

18-031

ORIGINAL  
PART 1 OF 2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

AUG 24 2018

Facility/Project Identification

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility Name:	Anderson Surgery Center, LLC		
Street Address:	Northeast Intersection of Goshen Road and Gusewelle Road		
City and Zip Code:	Edwardsville 62025		
County:	Madison	Health Service Area:	11 Health Planning Area: N/A per 77 IAC 1100.640(a)

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Anderson Surgery Center, LLC
Street Address:	6800 State Route 162
City and Zip Code:	Maryville, IL 62062
Name of Registered Agent:	Keith A. Page
Registered Agent Street Address:	6800 State Route 162
Registered Agent City and Zip Code:	Maryville, IL 62062
Name of Chief Executive Officer:	Keith A. Page
CEO Street Address:	6800 State Route 162
CEO City and Zip Code:	Maryville, IL 62062
CEO Telephone Number:	618-391-6406

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are 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:	Lisa Klaustermeier, RN, MSN
Title:	Chief Nursing Officer
Company Name:	Anderson Hospital
Address:	6800 State Route 162, Maryville, IL 62062
Telephone Number:	618-391-6404
E-mail Address:	klaustermeierl@andersonhospital.org
Fax Number:	618-288-4088

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

Name:	Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	65 E. Scott St. Suite 9A
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	N/A

**Applicant(s)** [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Anderson Real Estate, LLC
Street Address:	6800 State Route 162
City and Zip Code:	Maryville, IL 62062
Name of Registered Agent:	Keith A. Page
Registered Agent Street Address:	6800 State Route 162
Registered Agent City and Zip Code:	Maryville, IL 62062
Name of Chief Executive Officer:	Keith A. Page
CEO Street Address:	6800 State Route 162
CEO City and Zip Code:	Maryville, IL 62062
CEO Telephone Number:	618-391-6406

**Type of Ownership of Applicants**

- |   |   |
|---|---|
| <input type="checkbox"/> Non-profit Corporation               | <input type="checkbox"/> Partnership  |
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental                                       |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are 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.

**Applicant(s)** [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital
Street Address:	6800 State Route 162
City and Zip Code:	Maryville, IL 62062
Name of Registered Agent:	Keith A. Page
Registered Agent Street Address:	6800 State Route 162
Registered Agent City and Zip Code:	Maryville, IL 62062
Name of Chief Executive Officer:	Keith A. Page
CEO Street Address:	6800 State Route 162
CEO City and Zip Code:	Maryville, IL 62062
CEO Telephone Number:	618-391-6406

**Type of Ownership of Applicants**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership  |
| <input type="checkbox"/> For-profit Corporation            | <input type="checkbox"/> Governmental                                       |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are 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.

**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:	Lisa Klaustermeier, RN, MSN
Title:	Chief Nursing Officer
Company Name:	Anderson Hospital
Address:	6800 State Route 162 Maryville, IL 62062
Telephone Number:	618-391-6404
E-mail Address:	klaustermeierl@andersonhospital.org
Fax Number:	618-288-4088

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Anderson Real Estate, LLC
Address of Site Owner:	6800 State Route 162, Maryville, IL 62062
Street Address or Legal Description of the Site: Northeast Intersection of Goshen Road and Gusewelle Road, Edwardsville. PIDs 10-1-16-19-00-000-001.01 & 10-1-16-19-00-000-001.015. Legal description is found in Attachment 2.	
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:	Anderson Surgery Center, LLC – NOTE REVISION 8/23/18		
Address:	6800 State Route 162, Maryville, IL 62062		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o 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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
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.
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**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 #2006-5 (<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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

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.

This project proposes to establish and construct a multi-specialty Ambulatory Surgical Treatment Center (i.e., Anderson Surgery Center, LLC) that will have 2 operating rooms, 1 procedure room, and and recovery space (Stages I and II) as well as all components required for licensure as an Ambulatory Surgical Treatment Center (ASTC).

The ASTC will lease space in a building that will be owned by Anderson Real Estate, LLC, on land it owns in Edwardsville, which is in HSA 11, as is Anderson Hospital. Anderson Hospital will always have majority interest in the Anderson Surgery Center, LLC.

The building will be located at the intersection of Goshen Road and Gusewelle Road in Edwardsville. A site description is found on the next page of this application.

When the ASTC is completed and becomes operational, Community Memorial Hospital in Staunton, which is owned and operated by Anderson Hospital, will cease its provision of Surgical Services, closing its 2 operating rooms.

The project costs to construct this building will be under the CON threshold. In addition to the ASTC, the building will also include (1) space leased to Anderson Hospital that it will use for (a) pre-operative diagnostic purposes for ambulatory surgical patients (i.e., Stat Lab, Diagnostic Radiology) as well as (b) time-share offices for physicians and (2) space leased to SLUCare Physician Group for physicians that are members of that medical group and the medical staff of SSM Health Cardinal Glennon Children's Hospital.

Anderson Real Estate, LLC, will pay for the construction of the building and will deliver the space for Anderson Surgery Center, LLC, pursuant to a lease agreement. The pro rata costs for construction of the "white box" construction of the building are included as fair market value (FMV) costs of this CON project, as are the actual costs that Anderson Surgery Center, LLC, will incur for finishes, furniture, fixtures and equipment.

This project is "substantive" because it proposes to establish a new health care facility (20 ILCS 3960/12).

A drawing of the ASTC is found after the site description.

4. The land referred to in this policy is described as follows:  
Part of the Northwest Quarter of Section 19, Township 4 North,  
Range 7 West of the Third Principal Meridian, Madison County,  
Illinois being more particularly described as follows: Commencing  
at the Southwest corner of the Northwest Quarter of Section 19;  
thence South 87 degrees 57 minutes 45 seconds East along the South  
line of the Northwest Quarter of Section 19, a distance of  
1,968.45 feet to the Southerly extension of the West line of  
Gusewelle Lane; thence North 00 degrees 00 minutes 00 seconds West  
along said West line, 50.03 feet to an iron rod in the North right  
of way line of Goshen Road and the point of beginning of the tract  
herein described; thence North 87 degrees 57 minutes 45 seconds  
West along said North right of way line 660.30 feet to an iron  
rod; thence North 00 degrees 00 minutes 00 seconds West, 660.30  
feet to an iron rod; thence South 87 degrees 57 minutes 45 seconds  
East, 660.30 feet to an iron rod in the West line of Gusewelle  
Lane; thence South 00 degrees 00 minutes 00 seconds East along  
said West line, 660.30 feet to the point of beginning, containing  
10.00 acres as shown by survey by Madison County Surveyors, Inc.  
during November, 2014, (except coal and other minerals underlying  
said premises with the right to mine and remove same), in Madison  
County, Illinois.



**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.

**ANDERSON SURGERY CENTER, LLC****Project Costs and Sources of Funds**

USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$21,735	\$85	\$ 21,820
Site Survey and Soil Investigation	\$2,504	\$10	\$ 2,514
Site Preparation	\$10,140	\$40	\$ 10,180
Off Site Work	\$384,728	\$1,506	\$ 386,234
New Construction Contracts	\$3,481,491	\$13,635	\$ 3,495,126
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$348,149	\$1,363	\$ 349,512
Architectural/Engineering Fees	\$249,289	\$976	\$ 250,265
Consulting and Other Fees	\$175,163	\$100	\$ 175,263
Movable or Other Equipment (not in construction contracts)	\$2,809,706	\$0	\$2,809,706
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$184,041	\$721	\$184,762
Fair Market Value of Leased Space or Equipment*	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$7,666,946</b>	<b>\$18,436</b>	<b>\$7,685,382</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$4,666,946	\$18,436	\$4,685,382
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages/Bank Loan	\$3,000,000	\$0	\$ 3,000,000
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$7,666,946</b>	<b>\$18,436</b>	<b>\$7,685,382</b>

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

\*Anderson Real Estate, LLC, will pay cash for construction and related costs to construct the ASTC, and Anderson Surgery Center, LLC, will enter into a lease with Anderson Real Estate, LLC, to repay these costs. Anderson Surgery Center, LLC, will use a bank loan to purchase equipment and furnishings and pay fees for the ASTC.



### 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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is 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**.

<b>FACILITY NAME:</b> Anderson Hospital		<b>CITY:</b> Maryville			
<b>REPORTING PERIOD DATES:</b>		From: January 1, 2017		to: December 31, 2017	
Category of Service	Authorized Beds	Admissions	Patient Days**	Bed Changes	Proposed Beds
Medical/Surgical	98	5,029	22,503**	0	98
Obstetrics	24	1,821	5,936**	0	24
Pediatrics	0				0
Intensive Care	12	637*	2,456**	0	12
Comprehensive Physical Rehabilitation	20	343	4,431	0	20
Acute/Chronic Mental Illness	0				0
Neonatal Intensive Care	0				0
General Long Term Care	0				0
Specialized Long Term Care	0				0
Long Term Acute Care	0				0
Other ((identify))					
<b>TOTALS:</b>	154	7,830	35,326**	0	154

\*Intensive Care admissions exclude 310 transfers into the Intensive Care Service

\*\*Patient Days include Observation Days on the Unit

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

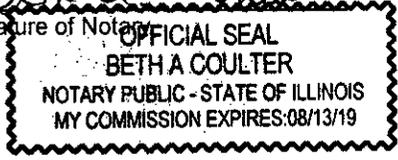
This Application is filed on the behalf of Anderson Surgery Center, LLC\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. 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 fee required for this application is sent herewith or will be paid upon request.

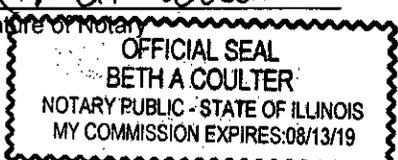
*Keth A Page*  
SIGNATURE  
KETH A PAGE  
PRINTED NAME  
Manager  
PRINTED TITLE

*Michael H. Marshall*  
SIGNATURE  
Michael H. Marshall  
PRINTED NAME  
Manager  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 13<sup>th</sup> day of August, 2018

Notarization:  
Subscribed and sworn to before me  
this 13<sup>th</sup> day of August 2018

*Beth A Coulter*  
Signature of Notary  
Seal 

*Beth A. Coulter*  
Signature of Notary  
Seal 

\*Insert the EXACT legal name of the applicant

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Anderson Real Estate, 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 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 fee required for this application is sent herewith or will be paid upon request.

*Keth A Page*  
SIGNATURE  
KEITH A PAGE  
PRINTED NAME  
Manager  
PRINTED TITLE

*Michael M Marshall*  
SIGNATURE  
Michael M. Marshall  
PRINTED NAME  
Manager  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 13<sup>th</sup> day of August, 2018

Notarization:  
Subscribed and sworn to before me  
this 13<sup>th</sup> day of August, 2018

*Beth A Coulter*  
Signature of Notary

*Beth A Coulter*  
Signature of Notary

Seal  
OFFICIAL SEAL  
BETH A COULTER  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 08/13/19

Seal  
OFFICIAL SEAL  
BETH A COULTER  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 08/13/19

\*Insert the name of the applicant

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital\* 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 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 fee required for this application is sent herewith or will be paid upon request.

*Kerth A. Age*  
 SIGNATURE  
KERTH A AGE  
 PRINTED NAME  
President/CEO  
 PRINTED TITLE

*Michael M. Marshall*  
 SIGNATURE  
Michael M. Marshall  
 PRINTED NAME  
Vice President/CEO  
 PRINTED TITLE

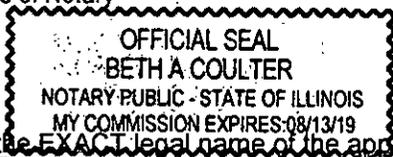
Notarization:  
Subscribed and sworn to before me this 13<sup>th</sup> day of August, 2018

Notarization:  
Subscribed and sworn to before me this 13<sup>th</sup> day of August, 2018

*Beth A. Coulter*  
Signature of Notary

*Beth A. Coulter*  
Signature of Notary

Seal



Seal



\*Insert the 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.

#### 1110.110(a) – Background of the Applicant

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 that the information was 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.

#### Criterion 1110.110(b) & (d)

##### 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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

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 1110.120 - 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?

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					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:****THIS ATTACHMENT IS NOT APPLICABLE**

Provide the following information:

1. Total gross square footage (GSF) 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 is 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:****THIS ATTACHMENT IS NOT APPLICABLE**

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.**

**G. Non-Hospital Based Ambulatory Surgery**

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service	
<input type="checkbox"/>	Cardiovascular
<input type="checkbox"/>	Colon and Rectal Surgery
<input type="checkbox"/>	Dermatology
<input checked="" type="checkbox"/>	General Dentistry
<input checked="" type="checkbox"/>	General Surgery
<input checked="" type="checkbox"/>	Gastroenterology
<input type="checkbox"/>	Neurological Surgery
<input type="checkbox"/>	Nuclear Medicine
<input checked="" type="checkbox"/>	Obstetrics/Gynecology
<input checked="" type="checkbox"/>	Ophthalmology
<input checked="" type="checkbox"/>	Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/>	Orthopedic Surgery
<input checked="" type="checkbox"/>	Otolaryngology
<input checked="" type="checkbox"/>	Pain Management
<input type="checkbox"/>	Physical Medicine and Rehabilitation
<input checked="" type="checkbox"/>	Plastic Surgery
<input checked="" type="checkbox"/>	Podiatric Surgery
<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Thoracic Surgery
<input checked="" type="checkbox"/>	Urology
<input type="checkbox"/>	Other

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	

1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

**APPEND DOCUMENTATION AS ATTACHMENT 25, 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]:

<u>\$4,685,382</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>
_____	<p>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.</p>
_____	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>\$3,000,000</u>	<p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>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;</li> </ol>

	<p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>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;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<b>\$7,685,382</b>	<b>TOTAL FUNDS AVAILABLE</b>

**NOTE: Anderson Real Estate, LLC, will pay cash for construction and related costs to Construct the ASTC, and Anderson Surgery Center, LLC, will enter into a lease with Anderson Real Estate, LLC, to repay these costs. Anderson Surgery Center, LLC, will use a bank loan to purchase equipment and Furnishings and pay fees for the ASTC.**

**ATTACHMENT 34 documents (1) that Anderson Real Estate, LLC, and Anderson Hospital have cash and securities available to pay for the project and (2) that The Bank of Edwardsville expects to make a loan for the project's debt of \$3,000,000.**

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

**SECTION VIII. 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 FINANCIAL VIABILITY RATIOS ARE FOUND IN ATTACHMENT 36**

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 35, 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.

	Historical 3 Years			Projected
	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>	<u>FY21</u>
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio	1.59	1.60	1.67	1.81
Net Margin Percentage	7.89%	19.81%	11.34%	10.70%
Percent Debt to Total Capitalization	24.43	22.36	19.12	16.09
Projected Debt Service Coverage	4.36	9.75	8.58	6.92
Days Cash on Hand	185	175	198	207
Cushion Ratio	15.41	17.81	20.15	22.00

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.

## 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. **SEE ATTACHMENT 36, PAGE 3**

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION IX. 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**

Department	Cost/Sq. Foot		Gross Sq. Ft.		New Const. \$	Mod. \$	Total Costs
	New	Mod.	New	Mod.	(A x C)	(B x D)	(E + F)
<b>Clinical Service Areas:</b>							
Ambulatory Surgical Treatment Center excluding Recovery	\$419.07		7,088		\$2,970,399		\$2,970,399
Recovery, Stages I and II	\$371.43		1,376		\$511,092		\$511,092
<b>SUBTOTAL CLINICAL SERVICE AREAS</b>	<b>\$411.33</b>		<b>8,464</b>		<b>\$3,481,491</b>		<b>\$3,481,491</b>
Contingency					\$348,149		\$348,149
<b>TOTAL - CLINICAL SERVICE AREAS</b>	<b>\$452.46</b>		<b>8,464</b>		<b>\$3,829,640</b>		<b>\$3,829,640</b>
<b>Non-Clinical Service Areas:</b>							
Electrical Closets	\$332.56		41		\$13,635		\$13,635
<b>SUBTOTAL NON-CLINICAL SERVICE AREAS</b>	<b>\$332.56</b>		<b>41</b>		<b>\$13,635</b>		<b>\$13,635</b>
Contingency					\$1,363		\$1,363
<b>TOTAL NON-CLINICAL SERVICE AREAS</b>	<b>\$365.80</b>		<b>41</b>		<b>\$14,998</b>		<b>\$14,998</b>
<b>PROJECT TOTAL</b>	<b>\$452.04</b>		<b>8,505</b>		<b>\$3,844,638</b>		<b>\$3,844,638</b>

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 Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* 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

regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## SECTION XI. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	30-32
2	Site Ownership	33-37
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	38-38A
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	39-40
5	Flood Plain Requirements	41-44
6	Historic Preservation Act Requirements	45-51
7	Project and Sources of Funds Itemization	52-61
8	Financial Commitment Document if required	
9	Cost Space Requirements	62
10	Discontinuation	
11	Background of the Applicant	63-67
12	Purpose of the Project	68-94
13	Alternatives to the Project	95-98
14	Size of the Project	99-104
15	Project Service Utilization	105-107
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
	<b>Service Specific:</b>	
19	Medical Surgical Pediatrics, Obstetrics, ICU	
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	
25	Non-Hospital Based Ambulatory Surgery	108-163
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	164-167
35	Financial Waiver	
36	Financial Viability	168-170
37	Economic Feasibility	171-177
38	Safety Net Impact Statement	178-213
39	Charity Care Information	214
	<b>APPENDICES</b>	
1	Physician Referral Letters	215-358
2	Audited Financial Statements for Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital for the Years ending December 31, 2015; December 31, 2016; and December 31, 2017	359-472
3	ProForma Financial Statements for Anderson Surgery Center, LLC	473-475
4	MapQuest Mileage from ASTC site to ASTCs and Hospitals	476-500



**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*

ANDERSON SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 06, 2018, 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.

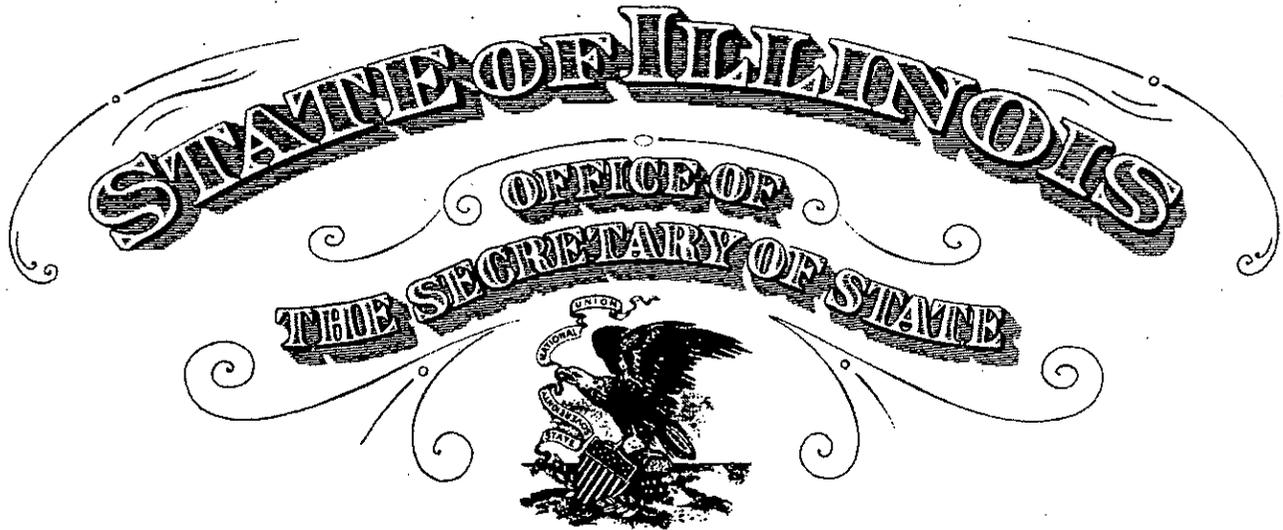
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of JUNE A.D. 2018 .***



Authentication #: 1817103584 verifiable until 06/20/2019  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



**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*

ANDERSON REAL ESTATE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 01, 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 20TH day of JUNE A.D. 2018 .**



*Jesse White*

SECRETARY OF STATE

Authentication #: 1817103526 verifiable until 06/20/2019  
Authenticate at: <http://www.cyberdriveillinois.com>



**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*

SOUTHWESTERN ILLINOIS HEALTH FACILITIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 20, 1929, ADOPTED THE ASSUMED NAME ANDERSON HOSPITAL ON APRIL 22, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, 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 20TH day of JUNE A.D. 2018***



*Jesse White*

SECRETARY OF STATE

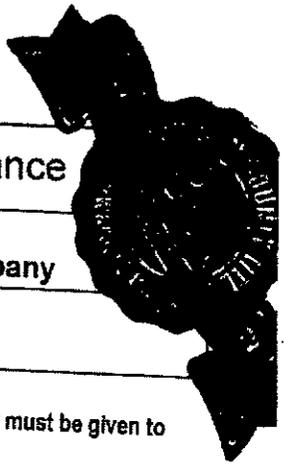
Authentication #: 1817103574 verifiable until 06/20/2019  
Authenticate at: <http://www.cyberdriveillinois.com>

I.  
Site Ownership

This Attachment documents that Anderson Real Estate, LLC, owns the site on which it will construct the building that will house Anderson Surgery Center, LLC.

*Ashe Road Accege*

 <b>First American Title™</b>	<b>Owner's Policy of Title Insurance</b>
	ISSUED BY <b>First American Title Insurance Company</b>
<b>Owner's Policy</b>	POLICY NUMBER <b>5011400-1046081e</b>



Any notice of claim and any other notice or statement in writing required to be given to the Company under this policy must be given to the Company at the address shown in Section 18 of the Conditions.

**COVERED RISKS**

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B, AND THE CONDITIONS, FIRST AMERICAN TITLE INSURANCE COMPANY, a Nebraska corporation (the "Company") insures, as of Date of Policy and, to the extent stated in Covered Risks 9 and 10, after Date of Policy, against loss or damage, not exceeding the Amount of Insurance, sustained or incurred by the Insured by reason of:

1. Title being vested other than as stated in Schedule A.
2. Any defect in or lien or encumbrance on the Title. This Covered Risk includes but is not limited to insurance against loss from
  - (a) A defect in the Title caused by
    - (i) forgery, fraud, undue influence, duress, incompetency, incapacity, or impersonation;
    - (ii) failure of any person or Entity to have authorized a transfer or conveyance;
    - (iii) a document affecting Title not properly created, executed, witnessed, sealed, acknowledged, notarized, or delivered;
    - (iv) failure to perform those acts necessary to create a document by electronic means authorized by law;
    - (v) a document executed under a falsified, expired, or otherwise invalid power of attorney;
    - (vi) a document not properly filed, recorded, or indexed in the Public Records including failure to perform those acts by electronic means authorized by law; or
    - (vii) a defective judicial or administrative proceeding.
  - (b) The lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
  - (c) Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the Land. The term "encroachment" includes encroachments of existing improvements located on the Land onto adjoining land, and encroachments onto the Land of existing improvements located on adjoining land.
3. Unmarketable Title.
4. No right of access to and from the Land.

(Covered Risks Continued on Page 2)

In Witness Whereof, First American Title Insurance Company has caused its corporate name to be hereunto affixed by its authorized officers as of Date of Policy shown in Schedule A.

**First American Title Insurance Company**

*Dennis J. Gilmore*

Dennis J. Gilmore  
President

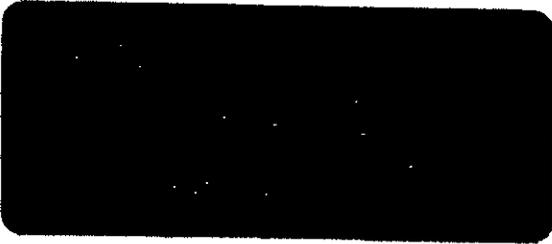
*Jeffrey S. Robinson*

Jeffrey S. Robinson  
Secretary

For Reference:

File #: T41620

Loan #: 0



Countersigned by

*Hannant Clancy*

(This Policy is valid only when Schedules A and B are attached)

This Jacket was created electronically and constitutes an original document

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Form 5011400 (7-1-14)

ALTA Owner's Policy of Title Insurance (6-17-06)

ALTA OWNERS POLICY

Inquiries Should be Directed to:  
Madison County Title Company, Inc.  
120 North Main St., P.O. Box 605  
Edwardsville, IL 62025

First American Title Insurance Company

**SCHEDULE A**

Order No.:T41620

Policy No.:O-5011400-1046081e

Date of Policy:February 13, 2015

Amount of Insurance:\$2,500,000.00

1. Name of Insured:

ANDERSON REAL ESTATE, LLC

2. The estate or interest in the land which is covered by this policy is:

Fee Simple

3. Title to the estate or interest in the land is vested in:  
Anderson Real Estate, LLC

4. The land referred to in this policy is described as follows:  
Part of the Northwest Quarter of Section 19, Township 4 North,  
Range 7 West of the Third Principal Meridian, Madison County,  
Illinois being more particularly described as follows: Commencing  
at the Southwest corner of the Northwest Quarter of Section 19;  
thence South 87 degrees 57 minutes 45 seconds East along the South  
line of the Northwest Quarter of Section 19, a distance of  
1,968.45 feet to the Southerly extension of the West line of  
Gusewelle Lane; thence North 00 degrees 00 minutes 00 seconds West  
along said West line, 50.03 feet to an iron rod in the North right  
of way line of Goshen Road and the point of beginning of the tract  
herein described; thence North 87 degrees 57 minutes 45 seconds  
West along said North right of way line 660.30 feet to an iron  
rod; thence North 00 degrees 00 minutes 00 seconds West, 660.30  
feet to an iron rod; thence South 87 degrees 57 minutes 45 seconds  
East, 660.30 feet to an iron rod in the West line of Gusewelle  
Lane; thence South 00 degrees 00 minutes 00 seconds East along  
said West line, 660.30 feet to the point of beginning, containing  
10.00 acres as shown by survey by Madison County Surveyors, Inc.  
during November, 2014, (except coal and other minerals underlying  
said premises with the right to mine and remove same), in Madison  
County, Illinois.

ALTA OWNER'S POLICY -

Inquiries Should be Directed to:  
Madison County Title Company, Inc.  
120 North Main St., P.O. Box 605  
Edwardsville, IL 62025  
First American Title Insurance Company

**SCHEDULE B**

Policy No.: O-5011400-1046081e

This policy does not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of

**Standard Exceptions**

- (a) Rights or claims of parties in possession not shown by public records.
- (b) Easements, or claims of easements, not shown by the public records.
- (c) Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey and inspection of the premises.
- (d) Any lien, or right to a lien, for services, labor or material heretofore or hereafter furnished, imposed by law and not shown by the public records.
- (e) Taxes or special assessments which are not shown as existing liens by the public records.

**Special Exceptions**

1. Taxes for the years 2014 and 2015, not yet due and payable.  
Permanent Parcel No. 10-1-16-19-00-000-001 (1)  
10-1-16-19-00-000-001.009 (2)  
10-1-16-19-00-000-001.011 (3)  
10-1-16-19-00-000-001.015 (4)

NOTE: The Permanent Parcel No. is given for information purposes and is not warranted or insured herein.

2. Rights of way for drainage ditches, drain tiles, feeders, laterals, and underground pipes, if any.
3. Grant of Easement dated October 20, 1989 and recorded October 26, 1989 in Book 3546 Page 1059 as Roll and Frame No. 1694-506 executed by Bessie M. Knecht to the City of Edwardsville for water line and appurtenances and all rights thereto and terms thereof.

Attached to and made a part of First American Title Insurance Company Policy No. O-5011400-1046081e

Inquiries Should be Directed to:  
Madison County Title Company, Inc.  
120 North Main St., P.O. Box 605  
Edwardsville, IL 62025

Continuation of Schedule B

4. Right of Way contained in Warranty Deed dated September 11, 2002 and recorded September 26, 2002 in Book 4517 Page 3450 as Document No. 2002R56566 made by Knecht Family Limited Partnership to the City of Edwardsville and all rights thereto and terms thereof.
5. Ordinance No. 5543-9-04 recorded September 21, 2004 in Document No. 2004R56804 annexing certain territory to the City of Edwardsville and all rights thereto and terms thereof.
6. Ordinance No. 5542-9-04 recorded September 21, 2004 as Document No. 2004R56805 approving an annexation agreement concerning premises in question and all rights thereto and terms thereof.
7. Resolution No. 290-1-2004 adopting a policy for the inclusion of contribution language in all annexation agreements and determining contributions recorded August 29, 2005 as Document No. 2005R48594 and all rights thereto and terms thereof.
8. Covenants and restrictions contained in Deed dated May 21, 1902 in Book 287 Page 442 provided if a fence is built along the West side of Gusewelle Road, it shall not be nearer than  $\frac{1}{2}$  foot from the West line of said strip conveyed for roadway.
9. Ordinance No. 5966-2-15 recorded February 12, 2015 in Document No. 2015R04374 annexing certain territory to the City of Edwardsville and all rights thereto and terms thereof.
10. Ordinance No. 5965-2-15 recorded February 12, 2015 in Document No. 2015R04375 rezoning vacant property from R-1 Single Family Residence District to B-2 Commercial/Business District and all rights thereto and terms thereof.



**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*

ANDERSON SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 06, 2018, 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 20TH day of JUNE A.D. 2018 .***



Authentication #: 1817103584 verifiable until 06/20/2019  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

I.  
Operating Identity/Licensee

Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital, one of the 3 co-applicants for this project, currently holds 100% interest in Anderson Surgery Center, LLC, which will be the licensee, as shown in Attachment 3.

Anderson Hospital will continue to hold majority ownership in Anderson Surgery Center, LLC, although minority interest in Anderson Surgery Center, LLC, will be offered to physicians and to Cardinal Glennon Children's Hospital.

I.  
Organizational Relationships

This project has 3 co-applicants: Anderson Surgery Center, LLC; Anderson Real Estate, LLC; and Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital.

As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, Southwestern Illinois Health Facilities, Inc., is the d/b/a of Anderson Hospital, and it is the sole corporate member of both Anderson Surgery Center, LLC, and Anderson Real Estate, LLC.

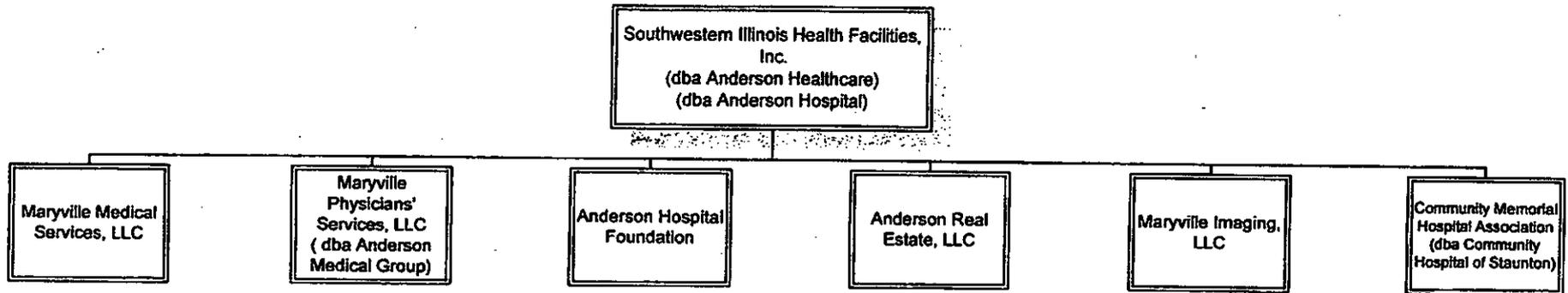
Anderson Real Estate, LLC, owns the property on which the ambulatory surgical treatment center (ASTC) will be located, and it will construct and own the building in which the Anderson Surgery Center, LLC, will lease space.

Majority ownership in Anderson Surgery Center, LLC, will be held by Anderson Hospital. Minority interest in Anderson Surgery Center, LLC, will be offered to physicians and to Cardinal Glennon Children's Hospital.

The funding for this project will consist of the following: cash that will be provided by Anderson Real Estate, LLC, to construct the building and pay for related site development costs; a lease between Anderson Ambulatory Surgery, LLC, and Anderson Real Estate, LLC, to cover the capital costs of the "shell" that will be constructed for rental to the ASTC; and a loan by Anderson Ambulatory Surgery, LLC, for the build-out of space for the ASTC as well as equipment and furnishings for the ASTC.

# Southwestern Illinois Health Facilities, Inc.

## Organization Chart



030

Southwestern Illinois Health Facilities, Inc.

