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HEALTH FACILITIES &
SERVICES REVIEW BOARD

March 27, 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 (endoscopy) surgery ("Specialty"). Over the past twelve months, I have performed a total of 568 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/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.

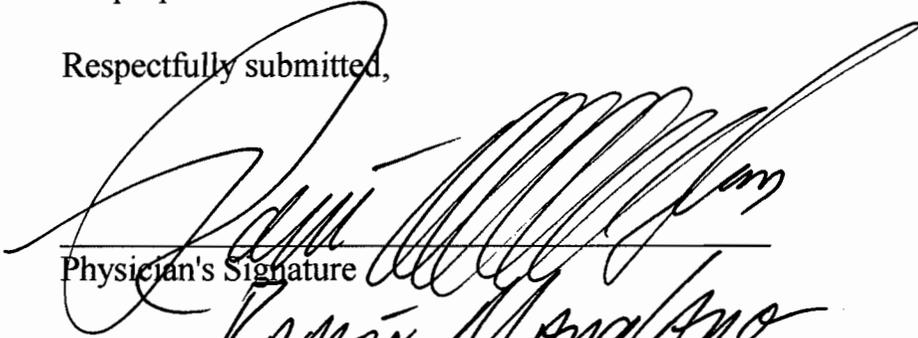
Name & Address of Healthcare Facility	Type of Healthcare Facility (ASTC, Hospital or Other)	Number of Surgical Cases Referred to HCF Most Recent 12 Month Period
MetroSouth Medical Center 12935 South Gregory Street Blue Island, Illinois 60406	Hospital	208
Pronger Smith 17495 South LaGrange Road Tinley Park, Illinois 60487	Office	360
TOTALS		568

Based on my prior surgical caseload, I anticipate that I will refer 300 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

Physician's Name

Ramon Mangano

Street Address

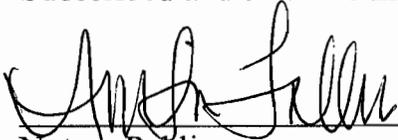
2320 W. High St.

City, State & Zip Code

Blue Island, IL

NOTARY:

Subscribed and sworn to me this 27th day of MARCH, 2013.



Notary Public

Seal:

