Juan Morado, Jr.
333 West Wacker Drive, Suite 1900
Chicago, IL 60606
Direct Dial: 312.212.4967
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jmorado@beneschlaw.com

June 27, 2018

VIA FEDEX AND OVERNIGHT DELIVERY

Courtney Avery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 60602

Re: Modification and Additional Information, Project #17-073, Illinois Back & Neck Institute

Dear Courtney:

We represent Illinois Back & Neck Institute, LLC ("IBNI") in connection with Project #17-073, Illinois Back & Neck Institute. I am writing to request a Type B Modification for the above-referenced project. We will be lowering the overall project costs associated with the modernization of the space where the proposed facility will be located.

In addition, we are also providing several pages of supplemental information and updating sections of the application as follows:

- Updated: Application (page 6)
- Updated: Narrative Description to replace page 8
- Updated: Project Costs to replace page 9
- Updated: Cost Space Requirement to replace page 11
- Updated: Project Services Utilization to replace page 17 and Attachment 15
- Updated: Availability of Funds to replace pages 47-48
- Updated: page 51
- Updated: Attachment 2 to replace page 57
- Added: Letter of Intent from Illinois Back & Neck, LLC
- Updated: Project Costs and Source of Funds (Attachment 7) to replace page 98
- Updated: Cost Space Requirements (Attachment 9) to replace page 102
- Updated: Background of the Applicant (Attachment 11) to replace page 112

- Updated: Purpose of Project (Attachment 12) to replace pages 114-115
- Updated: Alternatives (Attachment 13) to replace pages 158-159
- Updated: Project Scope, Utilization, and Unfinished/Shell Space (Attachment 14) to replace pages 160
- Updated: Geographic Service Area Need (Attachment 25) to replace pages 163, and supplemental maps and zip code list
- Updated: Service Demand (Attachment 25) to replace pages 164
- Supplemented: Services Accessibility, additional information and graphs (172)
- Updated: Unnecessary Duplication of Services and Maldistribution to replace page 175
- Added: Staffing (Attachment 25)
- Updated: Charge Commitment to replace page 183
- Updated: Notarized Charge Commitment to replace page 184
- Added: Assurances (Attachment 25)
- Updated: Financial Viability Economic Feasibility, Reasonableness of Financing Arrangements letter to replace pages 187 and 191
- Supplemented: Reasonableness of Project and Related Costs (page 193)

We thank you and your staff for taking time to discuss this application and the supplemental information that we are providing to you. If you should have any questions, please do not hesitate to contact me at 312-212-4967 or via email at JMorado@beneschlaw.com, you can also contact my colleague, Mark J. Silberman at 312-212-4952 or via email at MSilberman@benseschlaw.com.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

Juan Morado, Jr.

JM:
Enclosures

Post Permit Contact

[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: Neem Baryan, M.D.
Title: Chief Executive Officer
Company Name: Illinois Back & Neck Institute, LLC
Address: 360 West Butterfield Road, Suite 100 Elmhurst, Illinois 60126
Telephone Number: 847-501-0730
E-mail Address: neema@paincenteril.com
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: 360 Butterfield, LLC, an Illinois Corporation to be sub-leased by Illinois Back & Neck Institute, LLC
Address of Site Owner: 18-5 E Dundee Road, Suite 200 Barrington, Illinois 60010
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
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: Illinois Neck & Back Institute, LLC
Address: 360 West Butterfield Road, Elmhurst, IL 60126

☐ 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 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.

2. Narrative Description- UPDATED

In the space below, provide 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.

The Illinois Back & Neck Institute, LLC ("ILBN") is proposing to establish a limited specialty ambulatory surgical treatment center ("ASTC") with one operating room located in existing space located at 360 West Butterfield Road, Suite 100, Elmhurst, Illinois 60126, thus making this a substantive project.

The ASTC will be wholly owned by qualified physician investors. The facility will be licensed to provide services in two categories of service, orthopedic surgery, and pain management.

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 be 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	$50,000	$50,000	$100,000
Contingencies	$20,000	$8,000	$28,000
Architectural/Engineering Fees	$10,000	$5,000	$15,000
Consulting and Other Fees	$0	$60,000	$60,000
Movable or Other Equipment (not in construction contracts)	$100,000	$5,000	$105,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$362,000	$120,000	$482,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$542,000	$248,000	$790,000
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$180,000	$128,000	$308,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$362,000	$120,000	$482,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$542,000	$248,000	$790,000

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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							
Ambulatory Surgery	$542,000		1850		1850		
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	$542,000						
NON REVIEWABLE							
Administrative	$248,000		1004		1850		
Parking							
Gift Shop							
Total Non-clinical	$248,000		1004		1004		
TOTAL	**$790,000**		**2854**		**2854**		

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - 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 and it shall include the basis used for determining the space and the methodology applied.**

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 and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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?
ASTC	1850	1660-2200 per treatment room	N/A	YES

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	MEET STANDARD?
YEAR 1	ASTC	1,357	80.29%	>1500 Hours	YES
YEAR 2	ASTC	1,450	85.79%	>1500 Hours	YES

APPEND DOCUMENTATION AS ATTACHMENT 15, 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)**

VII. 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]:**

$790,000	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;
_____	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.
$790,000	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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)	
ASTC		$97.29			1850			$180,000	$180,000
Contingency		$127.49			1004			$128,000	$128.000
TOTALS		$224.78			2854			$308,000	$308,000

* 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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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

ATTACHMENT 2

Site Ownership-Updated to replace page 57

The building in which the ASTC will be located is at 360 West Butterfield Road, Suite 100, Elmhurst, Illinois 60126. The building is owned by 360 Butterfield LLC (Site Owner), and leased by Pain Center of Illinois, LTD. Illinois Back & Neck Institute, LLC as submitted a letter of intent and will sub-lease the space in the building. A copy of the letter of intent is attached hereto.

June 18, 2018

Illinois Neck & Back Institute, LLC
360 West Butterfield Road, Suite 100
Elmhurst, Illinois 60126

Re: Letter of Intent to Sub-Lease
360 West Butterfield Road, Suite 100, Elmhurst, Illinois 60126

Dear Illinois Neck & Back Institute, LLC,

This letter of intent ("LOI") with an effective date of December 1, 2017 is between Pain Center of Illinois, LTD. and Illinois Neck & Back Institute, LLC. This LOI does not constitute a contract between the parties and is not intended to be binding on either party. Illinois Neck & Back Institute, LLC acknowledges that as a sub-leasee it is subject to all terms and conditions contained in the lease (Attachment A) between Pain Center of Illinois, LTD. and 360 Butterfield, LLC.

Total Area Required: 2,854 SF

Use: Ambulatory Surgical Treatment Center

Sub-Lease Term: 1st day of the Month following CON approval Date until November 30, 2025

Lease Commencement: 1st day of the Month following CON approval date

Lease Rate: Subject to same payment terms listed in underlying lease between 360 Butterfield, LLC and Pain Center of Illinois, LTD.

Lease Terms: Illinois Neck & Back Institute, LLC acknowledges that as a sub-leasee it is subject to all terms and conditions contained in the lease between Pain Center of Illinois, LTD. and 360 Butterfield, LLC.

This LOI does not constitute a contract between the parties and is not intended to be binding on either party. This LOI is intended solely as an expression of terms upon which the parties will endeavor to negotiate a formal and binding lease agreement which meets with the approval of both parties respective counsel. In no event shall either party incur any liability whatsoever of its failure to execute a formal and binding lease agreement or for any other reason.

IN WITNESS WHEREOF, this Agreement has been executed by **Illinois Neck & Back Institute, LLC** and **Pain Center of Illinois, LTD.** on the date first above written.

Illinois Neck & Back Institute, LLC

By: _____
Printed Name: Neema Bayram M.D.
Title: CEO

Pain Center of Illinois, LTD.

By: _____
Printed Name: Neema Bayram M.D.
Title: President

ATTACHMENT 7

Project Costs and Source of Funds- Update to replace page 98

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	$50,000	$50,000	$100,000
Contingencies	$20,000	$8,000	$28,000
Architectural/Engineering Fees	$10,000	$5,000	$15,000
Consulting and Other Fees	$0	$60,000	$60,000
Movable or Other Equipment (not in construction contracts)	$100,000	$5,000	$105,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$362,000	$120,000	$482,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$542,000	$248,000	$790,000
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$180,000	$128,000	$308,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$362,000	$120,000	$482,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$542,000	$248,000	$790,000

ATTACHMENT 9

Cost Space Requirements to replace page 102

		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							
Ambulatory Surgery	$542,000		1850		1850		
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	$542,000						
NON REVIEWABLE							
Administrative	$248,000		1004		1850		
Parking							
Gift Shop							
Total Non-clinical	$248,000		1004		1004		
TOTAL	**$790,000**		**2854**		**2854**		

Attachment 11

Background of the Applicant- 20 ILCS 3960/2- Update to replace pages 112

The applicant, Illinois Back & Neck Institute, LLC ("ILBN") both possess the qualifications, background, and character necessary, we well as posses the financial resources to adequately provide services for the Community.

ILBN does not own or operate any health facilities in Illinois or elsewhere.

Dr. Bayran has been providing access to care, innovation, and results in the field of interventional pain management for 16 years. Dr. Bayran is double-board-certified in Anesthesiology and Interventional Pain Management. He completed his residency in Anesthesiology at the University of Illinois at Chicago, where he served as Chief Resident. During that time, Dr. Bayran was granted participation in the research program on developing new medications for pain pathways.

Dr. Bayran completed a formal Accreditation Council for Graduate Medical Education accredited Interventional Pain Management fellowship at The University of Illinois at Chicago and was awarded a fellowship in Interventional Pain Management at the esteemed Cleveland Clinic. This helped broaden his training as a Pain Physician. His main area of interest is Spine Care and Complex Regional Pain Syndrome.

His innovations include utilizing cutting edge technology, including Stem Cell Therapy and PRP. Dr. Bayran uses minimally invasive techniques to address Disc Pathology without the need for incision. These technologies improve the patient's outcome by minimizing injury to the Paraspinal Muscle. He is also certified by The American Board of Independent Medical Examiners.

Dr. Bayran is a member of the American Academy of Pain Management, International Spine Intervention Society, American Society of Regional Anesthesia, the American Society of Anesthesiology and the American Academy of Aesthetic Medicine.

Dr. Hussain completed his undergraduate studies at the University of Chicago and his Doctorate of Medicine at the University of Illinois, College of Medicine. He is also certified by the American Board of Independent Medical Examiners. Dr. Hussain completed a formal Accreditation Council for Graduate Medical Education accredited Interventional Pain Management fellowship at Columbia University College of Physicians and Surgeons/St. Luke's –Roosevelt Hospital Center in New York, NY. He completed his Anesthesiology residency at University of Medicine and Dentistry of New Jersey and served as Chief Resident.

Dr. Hussain is double-board certified in Anesthesiology and Pain Medicine. His main clinical interests are chronic neck and back pain, musculoskeletal pain, neuropathic pain, and CRPS. Dr. Hussain maintains an active membership in the American Society of Regional Anesthesia and Pain Medicine.

Drs. Bayran and Hussain have a strong commitment to provide care to those suffering from debilitating conditions whose conditions impact their everyday quality of life. This project

represents a continuation of their effort to increase the quality of care his patients receive with specific focus on communities where there is a lack of access to medical services.

Attachment 12

Purpose of the Project- Update to replace pages 114-115

The purpose of this project is to ensure that the residents of the community and the patients historically served by Drs. Bayran and Hussain will continue to have the access to the surgical procedures and treatments they need.

The Center for Medicare & Medicaid Services (CMS) has made changes that have altered the reimbursement models available for the various procedures that ILBN performs. These changes in reimbursement models are driving physicians to perform these procedures in either a hospital or surgery center setting. As will be addressed more fully below when explaining alternatives that were considered (see. 77 Ill. Admin. Code 1110.230(c), Attachment 13), the performance of the types of procedures done by ILBN when performed in an ASTC setting is substantially more cost-effective than in hospitals and it allows for patients to work with familiar dedicated staff who are well versed and trained in fields of orthopedic medicine and pain management.

The reimbursement changes by CMS are a direct response to improve patient access, increase efficiency, and contain costs. Establishment of this limited specialty ASTC will improve the healthcare available within this community; it will increase access to available care for those in the surrounding community and will serve an already established patient base. There are also new innovative procedures and techniques that are only reimbursable in an ASTC setting. Without licensure as an ASTC, access to these innovative procedures would be limited to those patients with the means to pay the additional costs not reimbursable under Medicare and Medicaid.

ILBN will own the proposed ASTC directly. The ASTC will be indirectly owned by a group of physician investors. These same doctors already provide services in a medical office at the proposed ASTC location and at another facility in Chicago, Illinois. ILBN is a limited-specialty orthopedic group that offers a full range of services that address conditions of the musculoskeletal system including conditions that affect the following: spine, hand and upper extremity, work related trauma, and general adult, and pediatric orthopedic services.

The market area as defined by regulation is 45 minutes from the location at which the ASTC will be established. This, technically, includes a substantial part of the Chicagoland area. We have included several maps showing the project site and the boundary of the proposed GSA showing its boundaries.

ILBN will operate the proposed ASTC in a manner that ensures the safety of it's patients, always giving high quality care to patients in a convenient and lower cost environment. By offering patients an affordable alternative to hospital-based surgical services, the result is often lower copayments for patients and less costly reimbursement by all payor types.

Attachment 13

Alternatives- Update to replace pages 158-159

1. **Take No Action.**

ILBN has hundreds of patients who rely on them to perform the surgical procedures that are necessary to maintain a sustainable quality of life. With the changes in the reimbursement models by CMS, it seems that CMS is strongly encouraging the relocation of many of these procedures to an ASTC setting. Hospital surgical suites on the other hand which certainly have benefits regarding the management of complications and limitation of infection are simply no longer a sustainable model. For these reasons, this alternative was rejected.

2. **Utilize a Hospital Surgical Suite**

This option produces challenges that we have described above with regard to access and cost. The problem for hospitals is that the setting has proven to increase costs while procedures in an ASTC setting can be performed at a lower cost and with the same results. For these reasons, this alternative was rejected.

3. **Rely on Available Capacity at Other Surgery Centers**

ILBN is an established entity in the city of Elmhurst, Illinois and already is operating a medical office where the proposed ASTC will be located. This project does not require ramp up time to establish a patient base because it already exists. The physician owners have privileges at several area hospitals including: West Lake Hospital, St. Joseph Hospital, Alexian Brothers, and Elmhurst Hospital. A majority of the surgery centers in the area focus upon 14 other identified categories of service for an ASTC rather than orthopedic and pain management. For this to work, other facilities would have to be willing to allow Dr. Bayran and Dr. Hussain to use the procedure rooms in their facility to perform procedures that likely have lower reimbursement rates than other procedures they would normally perform. In addition, Drs. Bayran and Hussain and their patients would have to leave the medical office to travel to an ASTC that is willing to provide access to their facility. For patients already suffering and in pain, these additional burdens would hinder access to necessary care. For these reasons, this alternative was rejected.