Reviewed & Amended

May 2018

*Scott A. Papp*  
\_\_\_\_\_  
President

I.  
Flood Plain Requirements

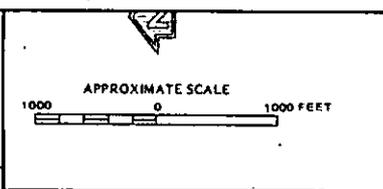
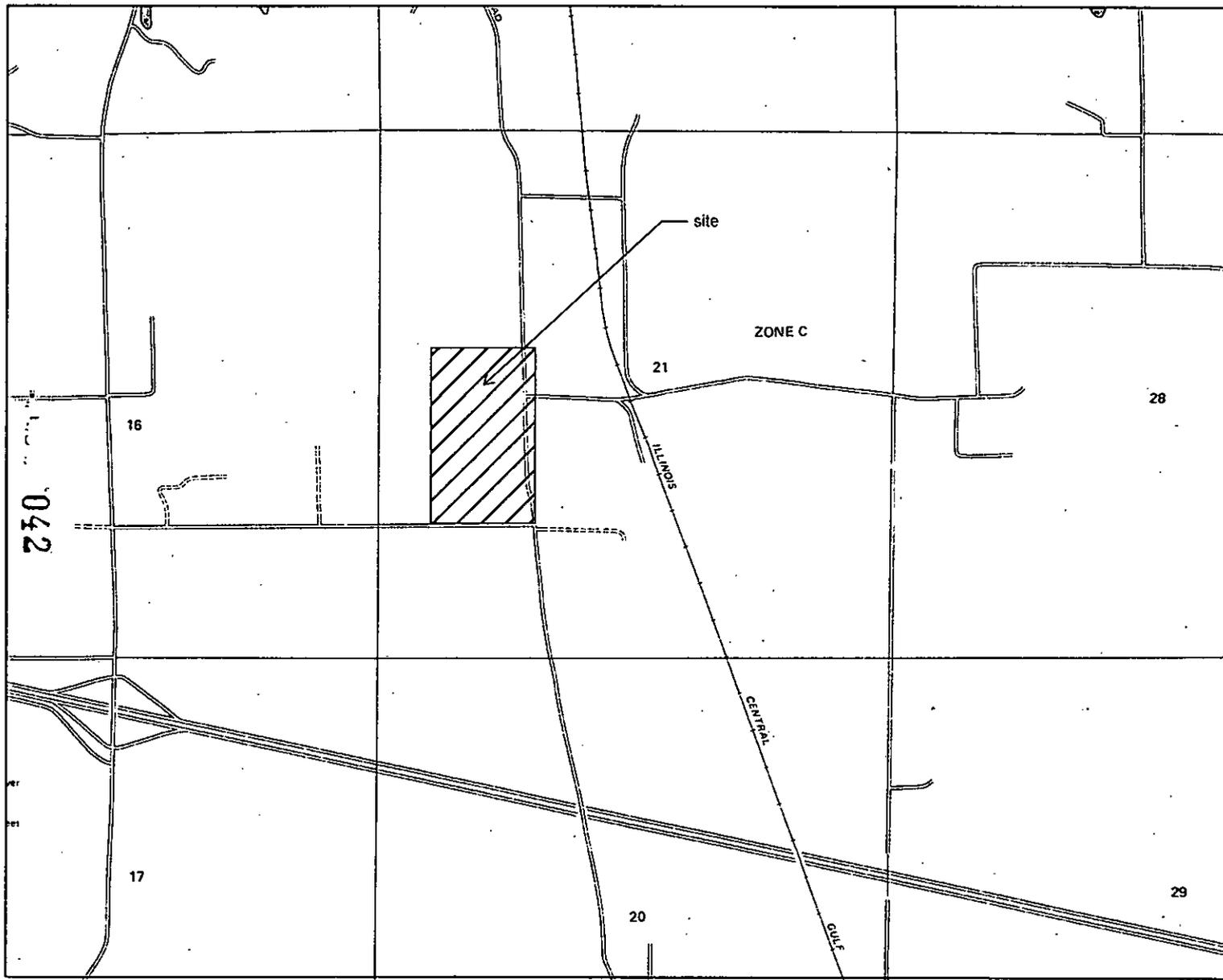
The following pages of this Attachment include the most recent Flood Insurance Rate Map (FIRM) for the campus on which the Anderson Surgery Center, LLC, will be located. This information has not been updated since April 15, 1982.

The site is located in Zone C. According to FEMA, Zone C consists of "areas determined to be outside 500-year floodplain determined to be outside the 1% of 0.2% annual chance floodplains [sic]." ([www.floodmaps.com/zones.htm](http://www.floodmaps.com/zones.htm))

Illinois Executive Order #2006-05, "Construction Activities in Special Flood Hazard Areas" defines "Special Flood Hazard Areas" or "Floodplains" as areas subject to "100-year frequency flood and shown as such on the most current Flood Insurance Rate Map published by the Federal Emergency Management Agency."

This Attachment includes a notarized statement from Keith Page, President and CEO of Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital, which is the sole member of Anderson Real Estate, LLC, the owner of this site, attesting to the project's compliance with the requirements of Illinois Executive Order #2006-5, Construction Activities in Special Flood Hazard Areas, because the project site is currently located outside a 500-year flood plain.

This attestation is found on Page 4 of this Attachment.



NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**  
FLOOD INSURANCE RATE MAP

COUNTY OF  
**MADISON,**  
**ILLINOIS**  
(UNINCORPORATED AREAS)

PANEL 75 OF 160  
(SEE MAP INDEX FOR PANELS NOT PRINTED)

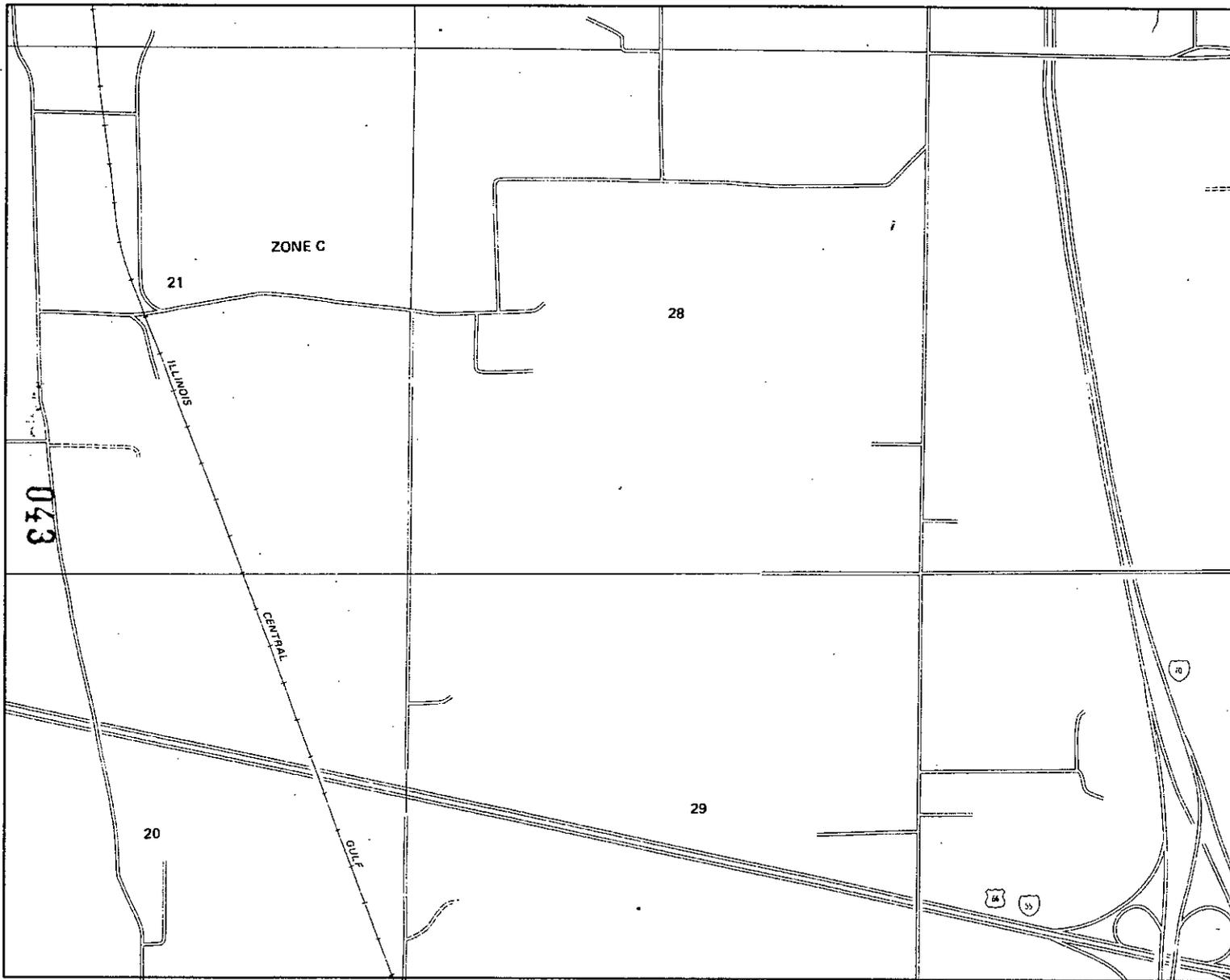
COMMUNITY-PANEL NUMBER  
170436 0075 B

EFFECTIVE DATE:  
APRIL 15, 1982



Federal Emergency Management Agency

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](http://www.msc.fema.gov)



APPROXIMATE SCALE  
1000 0 1000 FEET

**KEY TO MAP**

500-Year Flood Boundary \_\_\_\_\_

100-Year Flood Boundary \_\_\_\_\_

Zone Designations\* 

100-Year Flood Boundary \_\_\_\_\_

500-Year Flood Boundary \_\_\_\_\_

Base Flood Elevation Line With Elevation In Feet\*\* \_\_\_\_\_ 513

Base Flood Elevation In Feet Where Uniform Within Zone\*\* (EL 987)

Elevation Reference Mark RM7x

Zone D Boundary \_\_\_\_\_

River Mile +M1.5

\*\*Referenced to the National Geodetic Vertical Datum of 1929

**\*EXPLANATION OF ZONE DESIGNATIONS**

ZONE	EXPLANATION
A	Areas of 100-year flood; base flood elevations and flood hazard factors not determined.
A0	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; average depths of inundation are shown, but no flood hazard factors are determined.
AH	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; base flood elevations are shown, but no flood hazard factors are determined.
A1-A30	Areas of 100-year flood; base flood elevations and flood hazard factors determined.
A99	Areas of 100-year flood to be protected by flood protection system under construction; base flood elevations and flood hazard factors not determined.
B	Areas between limits of the 100-year flood and 500-year flood; or certain areas subject to 100-year flooding with average depths less than one (1) foot or where the contributing drainage area is less than one square mile; or areas protected by levees from the base flood. (Medium shading)
C	Areas of minimal flooding (No shading)
D	Areas of undetermined, but possible, flood hazards.
V	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors not determined.
V1-V30	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors determined.

**NOTES TO USER**

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](http://www.msc.fema.gov).



August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Compliance with Requirements of Illinois Executive Order #2006-05  
Regarding Construction Activities in Special Flood Hazard Areas

Dear Ms. Avery:

I am the applicant representative of Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital, the sole member of Anderson Real Estate, LLC

Anderson Real Estate, LLC, is the owner of a site in Edwardsville on which it plans to construct a building that will house the proposed Anderson Ambulatory Surgery, LLC.

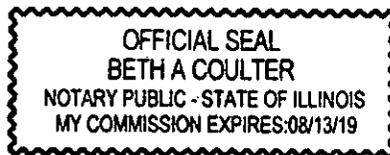
I hereby attest that this site is located in Flood Zone C, as identified by the most recent FEMA Flood Insurance Insurance Rate Map for this location. Zone C is identified by FEMA as consisting of "areas determined to be outside 500-year floodplain determined to be outside the 1% and 0.2% annual chance floodplains." ([www.floodmaps.com/zones.htm](http://www.floodmaps.com/zones.htm)).

Accordingly, this location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-05, "Construction Activities in the Special Flood Hazard Areas."

Sincerely,

Keith A. Page, FACHE  
President & CEO

Notary Public: Beth A. Coulter  
Date: 8-7-2018



I.  
Historic Resources Preservation Act Requirements

This Attachment includes the following documentation that the co-applicants have sought compliance with the requirements of the Historic Resources Preservation Act.

1. On June 18, 2018, a request was made to the Illinois State Historic Preservation Office, seeking a determination letter concerning the applicability of the Historic Preservation Act to the building that Anderson Real Estate, LLC, proposes to construct, which will include space that will be leased to Anderson Ambulatory Surgery Center, LLC, as a licensed Ambulatory Surgical Treatment Center (ASTC).
2. On July 20, 2018, Rachel Leibowitz, Ph.D., the Deputy State Historic Preservation Officer, responded to the request by stating that a Phase I archaeological reconnaissance survey would be required to "locate, identify, and record all archaeological resources within the project area."

This Attachment includes the correspondence identified in Items 1 and 2 above.

3. The Archaeological Survey has been completed, and the report has been sent to the Illinois Historic Preservation Agency by the archaeologists.
4. A copy of that report (excluding Appendices) is appended to this Attachment. The archaeologists reported that:

"The Phase One Survey did not locate any cultural resource sites. It is SCI's opinion that no further archaeological work is required for the project area. SCI recommends clearance of the project area for the proposed development."

5. It is anticipated that the Illinois State Historic Preservation Office will issue a determination letter now that it has received the report of the Archaeological Survey. When the determination letter is received from the Illinois State Historic Preservation Office, it will be submitted to the Health Facilities Services and Review Board.



# Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271  
www.dnr.illinois.gov

Bruce Rauner, Governor  
Wayne A. Rosenthal, Director

Madison County  
Edwardsville  
7000 Block of Goshen Road, Section:19-Township:4N-Range:7W  
IEPA  
New construction, Ambulatory surgical treatment center

PLEASE REFER TO: SHPO LOG #004062518

July 20, 2018

Andrea Rozran  
Diversified Health Resources  
65 E. Scott, Suite 9A, Chicago, IL 60610-5274

Dear Ms. Rozran:

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. We have received information indicating that the referenced project will, under the state law cited above, require comments from our office and our comments follow. Should you have any contrary information, please contact our office at the number below.

According to the information provided to us concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology, therefore if your project will use federal loans or grants, need federal agency permits or federal property then your project must be reviewed by us under a slightly different procedure under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

The project area has a high probability of containing significant prehistoric/historic archaeological resources. Accordingly, a Phase I archaeological reconnaissance survey to locate, identify, and record all archaeological resources within the project area will be required, in addition to the survey we will also need clear photographs of all structures in, or adjacent to, the current project area. This decision is based upon our understanding that there has not been any large scale disturbance of the ground surface (excluding agricultural activities) or major construction activity within the project area which would have destroyed existing cultural resources prior to your project. If the area has been disturbed, please contact our office with the appropriate written and/or photographic evidence. The area(s) that need(s) to be surveyed (within the zone that needs to be surveyed) include(s) all area(s) that will be developed as a result of the issuance of the state agency permit(s) or the granting of the state funds or loan guarantees that have prompted this review. Enclosed you will find an attachment briefly describing Phase I surveys and listing archaeological contracting services. A COPY OF OUR LETTER WITH THE SHPO LOG NUMBER SHOULD BE PROVIDED TO THE SELECTED PROFESSIONAL ARCHAEOLOGICAL CONTRACTOR TO ENSURE THAT THE SURVEY RESULTS ARE CONNECTED TO YOUR PROJECT PAPERWORK.

If you have further questions, please contact Jeff Kruchten, Chief Archaeologist at 217/785-1279 or [Jeffery.kruchten@illinois.gov](mailto:Jeffery.kruchten@illinois.gov).

Sincerely,

Rachel Leibowitz, Ph.D.  
Deputy State Historic Preservation Officer

Enclosure

046



# Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271  
www.dnr.illinois.gov

Bruce Rauner, Governor  
Wayne A. Rosenthal, Director

## PROTECTING ILLINOIS' CULTURAL RESOURCES An Introduction to Archaeological Surveys

Prepared by  
ILLINOIS STATE HISTORIC PRESERVATION OFFICE

When you read the accompanying letter, you were notified that your Federal or State permitted, funded, or licensed project will require an archaeological survey. We also review projects that use public land. The purpose of this survey will be to determine if prehistoric or historic resources are present within the project area. If you are the average applicant you have had little or no experience with such surveys – this short introduction is designed to help you fulfill the Federal/State requirements and complete the process.

**WHY PROTECT HISTORIC RESOURCES?** Historic preservation legislation grew out of the public concern for the rapid loss of our prehistoric and historic heritage in the wake of increasingly large-scale Federal/State and private development. The legislation is an attempt to protect our heritage while at the same time allowing economic development to go forward.

**WHAT IS THE LEGAL BASIS?** The basis for all subsequent historic preservation legislation lies within the national Historic Preservation Act of 1966 (NHPA). Section 106 of NHPA requires all Federal Agencies "undertakings" to "take into account" their effect on historic properties. As of January 1, 1990, the State Agency Historic Resources Preservation Act (Public Act 86-707) requires the same for all private or public undertakings involving state agencies. An "undertaking" is defined to cover a wide range of Federal or State permitting, funding, and licensing activities. It is the responsibility of Federal/State Agencies to ensure the protection of historic resources and the State Historic Preservation Office (SHPO) regulates this effort. In Illinois the SHPO is part of the Illinois Historic Preservation Agency (IHPA).

**WHAT IS AN ARCHAEOLOGICAL SURVEY?** An archaeological survey includes both (1) an examination of the written records, such as county plat books, published and unpublished archaeological reports, state site files, and (2) a field investigation of the project area to determine if prehistoric or historic resources are present. This process of resource identification is called a Phase I survey.

**WHAT DOES A PHASE I SURVEY REQUIRE?** Archaeological evidence is normally buried beneath the surface of the ground. To determine if an archaeological site is present it is necessary to get below this surface. The most efficient way is by plowing. If the project area is or can be plowed then the artifactual evidence will be brought to the surface and systematic pedestrian surveys (walkovers) will determine if a site is present. These walkovers are best done when the vegetation is low in the fall or spring. If the project area is covered with vegetation then small shovel probes (1' sq.) are excavated on a systematic grid pattern (usually 50' intervals) to sample the subsurface deposits. Where deeply buried sites may be present, such as in floodplains, deep coring or machine trenching may be required.

**WHO DOES ARCHAEOLOGICAL SURVEYS?** Professional archaeologists who meet the Federal standards set forth in the Secretary of the Interior's Professional Qualifications Standards (48 FR 44738-9) may conduct Federal surveys, while those meeting the State standards set forth in the Archaeological and Paleontological Resources Protection Act (20 ILCS 3435) may conduct surveys on public land in the State (see the other side of this sheet for information on obtaining the services of a contract archaeologist). The applicant is responsible for obtaining and paying for such services.

**AFTER THE SURVEY – WHAT NEXT?** When the field investigations are completed the archaeologist will submit a report of their findings and recommendations to the applicant. **IT IS THE RESPONSIBILITY OF THE APPLICANT TO FORWARD TWO (2) PAPER COPIES AND ONE (1) CD WITH THE REPORT IN PDF FORMAT TO THE SHPO FOR EVALUATION AND FINDINGS.** If no sites were found or the sites found are not eligible for the National Register the project may proceed. Occasionally, a significant archaeological site may be encountered. In such a case the SHPO and the Federal or State Agency will work with the applicant to protect both the cultural resources and to facilitate the completion of your project.

**NEED FURTHER ASSISTANCE?** The IHPA is here to assist you and the Federal/State agencies in complying with the mandates of the historic preservation legislation. If you have questions or need assistance with archaeological resources protection or Federal/State compliance, please contact the Archaeology Section, Preservation Services Division, Illinois Historic Preservation Agency, One Old State Capitol Plaza, Springfield, Illinois 62701 (217-782-4836).

OVER

047

06/12/18



**SCI ENGINEERING, INC.**  
**EARTH • SCIENCE • SOLUTIONS**  
GEOTECHNICAL  
ENVIRONMENTAL  
NATURAL RESOURCES  
CULTURAL RESOURCES  
CONSTRUCTION SERVICES

August 21, 2018

Mr. Bill Eck  
Anderson Real Estate  
6800 IL-162  
Maryville, Illinois 62062

RE: Results of a Phase One Cultural Resource Survey  
Anderson-Goshen Campus  
Edwardsville, Illinois  
SCI No. 2018-3168.40

Dear Mr. Eck:

SCI Engineering, Inc. (SCI) has completed the Phase One Cultural Resource Survey (Phase One) at the above-referenced site, the report of which is contained herein.

The Phase One Survey did not locate any cultural resource sites. It is SCI's opinion that no further archaeological work is required for the project area. SCI recommends clearance of the project area for the proposed development.

SCI appreciates being of service to you on this project. Please contact me if you have any questions or comments regarding this report.

Respectfully,

SCI ENGINEERING, INC.

Bryan Carlo, MA  
Staff Archaeologist

Don L. Booth, MA  
Chief Archaeologist

BC/DLB/lf

C: Illinois Historic Preservation Office (two printed and one electronic version submitted)

Appendices

Appendix A – Figures  
Appendix B – Photos

*Public disclosure of site locations reported herein is prohibited by 16 USC 470W-3*

\\scieng\shared\O'Fallon\emapps\PROJECT FILES\2018 PROJECTS\2018-3168 Anderson-Goshen Campus\CR\40\Report\183168.40 Anderson-Goshen Campus CRS.docx

**ARCHAEOLOGICAL SURVEY SHORT REPORT**  
Illinois Department of Natural Resources  
Illinois State Historic Preservation Office  
One Natural Resources Way  
Springfield, Illinois 62071 (217-785-4997)

REVIEWER \_\_\_\_\_  
DATE \_\_\_\_\_  
\_\_\_\_ Accepted \_\_\_\_ Rejected

**IHPA LOG NUMBER**

**LOCATION INFORMATION AND SURVEY CONDITIONS**

**County:** Madison

**Quad:** Edwardsville 7.5' (Figures 1 and 2)

**Project Type/Title:** Anderson-Goshen Campus.  
SCI No. 2018-3168.40

**Funding or Permitting Agency:** Health Facilities Services Review Board of Illinois

**Section:** 19    **Township:** 4N    **Range:** 7W    **Natural Division:** 9a

**UTM:** Center-- Zone 16S 4296678N—246126E

**Project Description:** The site is the location for the proposed development of a medical facility, featuring several buildings, with associated infrastructure and parking. Project plans are currently not available.

**Topography:** The surrounding region is characterized by broad and level upland till plain topography (Figures 1 and 2).

**Soils:** Fayette-Rozetta-Stronghurst

**Drainage:** A tributary of Mooney Creek bisects the project area, oriented roughly east-west.

**Land Use/Ground Cover (Include Percent Visibility):** At the time of the survey, the approximately 10-acre project area consisted of agricultural field under soybean (Photos 1-4). Ground surface visibility within the entire project area approximated 30%.

**Survey Limitations:** None

**ARCHAEOLOGICAL AND HISTORICAL INFORMATION**

**Sources:**

- 1873 Atlas Map (Figure 3)
- 1892 Atlas Map (Figure 4)
- 1906 Atlas Map (Figure 5)
- 1917 Atlas Map (Figure 6)
- 1927 Edwardsville 15' USGS Quadrangle (Figure 7)
- 1932 Edwardsville 15' USGS Quadrangle (Figure 8)
- 1942 Plat Map (Figure 9)
- 1950 Plat Map (Figure 10)
- 1950 Edwardsville 7.5' USGS Quadrangle (Figure 11)
- 1954 Edwardsville 7.5' USGS Quadrangle (Figure 12)
- 1956 Plat Map (Figure 13)
- 1968 Edwardsville 7.5' USGS Quadrangle (Figure 14)
- 1974 Edwardsville 7.5' USGS Quadrangle (Figure 15)
- 1981 Edwardsville 7.5' USGS Quadrangle (Figure 16)

047B

**IHPO LOG NUMBER**

- 1991 Edwardsville 7.5' USGS Quadrangle (Figure 17)
- 2012 Edwardsville 7.5' USGS Quadrangle (Figure 18)
- 2015 Edwardsville 7.5' USGS Quadrangle (Figure 19)
- 2018 Edwardsville 7.5' USGS Quadrangle (Figure 20)

**Previously Reported Sites:** None within the project area. Thirty-seven within an approximate 1-mile radius: (11MS): 1153, 438, 439, 2034, 2035, 2036, 2123, 1379, 1973, 1152, 1972, 1974, 576, 577, 578, 575, 1958, 1148, 1149, 1979, 1980, 1951, 1949, 1172, 1947, 1948, 1952, 1950, 1983, 2030, 2029, 2023, 2190, 2188, 2187, 2049, 2202.

**Previous Surveys:** None within the project area. Twenty-nine previous surveys have been conducted within a 1-mile radius. These are IHPA Doc. #: 5144, 16655, 15079, 9422, 5027, 91969, 14434, 13697, 18008, 14114, 15966, 15968, 8292, 8109, 11182, 10807, 12511, 4640, 11438, 13113, 13033, 13023, 15371, 15607, 12530, 12997, 12139, 92023, 12557.

**Regional Archaeologist Contacted:** IAS site file online database consulted 8/8/2018.

**Investigation Techniques:** Pedestrian survey at 3-meter intervals throughout entire project area, and limited shovel testing.

**Acres:** 10                      **Sq. m:** 40469                      **Time:** 24 person-hours

**Materials:** No material recovered.

**Sites/Spots Located:** No sites located.

**Collection Technique:** All prehistoric material and historic materials greater than 50 years in age would have been collected if located.

**Curated:** NA

- Phase I Archaeological Reconnaissance Has Located No Archaeological Material; Project Clearance Is Recommended.
- Phase I Archaeological Reconnaissance Has Located Archaeological Materials; Site(s) Does (Do) Not Meet Requirements For National Register Eligibility; Project Clearance Is Recommended.
- Phase I Archaeological Reconnaissance Has Located Archaeological Materials; Site(s) May Meet Requirements For National Register Eligibility; Phase II Testing Is Recommended.
- Phase II Archaeological Investigation Has Indicated That Site(s) Does(Do) Not Meet Requirements For National Register Eligibility; Project Clearance Is Recommended.
- Phase II Archaeological Investigation Has Indicated That Site(s) Meet Requirements For National Register Eligibility.

## IHPO LOG NUMBER

### COMMENTS:

The approximately 10-acre project area is located in the northwest corner of the intersection of Goshen Road and Gusewelle Lane in Edwardsville, Madison County, Illinois, in Section 19 of Township 4 North, Range 7 West (Figures 1 and 2). The project area consists of agricultural field under soybean (Photos 5 and 6). Ground surface visibility within the project area is approximately 30 percent. The project area is surrounded by agricultural fields to the north, east, and west. The Edwardsville YMCA is located south of the project area, and Liberty Middle School and Goshen Elementary School are located further west and northwest, respectively. The surrounding region is characterized by upland till plain topography, while gently rolling terrain is found within the project area itself. A tributary of Mooney Creek, currently not holding water, bisects the project area, and is oriented roughly east-west. The site is the location for the proposed development of a medical facility, featuring several buildings, with associated infrastructure and parking. Project plans are currently not available.

Research methodology consisted of a program of systematic pedestrian survey throughout the entire project area, as ground surface visibility was approximately 30 percent, as well as limited shovel testing. The research methodology also included photographic illustration, Illinois Archaeological Survey site data check, and consultation of the Illinois Historic Preservation Agency's HARGIS database.

A review of the available historic maps (Figures 3-20) allows for an understanding of property ownership and the presence or absence of structures within the project area through time. The first available map to depict the project area is the 1873 Atlas Map, which depicts the project area upon property owned by J. Minter (Figure 3). No structures are shown within the project area for this map. Subsequent historic maps (Figures 4-20) indicate an absence of structures within the project area through time. However, the 1917 Atlas Map (Figure 6) and 1942 Plat Map (Figure 9), along with the 2012, 2015, and 2018 Edwardsville USGS Quadrangles (Figures 18-20) do not depict residential structures at all. In review, available historic maps indicate an absence of structures within the project area.

A review of the Illinois Archaeological Survey (IAS) online site file database revealed that no cultural resource surveys have been previously conducted within the project area. Twenty-nine surveys have been conducted within a one-mile radius of the project area. No sites are listed within the project area. Thirty-seven sites have been recorded within an approximate one-mile radius of the project area.

Although no surveys have been conducted, and no sites have been recorded within the project area, it is important to note that Charles Witty of ITARP surveyed a corridor 55 feet wide on both sides of Goshen Road, immediately south of and adjacent to the current project area (Witty 2001). Witty recovered 6 Madison County Shale body sherds, 4 chert debitage, 2 fire-cracked rock, and one basal historic crockery sherd. The site was designated 11MS1983, and the Madison County Shale ceramics indicated an Emergent Mississippian temporal affiliation. Subsequent Phase II Testing of site 11MS1983 (Witty 2002), failed to recover additional cultural material or expose subsurface features. While Phase II Testing of site 11MS1983 did not recover additional cultural materials, Witty's investigations were restricted in terms of project area limits. He hypothesized the site extended to the north, outside of his survey limits. The area north of site 11MS1983 is within the current project area.

A check of the Illinois Historic Preservation Agency's HARGIS database indicated that there are neither National Register Listed properties nor potentially eligible properties within the project area (Figure 21). The database depicts eleven properties within an approximate one-mile radius of the project area. All eleven have an "undetermined" status.

On August 10, 2018, SCI personnel conducted a systematic CRS survey of the project area. A systematic pedestrian survey was conducted in order to thoroughly investigate the project area, as ground surface visibility approximated 30 percent. A 3-meter interval was chosen for the pedestrian survey, as knowledge of the location of site 11MS1983, immediately south of the project area, was acquired during the site file search prior to field investigations. Pedestrian survey failed to locate cultural resource materials. A limited shovel test survey was conducted to supplement the pedestrian survey. A total of eight shovel tests were

**IHPO LOG NUMBER**

conducted in the area directly north of site 11MS1983, upon elevated terrain (Figure 22). All eight shovel tests were negative for cultural resource materials. In sum, a program of pedestrian survey and limited shovel testing was undertaken within the project area. No cultural resource materials were located within the current project area. Site 11MS1983, located outside of the project area to the south, does not extend north into the current project area.

**RECOMMENDATIONS**

SCI conducted a Phase One Cultural Resource Survey within the project area on August 10, 2018. The survey was conducted under decent field conditions, with the project area exhibiting approximately 30 percent ground surface visibility. Pedestrian survey was conducted to investigate the entire project area, supplemented with a limited shovel test survey. The Phase One Cultural Resource Survey did not locate cultural resource materials. It is SCI's opinion that no further work is warranted within the project area, and recommend that it be cleared for the proposed development.

**ARCHAEOLOGICAL CONTRACTOR INFORMATION:**

**Archaeological Contractor:** SCI Engineering, Inc.

**Address/Phone:** 650 Pierce Boulevard  
O'Fallon, Illinois 62269  
(618) 624-6969

**Surveyor (s):** B. Carlo, W. Planer, K. DeFosset      **Survey Date(s):** August 10, 2018

**Report Completed By:** Bryan Carlo & Don L. Booth      **Date:** August 21, 2018

**Submitted By (signature and title):** Don Booth Chief Archaeologist

**ATTACHMENT CHECK LIST: (#1 Through #4 Are Mandatory)**

- 1) Relevant Portion of USGS 7.5' Topographic Quadrangle Map(s) Showing Project Location And Any Recorded Sites
- 2) Project Map(s) Depicting Survey Limits And, When Applicable, Approximate Site Limits And Concentrations Of Cultural Materials.
- 3) Site Form(s)
- 4) All Relevant Project Correspondence.
- 5) Additional Information Sheets As Necessary.

**ADDRESS OF OWNER/AGENT/AGENCY TO WHOM SHPO COMMENT SHOULD BE MAILED:**

Mr. Bill Eck  
Anderson Real Estate  
6800 IL-162  
Maryville, Illinois 62062

cc.

Don L. Booth  
SCI Engineering, Inc.  
650 Pierce Boulevard  
O'Fallon, Illinois 62269

Contact Person: Don Booth

Phone: (618) 206-3034

**IHPO LOG NUMBER**

**REFERENCES**

Brink, McCormick, & Co.

1873 *Illustrated Atlas Map of Madison County, Illinois*. St. Louis, Missouri.

Edwardsville Intelligencer

1917 *Official Map of Madison County, Illinois*. Rockford, Illinois.

Ogle, George A. & Co.

1906 *Standard Atlas of Madison County, Illinois*. Chicago, Illinois.

Riniker, H. (editor)

1892 *New Atlas of Madison County, State of Illinois*. George D. Barnard & Company, St. Louis, Missouri.

Rockford Map Publishers

1950 *Farm Plat Book and Business Guide, Madison County, Illinois*. Rockford, Illinois.

1956 *Farm Plat Book, Madison County, Illinois*. Rockford, Illinois.

