[ORIGINAL]

16-046

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
NOV 03 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: New Lenox Endoscopy Center			
Street Address: 678 Cedar Crossing Drive			
City and Zip Code: New Lenox 60451			
County: Will County	Health Service Area	9	Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: New Lenox Endoscopy, LLC
Address: : 678 Cedar Crossing Drive, New Lenox, IL 60451
Name of Registered Agent: Carol Canning
Name of Chief Executive Officer: Jeffrey Port, M.D.
CEO Address: 9921 Southwest Hwy, Oak Lawn, IL 60453
Telephone Number: 708-499-5678

Type of Ownership of Applicant/Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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)

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number:

Additional Contact

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

Name: William Thorner
Title: Administrator
Company Name: Southwest Gastroenterology
Address: 9921 Southwest Highway, Oak Lawn, IL 60453
Telephone Number: 708-499-5678 x130
E-mail Address: williamt@shouthwestgastro.com
Fax Number:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: New Lenox Endoscopy Center
Street Address: 678 Cedar Crossing Drive
City and Zip Code: New Lenox 60451
County: Will County Health Service Area 9 Health Planning Area:

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: SGNL, LLC
Address: : 9921 Southwest Highway, Oak Lawn, Illinois
Name of Registered Agent: Jeffrey Port, M.D.
Name of Chief Executive Officer: Jeffrey Port, M.D.
CEO Address: 9921 Southwest Hwy, Oak Lawn, IL 60453
Telephone Number: 708-499-5678

Type of Ownership of Applicant/Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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)

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number:

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

Name: William Thorner
Title: Administrator
Company Name: Southwest Gastroenterology
Address: 9921 Southwest Highway, Oak Lawn, IL 60453
Telephone Number: 708-499-5678 x130
E-mail Address: williamt@shouthwestgastro.com

Post Permit Contact

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: New Lenox Endoscopy Center
Street Address: 678 Cedar Crossing Drive
City and Zip Code: New Lenox 60451
County: Will County Health Service Area 9 Health Planning Area:

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Southwest Gastroenterology, S.C.
Address: 9921 Southwest Highway, Oak Lawn, Illinois 60453
Name of Registered Agent: Carol Canning
Name of Chief Executive Officer: Jeffrey Port, M.D.
CEO Address: 9921 Southwest Hwy, Oak Lawn, IL 60453
Telephone Number: 708-499-5678

Type of Ownership of Applicant/Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☒	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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)

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number:

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

Name: William Thorner
Title: Administrator
Company Name: Southwest Gastroenterology
Address: 9921 Southwest Highway, Oak Lawn, IL 60453
Telephone Number: 708-499-5678 x130
E-mail Address: williamt@shouthwestgastro.com
Fax Number:

[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: Charles Sheets
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: SGNL, LLC
Address of Site Owner: 9921 Southwest Highway, Oak Lawn, IL 60463
Street Address or Legal Description of Site: 678 Cedar Crossing Drive, New Lenox, IL 60451.
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: New Lenox Endoscopy, LLC

Address: 678 Cedar Crossing Drive, New Lenox, IL 60451

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **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.

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)]

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

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.

New Lenox Endoscopy, LLC; SGNL, LLC and Southwest Gastroenterology, S.C. (collectively, the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board to establish an ambulatory surgical treatment center limited to gastroenterology with 3 procedure rooms and 9 recovery stations in a medical building located at 678 Cedar Crossing Drive, New Lenox, IL (the "Endoscopy Center"). The Endoscopy Center will consist of 4,697 gross square feet of clinical space and 1,614 gross square feet of non-clinical space for a total of 6,311 gross square feet of rentable space.

This project is classified as a substantive project because it proposes to establish a new 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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	$22,500	$7,500	$30,000
Movable or Other Equipment (not in construction contracts)	$194,800	$55,200	$250,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$1,294,073	$430,549	$1,724,622
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$1,511,373**	**$493,249**	**$2,004,622**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$217,300	$62,700	$280,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$1,294,073	$430,549	$1,724,622
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$1,511,373**	**$493,249**	**$2,004,622**

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 ☐ Yes ☒ 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 $ 466,160.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): July 31, 2018

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
☒ 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:
☐ Cancer Registry
☐ APORS
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ 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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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:

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

This Application for Permit is filed on the behalf of New Lenox Endoscopy, LLC* 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

Jeffrey Port, M.D.
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21st day of October

Dorothy L Smith
Signature of Notary

Seal

OFFICIAL SEAL
DOROTHY SMITH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/22/16

SIGNATURE

Mihir Majmundar, M.D.
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21st day of October

Dorothy L Smith
Signature of Notary

Seal

OFFICIAL SEAL
DOROTHY SMITH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/22/16

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of SGNL, LLC* 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	SIGNATURE
Jeffrey Port, M.D.	Mihir Majmundar, M.D.
PRINTED NAME	PRINTED NAME
Manager	Manager
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 21st day of October	Notarization: Subscribed and sworn to before me this 21st day of October
Dorothy L Smith	Dorothy L Smith
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL DOROTHY SMITH NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 10/22/16	Seal OFFICIAL SEAL DOROTHY SMITH NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 10/22/16

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Southwest Gastroenterology, S. C.* 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	SIGNATURE
Jeffrey Port, M.D.	Mihir Majmundar, M.D.
PRINTED NAME	PRINTED NAME
President	Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 1st day of November, 2016	Notarization: Subscribed and sworn to before me this 1st day of November 2016
Laurie Cardiff	Laurie Cardiff
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL LAURIE CARDUFF NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 06/08/20	Seal OFFICIAL SEAL LAURIE CARDUFF NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 06/08/20

*Insert EXACT legal name of the applicant

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.

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 to 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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved , read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

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:

_____Cardiovascular	_____Obstetrics/Gynecology	_____Pain Management
_____Dermatology	_____Ophthalmology	_____Podiatry
__X__Gastroenterology	_____Oral/Maxillofacial	_____Thoracic
_____General/Other	_____Orthopedic	_____Otolaryngology
_____Neurology	_____Plastic	_____Urology

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

2. **Criterion 1110.1540(b), Target Population**

   Read the criterion and provide the following:

   a. On a map (8 ½" x 11"), outline the intended geographic services area (GSA).

   b. Indicate the population within the GSA and how this number was obtained.

   c. 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:

   a. The number of referrals anticipated annually for each specialty.

   b. 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.

   c. A statement that the projected patient volume will come from within the proposed GSA.

   d. 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:

a. The number of procedure rooms proposed.

b. 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. 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:**

$280,000	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;
$1,724,622 (FMV of Lease)	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.
$2,004,622	**TOTAL FUNDS AVAILABLE**	

APPEND DOCUMENTATION AS ATTACHMENT-36, 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. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **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**
4. **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-37, 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 38, 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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 -39, 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)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, 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.

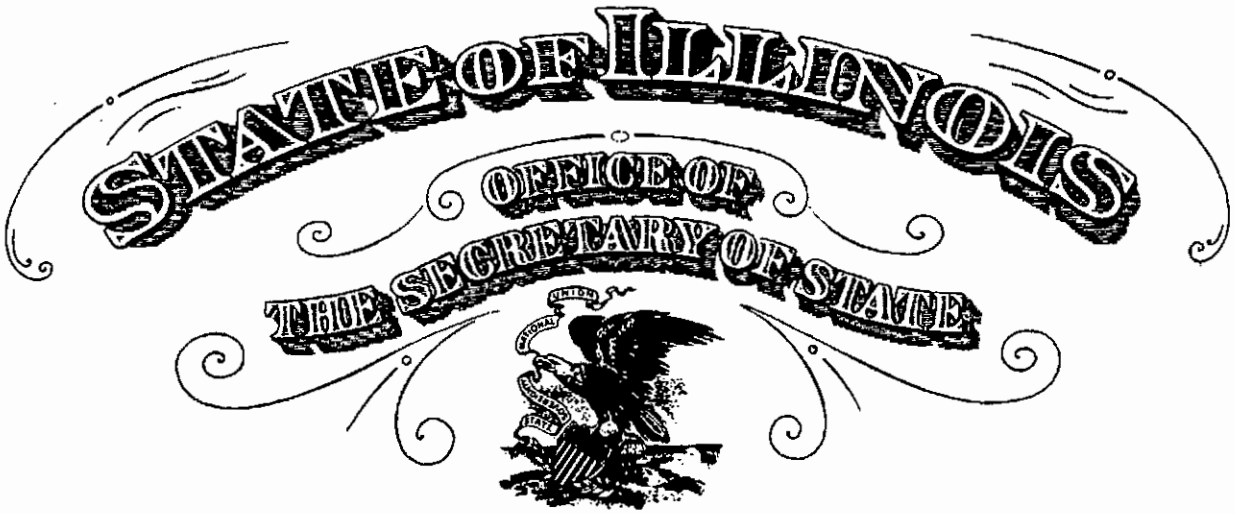
CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicant

The Illinois Certificates of Good Standing New Lenox Endoscopy, LLC, SGNL, LLC and Southwest Gastroenterology, S.C. are attached at Attachment – 1.

File Number 0584659-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NEW LENOX ENDOSCOPY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 04, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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* 17TH *day of* OCTOBER *A.D.* 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1629101038 verifiable until 10/17/2017
Authenticate at: http://www.cyberdriveillinois.com

Attachment - 1

File Number 0370771-7

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SGNL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 20, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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* 21ST *day of* OCTOBER *A.D.* 2016 .

Authentication #: 1629502134 verifiable until 10/21/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment - 1

File Number 6616-470-5

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOUTHWEST GASTROENTEROLOGY, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 16, 2008, 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* 1ST *day of* NOVEMBER *A.D.* 2016 .

Authentication #: 1630601604 verifiable until 11/01/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

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

The letter of intent between New Lenox Endoscopy, LLC and SGNL, LLC to lease the facility is attached at Attachment – 2.

SouthwestGastroenterology

Jeffrey Port, MD, FACG
Charles Berkelhammer, MD, FACG
Douglas Lee, MD
Mihir Majmundar, MD
Kamran Ayub, MD, MRCP
Zahid Afzal, MD
Lola Kwan, MD

Debbie Leung, PA-C
Fahmida Khatoon, PA-C
Taylor Aldridge, PA-C

NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

October 14, 2016

Dr. Charles Berkelhammer
Manager
New Lenox Endoscopy, LLC
678 Cedar Crossing Drive
New Lenox, Illinois 60541

Re: Letter of Intent – Endoscopy Center Lease

Dear Dr. Berkelhammer:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which [SGNL, LLC] ("Lessor") is prepared to lease the endoscopy center to be located at 678 Cedar Crossing Drive, New Lenox, Illinois 60541 ("Subject Property") to New Lenox Endoscopy, LLC ("Lessee"). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property.

Proposed Terms and Conditions

Space:	6,344 rentable space to be located at 678 Cedars Crossing Drive.
Lease Term:	Initial term will be ten (10) years effective upon the later of the completion of construction or lessee occupancy. Lessor will grant Lessee two (2) renewal options each for a period of five (5) years.
Lease Rate:	The lease rate will be based upon the full amortization of the capitalized costs to construct the medical office building with a reasonable rate of return. The anticipated costs to build the endoscopy center are projected to be $1,882,463.84.
Lease Contingency:	The lease shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a medical office building from the Illinois Health Facilities and Services Review Board.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

Sincerely,

SGNL, LLC

By:

Charles Berkelhammer
Manager

AGREED TO AND ACCEPTED THIS 14 DAY OF October, 2016:

NEW LENOX ENDOSCOPY, LLC

By: Charles Berkelhammer
Director

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

The Illinois Certificate of Good Standing for New Lenox Endoscopy, LLC is attached at Attachment – 3.

The name and address of the 7 individuals with a 5% or greater direct or indirect membership interest in New Lenox Endoscopy, LLC is listed below.

Name	Address	Ownership Interest
Jeffrey Port, M.D.	111 West Vernon Park Place #3 Chicago, Illinois 60607	14.28%
Charles Berkelhammer, M.D.	1922 South Prairie Avenue Chicago, Illinois 60616	14.28%
Douglas Lee, M.D.	1040 South Plymouth Court Chicago, Illinois 60605	14.28%
Mihir Majmundar, M.D.	1607 Midwest Club Parkway Oak Brook, Illinois 60523	14.28%
Kamran Ayub, M.D.	22 Luthin Road Oak Brook, Illinois 60523	14.28%
Zahid Afzal, M.D.	6 Concord Drive Oak Brook, Illinois 60523	14.28%
Lola Kwan, M.D.	6421 Waterford Court Willowbrook, Illinois 60527	14.28%

Attachment – 3

File Number 0584659-5

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NEW LENOX ENDOSCOPY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 04, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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* 17TH *day of* OCTOBER *A.D.* 2016 .

Authentication #: 1629101038 verifiable until 10/17/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

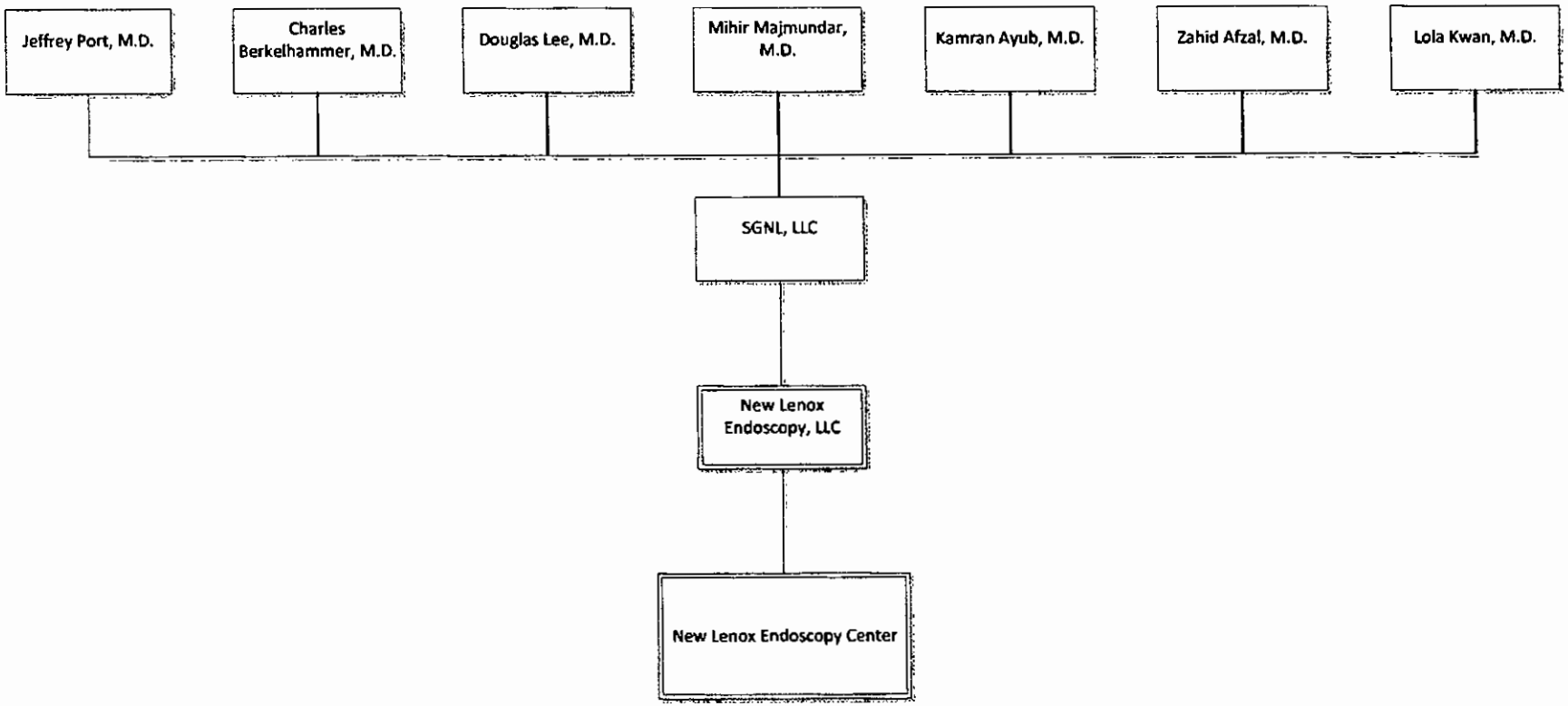
SECRETARY OF STATE

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

The organizational chart for New Lenox Endoscopy, LLC is attached at Attachment – 4.