4. **Acquire an Existing ASTC**

Another option that was considered was the acquisition of an existing Ambulatory Surgical Treatment Center. There are a limited number of existing ASTCs in the area, none of which are committed to nor designed to meet the needs of Drs. Bayran and Hussain's existing patient population. The applicants would have to identify a sufficient facility and purchase the facility, then retrofit the facility to meet the needs of their patient population, and this combination would likely exceed the costs of the proposed project. Additionally, the applicant already has an existing medical office in the same building and has an existing patient population that is familiar with their facility. For these reasons, this alternative was rejected.

ATTACHMENT 14

Criterion 1110.120- Project Scope, Utilization, and Unfinished/Shell Space- Update to replace page 160

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	1850	1660-2200	N/A	YES

This project involves a modernization of what is currently medical office space to allow it to come into compliance with standards that will allow it to be licensed as an Ambulatory Surgical Treatment Center ("ASTC"). One procedure is envisioned, and the proposed project involves the conversion of existing space that is within the established state standard.

The design of the facility and the separation between clinical and non-clinical space is designed to maximize patient benefit while being respectful and appreciative of the applicable government standards.

This project expects to be found to be in compliance with the established State Standard.

ATTACHMENT 25

Geographic Service Area (GSA), Section 1110.135(c)(2)(b)- Update to replace pages 163

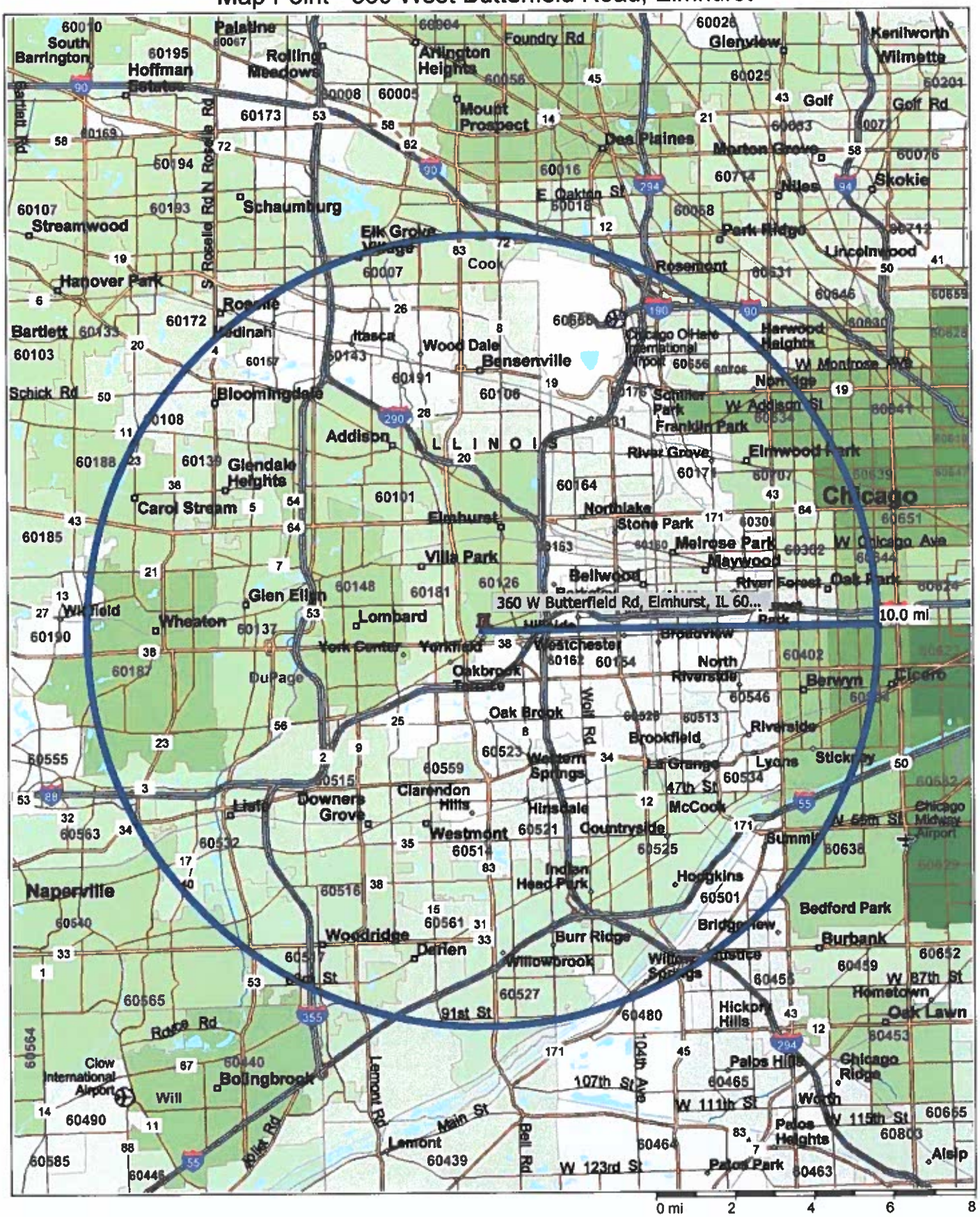
There is no formula need determination for the number of ASTCs and the number of surgical treatment rooms in a geographic service area under the rule established by the HFSRB.

The primary purpose of this project is to provide necessary health care to the residents of the geographic service area ("GSA") in which the ASTC will be located. The focus will be on providing orthopedic and pain management services to the residents within the area immediately surrounding the ASTC as evidenced by the list of zip codes of patients served by this practice.

Listed below in accordance with 77 Ill. Admin. Code. 1110.1540(c)(2)(A), is the GSA consisting of all zip code areas that are located within 45 minutes multi-directional travel time (under normal driving conditions) of the proposed site of the ASTC.

The zip codes and area within 45-minute drive time of the facility are listed below. We have also included the 10-mile radius, which is reflected in recently approved rules, and reflective of the direction HFSRB has taken in consideration of these types of projects.

Map Point - 360 West Butterfield Road, Elmhurst



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Map Point - 360 West Butterfield Road, Elmhurst

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Supplemental Information Geographic Service Area

ZIP Code	Country/Region	Population: total (2010) by ZIP Code
60410	United States	12,687
60511	United States	1,793
60554	United States	11,796
60447	United States	13,709
60512	United States	1,111
60538	United States	26,619
60506	United States	53,013
60542	United States	17,099
60539	United States	341
60543	United States	36,156
60503	United States	16,717
60505	United States	76,573
60502	United States	21,873
60119	United States	10,371
60510	United States	28,897
60134	United States	28,565
60175	United States	25,564
60174	United States	30,752
60177	United States	22,659
60124	United States	18,935
60123	United States	47,405
60118	United States	15,851
60102	United States	32,193
60110	United States	38,557
60404	United States	17,395
60586	United States	46,251
60431	United States	22,577
60544	United States	25,959
60435	United States	48,899
60403	United States	17,529
60446	United States	39,807
60585	United States	22,311
60564	United States	41,312
60504	United States	37,919
60555	United States	13,538
60563	United States	35,922
60540	United States	42,910
60490	United States	20,463
60565	United States	40,524
60440	United States	52,911
60532	United States	27,066
60433	United States	17,160
60432	United States	21,403
60441	United States	36,869
60451	United States	34,063
60491	United States	22,743

60517	United States	32,038
60515	United States	27,503
60516	United States	29,084
60559	United States	24,852
60439	United States	22,919
60561	United States	23,115
60527	United States	27,486
60514	United States	9,708
60521	United States	17,597
60558	United States	12,960
60185	United States	36,527
60190	United States	10,663
60184	United States	2,448
60103	United States	41,928
60187	United States	29,016
60188	United States	42,656
60139	United States	34,381
60133	United States	38,103
60108	United States	22,735
60172	United States	24,537
60120	United States	50,955
60192	United States	16,343
60107	United States	39,927
60010	United States	44,095
60169	United States	33,847
60195	United States	4,769
60193	United States	39,188
60194	United States	19,777
60067	United States	38,585
60137	United States	37,805
60148	United States	51,468
60157	United States	2,380
60101	United States	39,119
60191	United States	14,310
60143	United States	10,360
60007	United States	33,820
60523	United States	9,890
60181	United States	28,836
60126	United States	46,371
60162	United States	8,111
60163	United States	5,209
60164	United States	22,048
60106	United States	20,309
60173	United States	12,217
60008	United States	22,717
60005	United States	29,308
60074	United States	38,985

60056	United States	55,219
60070	United States	16,001
60018	United States	30,099
60016	United States	59,690
60004	United States	50,582
60089	United States	41,533
60090	United States	37,633
60423	United States	30,423
60448	United States	24,423
60487	United States	26,928
60467	United States	26,046
60462	United States	38,723
60477	United States	38,161
60443	United States	21,145
60478	United States	16,833
60452	United States	27,969
60463	United States	14,671
60445	United States	26,057
60464	United States	9,620
60480	United States	5,246
60465	United States	17,495
60457	United States	14,049
60455	United States	16,446
60525	United States	31,168
60526	United States	13,576
60458	United States	14,428
60501	United States	11,626
60513	United States	19,047
60534	United States	10,649
60482	United States	11,063
60415	United States	14,139
60459	United States	28,929
60803	United States	22,285
60453	United States	56,855
60456	United States	4,349
60638	United States	55,026
60402	United States	63,448
60461	United States	4,836
60422	United States	9,403
60430	United States	20,094
60429	United States	15,630
60428	United States	12,203
60472	United States	5,390
60469	United States	5,930
60406	United States	25,460
60426	United States	29,594

60411	United States	58,136
60425	United States	9,117
60476	United States	2,391
60438	United States	28,884
60473	United States	22,439
60419	United States	22,788
60827	United States	27,946
60409	United States	37,186
60655	United States	28,550
60805	United States	19,852
60652	United States	40,959
60643	United States	49,952
60620	United States	72,216
60629	United States	113,916
60632	United States	91,326
60636	United States	40,916
60621	United States	35,912
60609	United States	64,906
60628	United States	72,202
60619	United States	63,825
60633	United States	12,927
60617	United States	84,155
60637	United States	49,503
60653	United States	29,908
60615	United States	40,603
60649	United States	46,650
60154	United States	16,773
60155	United States	7,927
60104	United States	19,038
60165	United States	4,946
60160	United States	25,432
60153	United States	24,106
60141	United States	224
60546	United States	4,349
60130	United States	14,167
60305	United States	11,172
60707	United States	42,920
60131	United States	18,097
60176	United States	11,795
60171	United States	10,246
60634	United States	74,298
60706	United States	23,134
60656	United States	27,613
60631	United States	28,641
60304	United States	17,231
60301	United States	2,539

60302	United States	32,108
60804	United States	84,573
60623	United States	92,108
60644	United States	48,648
60639	United States	90,407
60651	United States	64,267
60624	United States	38,105
60641	United States	71,663
60630	United States	54,093
60646	United States	27,177
60712	United States	12,590
60068	United States	37,475
60714	United States	29,931
60026	United States	13,335
60025	United States	39,105
60015	United States	26,800
60062	United States	39,936
60035	United States	29,763
60053	United States	23,260
60029	United States	482
60093	United States	19,570
60077	United States	26,825
60076	United States	33,415
60203	United States	4,523
60091	United States	27,020
60022	United States	8,153
60608	United States	82,739
60647	United States	87,291
60612	United States	33,472
60622	United States	52,548
60607	United States	23,897
60616	United States	48,433
60614	United States	66,617
60661	United States	7,792
60606	United States	2,308
60654	United States	14,875
60602	United States	1,204
60610	United States	37,726
60618	United States	92,084
60625	United States	78,651
60659	United States	38,104
60645	United States	45,274
60657	United States	65,996
60613	United States	48,281
60640	United States	65,790
60660	United States	42,752

60626	United States	50,139
60605	United States	24,668
60604	United States	570
60603	United States	493
60601	United States	11,110
60202	United States	31,361
60201	United States	43,125
60043	United States	2,513
46324	United States	23,165
46327	United States	12,153
46394	United States	12,258
60021	United States	5,545
60084	United States	16,771
60047	United States	41,669
60060	United States	37,189
60061	United States	25,748
60069	United States	8,384
60045	United States	20,925
60040	United States	5,431
60044	United States	9,792

ATTACHMENT 25

Service Demand, 77 Ill. Admin Code 1110.235(c)(3)(a)- Update to replace page 164

Enclosed are physician referral letter that attest to a total of 5,072 treatments of which 2,215 have been historically referred for services that will be provided at this ASTC and which would, upon HFSRB approval be referred to this licensed ASTC, in each of the coming two years. Included with the referral letters are verification from the referring physicians that these patients and procedures have not been utilized to justify any other CON application.

ASTC Facilities within 10 Miles of Proposed Facility

Name	Address	City	State	Zip	# of Operating/Procedure Rooms	Distance from Proposed Facility (in minutes)
DuPage Vascular Care	7425 Janes Avenue	Woodridge	IL		2	17
Ambulatory Surgicenter of Downers Grove	4333 MAIN STREET	DOWNERS GROVE	IL	60515	3	16
Midwest Center for Day Surgery	3811 HIGHLAND AVENUE	DOWNERS GROVE	IL	60515	5	14
Salt Creek Surgery Center	530 NORTH CASS AVENUE	WESTMONT	IL	60559	4	10
Chicago Prostate Cancer Surgery Center	815 PASQUINELLI DRIVE	WESTMONT	IL	60559	2	10
Rush Oak Brook Surgery Center	2011 York Road	Oak Brook	IL	60521	6	6
Eye Surgery Center of Hinsdale	950 North York Road	Hinsdale	IL	60521	2	10
Hinsdale Surgical Center	12 Salt Creek Drive	HINSDALE	IL	60521	4	10
DuPage Eye Surgery Center	2015 North Main Street	Wheaton	IL	60187	3	26
DuPage Medical Group Surgery Center	1801 South Highland	Lombard	IL	60148	5	9
Oak Brook Surgical Centre	2425 WEST 22ND STREET	Oak Brook	IL	60523	4	6
Aiden Center for Day Surgery	1580 WEST LAKE STREET	ADDISON	IL	60101	4	20
Loyola Ambulatory Surgery Center at Oakbrook	1650 South Ardmore Avenue	Villa Park	IL	60181	3	9
Elmhurst Foot & Ankle	340 WEST BUTTERFIELD ROAD	ELMHURST	IL	60148	1	1
Elmhurst Outpatient Surgery Center	1200 SOUTH YORK ROAD	ELMHURST	IL	60126	4	3
Children's Outpatient Services at Westchester	2301 ENTERPRISE DRIVE	WESTCHESTER	IL	60154	3	8
Advantage Health Care	203 EAST IRVING PARK ROAD	WOOD DALE	IL	60191	2	18
United Urology Center LaGrange	120 North LaGrange Road	LaGrange	IL	60525	1	15
Loyola University Ambulatory Surgery Center	2160 SOUTH FIRST AVENUE	MAYWOOD	IL	60153	6	15
Novamed Surgery Center of River Forest	7427 WEST LAKE STREET	River Forest	IL	60305	2	20
Elmwood Park Same Day Surgery Center	1614 NORTH HARLEM AVENUE	ELMWOOD PARK	IL	60707	3	27
Advanced Ambulatory Surgical Center	2333 NORTH HARLEM AVENUE	CHICAGO	IL	60707	3	29
Belont/Harlem Surgery Center	3101 NORTH HARLEM AVENUE	CHICAGO	IL	60634	4	29

ASTC Facilities within 45 Minutes of Proposed Facility

Name	Address	City	State	Zip	# of Operating/ Procedure Rooms	Distance from Proposed Facility (in minutes)
Kendall Pointe Surgery Center	100 WEST FIFTH STREET	OSWEGO	IL	60543	3	48
Castle Surgicenter	2111 OGDEN AVENUE	AURORA	IL	60504	2	47
Dreyer Ambulatory Surgery Center	1221 NORTH HIGHLAND AVENUE	AURORA	IL	60506	4	47
Fox Valley Orthopaedic Associates	2525 KANEVILLE ROAD	GENEVA	IL	60134	2	44
Valley Ambulatory Surgery Center	2210 DEAN STREET	St. Charles	IL	60175	7	48
Elgin Gastroenterology Endoscopy Center	745 Fletcher Drive	Elgin	IL	60123	2	41
Advocate Sherman ASTC	1445 North Randall Road	Elgin	IL	60123	3	41
Edward Plainfield Surgery Center	24600 W 127th Street	Plainfield	IL	60544	4	41
Amsurg Surgery Center	902 129th INFANTRY DRIVE	JOLIET	IL	60435	5	50
DMG Pain Management Surgery Center, LLC	2490 Rollingridge, Suite 200	Naperville	IL	60564	2	41
Midwest Endoscopy Center	1243 Rickert Drive	NAPERVILLE	IL	60540	2	32
Naperville Surgical Centre	1263 RICKERT DRIVE	NAPERVILLE	IL	60540	3	31
Cadence Ambulatory Surgery Center	27650 Ferry Road	Warrenville	IL	60565	2	32
The Center for Surgery	475 EAST DIEHL ROAD	NAPERVILLE	IL	60563	8	19
Naperville Fertility Center	1175 East Diehl Road	Naperville	IL	60540	1	17
Silver Cross Ambulatory Treatment Center	Route 6 and Silver Cross Boulevard	New Lenox	IL	60435	3	36
DuPage Vascular Care	7425 Janes Avenue	Woodridge	IL	60527	2	25
Ambulatory Surgicenter of Downers Grove	4333 MAIN STREET	DOWNERS GROVE	IL	60515	3	12
Midwest Center for Day Surgery	3811 HIGHLAND AVENUE	DOWNERS GROVE	IL	60515	5	11
Salt Creek Surgery Center	530 NORTH CASS AVENUE	WESTMONT	IL	60559	4	10
Chicago Prostate Cancer Surgery Center	815 PASQUINELLI DRIVE	WESTMONT	IL	60559	2	9
Rush Oak Brook Surgery Center	2011 York Road	Oak Brook	IL	60521	6	6
Eye Surgery Center of Hinsdale	950 North York Road	Hinsdale	IL	60521	2	9
Hinsdale Surgical Center	12 Salt Creek Drive	HINSDALE	IL	60521	4	18
DuPage Eye Surgery Center	2015 North Main Street	Wheaton	IL	60187	3	23

Ashton Center for Day Surgery	1800 McDonough Road	Hoffman Estates	IL	60192	5	42
The Hoffman Estates Surgery Center	1595 North Barrington Road	Hoffman Estates	IL	60194	4	32
Schaumburg Surgery Center	929 West Higgins Road	Schaumburg	IL	60195	2	31
Barrington Pain and Spine Institute	600 Hart Road	Barrington	IL	60010	3	40
DuPage Medical Group Surgery Center	1801 South Highland	Lombard	IL	60148	5	9
Oak Brook Surgical Centre	2425 WEST 22ND STREET	Oak Brook	IL	60523	4	9
Aiden Center for Day Surgery	1580 WEST LAKE STREET	ADDISON	IL	60101	4	20
Loyola Ambulatory Surgery Center at Oakbrook	1650 South Ardmore Avenue	Villa Park	IL	60181	3	9
Elmhurst Foot & Ankle	340 WEST BUTTERFIELD ROAD	ELMHURST	IL	60148	1	1
Elmhurst Outpatient Surgery Center	1200 SOUTH YORK ROAD	ELMHURST	IL	60126	4	1
Children's Outpatient Services at Westchester	2301 ENTERPRISE DRIVE	WESTCHESTER	IL	60154	3	1
Advantage Health Care	203 EAST IRVING PARK ROAD	WOOD DALE	IL	60191	2	17
Illinois Hand & Upper Extremity Center	515 West Algonquin Road	Arlington Heights	IL	60005	1	17
Northwest Surgicare Healthsouth	1100 WEST CENTRAL ROAD	ARLINGTON HEIGHT	IL	60005	4	31
Northwest Community Day Surgery	675 WEST KIRCHOFF ROAD	ARLINGTON HEIGHT	IL	60005	9	36
Northwest Endoscopy Center	1415 South Arlington Heights Road	Arlington Heights	IL	60005	2	28
Chicago Surgical Clinic, Ltd.	129 West Rand Road	Arlington Heights	IL	60005	2	35
Tinley Woods Surgery Center	17896 96th Avenue	TINLEY PARK	IL	60477	4	50
Southwest Surgery Center	9295 West 191st Street	MOKENA	IL	60448	3	58
Orland Park Surgical Center	9550 WEST 167TH STREET	ORLAND PARK	IL	60467	3	49
Palos Health Surgery Center	153rd Street & West Avenue	Orland Park	IL	60467	4	46
Preferred Surgicenter, LLC	10 Orland Square Drive	Orland Park	IL	60467	3	43
Ingalls Same Day Surgery	6701 WEST 159TH STREET	TINLEY PARK	IL	60477	4	55
Palos Hills Surgery Center	10330 South Roberts Road	Palos Hills	IL	60465	2	40
Forest Medical-Surgical Center	9050 West 81st Street	Justice	IL	60458	2	40
United Urology Center LaGrange	120 North LaGrange Road	LaGrange	IL	60525	1	17
Palos Surgicenter	7340 WEST COLLEGE DRIVE	PALOS HEIGHTS	IL	60463	4	44
Novamed Center for Reconstructive Surgery	6309 WEST 95TH STREET	OAK LAWN	IL	60453	2	44
Oak Lawn Endoscopy Center	9921 SOUTHWEST HIGHWAY	OAK LAWN	IL	60453	2	38
Southwestern Medical Center	7456 South State Road	BEDFORD PARK	IL	60638	3	48
Midwest Eye Center	1700 WEST ROAD	CALUMET CITY	IL	60409	2	74
Hyde Park Same Day Surgicenter	1644 EAST 53RD STREET	CHICAGO	IL	60615	1	50
Loyola University Ambulatory Surgery Center	2160 SOUTH FIRST AVENUE	MAYWOOD	IL	60153	6	50
Novamed Surgery Center of River Forest	7427 WEST LAKE STREET	River Forest	IL	60305	2	50
Elmwood Park Same Day Surgery Center	1614 NORTH HARLEM AVENUE	ELMWOOD PARK	IL	60707	3	50

Advanced Ambulatory Surgical Center	2333 NORTH HARLEM AVENUE	CHICAGO	IL	60707	3	32
Belont/Harlem Surgery Center	3101 NORTH HARLEM AVENUE	CHICAGO	IL	60634	4	35
Fullerton Surgery Center	4849 West Fullerton	Chicago	IL	60639	3	42
Six Corners Same Day Surgery	4211 NORTH CICERO AVENUE	CHICAGO	IL	60647	4	41
Hispanic-American Endoscopy Center	3536 West Fullerton	Chicago	IL	60647	1	42
Albany Medical Surgical Center	5086 NORTH ELSTON AVENUE	CHICAGO	IL	60630	2	42
Apollo Surgical Center	2750 South River Road	Des Plaines	IL	60016	2	26
Regenerative Surgery Center	1455 EAST GOLF ROAD	DES PLAINES	IL	60016	1	32
Golf Surgical Center	8901 WEST GOLF ROAD	DES PLAINES	IL	60016	5	34
Presence Lakeshore Gastroenterology	150 North River Road	Des Plaines	IL	60016	2	31
The Glen Endoscopy Center	2551 COMPASS ROAD	GLENVIEW	IL	60026	2	51
Ravine Way Surgery Center	2350 Ravine Way	Glenview	IL	60025	3	52
Lurie Children's Hospital ASTC	1121 Techny Road	Northbrook	IL	60062	4	54
Illinois Sports Medicine & Orthopedic Surgery Center	9000 Waukegan Road	Morton Grove	IL	60053	4	51
North Shore Surgical Center	3725 West Touhy Avenue	Lincolnwood	IL	60712	2	102
Rush Surgicenter - Professsional Building	1725 WEST HARRISON	CHICAGO	IL	60612	4	49
25 East Same Day Surgery	25 EAST WASHINGTON	CHICAGO	IL	60602	4	56
Grand Avenue Surgical Center	17 WEST GRAND AVENUE	CHICAGO	IL	60610	5	76
River North Same Day Surgery Center	ONE EAST ERIE STREET	CHICAGO	IL	60611	4	36
Fullerton Kimball Medical & Surgical Center	3412 WEST FULLERTON	CHICAGO	IL	60647	2	36
Western Diversey Surgical Center	2744 NORTH WESTERN AVENUE	Chicago	IL	60647	2	31
Novamed Surgery Center of Chicago Northshore	3034 WEST PETERSON	CHICAGO	IL	60659	1	42
Peterson Medical Surgicenter	2300 West Peterson Avenue	Chicago	IL	60659	2	45
South Loop Endoscopy & Wellness Center	2336 South Wabash	Chicago	IL	60616	1	32
The Surgery Center at 900 North Michigan Avenue	60 EAST DELAWARE	CHICAGO	IL	60611	4	39
Gold Coast Surgicenter	845 NORTH MICHIGAN AVENUE	CHICAGO	IL	60611	2	38
Lakeshore Surgery Center	7200 NORTH WESTERN AVENUE	CHICAGO	IL	60645	2	52
Rogers Park One Day Surgery Center	7616 NORTH PAULINA	CHICAGO	IL	60626	2	55
Surgicore	10547 SOUTH EWING AVENUE	CHICAGO	IL	60617	1	46
Hawthorne Place Outpatient Surgery Center	Center Drive and Lakeview Parkway	Vernon Hills	IL	60061	3	55
Vernon Square Surgicenter	230 Center Drive	VERNON HILLS	IL	60061	2	44
Advocate Condell Ambulatory Surgical Treatment Cent	825 South Milwaukee	Libertyville	IL	60048	2	42
North Shore Endoscopy Center	988 Carriage Park Avenue	LAKE BLUFF	IL	60144	2	54

Supplement to page 172

Utlization Calculation	
Operational Days	260
Average Hours of Operation	6.5
Procedure Hours per OR	1690
Number of OR	1
Total Procedure Hours	1690
Average Procedure Time (hours)	2
2018 Predicted Procedures	1357
2018 Utlization	0.802959
2019 Predicted Procedures	1450
2019 Utlization	0.857988

ATTACHMENT 25

Charge Commitment- Update to replace pages 183-184

A list of the procedures and charges at proposed ASC is below. Illinois Back & Neck, LLC verifies it will adhere to these charges for a minimum of 24 months.

CPT CODES	DESCRIPTION	Fee Schedule-Charge Amount
11900	Injection into skin lesion	$260.13
20103	EXPLORE WOUND EXTREMITY	$3,500.00
20550	INJ TENDON SHEATH/LIGAMENT	$3,500.00
20552	injection; single/multiple trigger point(s)	$3,500.00
20600	Drain/INJ MEDIUM JOINT/BURSA	$3,500.00
20605	Drain/INJ MEDIUM JOINT/BURSA	$3,500.00
20610	DRAIN/INJ JOINT/BURSA W/O US	$3,500.00
22633	Arthrodesis, combined posterior or/PL fusion	$35,000.00
22634	arthrodesis, combined posterior or/PL fusion Each Add	$35,000.00
20680	REMOVAL OF SUPPORT IMPLANT	$8,511.34
20690	APPLY FIXATION DEVICELY BONE	$9,729.04
20692	APPLY FIXATION DEVICELY BONE	$12,514.82
20693	ADJUST BONE FIXATION DEVICE	$16,600.12
20930	ALLOGRFT MORS. OR PLACEMENT OF OSTEOPROM. SPINE	$7,184.75
20931	ALLOGRFT. STRUCTURAL' FOR SPINE SURGERY ONLY	$8,697.14
22214	Revision of lumbar spine	$35,000.00
22216	Osteotomy of spine, additional	$35,000.00
22325	open treat/reduction of Vert. lumbar	$35,000.00
22326	open treat/reduction of Vert. Cervical	$35,000.00
22513	Kyphoplasty; thoracic	$20,250.00
22514	Kyphoplasty lumbar	$14,889.76
22515	Kyphoplasty; each additional level	$13,237.71
22551	Below C2 Fusion	$18,316.14
22552	Below C2 Fusion, add level	$17,500.00
22840	Insert Spine fixation device	$6,307.20
22842	Rods, Hooks and wires	$11,195.37
22845	2 to 3 Vertebral segment instrumentation	$6,063.23
22846	4 to 7 Vertebral Segment instrumentation	$45,000.00
22850	REMOVE SPINE FIXATION DEVICE	$15,000.00
22851	Intervertebral biomechanical devise,i,e cages	$9,156.45
23120	PARTIAL REMOVAL OF COLLAR BONE	$7,837.01
23071	EXC SHOULDER LES SC 3 CM	$10,228.19

23410	Repair Roator cuff,acute	$14,186.53
23412	Repair Roator cuff,chronic	$13,331.52
23415	RELEASE OF SHOULDER LIGAMENT	$13,266.65
23420	Repair of shoulder	$16,569.00
23430	REPAIR BICEPS TENDON	$7,145.85
23455	Repair of shoulder capsule	$22,047.19
23630	TREAT HUMERUS FRACTURE	$24,114.74
23700	FIXATION OF SHOULDER	$5,958.67
24105	REMOVAL OF ELBOW BURSA	$11,342.25
24305	ARM TENDON LENGTHENING	$8,524.12
24341	REPAIR ARM TENDON/MUSCLE	$16,086.03
24342	REPAIR OF RUPTURED TENDON	$20,643.10
24346	RECONSTRUCT ELBOW MED LIGAMENT	$20,786.25
24348	REPAIR ELBOW W/DEB OPEN	$20,786.25
24515	TREAT HUMERUS FRACTURE	$28,895.86
24665	TREAT RADIUS FRACTURE	$19,316.19
25000	INCISE OF TENDON SHEATH	$8,283.88
25111	REMOVAL WRIST TENDON LESION	$9,285.91
25115	REMOVE WRIST/FOREARM LESION	$8,553.99
25210	REMOVAL WRIST BONE	$10,455.98
25310	TRANSPLANT OF FOREARM TENDON	$7,803.40
25400	REPAIR RADIUS OR ULNAR	$22,833.88
25431	REPAIR NONUNION CARPAL BONE	$13,912.68
25447	REPAIR WRIST JOINTS	$12,564.61
25999	FOREARM OR WRIST SURGERY	$12,564.16
25607	TREAT FX RADIAL EXTRA-ARTIC	$17,848.09
25609	TREAT FX RADIAL 3+FRAG	$13,371.35
26055	INCISE FINGER TENDON SHEATH	$5,444.79
26370	REPAIR FINGER/HAND TENDON	$9,547.31
26540	Repair hand joint	$10,050.19
26608	Treat Metacarpal Fracture	$11,265.08
26615	treat metacarpal fracture	$15,818.41
26765	TREAT FINGER FRACTURE EACH	$9,776.35
26860	ARTHODESIS; INTERPHALANGEAL JOINT	$13,254.20
26910	AMPUTATION METACARPAL BONE	$13,285.32
26951	AMPUTATION OF FINGER THUMB	$9,402.92
26952	AMPUTATION OF FINGER THUMB	$10,055.17
27005	INCISION OF HIP TENDON	$16,000.00
27062	EXC FEMUR LESION/BURSA	$12,447.60
27096	INJECTION; PROCEDUREFOR SACROILLIAC JOINT	$1,692.87
27280	Arthrodesis, Sacroilliac Joint(Including Obtaining Graft)	$5,200.00

27310	EXPLORATION OF KNEE JOINT	$13,111.06
27328	EXC THIGH/KNEE TUM DEEP -5CM	$12,172.51
27347	REMOVE KNEE CYST	$9,121.60
27403	REPAIR OF KNEE CARTILAGE	$10,305.37
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	$13,912.68
27425	LAT RETINACULAR RELEASE OPEN	$12,707.75
27428	RECONSTRUCT OF KNEE	$24,209.34
27446	ARTHROSC.KNEE, CONDYLE/PLATEAU; MED/LAT COMP.	$37,081.40
27570	FIXATION OF KNEE JOINT	$9,251.15
27635	REMOVE LOWER LEG BONE LESION	$10,731.08
27650	REPAIR ACHILLES TENDON	$16,027.53
27658	REPAIR OF LEG TENDON EACH	$10,656.39
27675	REPAIR LOWER LEG TENDON	$10,773.40
27687	REVISION OF CALF TENDON	$8,951.07
27705	INCISION OF TIBIA	$16,301.38
27814	TREATMENT OF ANKLE FRACTURE	$20,921.93
27829	REPAIR LOWER LEG JOINT	$11,448.06
28008	INCISION OF FOOT FASCIA	$9,182.59
28043	EXC FOOT/TOE TUM SC-1.5 CM	$7,802.16
28060	PARTIAL REMOVAL OF FOOT FASCIA	$9,702.90
28062	Removal of foot fascia	$10,760.95
28080	REMOVAL OF FOOT LESION	$9,078.03
28090	REMOVAL OF FOOT LESION	$9,379.27
28104	REMOVAL OF FOOT LESION	$8,736.97
28110	PART REMOVAL OF METATARSAL	$8,071.02
28119	REMOVAL OF HEEL SPUR	$10,082.56
28250	REVISION OF FOOT LESION	$6,552.42
28285	REPAIR OF HAMMERTOE	$5,214.61
28289	REPAIR HALLUX RIGIDUS	$12,380.38
28296	CORRECTION OF BUNION	$10,606.11
28415	TREAT HEEL FRACTURE	$25,081.91
28750	FUSION OF BIG TOE JOINT	$10,890.38
28755	FUSION OF BIG TOE JOINT	$10,021.56
28805	AMPUTATION, FOOT; TRANSMETARSAL	$14,062.05
28820	AMPUTATION, TOE, METATARSOPHALANGESL JOINT	$8,257.38
28825	AMPUTATION, TOE, INTERPHALANGESL JOINT	$8,470.24
29805	Arthroscopy, shoulder; diagnostic	$9,097.95
29806	Arthroscopy shoulder; surgical; capsulorrhaphy	$15,390.21
29807	Arthroscopy shoulder; surgical; repair of SLAP lesion	$5,222.39
29819	Arthroscopy; shoulder; surgical with removal of loose	$10,961.36
29820	Arthroscopy; shoulder; synovectomy, partial	$11,636.02

29821	Arthroscopy: shoulder	$10,516.98
29822	Arthroscopy; shoulder; with debridement, limited	$7,004.24
29823	Arthroscopy; shoulder; with debridement, extensive	$8,647.60
29824	SHOULDER ARTHRCOPY/ SURGERY	$7,298.80
29826	SHOULDER ARTHRCOPY/ SURGERY	$8,656.63
29827	ARTHROSCOPY ROTATOR CUFF REPAIR	$10,150.64
29828	ARTHROSCOPY BICEPS TENODESIS	$7,227.59
29834	ELBOW ARTHROSCOPY/SURGERY	$14,993.13
29838	ELBOW ARTHROSCOPY; DEBRIDEMENT EXTENSIVE	$13,635.10
29844	ARTHROSCOPY WRIST; SYNVECTOMY, PARTIAL	$12,249.68
29846	WRIST ARTHROSCOPY/SURGERY	$13,727.21
29847	ARTHROSCOPY WRIST;INTERNAL FIXATION	$15,239.60
29848	Carpal tunnel release; endoscopic	$9,565.22
29855	TIBIAL ARTHROSCOPY/SURGERY	$15,115.12
29862	HIP ARTHRO W/DEBRIDEMENT	$20,672.97
29867	ALLOGRFT IMPLANT KNEE W/SCOPE	$20,441.45
29873	ARTHROSCOPY KNEE; WITH LATERAL RELEASE	$6,001.56
29874	ARTHROSCOPY KNEE; REMOVAL OF LOOSE BODY	$13,798.16
29875	ARTHROSCOPY KNEE;SYNOVECTOMY, LIMITED	$9,813.69
29876	ARTHROSCOPY KNEE;SYNOVECTOMY, MAJOR	$9,895.84
29877	KNEE ARTHROSCOPY/SURGERY	$13,458.35
29870	KNEE ATHROPLASTY; DIAGNOSTIC SYNOVIAL BIOPSY	$11,825.22
29879	KNEE ARTHROSCOPY;ABRASION ARTHRO. MULTI DRAINING	$7,310.75
29880	KNEE ARTHROSCOPY/SURGERY	$13,572.43
29881	KNEE ARTHROSCOPY/SURGERY	$11,563.67
29882	ARTHROSCOPY KNEE; MENISCUS REPAIR(MED/LAT)	$12,270.84
29883	ARTHROSCOPY KNEE; MENISCUS REPAIR(MED/LAT)	$13,030.15
29884	ARTHROSCOPY KNEE; LYSIS OF ADHESION	$13,804.39
29888	ARTHROSC. ANT.CRUCIATE LIG. RECONST. INCL. GRFT	$19,890.02
29889	ARTHOSC. POST. CRUCIATE LIG. RECONST. INCL. GRFT	$15,823.39
29891	KNEE ARTHROSCOPY/SURGERY	$12,676.64
29895	ARTHROSCOPY ANKLE; SYNEVECTOMY, PATIAL	$11,099.52
29897	ARTHROSCOPY ANKLE DEBRIDEMENT, LIMITED	$12,340.55
29898	ARTHROSCOPY ANKLE DEBRIDEMENT, EXTENSIVE	$12,001.98
29899	ARTHROSCOPY ANKLE; WITH ANKLE ARTHRODESIS	$23,057.93
29901	ARTHROSCOPY METACARPOPH JOINT; WITH DEBRIDEM.	$9,643.16
29904	ARTHROSCOPY SUBTALAR; WITH REMOV FOREIGN BODY	$9,643.16
29906	ARTHROSCOPY SUBTALAR; WITH DEBRIDEMENT	$9,643.16
29914	HIP ARTHRO W/FEMOROPLASTY	$20,197.48
62290	Injection; discogram, lumbar, each level	$3,750.00
62321	INJECTIION; W/WO CONTRAST EPIDURAL;CERVICAL/THORACIC	$3,750.00

62323	INJECTIION; W/WO CONTRAST EPIDURAL;LUMBAR	$3,750.00
63030	LOW BACK DISK SURGERY	$22,000.00
63042	Laminectomy(hemil),with decomp. Of nerve, part facetectomy/thoracic	$24,289.00
63047	Lami/facetectomy/and foraminotomy,single vert.level	$25,000.00
63048	Lami/facetectomy/and foraminotomy,each add level	$25,000.00
64415	INJECTION; NERVE BLOCK, BRACHIAN PLEXUS	$4,500.00
64421	INJECTION;NERVE BLOCK, INTERCOSTAL	$4,500.00
64425	INJECTION; NERVE BLOCK, ILLIOING/ILLIOHYPO NERVE	$4,500.00
64450	INJECTION; NERVE BLOCK, OTHER PERIPH NERVE	$4,500.00
64479	INJECTION; TRANSFORAMINAL EPIDURAL CERV/THORACIC	$4,500.00
64480	INJEC. TRANSF. EPIDURAL CERV/THOR ADD LEVEL	$4,500.00
64483	INJEC. TRANSF. EPIDURAL LUMBAR SINGLE LEVEL	$4,500.00
64484	INJEC. TRANSF. EPIDURAL LUMBAR ADD LEVEL	$4,500.00
64490	Injection, RX, Cervical facet, JT nerve, single	$4,500.00
64491	Injection, RX, Cervical facet, JT nerve, add level	$4,500.00
64492	Injection, RX, Cervical facet, JT nerve, add level	$4,500.00
64493	Injection, RX, Lumbar facet, JT nerve, single	$4,500.00
64494	Injection, RX, Lumbar facet, JT nerve, add level	$4,500.00
64494	Injection, RX, Lumbar facet, JT nerve, add level	$3,127.31
64718	REVISE ULNAR NERVE AT ELBOW	$10,033.13
64721	CARPAL TUNNEL SURGERY	$7,915.42
64510	INJECT. NERVE BLOCK, STELLATE GANGLION	$4,366.62
64520	INJECT. NERVE BLOCK, LUMBAR SYMPATHETIC GGL BLOCK	$2,553.72
64633	Destruction, neurolytic, cervical/thoracic, single level	$5,500.00
64634	Destruction, neurolytic, cervical/thoracic, add level	$5,500.00
64635	Destruction, neurolytic, Lumbar, single level	$5,500.00
64636	Destruction, neurolytic,lumbar, Add level	$5,500.00
64640	INJECT. RX, OTHER PERIPHERAL NERVE	$4,500.00
72275	EPIDUROGRAPHY, RADIOLOGICAL S&I	$1,500.00
72295	DISCOGRAPHY, LUMBAR SPINE	$5,555.67
77002	FLOUROSCOPIC GUIDANCE NEEDLE PLACEMENT	$1,500.00
77003	FLOUR. GUID NDLE LOCALIZ./ CATH SPIN DX/THER NJX	$1,500.00
76942	Ultrasound Guided Injection	$2,500.00
63685	Spinal Cord Stimulation	$45,000.00
63650	Spinal Cord Stimulation	$25,000.00

ILLINOIS
BACK & NECK
INSTITUTE

June 25, 2018

Courtney Avery
Board Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Charge Commitment

Dear Ms. Avery,

Pursuant to 77 Ill. Admin. Code Section 1110.1540(c)(9), we have included a statement of all charges for services to be provided at the facility, with the exception of any professional fees. I hereby commit that these charge will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code 1130.310(a).

Sincerely,

Neema Bayran, M.D.
Chief Executive Officer
Illinois Neck & Back Institute, LLC

Notary:

Subscribed and sworn to me on this 26th day of June, 2018.

Notary Public

Seal:

OFFICIAL SEAL
EDITH M DIAZ
Notary Public - State of Illinois
My Commission Expires Jul 23, 2018

ILLINOIS
BACK & NECK
INSTITUTE

June 25, 2018

Courtney Avery
Board Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Criterion 1120.130 Financial Viability, 1120.140; Economic Feasibility, Reasonableness of Financing Arrangements

Dear Ms. Avery,

The proposed project for Illinois Bone & Joint Institute located at 360 West Butterfield Road, Suite 100, Elmhurst, Illinois 6012 will be funded completely through internal sources. We verify that we have more than sufficient cash funds available to ensure this project is completely funded through internal sources.

To fully address the financial viability waiver requirements reflected in the CON application and related to the requirements of 77 Ill. Admin. Code 1120.130, I hereby verify under the penalty perjury that the entire project cost necessary to complete this proposed project are designated by Illinois Bone & Joint for the completion of this project. These funds are currently available, will remain available throughout the CON process, and will remain designated solely for the use of completing this project, subject to approval of this project by the Health Facilities and Services Review Board. Additionally, Illinois Back & Neck Institute LLC which was incorporated in 2013 has had no income since its incorporation date and as such neither filed taxes nor had an audit conducted.

I hereby verify that this is based upon my personal knowledge and is true and correct under penalty of perjury, in accordance with 735 ILCS 5/1-109.

Sincerely,

Neema Bayran, M.D.
Chief Executive Officer
Illinois Neck & Back Institute, LLC

Notary:

OFFICIAL SEAL
EDITH M DIAZ
Notary Public - State of Illinois
My Commission Expires Jul 23, 2018

ILLINOIS
BACK & NECK
INSTITUTE

Subscribed and sworn to me on this 26th day of June, 2018.

Notary Public

Seal:

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EDITH M DIAZ
Notary Public - State of Illinois
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ATTACHMENT 37

Reasonableness of Project and Related Costs- Supplement to page 193

Below is outlined the cost per square foot for the establishment of the ASTC, taking into consideration the entirety of the modernization and excluding those costs solely attributable to the fair market value sub-lease of the property.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	A	B	C	D	E	F	G	H	
Department (list below)	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)	Total Cost (G + H)
ASTC		$97.29			1850			$180,000	$180,000
Contingency		$127.49			1004			$128,000	$128.000
TOTALS		$224.78			2854			$308,000	$308,000

* Include the percentage (%) of space for circulation