United States Geological Survey

1927 Edwardsville 15' USGS Quadrangle (topographic). Reston, Virginia.

1932 Edwardsville 15' USGS Quadrangle (topographic). Reston, Virginia.

1950 Edwardsville 7.5' USGS Quadrangle (topographic). Reston, Virginia.

1954 Edwardsville 7.5' USGS Quadrangle (topographic). Reston, Virginia.

1968 Edwardsville 7.5' USGS Quadrangle (photorevised). Reston, Virginia.

1974 Edwardsville 7.5' USGS Quadrangle (photorevised). Reston, Virginia.

1981 Edwardsville 7.5' USGS Quadrangle (topographic). Reston, Virginia.

1991 Edwardsville 7.5' USGS Quadrangle (topographic). Reston, Virginia.

2012 Edwardsville 7.5' USGS Quadrangle (topographic). Reston, Virginia.

2015 Edwardsville 7.5' USGS Quadrangle (topographic). Reston, Virginia.

2018 Edwardsville 7.5' USGS Quadrangle (topographic). Reston, Virginia.

Witty, C. O.

2001 IAS Site Form for the Leprechaun Site (11MS1983) on file at the Illinois State Museum in Springfield.

2002 Phase Two Investigations at Site 11MS1983 (Leprechaun Site), Madison County, Illinois. Technical Report Doc# 12764. Illinois State Museum, Springfield.

W. W. Hixson & Co.

1942 *Plat Book of Madison County, Illinois*. Rockford, Illinois.

**REVIEWER'S COMMENTS:**

**DIVERSIFIED**  
 **HEALTH**  
**RESOURCES** INC.

65 E. Scott Street, Suite 9A, Chicago, IL 60610  
312/266-0466

June 18, 2018

Illinois Department of Natural Resources  
Illinois State Historic Preservation Office  
Attn: Review and Compliance/Old State Capitol  
1 Natural Resources Way  
Springfield, Illinois 62702

Re: Determination Letter for property proposed for construction as  
Ambulatory Surgical Treatment Center

I am seeking a determination letter concerning the applicability of the Historic Preservation Act to a building that Anderson Real Estate, LLC, proposes to construct, which will include space that will be leased to Anderson Ambulatory Surgery Center, LLC, as a licensed Ambulatory Surgical Treatment Center (ASTC).

The entire site on which the ASTC will be constructed is located at the intersection of Goshen Road and Gusewelle Road in Edwardsville, and it is more specifically identified as PIDs 10-1-16-19-00-000-001.01 and 10-1-16-19-00-000-001.015.

The City of Edwardsville has designated the site as Town Center, and construction for medical facilities and office buildings is an allowable use of this site.

I am enclosing a legal description of the entire site as well as 2 maps of the entire site, one a topographical map showing existing conditions and the other site plan showing the proposed location of the Medical Office Building in which the ASTC will be located.

The entire site consists of 100 acres that is an agricultural field, which does not have any structures on it. We have no knowledge of any prior non-agricultural structures on the site.

I would appreciate it if you would send the determination letter to me. You may send it to me by e-mail ([arozran@diversifiedhealth.net](mailto:arozran@diversifiedhealth.net)) or mail it to me at the above address.

Thank you for your assistance in this matter. Please call me if you have any questions.

Sincerely,

  
Andrea R. Rozran  
Principal

Enclosures

048

Offices in Chicago, Illinois and Scottsdale, Arizona

# Anderson Hospital

August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Compliance with Requirements of Illinois Executive Order #2006-05  
Regarding Construction Activities in Special Flood Hazard Areas

Dear Ms. Avery:

I am the applicant representative of Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital, the sole member of Anderson Real Estate, LLC.

Anderson Real Estate, LLC, is the owner of a site in Edwardsville on which it plans to construct a building that will house the proposed Anderson Ambulatory Surgery, LLC.

I hereby attest that this site is located in Flood Zone C, as identified by the most recent FEMA Flood Insurance Insurance Rate Map for this location. Zone C is identified by FEMA as consisting of "areas determined to be outside 500-year floodplain determined to be outside the 1% and 0.2% annual chance floodplains." ([www.floodmaps.com/zones.htm](http://www.floodmaps.com/zones.htm)).

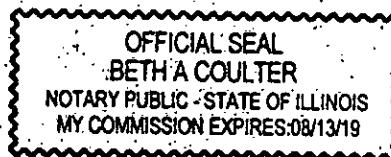
Accordingly, this location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-05, "Construction Activities in the Special Flood Hazard Areas."

Sincerely,



Keith A. Page, FACHE  
President & CEO

Notary Public: Beth A. Coulter  
Date: 8-7-2018





**Anderson Ambulatory Surgery Center, LLC**

USE OF FUNDS	Clinical	Non-Clinical	TOTAL
	Service Areas	Service Areas	
<b>Pre-Planning Costs:</b>			
Pre-Planning Design	\$18,076	\$71	\$18,147
Preconstruction Services to bid project, establish schedule, update price	\$3,659	\$14	\$3,673
<b>Total Pre-Planning Costs</b>	<b>\$21,735</b>	<b>\$85</b>	<b>\$21,820</b>
<b>Site Survey and Soil Investigation:</b>			
Soil borings to establish a geo-tech report	\$2,504	\$10	\$2,514
<b>Total Site Survey and Soil Investigation</b>	<b>\$2,504</b>	<b>\$10</b>	<b>\$2,514</b>
<b>Site Preparation:</b>			
Site improvements within building footprint	\$383	\$1	\$384
Grading	\$9,758	\$38	\$9,796
<b>Total Site Preparation</b>	<b>\$10,140</b>	<b>\$40</b>	<b>\$10,180</b>
<b>Off-Site Work:</b>			
Installation of site utilities	\$108,826	\$426	\$109,252
Off-site improvements	\$21,735	\$85	\$21,820
Paving	\$202,856	\$794	\$203,650
Striping, Fencing, Exterior Signage	\$1,744	\$7	\$1,751
Landscaping	\$49,567	\$194	\$49,761
<b>Total Off-Site Work</b>	<b>\$384,728</b>	<b>\$1,506</b>	<b>\$386,234</b>
<b>New Construction Contracts, including FMV of space to be leased</b>	<b>\$3,481,491</b>	<b>\$13,635</b>	<b>\$3,495,126</b>
<b>Contingencies</b>	<b>\$348,149</b>	<b>\$1,363</b>	<b>\$349,512</b>
<b>Architectural/Engineering Fees:</b>	<b>\$249,289</b>	<b>\$976</b>	<b>\$250,265</b>
<b>Consulting and Other Fees:</b>			
CON Application Processing Fee	\$20,000	\$0	\$20,000
IDPH Plan Review Fee	\$9,600	\$0	\$9,600
Legal/Professional Fees	\$110,000	\$0	\$110,000
Offering Expenses	\$10,000	\$0	\$10,000
Building Permit	\$22,368	\$88	\$22,456
Builders' Risk Insurance	\$3,195	\$12	\$3,207
<b>Total Consulting and Other Fees</b>	<b>\$175,163</b>	<b>\$100</b>	<b>\$175,263</b>
<b>Movable or Other Equipment (not in Construction Contracts):</b>			
See listing on following pages			
<b>Total Movable or Other Equipment</b>	<b>\$2,809,706</b>	<b>\$0</b>	<b>\$2,809,706</b>
<b>Net Interest Expense During Construction (Project Related)</b>	<b>\$184,041</b>	<b>\$721</b>	<b>\$184,762</b>
<b>TOTAL ESTIMATED PROJECT COSTS</b>	<b>\$7,666,947</b>	<b>\$18,435</b>	<b>\$7,685,382</b>

**NOTES:**

The building in which the Anderson Surgery Center, LLC, will be constructed will be built under a design/build contract.

The build-out of the ASTC will also be constructed under a design/build contract.

The contracts for the construction of both the pro rata share of the building shell (FMV) and the build-out of the ASTC will constitute the New Construction Contracts for this project.

The contracts with the design/build firm will include costs for the following project elements, totaling \$152,221, that are included in the project costs for the the New Construction Contracts and, to a lesser degree, as part of other line items: Testing: \$5,795; Surveys: \$2,637; Exterior Lighting/Electrical Work: \$49,505; Project Management: \$91,077; Project Management Reimbursables: \$3,207.

## Large Capital List

OR Suites			
Equipment	qty	price	total
OR Bed/Table	1	\$ 45,000	\$ 45,000
Anesthesia Machine	1	\$ 38,000	\$ 38,000
Anesthesia Med Cart	1	\$ 3,000	\$ 3,000
Video Tower (basic)	1	\$ 50,000	\$ 50,000
Bovie/Ligasure	1	\$ 27,000	\$ 27,000
X-ray view box	1	\$ 600	\$ 600
Cabinetry/Carts for Storage			
Furniture	qty	price	total
Back Tables	1	\$ 750	\$ 750
Mayo stand	1	\$ 450	\$ 450
Gown tables	2	\$ 300	\$ 600
Double ring stand	1	\$ 350	\$ 350
Prep stand	1	\$ 400	\$ 400
Chairs	2	\$ 450	\$ 900
Surgeon chair	1	\$ 1,500	\$ 1,500
Kick bucket	1	\$ 200	\$ 200
Patient Transfer Board	1	\$ 500	\$ 500
Trash recepticle	2	\$ 200	\$ 400
Linen recepticle	1	\$ 200	\$ 200
Computer station	1	\$ 1,000	\$ 1,000
Total price for basic OR suite			\$ 170,850

341,700

### Other Equipment could be "shared" between suites

Surgical power boxes	2	\$ 5,000	\$ 10,000
Myosure generator	1	\$ 10,000	\$ 10,000
Minerva generator	1	\$ 3,000	\$ 3,000
Fluoroscopy machine	1	\$ 25,000	\$ 25,000
Lead aprons (based on using 2 xray cases at a time)	10	\$ 450	\$ 4,500
Arm tables	2	\$ 2,500	\$ 5,000
Microscope (for ENT)	1	\$ 30,000	\$ 30,000
Headlight	2	\$ 6,000	\$ 12,000
Liposuction equipment	1	\$ 16,000	\$ 16,000
Case Carts	10	\$ 1,500	\$ 15,000
Tourniquet	2	\$ 8,000	\$ 16,000
PACS	4	\$ 2,000	\$ 8,000
Stirrup (Allen*) sets	2	\$ 7,000	\$ 14,000
Total for equipment			\$ 168,500

Instruments	based on premise of "bouncing" between 2 rooms minimum		
	qty	price	total
General			
Minor / Plastic Tray	10	\$ 5,000	\$ 50,000
Cameras	8	\$ 16,000	\$ 128,000
Light Cords	8	\$ 600	\$ 4,800
Laparoscopes 0 deg 5 mm	6	\$ 5,000	\$ 30,000
Laparoscopes 0 deg 10 mm	2	\$ 5,000	\$ 10,000
Cannisters for Minor/Plastic	10	\$ 550	\$ 5,500

<b>Plastics/Cosmetic</b>			
Dermatome	1	\$ 11,000	\$ 11,000
Graft Mesher	1	\$ 6,500	\$ 6,500
Liposuction handpiece	2	\$ 14,000	\$ 28,000
Cannisters for trays	4	\$ 550	\$ 2,200
<b>GYN</b>			
D&C tray	6	\$ 1,000	\$ 6,000
Pelviscopy tray	3	\$ 1,000	\$ 3,000
Hystero copy tray	6	\$ 7,000	\$ 42,000
Cannisters for trays	15	\$ 550	\$ 8,250
<b>GU</b>			
Cystoscope (rigid)	4	\$ 7,500	\$ 30,000
Cystoscope (flexible)	1	\$ 20,000	\$ 20,000
Cannisters for trays	7	\$ 550	\$ 3,850
<b>Orthopedic/Plastic/Podiatry</b>			
"Small" power set	4	\$ 25,000	\$ 100,000
<b>ENT</b>			
Major ear tray	1	\$ 5,000	\$ 5,000
Cannisters for trays	1	\$ 550	\$ 550
BMT tray	8	\$ 300	\$ 2,400
Tonsil Tray	8	\$ 600	\$ 4,800
microscope for ENT	1	\$ 30,000	\$ 30,000
Cannisters for trays (small)	16	\$ 200	\$ 3,200
<b>Dental</b>			
dexascan			\$ 2,000
drill	2	\$ 8,000	\$ 16,000
extraction set	2	\$ 5,000	\$ 10,000
total for instrumentation			\$ 563,050

## PEDIATRIC INSTRUMENTS

<b>Ortho</b>			
Arthroscopes + cannisters	2	\$ 6,500	\$ 13,000
Arthroscopy instruments	2	\$ 2,700	\$ 5,400
K-wire tray	2	\$ 1,300	\$ 2,600
Hardware Removal Set A	2	\$ 2,300	\$ 4,600
Hardware Removal Set B	2	\$ 3,000	\$ 6,000
Ortho Basic A	2	\$ 3,400	\$ 6,800
Ortho Basic B	2	\$ 2,900	\$ 5,800
Hand Tray	2	\$ 6,900	\$ 13,800
<b>GU</b>			
cystoscope	3	\$ 8,000	\$ 24,000
cystoscopy tray	3	\$ 1,100	\$ 3,300
GU Basic tray	3	\$ 5,200	\$ 15,600

<b>General</b>				
Laparoscopes	3	\$	7,000	\$ 21,000
Basic Tray	3	\$	2,100	\$ 6,300
<b>Endoscopy / GI</b>				
Pediatric Colonoscopes	2	\$	27,000	\$ 54,000
Pediatric Esophagoscopes	2	\$	30,000	\$ 60,000
<b>total for pediatric instrumentation</b>				<b>\$ 242,200</b>

<b>PRE-OP</b>				
Stretchers	14	\$	7,000	\$ 98,000
BP monitors	6	\$	6,000	\$ 36,000
Patient/visitor chairs	4	\$	325	\$ 1,300
Wheelchairs	4	\$	300	\$ 1,200
Chairs	3	\$	450	\$ 1,350
Pyxis	1	\$	5,000	\$ 5,000
Refrigerator (pyxis)	1	\$	2,000	\$ 2,000
				<b>\$ 144,850</b>

<b>POST-OP</b>				
EKG/BP phillips monitors	6	\$	12,000	\$ 72,000
Patient/visitor chairs	6	\$	325	\$ 1,950
Crash Cart (peds & adult)	2	\$	1,350	\$ 2,700
Chairs	3	\$	450	\$ 1,350
				<b>\$ 78,000</b>

<b>Endoscopy</b>				
Endoscope storage cabinet	1	\$	9,907	\$ 9,907
anesthesia med cart	1	\$	3,000	\$ 3,000
EGD endoscopes	4	\$	28,000	\$ 112,000
Colonoscopes	6	\$	30,000	\$ 180,000
Video processors	1	\$	20,000	\$ 20,000
Light sources	1	\$	11,000	\$ 11,000
Medivators	1	\$	57,500	\$ 57,500
				<b>\$ 393,407</b>

<b>SPD</b>				
Cabinetry/Carts for storage	4	\$	7,000	\$ 28,000
Chairs	2	\$	400	\$ 800
Linen Recepticle	3	\$	200	\$ 600
washer	1	\$	91,220	\$ 91,220
autoclave	1	\$	116,000	\$ 116,000
sinks	2	\$	20,595	\$ 41,190
RO water system	1	\$	40,000	\$ 40,000
VPRO	1	\$	160,000	\$ 160,000
ultrasonic	1	\$	34,031	\$ 34,031
				<b>\$ 511,841</b>

Large Capital Total                   \$                   2,443,548  
 Small Capital Total                   \$                   366,158  
  
 Total                                       \$                   **2,809,706**

## Small Capital List

waiting Room	QTY	EACH	TOTAL	NOTES
3-chair tandem seating	5	\$1,600.00	\$8,000.00	3 seats with arm rests between
Bariatric love seat	3	\$900.00	\$2,700.00	no arm rests
End Tables	2	\$340.00	\$680.00	
TV	2	\$750.00	\$1,500.00	
Trash Cans small	3	\$72.00	\$216.00	nicer for public spaces
Play Table	1	\$400.00	\$400.00	
Play Chairs	4	\$325.00	\$1,300.00	
Clock	2	\$12.00	\$24.00	
Trash can large	2	\$350.00	\$700.00	chrome w/ black lid; nicer for public space
			\$15,520.00	
<b>Reg/Sched/Finance Area</b>				
Desktop Computer	3	\$1,800.00	\$5,400.00	
Desktop Telephone	3	\$300.00	\$900.00	
Printer	2	\$600.00	\$1,200.00	
Printer/Fax/Scan/Copier			\$1,200.00	\$100/month lease
Office Chair	3	\$550.00	\$1,650.00	
Reg chair (no arms)	6	\$325.00	\$1,950.00	
Trash cans small	3	\$110.00	\$330.00	
File Cabinet	1	\$300.00	\$300.00	
			\$12,930.00	
<b>Pre-OP</b>				
Hat/Shoe Cover Dispenser	4	\$100.00	\$400.00	
Glove dispenser	4	\$80.00	\$320.00	
Needle box	4	\$13.00	\$52.00	
Trash can small	4	\$110.00	\$440.00	
Clocks	4	\$12.00	\$48.00	
Curtains (sets- rail/rods/curtains)	4	\$120.00	\$480.00	
Whiteboard for patient assignments	1	\$1,000.00	\$1,000.00	
Scale (adult)	1	\$1,000.00	\$1,000.00	
Scale (pedi)	1	\$950.00	\$950.00	
			\$4,690.00	
<b>Patient Bathrooms</b>				
Trash can small	2	\$110.00	\$220.00	
Mirror	2	\$100.00	\$200.00	
Glove dispenser	2	\$80.00	\$160.00	
			\$580.00	

Nurses' Station (includes Nourishment Station)				
Desktop computers	3	\$1,800.00	\$5,400.00	
Desktop phones	3	\$300.00	\$900.00	
Laptop computers	2	\$1,500.00	\$3,000.00	
Glove dispenser	3	\$80.00	\$240.00	
Trash can small	2	\$110.00	\$220.00	
Trash can big	3	\$340.00	\$1,020.00	wallhugger
Small refrigerator	1	\$150.00	\$150.00	
Ice Machine	1	\$3,500.00	\$3,500.00	
Coffee Maker	1	\$350.00	\$350.00	
Blanket Warmer	1	\$10,000.00	\$10,000.00	
Defibrillator	1	\$17,000.00	\$17,000.00	
Portable suction	1	\$575.00	\$575.00	
Clocks	1	\$12.00	\$12.00	
Wire/solid shelf cart	1	\$750.00	\$750.00	
Cart cover	1	\$110.00	\$110.00	
IV poles	4	\$325.00	\$1,300.00	
Glucometer	1	\$1,000.00	\$1,000.00	
Safe	1	\$300.00	\$300.00	
Printer (including prescription print)	3	\$650.00	\$1,950.00	
Walkie Talkie	2	\$650.00	\$1,300.00	
IVAC pumps	2	\$500.00	\$1,000.00	
Thermometers	2	\$350.00	\$700.00	
Otoscope/opthalmoscope	1	\$500.00	\$500.00	
			\$51,277.00	
<b>Med Room</b>				
Needle box	1	\$13.00	\$13.00	
Glove dispenser	1	\$80.00	\$80.00	
Trash can large	1	\$340.00	\$340.00	wallhugger
Clocks	1	\$12.00	\$12.00	
			\$445.00	
<b>Phase 2 Recovery</b>				
Hat/shoe cover dispenser	2	\$100.00	\$200.00	
Glove dispenser	6	\$80.00	\$480.00	
Trash can small	6	\$110.00	\$660.00	
Trash can large	1	\$340.00	\$340.00	wallhugger
Linen hamper	1	\$200.00	\$200.00	
Needle boxes	6	\$13.00	\$78.00	
laptop computer for WOWs	2	\$1,500.00	\$3,000.00	
barcode scanner for WOWs	2	\$500.00	\$1,000.00	
WOW	2	\$5,000.00	\$10,000.00	
curtains (set - track, rods, curtains)	6	\$120.00	\$720.00	
Whiteboard for patient assignments	1	\$1,000.00	\$1,000.00	
Clocks	6	\$12.00	\$72.00	
Overbed tables	6	\$525.00	\$3,150.00	
Spectrum set up (lpad)	1	\$400.00	\$400.00	
suction regulators	6	\$400.00	\$2,400.00	
O2 regulators	6	\$75.00	\$450.00	
Sara Stedy	1	\$2,100.00	\$2,100.00	
			\$26,250.00	

Clean Supply room				
O2 Tank cabinet	1	\$200.00	\$200.00	
Wire carts for supplies	2	\$750.00	\$1,500.00	
Cart covers	2	\$110.00	\$220.00	
O2 tank transport	2	\$260.00	\$520.00	
O2 tank holder	1	\$260.00	\$260.00	
Trash can small	1	\$110.00	\$110.00	
			\$2,810.00	
Phase 1 recovery				
Needle boxes	4	\$15.00	\$60.00	
Wall mount telephone	2	\$300.00	\$600.00	
Glove dispenser	4	\$80.00	\$320.00	
Linen hamper	1	\$200.00	\$200.00	
Trash Can large	2	\$340.00	\$680.00	wallhugger
Suction regulators	4	\$400.00	\$1,600.00	
Suction mounts	4	\$75.00	\$300.00	
O2 regulators/flowmeters	4	\$75.00	\$300.00	
wire baskets for wall mount	4	\$25.00	\$100.00	
laptop computers for WOWs	3	\$1,500.00	\$4,500.00	
WOWs	3	\$5,000.00	\$15,000.00	
barcode scanners for WOWs	3	\$500.00	\$1,500.00	
curtains (set - track, rods, curtains)	4	\$120.00	\$480.00	
Rolling cart for MH	1	\$990.00	\$990.00	
Whiteboard for patient assignments	1	\$1,000.00	\$1,000.00	
Clocks	1	\$12.00	\$12.00	
Strecher pads (seizure pads)	4	\$25.00	\$100.00	
Spectrum set up (Ipad)	1	\$400.00	\$400.00	
			\$28,142.00	
Boiled Holding				
Linen carts (rotated daily)	1	\$1,500.00	\$1,500.00	
Holding dumpster (emptied periodically to outside dumpster)	1	\$1,500.00	\$1,500.00	
Biohazard trash can (large)	1	\$200.00	\$200.00	
Needle box	1	\$13.00	\$13.00	
trash can small	1	\$110.00	\$110.00	
			\$3,323.00	
Procedure Room (Endoscopy)				
Chair (with back)	3	\$450.00	\$1,350.00	
Wall mount telephone	1	\$300.00	\$300.00	
laptop computer for WOW	1	\$1,500.00	\$1,500.00	
WOW	1	\$5,000.00	\$5,000.00	
barcode scanner for WOWs	1	\$500.00	\$500.00	
Endopro computer	1	\$17,000.00	\$20,240.00	(includes \$3240.00 annual maint fee)
Glove dispenser	2	\$80.00	\$160.00	
Trash can large	2	\$200.00	\$400.00	large round
Trash can small	1	\$110.00	\$110.00	
Needle box	1	\$13.00	\$13.00	
Timeout and count Whiteboard	1	\$400.00	\$400.00	
Clocks	1	\$12.00	\$12.00	
Supply cart (portable)	1	\$7,000.00	\$7,000.00	
laptop computer for MD	1	\$1,500.00	\$1,500.00	
Spectrum set up (Ipad)	1	\$400.00	\$400.00	
			\$38,885.00	

JR Room 1				
stools	2	\$200.00	\$400.00	
Wall mount telephone	1	\$300.00	\$300.00	
Laptop computer for WOW	1	\$1,500.00	\$1,500.00	
WOW	1	\$5,000.00	\$5,000.00	
Glove dispenser	2	\$80.00	\$160.00	
Needle box	1	\$13.00	\$13.00	
Timeout and count Whiteboard	1	\$400.00	\$400.00	
Stepstools	2	\$170.00	\$340.00	
Clocks	1	\$12.00	\$12.00	
Laptop computer for cabinet for MD	1	\$1,500.00	\$1,500.00	
Wall cabinet for MD computer	1	\$1,200.00	\$1,200.00	
OR lights set	1	\$25,000.00	\$25,000.00	
Spectrum set-up	1	\$3,000.00	\$3,000.00	
IV poles	3	\$325.00	\$975.00	
barcode scanner for WOWs	1	\$500.00	\$500.00	
Stryker surgical stool	1	\$1,700.00	\$1,700.00	
			\$42,000.00	
OR Room 2				
stools	2	\$175.00	\$350.00	
Wall mount telephone	1	\$300.00	\$300.00	
Laptop computer for WOW	1	\$1,500.00	\$1,500.00	
WOW	1	\$5,000.00	\$5,000.00	
Glove dispenser	2	\$80.00	\$160.00	
Needle box	1	\$13.00	\$13.00	
Timeout and count Whiteboard	1	\$500.00	\$500.00	
Stepstools	2	\$170.00	\$340.00	
Clocks	1	\$12.00	\$12.00	
Laptop computer for cabinet for MD	1	\$1,500.00	\$1,500.00	
Wall cabinet for MD computer	1	\$1,200.00	\$1,200.00	
OR lights set	1	\$25,000.00	\$25,000.00	
Spectrum set-up	1	\$3,000.00	\$3,000.00	
IV poles	3	\$325.00	\$975.00	
barcode scanner for WOWs	1	\$500.00	\$500.00	
			\$40,350.00	
OR Corridor / Procedure Rm Corridor				
Large whiteboard for OR schedule	1	\$1,500.00	\$1,500.00	
Hat/shoe cover/ mask dispenser	1	\$100.00	\$100.00	
Mask and eyewear dispenser	2	\$75.00	\$150.00	
Trash can large	2	\$340.00	\$680.00	wallhugger
Clocks	2	\$12.00	\$24.00	
			\$2,454.00	
OR Equipment storage room				
Modular Wall unit shelving	1	\$2,000.00	\$2,000.00	
			\$2,000.00	
SPD (including sterile storage)				
Closed Case Carts	6	\$3,000.00	\$18,000.00	
Wall mount telephone	2	\$300.00	\$600.00	
Trash can large	4	\$340.00	\$1,360.00	wallhugger
Glove dispenser	3	\$80.00	\$240.00	
Mask and eyewear dispenser	1	\$100.00	\$100.00	
Clocks	2	\$12.00	\$24.00	
Suture rack (wire cart) w/ 40 modules	1	\$500.00	\$500.00	
			\$20,824.00	

<b>Sanitor Closet</b>				
Cart with Mop Bucket	1	\$1,100.00	\$1,100.00	
Mop handle / system	3	\$50.00	\$150.00	
			\$1,250.00	
<b>Med Gas room</b>				
Full CO2 tank rack	1	\$350.00	\$350.00	
rack for empty O2 and CO2 tanks	1	\$350.00	\$350.00	
			\$700.00	
<b>Staff locker rooms and toilets</b>				
trash can small	2	\$110.00	\$220.00	
Linen hamper	2	\$200.00	\$400.00	
wire rack for scrubs	2	\$750.00	\$1,500.00	
Cart covers	2	\$110.00	\$220.00	
Hat/shoe cover dispenser	2	\$100.00	\$200.00	
Mirror	2	\$100.00	\$200.00	
Clocks	2	\$12.00	\$24.00	
Scrubs (starting infusion)	1	\$2,500.00	\$2,500.00	
			\$5,264.00	
<b>Clean Linen room</b>				
Wire racks for linen	2	\$900.00	\$1,800.00	
covers for carts	2	\$110.00	\$220.00	
			\$2,020.00	
<b>Manager office</b>				
Desktop computer	1	\$1,800.00	\$1,800.00	
Desktop telephone	1	\$300.00	\$300.00	
Printer / Scanner	1	\$650.00	\$650.00	plus licensing
Office chair	1	\$550.00	\$550.00	
Clocks	1	\$12.00	\$12.00	
trash can small	1	\$110.00	\$110.00	
			\$3,422.00	
<b>Anesthesia Workroom</b>				
Wire cart for storage	1	\$750.00	\$750.00	
cart cover	1	\$110.00	\$110.00	
trash can small	1	\$110.00	\$110.00	
			\$970.00	
<b>Staff Lounge</b>				
Refrigerator (full size)	1	\$400.00	\$400.00	
Table	1	\$400.00	\$400.00	
Chairs (dining style)	4	\$325.00	\$1,300.00	
Clocks	1	\$12.00	\$12.00	
Microwave	1	\$100.00	\$100.00	
Coffee pot	1	\$100.00	\$100.00	
Wall mount telephone	1	\$300.00	\$300.00	
trash can large	1	\$340.00	\$340.00	wallhugger
			\$2,952.00	

General IT				
Network Switch	1	\$3,000.00	\$3,000.00	
Routers	1	\$12,000.00	\$12,000.00	
Wireless access points	1	\$3,000.00	\$3,000.00	
Security cameras	10	\$500.00	\$5,000.00	
Badge reader	4	\$5,000.00	\$20,000.00	4 exterior doors/exits
Microsoft office license	5	\$500.00	\$2,500.00	
Desktop scanner for papers	2	\$2,000.00	\$4,000.00	
Vocera	8	\$650.00	\$5,200.00	
Mobile phone for MDA	1	\$650.00	\$650.00	
PACs	2		\$0.00	
Dragon Speech microphone	5	\$350.00	\$1,750.00	
			\$57,100.00	
			\$366,158.00	

**ATTACHMENT 9  
Cost-Space Requirements**

<u>Department</u>	<u>Cost</u>	<u>Existing</u>	<u>Total Building Gross Square Footage</u>			<u>As Is</u>	<u>Vacated as a Result of this Project</u>
			<u>Upon Project Completion</u>	<u>New</u>	<u>Modernized</u>		
<b>Clinical Components:</b>							
ASTC except for Recovery, Phases I and II	\$6,541,439	0	7,088	7,088	0	0	0
Recovery, Phases I and II	\$1,125,507	0	1,376	1,376	0	0	0
<b>TOTAL CLINICAL COMPONENTS</b>	<b>\$7,666,946</b>	<b>0</b>	<b>8,464</b>	<b>8,464</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-Clinical Components:</b>							
Electrical Closets	\$18,436	0	41	41	0	0	0
<b>TOTAL NON-CLINICAL COMPONENTS</b>	<b>\$18,436</b>	<b>0</b>	<b>41</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL PROJECT (CLINICAL + NON-CLINICAL COMPONENTS)</b>	<b>\$7,685,382</b>	<b>0</b>	<b>8,505</b>	<b>8,505</b>	<b>0</b>	<b>0</b>	<b>0</b>

III.  
Criterion 1110.110(a) - Background of the Applicant

1. The sole member of Anderson Surgery Center, LLC, is Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital.

The identification numbers for the health care facilities owned or operated by Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital are shown below.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Anderson Hospital	Illinois Hospital License ID# 0004119 The Joint Commission ID# 7380
Community Memorial Hospital Association, known as Community Memorial Hospital, d/b/a Community Hospital of Staunton (Critical Access Hospital)	Illinois Hospital License ID# 0000414

Proof of the current licensure and accreditation for the facilities owned or operated by Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital will be found beginning on Page 2 of this Attachment.

- 2, 3. This Attachment includes a certification letter from Keith A. Page, President and CEO of Southwestern Illinois Health Facilities, Inc., the sole member of Anderson Surgery Center, LLC, (1) documenting that Anderson Hospital and Community Memorial Hospital have not had any adverse action taken against them during the past three years and (2) authorizing the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection.
4. This item is not applicable to this application because the requested materials are being submitted as part of this application, beginning on Page 2 of this Attachment.



**Illinois Department of  
PUBLIC HEALTH**

HF114589

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID. NUMBER
12/31/2018		0004119
<b>General Hospital</b>		
Effective: 01/01/2018		

**Anderson Hospital**  
**6800 State Route 162**  
**Maryville, IL 62062**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 SM 5/16



## Summary of Quality Information

### Symbol Key

- ⊕ This organization achieved the best possible results.
- ⊕ This organization's performance is above the target range/value.
- ⊕ This organization's performance is similar to the target range/value.
- ⊖ This organization's performance is below the target range/value.
- ⊖ This Measure is not applicable for this organization.
- ⊖ Not displayed

### Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
⊕ Home Care	Accredited	10/19/2017	10/18/2017	10/18/2017
⊕ Hospital	Accredited	10/21/2017	10/20/2017	10/20/2017

### Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	2017 National Patient Safety Goals	⊕	⊖ <sup>1</sup>
Hospital	2017 National Patient Safety Goals	⊕	⊖ <sup>1</sup>
<b>National Quality Improvement Goals:</b>			
Reporting Period:	Emergency Department	⊖ <sup>2</sup>	⊖ <sup>2</sup>
Oct 2016 - Sep 2017	Immunization	⊖ <sup>2</sup>	⊖ <sup>2</sup>
	Perinatal Care	⊖ <sup>2</sup>	⊖ <sup>2</sup>

⊖ The Joint Commission only reports measures endorsed by the National Quality Forum.



**Illinois Department of  
PUBLIC HEALTH**

HF115837

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
6/30/2019		0000414
<b>Critical Access Hospital</b>		
Effective: 07/01/2018		

**Community Memorial Hospital**  
**400 Caldwell**  
**Staunton, IL 62088**

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August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Dear Ms. Avery:

I am the applicant representative of Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital, the sole member of Anderson Surgery Center, LLC.

Southwestern Illinois Health Facilities, Inc. owns and operates the following health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960).

Southwestern Illinois Health Facilities d/b/a Anderson Hospital, Maryville

Community Memorial Hospital Association, known as Community Memorial Hospital, d/b/a Community Hospital of Staunton

I hereby certify that there has been no adverse action taken against Anderson Hospital or Community Memorial Hospital during the three years prior to the filing of this application.

