4. Take the **CALIFORNIA AVE** exit, **EXIT 46A**.

go 0.1 mi

5. Turn **SLIGHT RIGHT** onto **N CALIFORNIA AVE**.

go 0.0 mi

6. Turn **LEFT** onto **W DIVERSEY AVE**.

go 0.5 mi

7. Turn **RIGHT** onto **N WESTERN AVE**.

go 0.0 mi

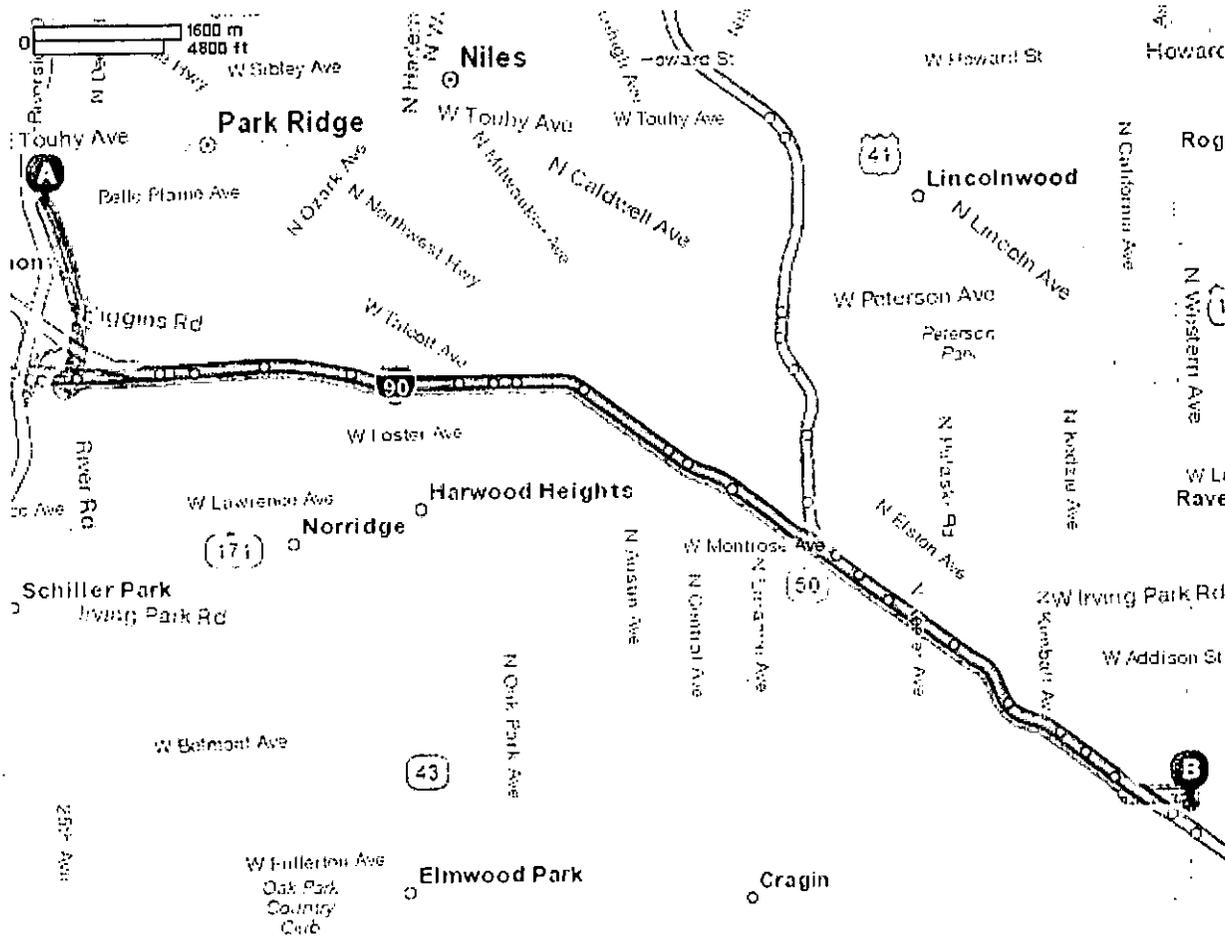
8. **2744 N WESTERN AVE** is on the **RIGHT**.

go 0.0 mi

**American Womens Medical - (773) 772-7726****2744 N Western Ave, Chicago, IL 60647**

Total Travel Estimate : 12.08 miles - about 18 minutes

Route Map [Hide](#)



mapquest

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MAPQUEST

Notes

Ashton Center for Day Surgery

Trip to 1800 McDonough Rd

Hoffman Estates, IL 60192-4566
20.55 miles - about 28 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**.

go 0.6 mi



2. Turn **RIGHT** onto **E DEVON AVE**.

go 0.6 mi



3. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** (Portions toll).

go 17.3 mi



4. Take the **IL-59** exit.

go 0.4 mi



5. Turn **LEFT** onto **IL-59 S / SUTTON RD / NEW SUTTON RD**.

go 0.6 mi



6. Turn **RIGHT** onto **SHOE FACTORY RD**.

go 1.0 mi



7. Turn **LEFT** onto **MCDONOUGH RD**.

go 0.0 mi



8. **1800 MCDONOUGH RD** is on the **LEFT**.

go 0.0 mi



1800 McDonough Rd, Hoffman Estates, IL 60192-4566

Total Travel Estimate : 20.55 miles - about 28 minutes

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MAPQUEST

Notes

Trip to Belmont Harlem Surgery Center

3101 N Harlem Ave, Chicago, IL 60634 -
(773) 889-2000

7.29 miles - about 16 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 3.6 mi



2. Turn **LEFT** onto **IRVING PARK RD / IL-19**.

go 1.0 mi



3. Turn **RIGHT** onto **N CUMBERLAND AVE / IL-171 S**.

go 1.0 mi



4. Turn **LEFT** onto **W BELMONT AVE**.

go 1.5 mi



5. Turn **RIGHT** onto **N HARLEM AVE / IL-43**.

go 0.1 mi



6. **3101 N HARLEM AVE** is on the **LEFT**.

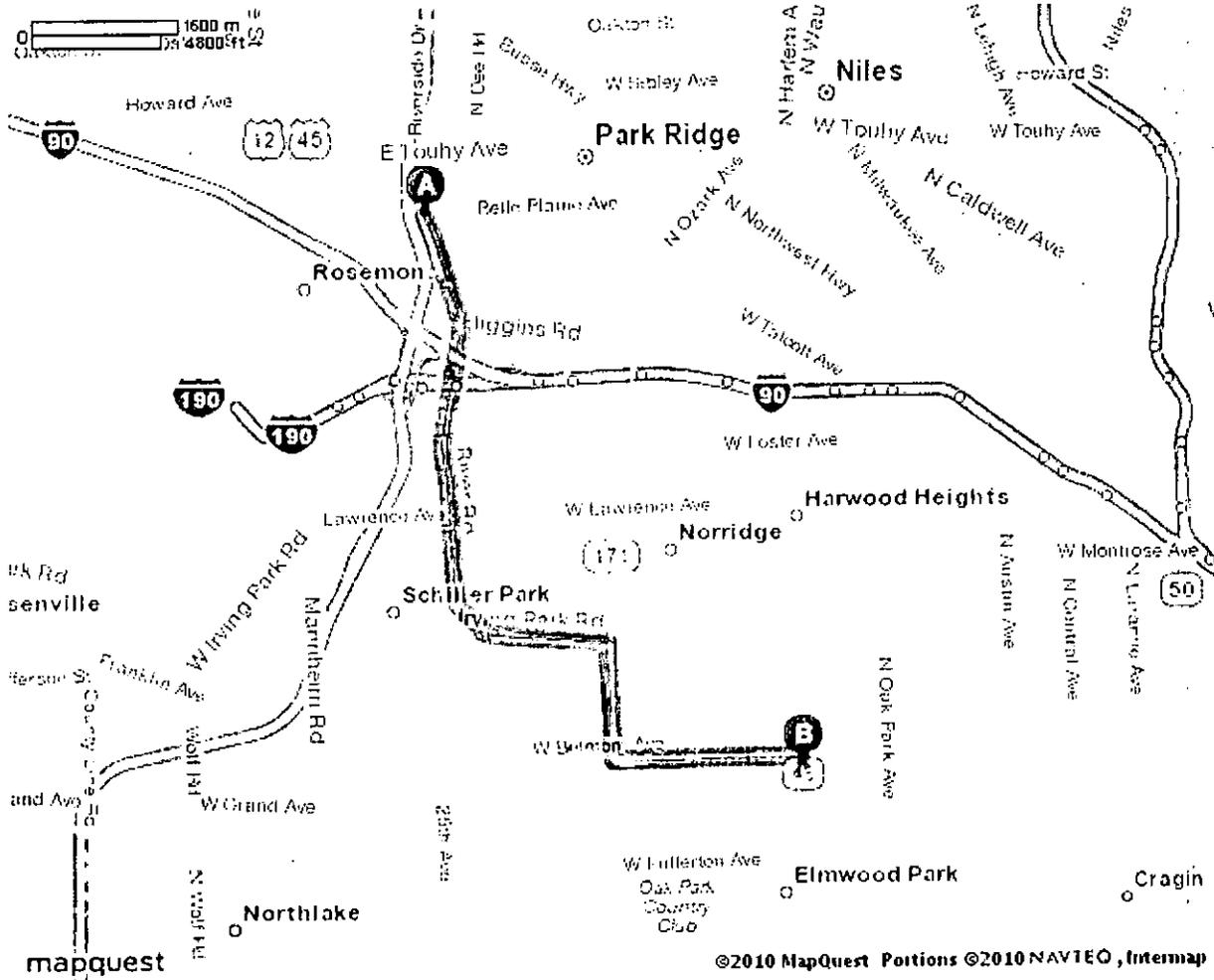
go 0.0 mi



Belmont Harlem Surgery Center - (773) 889-2000
3101 N Harlem Ave, Chicago, IL 60634

Total Travel Estimate : 7.29 miles - about 16 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

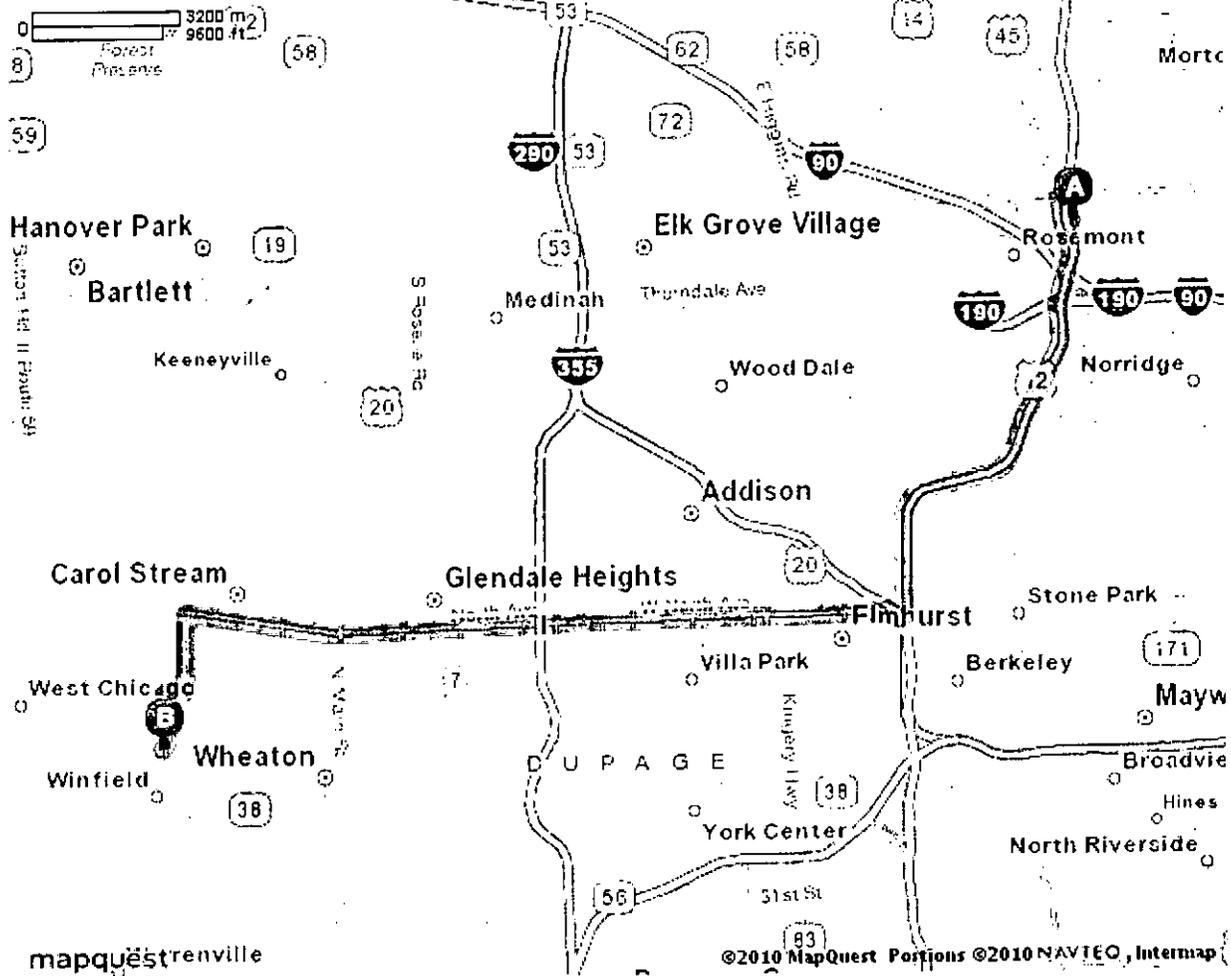
Central DuPage Hospital

Trip to [42-65] N Winfield Rd

Winfield, IL 60190

23.96 miles - about 40 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Chicago Prostate Cancer Center

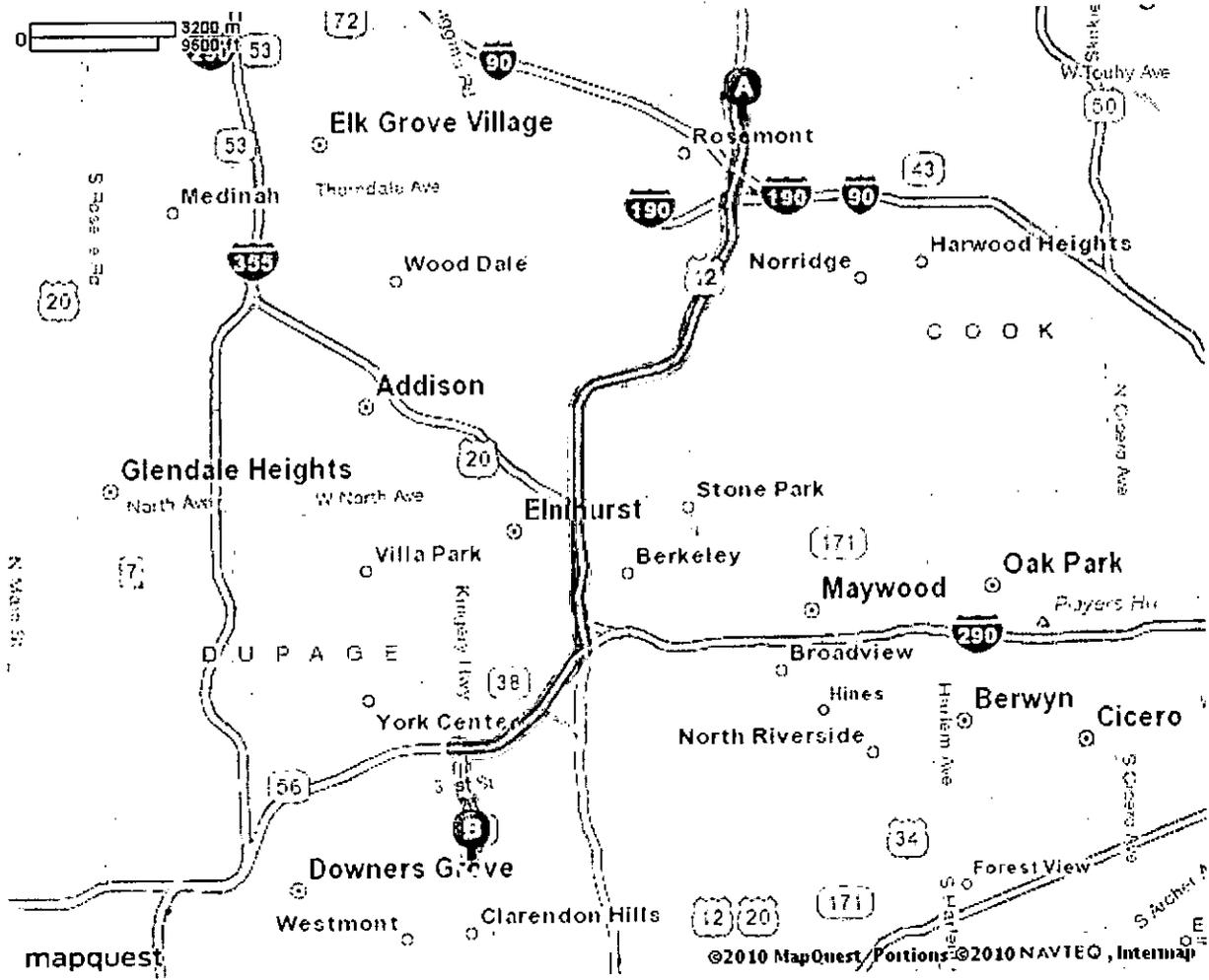
815 Pasquinelli Dr, Westmont, IL 60559 -
 (630) 654-2515
 16.85 miles - about 23 minutes

2750 S River Rd, Des Plaines, IL 60018-4103

- | | | |
|--|--|------------|
| | 1. Start out going NORTHWEST on DES PLAINES RIVER RD / S RIVER RD toward E TOUHY AVE . Continue to follow S RIVER RD . | go 0.5 mi |
| | 2. Make a U-TURN onto S RIVER RD . | go 0.0 mi |
| | 3. Merge onto I-294 S toward TRI-STATE SOUTH / INDIANA (Portions toll). | go 10.9 mi |
| | 4. Merge onto I-88 W / RONALD REAGAN MEMORIAL TOLLWAY (Portions toll). | go 1.3 mi |
| | 5. Keep RIGHT at the fork to continue on I-88 W / RONALD REAGAN MEMORIAL TOLLWAY (Portions toll). | go 1.6 mi |
| | 6. Merge onto IL-83 S / KINGERY HWY . | go 2.1 mi |
| | 7. Turn RIGHT onto OAKMONT LN . | go 0.1 mi |
| | 8. Turn LEFT onto PASQUINELLI DR . | go 0.3 mi |
| | 9. 815 PASQUINELLI DR is on the LEFT . | go 0.0 mi |

Chicago Prostate Cancer Center - (630) 654-2515 815 Pasquinelli Dr, Westmont, IL 60559 Total Travel Estimate : 16.85 miles - about 23 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Children's Memorial Hospital

2300 N Childrens Plz, Chicago, IL 60614 -

(773) 880-4000

14.33 miles - about 24 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi

2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi

3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 9.6 mi

4. Take the **FULLERTON AVE** exit, **EXIT 47A**.

go 0.2 mi

5. Turn **SLIGHT LEFT** onto **W FULLERTON AVE**.

go 1.8 mi

6. **W FULLERTON AVE** becomes **W FULLERTON PKWY**.

go 0.0 mi

7. Turn **RIGHT** onto **N CHILDRENS PLZ**.

go 0.0 mi

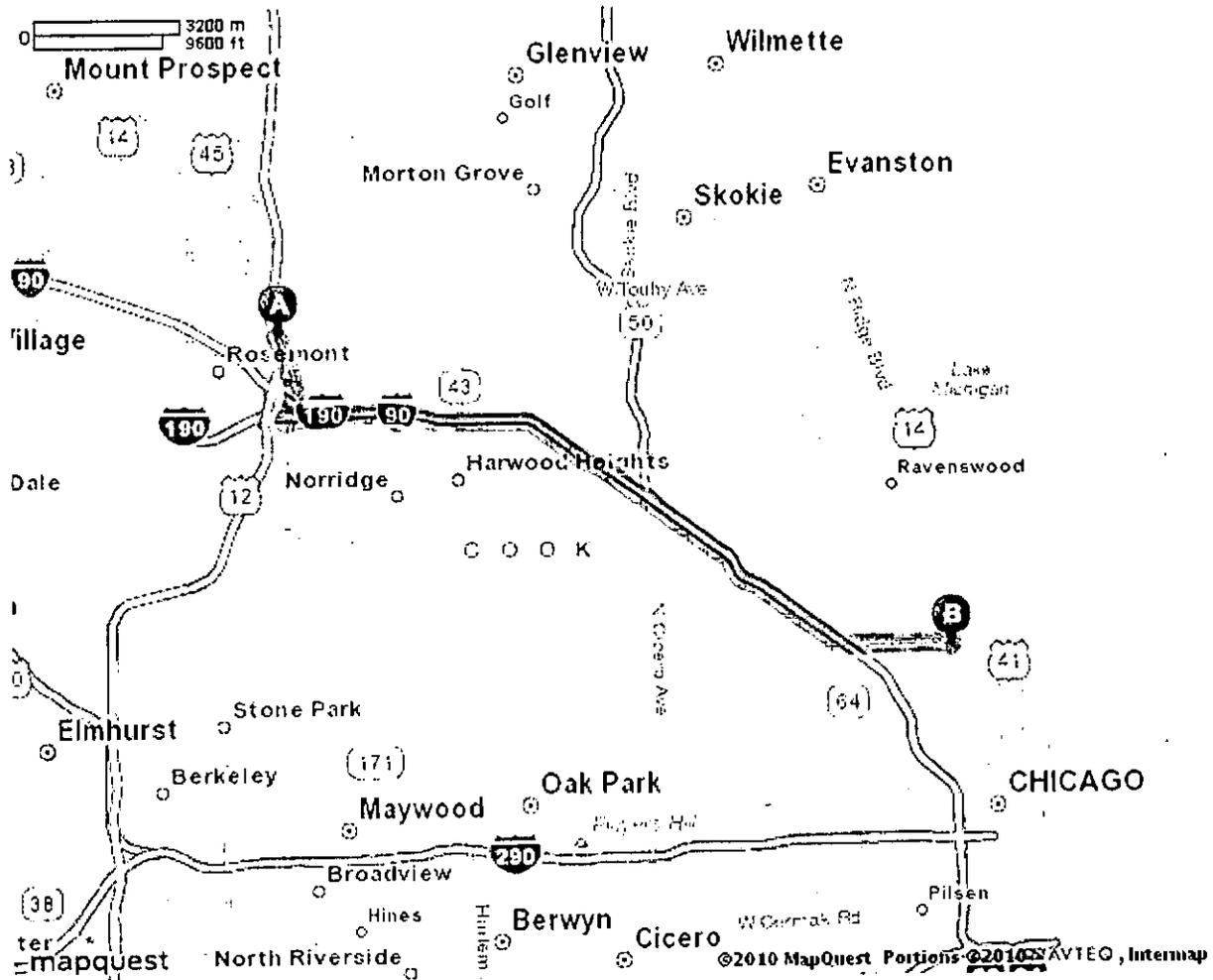
8. **2300 N CHILDRENS PLZ** is on the **RIGHT**.

go 0.0 mi

**Children's Memorial Hospital - (773) 880-4000****2300 N Childrens Plz, Chicago, IL 60614**

Total Travel Estimate : 14.33 miles - about 24 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Childrens Memorial Outpatient Services

Trip to 2301 Enterprise Dr

Westchester, IL 60154-5802

14.01 miles - about 20 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 12.6 mi



4. Take the **CERMAK RD / 22ND STREET** exit.

go 0.1 mi



5. Keep **RIGHT** at the fork to go on **W 22ND ST / CERMAK RD**.

go 0.6 mi



6. Turn **RIGHT** onto **ENTERPRISE DR**.

go 0.2 mi



7. **2301 ENTERPRISE DR**.

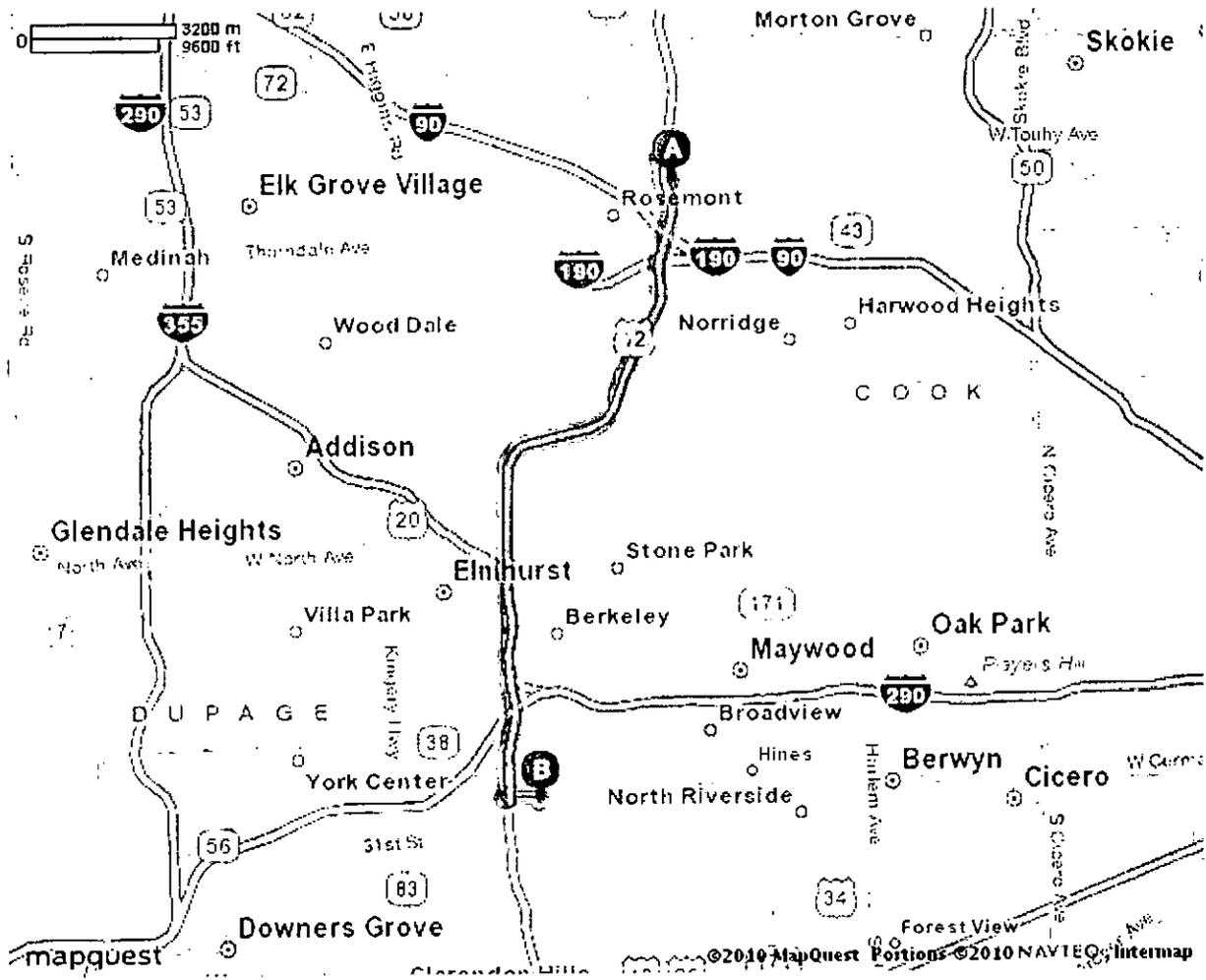
go 0.0 mi



2301 Enterprise Dr, Westchester, IL 60154-5802

Total Travel Estimate : 14.01 miles - about 20 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to Fullerton-Kimball Med Surgical

3412 W Fullerton Ave, Chicago, IL 60647 -
 (773) 235-8000
 12.80 miles - about 20 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. I-190 E becomes **I-90 E / KENNEDY EXPY E**.

go 8.8 mi



4. Take the **CALIFORNIA AVE** exit, **EXIT 46A**.

go 0.1 mi



5. Turn **SLIGHT RIGHT** onto **N CALIFORNIA AVE**.

go 0.5 mi



6. Turn **RIGHT** onto **W FULLERTON AVE**.

go 0.8 mi



7. 3412 W FULLERTON AVE is on the **RIGHT**.

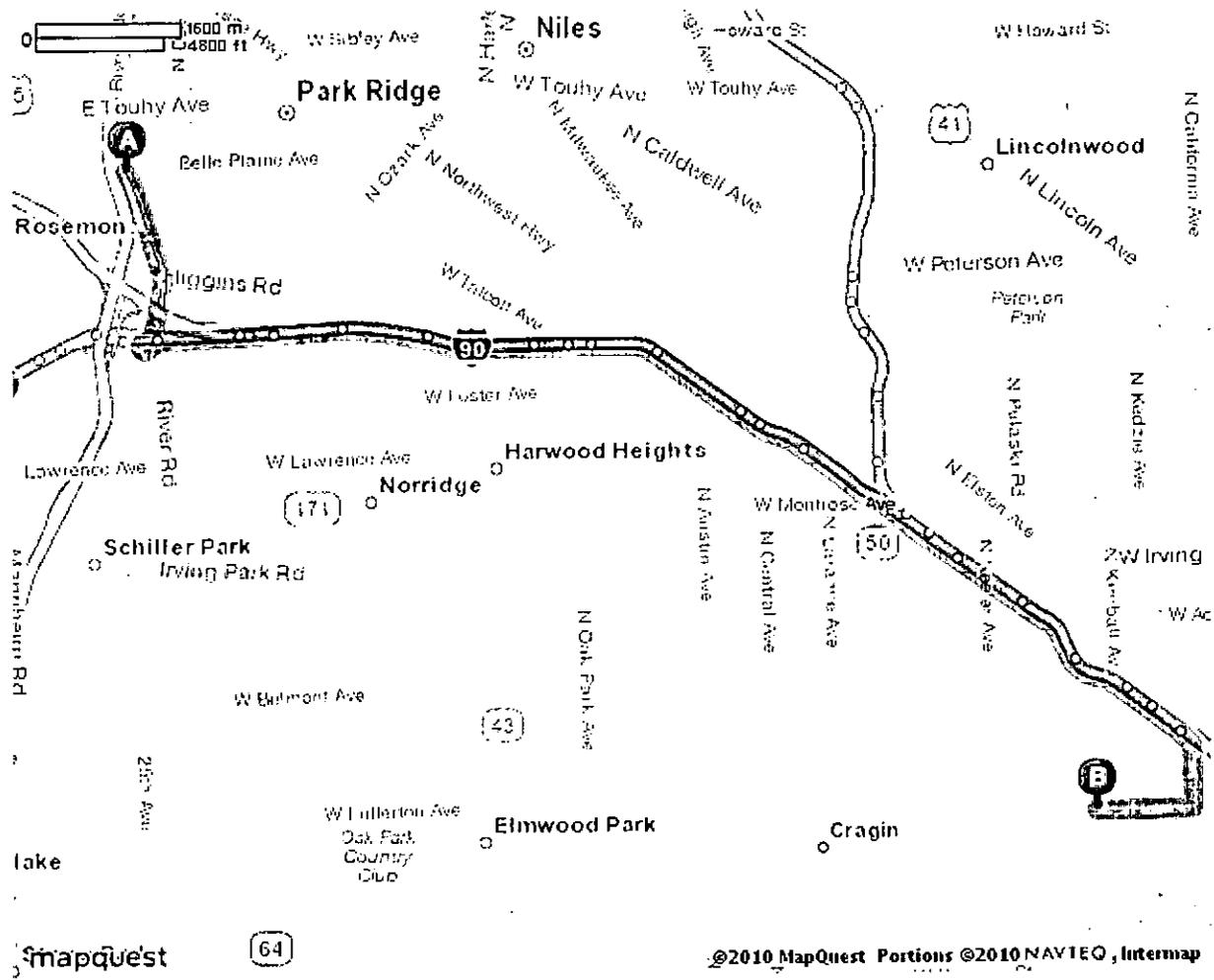
go 0.0 mi



Fullerton-Kimball Med Surgical - (773) 235-8000
3412 W Fullerton Ave, Chicago, IL 60647

Total Travel Estimate : 12.80 miles - about 20 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Dimensions Medical Center

1455 E Golf Rd # 108, Des Plaines,
IL 60016 - (312) 214-2295
3.94 miles - about 9 minutes

A 2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 1.2 mi



2. **S RIVER RD** becomes **S DES PLAINES RIVER RD**.

go 2.5 mi



3. Turn **LEFT** onto **E GOLF RD / IL-58**.

go 0.1 mi



4. Make a **U-TURN** onto **E GOLF RD / IL-58**.

go 0.1 mi

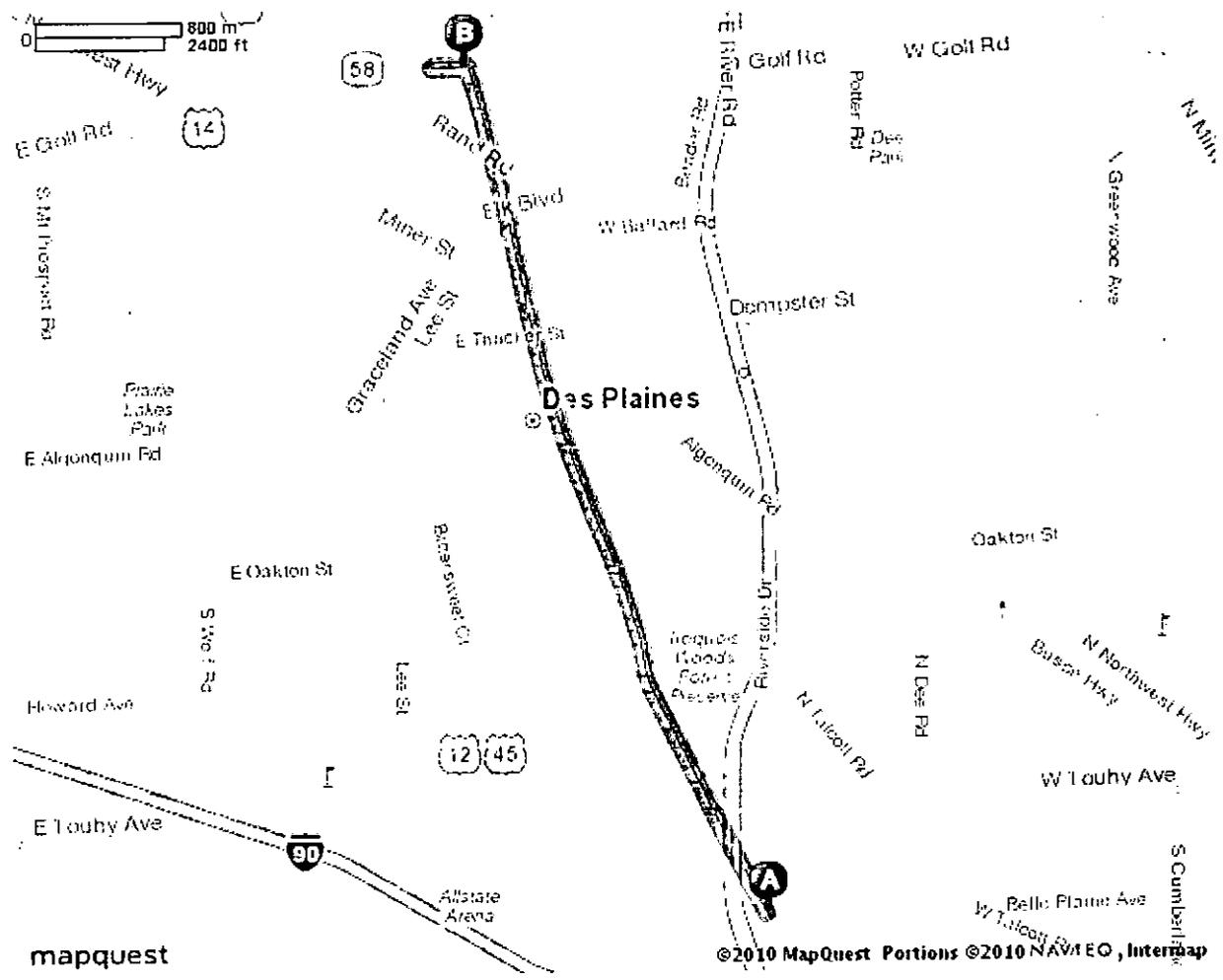


5. **1455 E GOLF RD # 108** is on the **RIGHT**.

go 0.0 mi

B **Dimensions Medical Center - (312) 214-2295**
1455 E Golf Rd # 108, Des Plaines, IL 60016
Total Travel Estimate : 3.94 miles - about 9 minutes

Route Map Hide



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x

MAPQUEST

Notes

DMG Surgical Center

Trip to 2725 Technology Dr

Lombard, IL 60148-5675

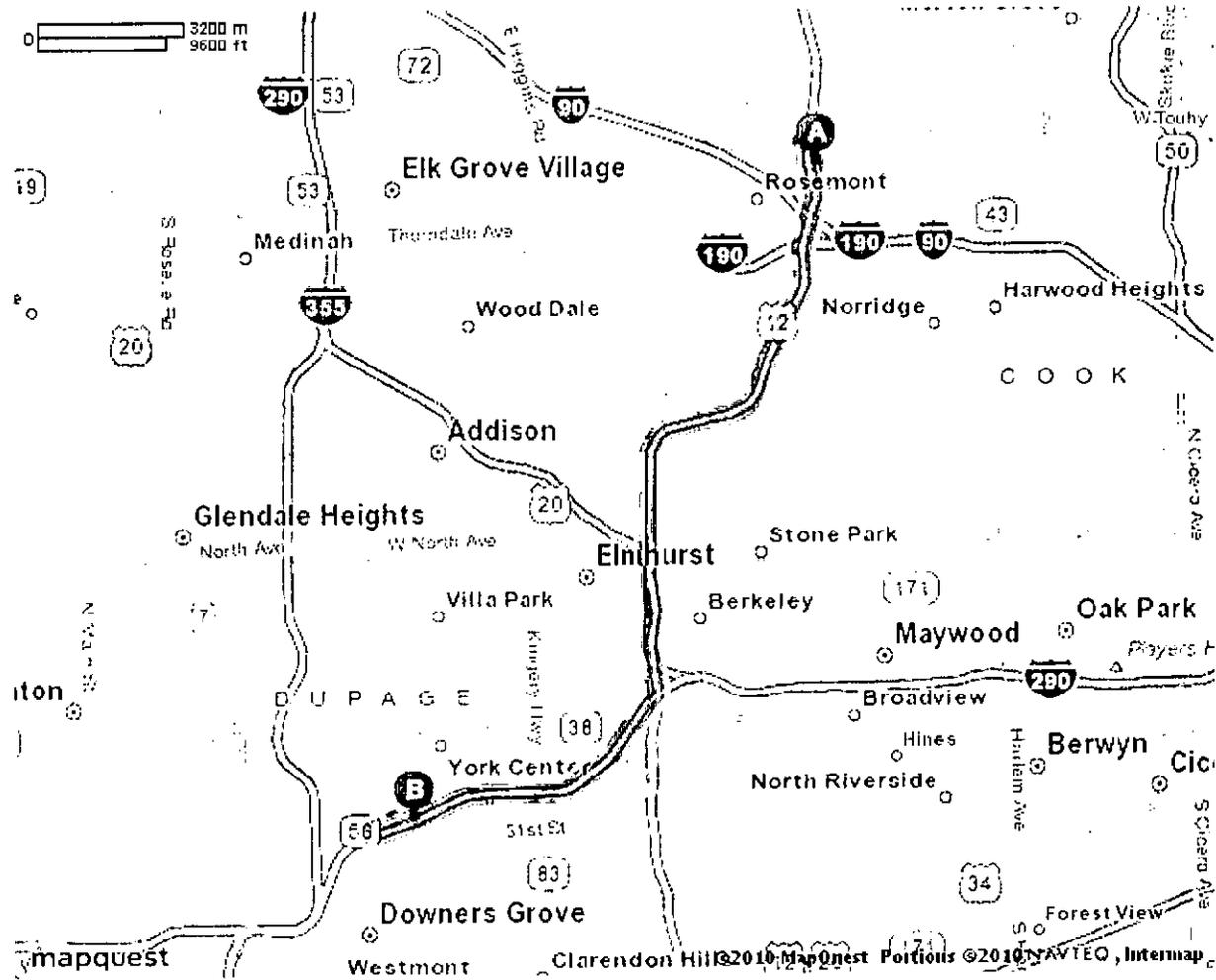
18.21 miles - about 25 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

- | | | |
|---|--|------------|
|  | 1. Start out going NORTHWEST on DES PLAINES RIVER RD / S RIVER RD toward E TOUHY AVE . Continue to follow S RIVER RD . | go 0.5 mi |
|  | 2. Make a U-TURN onto S RIVER RD . | go 0.0 mi |
|   | 3. Merge onto I-294 S toward TRI-STATE SOUTH / INDIANA (Portions toll). | go 10.9 mi |
|   | 4. Merge onto I-88 W / RONALD REAGAN MEMORIAL TOLLWAY (Portions toll). | go 1.3 mi |
|   | 5. Keep RIGHT at the fork to continue on I-88 W / RONALD REAGAN MEMORIAL TOLLWAY (Portions toll). | go 4.3 mi |
|  | 6. Take the HIGHLAND AVE exit. | go 0.2 mi |
| RAMPS | 7. Take the ramp toward LOMBARD / CHIROPRACTIC COLLEGE . | go 0.0 mi |
|  | 8. Turn RIGHT onto HIGHLAND AVE / CR-9 N . | go 0.0 mi |
|   | 9. Merge onto IL-56 E / BUTTERFIELD RD . | go 0.7 mi |
|  | 10. Turn RIGHT onto TECHNOLOGY DR . | go 0.2 mi |
|  | 11. 2725 TECHNOLOGY DR is on the LEFT . | go 0.0 mi |

B 2725 Technology Dr, Lombard, IL 60148-5675
Total Travel Estimate : 18.21 miles - about 25 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Elmhurst Memorial Healthcare

200 N Berteau Ave, Elmhurst, IL 60126 -
 (630) 833-1400
 10.13 miles - about 15 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 8.6 mi



4. Merge onto **I-290 W / EISENHOWER EXPY W** toward **US-20 / ROCKFORD / IL-64**.

go 0.3 mi



5. Merge onto **E NORTH AVE / IL-64 W** via **EXIT 13B**.

go 0.5 mi



6. Turn **SLIGHT LEFT** onto **N BERTEAU AVE**.

go 0.3 mi



7. **200 N BERTEAU AVE** is on the **RIGHT**.

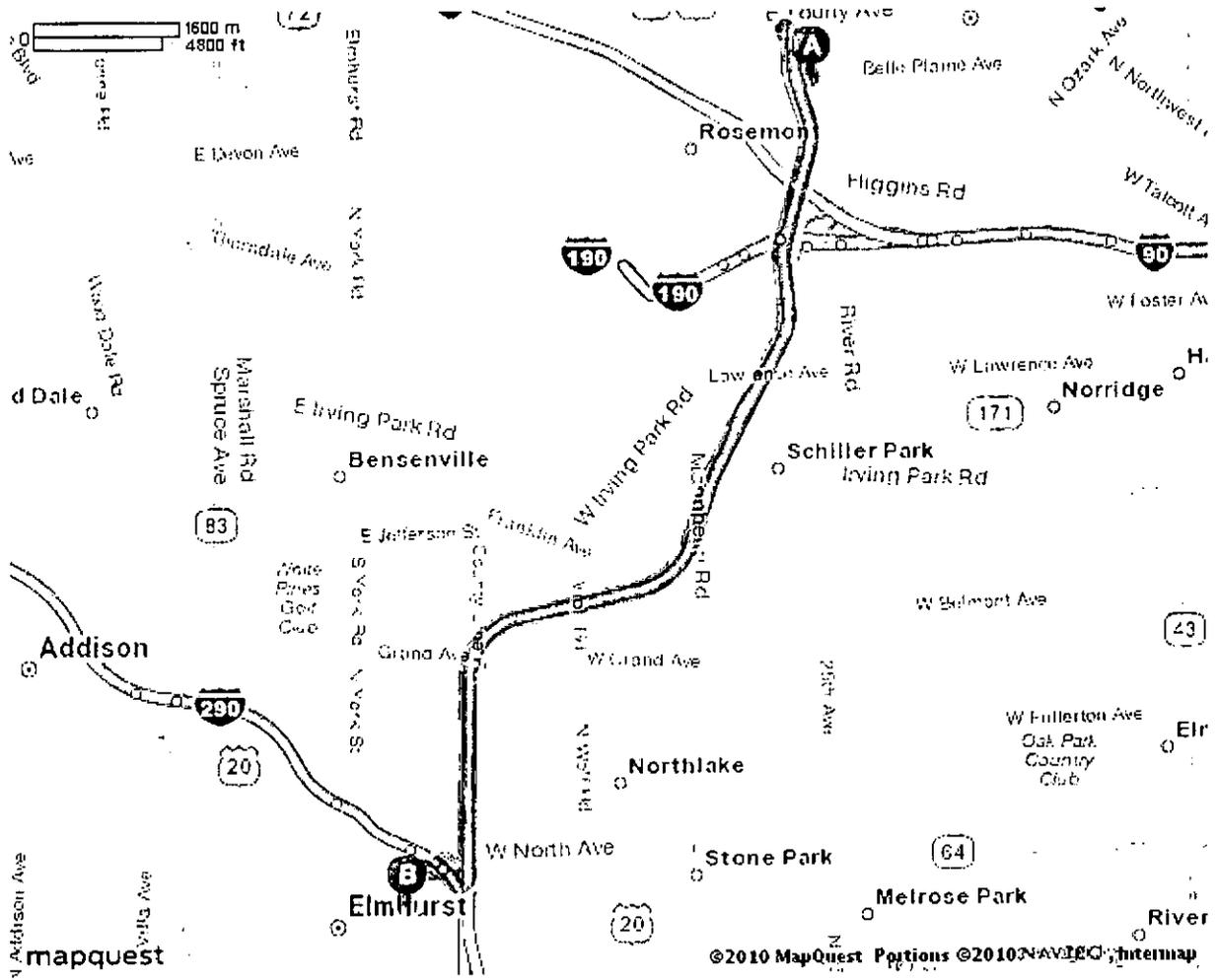
go 0.0 mi



Elmhurst Memorial Healthcare - (630) 833-1400
200 N Berteau Ave, Elmhurst, IL 60126

Total Travel Estimate : 10.13 miles - about 15 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Elmhurst Outpatient Surgery Center

1200 S York Rd # 1400, Elmhurst, IL 60126
 - (630) 758-8800
 14.96 miles - about 21 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 12.6 mi



4. Take the **CERMAK RD / 22ND STREET** exit.

go 0.1 mi



5. Keep **LEFT** at the fork to go on **W 22ND ST**.

go 0.5 mi



6. Turn **RIGHT** onto **YORK RD**.

go 1.2 mi



7. **1200 S YORK RD # 1400**.

go 0.0 mi



Elmhurst Outpatient Surgery Center - (630) 758-8800
 1200 S York Rd # 1400, Elmhurst, IL 60126

Total Travel Estimate : 14.96 miles - about 21 minutes

Route Map Hide



MAPQUEST

Notes

Trip to Elmwood Park Same Day Surgery

1614 N Harlem Ave, Elmwood Park,
IL 60707 - (708) 452-5000
8.58 miles - about 20 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 3.6 mi



2. **S RIVER RD** becomes **DES PLAINES RIVER RD**.

go 2.9 mi



3. Turn **SLIGHT RIGHT** onto **N 1ST AVE / IL-171**.

go 0.5 mi



4. Turn **LEFT** onto **W NORTH AVE / IL-64**.

go 1.5 mi



5. Turn **LEFT** onto **N HARLEM AVE / IL-43**.

go 0.0 mi



6. **1614 N HARLEM AVE** is on the **LEFT**.

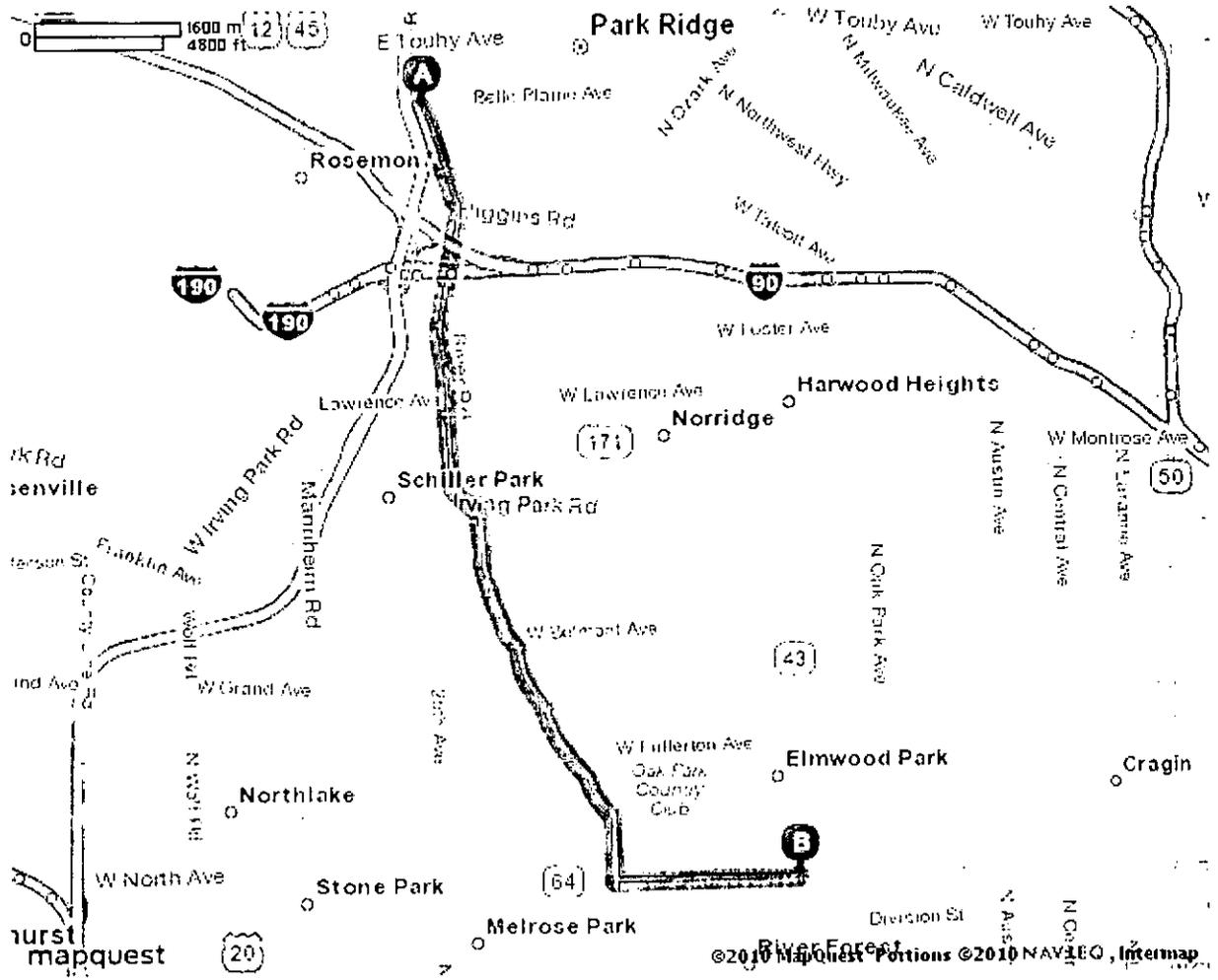
go 0.0 mi



Elmwood Park Same Day Surgery - (708) 452-5000
1614 N Harlem Ave, Elmwood Park, IL 60707

Total Travel Estimate : 8.58 miles - about 20 minutes

Route Map Hide



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MAPQUEST

Notes

Eye Surgery Center of Hinsdale

Trip to 950 N York Rd

Hinsdale, IL 60521-2950

15.73 miles - about 21 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 14.4 mi



4. Take the **US-34 W / OGDEN AVE** exit.

go 0.4 mi



5. Turn **SLIGHT RIGHT** onto **E OGDEN AVE / US-34**.

go 0.4 mi



6. Turn **RIGHT** onto **N YORK RD**.

go 0.0 mi



7. **950 N YORK RD** is on the **LEFT**.

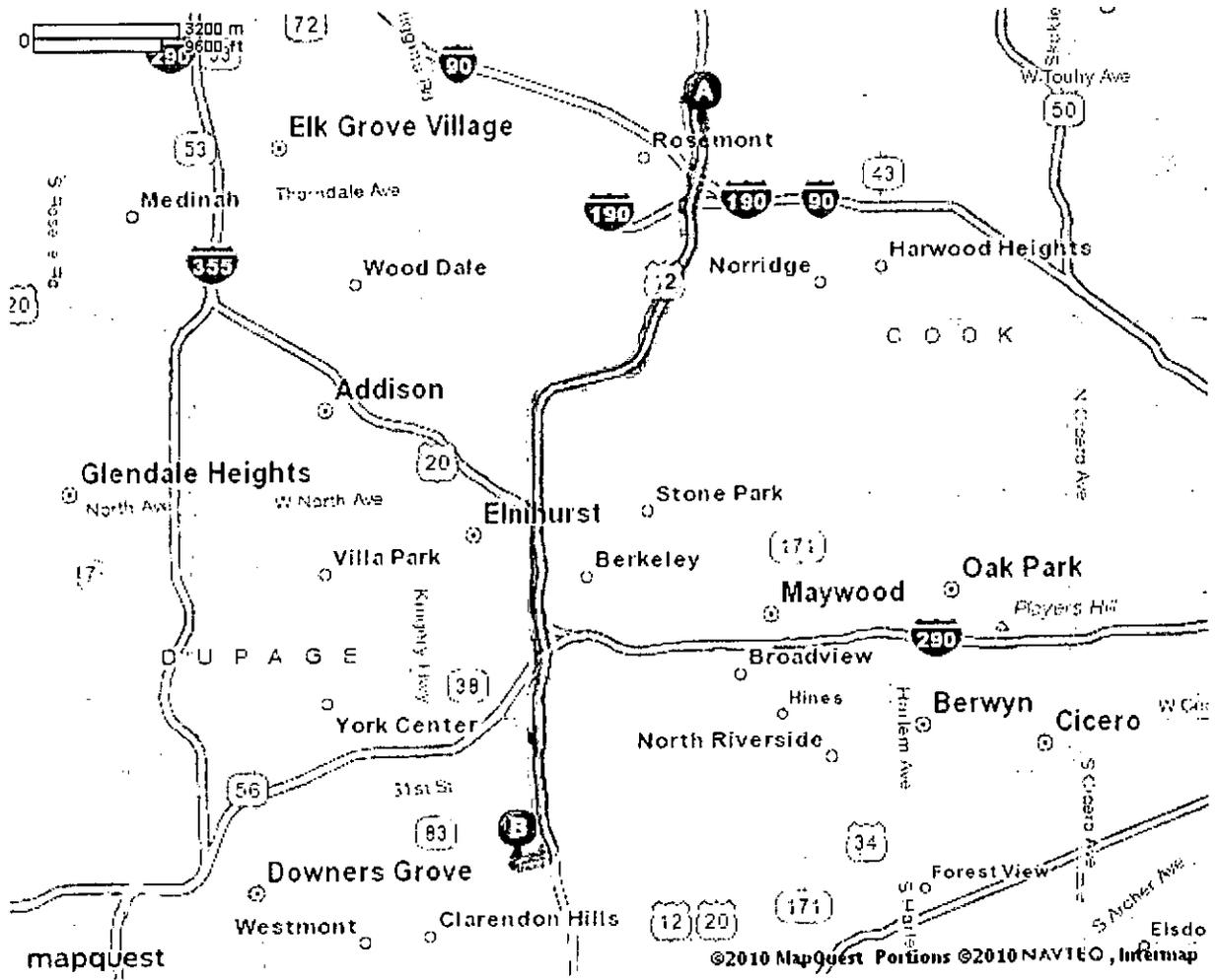
go 0.0 mi



950 N York Rd, Hinsdale, IL 60521-2950

Total Travel Estimate : 15.73 miles - about 21 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Foot & Ankle Surgical Center

1455 E Golf Rd # 110, Des Plaines,
 IL 60016 - (847) 390-7666
 3.94 miles - about 9 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 1.2 mi



2. **S RIVER RD** becomes **S DES PLAINES RIVER RD**.

go 2.5 mi



3. Turn **LEFT** onto **E GOLF RD / IL-58**.

go 0.1 mi



4. Make a **U-TURN** onto **E GOLF RD / IL-58**.

go 0.1 mi



5. 1455 E GOLF RD # 110 is on the **RIGHT**.

go 0.0 mi



Foot & Ankle Surgical Center - (847) 390-7666
 1455 E Golf Rd # 110, Des Plaines, IL 60016

Total Travel Estimate : 3.94 miles - about 9 minutes

Route Map Hide



MAPQUEST

Notes

Trip to Fullerton Surgery Center

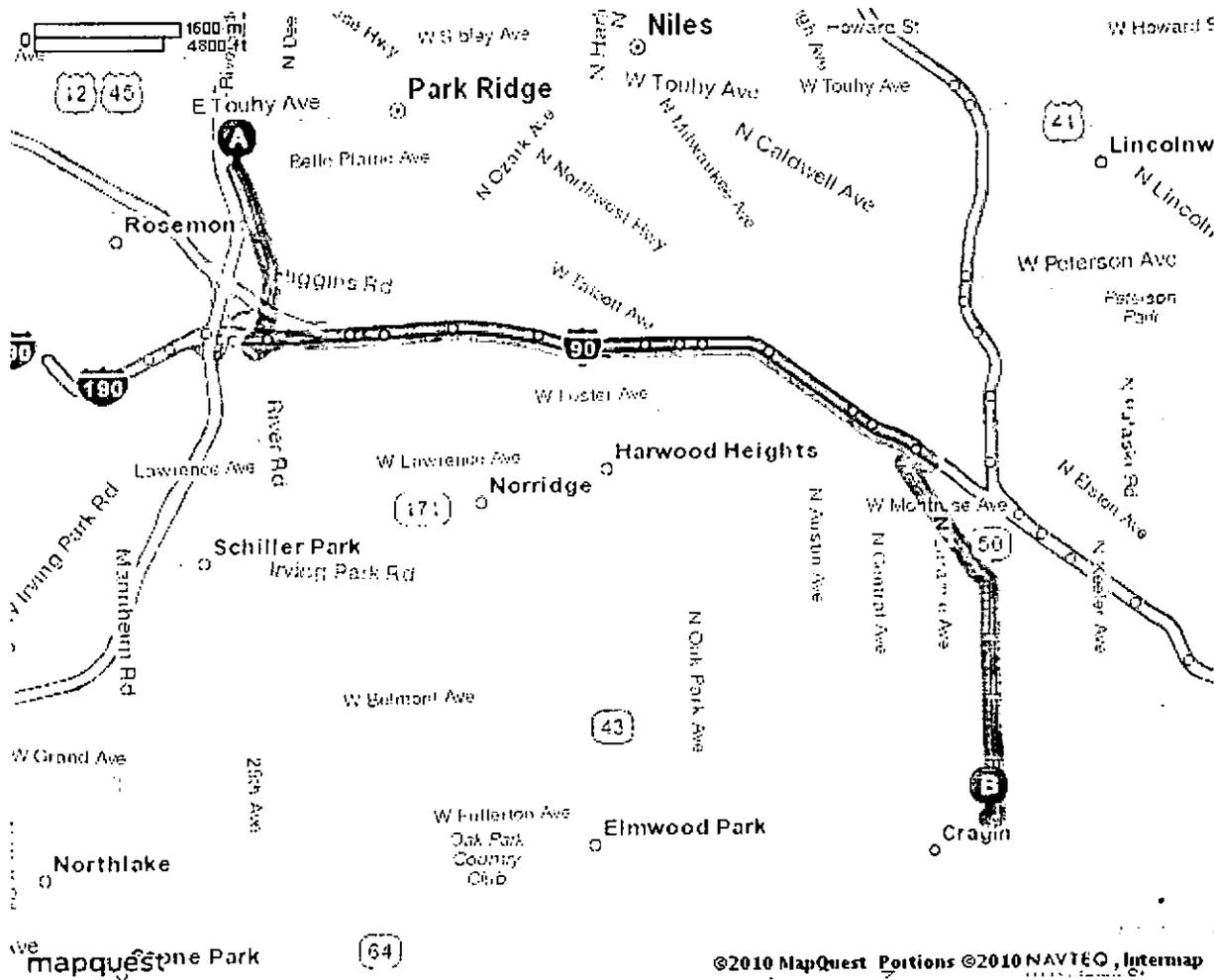
4849 W Fullerton Ave, Chicago, IL 60639 -
 (773) 237-2900
 11.04 miles - about 22 minutes

2750 S River Rd, Des Plaines, IL 60018-4103

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTH on DES PLAINES RIVER RD / S RIVER RD toward E DEVON AVE . Continue to follow S RIVER RD . | go 1.5 mi |
| | 2. Merge onto I-190 E toward CHICAGO . | go 1.0 mi |
| | 3. I-190 E becomes I-90 E / KENNEDY EXPY E . | go 4.8 mi |
| | 4. Take the LAWRENCE AVE exit, EXIT 84 . | go 0.2 mi |
| | 5. Turn SHARP RIGHT onto W LAWRENCE AVE . | go 0.2 mi |
| | 6. Turn LEFT onto N MILWAUKEE AVE . | go 1.2 mi |
| | 7. Turn SLIGHT RIGHT onto N CICERO AVE / IL-50 . | go 2.0 mi |
| | 8. Turn RIGHT onto W FULLERTON AVE . | go 0.0 mi |
| | 9. 4849 W FULLERTON AVE is on the LEFT . | go 0.0 mi |

Fullerton Surgery Center - (773) 237-2900
 4849 W Fullerton Ave, Chicago, IL 60639
 Total Travel Estimate : 11.04 miles - about 22 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Glenbrook Hospital

2100 Pfingsten Rd, Glenview, IL 60026 -

(847) 657-5800

8.53 miles - about 17 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 1.2 mi

2. **S RIVER RD** becomes **S DES PLAINES RIVER RD**.

go 3.8 mi

3. **S DES PLAINES RIVER RD** becomes **N RIVER RD / US-45**.

go 1.0 mi

4. Turn **RIGHT** onto **EUCLID AVE / W LAKE AVE**.

go 2.2 mi

5. Turn **LEFT** onto **PFINGSTEN RD**.

go 0.3 mi

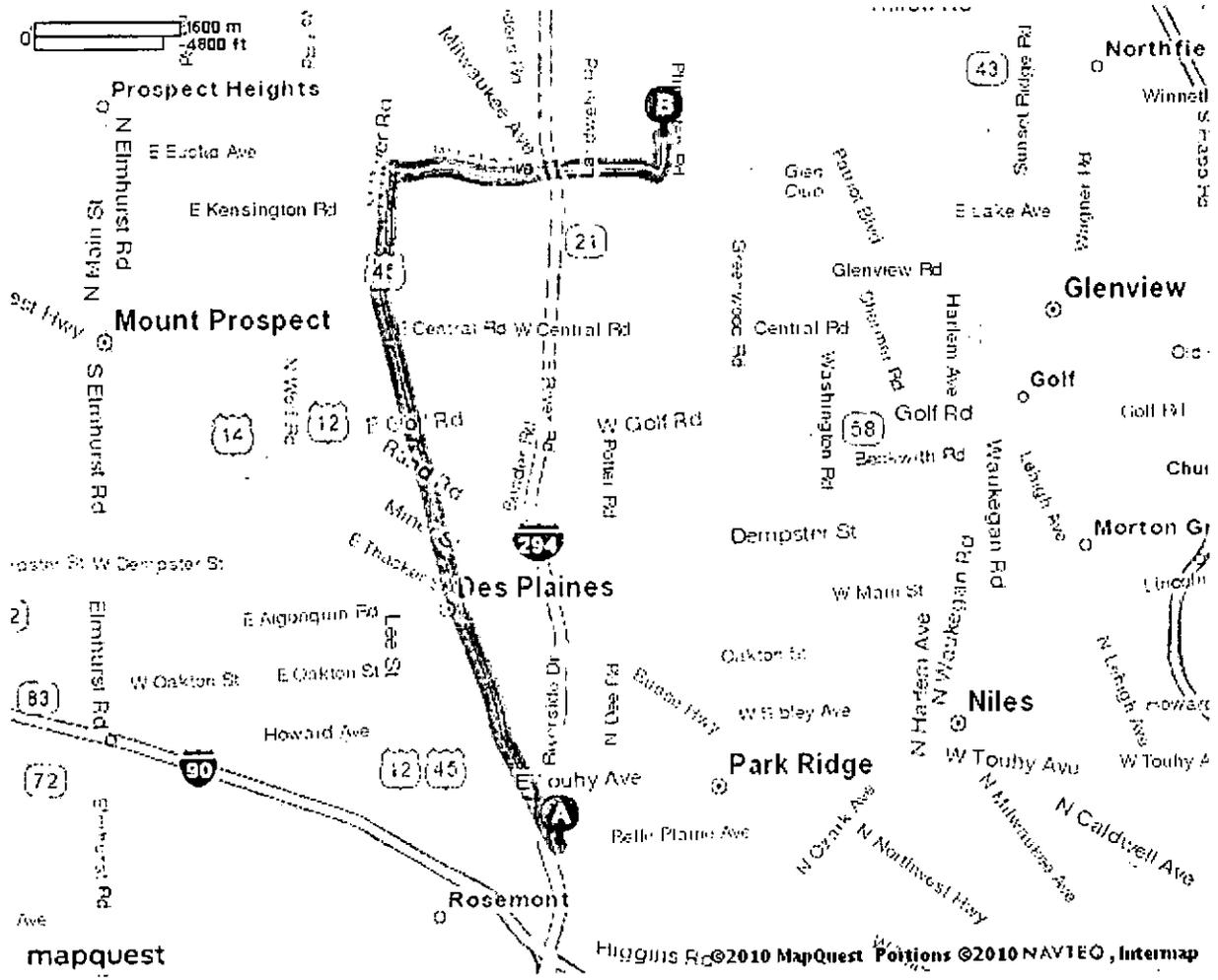
6. **2100 PFINGSTEN RD** is on the **LEFT**.

go 0.0 mi

**Glenbrook Hospital - (847) 657-5800****2100 Pfingsten Rd, Glenview, IL 60026**

Total Travel Estimate : 8.53 miles - about 17 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Golf Surgical Center

8901 Golf Rd # 100, Des Plaines, IL 60016 -

(847) 299-2273

4.95 miles - about 12 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi

2. Turn **RIGHT** onto **E TOUHY AVE**.

go 0.7 mi

3. Turn **LEFT** onto **N DEE RD**.

go 1.0 mi

4. Turn **LEFT** onto **BUSSE HWY**.

go 0.3 mi

5. Turn **RIGHT** onto **POTTER RD**.

go 1.9 mi

6. Turn **RIGHT** onto **IL-58 / GOLF RD**.

go 0.6 mi

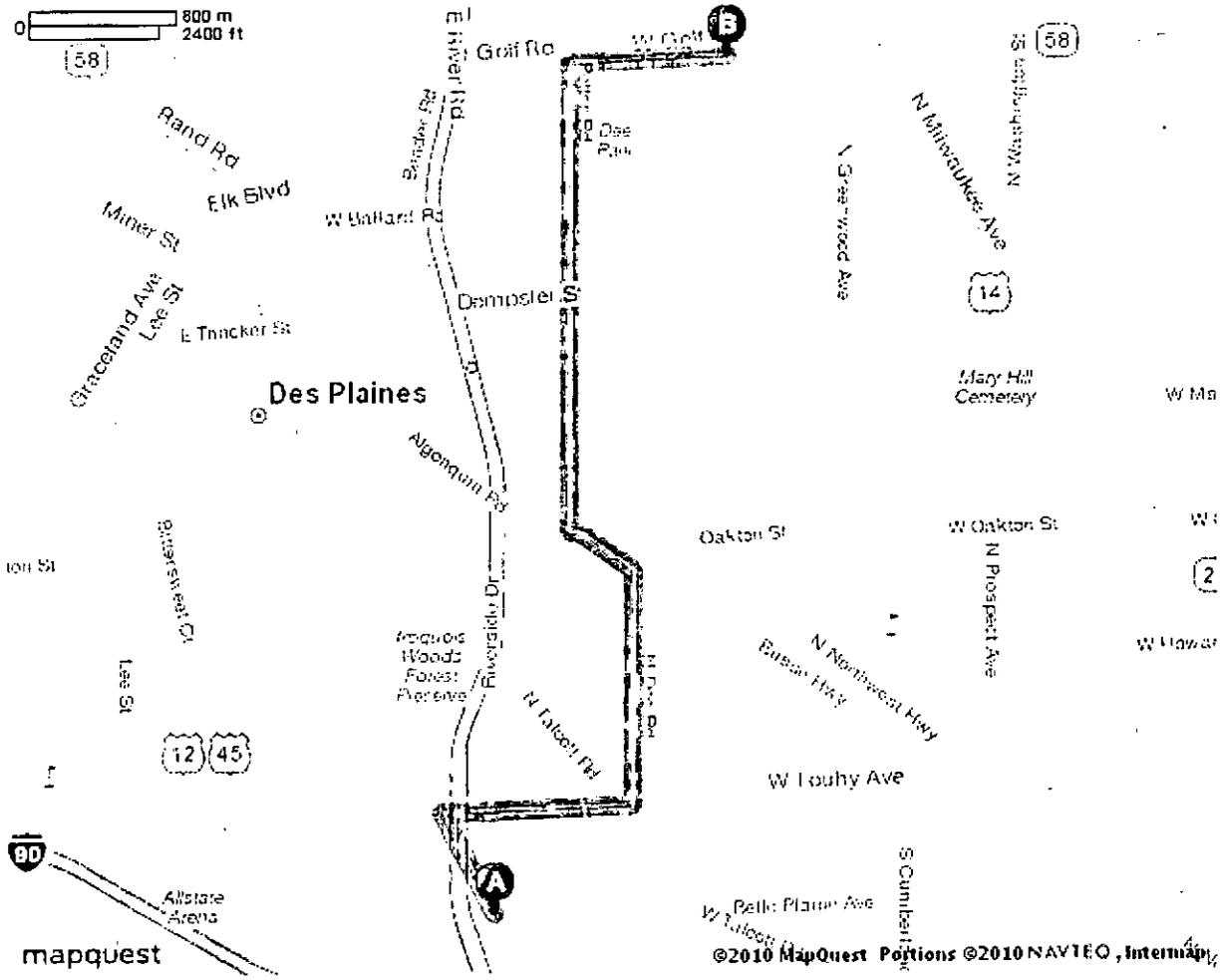
7. **8901 GOLF RD # 100**.

go 0.0 mi

**Golf Surgical Center - (847) 299-2273****8901 Golf Rd # 100, Des Plaines, IL 60016**

Total Travel Estimate : 4.95 miles - about 12 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Gottlieb Memorial Hospital

701 W North Ave, Melrose Park, IL 60160 -
 (708) 681-3200
 7.45 miles - about 16 minutes

2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 3.6 mi



2. **S RIVER RD** becomes **DES PLAINES RIVER RD**.

go 2.9 mi



3. Turn **SLIGHT RIGHT** onto **N 1ST AVE / IL-171**.

go 0.5 mi



4. Turn **RIGHT** onto **W NORTH AVE / IL-64 W**.

go 0.4 mi

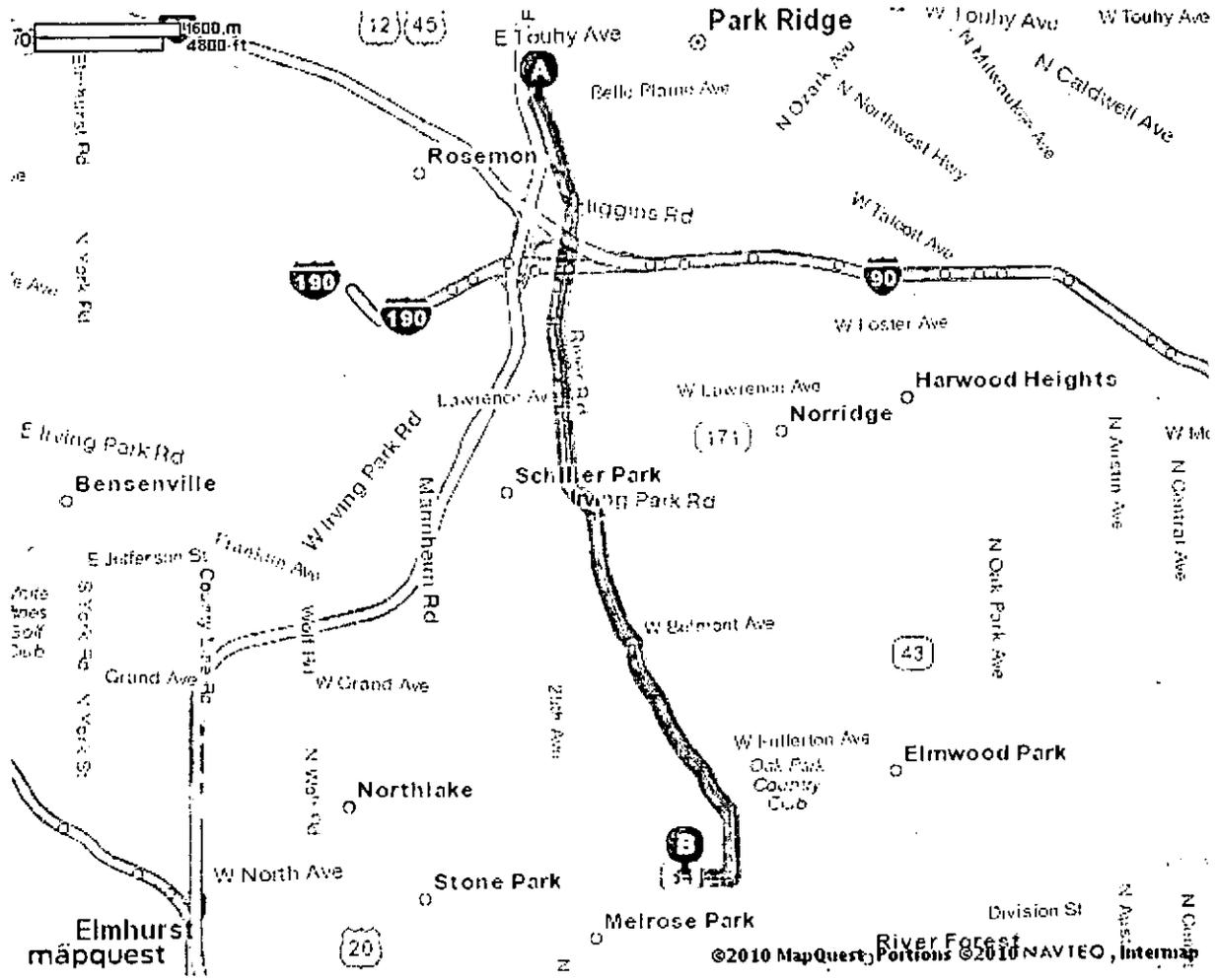


5. **701 W NORTH AVE** is on the **RIGHT**.

go 0.0 mi

Gottlieb Memorial Hospital - (708) 681-3200 **701 W North Ave, Melrose Park, IL 60160** Total Travel Estimate : 7.45 miles - about 16 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Grand Avenue Surgical Center Ltd

17 W Grand Ave, Chicago, IL 60654 - (312)

222-5610

16.68 miles - about 24 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi

2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi

3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 12.4 mi

4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 1.1 mi

5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.5 mi

6. Turn **RIGHT** onto **N STATE ST**.

go 0.0 mi

7. Turn **RIGHT** onto **W GRAND AVE**.

go 0.0 mi

8. **17 W GRAND AVE** is on the **LEFT**.

go 0.0 mi

**Grand Avenue Surgical Center Ltd - (312) 222-5610**

17 W Grand Ave, Chicago, IL 60654

Total Travel Estimate : 16.68 miles - about 24 minutes

Route Map Hide



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MAPQUEST

Notes

Hinsdale Surgical Center

Trip to 908 N Elm St

Hinsdale, IL 60521-3635

15.55 miles - about 21 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 14.4 mi



4. Take the **US-34 W / OGDEN AVE** exit.

go 0.4 mi



5. Turn **SLIGHT RIGHT** onto **E OGDEN AVE / US-34**.

go 0.3 mi



6. Turn **RIGHT** onto **N ELM ST**.

go 0.0 mi



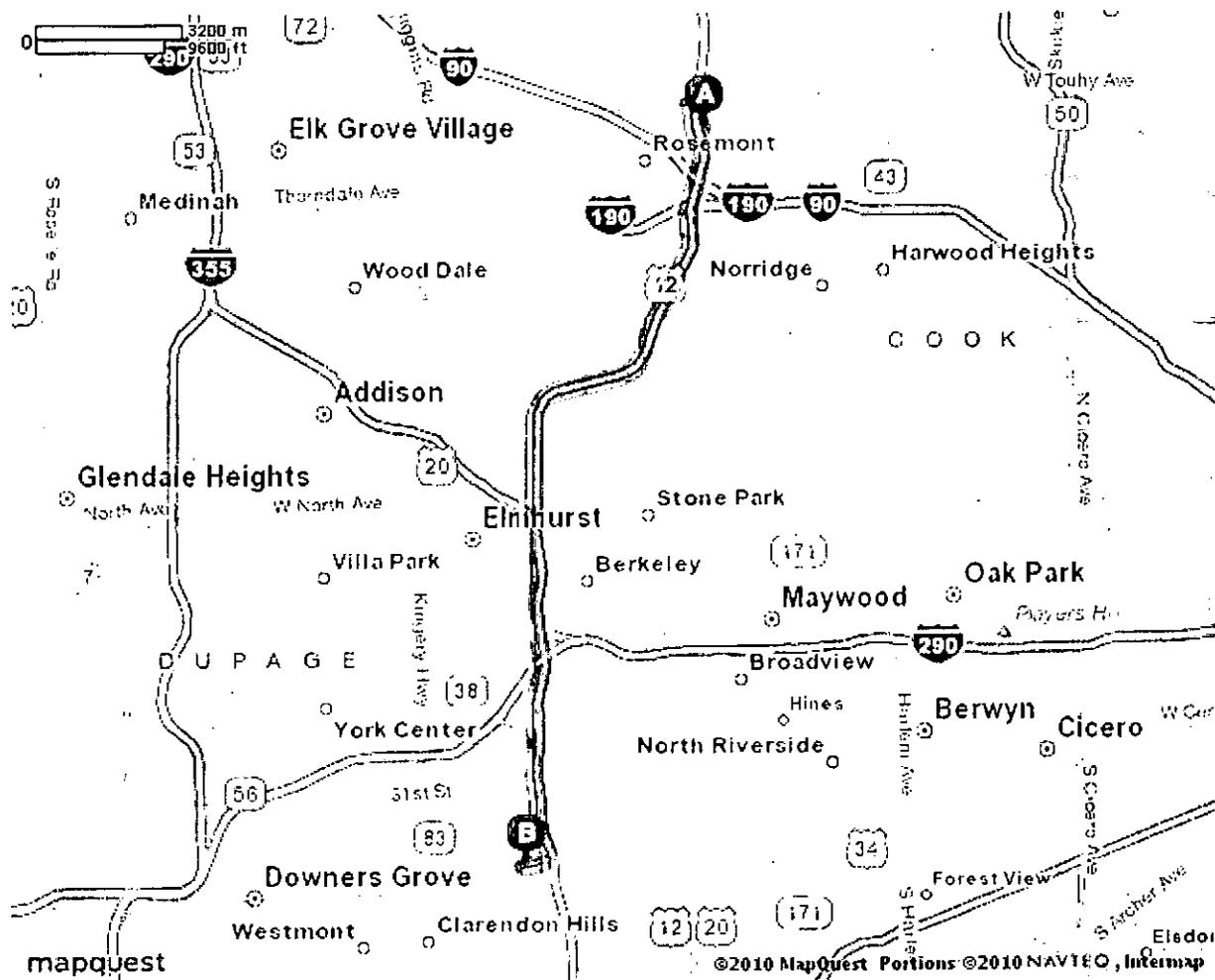
7. **908 N ELM ST** is on the **LEFT**.

go 0.0 mi

**908 N Elm St, Hinsdale, IL 60521-3635**

Total Travel Estimate : 15.55 miles - about 21 minutes

Route Map Hide



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MAPQUEST

Notes

Hispanic-American Endoscopy Center

Trip to 3536 W Fullerton Ave

Chicago, IL 60647-2443

12.97 miles - about 21 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 8.8 mi



4. Take the **CALIFORNIA AVE** exit, **EXIT 46A**.

go 0.1 mi



5. Turn **SLIGHT RIGHT** onto **N CALIFORNIA AVE**.

go 0.5 mi



6. Turn **RIGHT** onto **W FULLERTON AVE**.

go 1.0 mi



7. **3536 W FULLERTON AVE** is on the **RIGHT**.

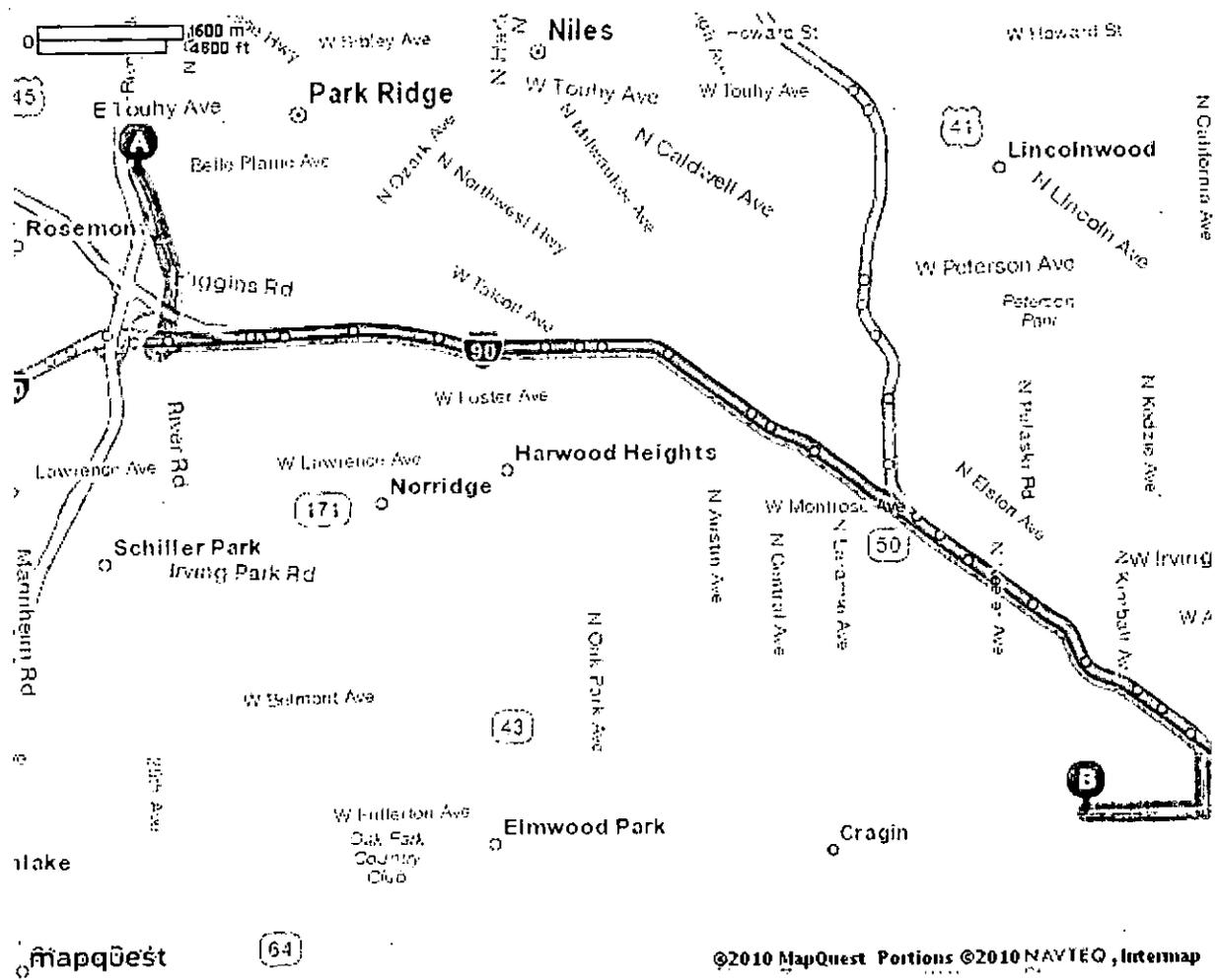
go 0.0 mi



3536 W Fullerton Ave, Chicago, IL 60647-2443

Total Travel Estimate : 12.97 miles - about 21 minutes

Route Map Hide



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MAPQUEST

Notes

Holy Family Hospital

Trip to 100 N River Rd

Des Plaines, IL 60016-1209
3.78 miles - about 9 minutes

2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 1.2 mi



2. **S RIVER RD** becomes **S DES PLAINES RIVER RD**.

go 2.6 mi



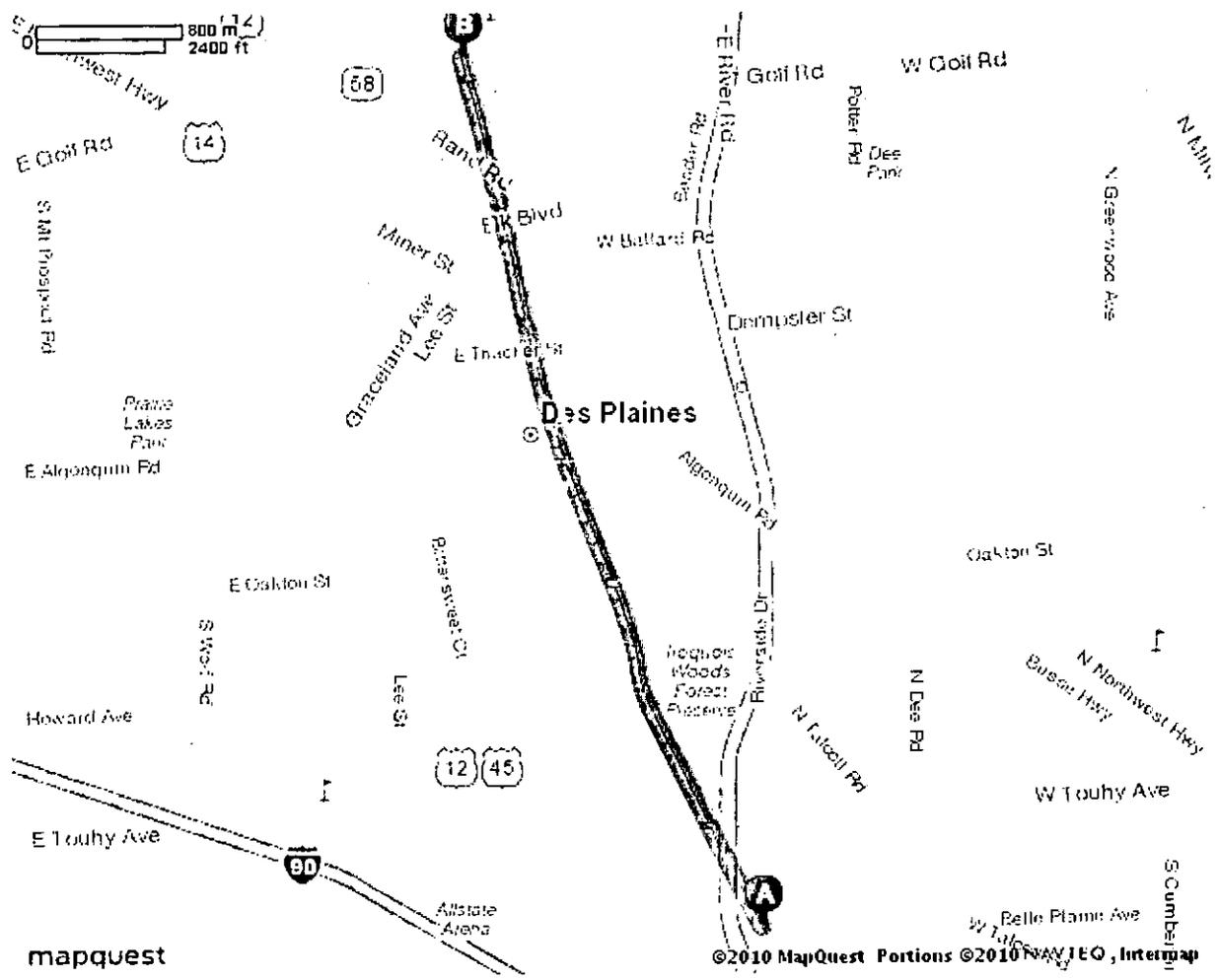
3. **100 N RIVER RD**.

go 0.0 mi

100 N River Rd, Des Plaines, IL 60016-1209

Total Travel Estimate : 3.78 miles - about 9 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Illinois Sports Medicine

9000 Waukegan Rd # 120, Morton Grove,
IL 60053 - (847) 213-5444
6.23 miles - about 15 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Turn **RIGHT** onto **E TOUHY AVE**.

go 0.7 mi



3. Turn **LEFT** onto **N DEE RD**.

go 1.0 mi



4. Turn **RIGHT** onto **OAKTON ST**.

go 2.7 mi



5. Turn **LEFT** onto **N WAUKEGAN RD / IL-43**. Continue to follow **IL-43**.

go 1.3 mi



6. **9000 WAUKEGAN RD # 120** is on the **LEFT**.

go 0.0 mi



Illinois Sports Medicine - (847) 213-5444
9000 Waukegan Rd # 120, Morton Grove, IL 60053
Total Travel Estimate : 6.23 miles - about 15 minutes

Route Map Hide



MAPQUEST

Notes

John H. Stroger Hospital of Cook County

Trip to 1901 W Harrison St

Chicago, IL 60612-3714

18.33 miles - about 26 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi

2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi

3. I-190 E becomes **I-90 E / KENNEDY EXPY E**.

go 13.7 mi

4. Merge onto **I-290 W / EISENHOWER EXPY W** via **EXIT 51H** toward **WEST SUBURBS**.

go 1.5 mi

5. Take **EXIT 28A** toward **DAMEN AVE**.

go 0.1 mi

6. Stay **STRAIGHT** to go onto **W VAN BUREN ST**.

go 0.0 mi

7. Turn **LEFT** onto **S DAMEN AVE**.

go 0.2 mi

8. Turn **LEFT** onto **W HARRISON ST**.

go 0.1 mi

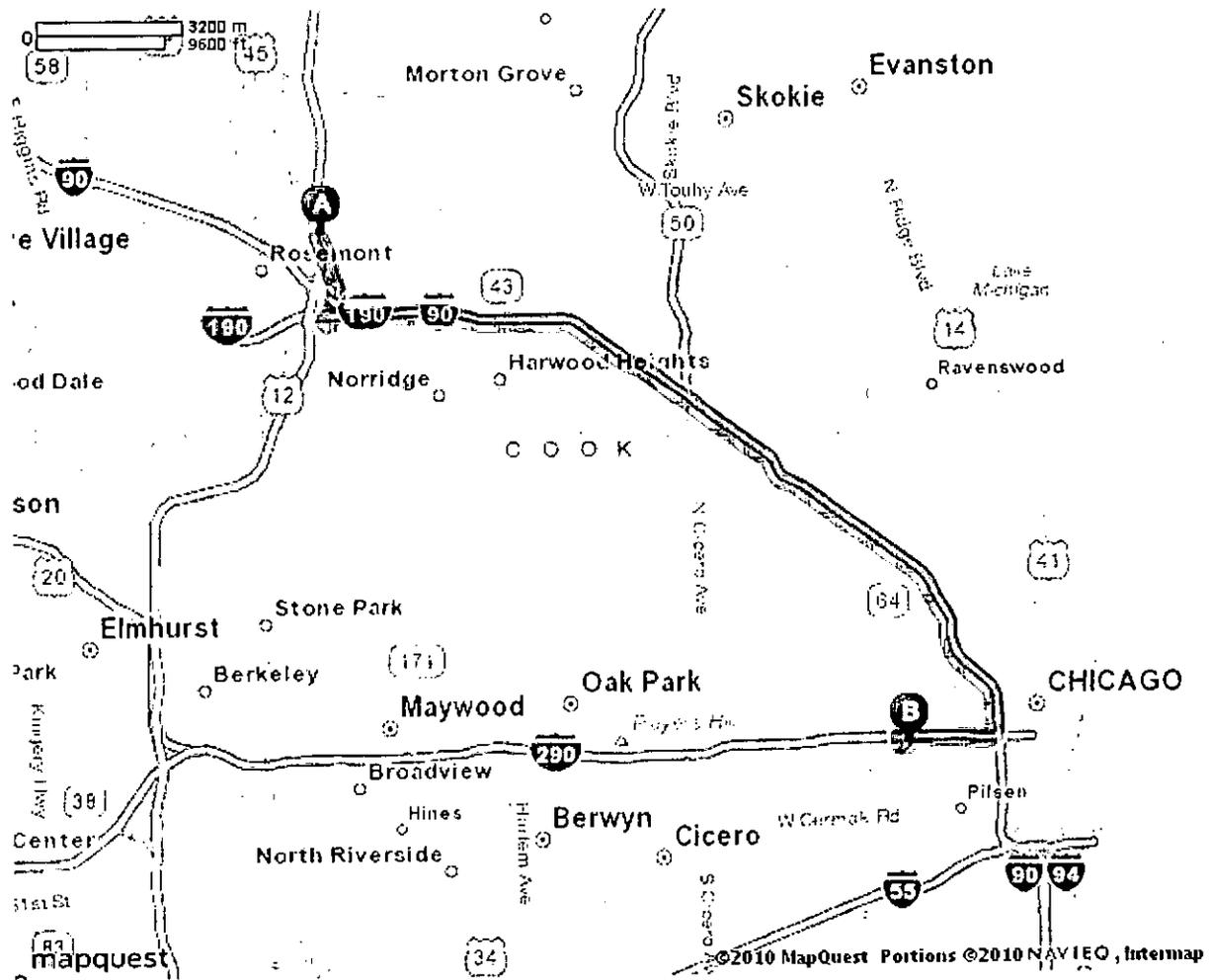
9. **1901 W HARRISON ST** is on the **RIGHT**.

go 0.0 mi

**1901 W Harrison St, Chicago, IL 60612-3714**

Total Travel Estimate : 18.33 miles - about 26 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Lakeshore Physicians & Surgery

7200 N Western Ave, Chicago, IL 60645 -
(773) 743-6700

9.72 miles - about 27 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Turn **RIGHT** onto **E TOUHY AVE**.

go 9.2 mi



3. Turn **LEFT** onto **N WESTERN AVE**.

go 0.0 mi



4. 7200 **N WESTERN AVE** is on the **LEFT**.

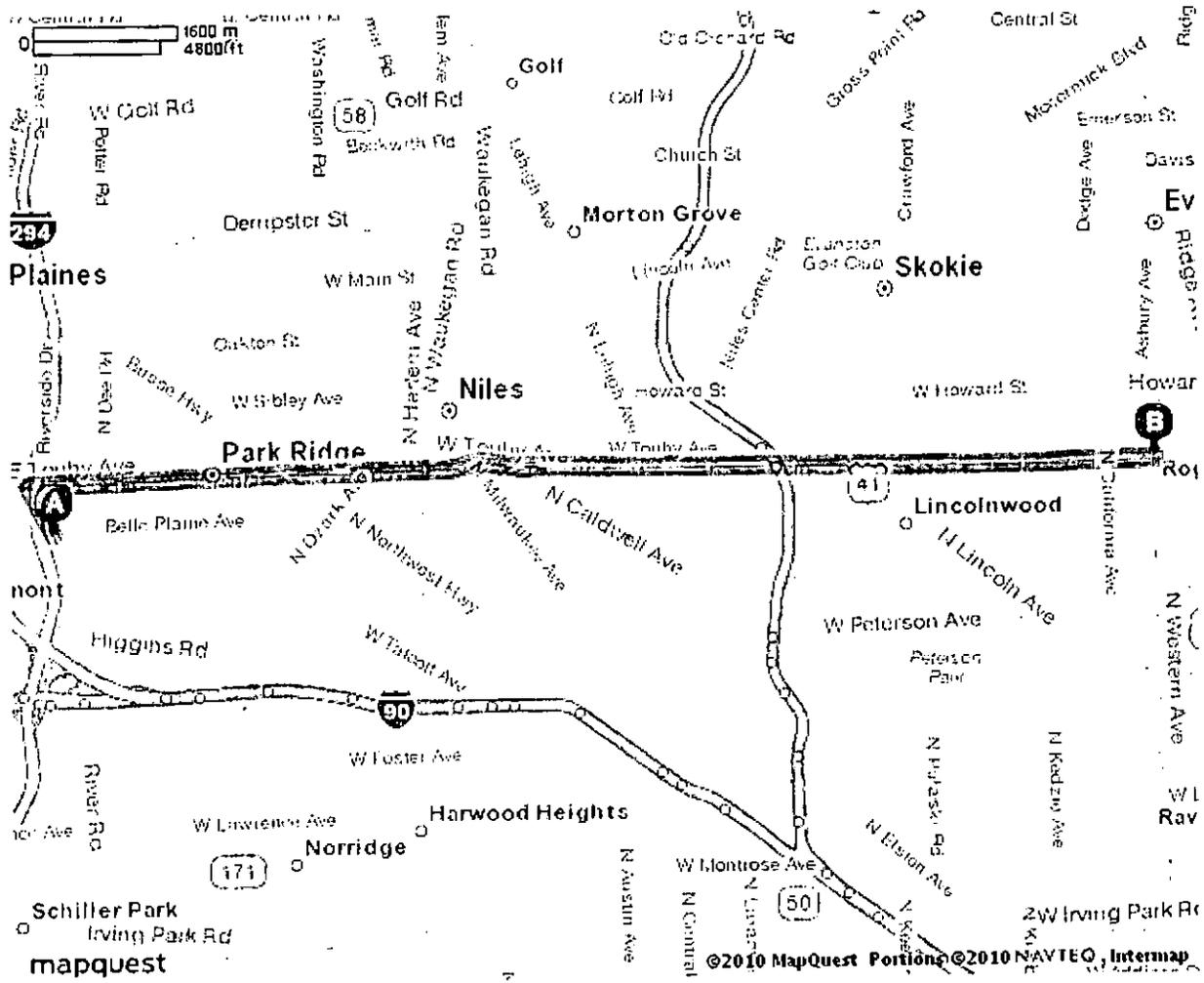
go 0.0 mi



Lakeshore Physicians & Surgery - (773) 743-6700
7200 N Western Ave, Chicago, IL 60645

Total Travel Estimate : 9.72 miles - about 27 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Loretto Hospital

645 S Central Ave, Chicago, IL 60644 -

(773) 626-4300

19.37 miles - about 26 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 10.2 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** toward **CHICAGO**.

go 8.3 mi



5. Take the **CENTRAL AVE** exit, **EXIT 23B**.

go 0.2 mi



6. Turn **LEFT** onto **S CENTRAL AVE**.

go 0.1 mi



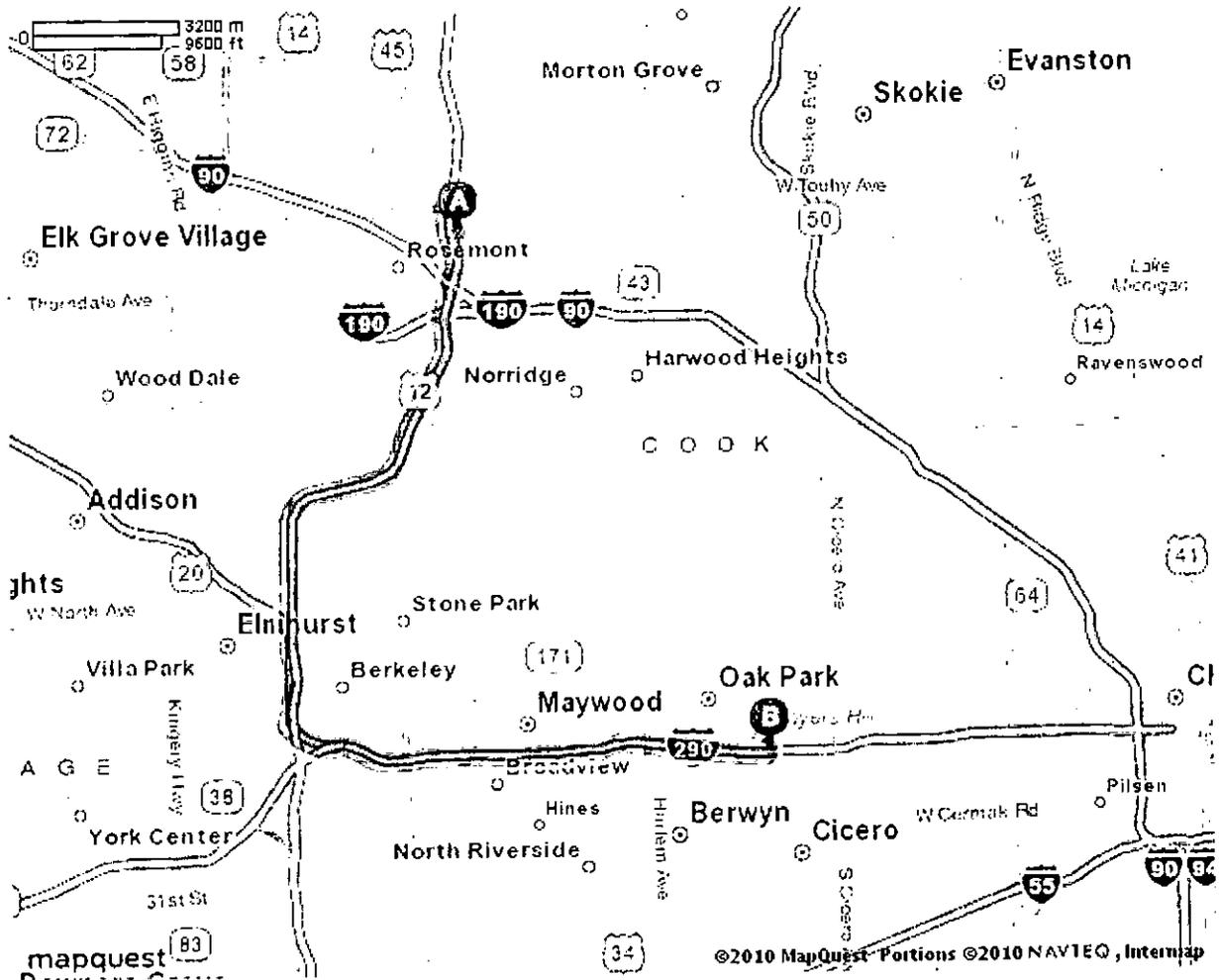
7. **645 S CENTRAL AVE** is on the **RIGHT**.

go 0.0 mi

**Loretto Hospital - (773) 626-4300****645 S Central Ave, Chicago, IL 60644**

Total Travel Estimate : 19.37 miles - about 26 minutes

Route Map Hide



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Notes

MAPQUEST.**Trip to Loyola Ambulatory Surgery Center**

1S224 Summit Ave # 201, Oakbrook
Terrace, IL 60181 - (630) 916-7088
15.94 miles - about 23 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**. go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**. go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll). go 10.9 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll). go 1.3 mi



5. Keep **RIGHT** at the fork to continue on **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll). go 1.0 mi



6. Take the exit toward **IL-83 N / CERMAK RD-22ND ST**. go 0.2 mi



7. Merge onto **SPRING RD**. go 0.0 mi



8. Turn **LEFT** onto **W 22ND ST**. go 1.3 mi



9. Turn **RIGHT** onto **SUMMIT AVE / MIDWEST RD / CR-15**. Continue to follow **SUMMIT AVE / CR-15**. go 0.7 mi



10. **1S224 SUMMIT AVE # 201** is on the **LEFT**. go 0.0 mi



Loyola Ambulatory Surgery Center - (630) 916-7088
1S224 Summit Ave # 201, Oakbrook Terrace, IL 60181



MAPQUEST

Notes

Loyola University Ambulatory Surgical Center

Trip to 2160 S 1st Ave

Maywood, IL 60153-3328

16.28 miles - about 22 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 10.2 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** toward **CHICAGO**.

go 4.7 mi



5. Take **EXIT 20** toward **IL-171 / 1ST AVE**.

go 0.2 mi



6. Stay **STRAIGHT** to go onto **BATAAN DR**.

go 0.0 mi



7. Turn **RIGHT** onto **S 1ST AVE / IL-171**.

go 0.6 mi



8. **2160 S 1ST AVE** is on the **LEFT**.

go 0.0 mi



2160 S 1st Ave, Maywood, IL 60153-3328

Total Travel Estimate : 16.28 miles - about 22 minutes

Route Map Hide



MAPQUEST

Notes

Trip to Loyola University Hospital

2160 S 1st Ave # 3100, Maywood, IL 60153

- (708) 216-9000

16.28 miles - about 22 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 10.2 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** toward **CHICAGO**.

go 4.7 mi



5. Take **EXIT 20** toward **IL-171 / 1ST AVE**.

go 0.2 mi



6. Stay **STRAIGHT** to go onto **BATAAN DR**.

go 0.0 mi



7. Turn **RIGHT** onto **S 1ST AVE / IL-171**.

go 0.6 mi



8. **2160 S 1ST AVE # 3100** is on the **LEFT**.

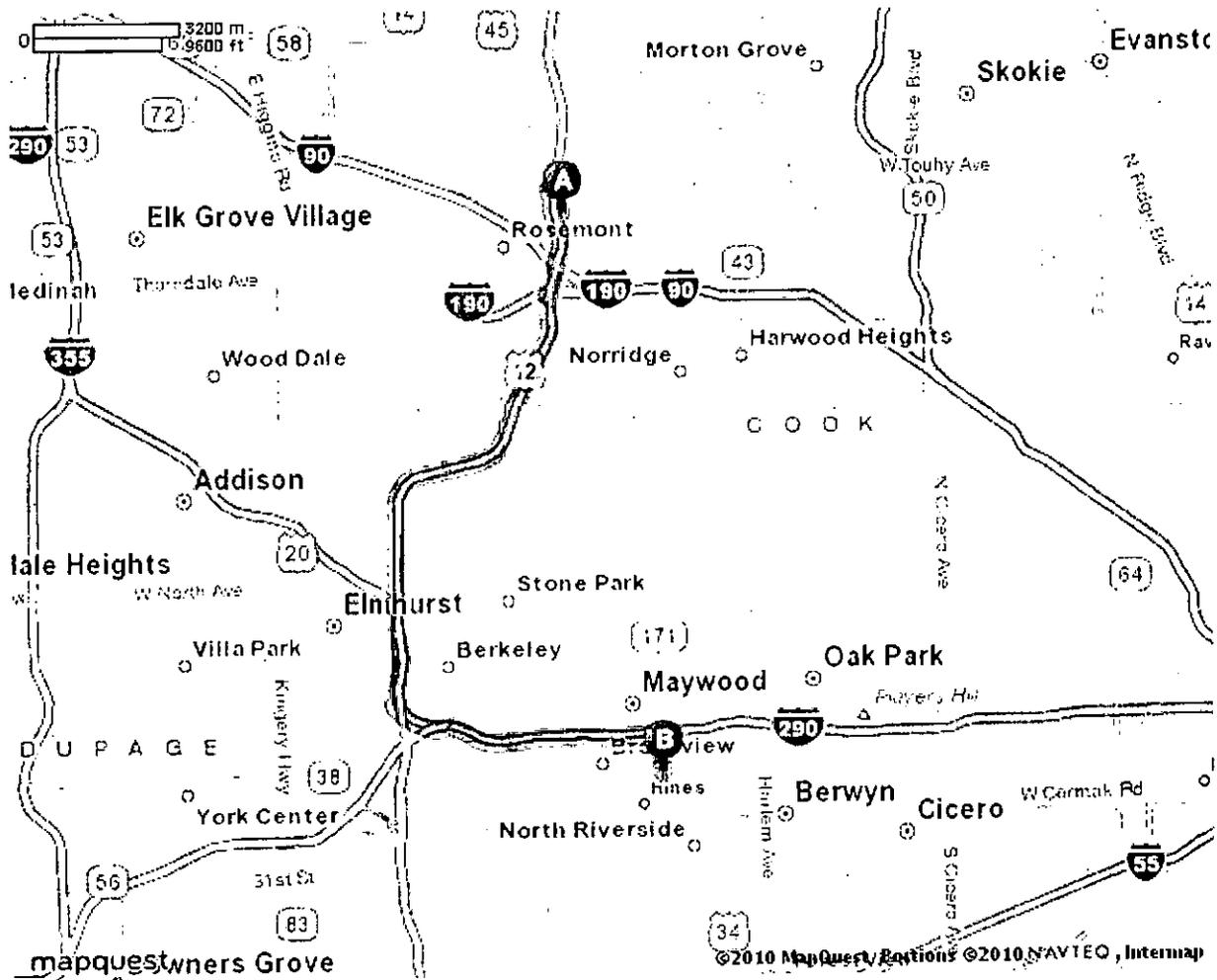
go 0.0 mi



Loyola University Hospital - (708) 216-9000
2160 S 1st Ave # 3100, Maywood, IL 60153

Total Travel Estimate : 16.28 miles - about 22 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Midwest Center for Day Surgery

3811 Highland Ave, Downers Grove,
IL 60515 - (630) 852-9300
18.41 miles - about 25 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 10.9 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).

go 1.3 mi



5. Keep **RIGHT** at the fork to continue on **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).

go 4.3 mi



6. Take the **HIGHLAND AVE** exit.

go 0.2 mi

RAMP

7. Take the ramp toward **DOWNERS GROVE / MIDWESTERN COLLEGE / KELLER COLLEGE**.

go 0.0 mi



8. Turn **LEFT** onto **HIGHLAND AVE / CR-9 S**.

go 1.1 mi



9. 3811 **HIGHLAND AVE** is on the **LEFT**.

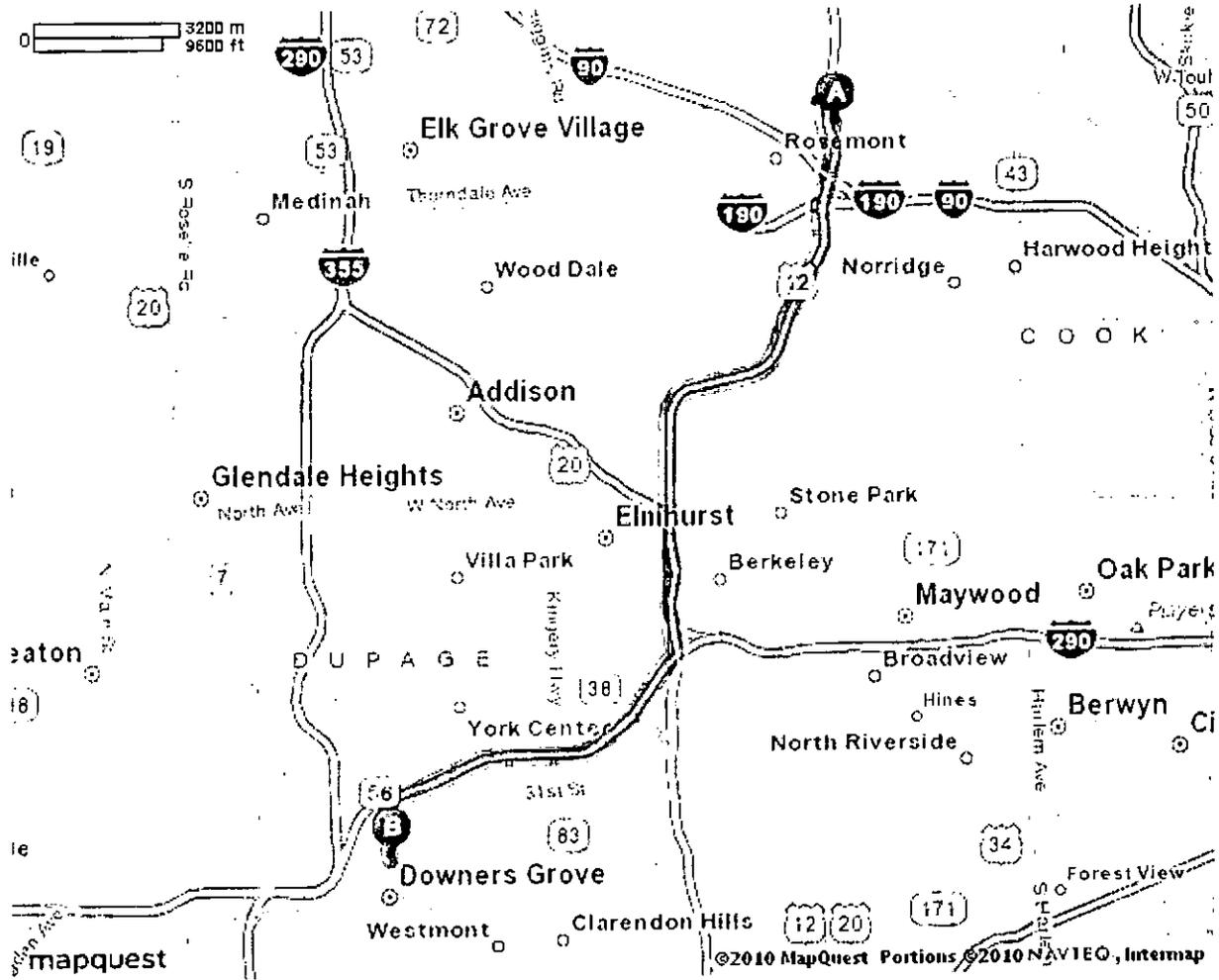
go 0.0 mi



Midwest Center for Day Surgery - (630) 852-9300
3811 Highland Ave, Downers Grove, IL 60515

Total Travel Estimate : 18.41 miles - about 25 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to North Shore Surgical Center

3725 W Touhy Ave, Lincolnwood, IL 60712

- (847) 324-7770

8.05 miles - about 22 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Turn **RIGHT** onto **E TOUHY AVE**.

go 7.6 mi



3. **3725 W TOUHY AVE** is on the **RIGHT**.

go 0.0 mi

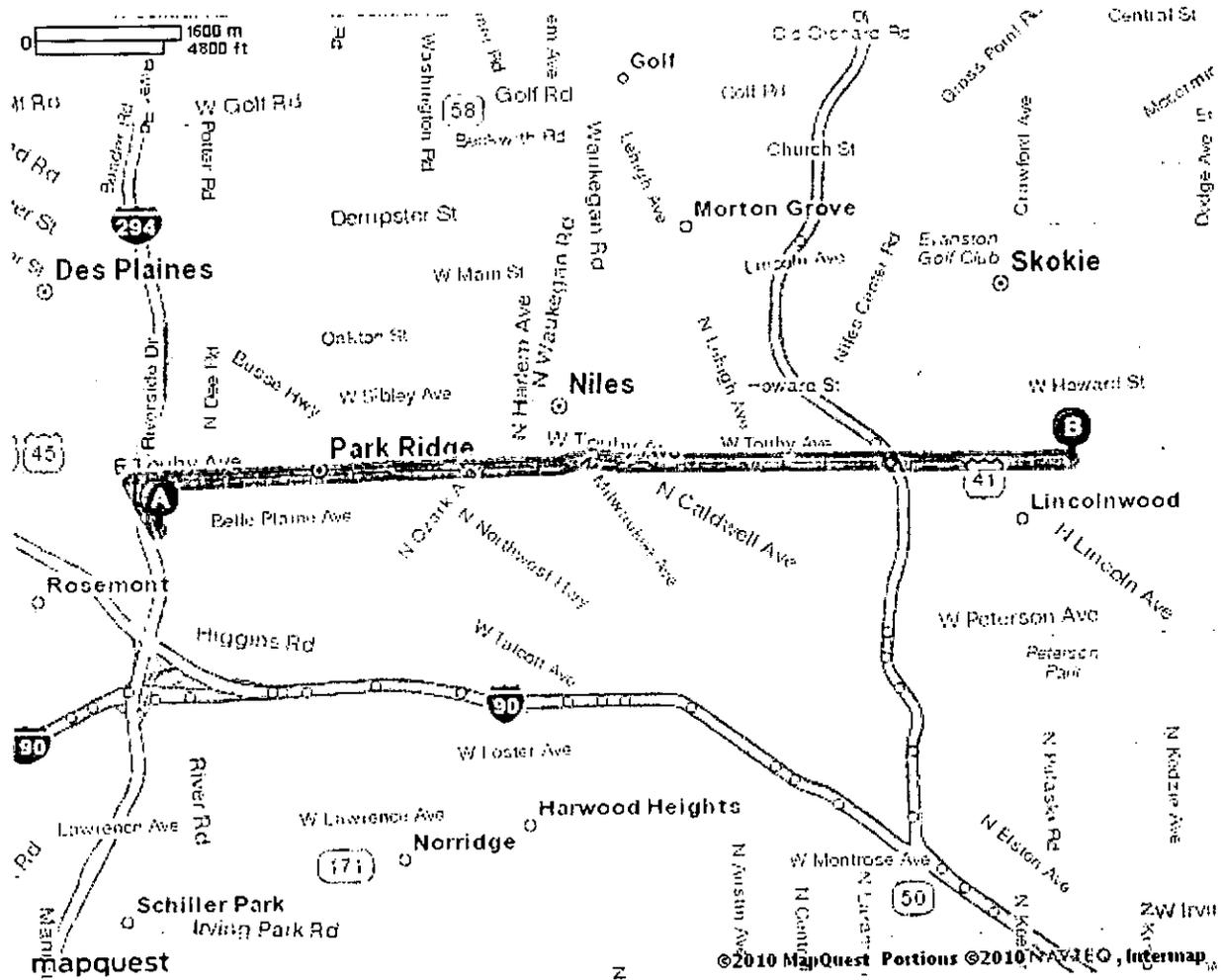


North Shore Surgical Center - (847) 324-7770

3725 W Touhy Ave, Lincolnwood, IL 60712

Total Travel Estimate : 8.05 miles - about 22 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Aiden Center For Day Surgery

1580 W Lake St, Addison, IL 60101 - (630)

285-7000

17.20 miles - about 24 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi

2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi

3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 8.6 mi

4. Merge onto **I-290 W / EISENHOWER EXPY W** toward **US-20 / ROCKFORD / IL-64**.

go 6.3 mi

5. Take the **LAKE ST / US-20** exit, **EXIT 7**.

go 1.2 mi

6. Take the exit on the **LEFT** toward **ADDISON**.

go 0.0 mi

7. Turn **LEFT** onto **US-20 E / LAKE ST / ULYSSES S GRANT MEMORIAL HWY**. Continue to follow **US-20 E / ULYSSES S GRANT MEMORIAL HWY**.

go 0.6 mi

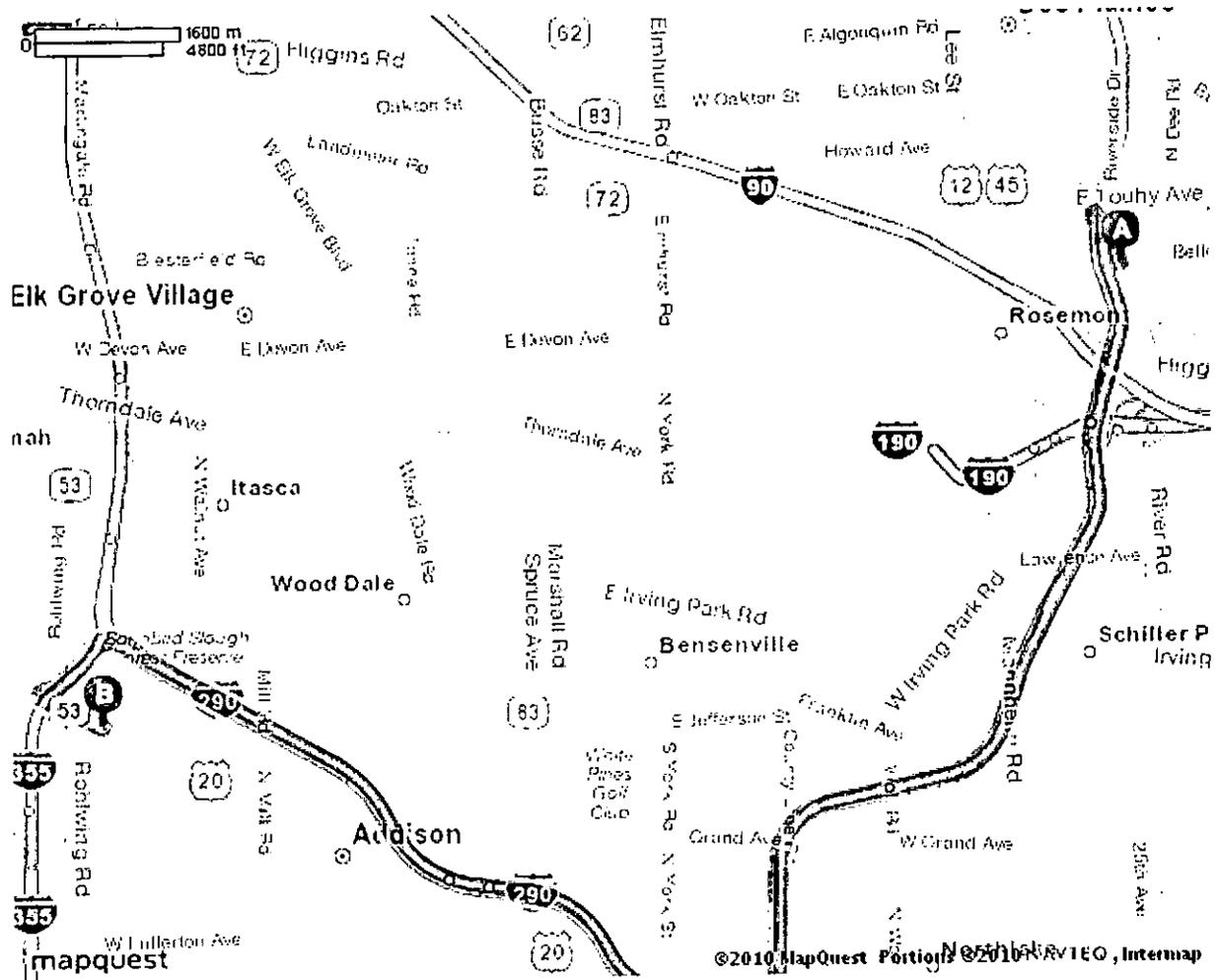
8. **1580 W LAKE ST**.

go 0.0 mi

**Aiden Center For Day Surgery - (630) 285-7000****1580 W Lake St, Addison, IL 60101**

Total Travel Estimate : 17.20 miles - about 24 minutes

Route Map Hide



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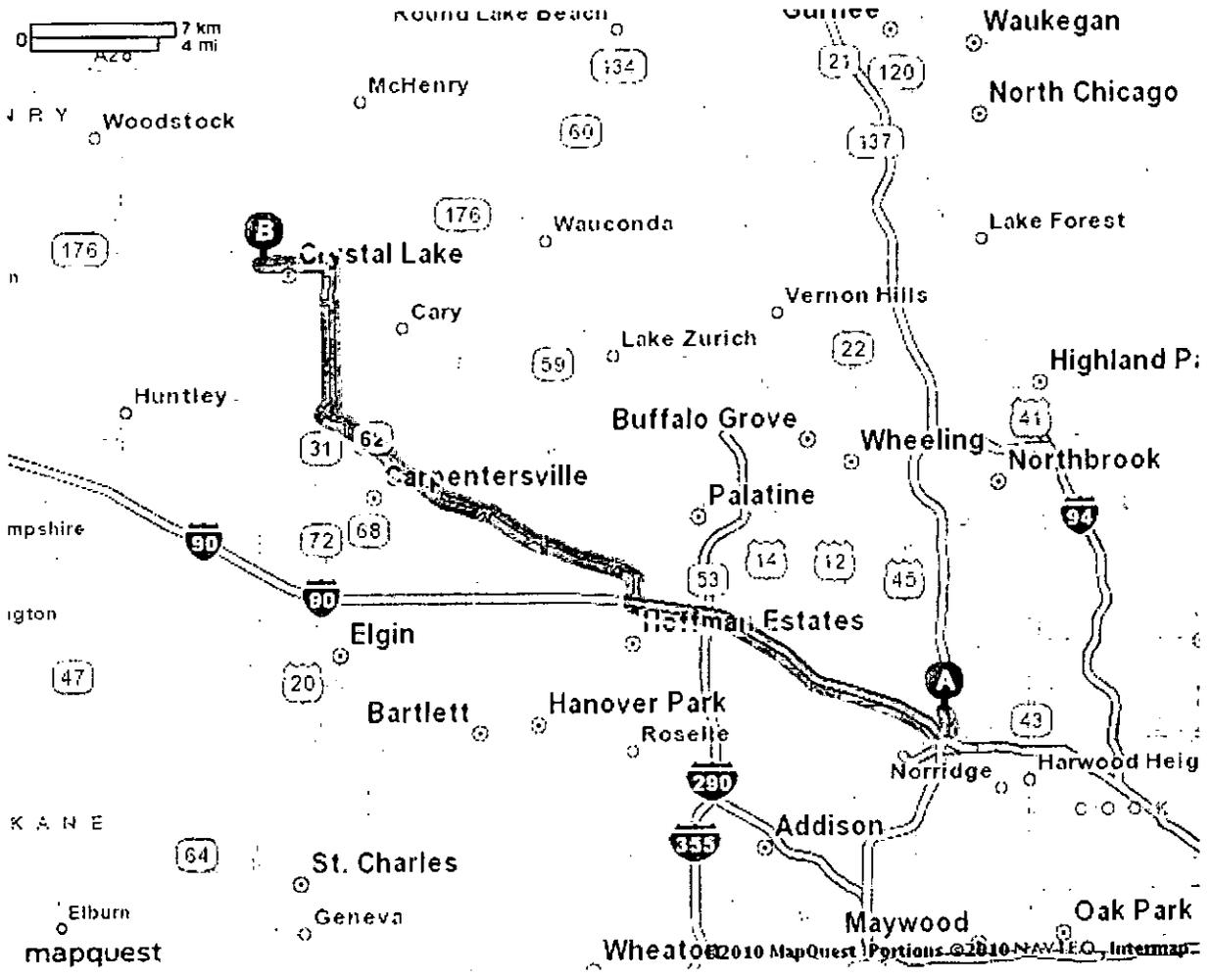


MAPQUEST

Notes

Trip to Northern Illinois Medical
330 W Terra Cotta Ave, Crystal Lake,
IL 60014 - (815) 459-8445
35.10 miles - about 52 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Northwest Community Hospital Surgery

675 W Kirchhoff Rd, Arlington Hts, IL 60005

- (847) 618-7000

10.25 miles - about 17 minutes



2750 S River Rd, Des Plaines, IL 60018-4103

1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**.

go 0.6 mi

2. Turn **RIGHT** onto **E DEVON AVE**.

go 0.6 mi

3. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** (Portions toll).

go 6.3 mi

4. Take the **ARLINGTON HTS ROAD** exit.

go 0.4 mi

RAMP

5. Take the ramp toward **ARLINGTON HTS**.

go 0.0 mi

6. Merge onto **S ARLINGTON HEIGHTS RD**.

go 1.7 mi

7. Turn **LEFT** onto **E CENTRAL RD**.

go 0.1 mi

8. Turn **SLIGHT RIGHT** onto **W KIRCHHOFF RD**.

go 0.5 mi

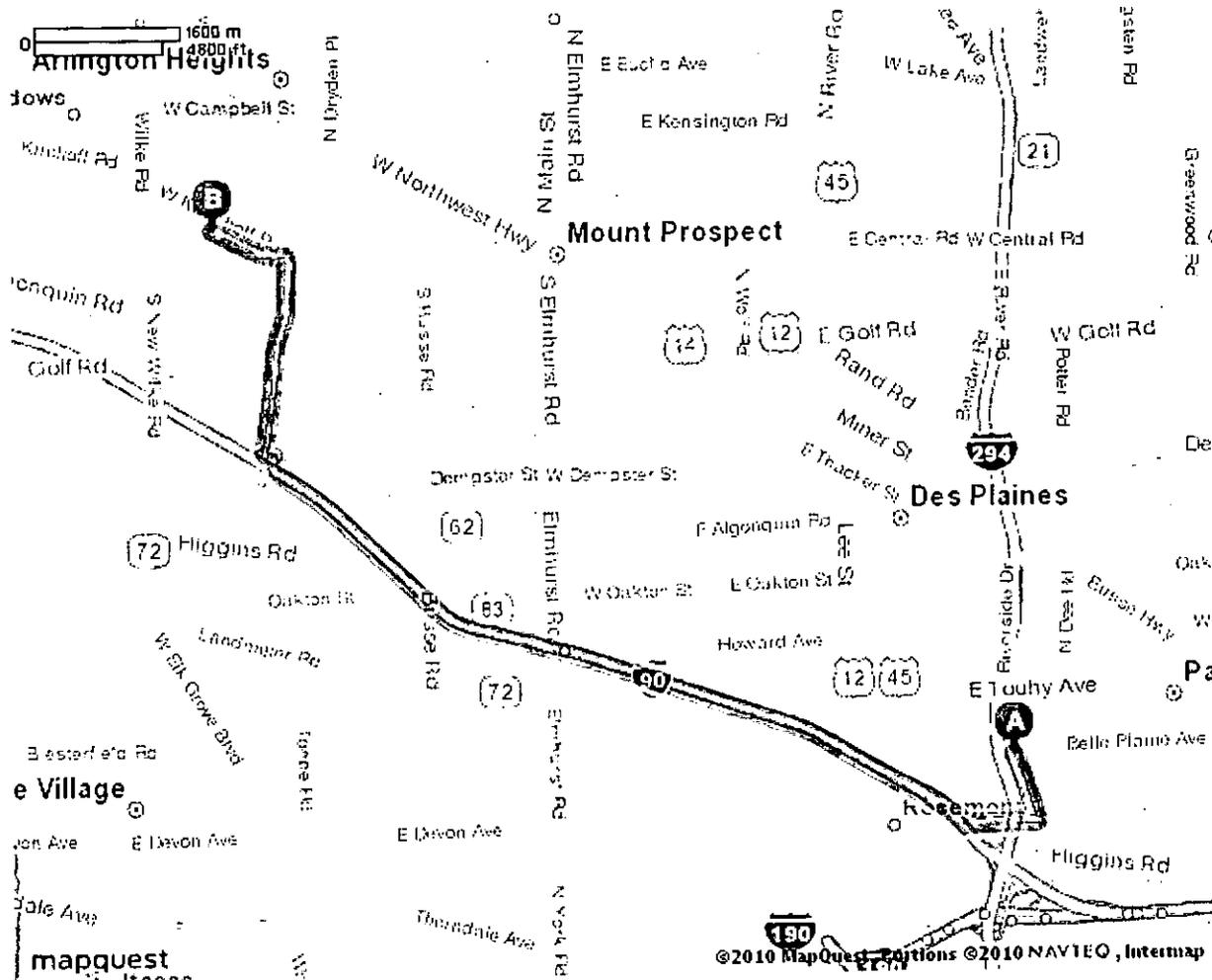
9. **675 W KIRCHHOFF RD** is on the **LEFT**.

go 0.0 mi

**Northwest Community Hospital Surgery - (847) 618-7000****675 W Kirchhoff Rd, Arlington Hts, IL 60005**

Total Travel Estimate : 10.25 miles - about 17 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to Northwest Community Hospital

800 W Central Rd, Arlington Hts, IL 60005 -
 (847) 618-1000
 10.18 miles - about 17 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**.

go 0.6 mi



2. Turn **RIGHT** onto **E DEVON AVE**.

go 0.6 mi



3. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** (Portions toll).

go 6.3 mi



4. Take the **ARLINGTON HTS ROAD** exit.

go 0.4 mi

RAMP

5. Take the ramp toward **ARLINGTON HTS**.

go 0.0 mi



6. Merge onto **S ARLINGTON HEIGHTS RD**.

go 1.7 mi



7. Turn **LEFT** onto **E CENTRAL RD**.

go 0.6 mi



8. **800 W CENTRAL RD**.

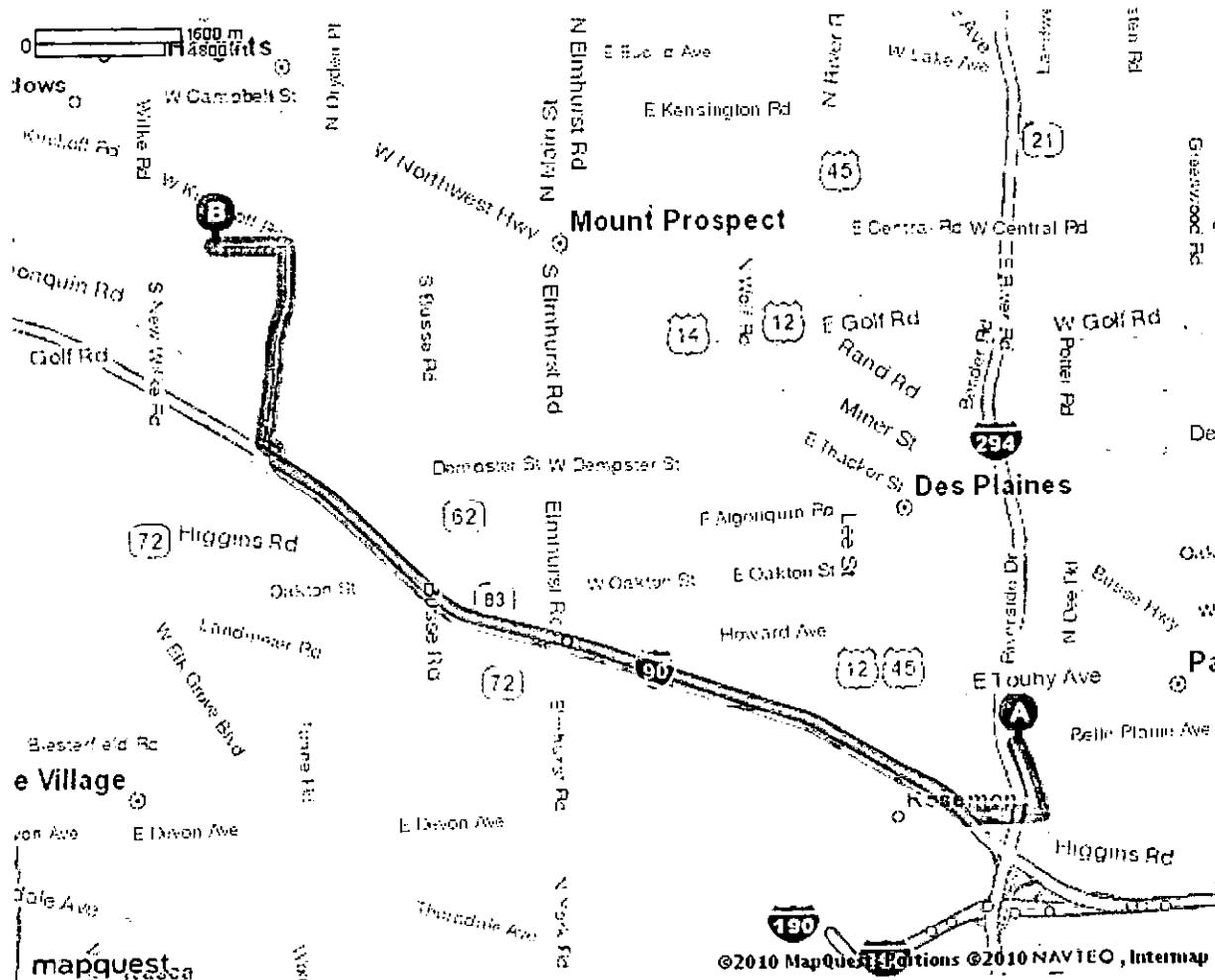
go 0.0 mi



Northwest Community Hospital - (847) 618-1000
800 W Central Rd, Arlington Hts, IL 60005

Total Travel Estimate : 10.18 miles - about 17 minutes

Route Map Hide



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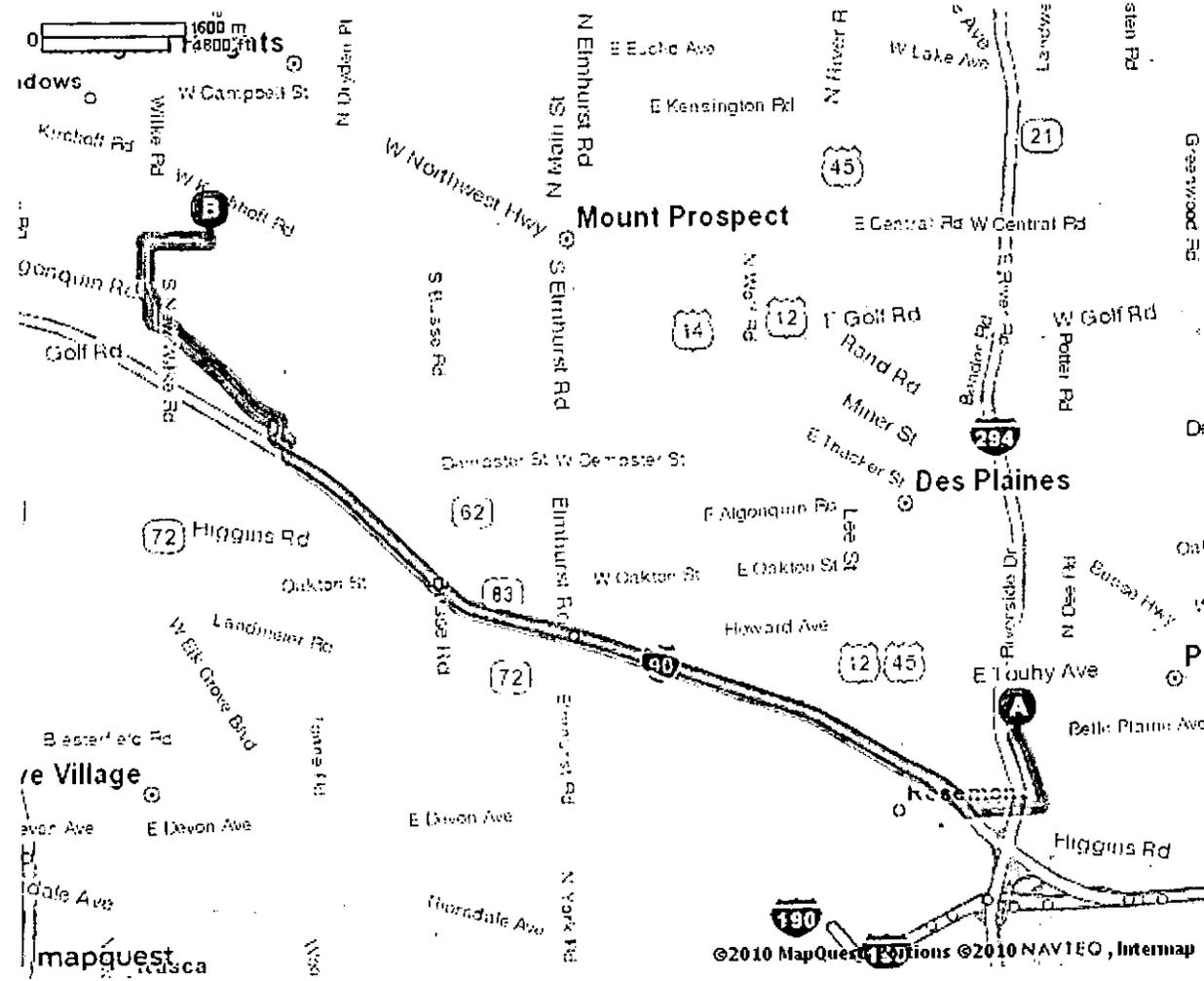
MAPQUEST

Notes

Trip to Northwest Surgicare

1100 W Central Rd # L4, Arlington Hts,
IL 60005 - (847) 259-3080
10.60 miles - about 17 minutes

Route Map Hide



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MAPQUEST.

Notes

Northwestern Memorial Hospital

Trip to 240 E Ontario St

Chicago, IL 60611-3223

17.13 miles - about 26 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 12.4 mi



4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 1.1 mi



5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.9 mi



6. Turn **LEFT** onto **N FAIRBANKS CT**.

go 0.0 mi



7. Turn **LEFT** onto **E ONTARIO ST**.

go 0.0 mi



8. **240 E ONTARIO ST** is on the **RIGHT**.

go 0.0 mi

**240 E Ontario St, Chicago, IL 60611-3223**

Total Travel Estimate : 17.13 miles - about 26 minutes

Route Map Hide



MAPQUEST

Notes

Norwegian American Hospital

Trip to 1044 N Francisco Ave

Chicago, IL 60622-2743

14.98 miles - about 26 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 9.6 mi



4. Take the **FULLERTON AVE** exit, **EXIT 47A**.

go 0.2 mi



5. Keep **RIGHT** at the fork to go on **W FULLERTON AVE**.

go 0.2 mi



6. Turn **LEFT** onto **N WESTERN AVE**.

go 1.8 mi



7. Turn **RIGHT** onto **W AUGUSTA BLVD**.

go 0.6 mi



8. Turn **RIGHT** onto **N FRANCISCO AVE**.

go 0.0 mi



9. **1044 N FRANCISCO AVE** is on the **LEFT**.

go 0.0 mi



1044 N Francisco Ave, Chicago, IL 60622-2743

Total Travel Estimate : 14.98 miles - about 26 minutes

Route Map Hide



MAPQUEST.

Notes

Novamed Surgery Center of Chicago Northshore

Trip to 3034 W Peterson Ave

Chicago, IL 60659-3729

11.69 miles - about 23 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 4.8 mi



4. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



6. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 1.5 mi



7. Turn **RIGHT** onto **W PETERSON AVE / US-14**.

go 2.2 mi



8. **3034 W PETERSON AVE** is on the **LEFT**.

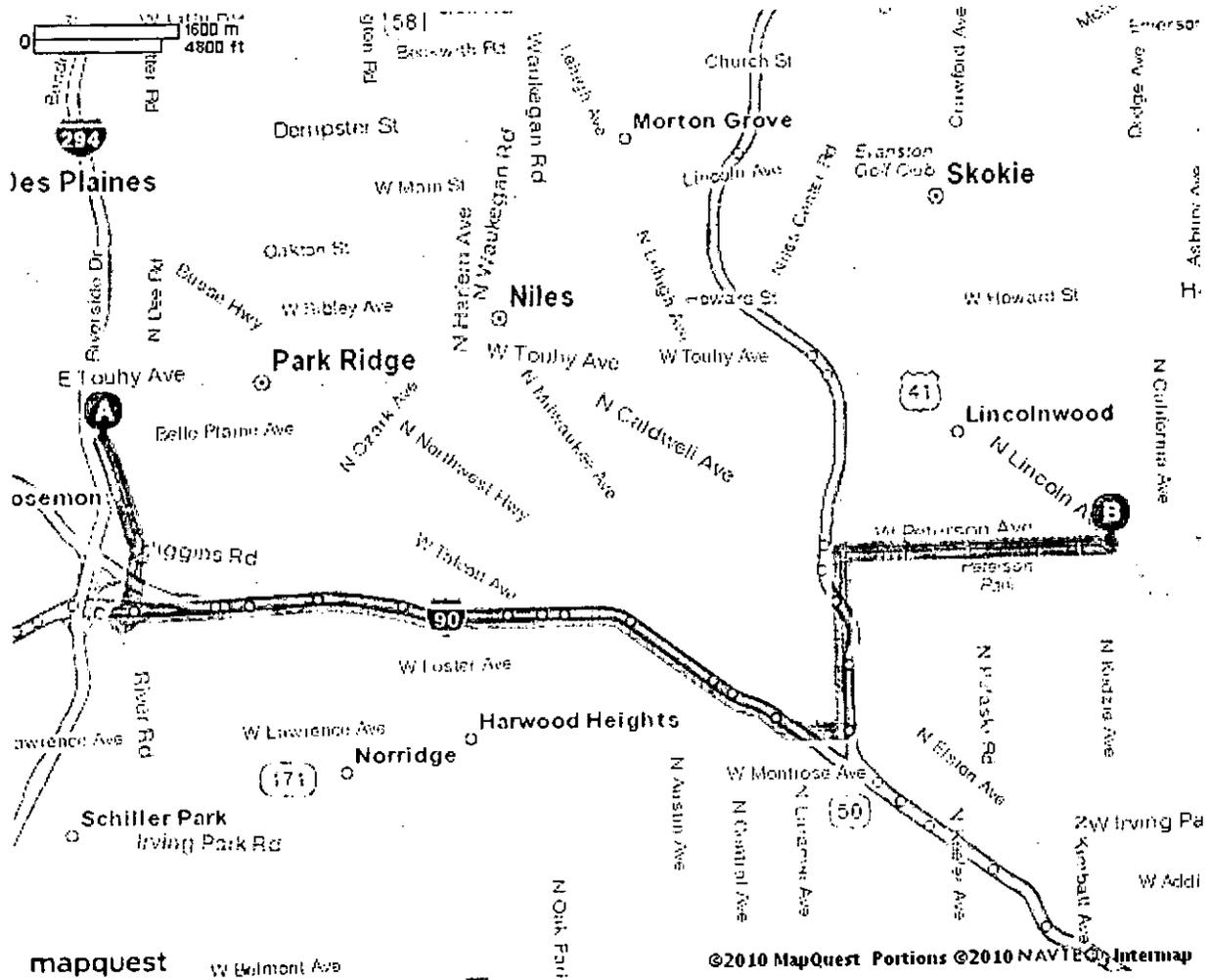
go 0.0 mi



3034 W Peterson Ave, Chicago, IL 60659-3729

Total Travel Estimate : 11.69 miles - about 23 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to Novamed Surgery Center

7427 Lake St, River Forest, IL 60305 - (708)

488-1300

9.61 miles - about 22 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 3.6 mi



2. **S RIVER RD** becomes **DES PLAINES RIVER RD**.

go 2.9 mi



3. Turn **SLIGHT RIGHT** onto **N 1ST AVE / IL-171**.

go 1.9 mi



4. Turn **LEFT** onto **LAKE ST**.

go 1.2 mi



5. **7427 LAKE ST** is on the **RIGHT**.

go 0.0 mi

**Novamed Surgery Center - (708) 488-1300****7427 Lake St, River Forest, IL 60305**

Total Travel Estimate : 9.61 miles - about 22 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Our Lady-Resurrection Hospital

5645 W Addison St, Chicago, IL 60634 -
 (773) 282-7000
 9.66 miles - about 18 minutes

2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 4.8 mi



4. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



5. Turn **SHARP RIGHT** onto **W LAWRENCE AVE**.

go 0.6 mi



6. Turn **LEFT** onto **N CENTRAL AVE**.

go 1.5 mi



7. Turn **RIGHT** onto **W ADDISON ST**.

go 0.0 mi



8. **5645 W ADDISON ST** is on the **LEFT**.

go 0.0 mi



Our Lady-Resurrection Hospital - (773) 282-7000
5645 W Addison St, Chicago, IL 60634

Total Travel Estimate : 9.66 miles - about 18 minutes

Route Map [Hide](#)



MAPQUEST

Notes

Trip to Peterson Surgery Center

2300 W Peterson Ave, Chicago, IL 60659 -
 (773) 508-9000
 12.62 miles - about 26 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 4.8 mi



4. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



6. Turn **LEFT** onto **N CICERO AVE / IL-50**.

go 1.5 mi



7. Turn **RIGHT** onto **W PETERSON AVE / US-14**.

go 3.1 mi



8. **2300 W PETERSON AVE** is on the **LEFT**.

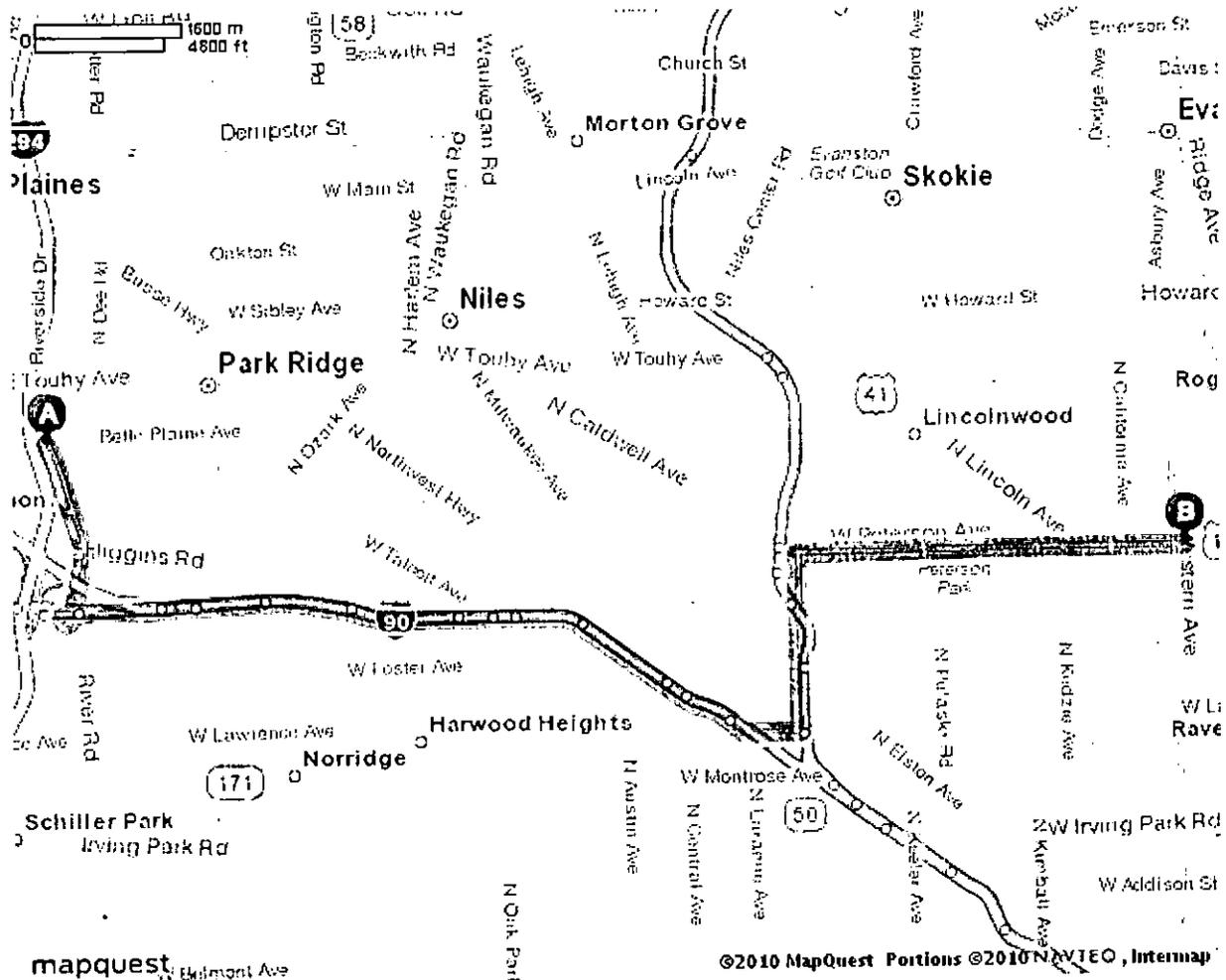
go 0.0 mi



Peterson Surgery Center - (773) 508-9000
2300 W Peterson Ave, Chicago, IL 60659

Total Travel Estimate : 12.62 miles - about 26 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to Ravine Way Surgery Center

2350 Ravine Way # 500, Glenview,
 IL 60025 - (847) 832-1555
 12.15 miles - about 23 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 1.2 mi



2. **S RIVER RD** becomes **S DES PLAINES RIVER RD**.

go 3.8 mi



3. **S DES PLAINES RIVER RD** becomes **US-45**.

go 2.5 mi



4. Take the ramp toward **ILLINOIS TOLLWAY**.

go 0.3 mi



5. Merge onto **WILLOW RD**.

go 3.8 mi



6. Turn **RIGHT** onto **RAVINE WAY**.

go 0.6 mi



7. **2350 RAVINE WAY # 500** is on the **RIGHT**.

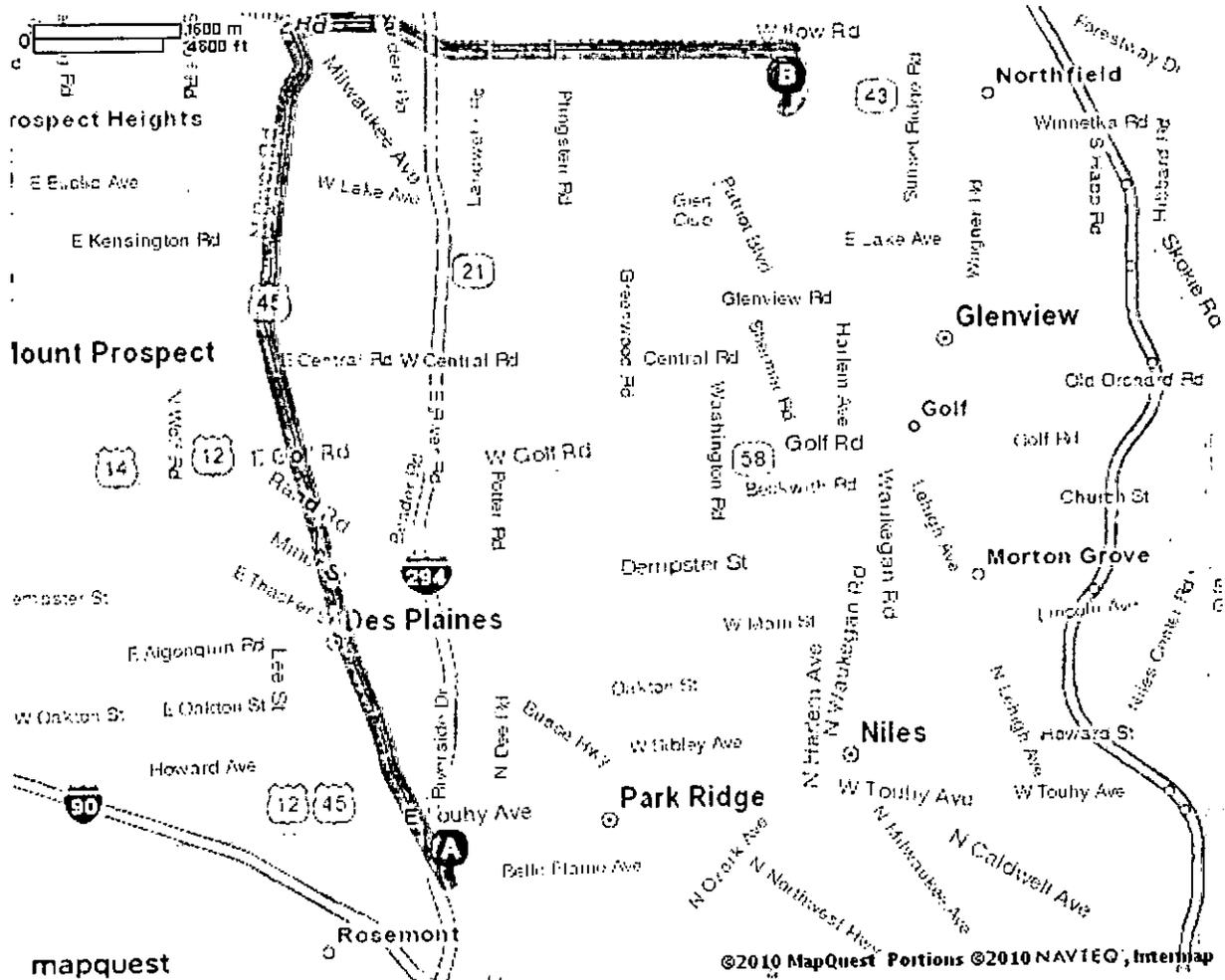
go 0.0 mi



Ravine Way Surgery Center - (847) 832-1555
2350 Ravine Way # 500, Glenview, IL 60025

Total Travel Estimate : 12.15 miles - about 23 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Resurrection Medical Center

7435 W Talcott Ave, Chicago, IL 60631 -

(773) 774-8000

3.27 miles - about 8 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**.

go 0.6 mi

2. Turn **LEFT** onto **E DEVON AVE**.

go 1.6 mi

3. Turn **SLIGHT RIGHT** onto **W TALCOTT RD**.

go 0.5 mi

4. **W TALCOTT RD** becomes **W TALCOTT AVE**.

go 0.6 mi

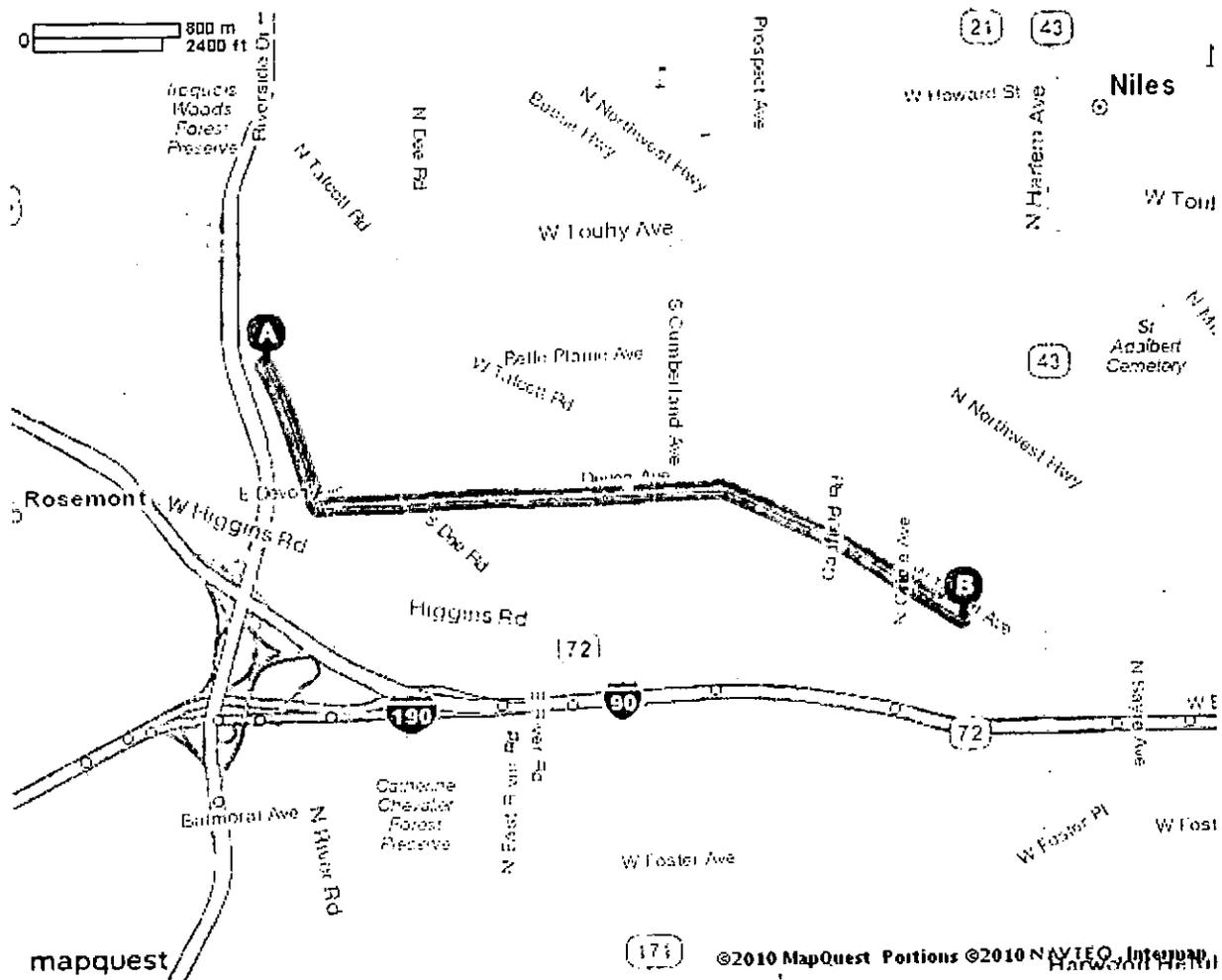
5. **7435 W TALCOTT AVE** is on the **RIGHT**.

go 0.0 mi

**Resurrection Medical Center - (773) 774-8000**
7435 W Talcott Ave, Chicago, IL 60631

Total Travel Estimate : 3.27 miles - about 8 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Same Day Surgery Center

1 E Erie St # 333, Chicago, IL 60611 - (312)

573-8722

16.70 miles - about 24 minutes

2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. I-190 E becomes **I-90 E / KENNEDY EXPY E**.

go 12.4 mi



4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 1.1 mi



5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.5 mi



6. Turn **LEFT** onto **N STATE ST**.

go 0.1 mi



7. Turn **RIGHT** onto **E ERIE ST**.

go 0.0 mi

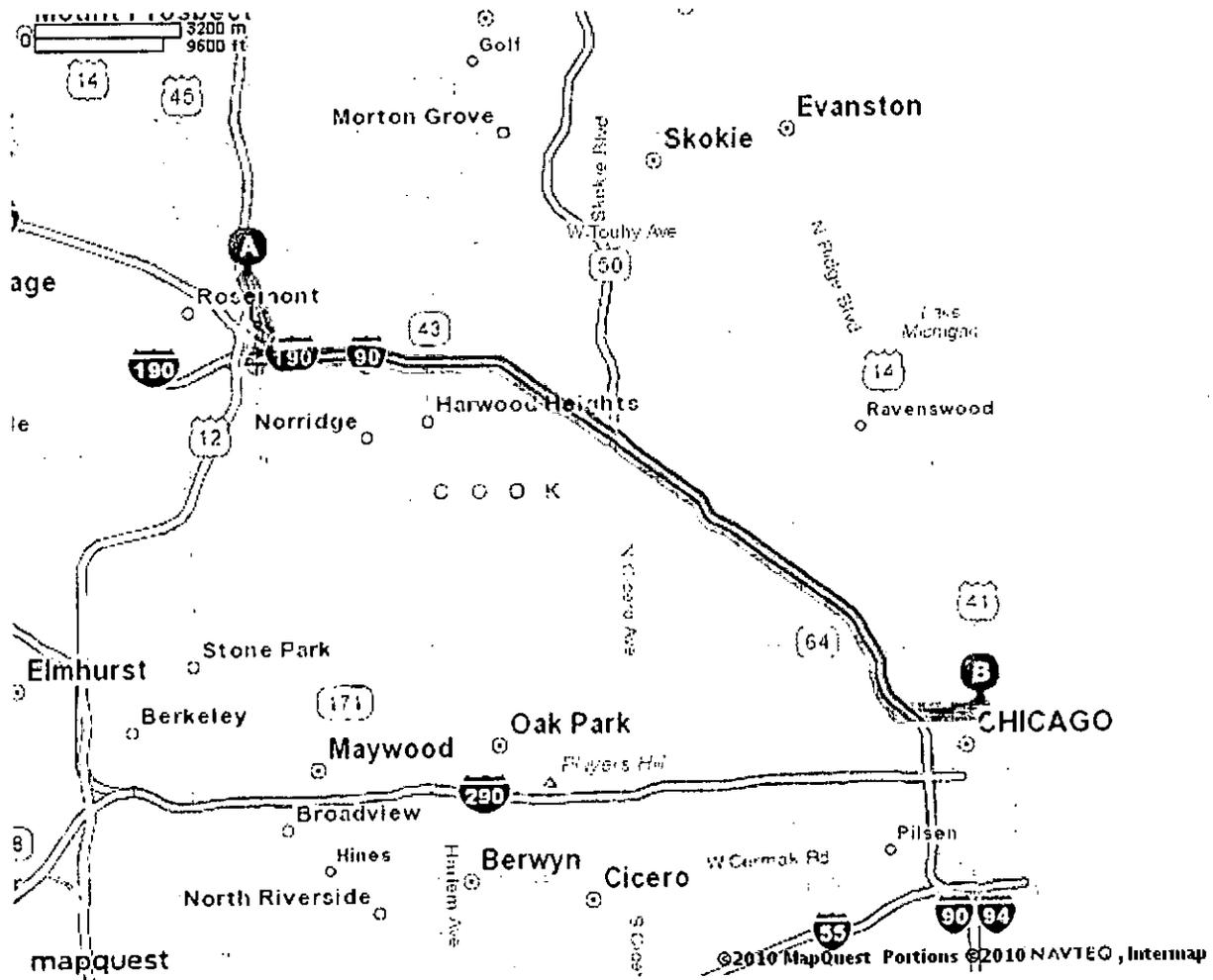


8. 1 E ERIE ST # 333 is on the **RIGHT**.

go 0.0 mi

Same Day Surgery Center - (312) 573-8722 1 E Erie St # 333, Chicago, IL 60611 Total Travel Estimate : 16.70 miles - about 24 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Skokie Hospital/NorthShore University HealthSystem

9600 Gross Point Rd, Skokie, IL 60076 -
 (847) 933-6959
 10.12 miles - about 22 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Turn **RIGHT** onto **E TOUHY AVE**.

go 0.7 mi



3. Turn **LEFT** onto **N DEE RD**.

go 1.0 mi



4. Turn **RIGHT** onto **OAKTON ST**.

go 0.7 mi



5. Turn **LEFT** onto **N GREENWOOD AVE**.

go 2.0 mi



6. Turn **RIGHT** onto **W GOLF RD / IL-58**. Continue to follow **W GOLF RD**.

go 5.2 mi



7. Turn **LEFT** onto **GROSS POINT RD**.

go 0.0 mi



8. 9600 **GROSS POINT RD** is on the **LEFT**.

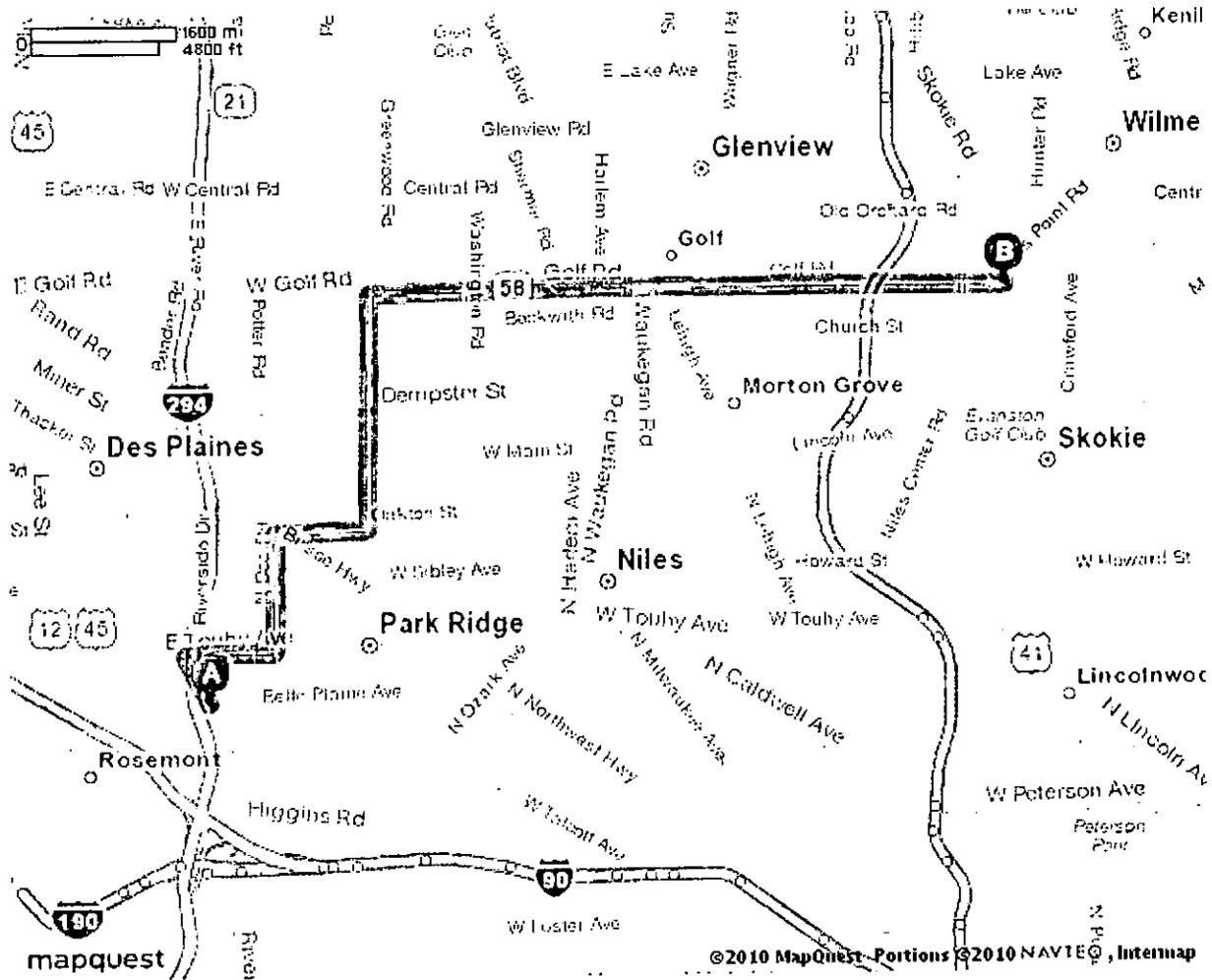
go 0.0 mi



Skokie Hospital/NorthShore University HealthSystem - (847) 933-6959
 9600 Gross Point Rd, Skokie, IL 60076

Total Travel Estimate : 10.12 miles - about 22 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Rush Oak Park Hospital

520 S Maple Ave, Oak Park, IL 60304 -

(708) 383-9300

17.66 miles - about 24 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 10.2 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** toward **CHICAGO**.

go 6.3 mi



5. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT**.

go 0.2 mi



6. Turn **LEFT** onto **IL-43 / HARLEM AVE / S HARLEM AVE**.

go 0.4 mi



7. Turn **RIGHT** onto **MADISON ST**.

go 0.0 mi



8. Turn **RIGHT** onto **S MAPLE AVE**.

go 0.0 mi



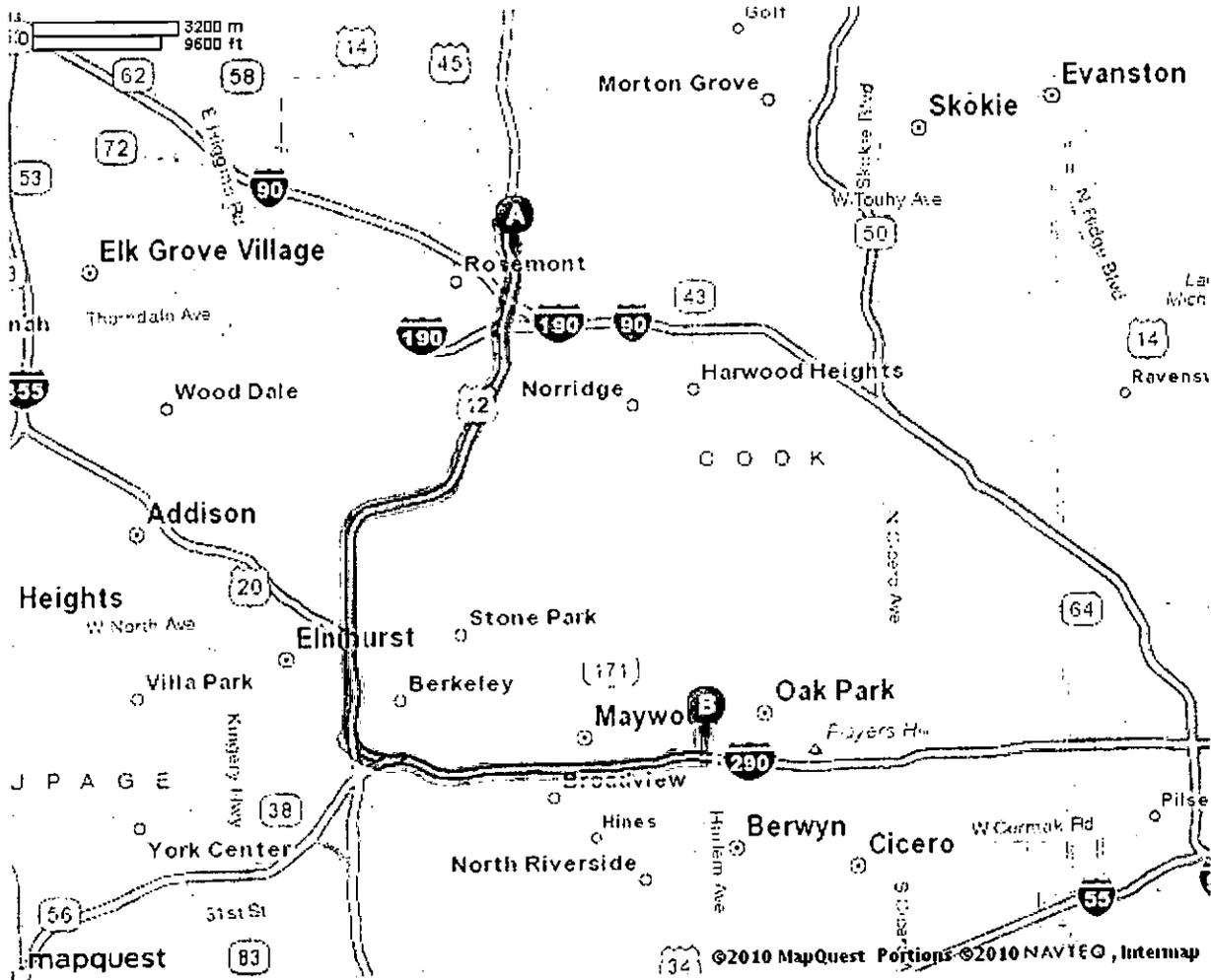
9. **520 S MAPLE AVE** is on the **LEFT**.

go 0.0 mi

**Rush Oak Park Hospital - (708) 383-9300****520 S Maple Ave, Oak Park, IL 60304**

Total Travel Estimate : 17.66 miles - about 24 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to Rush Surgicenter

1725 W Harrison St # 556, Chicago,
 IL 60612 - (312) 563-2880
 17.85 miles - about 26 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. I-190 E becomes **I-90 E / KENNEDY EXPY E**.

go 13.7 mi



4. Merge onto **I-290 W / EISENHOWER EXPY W** via **EXIT 51H** toward **WEST SUBURBS**.

go 1.0 mi



5. Take **EXIT 28B** toward **ASHLAND AVE / PAULINA ST**.

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W VAN BUREN ST**.

go 0.0 mi



7. Turn **LEFT** onto **S ASHLAND AVE**.

go 0.1 mi



8. Turn **RIGHT** onto **W HARRISON ST**.

go 0.2 mi



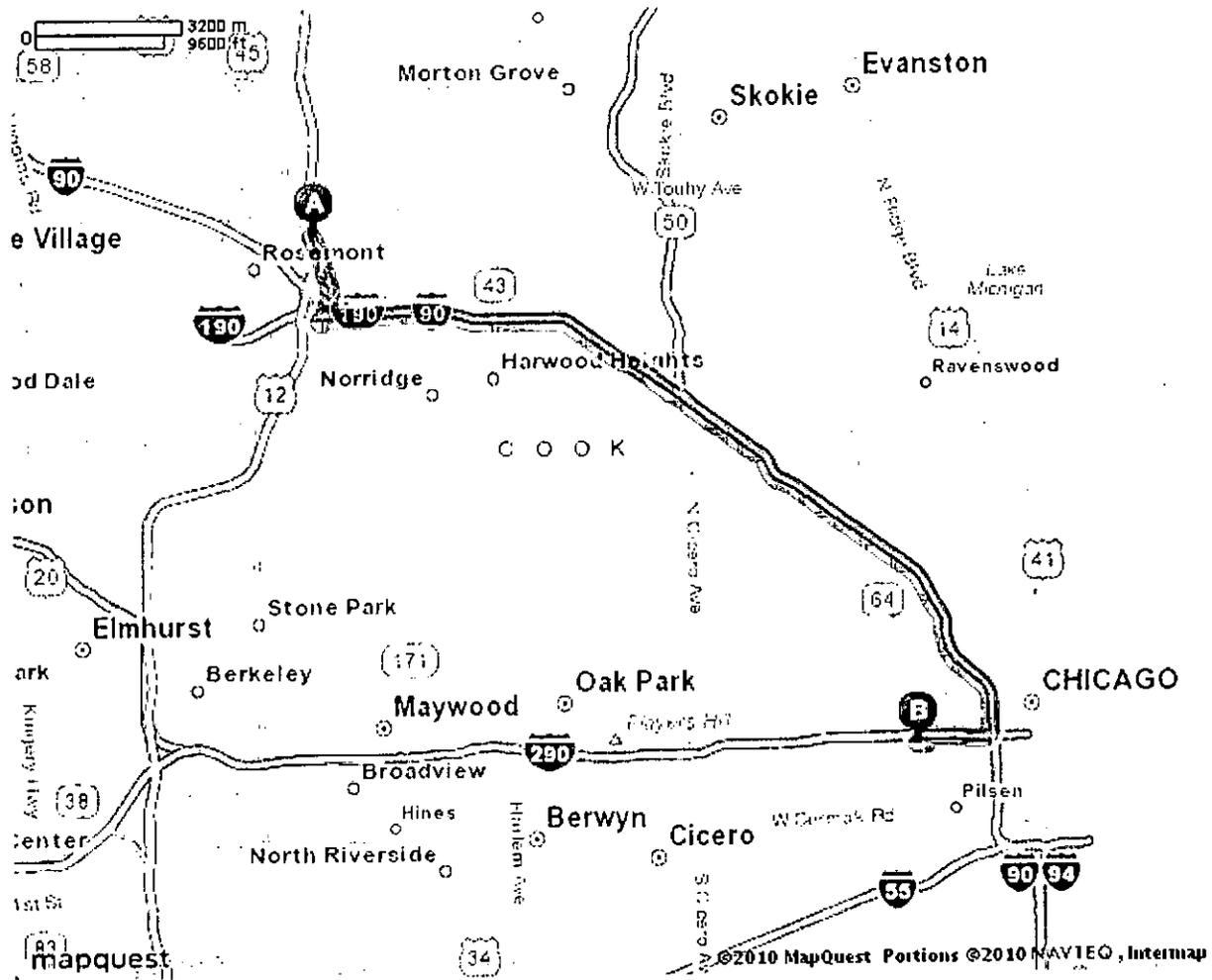
9. **1725 W HARRISON ST # 556** is on the **LEFT**.

go 0.0 mi



Rush Surgicenter - (312) 563-2880
1725 W Harrison St # 556, Chicago, IL 60612
 Total Travel Estimate : 17.85 miles - about 26 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Rush University Medical Center

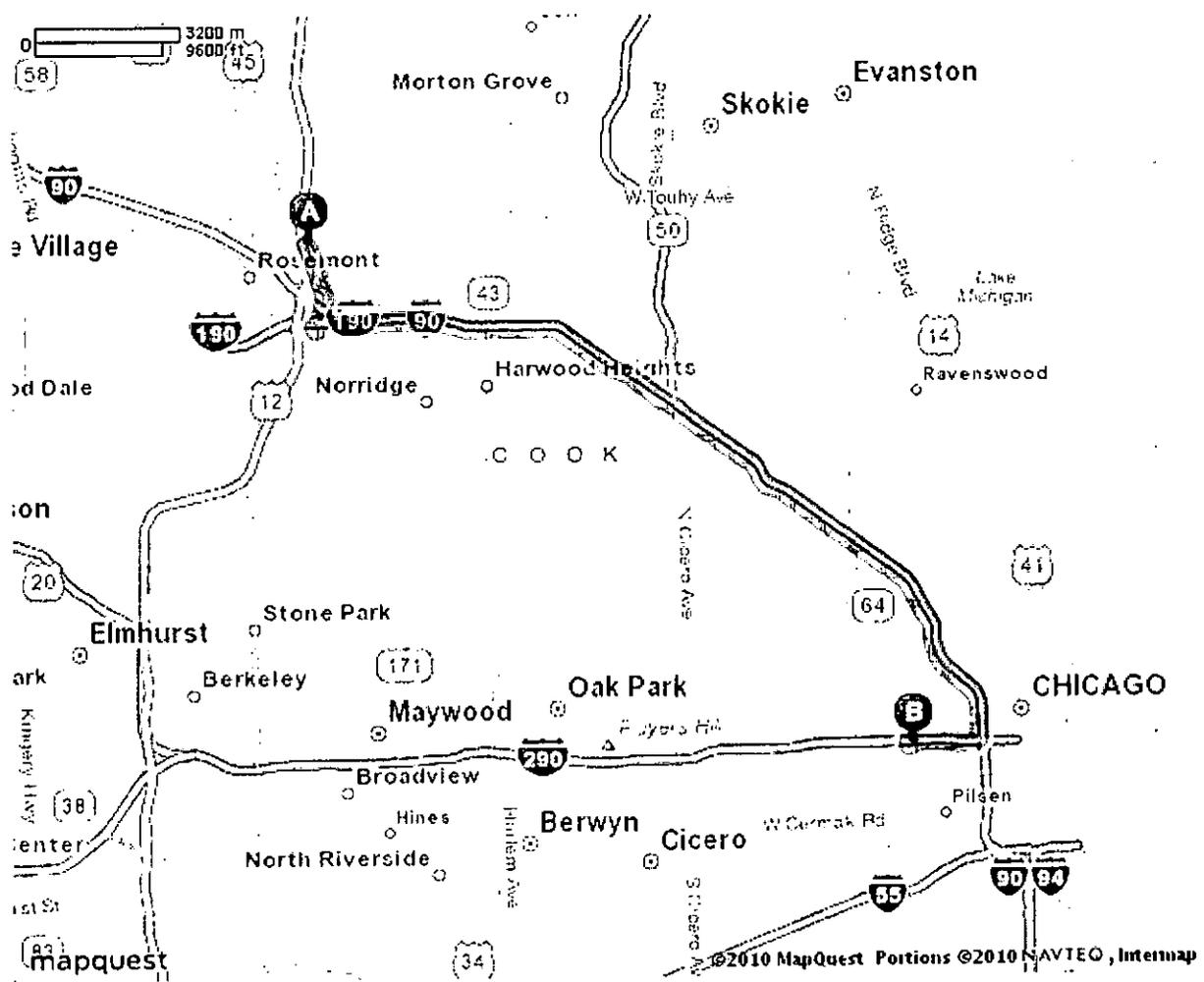
1653 W Congress Pkwy # 622, Chicago,
IL 60612 - (312) 942-5000
17.82 miles - about 25 minutes

2750 S River Rd, Des Plaines, IL 60018-4103

- | | | |
|---|--|------------|
|  | 1. Start out going SOUTH on DES PLAINES RIVER RD / S RIVER RD toward E DEVON AVE . Continue to follow S RIVER RD . | go 1.5 mi |
|  | 2. Merge onto I-190 E toward CHICAGO . | go 1.0 mi |
|  | 3. I-190 E becomes I-90 E / KENNEDY EXPY E . | go 13.7 mi |
|  | 4. Merge onto I-290 W / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS . | go 1.0 mi |
|  | 5. Take EXIT 28B toward ASHLAND AVE / PAULINA ST . | go 0.2 mi |
|  | 6. Turn SLIGHT LEFT onto W VAN BUREN ST . | go 0.2 mi |
|  | 7. Turn LEFT onto S PAULINA ST . | go 0.0 mi |
|  | 8. Turn LEFT onto W CONGRESS PKWY . | go 0.0 mi |
|  | 9. 1653 W CONGRESS PKWY # 622 is on the RIGHT . | go 0.0 mi |

Rush University Medical Center - (312) 942-5000 1653 W Congress Pkwy # 622, Chicago, IL 60612 Total Travel Estimate : 17.82 miles - about 25 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Six Corners Same Day Surgery

4211 N Cicero Ave # 400, Chicago,
IL 60641 - (773) 794-3100
8.72 miles - about 15 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 4.8 mi



4. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 0.5 mi



6. Turn **RIGHT** onto **N CICERO AVE / IL-50**.

go 0.7 mi



7. **4211 N CICERO AVE # 400** is on the **LEFT**.

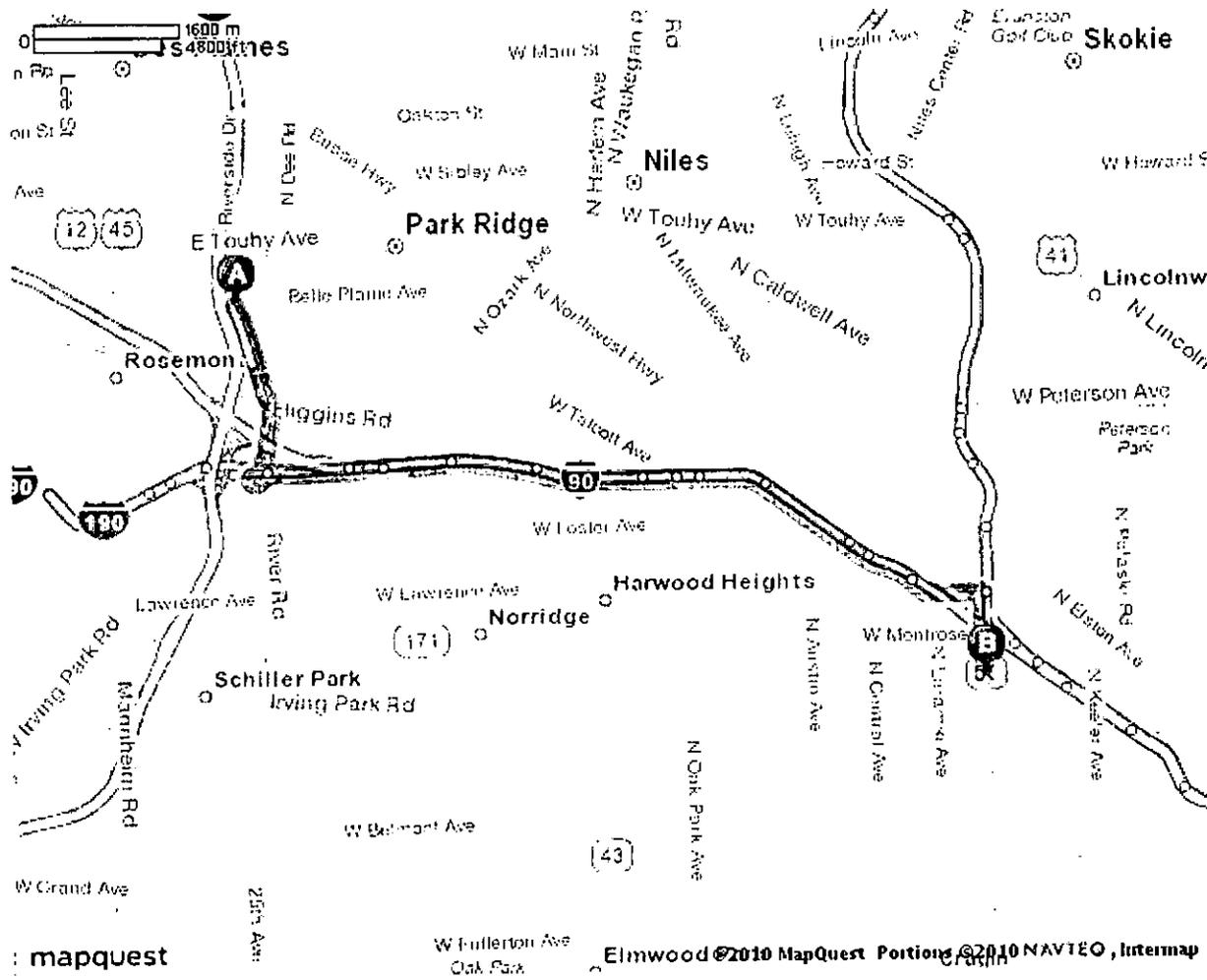
go 0.0 mi



Six Corners Same Day Surgery - (773) 794-3100
4211 N Cicero Ave # 400, Chicago, IL 60641

Total Travel Estimate : 8.72 miles - about 15 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to St Alexius Medical Center

1555 Barrington Rd # 1400, Hoffman
 Estates, IL 60169 - (847) 843-2000
 17.84 miles - about 25 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE.**

go 0.6 mi



2. Turn **RIGHT** onto **E DEVON AVE.**

go 0.6 mi



3. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** (Portions toll).

go 14.7 mi



4. Take the **BARRINGTON RD** exit.

go 0.3 mi

RAMP

5. Take the **BARRINGTON RD SOUTH** ramp.

go 0.5 mi



6. Merge onto **BARRINGTON RD.**

go 1.1 mi



7. Make a **U-TURN** onto **BARRINGTON RD.**

go 0.0 mi



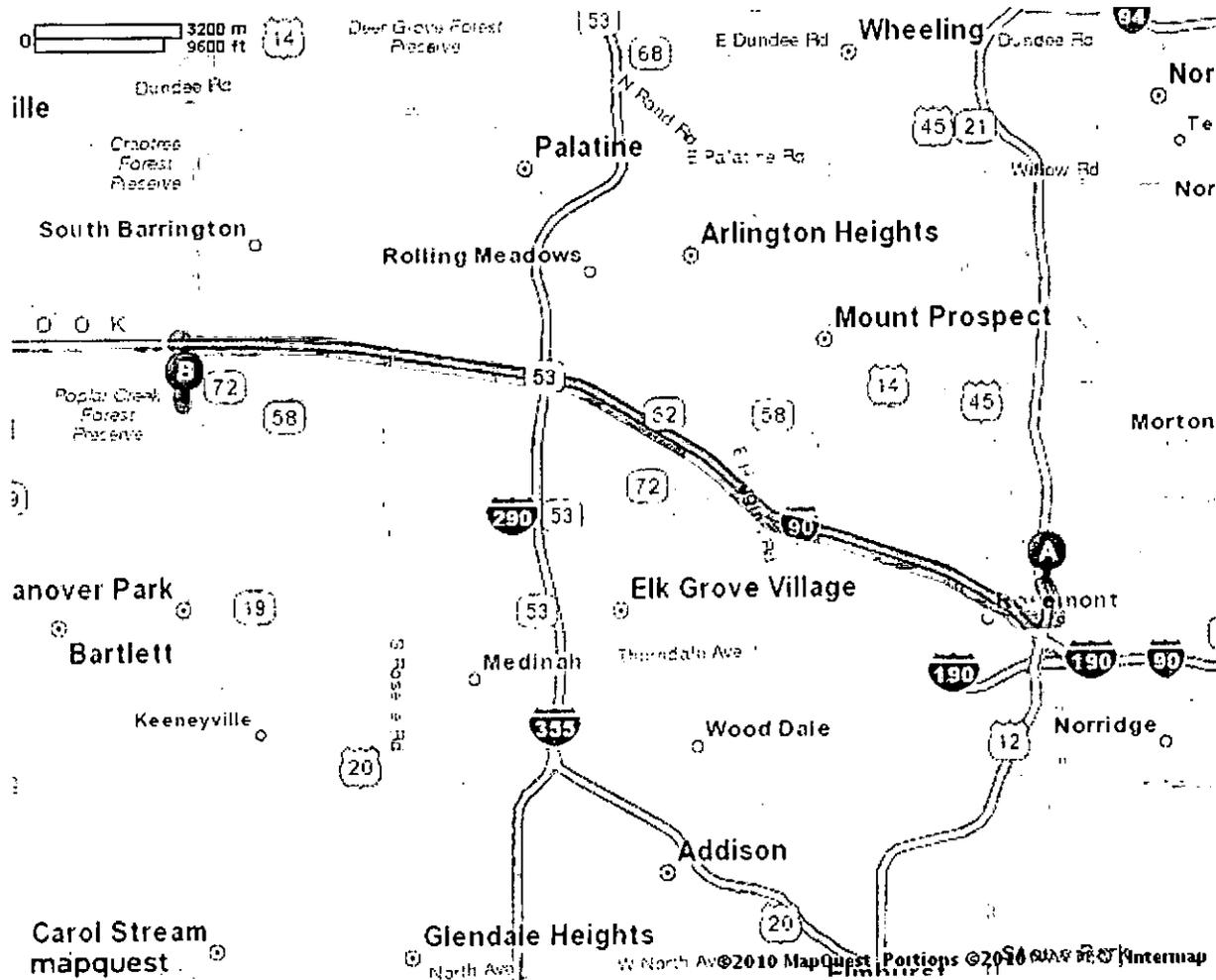
8. 1555 **BARRINGTON RD # 1400** is on the **RIGHT.**

go 0.0 mi



St Alexius Medical Center - (847) 843-2000
 1555 Barrington Rd # 1400, Hoffman Estates, IL 60169
 Total Travel Estimate : 17.84 miles - about 25 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to St Elizabeth's Hospital

1431 N Claremont Ave, Chicago, IL 60622 -

(773) 278-2000

13.80 miles - about 22 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. I-190 E becomes **I-90 E / KENNEDY EXPY E**.

go 9.6 mi



4. Take the **FULLERTON AVE** exit, **EXIT 47A**.

go 0.2 mi



5. Keep **RIGHT** at the fork to go on **W FULLERTON AVE**.

go 0.2 mi



6. Turn **LEFT** onto **N WESTERN AVE**.

go 1.1 mi



7. Turn **LEFT** onto **W LE MOYNE ST**.

go 0.0 mi



8. Turn **RIGHT** onto **N CLAREMONT AVE**.

go 0.0 mi



9. **1431 N CLAREMONT AVE** is on the **LEFT**.

go 0.0 mi

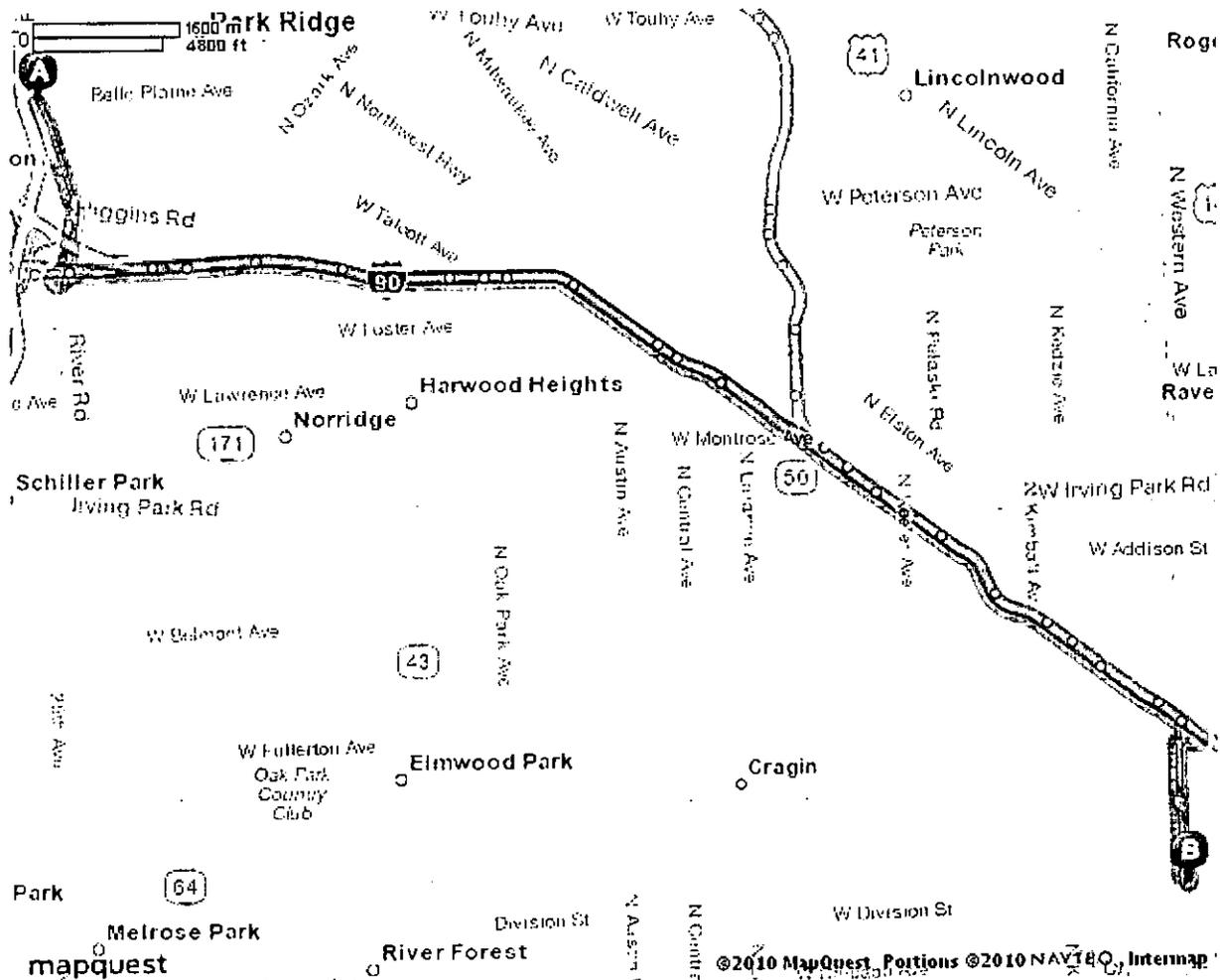


St Elizabeth's Hospital - (773) 278-2000

1431 N Claremont Ave, Chicago, IL 60622

Total Travel Estimate : 13.80 miles - about 22 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to St Mary of Nazareth Hospital

2233 W Division St, Chicago, IL 60622 -

(312) 770-2000

15.44 miles - about 23 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 11.6 mi



4. Take the **DIVISION ST** exit, **EXIT 49A**.

go 0.2 mi



5. Turn **RIGHT** onto **W DIVISION ST**.

go 1.1 mi



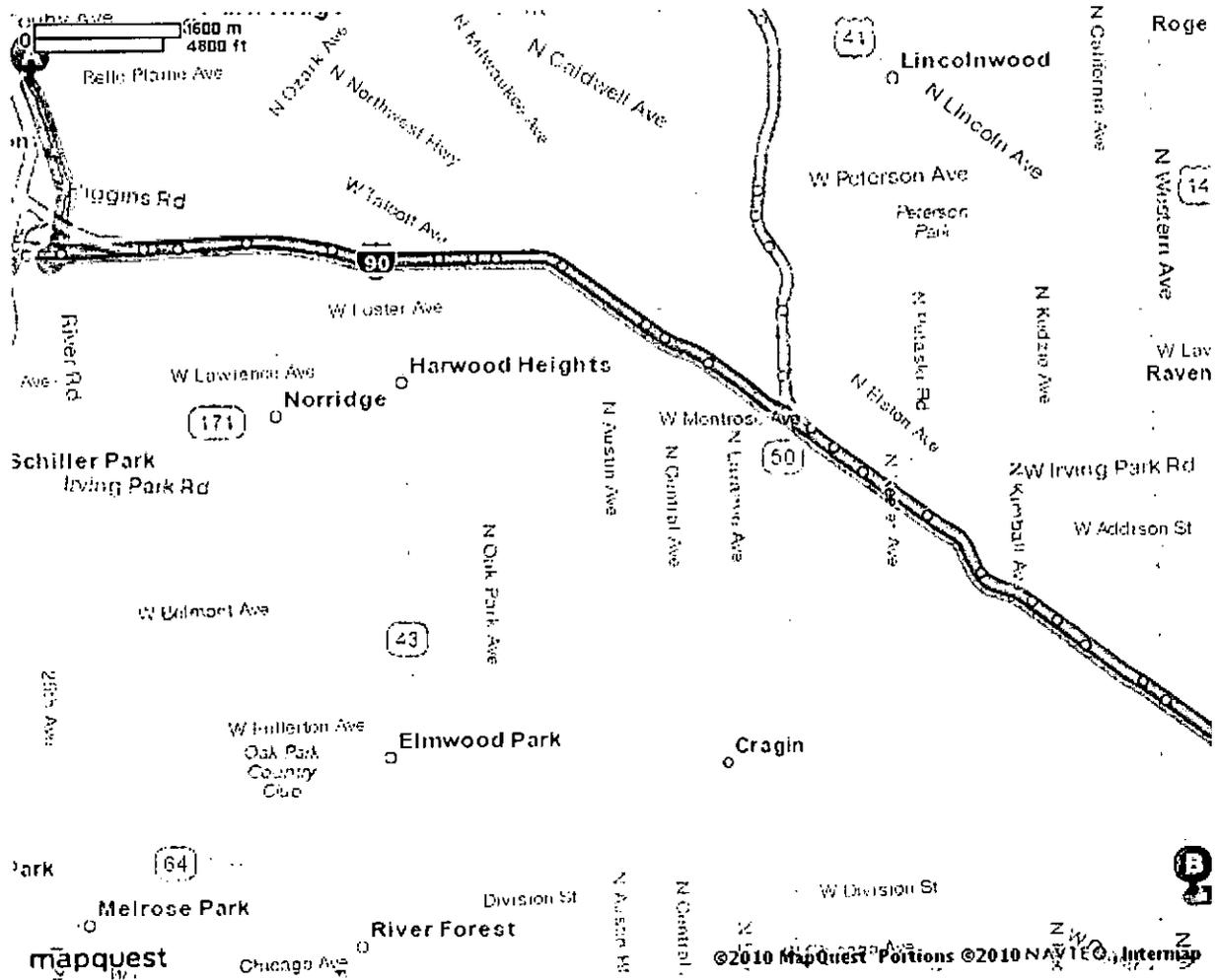
6. **2233 W DIVISION ST** is on the **LEFT**.

go 0.0 mi

**St Mary of Nazareth Hospital - (312) 770-2000****2233 W Division St, Chicago, IL 60622**

Total Travel Estimate : 15.44 miles - about 23 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Swedish Covenant Hospital

5145 N California Ave # 370, Chicago,
 IL 60625 - (773) 878-8200
 10.94 miles - about 22 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 4.8 mi



4. Take the **LAWRENCE AVE** exit, **EXIT 84**.

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE**.

go 3.0 mi



6. Turn **LEFT** onto **N CALIFORNIA AVE**.

go 0.4 mi



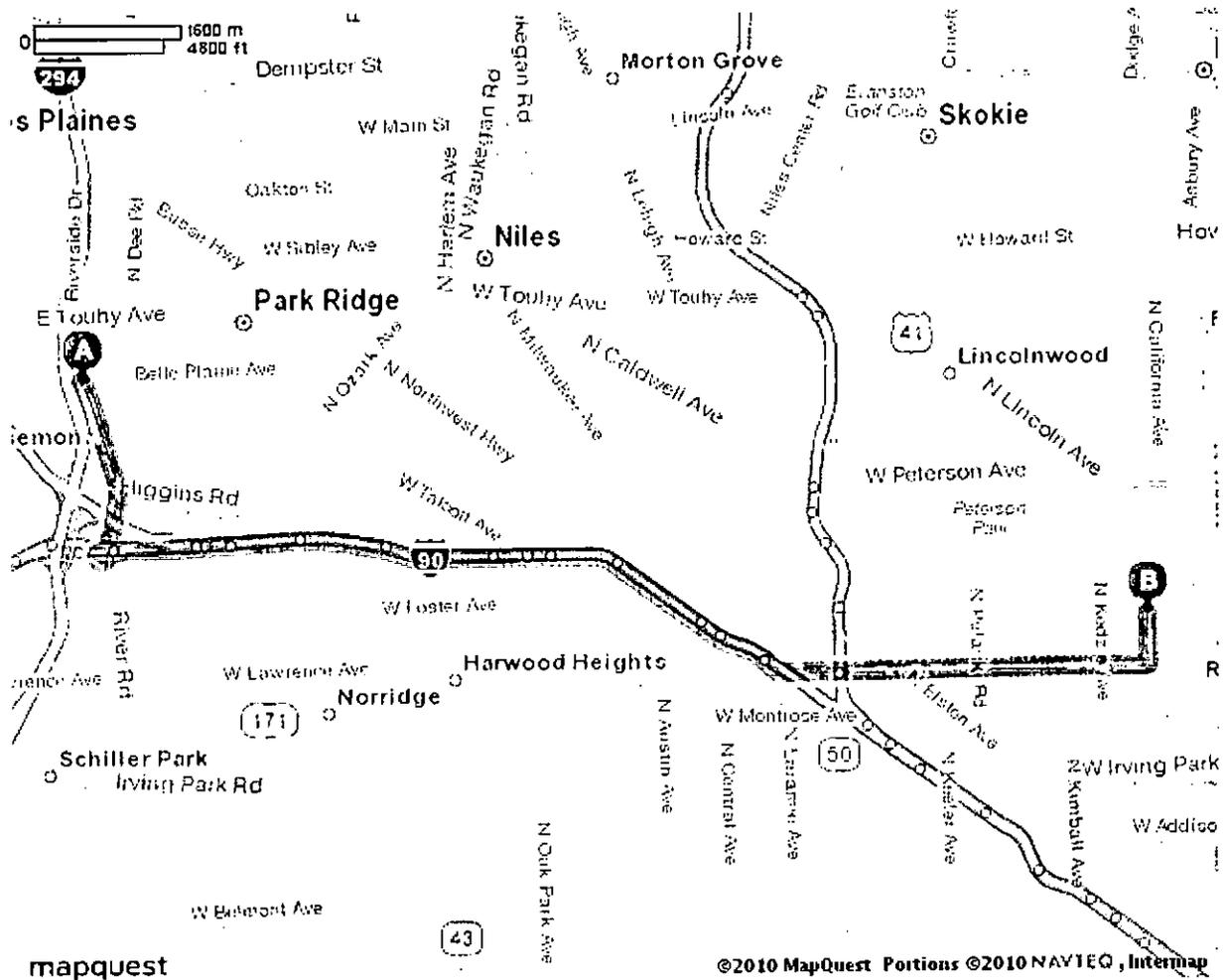
7. **5145 N CALIFORNIA AVE # 370** is on the **RIGHT**.

go 0.0 mi



Swedish Covenant Hospital - (773) 878-8200
5145 N California Ave # 370, Chicago, IL 60625
 Total Travel Estimate : 10.94 miles - about 22 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Glen Endoscopy Center

2551 Compass Rd # 115, Glenview,
IL 60026 - (847) 656-2400
11.66 miles - about 22 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S-RIVER RD**.

go 1.2 mi



2. **S RIVER RD** becomes **S DES PLAINES RIVER RD**.

go 3.8 mi



3. **S DES PLAINES RIVER RD** becomes **US-45**.

go 2.5 mi



4. Take the ramp toward **ILLINOIS TOLLWAY**.

go 0.3 mi



5. Merge onto **WILLOW RD**.

go 3.2 mi



6. Turn **RIGHT** onto **PATRIOT BLVD**.

go 0.5 mi



7. Turn **LEFT** onto **COMPASS RD**.

go 0.2 mi



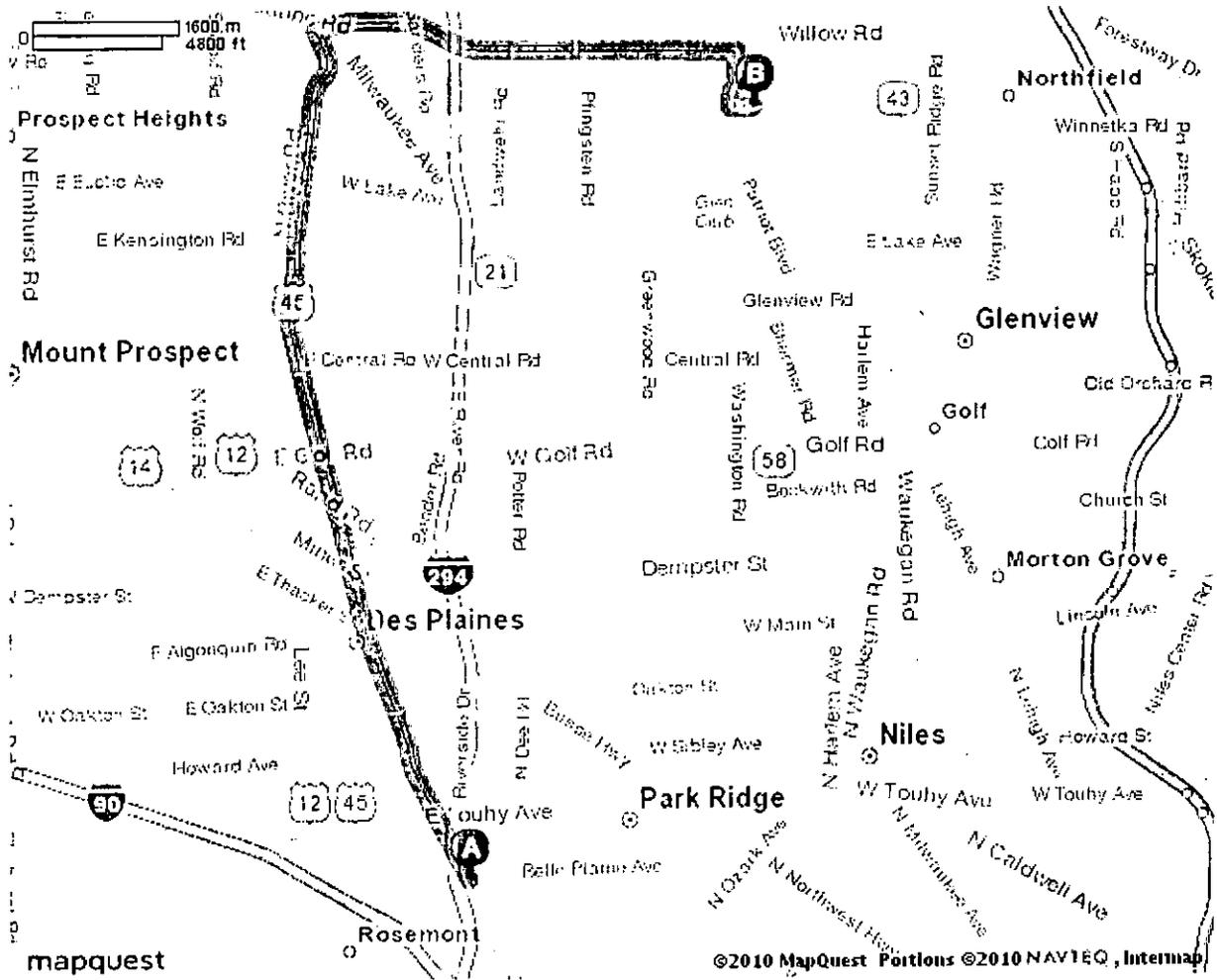
8. 2551 **COMPASS RD # 115** is on the **RIGHT**.

go 0.0 mi



Glen Endoscopy Center - (847) 656-2400
2551 Compass Rd # 115, Glenview, IL 60026
Total Travel Estimate : 11.66 miles - about 22 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Hoffman Estates Surgery Center

1555 Barrington Rd # 400, Hoffman Estates, IL 60169 - (847) 519-1600
 17.84 miles - about 25 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE.**

go 0.6 mi



2. Turn **RIGHT** onto **E DEVON AVE.**

go 0.6 mi



3. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** (Portions toll).

go 14.7 mi



4. Take the **BARRINGTON RD** exit.

go 0.3 mi



5. Take the **BARRINGTON RD SOUTH** ramp.

go 0.5 mi



6. Merge onto **BARRINGTON RD.**

go 1.1 mi



7. Make a **U-TURN** onto **BARRINGTON RD.**

go 0.0 mi



8. **1555 BARRINGTON RD # 400** is on the **RIGHT.**

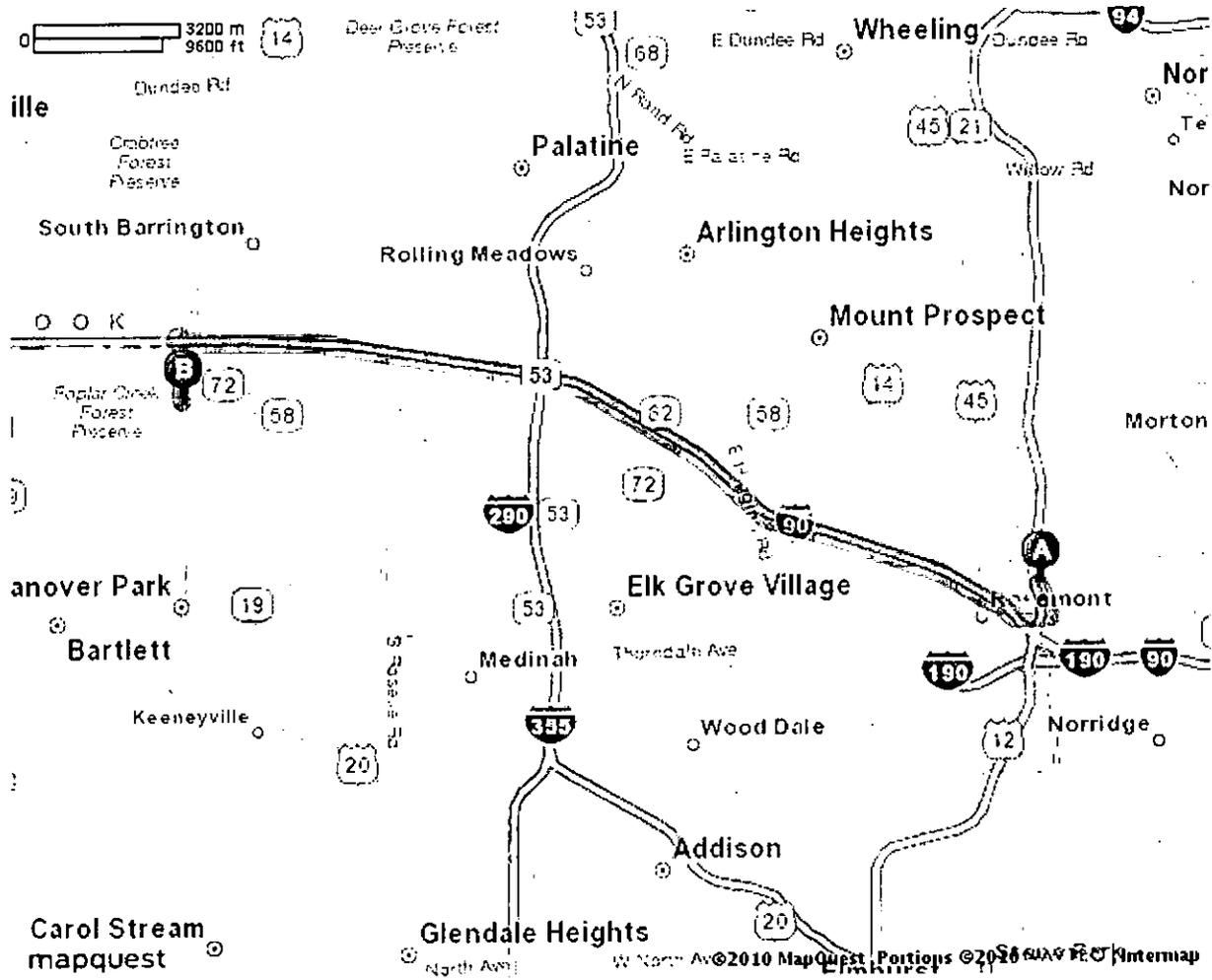
go 0.0 mi



Hoffman Estates Surgery Center - (847) 519-1600
1555 Barrington Rd # 400, Hoffman Estates, IL 60169

Total Travel Estimate : 17.84 miles - about 25 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Trip to Oak Brook Surgical Center

2425 W 22nd St # 101, Oak Brook,
 IL 60523 - (630) 990-2212
 15.51 miles - about 22 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **NORTHWEST** on **DES PLAINES RIVER RD / S RIVER RD** toward **E TOUHY AVE**. Continue to follow **S RIVER RD**.

go 0.5 mi



2. Make a **U-TURN** onto **S RIVER RD**.

go 0.0 mi



3. Merge onto **I-294 S** toward **TRI-STATE SOUTH / INDIANA** (Portions toll).

go 10.9 mi



4. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).

go 1.3 mi



5. Keep **RIGHT** at the fork to continue on **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).

go 1.0 mi



6. Take the exit toward **IL-83 N / CERMAK RD-22ND ST**.

go 0.2 mi



7. Merge onto **SPRING RD**.

go 0.0 mi



8. Turn **LEFT** onto **W 22ND ST**.

go 1.5 mi



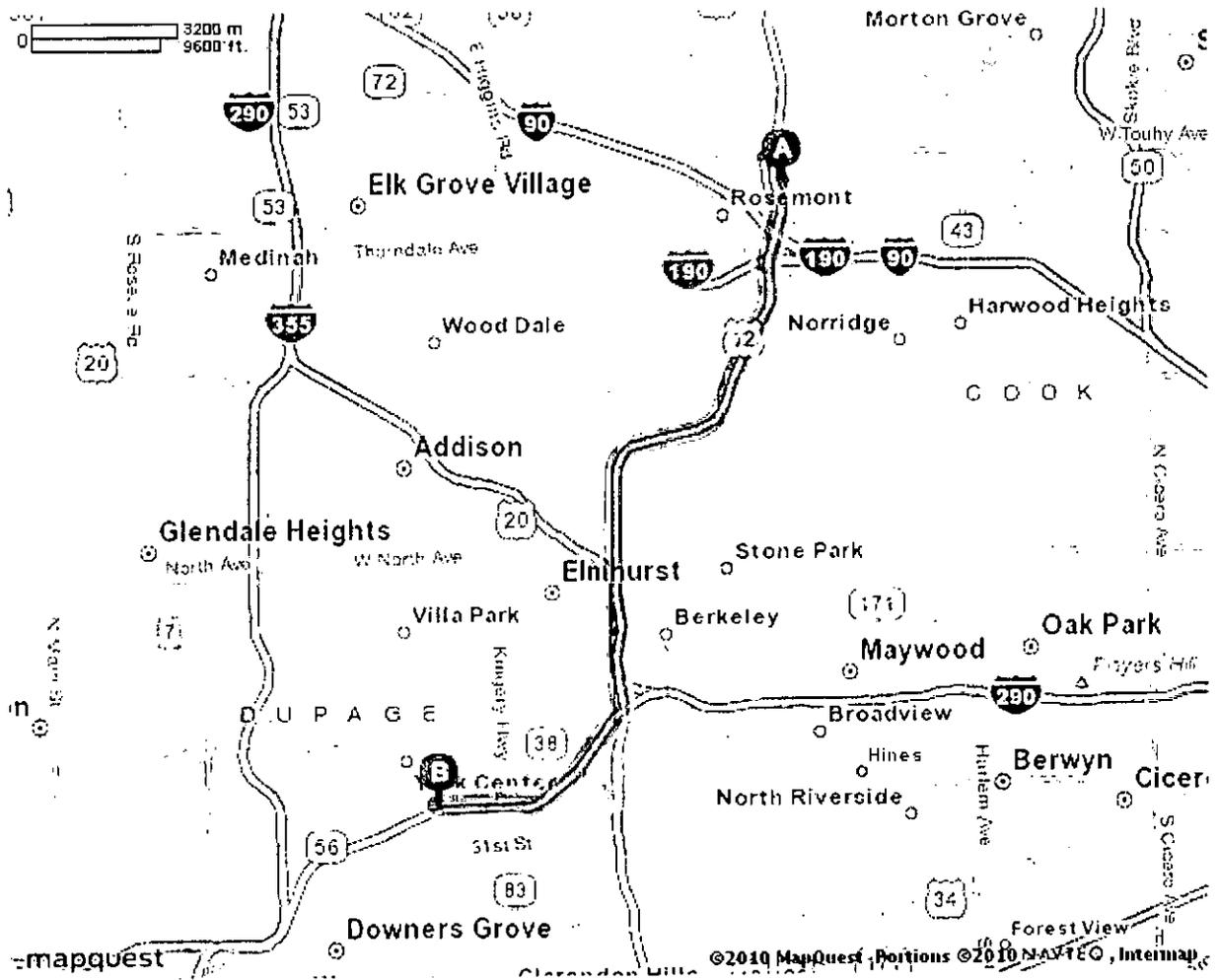
9. **2425 W 22ND ST # 101**.

go 0.0 mi



Oak Brook Surgical Center - (630) 990-2212
2425 W 22nd St # 101, Oak Brook, IL 60523
 Total Travel Estimate : 15.51 miles - about 22 minutes

Route Map Hide



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MAPQUEST.