Attachment – 4

New Lenox Endoscopy Center
Organizational Chart

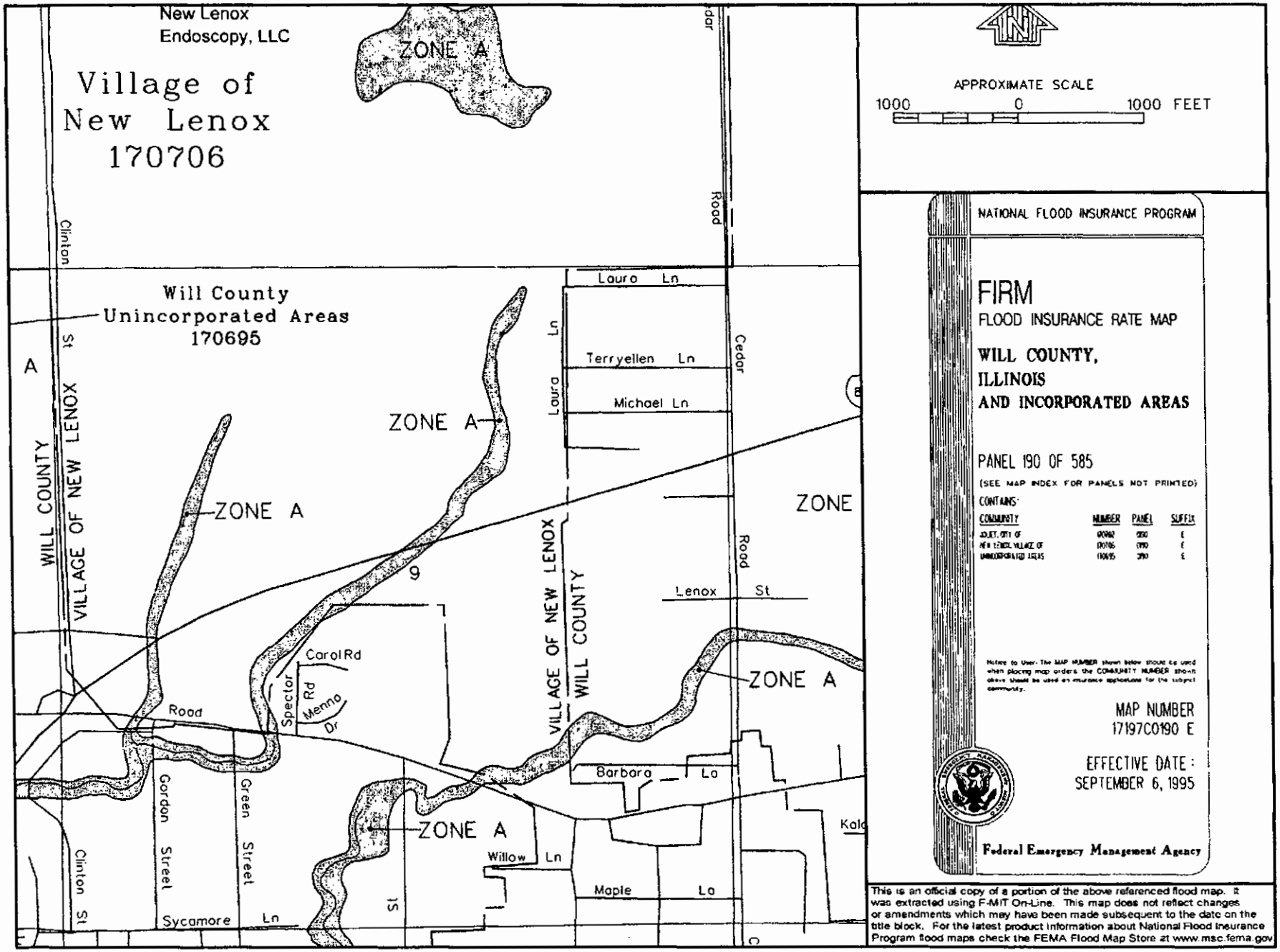


Attachment - 4

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

The site of the proposed Endoscopy Center complies with the requirements of Illinois Executive Order #2005-5. As shown on the FEMA flood plain map #17197C0190E attached at Attachment – 5, the site of the proposed Endoscopy Center is located where no base flood elevations determined.

Attachment – 5



This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

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

The Applicant submitted a request to the Illinois Historic Preservation Agency for a determination that the proposed project complies with the Historic Resources Preservation Act. A copy of this letter is attached at Attachment – 6.

Attachment – 6

POLSINELLI

161 N. Clark Street, Suite 4200, Chicago, IL 60601-3316 • 312.819.1900

October 28, 2016

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Via Federal Express

Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination – New Lenox Endoscopy, LLC

Dear Ms. Leibowitz:

This office represents New Lenox Endoscopy, LLC (the "Requestor"). Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestor seeks a formal determination from the Illinois Historic Preservation Agency as to whether Requestor's proposed project to establish an ambulatory surgical treatment center to be located at 678 Cedar Crossing Drive, New Lenox, Illinois ("Proposed Project") affects historic resources.

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish an ambulatory surgical treatment center to be located at 678 Cedar Crossing Drive, New Lenox, Illinois. This project will involve the establishment of a new ambulatory surgical treatment center. No demolition or physical alteration of the exterior of any existing buildings will occur as a result of the Proposed Project.

2. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached at Attachment 1.

3. Historic Architectural Resources Geographic Information System

A map from the Historic Architectural Resources Geographic Information System is attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

4. Photographs of Standing Buildings/Structure

Photograph of the site of the proposed facility is attached at Attachment 3.

5. Addresses for Buildings/Structures

The Proposed Project will be located at 678 Cedar Crossing Drive, New Lenox, Illinois.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-873-3606 or acooper@polsinelli.com

Sincerely,

Anne M. Cooper

Attachments

ATTACHMENT 1

Google Maps

678 Cedar Crossing Dr

New Lenox Endoscopy

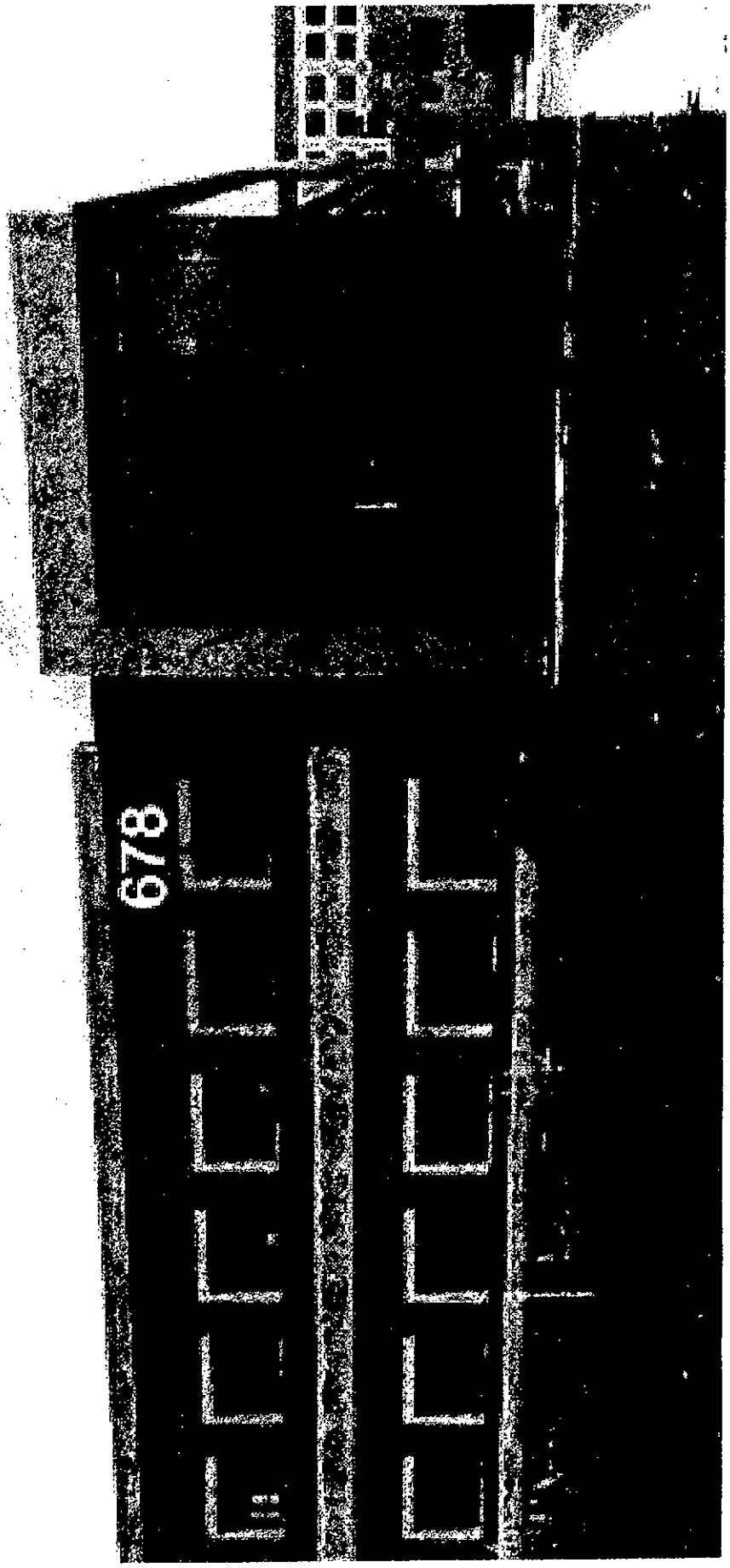
Map data ©2016 Google 200 ft

ATTACHMENT 2

Attachment - 6

ATTACHMENT 3

Logo Southwest Gastroenterology


678

Lake Southwest Condominiums

Section I, Identification, General Information, and Certification
Project Costs

Project Costs			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Consulting and Other Fees	22,500	7,500	30,000
Moveable or Other Equipment			
Scope Washers – Olympus	$45,000		$45,000
Endoscopes (6)	$60,000		$60,000
Shelving Units		$8,500	$8,500
Stools		$3,000	$3,000
Stretchers	$15,000		$15,000
Cardio Monitors	$13,000		$13,000
Computers/Stands/COWS		$25,000	$25,000
Olympus Software Endoscopy System	$20,000		$20,000
Anesthesia Cards	$7,500		$7,500
Speakers		$5,000	$5,000
Endoscopy Instrumentation	$8,900		$8,900
Cubicle Curtains		$3,700	$3,700
Endoscopy Suite Furniture		$10,000	$10,000
Miscellaneous Equipment	$25,400		$25,400
Total Moveable & Other Equipment	**$194,800**	**$55,200**	**$250,000**
Fair Market Value of Leased Space	$1,294,073	$430,549	$1,724,622
TOTAL USES OF FUNDS	**$1,511,373**	**$493,249**	**$2,004,622**

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ASTC	$1,511,373	4,697			4,697		
Total Clinical	**$1,511,373**	**4,697**			**4,697**		
NON REVIEWABLE							
Administration, Waiting Room, Reception, Medical Records	$493,249	1,614			1,614		
Total Non-clinical	**$493,249**	**1,614**			**1,614**		
TOTAL	**$2,004,622**	**6,311**			**6,311**		

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

1. The Applicants propose to establish an endoscopy center with three procedure rooms. The endoscopy center will be adjacent to the Applicants' affiliated medical group. It will achieve operational efficiencies that cannot be created at other hospitals and ambulatory surgery centers due to limited scheduling slots. Improved efficiency will result in increased access to much needed endoscopy services in this community. Notably, this community has seen significant population growth: New Lenox, Mokena, and Orland Park increased approximately 5.5% from 2010 to 2015.[1] Increased population and screening rates were the basis for a 2009 report by the Lewin Group projecting a shortage of at least 1,050 gastroenterologists in the U.S. by 2020. As the gastroenterologist shortage worsens, it is important to ensure the efficient use of existing gastroenterologists in order to also ensure adequate access to colorectal cancer (CRC) screening.

Early Detection of Colorectal Cancer

Colorectal cancer is the third leading cause of cancer-related death in the United States and the second leading cause of cancer-related deaths in Illinois. The American Cancer Society estimates 134,490 new cases of colorectal cancer and 49,190 colorectal cancer deaths in 2016.[2] Deaths from colorectal cancer in Illinois are on par with the national average. According to the Illinois Cancer Registry, 6,145 individuals were diagnosed with colorectal cancer and there were 2,265 colorectal cancer deaths in 2013.[3] Cancer mortality can be reduced by 15 to 25% through recommended screening methods, but only 50% of adults have been properly screened because of a lack of awareness about screening. However, if detected early, it is highly treatable.

One of the core functions of an endoscopy service is to provide colonoscopies, which is the gold standard for screening for and detecting colorectal cancer. While there are other screening methods, such as fecal blood, they are a comparatively poor marker for colorectal neoplasia. Most cancers and the vast majority of polyps will be missed. For a colonoscopy, the physician uses a thin, flexible tube with a light and camera attached to examine the lining of the large intestine. New Lenox Endoscopy will provide such screening to residents of New Lenox and surrounding communities. Beyond screening accuracy, unlike other forms of colorectal cancer screening such as fecal blood test, sigmoidoscopy or barium enema, if a colonoscopy reveals a problem, initial treatment can occur simultaneously with the removal of the suspicious polyps. More than 90 percent of colon cancers start as polyps. The great advantage of a colonoscopy over other testing methods is it makes it possible to remove a suspect polyp or cancer immediately. Finding and removing polyps or other areas of abnormal cell growth is one of the most effective ways to prevent colorectal cancer development. Also, colorectal cancer is generally more treatable when it is found early, before it has had a chance to spread. In fact, effective CRC screening can drastically reduce the number of individuals that are diagnosed with advanced colorectal cancer each year. With timely screening and

[1] U.S. Census Bureau, American FactFinder, Fact Sheet, available at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_00_SF1_DP1 (last visited Oct. 26, 2016).

[2] American Cancer Society, *Key Statistics for Colorectal Cancer* Jan 2016 *available at* http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-key-statistics (last visited Oct. 24, 2016).

[3] Ill. Dep't. of Pub. Health, Cancer in Illinois Statistics 1986- 2013 *available at* http://www.idph.state.il.us/cancer/statistics.htm#S (last visited Oct. 24, 2016).

treatment, advanced stages of the disease can be avoided. In fact, there is an 87% chance for five-year survival in Stage 1 of colorectal cancer compared to only a 12% chance of survival in Stage 4.[4]

The U.S. Preventative Services Task Force (USPSTF) recommends screening for colorectal cancer in adults, beginning at age 50 years and continuing until age 75.[5] Colonoscopy, which offers visualization of the colon, is preferred to indirect CRC screening methods. In considering the magnitude of benefit from a CRC screening program, the USPSTF has noted with high certainty that there are substantial benefits to screening asymptomatic adults. Yet screening rates lag behind the target screening rate.

One of the reasons endoscopy services have increased is because of the payment policies of the Centers for Medicare and Medicaid Services, which now cover colorectal cancer screening as a preventative service. There are several barriers to effectively screening the population as a whole, despite expanded coverage. While from a public health perspective, there is still a long way to go to reach a more optimal screening rate, enhancing the availability of colonoscopy services and providing a non-hospital based option for such care is progress toward an important public health care goal and saves the government money in the short term and long-term (by avoiding far more expensive cancer care treatment). Only 25% of Medicare beneficiaries were screened for CRC between 1998 and 2004. A recent Centers for Disease Control report found 65 percent of Americans reported being up-to-date on CRC screening — a rate significantly lower than the Healthy People 2020 target of 70.5 percent.[6] Individuals who do not get CRC screened at all or as often as recommended include low-income individuals, those with a lack of education and those without health insurance.

Current levels of screening in this country lag behind those of other effective cancer screening tests; it has been estimated that attainment of goals for population colorectal cancer screening could save 18,800 lives per year. Colorectal cancer incidence and mortality show health disparities, with a disproportionate burden occurring in certain minority populations, including African Americans, Native Americans and Alaska Natives. The American Cancer Society estimates 134,490 new cases of colorectal cancer and 49,190 colorectal cancer deaths in 2016.[7] Colorectal cancer is second only to lung cancer as a cause of cancer deaths among American men and women.[8] Studies show at least 60% of these deaths could be avoided if people 50 and older received regular screening tests.[9] Screening helps reduce such deaths in two ways: by finding precancerous polyps that can be removed before they become cancer and by finding colorectal cancer early, when treatment is most

---

[4] American Cancer Society, *What are the Survival Rates for Colorectal Cancer by Stage?* Aug. 2015 *available at* http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-survival-rates (last visited Oct. 24, 2016).

[5] U.S. Preventative Services Task Force, Screening for Colorectal Cancer, Clinical Summary of U.S. Preventative Services Task Force Recommendation, Oct. 2008 *available at* http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colosum.htm (last visited Oct. 24, 2016).

[6] Centers for Disease Control and Prevention, *Colorectal Cancer Screening Test Save Lives*, VITAL SIGNS, Nov. 2013 *available at* http://www.cdc.gov/mmwr/pdf/wk/mm6244.pdf (last visited Oct. 24, 2016).

[7] American Cancer Society, *Key Statistics for Colorectal Cancer* Jan 2016 *available at* http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-key-statistics (last visited Oct. 24, 2016).

[8] American Cancer Society, *Colorectal Cancer Prevention and Early Detection* 1 (2016) *available at* http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf (last visited Oct. 24, 2016).

[9] Centers for Disease Control and Prevention, Screen for Life, Colorectal Cancer Screening Basic Fact Sheet (2014) *available at* http://www.cdc.gov/cancer/colorectal/pdf/Basic_FS_Eng_Color.pdf (last visited Oct. 24, 2016).

effective. Colonoscopy is the "gold standard" for colorectal cancer screening, and can be completed in more than 95% of examinations with negligible risk and is cost-effective.

Role of Endoscopy Centers in CRC Screening

Endoscopy centers play a vital role in ensuring patient access to preventive measures, such as colonoscopies, in a convenient and affordable setting. Today, ambulatory surgery centers perform more than 40 percent of Medicare colonoscopies.[10] They have the capacity to do more. When these life-saving procedures are performed in endoscopy centers, both beneficiaries and the Medicare program save money because endoscopy centers perform the procedures at a lower cost than hospital outpatient departments (HOPDs). According to data from IDPH, the median cost of a colonoscopy performed in one of the local HOPDs ranged from a high of $9,088 to a low of $3,235;[11] the median cost of a colonoscopy at the proposed New Lenox Endoscopy, LLC is $1,745, which is approximately half the cost of a colonoscopy at the hospital with the lowest charges. As set forth in the letter from the ASC Advocacy Committee to former Secretary Sebelius regarding implementation of a value-based purchasing system for ambulatory surgery centers, ambulatory surgery centers are efficient providers of surgical services. See Attachment – 12A. Ambulatory surgery centers provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in ambulatory surgery centers are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Furthermore, patients often report an enhanced experience at ambulatory surgery centers compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care. Given the benefits of ambulatory surgery centers, this facility will benefit area residents.

Improving Access to Colonoscopy to Low Income Patients

New Lenox Endoscopy, LLC firmly believes in giving back to the community and the Endoscopy Center will do the same. The Endoscopy Center will enroll in the Medicare and Medicaid programs. Typical of its affiliated medical practice, the Endoscopy Center projects at least 6% of its endoscopy patients will be Medicaid beneficiaries.

2. The Applicants expect the service area of the planned endoscopy center to be identical to the service area of Southwest Gastroenterology, its affiliated medical practice. A map of that service area is attached at Attachment – 12B. The service area consists of areas within 45 minutes normal travel time of the Endoscopy Center. Travel times to and from Endoscopy Center to the market area borders are as follows:

    - East: Approximately 36 minutes normal travel time to Indiana border.
    - Southeast: Approximately 45 minutes normal travel time to St. George, IL.
    - South: Approximately 45 minutes normal travel time to Bourbonnais, IL.
    - Southwest: Approximately 45 minutes normal travel time to Braidwood, IL.
    - West: Approximately 35 minutes normal travel time to Newark, IL.
    - Northwest: Approximately 45 minutes normal travel time to Batavia, IL.
    - North: Approximately 25 minutes normal travel time to Des Plaines, IL.

---

[10] Ambulatory Surgical Center Association, *Medicare Cost Savings Tied to Ambulatory Endoscopy Centers* 6 (2013) *available at* http://www.ascaconnect.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=7b33b916-f3f1-42e5-a646-35cc2f38fe4d&forceDialog=0 (last visited Oct. 24, 2016).

[11] Illinois Department of Public Health, Illinois Hospital Report Card and Consumer Guide to Health Care *available at* http://www.healthcarereportcard.illinois.gov/ (last visited Oct. 24, 2016).

- Northeast Approximately 37 minutes normal travel time to Chicago, IL.

3. This project is needed to improve access to colorectal cancer screening and other gastroenterology procedures to patients residing in New Lenox and the surrounding area. People and communities are unlikely to follow medically sound advice unless they have a trusting relationship with the provider giving it. The physicians of Southwest Gastroenterology nurture strong relationships with their patients and believe patients are most comfortable with the continuity of care provided when the practice is able to meet patients' colonoscopy and other endoscopy requirements on site.

4. Sources.

American Cancer Society, *What are the Survival Rates for Colorectal Cancer by Stage?* Aug. 2015 *available at* http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-survival-rates (last visited Oct. 24, 2016).

U.S. Preventative Services Task Force, Screening for Colorectal Cancer, Clinical Summary of U.S. Preventative Services Task Force Recommendation, Oct. 2008 *available at* http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colosum.htm (last visited Oct. 24, 2016)..

Centers for Disease Control and Prevention, *Colorectal Cancer Screening Test Save Lives*, VITAL SIGNS, Nov. 2013 *available at* http://www.cdc.gov/mmwr/pdf/wk/mm6244.pdf (last visited Oct. 24, 2016).

American Cancer Society, *Colorectal Cancer Prevention and Early Detection* 1 (2016) *available at* http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf (last visited Oct. 24, 2016).

Ambulatory Surgical Center Association, *Medicare Cost Savings Tied to Ambulatory Endoscopy Centers* 6 (2013) *available at* http://www.ascaconnect.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=7b33b916-f3f1-42e5-a646-35cc2f38fe4d&forceDialog=0 (last visited Oct. 24, 2016).

5. The goal of this project is to increase access to colonoscopy and other endoscopy services in a cost effective, high quality endoscopy center to patients residing in New Lenox and surrounding areas.

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.

Valuc-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.

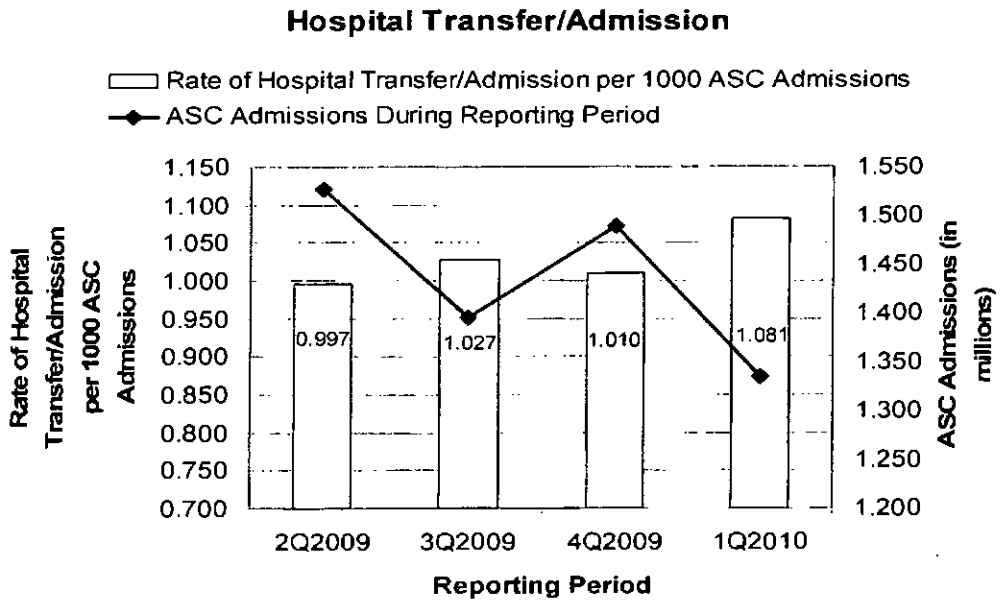
ASCs are efficient providers. Assessing the value of ASCs should include measures of the ways in which ASCs maximize health care resources and provide high quality surgical care and procedures in lean, well-managed facilities.

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



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

* * *

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

Mappoint 45 minute drive time hospital and ASC Data

Count of Hospital by ZIP Code

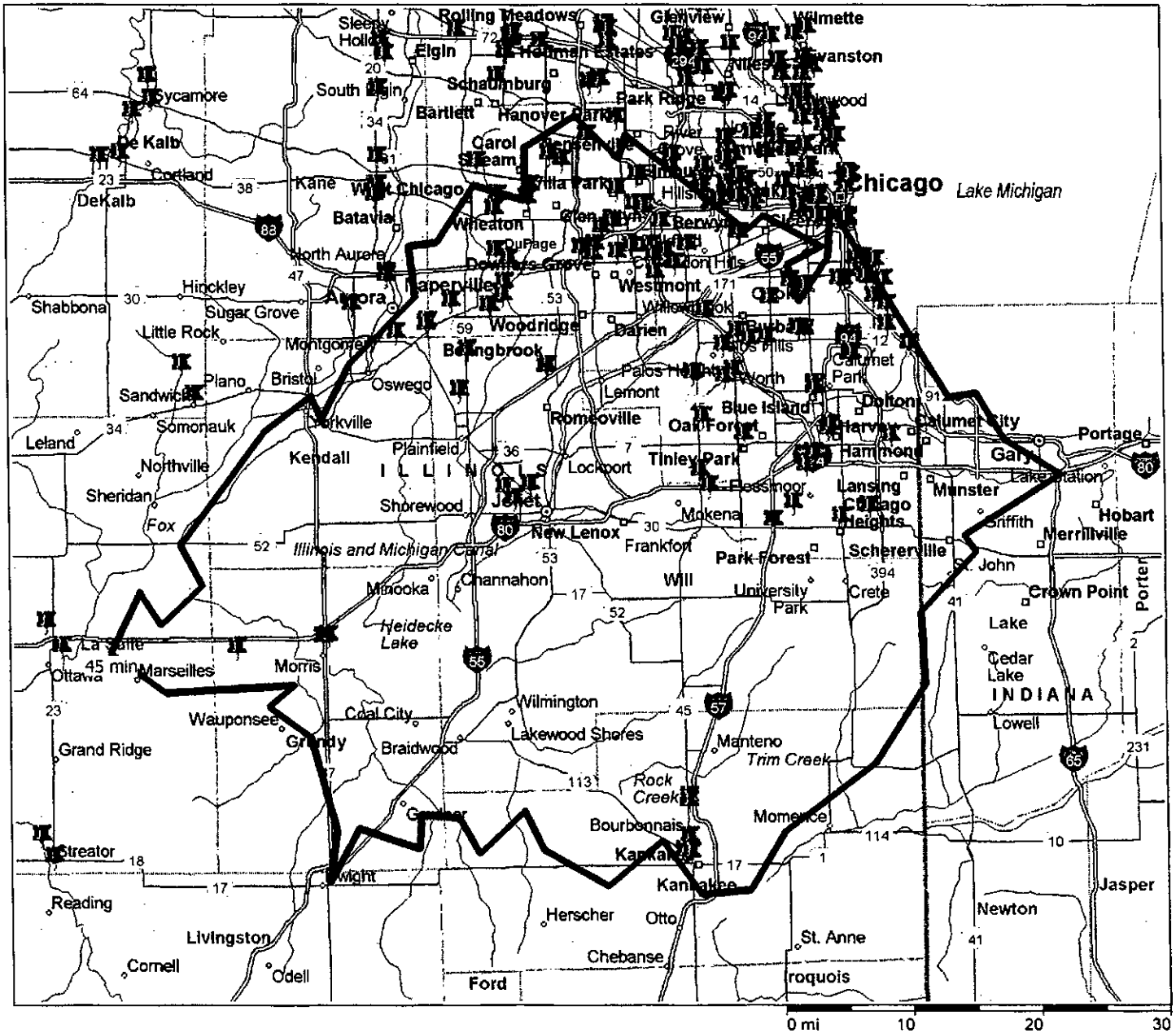
1

Pushpins

Hospital Data File 2014 11-19-15 (...

ASC_Data

My pushpins



Copyright © and (P) 1988–2009 Microsoft Corporation and/or its suppliers. All rights reserved. http://www.microsoft.com/mappoint/
Certain mapping and direction data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2009 by Applied Geographic Systems. All rights reserved.

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

Alternatives

The Applicant explored two options prior to determining to establish the Endoscopy Center. The options considered are as follows:

- Utilize Existing ASTCs and Hospital Outpatient Facilities; and
- Establish an endoscopy center.

After exploring these options, which are discussed in more detail below, the Applicant decided to establish the proposed Endoscopy Center. A review of each of the options considered and the reasons they were rejected follows.

Utilize Existing ASTCs and Hospitals

The Applicant considered utilizing existing ASTCs and Hospitals. This is not a viable option for several reasons. These facilities cannot accommodate the volume of colonoscopies that Southwest Gastroenterology can perform. As such, the physicians would be forced to travel to several facilities using small scheduling blocks, which pose an inconvenience for both the physicians and their patients. By establishing an endoscopy center in the same building as Southwest Gastroenterology, the Applicants' medical practice, the Endoscopy Center will achieve operational efficiencies that cannot be created at other hospitals and ambulatory surgery centers due to limited scheduling slots. While Southwest Gastroenterology physicians intend to continue providing the same level of care at the existing hospitals where they currently perform procedures, providing endoscopy services at a location adjacent to their medical office will allow patients can be treated with reduced wait times. The physicians can also consult with patients at the practice in between surgical procedures, which allows for more efficient use of their time. As the gastroenterologist shortage worsens, it is important to ensure the efficient use of existing gastroenterologists in order to also ensure adequate access to CRC screening.

Establish an ASTC

To better serve the needs of the residents of New Lenox and the surrounding area, the Applicant decided to establish a single-specialty ASTC. The estimated cost of this alternative is $2,004,622.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234, Project Scope, Utilization, and Unfinished/Shell Space

Size of the Project

The Project proposes to establish an ASTC with three procedure rooms and nine recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 1,660 to 2,200 gross square feet per procedure room for a total of 4,980 to 6,600 gross square feet for three procedure rooms and nine recovery stations. The gross square footage of clinical space will be 4,697 gross square feet. Accordingly, the size of the Endoscopy Center is below the State standard.

Table 1110.234(a)
SIZE OF PROJECT

DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	4,697	4,980 – 6,600	-283	Below

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234, Project Scope, Utilization, and Unfinished/Shell Space

Project Services Utilization

By the second year after project completion, the Endoscopy Center's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ASTCs is based upon 1,500 hours per operating/procedure room. Based upon historical utilization and projected procedures documented in the physician referral letter attached at Appendix - 1, approximately 3,500 procedures will be performed at the Endoscopy Center within the two years after project completion. Based upon current experience, the estimated procedure time, including prep and cleanup, is approximately 52 minutes. As a result, 3,033 surgical hours are projected for the first year after project completion, which is sufficient to support the need for three procedure rooms.

Table 1110.234(b)
UTILIZATION

	DEPT./ SERVICE	HISTORICAL UTILIZATION (SURGICAL HOURS)	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	15,614 hours	3,033 hours	3,000+ hours	No

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), Background of the Applicant

1. The Applicants do not currently own or operate any health care facilities. Accordingly, this criterion is not applicable.

2. No LLC manager, members or owners of at least 5% of the proposed Endoscopy Center own or operate any health care facilities in Illinois. Accordingly, this criterion is not applicable.

3. The Applicants have not previously owned or operated any health care facilities. Accordingly, this criterion is not applicable.

4. Attached at Attachment – 27A is a certification that no LLC manager, members or owner of at least 5% of the proposed Endoscopy Center:

    a. has been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to:

        i. the commission of any felony or misdemeanor or violation of law, except for minor parking violations; or

        ii. has been the subject of any juvenile delinquency or youthful offender proceeding;

    b. has been charged with fraudulent conduct or any act involving moral turpitude;

    c. has any unsatisfied judgments against him or her; or

    d. is in default in the performance or discharge of any duty or obligation imposed by a judgment decree, order or directive of any court or governmental agency.

5. An authorization permitting the State Board and 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 – 27A.

6. The Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

October 19, 2016

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

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 no adverse action has been taken against any facility owned or operated by New Lenox Endoscopy, LLC during the three years prior to filing this application.

Neither New Lenox Endoscopy, LLC nor any LLC member or owner of at least 5% of New Lenox Endoscopy, LLC:

- has been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), 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,

Jeffrey Port, M.D.
Manager
New Lenox Endoscopy, LLC

Subscribed and sworn to me
This 21st day of October, 2016

Notary Public

OFFICIAL SEAL
DOROTHY SMITH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/22/16

October 19, 2016

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

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 no adverse action has been taken against any facility owned or operated by SGNL, LLC during the three years prior to filing this application.

Neither SGNL, LLC nor any LLC member or owner of at least 5% of SGNL, LLC:

- has been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), 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,

Jeffrey Port, M.D.
Manager
New Lenox Endoscopy, LLC

Subscribed and sworn to me
This 21st day of October, 2016

Dorothy L Smith
Notary Public

OFFICIAL SEAL
DOROTHY SMITH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/22/16

October 31, 2016

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

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 no adverse action has been taken against any facility owned or operated by Southwest Gastroenterology, S. C. during the three years prior to filing this application.

Neither Southwest Gastroenterology, S. C. nor any corporate officers or directors or owner of at least 5% of Southwest Gastroenterology, S. C. :

- has been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), 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,

Jeffrey Port, M.D.
President
Southwest Gastroenterology, S. C.

Subscribed and sworn to me
This 1st day of November, 2016

Laurie Carduff
Notary Public

OFFICIAL SEAL
LAURIE CARDUFF
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/08/20

55146836.1

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(c), Service to Geographic Area Residents

1. Attached as Attachment – 27B is a map outlining New Lenox Endoscopy Center's intended geographic service area (GSA). The GSA consists of those Illinois areas within 45 minutes normal travel time of New Lenox Endoscopy, LLC, or approximately 35 miles.

2. As set forth in Criterion 1110.230, New Lenox Endoscopy Center will serve residents of New Lenox and surrounding communities within 45 minutes normal travel time of the proposed Endoscopy Center. Accordingly, the intended GSA consists of those areas within 45 minutes normal travel time of the proposed Endoscopy Center.

