

**AFFILIATED SURGICARE, LTD.**

4941 NORTH KEDZIE AVENUE  
CHICAGO, IL 60625-5009

CITIBANK, N.A. BR. #12  
CHICAGO, IL 60623  
2-7080-2710

3/12/2013

PAY TO THE ORDER OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH

\$ **\*\*8,375.73**

Eight Thousand Three Hundred Seventy-Five and 73/100\*\*\*\*\* DOLLARS

ILLINOIS DEPARTMENT OF PUBLIC HEALTH



MEMO Project # 13-007  
Application fee for orland park Preferred Surgicenter, LLC

AUTHORIZED SIGNATURE

⑈001291⑈ ⑆271070801⑆0800514894⑈

Security features. Details on back.

**AFFILIATED SURGICARE, LTD.**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

3/12/2013

8,375.73

**RECEIVED**

MAR 19 2013

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

CITIBANK CHECKIN Application fee for orland park

8,375.73

**RECEIVED**

MAR 19 2013

HEALTH FACILITIES &  
SERVICES REVIEW BOARD3/7/13, 2013

Ms. Courtney Avery  
 Administrator  
 Illinois Health Facilities and Services Review Board  
 Illinois Department of Public Health  
 525 West Jefferson Street, Second Floor  
 Springfield, Illinois 62761

**RE: Physician Referral Letter for Project No. 13-007, Preferred SurgiCenter, LLC**

Dear Ms. Avery:

I am a surgeon who specializes in gastroenterology. ("Specialty"). Over the past twelve months, I have performed a total of 616 outpatient surgery cases in this Specialty. My surgical caseload in this Specialty will constitute the majority of my surgical work in the future.

During the past twelve months, I referred my surgical cases in this Specialty to the following health care facilities, which includes hospitals and ambulatory surgical treatment centers ("ASTC"). I expect to refer a certain number of these surgical cases to the multi-specialty ASTC that will be operated by Preferred SurgiCenter, LLC (the "CON Permit Applicant"). The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

Name & Address of Healthcare Facility	Type of Healthcare Facility: ASTC, Hospital or Other	Number of Surgical Cases Referred to HCF: Most Recent 12 Month Period
Name: Silver Cross Hospital Address: Joliet IL	hospital	0
Name: Surgery Center of Joliet Address: Joliet IL	surg cntr	552
Name: St Joseph med Cntr Address: Joliet IL	hosp.	64
Name: Address:		
<b>TOTALS</b>		<u>616</u>

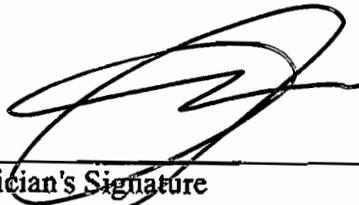
Based on my prior surgical caseload, I anticipate that I will refer 500 surgical cases in my Specialty to the proposed ASTC.

**Physician Referral Letter**  
Preferred SurgiCenter, LLC (Project No. 13-007)  
Page 2

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

In addition to the referral information provided herein, please also note my strong support for the proposed ASTC.

Respectfully submitted,



Physician's Signature

Richard Rotnicki DO

Physician's Printed Name

1715 N DIMSION St, Ste. A

Street Address

Morris IL 60450

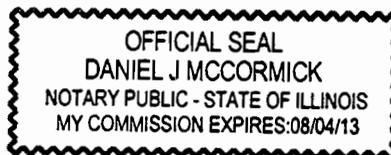
City, State & Zip Code

**NOTARY:**

Subscribed and sworn to me this 14<sup>th</sup> day of MARCH, 2013.

Notary Public

Seal:



**RECEIVED**

MAR 19 2013

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

3/7/13, 2013

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**RE: Physician Referral Letter for Project No. 13-007, Preferred SurgiCenter, LLC**

Dear Ms. Avery:

I am a surgeon who specializes in gastroenterology. ("Specialty"). Over the past twelve months, I have performed a total of 1202 outpatient surgery cases in this Specialty. My surgical caseload in this Specialty will constitute the majority of my surgical work in the future.

During the past twelve months, I referred my surgical cases in this Specialty to the following health care facilities, which includes hospitals and ambulatory surgical treatment centers ("ASTC"). I expect to refer a certain number of these surgical cases to the multi-specialty ASTC that will be operated by Preferred SurgiCenter, LLC (the "CON Permit Applicant"). The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

Name & Address of Healthcare Facility	Type of Healthcare Facility: ASTC, Hospital or Other	Number of Surgical Cases Referred to HCF: Most Recent 12 Month Period
Name: Silver Cross Hospital Address: Joliet IL	Hosp	235
Name: Surgery Center of Joliet Address: Joliet IL	Surrg cntr	547.
Name: St Joseph med Cntr Address: Joliet IL	hosp.	420
Name: Address:		
<b>TOTALS</b>		<b>1202.</b>

Based on my prior surgical caseload, I anticipate that I will refer 700 surgical cases in my Specialty to the proposed ASTC.

**Physician Referral Letter**

Preferred SurgiCenter, LLC (Project No. 13-007)

Page 2

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

In addition to the referral information provided herein, please also note my strong support for the proposed ASTC.

Respectfully submitted,

*B. Hamad*

Physician's Signature

*Bashar Hamad MD*

Physician's Printed Name

*1100 Howbolt Rd*

Street Address

*Joliet IL 60431*

City, State & Zip Code

**NOTARY:**

Subscribed and sworn to me this 7<sup>th</sup> day of March, 2013.

*Toni Durham*

Notary Public

Seal:

