

March 22, 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

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Dear Ms. Avery:

I am a surgeon who specializes in general surgery ("Specialty"). Over the past twelve months, I have performed a total of 1100 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 outpatient surgical cases to the following health care facilities, which includes hospitals and/or ambulatory surgical treatment centers ("ASTCs"). I expect to refer a certain number 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.

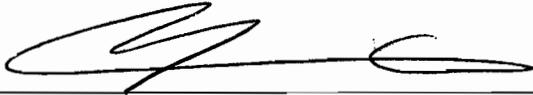
Name & Address of Healthcare Facility	Type of Healthcare Facility (ASTC, Hospital or Other)	Number of Surgical Cases Referred to HCF Most Recent 12 Month Period
Tinley Woods Surgery Center 18200 LaGrange Road Tinley Park, Illinois 60487	ASTC	80
Hinsdale Surgery Center 908 North Elm Street Hinsdale, Illinois 60521	ASTC	150
LaGrange Memorial Hospital 5101 Willow Springs Road LaGrange, Illinois 60525	Hospital	400
Hinsdale Hospital 120 North Oak Street Hinsdale, Illinois 60521	Hospital	150
Ingalls Memorial Hospital 1 Ingalls Drive Harvey, Illinois 60426	Hospital	320
TOTALS		1100

Based on my prior surgical caseload, I anticipate that I will refer 150 surgical cases in my Specialty to the proposed ASTC.

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. I further certify that 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 support for the proposed ASTC.

Respectfully submitted,



Physician's Signature

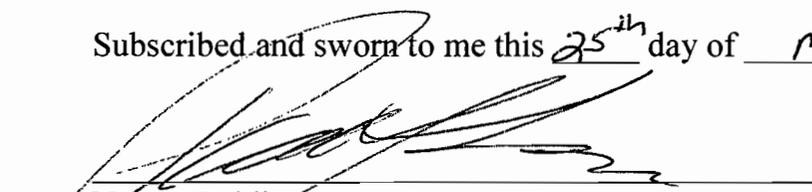
Dr. Sami M. Bittar

5201 S. Willow Springs Rd
Street Address

Suite 440 La Grange IL 60525
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 25th day of MARCH, 2013.



Notary Public

Seal:

