

Hills, Bonnie

From: Alison L. Miller [almiller@novamed.com]
Sent: Wednesday, December 21, 2011 11:41 AM
To: Hills, Bonnie
Cc: Tom Chirillo; John Lawrence
Subject: CON Opposition Letters - Palos Hills Surgery Center
Attachments: Oak Lawn CON Opposition Submission - Palos Hills ASC.pdf; River Forest CON Opposition Submission - Palos Hills ASC.pdf

Importance: High

Hello Bonnie. Per our conversation, please see the attached CON opposition letters as relates to Palos Hills Surgery Center. You will receive these via certified mail as well.

Thanks and Happy Holidays,

Alison

Alison Miller

Legal and Insurance Services Coordinator
Surgery Partners (formerly NovaMed, Inc.)
333 W. Wacker Drive, Suite 1010
Chicago, IL 60606
312-780-3268 (phone and fax)

IMPORTANT:

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December 20, 2011

VIA CERTIFIED MAIL;
RETURN RECEIPT REQUESTED

11-095

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: Palos Hills Surgery Center, LLC

Dear Mr. Galassie:

On behalf of NovaMed Surgery Center of Oak Lawn, LLC ("Oak Lawn ASC"), this letter serves to formally oppose the Certificate of Need application submitted by Palos Hills Surgery Center, LLC for a proposed facility to be located at 10330 South Roberts Road, Palos Hills, Illinois 60457 ("Palos Hills ASC").

The proposed Palos Hills ASC is located approximately three miles from the Oak Lawn ASC. Given this close proximity, the proposed Palos Hills ASC would be serving the same patient base as the existing Oak Lawn ASC. The Oak Lawn ASC provides orthopedic, plastic, ophthalmic, urologic/gynecologic and pain management services to the surrounding community. For the eleven months ended November 30, 2011, there have been 2,917 cases performed at the Oak Lawn ASC. This is well below its capacity and well below its historic performance. Therefore, we believe there is already excess capacity in the area and the approval of the Palos Hills ASC application will result in an unnecessary duplication of services and facilities.

For these reasons, we oppose the CON application submitted by the Palos Hills ASC and respectfully request that you consider the negative impact of this proposed project on the Oak Lawn ASC.

Please feel free to contact me at (312) 250-6313 if you should have any questions or need any further information.

Respectfully yours,

A handwritten signature in black ink that reads "Thomas J. Chirillo".

Thomas J. Chirillo
Senior Vice President

Surgery Partners

333 West Wacker Drive • Suite 1010 • Chicago, Illinois 60606

T 312.664.4100 • F 312.664.4250 • www.surgerypartners.com

Murer Consultants, Inc.

October 3, 2011



58 North Chicago Street
7th Floor
Joliet, IL 60432
815-727-8355 Telephone
815-727-8360 Telefax

Jo Ann Depergola R.N.
Administrator
Novamed Center for Reconstructive Surgery
6309 W 95th St
Oak Lawn, IL 60453-2201

VIA CERTIFIED MAIL

Dear Ms. Depergola

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Novamed Center for Reconstructive Surgery. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2nd Fl., Springfield, IL 62761.

Sincerely,


Drake Shunneson, JD, LLM
On Behalf Of
Palos Hills Surgery Center, LLC

Appendix 1

7005 1820 0007 0345 1533
EST 5430 2000 0281 500

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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D. Gallucci, IL HFSRB
Street, Apt. No.
or PO Box No. 525 W. Jefferson St, 2nd fl
City, State, ZIP+4
Springfield, IL 62761



December 20, 2011

**VIA CERTIFIED MAIL;
RETURN RECEIPT REQUESTED**

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: Palos Hills Surgery Center, LLC

Dear Mr. Galassie:

On behalf of NovaMed Surgery Center of River Forest, LLC ("River Forest ASC"), this letter serves to formally oppose the Certificate of Need application submitted by Palos Hills Surgery Center, LLC for a proposed facility to be located at 10330 South Roberts Road, Palos Hills, Illinois 60457 ("Palos Hills ASC").

The proposed Palos Hills ASC is located approximately thirteen miles from the River Forest ASC. Given this close proximity, the proposed Palos Hills ASC would be serving the same patient base as the existing River Forest ASC. The River Forest ASC provides ophthalmic, and ocular plastic services to the surrounding community. For the eleven months ended November 30, 2011, there have been 1,389 cases performed at the River Forest ASC. This is well below its capacity and well below its historic performance. Therefore, we believe there is already excess capacity in the area and the approval of the Palos Hills ASC application will result in an unnecessary duplication of services and facilities.

For these reasons, we oppose the CON application submitted by the Palos Hills ASC and respectfully request that you consider the negative impact of this proposed project on the River Forest ASC.

Please feel free to contact me at (312) 250-6313 if you should have any questions or need any further information.

Respectfully yours,

A handwritten signature in cursive script that reads "Thomas J. Chirillo".

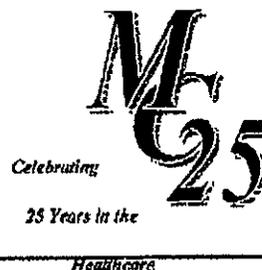
Thomas J. Chirillo
Senior Vice President

Surgery Partners

333 West Wacker Drive • Suite 1010 • Chicago, Illinois 60606

T 312.664.4100 • F 312.664.4250 • www.surgerypartners.com

Murer Consultants, Inc.



October 3, 2011

58 North Chicago Street
 7th Floor
 Joliet, IL 60432
 815-727-3355 Telephone
 815-727-3360 Telefax

Kelly Spillane, RN
 Administrator
 Novamed Surgery Center of River Forest
 7427 WEST LAKE STREET
 River Forest, IL 60305-1817

VIA CERTIFIED MAIL

Dear Ms. Spillane

I am writing on behalf of our client Palos Hills Surgery Center, LLC to inform you of its intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (HFSRB) for the proposed establishment of a limited specialty ambulatory surgical treatment center. The proposed project will be located at 10330 S. Roberts Rd., Palos Hills, IL 60457.

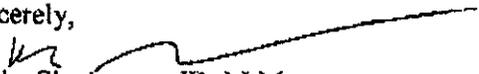
Palos Hills Surgery Center, LLC will provide orthopaedic and plastic surgery. It will consist of two procedure rooms, 4,208 gross square feet of clinical space, and 1,257 gross square feet of non-clinical space for a total of 5,465 in total gross square feet.

The establishment of the proposed project will result in a modernization of the existing site. The cost will be approximately \$2,421,158.40. Palos Hills Surgery Center, LLC projects that the case load for the first year after project completion will be approximately 1,810 procedures.

Pursuant to Section 1110.1540(e) of the HFSRB Rules, we request that you advise us of any impact that this facility will have on Novamed Surgery Center of River Forest. If you elect to respond, please identify the impact in patient loss that the proposed project will have to utilization at your facility.

Please send your response to Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, 525 W. Jefferson St., 2nd Fl., Springfield, IL 62761.

Sincerely,


 Drake Shunnerson, JD, LLM
 On Behalf Of
 Palos Hills Surgery Center, LLC

7005 1620 0007 0345 1540

U.S. Postal Service
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Sent To
 A. Galliani, IL HF SRB
 Street, Apt. No.,
 or PO Box No. 515 W. Jackson Jefferson St.
 City, State, ZIP+4 SEASCO 2nd Fl
 Seaside FL 32761