Table 1110.1540(c)(2)(A)

Zip Code	City	Population
60007	Elk Grove Village	33820
60101	Addison	39119
60104	Bellwood	19038
60106	Bensenville	20309
60108	Bloomingdale	22735
60126	Elmhurst	46371
60130	Forest Park	14167
60131	Franklin Park	18097
60133	Hanover Park	38103
60137	Glen Ellyn	37805
60139	Glendale Heights	34381
60141	Hines	224
60143	Itasca	10360
60148	Lombard	51468
60153	Maywood	24106
60154	Westchester	16773
60155	Broadview	7927
60157	Medinah	2380
60160	Melrose Park	25432
60162	Hillside	8111
60163	Berkley	5209
60164	Melrose Park	22048
60165	Stone Park	4946
60171	River Grove	10246
60172	Roselle	24537
60173	Schaumburg	12217
60176	Schiller Park	11795
60181	Villa Park	28836
60185	West Chicago	36527
60187	Wheaton	29016
60188	Carol Stream	42656
60189	Wheaton	30472
60190	Winfield	10663
60191	Wood Dale	14310

Table 1110.1540(c)(2)(A)		
Zip Code	**City**	**Population**
60193	Schaumburg	39188
60301	Oak Park	2539
60302	Oak Park	32108
60304	Oak Park	17231
60305	River Forest	11172
60401	Beecher	7797
60402	Berwyn	63448
60403	Crest Hill	17529
60404	Shorewood	17395
60406	Blue Island	25460
60407	Braceville	1684
60408	Braidwood	5696
60409	Calumet City	37186
60410	Channahon	12687
60411	Chicago Heights	58136
60415	Chicago Ridge	14139
60416	Coal City	9397
60417	Crete	15547
60419	Dolton	22788
60421	Elwood	3968
60422	Flossmoor	9403
60423	Frankfort	30423
60424	Gardner	2440
60425	Glenwood	9117
60426	Harvey	29594
60428	Markham	12203
60429	Hazel Crest	15630
60430	Homewood	20094
60431	Joliet	22577
60432	Joliet	21403
60433	Joliet	17160
60435	Joliet	48899
60436	Joliet	18315
60438	Lansing	28884
60439	Lemont	22919
60440	Bolingbrook	52911
60441	Lockport	36869
60442	Manhattan	9924
60443	Matteson	21145
60445	Midlothian	26057
60446	Romeoville	39807
60447	Minooka	13709
60448	Mokena	24423
60449	Monee	9217
60450	Morris	20332
60451	New Lenox	34063

Table 1110.1540(c)(2)(A)		
Zip Code	**City**	**Population**
60452	Oak Forest	27969
60453	Oak Lawn	56855
60455	Bridgeview	16446
60456	Hometown	4349
60457	Hickory Hills	14049
60458	Justice	14428
60459	Burbank	28929
60461	Olympia Fields	4836
60462	Orland Park	38723
60463	Palos Heights	14671
60464	Palos Park	9620
60465	Palos Hills	17495
60466	Park Forest	22115
60467	Orland Park	26046
60468	Peotone	6116
60469	Posen	5930
60471	Richton Park	14101
60472	Robbins	5390
60473	South Holland	22439
60474	South Wilmington	760
60475	Steger	9870
60476	Thornton	2391
60477	Tinley Park	38161
60478	Country Club Hills	16833
60480	Willow Springs	5246
60481	Wilmington	11851
60482	Worth	11063
60484	University Park	6829
60487	Tinley Park	26928
60490	Bolingbrook	20463
60491	Homer Glen	22743
60501	Summit Argo	11626
60502	Aurora	21873
60503	Aurora	16717
60504	Aurora	37919
60505	Aurora	76573
60506	Aurora	53013
60512	Bristol	1111
60513	Brookfield	19047
60514	Clarendon Hills	9708
60515	Downers Grove	27503
60516	Downers Grove	29084
60517	Woodridge	32038
60519	Eola	88
60521	Hinsdale	17597

Table 1110.1540(c)(2)(A)		
Zip Code	**City**	**Population**
60523	Oak Brook	9890
60525	La Grange	31168
60526	La Grange Park	13576
60527	Willowbrook	27486
60532	Lisle	27066
60534	Lyons	10649
60538	Montgomery	26619
60539	Mooseheart	341
60540	Naperville	42910
60541	Newark	3148
60542	North Aurora	17099
60543	Oswego	36156
60544	Plainfield	25959
60546	Riverside	15668
60555	Warrenville	13538
60558	Western Springs	12960
60559	Westmont	24852
60560	Yorkville	22415
60561	Darien	23115
60563	Naperville	35922
60564	Naperville	41312
60565	Naperville	40524
60585	Plainfield	22311
60586	Plainfield	46251
60602	Chicago	1204
60603	Chicago	493
60604	Chicago	570
60605	Chicago	24668
60606	Chicago	2308
60607	Chicago	23897
60608	Chicago	82739
60609	Chicago	64906
60612	Chicago	33472
60615	Chicago	40603
60616	Chicago	48433
60617	Chicago	84155
60619	Chicago	63825
60620	Chicago	72216
60621	Chicago	35912
60623	Chicago	92108
60624	Chicago	38105
60628	Chicago	72202
60629	Chicago	113916
60632	Chicago	91326
60633	Chicago	12927
60636	Chicago	40916

Table 1110.1540(c)(2)(A)		
Zip Code	**City**	**Population**
60637	Chicago	49503
60638	Chicago	55026
60642	Chicago	18480
60643	Chicago	49952
60644	Chicago	48648
60649	Chicago	46650
60652	Chicago	40959
60653	Chicago	29908
60654	Chicago	14875
60655	Chicago	28550
60661	Chicago	7792
60803	Alsip	22285
60804	Cicero	84573
60805	Evergreen Park	19852
60827	Riverdale	27946
60914	Bourbonnais	29107
60915	Bradley	10774
60935	Essex	1064
60950	Manteno	12168
Total		**4,854,307**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (last visited Oct. 17, 2016).

3. Table 1110.1540(c)(2)(B) lists the patient origin by zip code for all patients treated by Southwest Gastroenterology for the last 12-month period. As documented in in Table 1110.1540(c)(2)(B) below 17,594 (or 97%) percent of cases were from patients residing in the GSA.

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	**Cases**
11588	1
14224	1
19104	1
20886	4
32043	1
33598	1
33919	5
33947	2
34145	1
36303	1
38340	1

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	**Cases**
39338	1
39407	2
40442	16
42048	3
46303	1
46311	8
46312	1
46319	4
46320	4
46321	4
46322	4
46323	1
46342	1
46360	2
46368	1
46373	5
46375	6
46383	1
46384	1
46394	2
46408	4
46410	4
48104	8
49047	2
49316	1
49935	1
50662	1
56435	1
60002	8
60005	2
60016	5
60018	3
60041	1
60047	1
60060	1
60062	1
60067	3

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	**Cases**
60068	8
60073	2
60076	3
60077	3
60090	9
60101	2
60102	2
60107	2
60108	2
60115	1
60119	1
60120	3
60126	3
60130	1
60131	5
60133	2
60134	5
60137	7
60139	1
60148	17
60153	3
60154	5
60164	1
60174	1
60175	1
60176	6
60181	6
60185	2
60187	4
60188	1
60189	3
60193	2
60202	2
60302	3
60304	1
60305	3
60401	31

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	**Cases**
60402	12
60403	200
60404	206
60406	91
60408	48
60409	46
60410	124
60411	127
60415	163
60416	55
60417	40
60419	42
60420	2
60421	111
60422	26
60423	787
60424	23
60425	24
60426	59
60428	21
60429	95
60430	69
60431	234
60432	387
60433	419
60434	8
60435	620
60436	247
60438	43
60439	290
60440	36
60441	901
60442	268
60443	124
60444	5
60445	226
60446	302

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	Cases
60447	125
60448	575
60449	74
60450	73
60451	1037
60452	185
60453	958
60455	132
60456	59
60457	110
60458	109
60459	402
60461	18
60462	542
60463	173
60464	131
60465	157
60466	30
60467	525
60468	30
60469	12
60470	1
60471	21
60472	13
60473	35
60474	2
60475	28
60476	9
60477	505
60478	59
60480	9
60481	102
60482	121
60484	5
60487	328
60490	3
60491	455

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	Cases
60501	12
60502	2
60504	1
60505	4
60506	4
60510	1
60513	5
60514	6
60515	22
60516	28
60517	21
60521	3
60523	12
60525	18
60526	6
60527	15
60532	2
60534	12
60538	7
60540	9
60541	9
60542	3
60543	3
60544	85
60545	1
60546	3
60555	2
60558	3
60559	10
60560	3
60561	14
60563	4
60564	7
60585	17
60586	236
60601	3
60603	3
60605	8
60607	6

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	**Cases**
60608	11
60609	23
60610	6
60611	1
60612	3
60613	6
60614	4
60615	17
60616	9
60617	166
60618	15
60619	108
60620	246
60621	22
60622	2
60623	35
60624	5
60625	2
60628	165
60629	411
60630	1
60632	146
60633	20
60634	29
60636	79
60637	22
60638	210
60639	46
60640	5
60641	30
60642	2
60643	259
60644	7
60645	1
60646	4
60647	26
60649	62
60651	11
60652	300

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	Cases
60653	22
60655	328
60656	3
60657	3
60659	1
60660	9
60682	1
60706	5
60707	8
60712	1
60714	9
60803	215
60804	32
60805	196
60827	52
60901	3
60914	22
60915	10
60917	3
60935	8
60940	1
60950	47
60954	6
60958	4
60961	6
60964	2
60966	1
60967	1
60970	1
61265	1
61313	1
61326	1
61341	24
61350	16
61356	1
61360	3
61364	1
61370	1
61738	2

Table 1110.1540(c)(2)(B) Patient Origin by Zip Code	
Zip Code	**Cases**
61769	2
61817	2
62301	2
62568	3
62629	7
74134	2
77642	2
85323	3
89134	3
90024	6
90605	5
90901	11
91390	1
92057	2
92592	3
94550	2
Total	**18,156**

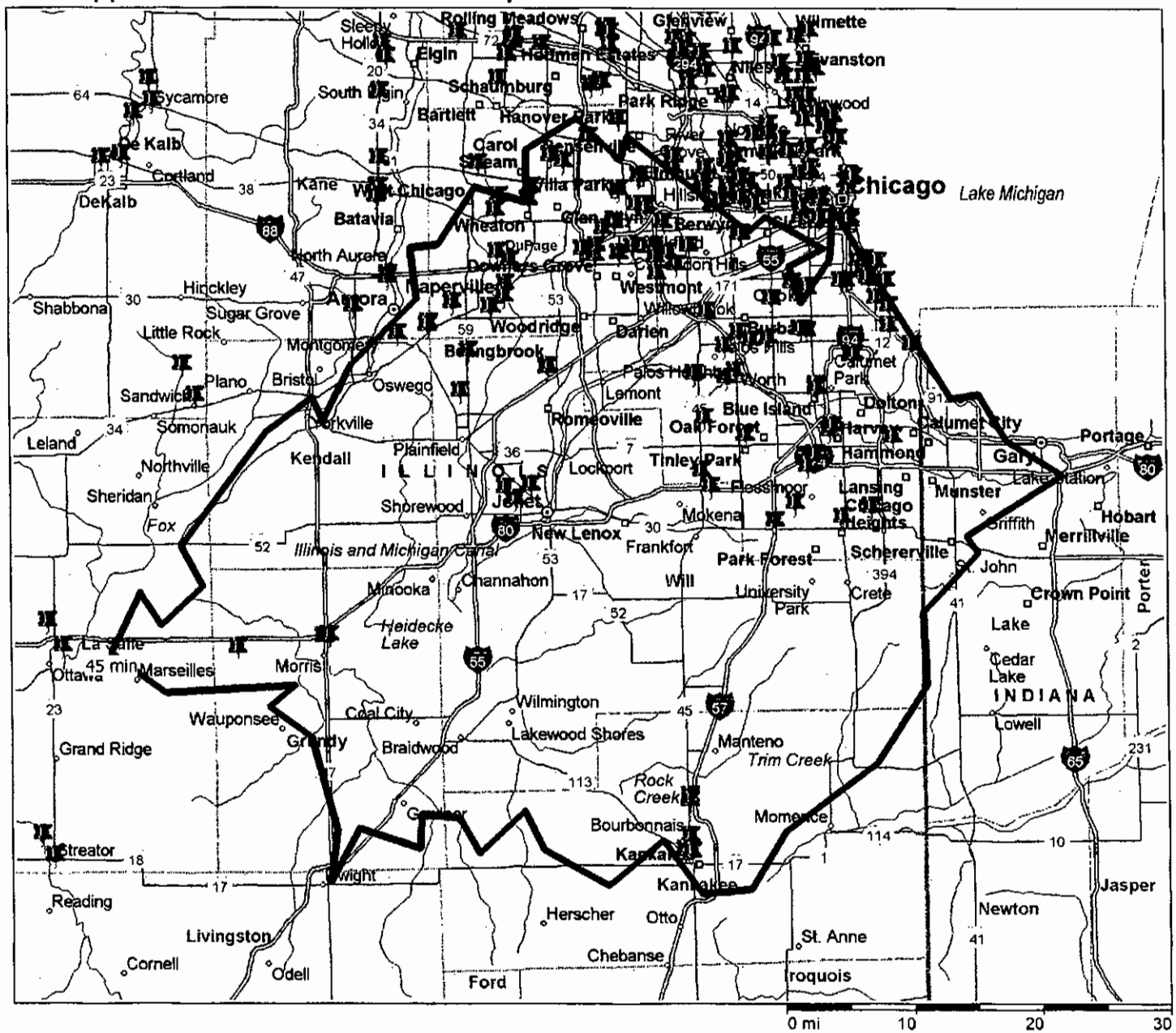
Mappoint 45 minute drive time hospital and ASC Data

Count of Hospital by ZIP Code

1

Pushpins

- Hospital Data File 2014 11-19-15 (...
- ASC_Data
- My pushpins



Copyright © and (P) 1988–2009 Microsoft Corporation and/or its suppliers. All rights reserved. http://www.microsoft.com/mappoint/
Certain mapping and direction data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2009 by Applied Geographic Systems. All rights reserved.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(d), Service Demand

A physician referral letter providing the name and number of patients referred to health care facilities within the past 12 months and the projected number of referrals to the Endoscopy Center is attached at Appendix - 1.

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

1. As stated throughout this application, the Applicants propose to establish an endoscopy center providing gastroenterology services with three procedure rooms. The State Board standard is 1,500 per procedure room, or 3,001 hours for three procedure rooms. As documented in Appendix – 1, Southwest Gastroenterology projects to perform 3,500 surgical procedures in the first year after project completion. The Applicant estimates the average length of time per procedure will be 52 minutes, or 3,033 surgical hours. Accordingly, the proposed number of procedure rooms is necessary to serve the projected patient volume..

2. As documented in Appendix – 1, Southwest Gastroenterology projects to perform 3,500 surgical procedures in the first year after project completion. Based upon historical caseload data, the Applicants estimates the average length of time per procedure will be 52 minutes. This estimate includes 17 minutes for prep and clean up.

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(g), Service Accessibility

As previously discussed in Criterion 1110.230, the Applicants propose to establish an endoscopy center with three procedure rooms. The endoscopy center will be adjacent to the Applicants' affiliated medical practice. It will achieve operational efficiencies that cannot be created at other hospitals and ambulatory surgery centers due to limited scheduling slots. Improved efficiency will result in increased access to much needed endoscopy services in this community. Notably, this community has seen significant population growth: New Lenox, Mokena, and Orland Park increased approximately 5.5% from 2010 to 2015.[12] Increased population and screening rates were the basis for a 2009 report by the Lewin Group projecting a shortage of at least 1,050 gastroenterologists in the U.S. by 2020. As the gastroenterologist shortage worsens, it is important to ensure the efficient use of existing gastroenterologists in order to also ensure adequate access to CRC screening.

One of the reasons endoscopy services have increased is because of the payment policies of the Centers for Medicare and Medicaid Services, which now cover colorectal cancer screening as a preventative service. There are several barriers to effectively screening the population as a whole, despite expanded coverage. While from a public health perspective, there is still a long way to go to reach a more optimal screening rate, enhancing the availability of colonoscopy services and providing a non-hospital based option for such care is progress toward an important public health care goal and saves the government money in the short term and long-term (by avoiding far more expensive cancer care treatment). Only 25% of Medicare beneficiaries were screened for CRC between 1998 and 2004. A recent Centers for Disease Control report found 65 percent of Americans reported being up-to-date on CRC screening — a rate significantly lower than the Healthy People 2020 target of 70.5 percent.[13] Individuals who do not get CRC screened at all or as often as recommended include low-income individuals, those with a lack of education and those without health insurance.

Further, HOPDs are more costly, less efficient and less convenient than ambulatory surgery centers. The Endoscopy Center will allow physicians to schedule their surgeries to maximize efficiency. Ambulatory surgery centers provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ambulatory surgery centers are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Additionally, patients often report an enhanced experience at ambulatory surgery centers compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care.

---

[12] U.S. Census Bureau, American FactFinder, Fact Sheet, available at http://factfinder2.census.gov/faces/ tableservices/jsf/pages/productview.xhtml?pid=DEC_00_SF1_DP1 (last visited Oct. 26, 2016).

[13] Centers for Disease Control and Prevention, *Colorectal Cancer Screening Test Save Lives*, VITAL SIGNS, Nov. 2013 *available at* http://www.cdc.gov/mmwr/pdf/wk/mm6244.pdf (last visited Oct. 24, 2016).

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(h), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

   a. New Lenox Endoscopy Center will be located at 678 Cedar Crossing Drive, New Lenox, IL 60451. A map of the proposed facility's market area is attached at Attachment – 27B. A list of all zip codes located, in total or in part, within 45 minutes normal travel time of the site of the proposed facility as well as 2010 census figures for each zip code is provided in Table 1110.1540(h)(1).

Table 1110.1540(h)(1)

Zip Code	City	Population
60007	Elk Grove Village	33820
60101	Addison	39119
60104	Bellwood	19038
60106	Bensenville	20309
60108	Bloomingdale	22735
60126	Elmhurst	46371
60130	Forest Park	14167
60131	Franklin Park	18097
60133	Hanover Park	38103
60137	Glen Ellyn	37805
60139	Glendale Heights	34381
60141	Hines	224
60143	Itasca	10360
60148	Lombard	51468
60153	Maywood	24106
60154	Westchester	16773
60155	Broadview	7927
60157	Medinah	2380
60160	Melrose Park	25432
60162	Hillside	8111
60163	Berkley	5209
60164	Melrose Park	22048
60165	Stone Park	4946
60171	River Grove	10246
60172	Roselle	24537
60173	Schaumburg	12217
60176	Schiller Park	11795
60181	Villa Park	28836
60185	West Chicago	36527
60187	Wheaton	29016
60188	Carol Stream	42656
60189	Wheaton	30472
60190	Winfield	10663
60191	Wood Dale	14310

Table 1110.1540(h)(1)		
Zip Code	**City**	**Population**
60193	Schaumburg	39188
60301	Oak Park	2539
60302	Oak Park	32108
60304	Oak Park	17231
60305	River Forest	11172
60401	Beecher	7797
60402	Berwyn	63448
60403	Crest Hill	17529
60404	Shorewood	17395
60406	Blue Island	25460
60407	Braceville	1684
60408	Braidwood	5696
60409	Calumet City	37186
60410	Channahon	12687
60411	Chicago Heights	58136
60415	Chicago Ridge	14139
60416	Coal City	9397
60417	Crete	15547
60419	Dolton	22788
60421	Elwood	3968
60422	Flossmoor	9403
60423	Frankfort	30423
60424	Gardner	2440
60425	Glenwood	9117
60426	Harvey	29594
60428	Markham	12203
60429	Hazel Crest	15630
60430	Homewood	20094
60431	Joliet	22577
60432	Joliet	21403
60433	Joliet	17160
60435	Joliet	48899
60436	Joliet	18315
60438	Lansing	28884
60439	Lemont	22919
60440	Bolingbrook	52911
60441	Lockport	36869
60442	Manhattan	9924
60443	Matteson	21145
60445	Midlothian	26057
60446	Romeoville	39807
60447	Minooka	13709
60448	Mokena	24423
60449	Monee	9217
60450	Morris	20332
60451	New Lenox	34063

Table 1110.1540(h)(1)		
Zip Code	**City**	**Population**
60452	Oak Forest	27969
60453	Oak Lawn	56855
60455	Bridgeview	16446
60456	Hometown	4349
60457	Hickory Hills	14049
60458	Justice	14428
60459	Burbank	28929
60461	Olympia Fields	4836
60462	Orland Park	38723
60463	Palos Heights	14671
60464	Palos Park	9620
60465	Palos Hills	17495
60466	Park Forest	22115
60467	Orland Park	26046
60468	Peotone	6116
60469	Posen	5930
60471	Richton Park	14101
60472	Robbins	5390
60473	South Holland	22439
60474	South Wilmington	760
60475	Steger	9870
60476	Thornton	2391
60477	Tinley Park	38161
60478	Country Club Hills	16833
60480	Willow Springs	5246
60481	Wilmington	11851
60482	Worth	11063
60484	University Park	6829
60487	Tinley Park	26928
60490	Bolingbrook	20463
60491	Homer Glen	22743
60501	Summit Argo	11626
60502	Aurora	21873
60503	Aurora	16717
60504	Aurora	37919
60505	Aurora	76573
60506	Aurora	53013
60512	Bristol	1111
60513	Brookfield	19047
60514	Clarendon Hills	9708
60515	Downers Grove	27503
60516	Downers Grove	29084
60517	Woodridge	32038
60519	Eola	88
60521	Hinsdale	17597

Table 1110.1540(h)(1)		
Zip Code	**City**	**Population**
60523	Oak Brook	9890
60525	La Grange	31168
60526	La Grange Park	13576
60527	Willowbrook	27486
60532	Lisle	27066
60534	Lyons	10649
60538	Montgomery	26619
60539	Mooseheart	341
60540	Naperville	42910
60541	Newark	3148
60542	North Aurora	17099
60543	Oswego	36156
60544	Plainfield	25959
60546	Riverside	15668
60555	Warrenville	13538
60558	Western Springs	12960
60559	Westmont	24852
60560	Yorkville	22415
60561	Darien	23115
60563	Naperville	35922
60564	Naperville	41312
60565	Naperville	40524
60585	Plainfield	22311
60586	Plainfield	46251
60602	Chicago	1204
60603	Chicago	493
60604	Chicago	570
60605	Chicago	24668
60606	Chicago	2308
60607	Chicago	23897
60608	Chicago	82739
60609	Chicago	64906
60612	Chicago	33472
60615	Chicago	40603
60616	Chicago	48433
60617	Chicago	84155
60619	Chicago	63825
60620	Chicago	72216
60621	Chicago	35912
60623	Chicago	92108
60624	Chicago	38105
60628	Chicago	72202
60629	Chicago	113916
60632	Chicago	91326
60633	Chicago	12927
60636	Chicago	40916

Table 1110.1540(h)(1)		
Zip Code	**City**	**Population**
60637	Chicago	49503
60638	Chicago	55026
60642	Chicago	18480
60643	Chicago	49952
60644	Chicago	48648
60649	Chicago	46650
60652	Chicago	40959
60653	Chicago	29908
60654	Chicago	14875
60655	Chicago	28550
60661	Chicago	7792
60803	Alsip	22285
60804	Cicero	84573
60805	Evergreen Park	19852
60827	Riverdale	27946
60914	Bourbonnais	29107
60915	Bradley	10774
60935	Essex	1064
60950	Manteno	12168
Total		**4,854,307**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (last visited Oct. 17, 2016).

b. A list of all existing and approved health care facilities located within the New Lenox Endoscopy, LLC GSA that provide the surgical services proposed by the project is attached at Attachment – 27C.

2. Maldistribution of Services

a. Ratio of Stations to Population

As shown in Table 1110.1540(h)(2)(A), the ratio of operating and procedure rooms to population is 42% of the State Average.

Table 1110.1540(h)(2)(A) Ratio of Stations to Population			
	Population	**Operating & Procedures Rooms**	**Operating & Procedure Rooms to Population**
Geographic Service Area	4,854,307	477	1:10,176
State	12,830,632	2,994	1:4,285

b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish an endoscopy center with three procedure rooms. To achieve the State Board standard of 1,500 hours per operating room within the first two years after project completion, the Applicants would need approximately 3,500 patient referrals. As set forth above in Table 1110.1540(d), Southwest Gastroenterology historically performs 18,156 procedures annually. Once the Endoscopy Center is operational, Southwest Gastroenterology anticipates performing an adequate volume of procedures at the facility to reach target utilization after the second year of project completion.

3. Impact to Other Providers

   a. The Endoscopy Center will not have an adverse impact on existing facilities in the GSA.

   b. The proposed facility will not lower the utilization of other area providers that are operating below the occupancy standards.

Ambulatory Surgical Treatment Center	Address	City	Zip	Distance	Drive Time	Adjusted Drive Time	Number of Operating & Procedure Rooms
Silver Cross Ambulatory Surgery Center	1900 Silver Cross Blvd	New Lennox	60451	0.7	2	2.3	3
Southwest Surgery Center, LLC - DBA Center for Minimally Invasive Surgery	19110 Darvin Drive	Mokena	60448	8.9	12	13.8	5
Southwest Ambulatory Surgery Center - DBA Tinley Woods Surgery Center	18200 S. La Grange Road	Tinley Park	60487	8.6	11	12.65	5
AmSurg Surgery Center	998 129th Infantry Drive	Joliet	60435	13.9	27	31.05	7
Ingalls Same Day Surgery	6701 West 159th Street	Tinley Park	60477	15.4	23	26.45	4
Preferred SurgiCenter, LLC	10 Orland Square Drive	Orland Park	60462	12.7	20	23	5
The Center for Surgery	475 East Diehl Road	Naperville	60563	25	28	32.2	11
Hinsdale Surgical Center	10 Salt Creek Lane	Hinsdale	60521	25.1	36	41.4	6
Midwest Day Surgery, LLC - DBA Midwest Center for Day Surgery	3811 Highland Avenue	Downer's Grove	60515	24.2	26	29.9	5
DMG Surgical Center, LLC	2725 S. Technology Drive	Lombard	60148	24.5	26	29.9	11
Westmont Surg Ctr, LLC - DBA Salt Creek Surgery Center	530 N. Cass Avenue	Westmont	60559	23.7	28	32.2	4
Loyola Ambulatory Surgery Center at Oakbrook, LP - DBA Loyola Ambulatory Surgery Center	1 South 224 Summit suite 201	Oakbrook Terrace	60181	26.2	28	32.2	3
Justice Med-Surg Center - DBA Forest Med-Surg Center	9050 W. 81st Street	Justice	60458	21.6	31	35.65	4
Oak Brook Surgical Centre, Inc. The	2425 West 22nd Street Suite 101	Oak Brook	60521	26.1	27	31.05	6
Rush Oak Brook Surgyer Center	2011 York Road	Oak Brook	60521	28.2	32	36.8	8
Plainfield Surgery Center, LLC	24600 West 127th Street	Plainfield	60585	25.6	32	36.8	4
Naperville Surgical Centre	1263 Rickert Drive	Naperville	60540	22.7	30	34.5	3
Elmhurst Outpatient Surgery Center	1200 South York Road Suite 1400	Elmhurst	60126	28.7	33	37.95	8
Palos Surgicenter, LLC	7340 College Drive	Palos Heights	60463	20	29	33.35	5
NovaMed Surg Center of Oak Lawn, LLC - DBA Center for Reconstructive Surgery	6309 West 95th Street	Oak Lawn	60453	29.8	36	41.4	4
Children's Outpatient Services at Westchester	2301 Enterprise Drive	Westchester	60154	29.3	35	40.25	3
Midwest Endoscopy Center, LLC	1243 Rickert Drive	Naperville	60540	22.8	30	34.5	2
Aiden Center for Day Surgery, LLC	1580 W. Lake Street	Addison	60101	31.8	33	37.95	4
Oak Lawn IL Endoscopy ASC LLC - DBA Oak Lawn Endoscopy Center	9921 Southwest Highway	Oak Lawn	60453	22.2	35	40.25	2
TOTAL							**122**

Hospital Name	Address	City	Zip Code	Distance	Drive Time	Adjusted Drive Time	Number of Operating & Procedure Rooms
Silver Cross Hospital	1900 Silver Cross Blvd	New Lenox	60451	0.4	3	3.45	16
Presence Saint Joseph Medical Center	333 North Madison Street	Joliet	60435	12.3	22	25.3	25
Adventist Bolingbrook Hospital	500 Remington Blvd	Bolingbrook	60440	16.2	20	23	13
Franciscan St. James Health - Olympia Fields	20201 South Crawford	Olympia Fields	60461-1010	18.1	25	28.75	13
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	60429	17.7	25	28.75	11
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	60515	23.9	25	28.75	23
Ingalls Memorial Hospital	One Ingalls Drive	Harvey	60426	19.8	26	29.9	13
MetroSouth Medical Center	12935 South Gregory Street	Blue Island	60406	21.7	28	32.2	15
Palos Community Hospital	12251 South 80th Avenue	Palos Heights	60463	14.8	30	34.5	19
Edward Hospital	801 South Washington	Naperville	60540	22.1	28	32.2	27
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	60521	25.1	35	40.25	18
Adventist La Grange Memorial Hospital	5101 S. Willow Springs Road	La Grange	60525	23	37	42.55	15
Roseland Community Hospital	45 West 111th Street	Chicago	60628	25.9	33	37.95	10
Elmhurst Memorial Hospital	155 East Brush Hill Road	Elmhurst	60126	29	32	36.8	20
Adventist GlenOaks Hospital	701 Winthrop Avenue	Glendale Heights	60139	30.2	33	37.95	8
Central DuPage Hospital	25 North Winfield Road	Winfield	60190	30.7	38	43.7	33
Advocate Trinity Hospital	2320 East 93rd Street	Chicago	60617	31	38	43.7	11
Advocate Christ Medical Center	4440 West 95th Street	Oak Lawn	60453	27.5	37	42.55	49
St. Bernard Hospital	326 West 64th Street	Chicago	60621	31.8	38	43.7	7
Morris Hospital & Healthcare Centers	150 West High Street	Morris	60450	30.9	38	43.7	9
Total							355

Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(i), Staffing

New Lenox Endoscopy, LLC will be staffed in accordance with all State and Medicare staffing requirements. New Lenox Endoscopy Center will be staffed as follows:

- Receptionist (2 FTEs)
- Registered Nurse (4 FTEs)
- Endoscopy Nurse (2 FTE)
- GI Technician (1 FTEs)
- Medical Assistant (2FTE)
- Sterilization Technician (1 FTE)
- Endoscopy Manager (1 FTE)

Section VII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(g), Charge Commitment

a. A list of the procedures to be performed at New Lenox Endoscopy Center with the proposed charges is provided in Table 1110.1540(g) below.

Table 1110.1540(g)
New Lenox Endoscopy, LLC Fee Schedule[1]

CPT Code	Description	Charge
43235	Diagnostic EGD	$1,100
43236	EGD W/Submucosal Injection	$1,712
43239	EGD with Biopsy	$1,150
43244	EGD w/Varices Banding	$1,440
43247	EGD with Removal of FB	$1,500
43249	EGD with Dilation	$1,175
43251	EGD Snare Biopsy	$1,210
43250	EGD with Polypectomy	$1,175
43252	EGD with Lesion Removal	$1,175
43255	EGD with Control of Bleeding	$1,375
44388	Colon Endoscopy	$1,450
44389	Colonoscopy with Biopsy	$1,480
45330	Diagnostic Sigmoidoscopy	$500
45331	Sigmoidoscopy & Biopsy	$750
45335	Sigmoidoscope w/Submuc Ing	$825
45338	Sigmoidoscopy w/Removal of Tumor	$915
45340	Sig w/Baloon Dilation	$825
45378	Diagnostic Colonoscopy	$1,450
45379	Colonoscopy W/FB Removal	$1,510
45380	Colonoscopy and Biopsy	$1,480
45381	Colonoscope, Submucous Inj.	$1,525
45382	Colonoscopy/Control Bleeding	$1,880
45385	Lesion Removal Colonoscopy	$1,745
45386	Colonoscopy W/Dilation	$1,900
45905	Dilation of Anal Sphincter	$500
45910	Dilation of Rectal Narrowing	$500
45915	Removal Rectal Obstruction	$650
46221	Ligation of Hemorrhoids	$980
91035	Bravo 48 hr PH	$1,575
99214	HP Assessment	$175
GO104	Colorectal Cancer Screening-Flex Sig	$1,450
GO105	Colorectal Cancer Screening; Colonoscopy High Risk	$1,480
GO121	Colorectal Cancer Screening, No High Risk	$1,450

[1] New Lenox Endoscopy Center anticipates adding additional procedure codes in the future that will cover various specialties.

b. By the signatures on the Certification pages, the Applicants hereby commit to maintain the charges on the previous page for the first two years of operation.

Section VIII, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.1540(k), Assurances

Attached at Attachment – 27E is a letter from New Lenox Endoscopy, LLC certifying that the proposed facility will achieve target utilization by the end of the second year of operation.

October 19, 2016

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1540(k), I hereby certify the following:

- A peer review program will be implemented at New Lenox Endoscopy that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the surgical services, and if outcomes do not meet or exceed those standards, a quality improvement plan will be initiated; and
- By the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms at New Lenox Endoscopy will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

Sincerely,

Jeffrey Port, M.D.
Manager
New Lenox Endoscopy, LLC

Subscribed and sworn to me
This 21st day of October, 2016

Dorothy L Smith
Notary Public

OFFICIAL SEAL
DOROTHY SMITH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/22/16

Section VIII
Criterion 1120.120, Availability of Funds

The project will be funded entirely with cash and cash equivalents and a lease with SGNL, LLC. A letter from Standard Bank and Trust Co. evidencing sufficient cash on hand to fund the project is attached at Attachment – 36A. A copy of the letter of intent to lease the endoscopy center is attached at Attachment – 36B.

STANDARD BANK AND TRUST CO.

A STANDARD BANCSHARES, INC. Bank

October 31, 2016

Southwest Gastroenterology
9921 Southwest Hwy
Oak Lawn, IL 60453

To Whom It May Concern:

Please accept this letter as verification that Southwest Gastroenterology has a checking account at Standard Bank and Trust Company that maintains in excess of $250,000.00 to support equipment purchases for SGNL & New Lenox Endoscopy Center.

If you need any further information, please do not hesitate to contact me directly at (708) 499-2062, Ext. 2172.

Sincerely,

Courtney C. Skoraczewski
Account Associate
Private Banking/Wealth Management Division

Attachment – 36A

SouthwestGastroenterology

Jeffrey Port, MD, FACG
Charles Berkelhammer, MD, FACG
Douglas Lee, MD
Mihir Majmundar, MD
Kamran Ayub, MD, MRCP
Zahid Afzal, MD
Lola Kwan, MD

Debbie Leung, PA-C
Fahmida Khatoon, PA-C
Taylor Aldridge, PA-C

NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

October 14, 2016

Dr. Charles Berkelhammer
Manager
New Lenox Endoscopy, LLC
678 Cedar Crossing Drive
New Lenox, Illinois 60541

Re: Letter of Intent – Endoscopy Center Lease

Dear Dr. Berkelhammer:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which [SGNL, LLC] ("Lessor") is prepared to lease the endoscopy center to be located at 678 Cedar Crossing Drive, New Lenox, Illinois 60541 ("Subject Property") to New Lenox Endoscopy, LLC ("Lessee"). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property.

Proposed Terms and Conditions

Space:	6,344 rentable space to be located at 678 Cedars Crossing Drive.
Lease Term:	Initial term will be ten (10) years effective upon the later of the completion of construction or lessee occupancy. Lessor will grant Lessee two (2) renewal options each for a period of five (5) years.
Lease Rate:	The lease rate will be based upon the full amortization of the capitalized costs to construct the medical office building with a reasonable rate of return. The anticipated costs to build the endoscopy center are projected to be $1,882,463.84.
Lease Contingency:	The lease shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a medical office building from the Illinois Health Facilities and Services Review Board.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

Sincerely,

SGNL, LLC

By:

Charles Berkelhammer
Manager

AGREED TO AND ACCEPTED THIS 14 DAY OF October, 2016:

NEW LENOX ENDOSCOPY, LLC

By: Charles Berkelhammer
Director

Section IX
Criterion 1120.130, Financial Viability

The project will be funded entirely with cash. A letter from Standard Bank and Trust Co. evidencing sufficient cash on hand to fund the project is attached at Attachment – 36A.

Section X, Economic Feasibility
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 39A is a letter from Jeffrey Port, M.D., manager New Lenox Endoscopy, LLC. attesting that the total estimated project costs will be funded entirely with cash.

Attachment – 39A

October 19, 2016

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

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.

Sincerely,

Jeffrey Port, M.D.
Manager
New Lenox Endoscopy, LLC

Subscribed and sworn to me
This 21st day of October, 2016

Dorothy L Smith
Notary Public

OFFICIAL SEAL
DOROTHY SMITH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/22/16

Attachment – 39A

Section X, Economic Feasibility
Criterion 1120.140(a), Reasonableness of Financing Arrangements

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

Section X Economic Feasibility
Criterion 1120.140(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 Endoscopy Center.

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	Cost/Square Foot Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Clinical									
ASTC		$240.15			4,697			$1,127,986	$1,127,986
Contingency – Clinical		$24.01			4,697			$112,798	$112,798
Total Clinical		**$264.16**			**4,697**				**$1,240,784**
Non-Clinical									
Administration, Waiting Room, Reception, Medical Records		$232.50			1,614			$375,260	$375,260
Contingency – Non-Clinical		$23.25			1,614			$37,526	$37,526
Total Non-Clinical		**$255.75**			**1,614**			**$412,786**	**$412,786**
TOTALS		**$262.01**			**6,311**			**$1,653,570**	**$1,653,570**
* Include the percentage (%) of space for circulation									

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed ASTC	**State Standard**	**Above/Below State Standard**
Modernization Contracts + Contingencies	$1,240,784	$264.87 per GSF $264.87 x 4,697 = $1,244,094	Below State Standard
Contingencies	$112,798	10% - 15% x Construction Costs 10% - 15% x $1,127,986 = $112,799 - $169,198	Below State Standard

Attachment – 39C

Table 1120.310(c)			
	Proposed ASTC	**State Standard**	**Above/Below State Standard**
Architectural & Engineering Fees	$53,289	7.76% - 11.66% x Modernization Contracts + Contingencies = $1,240,784 x 7.76% - 11.66% = $96,285 - $144,675	Below State Standard
Consulting & Other Fees	$22,500	No State Standard	N/A
Equipment	$194,800	$461,631.36 per procedure room = $461,631.36 x 3 = $1,384,894	Below State Standard
Fair Market Value of Leased Space or Equipment	$1,294,073	No State Standard	N/A

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

Operating Expenses: $1,147,500

Procedures: 3,500

Operating Expense per Procedure: $327.86

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

Capital Costs: $170,543

Procedures: 3,500

Capital Costs per Procedure: $48.73

Section XI, Safety Net Impact Statement

1. The Endoscopy Center will improve access to safety net services to the residents of New Lenox and surrounding areas. The Endoscopy Center will enroll in the Medicare and Medicaid programs. Typical of its affiliated medical practice, the Endoscopy Center projects at least 6% of its endoscopy patients will be Medicaid beneficiaries.

2. The establishment of the Endoscopy Center will not impact the ability of other providers or other health care facilities to cross-subsidize safety net services. By establishing an endoscopy center in the same building as Southwest Gastroenterology, the Applicant's medical practice, the Endoscopy Center will achieve operational efficiencies that cannot be created at other hospitals and ambulatory surgery centers due to limited scheduling slots. While the Southwest Gastroenterology physicians intend to continue providing the same level of care at the existing hospitals where they perform procedures, they recognize that they can alleviate some of the burdens of the hospital by offering care to uninsured and indigent patients. The plan moving forward to enroll in Medicaid is consistent with the number of Medicaid patients the existing practice already serves.

3. The Applicant is proposing to establish an endoscopy center. Thus, this criterion does not apply.

Section XII, Charity Care Information

The Applicant is not an existing facility, thus it cannot report charity care data and has no historical payor mix experience.

Appendix 1
Physician Referral Letters

Attached as Appendix 1 is the physician referral letter from Southwest Gastroenterology projecting 3,500 procedures will be performed at the proposed Endoscopy Center by the second year after project completion.

SouthwestGastroenterology

Jeffrey Port, MD, FACG
Charles Berkelhammer, MD, FACG
Douglas Lee, MD
Mihir Majmundar, MD
Kamran Ayub, MD, MRCP
Zahid Afzal, MD
Lola Kwan, MD

Debbie Leung, PA-C
Fahmida Khatoon, PA-C
Taylor Aldridge, PA-C

October 19, 2016

Ms. Kathryn J. Olson, Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Il 62761

Dear Ms. Olson,

I am writing on behalf my practice, Southwest Gastroenterology, S.C., in support of the proposed New Lenox Endoscopy Center. Over the past 12 months, our seven gastroenterologists have performed 18,156 procedures at 7 facilities. The attached table lists the zip codes of residence for these patients and the facilities where procedures were performed.

With the opening of the proposed New Lenox Endoscopy Center, we anticipate referring 3,500 patients to the New Lenox Endoscopy Center in each of the two years following project completion. Projected patient volume shall come from the proposed geographic service area of New Lenox Endoscopy Center.

These patient 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.

Sincerely,

Charles Berkelhammer, M.D.
Gastroenterologist/Owner
Southwest Gastroenterology, S.C.
9921 Southwest Highway
Oak Lawn, Illinois 60453

OFFICIAL SEAL
LAURIE CARDUFF
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/[illegible]

Subscribed and sworn to me
This 28 day of October, 2016

Notary Public: Laurie Carduff

www.southwestgastro.com

9921 Southwest Highway
Oak Lawn, Illinois 60453
708-499-5678 (tel) • 708-499-5685 (fax)
708-499-2381 (EMR fax)

1890 Silver Cross Blvd, Ste. 455
New Lenox, Illinois 60451
815-723-9278 (tel) • 815-723-9819 (fax)
708-499-2308 (EMR fax)

301 N. Madison, Suite 302
Joliet, Illinois 60435
815-723-9278 (tel) • 815-723-9819 (fax)
708-499-2308 (EMR fax)

Christ Hospital Procedures	
Southwest Gastroenterology	
Zip Code	# of Procedures
61738	2
61265	1
60966	1
60958	4
60950	4
60914	3
60901	2
60827	26
60805	95
60804	5
60803	93
60714	1
60682	1
60655	146
60653	9
60652	144
60651	1
60649	16
60647	4
60643	136
60638	80
60637	9
60636	36
60633	11
60632	46
60629	136
60628	105
60624	2
60623	10
60621	9
60620	114
60619	57
60617	78
60616	3
60615	2
60614	2
60613	2
60611	1
60610	4
60609	1
60609	13
60608	1
60607	2
60605	1

Christ Hospital Procedures	
Southwest Gastroenterology	
Zip Code	# of Procedures
60586	1
60586	20
60564	4
60559	3
60558	2
60544	20
60542	1
60534	11
60527	2
60526	2
60525	6
60523	2
60517	2
60516	1
60515	2
60505	3
60501	6
60491	40
60490	1
60487	72
60482	69
60480	3
60478	34
60477	127
60475	9
60473	14
60472	10
60471	13
60469	8
60468	2
60467	69
60466	19
60465	71
60464	42
60463	82
60462	135
60461	6
60459	193
60458	51
60457	44
60456	35
60455	88
60453	515
60452	60

Christ Hospital Procedures	
Southwest Gastroenterology	
Zip Code	# of Procedures
60451	28
60449	16
60448	41
60447	2
60446	13
60445	102
60443	44
60442	5
60441	2
60441	32
60440	2
60439	32
60438	37
60436	7
60435	9
60433	3
60432	5
60431	1
60430	9
60429	57
60428	12
60426	34
60425	11
60423	42
60422	6
60421	3
60419	22
60417	13
60416	1
60415	89
60411	32
60409	22
60406	45
60404	6
60403	3
60401	3
60302	3
60188	1
60148	6
60126	1
60107	1
60101	1
60068	2
60060	1

Christ Hospital Procedures	
Southwest Gastroenterology	
Zip Code	**# of Procedures**
60047	1
60016	2
49047	2
46410	1
46373	1
46373	1
46368	1
46323	1
46312	1
46311	1
39407	2
33598	1
Total Advocate Christ	**4141**

Fullerton	
Southwest Gastroenterology	
Zip Code	# of Procedures
60018	1
60068	2
60073	2
60077	2
60090	2
60107	1
60120	3
60131	1
60153	3
60175	1
60176	4
60202	2
60304	1
60305	1
60402	4
60439	1
60440	1
60445	2
60453	3
60455	1
60457	1
60467	1
60505	1
60609	2
60612	2
60614	2
60618	11
60620	2
60622	1
60623	5
60624	2
60625	2
60629	8
60632	5
60633	1
60634	9
60638	3
60639	39
60640	1
60641	28
60644	6
60646	4
60647	15
60651	8

Fullerton	
Southwest Gastroenterology	
Zip Code	# of Procedures
60652	2
60656	1
60657	3
60659	1
60660	3
60707	7
60712	1
60714	4
60804	11
91390	1
Fullerton	231

Good Samaritan	
Southwest Gastroenterology	
Zip Code	# of Procedures
46394	1
60068	4
60101	1
60108	2
60115	1
60126	2
60137	3
60139	1
60148	3
60187	3
60411	3
60423	1
60429	1
60435	1
60439	1
60440	2
60445	9
60465	2
60476	6
60477	4
60478	1
60514	1
60515	8
60516	7
60517	4
60525	3
60532	1
60540	1
60544	2
60559	2
60561	5
60563	2
60615	1
60620	2
60638	5
60643	6
60967	1
Good Sam Total	**103**

Little Company of Mary	
Southwest Gastroenterology	
Zip Code	# of Procedures
46320	2
60016	3
60018	2
60131	2
60154	2
60164	1
60402	3
60406	12
60409	2
60411	2
60419	9
60422	2
60429	9
60431	3
60432	2
60438	2
60441	1
60445	6
60446	5
60452	8
60453	44
60455	5
60456	1
60457	5
60458	3
60459	12
60462	2
60463	3
60465	7
60467	3
60469	2
60471	2
60472	2
60473	6
60475	1
60477	5
60478	1
60480	1
60482	1
60482	6
60501	5
60513	2
60517	1
60525	1

Little Company of Mary	
Southwest Gastroenterology	
Zip Code	# of Procedures
60534	1
60544	1
60608	1
60609	4
60616	1
60617	11
60619	5
60620	23
60621	3
60622	1
60623	4
60628	11
60629	177
60632	42
60633	3
60634	17
60636	17
60637	5
60638	14
60639	4
60640	4
60643	2
60643	6
60647	3
60649	8
60651	1
60652	34
60653	3
60655	15
60660	1
60706	5
60714	4
60803	11
60804	5
60805	7
60827	5
60950	1
Little Company of Ma	659

Provena- St. Joseph	
Southwest Gastroenterology	
Zip Code	# of Procedures
14224	1
39338	1
60119	1
60133	2
60181	2
60189	1
60193	2
60401	2
60403	61
60404	3
60404	56
60406	5
60408	8
60410	40
60411	3
60416	12
60417	1
60419	1
60421	17
60423	65
60424	6
60426	6
60429	4
60430	6
60431	4
60431	94
60432	106
60433	109
60435	240
60436	83
60439	14
60440	13
60441	106
60442	27
60443	5
60446	3
60446	47
60447	30
60448	37
60449	7
60450	30
60451	77
60452	8
60453	4

Provena- St. Joseph	
Southwest Gastroenterology	
Zip Code	# of Procedures
60456	1
60457	2
60458	4
60459	6
60462	12
60464	16
60466	1
60467	25
60473	1
60474	1
60477	9
60481	28
60482	4
60487	17
60490	1
60491	12
60504	1
60515	1
60523	1
60527	1
60532	1
60540	2
60541	6
60544	28
60545	1
60561	3
60585	4
60586	79
60608	2
60617	5
60623	1
60629	1
60637	1
60649	4
60655	9
60656	2
60804	1
60805	1
60901	1
60914	5
60915	2
60917	3
60950	12
61341	1

Provena- St. Joseph	
Southwest Gastroenterology	
Zip Code	# of Procedures
61350	1
61370	1
74134	2
85323	3
Provena- St. Joseph	1676

Oak Lawn Endoscopy	
Southwest Gastroenterology	
Zip Code	# of Procedures
11588	1
19104	1
34145	1
46311	2
46319	4
46320	2
46321	1
46322	1
46342	1
46360	2
46373	1
46375	2
46375	4
46383	1
46410	2
49935	1
56435	1
60005	2
60062	1
60067	3
60076	3
60077	1
60090	7
60130	1
60134	2
60137	3
60148	3
60154	3
60181	1
60187	1
60189	2
60305	2
60401	5
60402	5
60403	1
60404	18
60406	26
60408	4
60409	15
60410	8
60411	22
60415	65
60416	6
60417	10

Oak Lawn Endoscopy	
Southwest Gastroenterology	
Zip Code	# of Procedures
60419	9
60421	5
60422	11
60423	93
60424	2
60425	4
60426	8
60428	7
60429	1
60429	5
60430	13
60431	6
60432	3
60433	9
60435	28
60436	10
60439	3
60439	41
60440	3
60441	52
60442	19
60443	1
60443	15
60445	10
60445	62
60446	14
60447	11
60448	78
60449	11
60451	83
60452	5
60452	48
60453	356
60455	36
60456	19
60457	54
60458	5
60458	43
60459	179
60461	1
60462	6
60462	208
60463	17
60463	62

Oak Lawn Endoscopy	
Southwest Gastroenterology	
Zip Code	# of Procedures
60464	48
60465	54
60466	10
60467	124
60468	2
60471	4
60472	1
60473	10
60474	1
60475	4
60476	3
60477	158
60478	9
60480	5
60481	8
60482	40
60484	1
60487	90
60490	1
60491	64
60501	1
60513	3
60514	1
60515	2
60516	7
60517	3
60521	3
60523	7
60525	6
60526	4
60527	12
60540	3
60541	1
60543	1
60544	1
60546	3
60555	2
60558	1
60560	1
60561	5
60563	2
60564	1
60585	3
60586	15

Oak Lawn Endoscopy	
Southwest Gastroenterology	
Zip Code	# of Procedures
60601	3
60603	3
60605	5
60607	2
60608	6
60609	3
60610	2
60612	1
60613	3
60615	8
60616	4
60617	71
60618	3
60619	37
60620	84
60621	10
60623	15
60624	1
60628	49
60629	79
60630	1
60632	46
60633	5
60634	3
60636	19
60637	7
60638	96
60639	3
60641	2
60642	2
60643	80
60644	1
60645	1
60647	4
60649	3
60649	31
60651	1
60652	9
60652	105
60653	10
60655	15
60655	119
60660	5
60707	1

Oak Lawn Endoscopy	
Southwest Gastroenterology	
Zip Code	# of Procedures
60803	9
60803	84
60804	5
60804	3
60805	85
60827	3
60827	16
60914	3
60915	2
60950	3
60954	2
60970	1
61341	1
62301	2
62629	1
Oak Lawn Endoscopy	3807

Silver Cross Hospital	
Southwest Gastroenterology	
Zip Code	# of Procedures
20886	4
32043	1
33919	5
33947	2
36303	1
38340	1
40442	16
42048	3
46303	1
46311	5
46321	3
46322	3
46373	2
46384	1
46394	1
46408	4
46410	1
46707	
48104	8
49316	1
50662	1
60002	8
60041	1
60102	2
60131	2
60134	3
60137	1
60148	5
60174	1
60176	2
60181	3
60185	2
60401	21
60403	135
60404	123
60406	3
60408	36
60409	7
60410	76
60411	65
60415	9
60416	36
60417	16
60419	1

Silver Cross Hospital	
Southwest Gastroenterology	
Zip Code	# of Procedures
60420	2
60421	86
60422	7
60423	35
60423	551
60424	15
60425	1
60425	8
60426	11
60428	2
60429	8
60429	10
60430	41
60431	126
60432	271
60433	298
60434	8
60435	342
60436	147
60438	4
60439	9
60439	189
60440	15
60441	708
60442	217
60443	59
60444	5
60445	35
60446	220
60447	82
60448	419
60449	40
60450	43
60451	849
60452	56
60453	36
60455	2
60456	3
60457	4
60458	3
60459	12
60461	11
60462	179
60463	9

Silver Cross Hospital	
Southwest Gastroenterology	
Zip Code	# of Procedures
60464	25
60465	23
60467	303
60468	26
60469	2
60470	1
60471	2
60473	4
60475	14
60477	202
60478	14
60481	66
60482	1
60484	4
60487	149
60491	339
60502	2
60506	4
60510	1
60514	4
60515	9
60516	13
60517	11
60523	2
60525	2
60538	7
60540	3
60541	2
60542	2
60543	2
60544	33
60559	5
60560	2
60561	1
60564	2
60585	10
60586	121
60605	2
60607	2
60608	1
60613	1
60615	6
60616	1
60617	1

Silver Cross Hospital	
Southwest Gastroenterology	
Zip Code	# of Procedures
60618	1
60619	9
60620	21
60629	10
60632	7
60636	7
60638	12
60643	29
60652	6
60655	24
60803	18
60804	2
60805	8
60827	2
60914	11
60915	6
60935	8
60940	1
60950	27
60954	4
60961	6
60964	2
61313	1
61326	1
61341	22
61350	15
61356	1
61360	3
61364	1
61769	2
61817	2
62568	3
62629	6
77642	2
89134	3
90024	6
90605	5
90901	11
92057	2
92592	3
94550	2
Silver Cross Hospital	7539

Appendix 2
Time and Distance

Attached as Appendix 2 are MapQuest printouts with the time and distance to each facility within 45 minutes normal travel time of proposed Endoscopy Center.

Google Maps

678 Cedar Crossing Drive to 1900 Silver Cross Boulevard, New Lenox, IL

Drive 0.7 mile, 2 min

Silver Cross Ambulatory Surgery Center

678 Cedar Crossing Drive

New Lenox, IL 60451

1. Head north on Cedar Crossing Dr toward Maple Rd — 0.1 mi
2. Use the left lane to turn left at the 1st cross street onto Maple Rd — 0.3 mi
3. Turn left onto Silver Cross Blvd — 0.3 mi

1900 Silver Cross Boulevard

New Lenox, IL 60451

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 19110 Darvin Drive, Mokena, IL

Drive 8.9 miles, 12 min

Center for Minimally Invasive Surgery

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Drive from I-80 E to Frankfort Township. Take exit 145 from I-80 E

7 min (7.2 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

4.8 mi

6. Take exit 145 for US-45 toward La Grange Rd

0.4 mi

Follow US-45 S/S Lagrange Rd/South La Grange Road and W 191st St to Darvin Dr in Mokena

3 min (1.2 mi)

7. Use the right 2 lanes to turn right onto US-45 S/S Lagrange Rd/South La Grange Road (signs for Mokena/Frankfort)

0.6 mi

8. Use the left 2 lanes to turn left at the 1st cross street onto W 191st St

0.6 mi

9. Turn right onto Darvin Dr
   ⓘ Destination will be on the right

230 ft

19110 Darvin Drive
Mokena, IL 60448

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 18200 South Lagrange Road, Tinley Park, IL

Drive 8.6 miles, 11 min

Tinley Woods Surgery Center

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Drive from I-80 E to Frankfort Township. Take exit 145 from I-80 E

7 min (7.2 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

4.8 mi

6. Take exit 145 for US-45 toward La Grange Rd

0.4 mi

Continue on US-45 N/S Lagrange Rd/South La Grange Road to your destination in Tinley Park

3 min (0.9 mi)

7. Use the left 2 lanes to turn left onto US-45 N/S Lagrange Rd/South La Grange Road (signs for Orland Park)

0.7 mi

8. Use the 2nd from the left lane to turn left onto Orland Pkwy

0.1 mi

9. Turn right

220 ft

10. Continue straight
    ⓘ Destination will be on the left

151 ft

18200 South La Grange Road
Tinley Park, IL 60487

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to Amsurg Surgery Center

Drive 13.9 miles, 27 min

AmSurg Surgery Center

678 Cedar Crossing Drive

New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 W to IL-7 N/S Larkin Ave in Joliet. Take exit 130B from I-80 W

10 min (10.2 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Take the Interstate 80 W exit toward Iowa
   ⚠ Toll road

0.6 mi

5. Merge onto I-80 W

8.5 mi

6. Take exit 130B to merge onto IL-7 N/S Larkin Ave

0.4 mi

Follow IL-7 N/S Larkin Ave and Black Rd to 129th Infantry Dr in Troy Township

8 min (3.1 mi)

7. Merge onto IL-7 N/S Larkin Ave

1.6 mi

8. Turn left onto Black Rd

1.3 mi

9. Turn right onto 129th Infantry Dr
   ⓘ Destination will be on the right

0.2 mi

Amsurg Surgery Center

998 129th Infantry Drive, Joliet, IL 60435

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 6701 West 159th Street Drive 15.4 miles, 23 min

Ingalls Same Day Surgery

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E to IL-43 N/Harlem Ave in Tinley Park. Take exit 148B from I-80 E

10 min (10.7 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

8.4 mi

6. Take exit 148B to merge onto IL-43 N/Harlem Ave

0.4 mi

Continue on IL-43 N/Harlem Ave. Drive to W 159th St in Bremen Township

9 min (4.2 mi)

7. Merge onto IL-43 N/Harlem Ave

2.6 mi

8. Turn right onto 167th St

0.5 mi

9. Turn left onto Oak Park Ave

1.0 mi

10. Turn right onto W 159th St

0.2 mi

6701 West 159th Street
Tinley Park, IL 60477

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps **678 Cedar Crossing Drive to 10 Orland Square Drive** Drive 12.7 miles, 20 min

Preferred SurgiCenter, LLC

678 Cedar Crossing Drive

New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80

⚠ Partial toll road

0.4 mi

Drive from I-80 E to Frankfort Township. Take exit 145 from I-80 E

7 min (7.2 mi)

3. Merge onto I-355 S

⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana

⚠ Toll road

1.2 mi

5. Merge onto I-80 E

4.8 mi

6. Take exit 145 for US-45 toward La Grange Rd

0.4 mi

Follow US-45 N/S Lagrange Rd/South La Grange Road to Orland Square Dr in Orland Park

12 min (5.0 mi)

7. Use the left 2 lanes to turn left onto US-45 N/S Lagrange Rd/South La Grange Road (signs for Orland Park)

4.9 mi

8. Turn right toward Orland Square Dr

305 ft

9. Turn left onto Orland Square Dr

341 ft

10 Orland Square Drive

Orland Park, IL 60462

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 475 East Diehl Road, Naperville, IL 60563 Drive 25.0 miles, 28 min

The Center for Surgery

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Continue on I-355 N to Lisle Township. Take the exit toward Naperville Road from I-88 W

20 min (22.5 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Aurora
   ⚠ Toll road

1.3 mi

8. Merge onto I-88 W
   ⚠ Toll road

3.0 mi

9. Use the 2nd from the right lane to take the exit toward Naperville Road

0.3 mi

Drive to Diehl Rd in Naperville

3 min (1.3 mi)

10. Use the left 2 lanes to turn left onto Freedom Dr (signs for Southbound/Naperville Road/Warrenville Road)

0.4 mi

11. Use the right 2 lanes to turn right onto Diehl Rd
    ⓘ Destination will be on the right

0.8 mi

475 East Diehl Road
Naperville, IL 60563

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 10 Salt Creek Lane, Hinsdale, IL 60521

Drive 25.1 miles, 36 min

Hinsdale Surgical Center

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Continue on I-355 N. Take I-55 N to US-34 W/Ogden Ave in Proviso Township. Take the US-34 W/Ogden Ave exit from I-294 N

22 min (23.4 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

9.2 mi

6. Take the Interstate 55 N exit toward Chicago
   ⚠ Partial toll road

0.9 mi

7. Merge onto I-55 N

6.8 mi

8. Take exit 277A to merge onto I-294 N toward Wisconsin
   ⚠ Toll road

4.7 mi

9. Exit onto US-34 W/Ogden Ave
   ⚠ Partial toll road

0.2 mi

Continue on US-34 W/Ogden Ave. Drive to Salt Creek Ln in Hinsdale

1 min (0.5 mi)

10. Merge onto US-34 W/Ogden Ave

0.4 mi

11. Turn right onto Salt Creek Ln

0.2 mi

10 Salt Creek Lane
Hinsdale, IL 60521

traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to 3811 Highland Avenue, Downers Grove, IL Drive 24.2 miles, 26 min

Midwest Center for Day Surgery

678 Cedar Crossing Drive

New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Continue on I-355 N to Downers Grove. Take the Highland Ave exit from I-88 E

20 min (21.8 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

2.4 mi

9. Take the Highland Ave exit
   ⚠ Toll road

0.3 mi

Continue on Highland Ave to your destination

4 min (1.2 mi)

10. Turn right onto Highland Ave
    ⚠ Partial toll road

1.0 mi

11. Turn left

121 ft

12. Turn left

0.1 mi

13. Turn right
    ⓘ Destination will be on the right

304 ft

3811 Highland Avenue

Downers Grove, IL 60515

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 2725 Technology Drive, Lombard, IL Drive 24.5 miles, 26 min

DMG Surgical Center

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N to IL-56 E/Butterfield Rd in Downers Grove. Take the IL-56/Butterfield Rd exit from I-355 N

19 min (21.4 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

8.2 mi

7. Take the IL-56/Butterfield Rd exit
   ⚠ Toll road

0.6 mi

Continue on IL-56 E/Butterfield Rd to your destination in Lombard

5 min (1.9 mi)

8. Use the right 2 lanes to turn right onto IL-56 E/Butterfield Rd (signs for Oak Brook)
   ⚠ Partial toll road

1.6 mi

9. Turn right onto Technology Dr

0.3 mi

10. Turn left
    ⓘ Destination will be on the right

187 ft

2725 Technology Drive
Lombard, IL 60148

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to 530 North Cass Avenue, Westmont, IL

Drive 23.7 miles, 28 min

Salt Creek Surgery Center

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N to US-34 E/Ogden Ave in Lisle Township. Take the US-34/Ogden Ave exit from I-355 N

16 min (18.4 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.4 mi

7. Take the US-34/Ogden Ave exit

0.3 mi

Follow US-34 E/Ogden Ave to N Cass Ave in Westmont

10 min (4.2 mi)

8. Turn right onto US-34 E/Ogden Ave

4.1 mi

9. Turn right onto N Cass Ave
   ⓘ Destination will be on the right

328 ft

530 North Cass Avenue
Westmont, IL 60559

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to Loyola Ambulatory Surgery Center

Drive 26.2 miles, 28 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-88 E to Midwest Rd in Oak Brook. Take exit 136 from I-88 E

22 min (24.2 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

4.9 mi

9. Take exit 136 for Midwest Rd
   ⚠ Toll road

0.2 mi

Continue on Midwest Rd. Drive to Summit Ave

3 min (0.9 mi)

10. Turn right onto Midwest Rd
    ⚠ Partial toll road

0.6 mi

11. Continue onto Summit Ave
    ⓘ Destination will be on the left

0.4 mi

Loyola Ambulatory Surgery Center
1S224 Summit Ave # 201, Oakbrook Terrace, IL 60181

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 9050 West 81st Street, Justice, IL Drive 21.6 miles, 31 min

Forest Med-Surg Center

678 Cedar Crossing Drive
New Lenox, IL 60451

1. Head north on Cedar Crossing Dr toward Maple Rd

- 24 s (0.1 mi)

Take I-355 N, IL-171 N/Archer Ave, IL-83 S and US-45 N to W 87th St in Cook County

28 min (20.5 mi)

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

2.3 mi

4. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

3.6 mi

5. Take the exit toward IL-171
   ⚠ Partial toll road

0.9 mi

6. Turn right onto IL-171 N/Archer Ave (signs for □ Lemont)
   ⚠ Partial toll road

5.6 mi

7. Turn right onto IL-83 S

4.0 mi

8. Turn right to merge onto US-45 N

3.6 mi

Take S Kean Ave to W 81st St

3 min (1.0 mi)

9. Turn right onto W 87th St

0.2 mi

10. Turn left onto S Kean Ave

0.7 mi

11. Turn right onto W 81st St

299 ft

9050 West 81st Street
Justice, IL 60458

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps 678 Cedar Crossing Drive to Oak Brook Surgical Center Drive 26.1 miles, 27 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-88 E to Midwest Rd in Oak Brook. Take exit 136 from I-88 E

22 min (24.2 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

4.9 mi

9. Take exit 136 for Midwest Rd
   ⚠ Toll road

0.2 mi

Drive to 22nd St

3 min (0.7 mi)

10. Turn right onto Midwest Rd
    ⚠ Partial toll road

0.2 mi

11. Turn left onto 22nd St

0.4 mi

12. Make a U-turn
    ⓘ Destination will be on the right

0.2 mi

Oak Brook Surgical Center
2425 22nd Street, Oak Brook, IL 60523

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 2011 York Road, Oak Brook, IL

Drive 28.2 miles, 32 min

Rush Oak Brook Surgery Center

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-88 E to York Rd in Oak Brook. Take the I-294 S exit from I-88 E

24 min (26.6 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

6.9 mi

9. Use the right lane to take the I-294 S exit toward Indiana
   ⚠ Toll road

0.3 mi

10. Keep right, follow signs for York Rd

0.2 mi

Drive to York Rd

2 min (0.4 mi)

11. Turn left onto York Rd

0.2 mi

12. Make a U-turn
    ⓘ Destination will be on the right

0.2 mi

2011 York Road

Oak Brook, IL 60523

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to Plainfield Surgery Center, Plainfield, IL

Drive 25.6 miles, 32 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-55 S to IL-126 W/Historic U.S. 66 W/E Main St in Plainfield. Take exit 261 from I-55 S

18 min (20.2 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

9.5 mi

6. Take the exit onto I-55 S toward St Louis
   ⚠ Partial toll road

8.5 mi

7. Take exit 261 for IL-126 W toward Plainfield

0.4 mi

Follow Essington Rd and W 127th St to your destination in Wheatland Township

9 min (4.2 mi)

8. Continue onto IL-126 W/Historic U.S. 66 W/E Main St

210 ft

9. Turn right onto Essington Rd

1.4 mi

10. Turn left onto W 127th St/Reagan Blvd
    ⓘ Continue to follow W 127th St

2.7 mi

11. Turn right

207 ft

12. Turn right

30 ft

Plainfield Surgery Center
24600 W. 127th Street, Building C, Plainfield, IL 60585

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to 1263 Rickert Drive, Naperville, IL

Drive 22.7 miles, 30 min

Naperrville Surgical Center

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N to 75th St in Woodridge. Take the 75th St exit from I-355 N

13 min (14.4 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

1.4 mi

7. Take the 75th St exit
   ⚠ Toll road

0.3 mi

Follow 75th St to your destination in Naperville

14 min (7.1 mi)

8. Use the left 2 lanes to turn left onto 75th St (signs for Woodridge)
   ⚠ Partial toll road

6.9 mi

9. Turn right onto Rickert Dr

0.1 mi

10. Turn left onto S West St

230 ft

11. Turn right
    ⓘ Destination will be on the left

285 ft

1263 Rickert Drive
Naperville, IL 60540

Appendix - 2

These directions are for planning purposes only. You may find that construction projects

traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to 1200 South York Street, Elmhurst, IL 60126 Drive 28.7 miles, 33 min

Elmhurst Outpatient Surgery Center

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-88 E to York Rd in Oak Brook. Take the I-294 S exit from I-88 E

24 min (26.6 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

6.9 mi

9. Use the right lane to take the I-294 S exit toward Indiana
   ⚠ Toll road

0.3 mi

10. Keep right, follow signs for York Rd

0.2 mi

Continue on York Rd. Drive to Fronza Pkwy in Elmhurst

2 min (1.0 mi)

11. Turn right onto York Rd

0.8 mi

12. Turn left onto E Brush Hill Rd

489 ft

13. Turn right onto Fronza Pkwy

417 ft

1200 South York Street

Elmhurst, IL 60126

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps 678 Cedar Crossing Drive to Palos Surgicenter Drive 20.0 miles, 29 min

678 Cedar Crossing Drive
New Lenox, IL 60451

1. Head north on Cedar Crossing Dr toward Maple Rd

24 s (0.1 mi)

Take I-355 N and IL-171 N/Archer Ave to IL-83 S in Palos Heights

29 min (19.9 mi)

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

2.3 mi

4. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

3.6 mi

5. Take the exit toward IL-171
   ⚠ Partial toll road

0.9 mi

6. Turn right onto IL-171 N/Archer Ave (signs for □ Lemont)
   ⚠ Partial toll road

5.6 mi

7. Turn right onto IL-83 S

7.0 mi

Palos Surgicenter
7340 West College Drive # 1, Palos Heights, IL 60463

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps 678 Cedar Crossing Drive to Center For Reconstrctv Surgery Drive 29.8 miles, 36 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E, I-57 N and I-294 N/Tri-State Tollway to US-12 E/US-20 E/95th St in Bridgeview. Take the U.S. 12/U.S. 20/95th St exit from I-294 N/Tri-State Tollway

26 min (27.9 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

11.0 mi

6. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago

4.2 mi

7. Take exit 349 to merge onto I-294 N/Tri-State Tollway toward Wisconsin
   ⚠ Partial toll road

10.4 mi

8. Take the U.S. 12/U.S. 20/95th St exit
   ⚠ Toll road

0.3 mi

9. Turn right onto US-12 E/US-20 E/95th St
   ⓘ Destination will be on the right

3 min (1.3 mi)

Center For Reconstrctv Surgery
6311 95th Street, Oak Lawn, IL 60453

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to Ann & Robert H. Lurie Children's Hospital Outpatient Center in Westchester

Drive 29.3 miles, 35 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-88 E to York Rd in Oak Brook. Take the I-294 S exit from I-88 E

24 min (26.6 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

6.9 mi

9. Use the right lane to take the I-294 S exit toward Indiana
   ⚠ Toll road

0.3 mi

10. Keep right, follow signs for York Rd

0.2 mi

Take 22nd St and W Cermak Rd to your destination in Westchester

5 min (1.5 mi)

11. Turn left onto York Rd

0.2 mi

12. Use the left 2 lanes to turn left onto 22nd St

0.5 mi

13. Continue onto W Cermak Rd

0.5 mi

14. Turn right onto Enterprise Dr

0.2 mi

15. Turn left

Destination will be on the right

358 ft

Ann & Robert H. Lurie Children's Hospital Outpatient Center in Westchester

2301 Enterprise Drive, Westchester, IL 60154

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to Midwest Endoscopy Center, LLC

Drive 22.8 miles, 30 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N to 75th St in Woodridge. Take the 75th St exit from I-355 N

13 min (14.4 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

1.4 mi

7. Take the 75th St exit
   ⚠ Toll road

0.3 mi

Follow 75th St to Rickert Dr in Naperville

14 min (7.3 mi)

8. Use the left 2 lanes to turn left onto 75th St (signs for Woodridge)
   ⚠ Partial toll road

6.9 mi

9. Turn right onto Rickert Dr

0.3 mi

10. Make a U-turn at S River Rd
    ⓘ Destination will be on the right

197 ft

Midwest Endoscopy Center, LLC
1243 Rickert Drive, Naperville, IL 60540

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to Aiden Center For Day Surgery

Drive 31.8 miles, 33 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N to Addison. Take the US-20 exit from I-355 N

27 min (30.0 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Partial toll road

17.0 mi

7. Take the US-20 exit toward Lake St

0.4 mi

Continue on US-20 E/W Lake St to your destination in Addison Township

2 min (0.6 mi)

8. Turn right onto US-20 E/W Lake St

0.5 mi

9. Turn left

413 ft

10. Turn left
    ⓘ Destination will be on the right

226 ft

Aiden Center For Day Surgery
1580 West Lake Street, Addison, IL 60101

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps 678 Cedar Crossing Drive to Oak Lawn Endoscopy Drive 22.2 miles, 35 min

678 Cedar Crossing Drive
New Lenox, IL 60451

1. Head north on Cedar Crossing Dr toward Maple Rd

24 s (0.1 mi)

Take I-355 N, IL-171 N/Archer Ave and IL-83 S to W 111th St in Palos Township

24 min (17.4 mi)

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

2.3 mi

4. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

3.6 mi

5. Take the exit toward IL-171
   ⚠ Partial toll road

0.9 mi

6. Turn right onto IL-171 N/Archer Ave (signs for □ Lemont)
   ⚠ Partial toll road

5.6 mi

7. Turn right onto IL-83 S

4.0 mi

8. Turn right to merge onto US-45 N

0.6 mi

9. Turn right onto W 111th St

4 min (2.4 mi)

10. Turn left onto IL-7 N

2 min (0.9 mi)

11. Continue straight onto SW Hwy
    ⓘ Destination will be on the right

4 min (1.4 mi)

Oak Lawn Endoscopy
9921 Southwest Highway, Oak Lawn, IL 60453

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps 678 Cedar Crossing Drive to Silver Cross Hospital Drive 0.4 mile, 3 min

678 Cedar Crossing Drive
New Lenox, IL 60451

1. Head north on Cedar Crossing Dr toward Maple Rd — 0.1 mi
2. Sharp left to stay on Cedar Crossing Dr — 0.2 mi
3. Turn right — 338 ft
4. Turn left — 446 ft