Notes

Trip to Surgery Center At N Michigan

60 E Delaware Pl # 15, Chicago, IL 60611 -

(312) 944-0197

17.14 miles - about 26 minutes



2750 S River Rd, Des Plaines, IL 60018-4103



1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 1.5 mi



2. Merge onto **I-190 E** toward **CHICAGO**.

go 1.0 mi



3. **I-190 E** becomes **I-90 E / KENNEDY EXPY E**.

go 12.4 mi



4. Take **EXIT 50B** toward **EAST OHIO ST**.

go 1.1 mi



5. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.5 mi



6. Turn **LEFT** onto **N STATE ST**.

go 0.5 mi



7. Turn **RIGHT** onto **E DELAWARE PL**.

go 0.0 mi



8. **60 E DELAWARE PL # 15** is on the **LEFT**.

go 0.0 mi

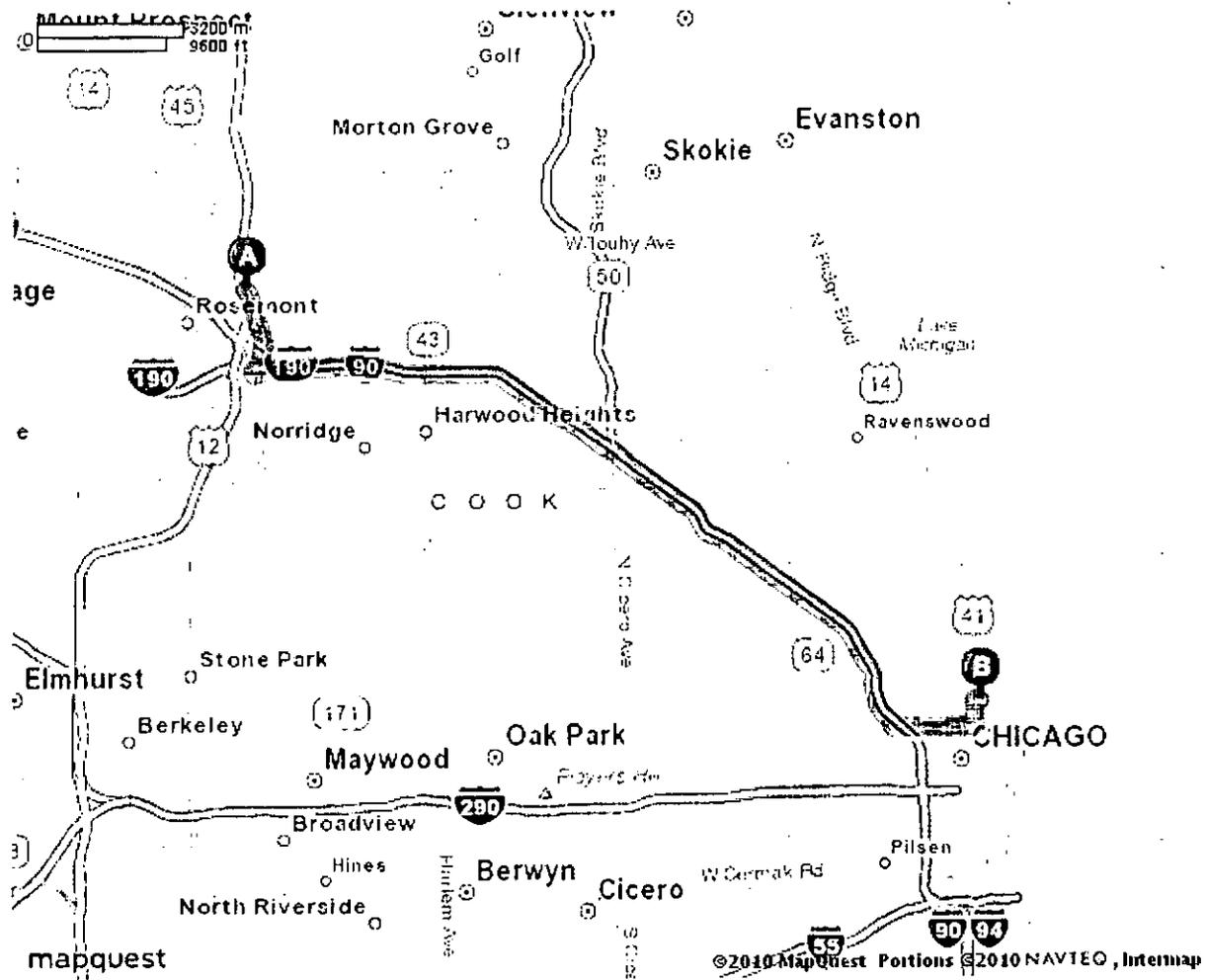


Surgery Center At N Michigan - (312) 944-0197

60 E Delaware Pl # 15, Chicago, IL 60611

Total Travel Estimate : 17.14 miles - about 26 minutes

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MAPQUEST

Notes

Trip to Watertower Surgicenter

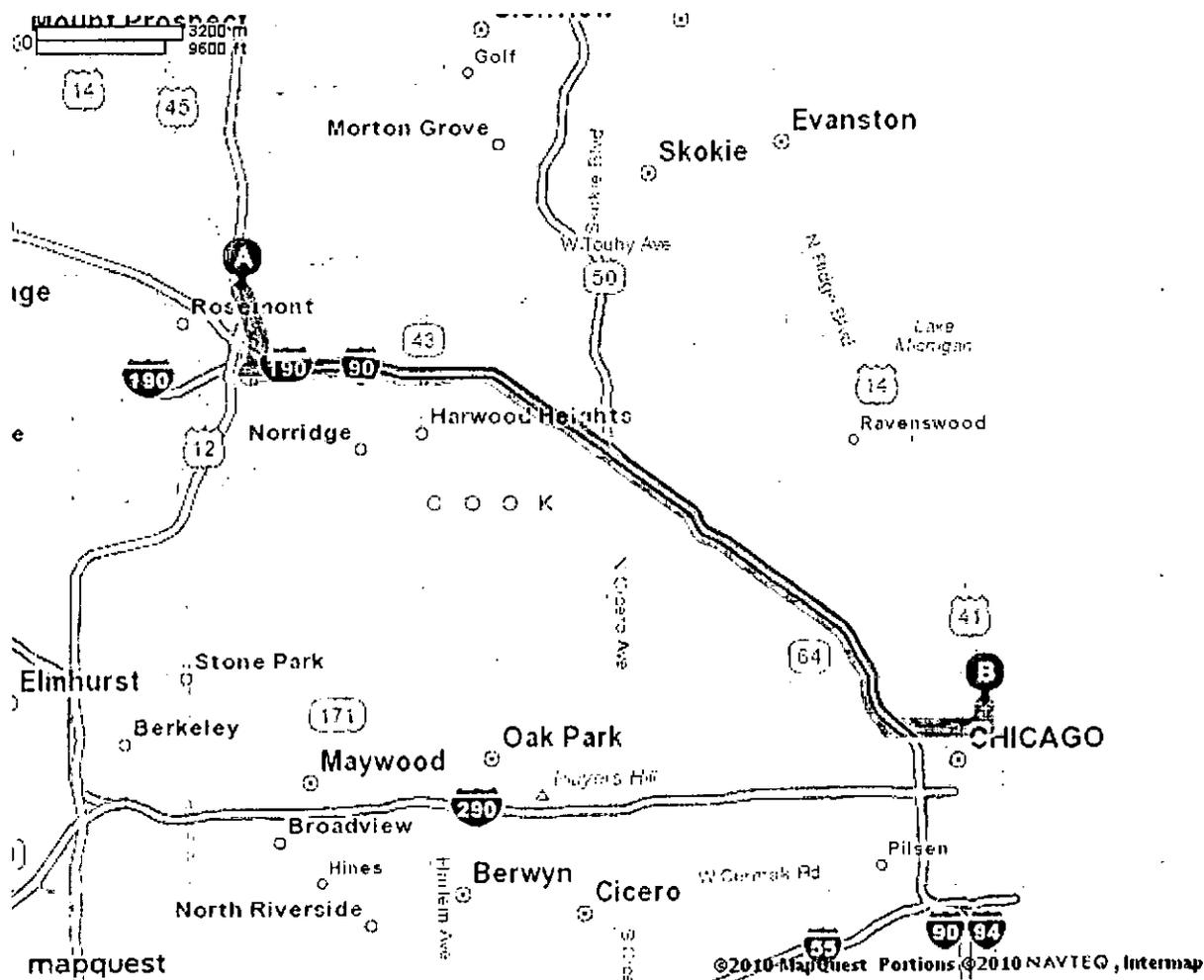
845 N Michigan Ave # 948W, Chicago,
 IL 60611 - (312) 944-2929
 17.18 miles - about 26 minutes

A 2750 S River Rd, Des Plaines, IL 60018-4103

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on DES PLAINES RIVER RD / S RIVER RD toward E DEVON AVE . Continue to follow S RIVER RD . | go 1.5 mi |
| | 2. Merge onto I-190 E toward CHICAGO . | go 1.0 mi |
| | 3. I-190 E becomes I-90 E / KENNEDY EXPY E . | go 12.4 mi |
| | 4. Take EXIT 50B toward EAST OHIO ST . | go 1.1 mi |
| | 5. Stay STRAIGHT to go onto W OHIO ST . | go 0.7 mi |
| | 6. Turn LEFT onto N MICHIGAN AVE . | go 0.4 mi |
| | 7. 845 N MICHIGAN AVE # 948W is on the RIGHT . | go 0.0 mi |

B **Watertower Surgicenter - (312) 944-2929**
845 N Michigan Ave # 948W, Chicago, IL 60611
 Total Travel Estimate : 17.18 miles - about 26 minutes

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MAPQUEST

Notes

Westlake Community Hospital

Trip to 1225 W Lake St

Melrose Park, IL 60160-4039

9.16 miles - about 20 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**1. Start out going **SOUTH** on **DES PLAINES RIVER RD / S RIVER RD** toward **E DEVON AVE**. Continue to follow **S RIVER RD**.

go 3.6 mi

2. **S RIVER RD** becomes **DES PLAINES RIVER RD**.

go 2.9 mi

3. Turn **SLIGHT RIGHT** onto **N 1ST AVE / IL-171**.

go 1.9 mi

4. Turn **RIGHT** onto **LAKE ST**.

go 0.7 mi

5. **1225 W LAKE ST** is on the **RIGHT**.

go 0.0 mi

**1225 W Lake St, Melrose Park, IL 60160-4039**

Total Travel Estimate : 9.16 miles - about 20 minutes

Route Map Hide



MAPQUEST

Notes

Westmont Surgery Center

Trip to 530 N Cass Ave

Westmont, IL 60559-1503

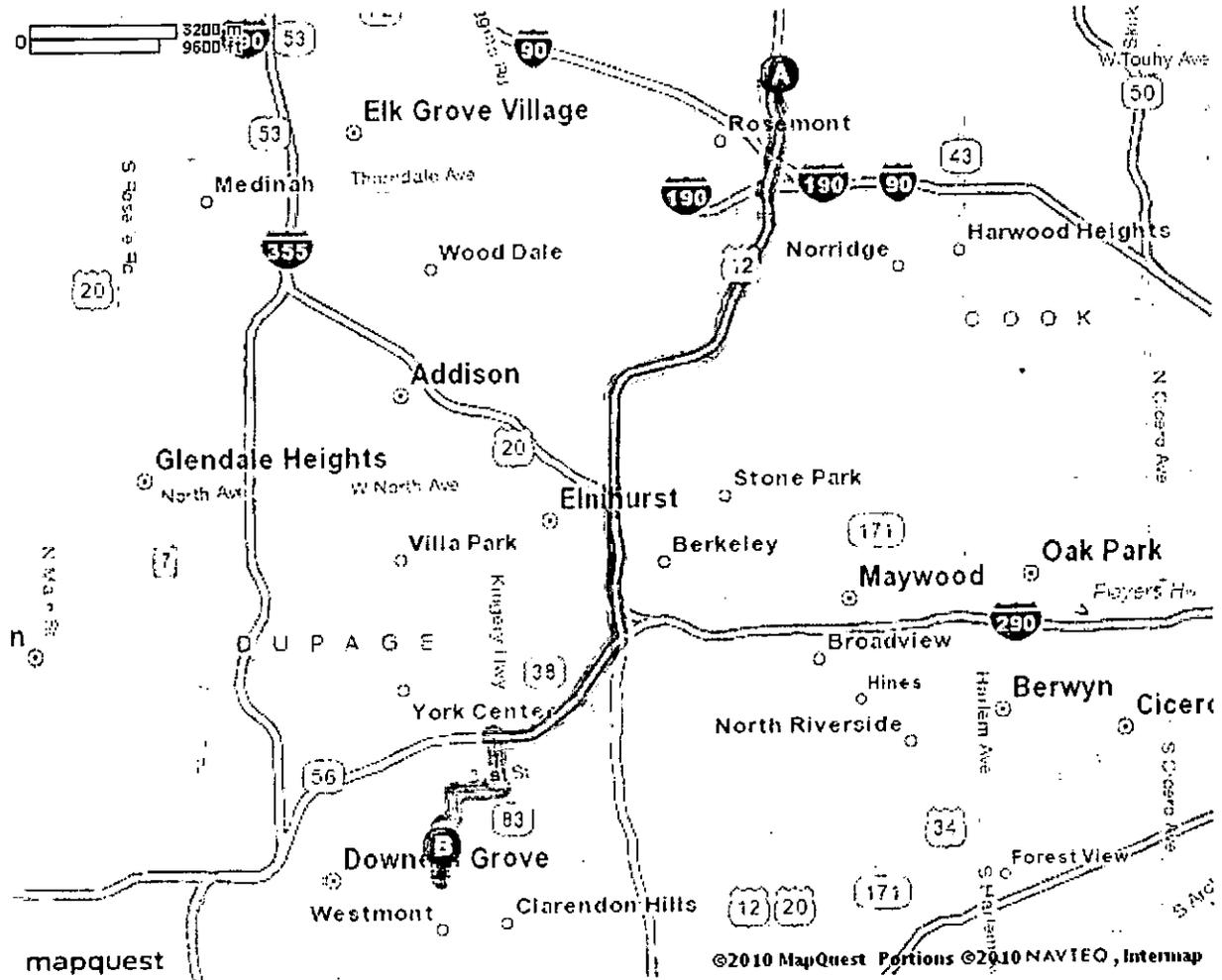
18.07 miles - about 26 minutes

**2750 S River Rd, Des Plaines, IL 60018-4103**

- | | | |
|---|--|------------|
|  | 1. Start out going NORTHWEST on DES PLAINES RIVER RD / S RIVER RD toward E TOUHY AVE . Continue to follow S RIVER RD . | go 0.5 mi |
|  | 2. Make a U-TURN onto S RIVER RD . | go 0.0 mi |
|   | 3. Merge onto I-294 S toward TRI-STATE SOUTH / INDIANA (Portions toll). | go 10.9 mi |
|   | 4. Merge onto I-88 W / RONALD REAGAN MEMORIAL TOLLWAY (Portions toll). | go 1.3 mi |
|   | 5. Keep RIGHT at the fork to continue on I-88 W / RONALD REAGAN MEMORIAL TOLLWAY (Portions toll). | go 1.6 mi |
|   | 6. Merge onto IL-83 S / KINGERY HWY . | go 1.0 mi |
|  | 7. Take the OAK BROOK RD / 31ST STREET exit. | go 0.3 mi |
|  | 8. Keep RIGHT at the fork to go on 31ST ST / OAK BROOK RD / CR-34 S . | go 0.8 mi |
|  | 9. Turn LEFT onto MIDWEST RD / CR-15 . Continue to follow CR-15 . | go 1.6 mi |
|  | 10. CR-15 becomes N CASS AVE . | go 0.0 mi |
|  | 11. 530 N CASS AVE is on the RIGHT . | go 0.0 mi |

B 530 N Cass Ave, Westmont, IL 60559-1503
Total Travel Estimate : 18.07 miles - about 26 minutes

Route Map Hide



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7160 3901 9848 6328 3811

TO: Mr. Mark Mayo
Administrator
25 East Same Day Surgery
25 East Washington Street, Suite 300
Chicago, IL 60602

SENDER: AMCOO

REFERENCE: 061486/405476

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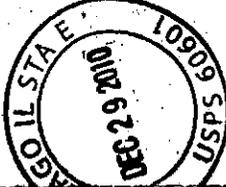
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7160 3901 9848 6328 3835

TO: Ms. Aimee Dillard
Administrator
Advantage Health Care, Ltd.
203 East Irving Park Road
Wood Dale, IL 60191

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3842

TO: Mr. David Crane
Chief Executive Officer
Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3828

TO: Dr. Severko Hrywnak
Administrator
Advanced Ambulatory Surgical Center
2333 Harlem Avenue
Chicago, IL 60707

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3866

TO: Ms. Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical
Center
811 West Wellington Avenue
Chicago, IL 60657

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3859

TO: Mr. David Fox
President
Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3880

TO: Ms. Diana Maracich
Administrator
Albany Medical Surgical Center
5086 North Elston Avenue
Chicago, IL 60630

SENDER: AMCOO

REFERENCE: 061486/405476

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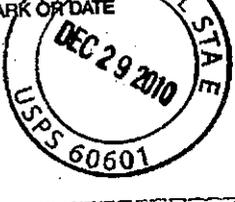
TO: Mr. Anthony Armada
President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3903

TO: Ms. Inga Ferdkoff
Administrator
Ambulatory Surgicenter of Downers
Grove
4333 Main Street
Downers Grove, IL 60515

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3897

TO: Mr. John Werrbach
President & CEO
Alexian Brothers Medical Center
800 Biesterfield Road
Elk Grove Village, IL 60007

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3910

TO: Dr. Renlin Xia
Administrator
American Women's Medical Group
2744 North Western Avenue
Chicago, IL 60647

SENDER: AMCOO

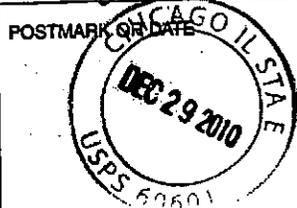
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7160 3901 9848 6328 3927

TO: Mr. Ali Nili
Administrator
Ashton Center for Day Surgery
1800 McDonough Road, Suite 100
Hoffman Estates, IL 60192

SENDER: AMCOO

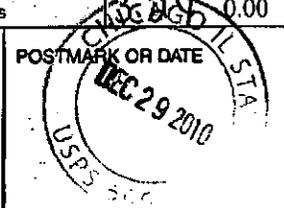
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7160 3901 9848 6328 3965

TO: Mr. Patrick Magoon
President & CEO
Children's Memorial Hospital
2300 North Children's Plaza
Chicago, IL 60614

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3934

TO: Ms. Faith McHale
Administrator
Belmont/Harlem Surgery Center, LLC
3101 North Harlem Avenue
Chicago, IL 60634

SENDER: AMCOO

REFERENCE: 061486/405476

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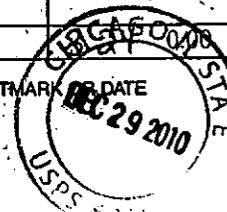
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7160 3901 9848 6328 3958

TO: Ms. Jennifer Broucek
Administrator
Chicago Prostate Cancer Surgery Center
815 Pasquinelli Drive
Westmont, IL 60559

SENDER: AMCOO

REFERENCE: 061486/405476

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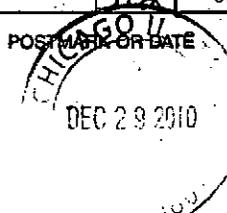
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7160 3901 9848 6328 3941

TO: Mr. Luke McGuinness
President & Chief Executive Officer
Central DuPage Hospital
25 Winfield Road
Winfield, IL 60190

SENDER: AMCOO

REFERENCE: 061486/405476

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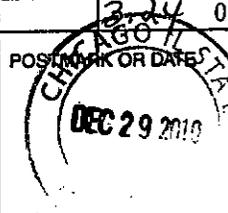
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7160 3901 9848 6328 3996

TO: Ms. Nancy Nelson
Administrator
Dimensions Medical Center, Ltd.
1455 Golf Road, Suite 108
Des Plaines, IL 60016

SENDER: AMCOO

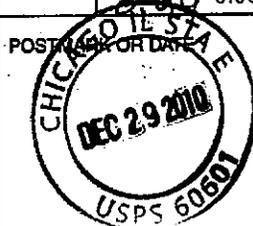
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7160 3901 9848 6328 4009

TO: Mr. Rik Baier
Administrator
DMG Surgical Center
2725 South Technology Drive
Lombard, IL 60148

SENDER: AMCOO

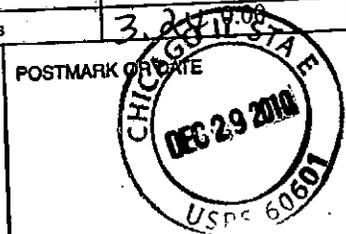
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7160 3901 9848 6328 3989

TO: Dr. Renlin Xia
Administrator
Fullerton Kimball Medical & Surgical
Center
3412 West Fullerton Avenue
Chicago, IL 60647

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3972

TO: Ms. Kristen DiCicco
Administrator
Children's Memorial Outpatient Services
2301 Enterprise Drive
Westchester, IL 60154

SENDER: AMCOO

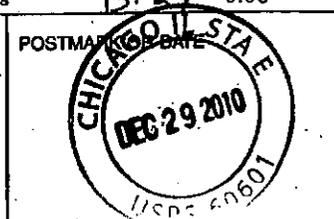
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7160 3901 9848 6328 4030

TO: Mr. Mark Mayo
Administrator
Elmwood Park Same Day Surgery, LLC
1614 North Harlem Avenue
Elmwood Park, IL 60707

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 4016

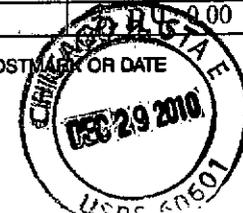
TO: Mr. Leo Fronza
President & Chief Executive Officer
Elmhurst Memorial Hospital
200 North Berneau Avenue
Elmhurst, IL 60126

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 4023

TO: Ms. Tina Mentz
Administrator
Elmhurst Outpatient Surgery Center
120 South York Road
Elmhurst, IL 60126

SENDER: AMCOO

REFERENCE: 061486/405476

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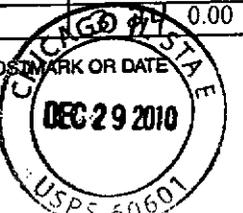
TO: Dr. Brian Smith
Administrator
Eye Surgery Center of Hinsdale
950 North York Road
Hinsdale, IL 60521

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

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7160 3901 9848 6328 3057

TO: Mr. Lowell Scott Weil
Administrator
Foot & Ankle Surgical Center
1455 Golf Road, Suite 134
Des Plaines, IL 60016

SENDER: AMCOO

REFERENCE: 061486/405476

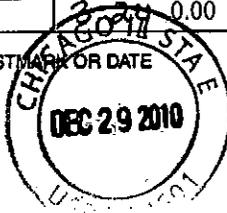
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7160 3901 9848 6328 3064

TO: Dr. Salam Okasha
Administrator
Fullerton Surgery Center, Inc.
4849 West Fullerton Avenue
Chicago, IL 60639

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3071

TO: Mr. Douglas Silverstein
President
Glenbrook Hospital
2100 Pfingsten Road
Glenview, IL 60026

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3068

TO: Dr. Nicholas Lygizos
Administrator
Golf Surgical Center
8901 Golf Road
Des Plaines, IL 60016

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

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7160 3901 9848 6328 3118

TO: Mr. Fernando Gruta
Administrator
Hinsdale Surgical Center
908 North Elm Street, Suite 401
Hinsdale, IL 60521

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

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7160 3901 9848 6328 3125

TO: Dr. Ramon Garcia
Administrator
Hispanic-American Endoscopy Center, LLC
3536 West Fullerton Avenue
Chicago, IL 60647

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

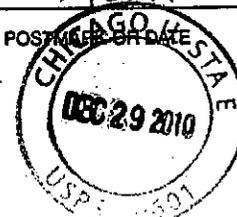
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7160 3901 9848 6328 3095

TO: Ms. Patricia Cassidy
President
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3101

TO: Mr. Joe Jafari
Administrator
Grand Avenue Surgical Center
17 West Grand Avenue
Chicago, IL 60654

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

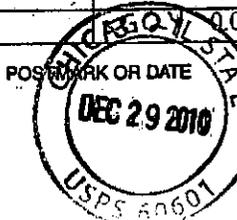
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7160 3901 9848 6328 3149

TO: Mr. Lawrence Parrish
Administrator
Illinois Sports Medicine & Orthopedic
Surgery Center
9000 Waukegan Road, Suite 120
Morton Grove, IL 60053

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

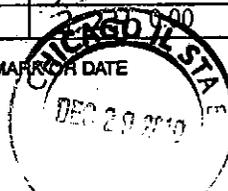
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7160 3901 9848 6328 3163

TO: Ms. Yvette Barnabas
Administrator
Lakeshore Physicians & Surgery Center
7200 North Western Avenue
Chicago, IL 60645

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3132

TO: Mr. John Baird
CEO
Holy Family Hospital
100 North River Road
Des Plaines, IL 60016

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3156

TO: Ms. Wendy Luxenburg
Administrator
John Stroger Hospital of Cook County
1901 West Harrison Street
Chicago, IL 60612

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3194

TO: Mr. Daniel Post
Administrator
Loyola University Ambulatory Surgical
Center
2160 South First Avenue
Maywood,IL 60153

SENDER: AMCOO

REFERENCE: 061486/405476

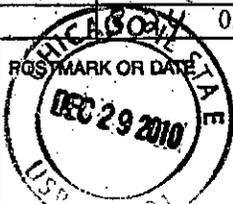
PS Form 3800, January 2005

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7160 3901 9848 6328 3200

TO: Ms. Sharon O'Keefe
President
Loyola University Medical Center
2160 South First Avenue
Maywood,IL 60153

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3170

TO: Mr. Steve Drucker
President & CEO
Loretto Hospital
645 South Central Avenue
Chicago,IL 60644

SENDER: AMCOO

REFERENCE: 061486/405476

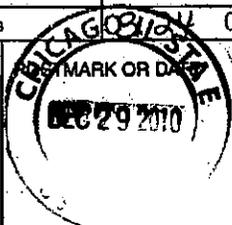
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7160 3901 9848 6328 3187

TO: Mr. Geoffrey Abbott
Administrator
Loyola Ambulatory Surgical Center at
Oakbrook
1 So. 224 Summit Avenue, Suite 201
Oakbrook Terrace,IL 60181

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3217

TO: Mr. Ronald Ladniak
Administrator
Midwest Center for Day Surgery
3811 Highland Avenue
Downers Grove, IL 60515

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3224

TO: Ms. Kimberly Zidonis
Administrator
North Shore Surgical Center
3725 West Touhy Avenue
Lincolnwood, IL 60712

SENDER: AMCOO

REFERENCE: 061486/405476

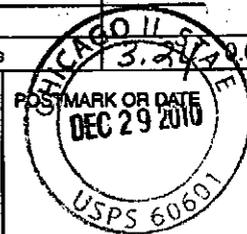
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7160 3901 9848 6328 3231

TO: Mr. Ali Nili
Administrator
Aiden Center for Day Surgery
1580 West Lake Street
Addison, IL 60101

SENDER: AMCOO

REFERENCE: 061486/405476

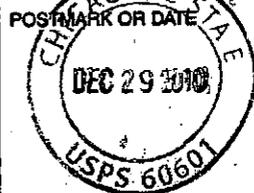
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7160 3901 9848 6328 3248

TO: Mr. Michael Eesley
President & Chief Executive Officer
Northern Illinois Medical Center
330 West Terra Cotta Avenue
Crystal Lake, IL 60014

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3262

TO: Mr. Bruce Crowther
President & CEO
Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005

SENDER: AMCOO

REFERENCE: 061486/405476

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USPS 60601

7160 3901 9848 6328 3255

TO: Ms. Roxanne Matias
Administrator
Northwest Community Day Surgery
675 West Kirchoff Road
Arlington Heights, IL 60005

SENDER: AMCOO

REFERENCE: 061486/405476

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USPS 60601

7160 3901 9848 6328 3286

TO: Mr. Dean Harrison
President & CEO
Northwestern Memorial Hospital
240 East Ontario
Chicago, IL 60611

SENDER: AMCOO

REFERENCE: 061486/405476

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CHICAGO, ILL. STATE
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USPS 60601

7160 3901 9848 6328 3279

TO: Ms. Karolynn Welu-Kuecker
Administrator
Northwest Surgicare HealthSouth
1100 West Central Road
Arlington Heights, IL 60005

SENDER: AMCOO

REFERENCE: 061486/405476

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USPS 60601

7160 3901 9848 6328 3316

TO: Ms. Kelly Spillane
Administrator
Novamed Surgery Center of River
Forest
7427 West Lake Street
River Forest, IL 60453

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3293

TO: Mr. Jose Sanchez
President & CEO
Norwegian American Hospital
1044 North Francisco Avenue
Chicago, IL 60622

SENDER: AMCOO

REFERENCE: 061486/405476

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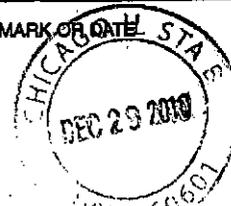
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7160 3901 9848 6328 3323

TO: Ms. Ivette Estrada
CEO
Our Lady of Resurrection Hospital
5645 West Addison Street
Chicago, IL 60634

SENDER: AMCOO

REFERENCE: 061486/405476

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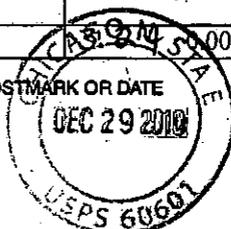
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7160 3901 9848 6328 3309

TO: Mr. John Calta
Administrator
Novamed Surgery Center of Chicago
Northshore, LLC
3034 West Peterson Avenue
Chicago, IL 60659

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3330

TO: Ms. Tess Sagaidoro
Administrator
Peterson Surgery Center,
2300 West Peterson Avenue
Chicago, IL 60659

SENDER: AMCOO

REFERENCE: 061486/405476

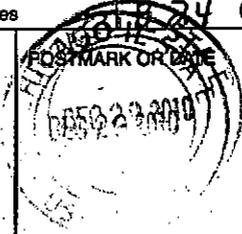
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7160 3901 9848 6328 3347

TO: Ms. Melody Winter-Jabeck
Administrator
Ravine Way Surgery Center
2350 Ravine Way, Suite 500
Glenview, IL 60025

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3354

TO: Sr. Donna Marie Wolowicki
Executive Vice President
Resurrection Medical Center
7435 West Talcott Avenue
Chicago, IL 60631

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3361

TO: Ms. Jonette Marino
Administrator
River North Same Day Surgery Center
One East Erie, Suite 300
Chicago, IL 60611

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3378

TO: Ms. Kristen Murtos
President
Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076

SENDER: AMCOO

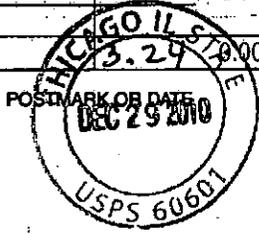
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7160 3901 9848 6328 3392

TO: Ms. Barbara Ramsey
Administrator
Rush Surgicenter - Professional Building
1725 West Harrison, Suite 556
Chicago, IL 60612

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3385

TO: Mr. Bruce Elegant
President & CEO
Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304

SENDER: AMCOO

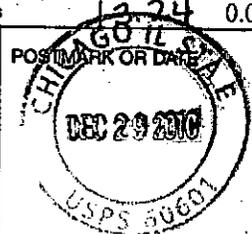
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7160 3901 9848 6328 3408

TO: Dr. Larry Goodman
President & CEO
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3422

TO: Mr. Edward Goldberg
President & Chief Executive Officer
St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60169

SENDER: AMCOO

REFERENCE: 061486/405476

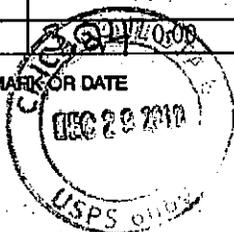
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7160 3901 9848 6328 3415

TO: Dr. Sarmed Elias
Administrator
Six Corners Same Day Surgery
4211 North Cicero Avenue, Suite 400
Chicago, IL 60641

SENDER: AMCOO

REFERENCE: 061486/405476

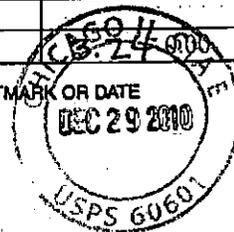
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7160 3901 9848 6328 3446

TO: Ms. Margaret McDermott
CEO
St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, IL 60622

SENDER: AMCOO

REFERENCE: 061486/405476

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7160 3901 9848 6328 3437

TO: Ms. Margaret McDermott
CEO
St. Elizabeth's Hospital
1431 North Claremont Avenue
Chicago, IL 60622

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

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7160 3901 9848 6328 3460

TO: Dr. Ronald Bloom
Administrator
The Glen Endoscopy Center
2551 Compass Road, Suite 115
Glenview, IL 60026

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

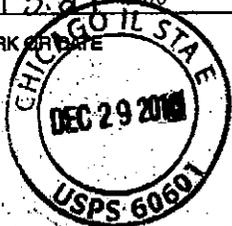
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	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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7160 3901 9848 6328 3453

TO: Mr. Mark Newton
President & CEO
Swedish Covenant Hospital
5145 North California Avenue
Chicago, IL 60625

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

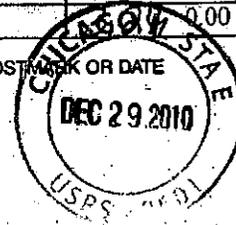
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	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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**Receipt for
Certified Mail**

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7160 3901 9848 6328 3484

TO: Mr. Ali Nili
Administrator
The Oak Brook Surgical Centre
2425 West 22nd Street, Suite 101
Oakbrook, IL 60523

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

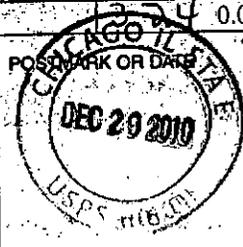
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	Certified Fee		2.80
	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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7160 3901 9848 6328 3477

TO: Ms. Patricia Wade
Administrator
The Hoffman Estates Surgery Center
1555 Barrington Road, DOB 3, Suite
0400
Hoffman Estates, IL 60169

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

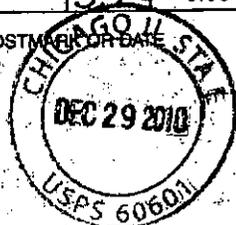
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	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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POSTMARK OR DATE



7160 3901 9848 6328 3514

TO: Ms. Patricia Shehorn
CEO
Westlake Community Hospital
1225 West Lake Street
Melrose Park, IL 60160

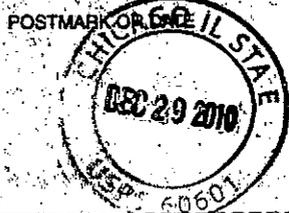
SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.44	0.00
	Certified Fee		2.80
	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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Receipt for Certified Mail

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7160 3901 9848 6328 3521

TO: Mr. Ronald Ladniak
Administrator
Westmont Surgery Center
530 North Cass Avenue
Westmont, IL 60559

SENDER: AMCOO

REFERENCE: 061486/405476

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RETURN RECEIPT SERVICE	Postage	.44	0.00
	Certified Fee		2.80
	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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7160 3901 9848 6328 3507

TO: Dr. Paul Madison
Administrator
Watertown Surgicenter
845 North Michigan Avenue, Suite 930
E
Chicago, IL 60611

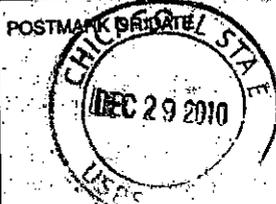
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REFERENCE: 061486/405476

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RETURN RECEIPT SERVICE	Postage	.44	0.00
	Certified Fee		2.80
	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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Receipt for Certified Mail

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7160 3901 9848 6328 3491

TO: Ms. Guita Griffiths
Administrator
The Surgery Center at 900 North
Michigan
60 East Delaware Avenue, 15th Floor
Chicago, IL 60611

SENDER: AMCOO

REFERENCE: 061486/405476

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.44	0.00
	Certified Fee		2.80
	Return Receipt Fee		
	Restricted Delivery		
	Total Postage & Fees	3.24	0.00

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After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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