



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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January 30, 2017

Kara Friedman
Attorney
Polsinelli P.C.
161 North Clark Street, Suite 4200
Chicago, IL 60601

Re: Additional Information #16-059 – Palos Health Surgery Center

Ms. Friedman:

We are in the process of reviewing the application for permit for Palos Health Surgery Center. Please provide the following information:

1. Palos Community Hospital's most recent audited financial statements.
2. Please provide the letter of intent for the lease of the surgery center.
3. Please provide the members of the Palos Health Surgery Center, LLC.
4. Please provide an explanation of the purpose of South Campus Partners, Inc and why they are co applicants on this application for permit.
5. Please provide the proposed payor mix of the surgery center.
6. Please provide the capital costs for the alternatives identified. (Application for Permit page 52-53)
7. Please provide an explanation why Loyola University Medical Center is not a co applicant on this application.
8. Please provide an explanation (narrative) of the cooperative agreement between Loyola University Medical Center and Palos Community Hospital. (Application for Permit page 45)
9. Please provide the hospital charges in order to compare the ASTC charges to hospital charges. (Application for Permit pages 91-93)

Should have any questions or concerns please contact me at 217.782.3516 or mike.constantino@illinois.gov

Sincerely,

A handwritten signature in blue ink that reads 'Mike Constantino'.

Mike Constantino
Project Reviewer