Silver Cross Hospital
1900 Silver Cross Boulevard, New Lenox, IL 60451

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps **678 Cedar Crossing Drive to Presence Saint Joseph Medical Center** Drive 12.3 miles, 22 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 W to IL-7 N/S Larkin Ave in Joliet. Take exit 130B from I-80 W

10 min (10.2 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Take the Interstate 80 W exit toward Iowa
   ⚠ Toll road

0.6 mi

5. Merge onto I-80 W

8.5 mi

6. Take exit 130B to merge onto IL-7 N/S Larkin Ave

0.4 mi

Continue on IL-7 N/S Larkin Ave. Take Oneida St to Madison St

5 min (1.5 mi)

7. Merge onto IL-7 N/S Larkin Ave

0.8 mi

8. Turn left onto Oneida St

0.5 mi

9. Turn right onto Madison St

0.2 mi

Presence Saint Joseph Medical Center
333 Madison Street, Joliet, IL 60435

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps **678 Cedar Crossing Drive to Adventist Bolingbrook Hospital** Drive 16.2 miles, 20 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Continue on I-355 N to Bolingbrook. Take exit 267 from I-55 S

13 min (13.9 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

9.5 mi

6. Take the exit onto I-55 S toward St Louis
   ⚠ Partial toll road

2.4 mi

7. Use the right 2 lanes to take exit 267 toward Bolingbrook

0.3 mi

Drive to Remington Blvd

3 min (1.1 mi)

8. Merge onto S Bolingbrook Dr

0.1 mi

9. Use the left 2 lanes to turn left onto Remington Blvd
   ⓘ Destination will be on the right

1.0 mi

Adventist Bolingbrook Hospital
500 Remington Boulevard, Bolingbrook, IL 60440

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Appendix - 2

Google Maps **678 Cedar Crossing Drive to Franciscan St. James Health - Olympia Fields** Drive 18.1 miles, 25 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E to Vollmer Rd in Matteson. Take exit 342A from I-57 S

15 min (15.7 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

10.7 mi

6. Take exit 151A to merge onto I-57 S toward Memphis

2.8 mi

7. Take exit 342A for Vollmer Rd E

0.3 mi

Continue on Vollmer Rd. Drive to Crawford Ave in Olympia Fields

3 min (1.9 mi)

8. Merge onto Vollmer Rd

1.5 mi

9. Turn right onto Crawford Ave

0.3 mi

Franciscan St. James Health - Olympia Fields
20201 Crawford Avenue, Olympia Fields, IL 60461

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps 678 Cedar Crossing Drive to Advocate South Suburban Hospital

Drive 17.7 miles, 25 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E to Kedzie Ave in Hazel Crest. Take exit 154 from I-80 E

15 min (15.9 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

13.8 mi

6. Take exit 154 for Kedzie Ave

0.2 mi

Continue on Kedzie Ave to your destination

4 min (1.3 mi)

7. Turn right onto Kedzie Ave

1.0 mi

8. Turn right onto W 177th St

0.2 mi

9. Turn left

430 ft

10. Turn left
    ⓘ Destination will be on the right

118 ft

Advocate South Suburban Hospital
17800 Kedzie Avenue, Hazel Crest, IL 60429

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to Advocate Good Samaritan Hospital

Drive 23.9 miles, 25 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Continue on I-355 N to Downers Grove. Take the Highland Ave exit from I-88 E

20 min (21.8 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

2.4 mi

9. Take the Highland Ave exit
   ⚠ Toll road

0.3 mi

10. Turn right onto Highland Ave
    ⚠ Partial toll road

2 min (1.0 mi)

Advocate Good Samaritan Hospital
3815 Highland Avenue, Downers Grove, IL 60515

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps 678 Cedar Crossing Drive to Ingalls Memorial Hospital Drive 19.8 miles, 26 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E to US-6 E/W 159th St in Markham. Take exit 348 from I-57 N

15 min (16.4 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

11.0 mi

6. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago

3.0 mi

7. Take exit 348 to merge onto US-6 E/W 159th St

0.5 mi

Continue on US-6 E/W 159th St. Drive to Ingalls Dr in Harvey

7 min (2.8 mi)

8. Merge onto US-6 E/W 159th St

2.4 mi

9. Turn left onto S Wood St

0.4 mi

10. Turn right onto Ald Taylor Way

348 ft

11. Turn left onto Ingalls Dr

157 ft

Ingalls Memorial Hospital
1 Ingalls Drive, Harvey, IL 60426

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to MetroSouth Medical Center

Drive 21.7 miles, 28 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E and I-57 N to IL-83 S/147th St in Posen. Take exit 350 from I-57 N

17 min (18.4 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

11.0 mi

6. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago

5.3 mi

7. Take exit 350 for IL-83/147th St toward Sibley Blvd

0.2 mi

Take S Western Ave to Gregory St in Blue Island

7 min (2.7 mi)

8. Turn right onto IL-83 S/147th St (signs for Harvey)

0.2 mi

9. Turn left onto S Western Ave

2.2 mi

10. Continue onto Gregory St

0.3 mi

MetroSouth Medical Center
12935 Gregory Street, Blue Island, IL 60406

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Appendix - 2

Google Maps **678 Cedar Crossing Drive to Palos Community Hospital** Drive 14.8 miles, 30 min

678 Cedar Crossing Drive
New Lenox, IL 60451

1. Head north on Cedar Crossing Dr toward Maple Rd — 24 s (0.1 mi)

Follow US-6 E and IL-7 N to Palos Park — 25 min (13.8 mi)

2. Turn right at the 1st cross street onto US-6 E/Maple Rd — 7.1 mi
   Continue to follow US-6 E
3. Continue straight onto IL-7 N/Wolf Rd — 2.0 mi
4. Turn right onto IL-7 N/W 143rd St — 1.6 mi
5. Turn left onto IL-7 S — 3.0 mi

Take W 123rd St/McCarthy Rd to your destination in Palos Heights — 2 min (0.9 mi)

6. Slight right toward W 123rd St/McCarthy Rd — 0.1 mi
7. Slight right onto W 123rd St/McCarthy Rd — 0.6 mi
8. Turn left onto S 80th Ave — 217 ft
9. Turn right — 0.2 mi

Palos Community Hospital
12251 South 80th Avenue, Palos Heights, IL 60463

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps 678 Cedar Crossing Drive to Edward Hospital - Main Campus Drive 22.1 miles, 28 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N to 75th St in Woodridge. Take the 75th St exit from I-355 N

13 min (14.4 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

1.4 mi

7. Take the 75th St exit
   ⚠ Toll road

0.3 mi

Continue on 75th St. Drive to S Washington St in Naperville

13 min (6.5 mi)

8. Use the left 2 lanes to turn left onto 75th St (signs for Woodridge)
   ⚠ Partial toll road

5.0 mi

9. Turn right onto S Washington St

1.1 mi

10. Turn right onto Meisinger Ln

0.1 mi

11. Turn left onto Edgewater Dr

0.4 mi

12. Turn left onto S Washington St
    ⓘ Destination will be on the right

138 ft

Edward Hospital - Main Campus
801 South Washington Street, Naperville, IL 60540

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

678 Cedar Crossing Drive to Adventist Hinsdale Hospital, Hinsdale, IL

Drive 25.1 miles, 35 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Continue on I-355 N. Take I-55 N to US-34 W/Ogden Ave in Proviso Township. Take the US-34 W/Ogden Ave exit from I-294 N

22 min (23.4 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

9.2 mi

6. Take the Interstate 55 N exit toward Chicago
   ⚠ Partial toll road

0.9 mi

7. Merge onto I-55 N

6.8 mi

8. Take exit 277A to merge onto I-294 N toward Wisconsin
   ⚠ Toll road

4.7 mi

9. Exit onto US-34 W/Ogden Ave
   ⚠ Partial toll road

0.2 mi

Continue on US-34 W/Ogden Ave. Drive to N Elm St in Hinsdale

1 min (0.6 mi)

10. Merge onto US-34 W/Ogden Ave

0.5 mi

11. Turn right onto N Elm St

420 ft

Adventist Hinsdale Hospital
908 North Elm Street #112, Hinsdale, IL 60521

Appendix - 2

These directions are for planning purposes only. You may find that construction projects

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps 678 Cedar Crossing Drive to Amita Health: Adventist Medical Center Drive 23.0 miles, 37 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-55 N to Historic U.S. 66 E/Joliet Rd in Indian Head Park. Take exit 276C from I-55 N

17 min (18.8 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

9.2 mi

6. Take the Interstate 55 N exit toward Chicago
   ⚠ Partial toll road

0.9 mi

7. Merge onto I-55 N

6.7 mi

8. Use the left 2 lanes to take exit 276C for Joliet Road

0.4 mi

Follow Historic U.S. 66 E/Joliet Rd and Willow Springs Rd to your destination in La Grange

8 min (3.0 mi)

9. Continue onto Historic U.S. 66 E/Joliet Rd

1.0 mi

10. Turn left onto Willow Springs Rd

1.7 mi

11. Turn right

0.2 mi

12. Turn left

0.1 mi

Amita Health: Adventist Medical Center
5101 South Willow Springs Road, La Grange, IL 60525

Appendix - 2

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you

should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps **678 Cedar Crossing Drive to Roseland Community Hospital** Drive 25.9 miles, 33 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E and I-57 N to S Hamlet Ave in Chicago. Take exit 355 from I-57 N

21 min (23.3 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

11.0 mi

6. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago

10.2 mi

7. Take exit 355 toward Monterey Ave/111th St

0.2 mi

Drive to W 111th St

8 min (2.0 mi)

8. Continue onto S Hamlet Ave

0.3 mi

9. Turn right onto W 111th St
   ⓘ Destination will be on the right

1.8 mi

Roseland Community Hospital
45 West 111th Street, Chicago, IL 60628

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps 678 Cedar Crossing Drive to Elmhurst Memorial Hospital Drive 29.0 miles, 32 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-88 E to York Rd in Oak Brook. Take the I-294 S exit from I-88 E

24 min (26.6 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Chicago
   ⚠ Toll road

1.2 mi

8. Merge onto I-88 E
   ⚠ Toll road

6.9 mi

9. Use the right lane to take the I-294 S exit toward Indiana
   ⚠ Toll road

0.3 mi

10. Keep right, follow signs for York Rd

0.2 mi

Continue on York Rd to your destination

4 min (1.3 mi)

11. Turn right onto York Rd

0.8 mi

12. Turn left onto E Brush Hill Rd

0.3 mi

13. Turn right

174 ft

14. Turn right

164 ft

15. Turn left

394 ft

16. Turn left

66 ft

17. Turn right

Destination will be on the right

56 ft

Elmhurst Memorial Hospital

155 East Brush Hill Road, Elmhurst, IL 60126

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to Adventist GlenOaks Hospital

Drive 30.2 miles, 33 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N to IL-64 W/North Ave in Lombard. Take the IL-64/North Ave exit from I-355 N

24 min (26.7 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

13.7 mi

7. Use the right 2 lanes to take the IL-64/North Ave exit
   ⚠ Partial toll road

0.3 mi

Follow IL-64 W/North Ave and Glen Ellyn Rd to Winthrop Ave in Glendale Heights

5 min (2.4 mi)

8. Turn left onto IL-64 W/North Ave (signs for Glendale Heights/Carol Stream)

1.4 mi

9. Turn right onto Glen Ellyn Rd

0.8 mi

10. Turn right onto Winthrop Ave

0.2 mi

Adventist GlenOaks Hospital
701 Winthrop Avenue, Glendale Heights, IL 60139

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive to Central DuPage Hospital, 25 Winfield Road

Drive 30.7 miles, 38 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 N

2 min (1.2 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Turn right at the 1st cross street onto Maple Rd

0.4 mi

3. Turn left to merge onto I-355 N
   ⚠ Partial toll road

0.6 mi

Follow I-355 N and I-88 W to Winfield Rd in Warrenville. Take the Winfield Rd exit from I-88 W

22 min (24.7 mi)

4. Merge onto I-355 N
   ⚠ Toll road

1.7 mi

5. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

10.9 mi

6. Keep left at the fork to stay on I-355 N
   ⚠ Toll road

5.2 mi

7. Use the right 2 lanes to take the exit toward Aurora
   ⚠ Toll road

1.3 mi

8. Merge onto I-88 W
   ⚠ Toll road

5.1 mi

9. Take the Winfield Rd exit

0.4 mi

Follow Winfield Rd to your destination in Winfield

11 min (4.8 mi)

10. Turn right onto Winfield Rd

4.7 mi

11. Turn right

243 ft

12. Turn left at Hospital Rd

115 ft

Central DuPage Hospital, 25 Winfield Road
Winfield, IL 60190

Appendix - 2

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps **678 Cedar Crossing Drive to Advocate Trinity Hospital** — Drive 31.0 miles, 38 min

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E and I-57 N to S Stony Island Ave in Chicago. Take exit 65 from I-94 E

27 min (29.0 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

11.0 mi

6. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago

13.3 mi

7. Use the right 2 lanes to merge onto I-94 E toward Indiana

1.4 mi

8. Take exit 65 to merge onto S Stony Island Ave

1.3 mi

Drive to E 93rd St

5 min (1.4 mi)

9. Merge onto S Stony Island Ave

0.5 mi

10. Turn right onto E 93rd St

0.9 mi

Advocate Trinity Hospital
2320 East 93rd Street, Chicago, IL 60617

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Appendix - 2

Google Maps 678 Cedar Crossing Drive to Advocate Christ Medical Center

Drive 27.5 miles, 37 min

Appendix - 2

678 Cedar Crossing Drive
New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E, I-57 N and I-294 N/Tri-State Tollway to IL-50 N/S Cicero Ave in Alsip. Take the IL-50 N/Cicero Ave exit from I-294 N/Tri-State Tollway

21 min (22.6 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

11.0 mi

6. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago

4.2 mi

7. Take exit 349 to merge onto I-294 N/Tri-State Tollway toward Wisconsin
   ⚠ Partial toll road

5.0 mi

8. Exit onto IL-50 N/S Cicero Ave

0.5 mi

Continue on IL-50 N/S Cicero Ave. Drive to 95th St in Oak Lawn

12 min (4.4 mi)

9. Merge onto IL-50 N/S Cicero Ave

3.3 mi

10. Turn right onto 99th St

0.5 mi

11. Turn left onto S Kostner Ave

0.5 mi

12. Turn left onto 95th St

390 ft

Advocate Christ Medical Center
4440 95th Street, Oak Lawn, IL 60453

Appendix - 2

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps 678 Cedar Crossing Drive, New Lenox, IL 60451 to St. Bernard Hospital Drive 31.8 miles, 38 min

Appendix - 2

678 Cedar Crossing Drive, New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Take I-80 E and I-57 N to W Marquette Rd in Chicago. Take exit 59B from I-94 W

28 min (30.5 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Use the left 2 lanes to take the Interstate 80 E exit toward Indiana
   ⚠ Toll road

1.2 mi

5. Merge onto I-80 E

11.0 mi

6. Use the left 2 lanes to take exit 151B to merge onto I-57 N toward Chicago

13.9 mi

7. Merge onto I-94 W

3.2 mi

8. Take exit 59B for Marquette Road toward 67th Street

0.2 mi

9. Keep right to stay on Exit 59B

0.2 mi

Continue on W Marquette Rd. Take S Wentworth Ave to W 64th St

4 min (0.8 mi)

10. Turn left onto W Marquette Rd

0.2 mi

11. Turn right at the 3rd cross street onto S Wentworth Ave

0.3 mi

12. Turn left onto W 65th St

0.1 mi

13. Turn right onto S Yale Ave

0.1 mi

14. Turn left onto W 64th St
    ⓘ Destination will be on the right

413 ft

Appendix - 2

St. Bernard Hospital

326 West 64th Street, Chicago, IL 60621

320 West 64th Street, Chicago, IL 60621

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

Google Maps

678 Cedar Crossing Drive, New Lenox, IL 60451 to Morris Hospital & Healthcare Centers

Drive 30.9 miles, 38 min

678 Cedar Crossing Drive, New Lenox, IL 60451

Get on I-355 S

2 min (0.5 mi)

1. Head north on Cedar Crossing Dr toward Maple Rd

0.1 mi

2. Take the Interstate 355 S ramp to Interstate 80
   ⚠ Partial toll road

0.4 mi

Follow I-80 W to IL-47 S/N Division St in Morris. Take exit 112 from I-80 W

26 min (28.6 mi)

3. Merge onto I-355 S
   ⚠ Toll road

0.7 mi

4. Take the Interstate 80 W exit toward Iowa
   ⚠ Toll road

0.6 mi

5. Merge onto I-80 W

27.1 mi

6. Take exit 112 for IL-47 toward Morris Yorkville

0.3 mi

Continue on N Division St. Drive to E High St in Morris Township

6 min (1.7 mi)

7. Use the left 2 lanes to turn left onto IL-47 S/N Division St

1.2 mi

8. Continue straight onto N Division St

0.3 mi

9. Turn right onto E High St
   ⓘ Destination will be on the right

0.2 mi

Morris Hospital & Healthcare Centers

150 West High St., Morris, IL, 60450, Morris, IL 60450

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Appendix - 2

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:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	26-28
2	Site Ownership	29-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32-33
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	34-35
5	Flood Plain Requirements	36-37
6	Historic Preservation Act Requirements	38-48
7	Project and Sources of Funds Itemization	49
8	Obligation Document if required	
9	Cost Space Requirements	50
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	51-62
13	Alternatives to the Project	63
14	Size of the Project	64
15	Project Service Utilization	
16	Unfinished or Shell Space	65-66
17	Assurances for Unfinished/Shell Space	67
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	68-101
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	102-105
37	Financial Waiver	
38	Financial Viability	106
39	Economic Feasibility	107-113
40	Safety Net Impact Statement	114
41	Charity Care Information	115
	Appendix - 1	116-138
	Appendix - 2	139-235