Furthermore, I hereby authorize the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health (DPH) to access any documents necessary to verify the information submitted, including but not limited to any or all of the following: 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, as identified in the requirements specified in 77 Ill. Adm. Code 1110.110(a).

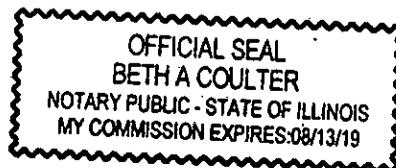
Sincerely,

A handwritten signature in black ink, appearing to read "Keith A. Page".

Keith A. Page, FACHE  
President & CEO

Notary Public: Beth A. Coulter  
Date: 8-7-2018

067  
6800 State Route 162  
Maryville, Illinois 62062  
618-288-5711



III.  
Criterion 1110.110(b) & (d) - Purpose of Project

1. This project will improve the health care and well-being of the project's geographic service area (GSA), which includes Anderson Hospital's market area population, by establishing an Ambulatory Surgical Treatment Center (ASTC).

The ASTC will be constructed by Anderson Real Estate, LLC, an affiliate of Anderson Surgery Center, LLC, in a building that will also have space leased to Anderson Hospital for pre-surgical testing and to Anderson Hospital and SLUCare Physician Group for shared time physicians' offices. The building will be located on a site owned by Anderson Real Estate, LLC, that has no other structures on it.

The proposed ASTC will accomplish the following.

- Enable patients to have surgery, endoscopic and pain management procedures performed in a setting that meets the requirements of third-party payors, who are requiring an increasing number of procedures to be performed in ASTCs rather than in hospital facilities.
- Provide an ambulatory surgical, endoscopy, and pain management setting for physicians on Anderson Hospital's medical staff who are experiencing increasing demands to provide such a setting for their patients.
- Provide a replacement for the surgical facilities at Community Memorial Hospital in Staunton, which require extensive modernization in order to correct deficiencies, but which have been experiencing a significant decline in caseload and revenue since the primary surgeons retired in 2014.

Community Memorial Hospital in Staunton was acquired by Anderson Hospital in 2016.

The only cases currently being performed at Community Memorial Hospital are ambulatory surgical cases, which can be performed in contemporary facilities in the proposed ASTC, a facility that will be located closer to Staunton than to Maryville, where Anderson Hospital is located.

- Provide an appropriate setting in which Pediatric surgeons and gastroenterologists on the medical staff of SSM Cardinal Glennon Children's Hospital in St. Louis, Missouri, can perform ambulatory surgery and endoscopy on their current Illinois patients from the project's GSA in a

lower-cost, payer-friendly surgical setting that is located closer to the patients' homes and will not require the patients to leave the State of Illinois to receive surgical care.

As a result, this project will improve access to ambulatory surgical, endoscopy, and pain management services in appropriately designed and configured facilities for patients whose physicians are on the medical staffs of Anderson Hospital, Community Memorial Hospital in Staunton, and SSM Cardinal Glennon Children's Hospital in St. Louis.

77 Ill. Adm. Code 1110.235(c)(2)(B)(I) identifies the geographic service area for this project as "the area consisting of all zip code areas that are located within the established radii outlined I 77 Ill. Adm. Code 1100.510(d) of the project's site." 77 Ill. Adm. Code 1100.510(d)(2) defines the normal travel radii for proposed projects in Madison County as those zip codes located within 17 miles of the proposed ASTC.

The market area population consists largely of patients residing within the GSA, which consists of zip codes located within 17 miles of the proposed ASTC. A map of the GSA is found on Page 10 of this Attachment.

A list of these zip codes, which is found on Page 11 of this Attachment, indicates that nearly all of these zip codes are located in HSA 11, the planning area in which both Anderson Hospital is located and in which the Anderson Surgery Center will be located.

This list documents that 91% of Anderson Hospital's inpatients and observation patients during 2017 resided within the GSA. In addition, this list also documents that 88% of Anderson Hospital's inpatients and observation patients during 2017 resided in both the GSA and in the planning area (HSA 11).

This means that the project will provide health services that improve health care for the market area population since Anderson Hospital's market area is within both the GSA and the planning area. As will be noted by reviewing the physicians' referral letters found in Appendix 1, the overwhelming majority of patients who will be referred to the Anderson Surgery Center, LLC, are Anderson Hospital's patients.

In addition, a listing of Anderson Hospital's patient origin for its inpatients and observation patients during CY 2017, which is found on Page 12 of this Attachment, documents the same information in a different format.

As will be seen from these charts, nearly all of the zip codes within 17 miles of the proposed site for the ASTC are located in HSA 11.

2. As stated in 77 Ill. Adm. Code 1100.640(a), no planning areas have been established for ASTCs, but ASTCs are inventoried by health service areas (HSAs).

Both the site of the proposed ASTC and Anderson Hospital are located in Madison County, which is in HSA 11.

HSA 11 includes Madison, St. Clair, Clinton, and Monroe Counties.

The primary market area for this project is the GSA, which consists of zip codes located within 17 miles of the proposed ASTC, as discussed in Item 1 above.

Nearly all of these zip codes are located in HSA 11, the planning area in which Anderson Hospital is located and in which the Anderson Surgery Center will be located, but one zip code within the GSA is located in Bond County and one zip code within the GSA is located in Macoupin County. The zip code in Macoupin County includes Staunton, which is where Community Memorial Hospital is located. The sole member of Community Memorial Hospital d/b/a Anderson Hospital, and Anderson Surgery Center, LLC, is the facility that has been identified by surgeons' referrals to serve many surgical patients who have historically undergone surgery at Community Memorial Hospital.

Most of the zip codes in the GSA are located in Madison County, the county in which Anderson Hospital is located and in which the Anderson Surgery Center will be located.

More than 87% of Anderson Hospital's inpatients and observation patients during 2017 resided in both the GSA and in the planning area (HSA 11).

During 2017, 80% of Anderson Hospital's inpatients and observation patients resided in zipcodes in which 1% or more of the year's patients resided. All of these zip codes are located in the GSA and all the patients except for those at Community Memorial Hospital in Staunton resided in HSA 11.

3. This project will address the following issues and problems.
  - a. Anderson Hospital is unable to provide outpatient surgical services to a number of its physicians' patients who reside in the GSA because third-party payors will not cover an increasing number of procedures when they are performed in a hospital, even when the procedures are performed on an outpatient basis.

Payors are increasingly requiring procedures to be performed in an ASTC, rather than on an outpatient basis in a hospital.

Managed care payors are requiring an increasing number of outpatient surgical procedures to be moved to ASTCs.

It is anticipated that the federal Centers for Medicare and Medicaid Services (CMS) will require an increasing number of procedures to be performed in ASTCs, rather than in hospitals.

Anderson Hospital believes that it will not be able to continue providing a full range of surgical services or procedures within three to five years unless it operates an ASTC.

- b. Anderson Surgery Center, LLC, will serve as a replacement for the surgical facilities at Community Memorial Hospital in Staunton, a Critical Access Hospital which provides only outpatient surgery and requires extensive modernization in order to correct deficiencies in the infrastructure systems and the overall design and flow of the department.

Community Memorial Hospital was acquired by Anderson Hospital in 2016.

Costly modernization of Community Memorial Hospital's surgical facilities is not justified for the following reasons: (1) the hospital has experienced a low and declining surgical volume, and it only performs outpatient surgery at the present time, with no intention to resume performing inpatient surgery; and (2) all except one of the hospital's surgeons are members of Anderson Hospital's medical staff, a number of whom intend to refer patients to the Anderson Surgery Center, LLC, or to refer patients to surgeons who will be on the medical staff at the proposed Surgery Center.

The referral letters included in Appendix 1 document these referrals.

- c. Anderson Ambulatory Surgery Center, LLC, will provide Pediatric surgical and endoscopy services for many local Pediatric ambulatory surgical cases who currently have to leave the State of Illinois for surgical care at SSM Cardinal Glennon Children's Hospital ("SSM") in St. Louis.

As documented in the referral letter from SLUCare Physician Group that is found in Appendix 1, members of the medical staff of SSM Cardinal Glennon Children's Hospital in St. Louis, Missouri intend to perform ambulatory surgery and endoscopy on their current Illinois patients from the project's GSA in a lower-cost, payer-friendly surgical setting that is located closer to the patients' homes and will not require the patients to leave the State of Illinois to receive surgical care.

- d. Once the Anderson Surgery Center, LLC, becomes operational, it is possible that additional Pediatric patients who reside in the market area may no longer have to leave the State of Illinois to travel to Missouri for ambulatory surgical care or endoscopy procedures since they would be able to receive this care from physicians who are members of the medical staff at Cardinal Glennon Children's Hospital.
- e. The establishment of the Anderson Ambulatory Surgery Center, LLC, will help to meet the needs identified by the federal government in its designation of certain areas of the state-designated planning area and the hospital's market area as Health Professional Shortage Areas and Medically Underserved Areas/Medically Underserved Populations.

As a result, the project will provide much-needed services to the market area and, in doing so, will provide health care services to the low income and uninsured.

Documentation of this project's ability to address this issue is found in Item 5. below.

- f. This project will have a positive impact on essential safety net services in the market area for the Anderson Ambulatory Surgery Center because the patients that will be served by this facility, some of whom will be elderly and/or low income, uninsured, and otherwise vulnerable, will be able to receive care in appropriately sized and configured ambulatory surgical facilities.

Although the Anderson Surgery Center will be structured as a limited liability company (LLC), the facility is projected to have a very similar payor mix to Anderson Hospital.

Anderson Hospital's payor mix is as follows:

Medicare, including Managed Care:	45.8%*
Medicaid, including Managed Care:	14.7%**
Commercial:	37.4%
Self-Pay	<u>2.1%</u>
Total	100.0%

\*Medicare, 29.7%; Medicare Managed Care, 16.1%

\*\*Medicaid, 3.3%; Medicaid Managed Care, 11.4%

In addition, the Anderson Surgery Center, LLC, is expected to provide a similar amount of charitable care as Anderson Hospital.

As documented in Attachments 38 and 39, in 2017, the costs of charity care provided by Anderson Hospital were 1.25% of its net revenue, and the charges for charity care it provided were 5.14% of its net revenue.

This payor mix will provide more care to vulnerable populations, including Medicaid recipients, than other ASTCs in the GSA, as documented in Attachment 38.

- g. Anderson Ambulatory Surgery Center, LLC, must address the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1100.310(a), 1100.350, 1100.360, 1100.370, 1100.380, 1100.390, 1100.400, 1100.410, 1100.430, 1100.510(d)(2), 1100.640, 1110.110, 1110.120(a)-(c), 1110.235, 1110.APPENDIX A ASTC Services, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, 1129.20, 1120,110, 1120.120, 1120.130(b), and 1120.140 for this project.
  - h. Anderson Surgery Center, LLC, needs to comply with the standards found in the Illinois Health Care Facilities Plan, 77 Ill. Adm. Code 1110.110, 1110.120, 1110.235, 1110.APPENDIX B State Guidelines - Square Footage and Utilization, 1120.140, and 1120.APPENDIX A for the clinical service areas included in this project.
  - i. Anderson Ambulatory Surgery Center, LLC, will be sized to accommodate the projected utilization in its first complete year of operation after it becomes operational, when it will meet the utilization target for Non-Hospital Based Ambulatory Surgical Treatment Centers specified in 77 Ill. Adm. Code 1100.640(d), which is 80% occupancy per surgical or treatment room. As stated in this Rule, this "equates to 1,500 hours of use per room per year (including setup and cleanup time."
4. The sources of information provided as documentation are the following:
- a. Hospital records from Anderson Hospital, Community Memorial Hospital in Staunton, and SSM Cardinal Glennon Children's Hospital in St. Louis, Missouri;
  - b. Illinois Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205);
  - c. The Facilities Guidelines Institute, with assistance from the U.S. Department of Health and Human Services, Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 Edition;

- d. The Facilities Guidelines Institute, Guidelines for Outpatient , 2018 Edition;
- e. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities, 28 Code of Federal Regulations, 36.406.g. (Americans with Disabilities Act [ADA]);
- f. National Fire Protection Association, NFPA 101: Life Safety Code;
- g. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Health Professional Shortage Areas, (<https://bhw.hrsa.gov/shortage-designation/hpsas>), for the counties in the GSA and HSA 11: Madison County; St. Clair County; Clinton County; Macoupin County; Bond County;

A print-out of this information and a discussion of Health Professional Shortage Areas is found on Pages 13 through 21 of this Attachment.

- h. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by State and County, (<https://hrsa.gov/shortage-designation/muap>), for the counties in the GSA and HSA 11: Madison County; St. Clair County; Clinton County; Macoupin County; Bond County;

A print-out of this information and a discussion of Medically Underserved Areas and Medically Underserved Populations is found on Pages 22 through 27 of this Attachment, with the maps on Pages 26 and 27 indicating the census tracts in Madison and St. Clair Counties.

- 5. This project will address and improve the health care and well-being of residents of the GSA and market area for the Anderson Ambulatory Surgery Center, LLC, because it will result in appropriately sized and configured ambulatory surgical, endoscopy, and pain management services that meet contemporary standards while increasing the availability of services for low income and vulnerable populations that reside in the area.

Population statistics for Madison, St. Clair, and Macoupin Counties were reviewed to identify recent population figures and five-year projections. The Illinois Center for Health Statistics, Office of Health Informatics, of the Illinois Department of Public Health is the source of these population projections, which were developed for the Illinois CON program.

This review revealed that the population in the market area is expected to remain relatively constant from 2015 to 2020, with little change over this five-year period.

These projections revealed that Madison County is expected to increase in total population by 0.58% from 270,121 to 271,688 from 2015 to 2020, while the populations of St. Clair and Macoupin Counties are expected to decrease during this period, St. Clair County by 0.34% from 268,167 to 267,263 and Macoupin County by 1.76% from 46,811 to 45,987.

This project will improve the quality of health care services for all residents of the market area, including the low income and uninsured. In that way, this project will have a particular impact on those areas within the project's GSA and market area. It will impact areas identified by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) as Health Professional Shortage Areas and Medically Underserved Areas and Populations.

These designated areas are identified on Pages 15 through 21 and 23 through 27 of this Attachment.

- Many residents of the market area are low-income and otherwise vulnerable, as documented by their residing in Health Professional Shortage Areas for Primary Medical Care and Dental Care.

There are a number of federally-designated Health Professional Shortage Areas in the market area for the Anderson Ambulatory Surgery, LLC, as identified below.

Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care providers ([http://bhpr.hrsa.gov/shortage/Health Resources and Services Administration, U.S. Department of Health and Human Services](http://bhpr.hrsa.gov/shortage/HealthResourcesandServicesAdministration)).

The federal criteria for HPSA designation are found on Pages 13 and 14 of this Attachment.

- As of July, 2018, the federal government designated all 5 counties in the GSA, market area, and HSA 11 as having Health Professional Shortage Areas (HPSAs) for Primary Care or Dental Care: Madison County; St. Clair County; Macoupin County; Bond County; and Clinton County.

Documentation of these Health Professional Shortage Areas is found on Pages 15 through 21 of this Attachment.

- Some residents of the market area are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas.

There are several federally-designated Medically Underserved Areas in the GSA and market area, as identified below. There are no Medically Underserved Populations within the market area.

The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete underservice and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over).

The federal criteria for designation of Medically Underserved Areas and Populations are found on Page 22 of this Attachment.

- The federal government has designated census tracts in Madison County and St. Clair County that are in the market area for this project as MUAs.

Documentation of these Medically Underserved Areas is found on Pages 23 through 25 of this Attachment, with census tract maps of Madison County and St. Clair County found on Pages 26 and 27.

6. This project will address and improve the health care of residents of the GSA and the market area and fulfill the project's goal to continue providing quality health care to residents of its market area.



**ZIPCODES WITHIN 17 MILES OF ANDERSON SURGERY CENTER, LLC**

**(GEOGRAPHIC SERVICE AREA, GSA)**

**Anderson Hospital's CY2017 Patient Origin within GSA**

					Anderson Hospital's	
					Patient Origin	
Zip Code	Town	Within HSA 11	County	Within GSA	No. Patients	% Patients
62001	Alhambra	Yes	Madison	Yes	79	0.71%
62002	Alton	Yes	Madison	Yes	143	1.28%
62010	Bethalto	Yes	Madison	Yes	143	1.28%
62014	Bunker Hill	No	Macoupin	Yes	60	0.54%
62018	Cottage Hills	Yes	Madison	Yes	27	0.24%
62021	Dorsey	Yes	Madison	Yes	16	0.14%
62024	East Alton	Yes	Madison	Yes	96	0.86%
62025	Edwardsville	Yes	Madison	Yes	1,641	14.66%
62026	Edwardsville	Yes	Madison	Yes	0	
62034	GlenCarbon	Yes	Madison	Yes	929	8.30%
62040	Granite City	Yes	Madison	Yes	1,381	12.34%
62046	Hamel	Yes	Madison	Yes	34	0.30%
62048	Hartford	Yes	Madison	Yes	12	0.11%
62058	Livingston	Yes	Madison	Yes	46	0.41%
62059	Lovejoy	Yes	St. Clair	Yes	4	0.04%
62060	Madison	Yes	Madison/St. Clair	Yes	66	0.59%
62061	Marine	Yes	Madison	Yes	64	0.57%
62062	Maryville	Yes	Madison	Yes	607	5.42%
62067	Moro	Yes	Madison	Yes	30	0.27%
62071	National Stock Yards	Yes	St. Clair	Yes	0	
62084	Roxana	Yes	Madison	Yes	27	0.24%
62087	South Roxana	Yes	Madison	Yes	42	0.38%
62088	Staunton	No	Macoupin	Yes	213	1.90%
62090	Venice	Yes	Madison	Yes	14	0.13%
62095	Wood River	Yes	Madison	Yes	126	1.13%
62097	Worden	Yes	Madison	Yes	135	1.21%
62201	East St. Louis	Yes	St. Clair	Yes	79	0.71%
62202	East St. Louis	Yes	St. Clair	Yes	0	
62203	East St. Louis	Yes	St. Clair	Yes	9	0.08%
62204	East St. Louis	Yes	St. Clair	Yes	6	0.05%
62205	East St. Louis	Yes	St. Clair	Yes	17	0.15%
62208	Fairview Heights	Yes	St. Clair	Yes	80	0.71%
62221	Belleville	Yes	St. Clair	Yes	63	0.56%
62223	Belleville	Yes	St. Clair	Yes	34	0.30%
62225	Scott Air Force Base	Yes	St. Clair	Yes	1	0.01%
62226	Belleville	Yes	St. Clair	Yes	59	0.53%
62232	Caseyville	Yes	St. Clair	Yes	229	2.05%
62234	Collinsville	Yes	Madison/St. Clair	Yes	2,088	18.66%
62249	Highland	Yes	Madison	Yes	336	3.00%
62254	Lebanon	Yes	St. Clair	Yes	26	0.23%
62258	Mascoutah	Yes	St. Clair	Yes	13	0.12%
62269	O'Fallon	Yes	St. Clair	Yes	124	1.11%
62275	Pocahontas	No	Bond	Yes	46	0.41%
62281	Saint Jacob	Yes	Madison	Yes	101	0.90%
62289	Summerfield	Yes	St. Clair	Yes	1	0.01%
62293	Trenton	Yes	Clinton	Yes	28	0.25%
62294	Troy	Yes	Madison	Yes	877	7.84%
<b>SUBTOTAL, PATIENT ORIGIN FROM ILLINOIS GSA ZIP CODES</b>					10,152	90.71%
<b>Missouri Zip Codes</b>						
63137	Saint Louis, MO	No	N/A	Yes	1	0.01%
63138	Saint Louis, MO	No	N/A	Yes	5	0.04%
63147	Saint Louis, MO	No	N/A	Yes	3	0.03%
63386	West Alton, MO	No	N/A	Yes	1	0.01%
<b>SUBTOTAL, PATIENT ORIGIN FROM MISSOURI GSA ZIP CODES</b>					10	0.09%
<b>TOTAL, PATIENT ORIGIN FROM ALL GSA ZIP CODES</b>					10,162	90.80%

ANDERSON HOSPITAL							
Patient Origin for Zip Codes with 0.5% or More of Inpatients Plus Observation Patients							
Calendar Year 2017							
Community	Zip Code	Patients	Percentage of Patients	Cumulative %	Within 17 Miles of ASTC site?	County	In HSA 11?
Collinsville	62234	2,088	18.66%	18.66%	Yes	Madison/St. Clair	Yes
Edwardsville	62025	1,641	14.66%	33.32%	Yes	Madison	Yes
Granite City	62040	1,381	12.34%	45.66%	Yes	Madison	Yes
Glen Carbon	62034	929	8.30%	53.96%	Yes	Madison	Yes
Troy	62294	877	7.84%	61.79%	Yes	Madison	Yes
Maryville	62062	607	5.42%	67.22%	Yes	Madison	Yes
Highland	62249	336	3.00%	70.22%	Yes	Madison	Yes
Caseyville	62232	229	2.05%	72.27%	Yes	St. Clair	Yes
Staunton	62088	213	1.90%	74.17%	Yes	Macoupin	No
Alton	62002	143	1.28%	75.45%	Yes	Madison	Yes
Bethalto	62010	143	1.28%	76.72%	Yes	Madison	Yes
Worden	62097	135	1.21%	77.93%	Yes	Madison	Yes
Wood River	62095	126	1.13%	79.06%	Yes	Madison	Yes
O'Fallon	62269	124	1.11%	80.16%	Yes	St. Clair	Yes
Saint Jacob	62281	101	0.90%	81.07%	Yes	Madison	Yes
East Alton	62024	96	0.86%	81.92%	Yes	Madison	Yes
Fairview Heights	62208	80	0.71%	82.64%	Yes	St. Clair	Yes
Alhambra	62001	79	0.71%	83.35%	Yes	Madison	Yes
East Saint Louis	62201	79	0.71%	84.05%	Yes	St. Clair	Yes
Madison	62060	66	0.59%	84.64%	Yes	Madison/St. Clair	Yes
Marine	62061	64	0.57%	85.21%	Yes	Madison	Yes
Belleville	62221	63	0.56%	85.78%	Yes	St. Clair	Yes
Greenville	62246	63	0.56%	86.34%	No	Bond	No
Bunker Hill	62014	60	0.54%	86.87%	Yes	Macoupin	No
Belleville	62226	59	0.53%	87.40%	Yes	St. Clair	Yes
Mount Olive	62069	58	0.52%	87.92%	No	Macoupin	No
Gillespie	62033	53	0.47%	88.39%	No	Macoupin	No
Godfrey	62035	51	0.46%	88.85%	No	Madison	Yes
Other Zipcodes*		1,248	11.15%	100.00%			
<b>Total, All of These Zipcodes</b>		<b>9,944</b>	<b>88.85%</b>				
<b>Total Patients</b>		<b>11,192</b>					
<b>Total of These Zipcodes within 17 Miles</b>				<b>9,719/86.84%</b>			
<b>Total of These Zipcodes within Health Service Area 11</b>				<b>9,497/84.86%</b>			

\*Other Zipcodes are Zipcodes which had fewer than 51 patients (0.5%) during this 12-month period

## Health Resources &amp; Services Administration



Health Workforce Analysis Shortage Designation Grants Loans & Scholarships National Practitioner Data Bank

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## Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:

- Primary care;
- Dental health; or
- Mental health

These shortages may be geographic-, population-, or facility-based:

- **Geographic Area**
  - A shortage of providers for the entire population within a defined geographic area.
- **Population Groups**
  - A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
- **Facilities**
  - **Other Facility (OFAC)**—public or non-profit private medical facilities serving a population or geographic area designated as a HPSA with a shortage of health providers
  - **Correctional Facility**—medium to maximum security federal and state correctional institutions and youth detention facilities with a shortage of health providers
  - **State Mental Hospitals**—state or county hospitals with a shortage of psychiatric professionals (mental health designations only)
  - **Automatic Facility HPSAs (Auto HPSAs)**—a facility that is automatically designated as a HPSA by statute or through regulation without having to apply for a designation:
    - **Federally Qualified Health Centers (FQHCs)**—health centers that provide primary care to an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. All organizations receiving grants under Health Center Program Section 330 of the Public Health Service Act are FQHCs. [Find additional information and requirements](#) (PDF - 259 KB) from the Centers for Medicare and Medicaid Services (CMS).
    - **FQHC Look-A-Likes (LALs)**—LALs are community-based health care providers that meet the requirements of the [HRSA Health Center Program](#), but do not receive Health Center Program funding.
    - **Indian Health Facilities**—Federal Indian Health Service (IHS), Tribally-run, and Urban Indian health clinics that provide medical services to members of federally recognized Tribes and Alaska Natives.
    - **IHS and Tribal Hospitals**—Federal Indian Health Service (IHS), Tribally-run hospitals that provide inpatient and outpatient medical services to members of federally recognized Tribes and Alaska Natives.
    - **Dual-funded Community Health Centers/Tribal Clinics**—health centers that receive funding from Tribal entities and HRSA to provide medical services to members of federally recognized Tribes and Alaska Natives.
    - **CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements**—outpatient clinics located in non-urbanized areas that are certified as RHCs by CMS and meet [NHSC Site requirements](#) including accepting Medicaid, CHIP, and providing services on a sliding fee scale.

Aside from Auto HPSAs and HPSAs for federal correctional facilities, state Primary Care Offices (PCOs) must submit applications to designate all HPSAs.

HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.

Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Find out more about the [HPSA designation process](#).

*Date Last Reviewed: October 2016*

HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Madison County	119	1177608084	Highland Service Area	Primary Care	HPSA Geographic	Geographic Population	9.76	7	Designated	08/25/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date	
Madison County	119		Alhambra Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Hamel Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Helvetia Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Jarvis Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Leef Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Marine Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		New Douglas Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Olive Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Omphgent Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Pin Oak Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		Saline Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119		St. Jacob Township	Primary Care	Minor Civil Division			Designated	08/25/2017	
Madison County	119	1172636799	Low Income - Alton/Wood River/Godfrey	Primary Care	HPSA Population	Low Income Population HPSA	2.61	13	Designated	10/28/2017

HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Madison County	119		4010	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4011	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4012	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4013	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4014	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4015	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4017.01	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4017.21	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4017.22	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4018	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4019.01	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4020	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4021	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4022	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4023	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4024	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4025	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4026	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4027.01	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4027.21	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4027.22	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4028.01	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4028.02	Primary Care	Census Tract				Designated	10/28/2017
Madison County	119		4028.03	Primary Care	Census Tract				Designated	10/28/2017

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HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
St. Clair County	163	117999175G	Southern Illinois Healthcare Foundation	Primary Care	Comprehensive Health Center			16	Designated	03/05/2014
St. Clair County	163	117999176X	Southern IL Regional Wellness Center	Primary Care	Federally Qualified Health Center Look A Like			0	Designated	05/15/2015
St. Clair County	163	117999178V	Southwestern Illinois Correctional Center	Primary Care	Correctional Facility		0.8	12	Proposed For Withdrawal	07/23/2018
St. Clair County	163	617999171B	Southern Illinois Healthcare Foundation	Dental Health	Comprehensive Health Center			10	Designated	10/26/2002
St. Clair County	163	617999175N	Southern IL Regional Wellness Center	Dental Health	Federally Qualified Health Center Look A Like			0	Designated	12/19/1994
St. Clair County	163	1175951545	Low Income - Sparta	Primary Care	HPSA Population	Low Income Population HPSA	0.18	15	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
St. Clair County	163		Fayetteville Township	Primary Care	Minor Civil Division			Designated	10/28/2017
St. Clair County	163		Lenzburg Township	Primary Care	Minor Civil Division			Designated	10/28/2017
St. Clair County	163		Marissa Township	Primary Care	Minor Civil Division			Designated	10/28/2017
St. Clair County	163		New Athens Township	Primary Care	Minor Civil Division			Designated	10/28/2017
St. Clair	163	1172806952	East St. Louis	Primary Care	HPSA Geographic	7.6	14	Designated	10/28/2017

HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
County					Geographic	Population				
County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date	
St. Clair County	163		Canteen Township	Primary Care	Minor Civil Division			Designated	10/28/2017	
St. Clair County	163		Centreville Township	Primary Care	Minor Civil Division			Designated	10/28/2017	
St. Clair County	163		East St. Louis Township	Primary Care	Minor Civil Division			Designated	10/28/2017	
St. Clair County	163		Stites Township	Primary Care	Minor Civil Division			Designated	10/28/2017	
St. Clair County	163	6171336441	Medicaid Eligible - St. Clair County	Dental Health	HPSA Population	5.98	12	Designated	10/28/2017	
County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date	
St. Clair County	163		St. Clair	Dental Health	Single County			Designated	10/28/2017	

HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
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Bond County	005	1179991782	Federal Correctional Institution - Greenville	Primary Care	Correctional Facility		0	12	Designated	12/30/2013
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Bond County	005	6179991727	Federal Correctional Institution - Greenville	Dental Health	Correctional Facility		0	15	Designated	12/30/2013
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Bond County	005	6177406659	Low Income-Bond County	Dental Health	HPSA Population	Low Income Population HPSA	0	14	Designated	11/03/2016
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County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
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Bond County	005		Bond	Dental Health	Single County			Designated	11/03/2016
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Bond County	005	1175648430	Low Income - Bond County	Primary Care	HPSA Population	Low Income Population HPSA	0.3	15	Designated	10/28/2017
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County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
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Bond County	005		Bond	Primary Care	Single County			Designated	10/28/2017
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HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Clinton County	027	1175463889	CF - Centralia	Primary Care	Correctional Facility		0.8	6	Designated	11/07/2016
Clinton County	027	1179087964	Clinton County	Primary Care	HPSA Geographic	Geographic Population	6.8	10	Designated	05/12/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Clinton County	027		Clinton	Primary Care	Single County			Designated	05/12/2017

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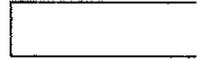
HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Macoupin County	117	117999177G	Dr. Julie Fleisher, LLC	Primary Care	Rural Health Clinic			0	Designated	10/06/2003
Macoupin County	117	117999177H	Carlinville Medical Clinic	Primary Care	Rural Health Clinic			0	Designated	10/16/2003
Macoupin County	117	11799917Q2	Macoupin County Public Health Department	Primary Care	Comprehensive Health Center			15	Designated	02/16/2015
Macoupin County	117	61799917A2	Macoupin County Public Health Department	Dental Health	Comprehensive Health Center			18	Designated	02/16/2015
Macoupin County	117	1172401815	Macoupin County	Primary Care	HPSA Geographic	Geographic Population	11.41	9	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Macoupin County	117		Macoupin	Primary Care	Single County			Designated	10/28/2017
Macoupin County	117	6179980652	Medicaid Eligible - Macoupin County	Dental Health	HPSA Population	0.39	12	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Macoupin County	117		Macoupin	Dental Health	Single County			Designated	10/28/2017

Health Resources & Services Administration



Health Workforce Analysis Shortage Designation Grants Loans & Scholarships National Practitioner Data Bank

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## Medically Underserved Areas and Populations (MUA/Ps)

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services.

MUAs have a shortage of primary care health services for residents within a geographic area such as:

- a whole county;
- a group of neighboring counties;
- a group of urban census tracts; or
- a group of county or civil divisions.

MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services.

These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to, those who are:

- homeless;
- low-income;
- Medicaid-eligible;
- Native American; or
- migrant farmworkers.

MUA/P designations are based on the Index of Medical Underservice (IMU). IMU is calculated based on four criteria:

- the population to provider ratio;
- the percent of the population below the federal poverty level;
- the percent of the population over age 65; and
- the infant mortality rate.

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P.

### Exceptional MUP Designations

It is possible to request a MUP designation for populations which do not meet the established criteria, by doing the following:

- Explaining the unusual, documented local conditions that prevent access to, or demonstrate the lack of, personal health services, and
- Submitting a written recommendation, with supporting data, from that state's governor or other Chief Executive Officer, and the local health official.

Find out more about the MUA/P [designation process](#).

*Date Last Reviewed: October 2016*

HRSA Data Warehouse

State: Illinois  
 County: Madison County  
 MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Madison County	119	Low Inc - Alton/Wood River Service Area	00821	Medically Underserved Area - Governor's Exception	Medically Underserved Area	0.00	07/21/1993	01/31/1994
		MCD (83284) Wood River township MCD (01127) Alton township						
Madison County	119	Madison Service Area	00923	Medically Underserved Area	Medically Underserved Area	62.00	05/20/1994	05/20/1994
CT 4040.00		Granite City						
Madison County	119	Madison Service Area	00924	Medically Underserved Area	Medically Underserved Area	59.60	05/20/1994	05/20/1994
CT 4007.00		Venice						

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HRSA Data Warehouse

State: Illinois  
 County: St. Clair County  
 MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
St. Clair County	163	St. Clair Service Area	00869	Medically Underserved Area	Medically Underserved Area	54.60	05/18/1994	05/18/1994
CT 5004.00								
CT 5005.00								
CT 5009.00								
CT 5011.00								
CT 5012.00								
CT 5013.00								
CT 5014.00								
CT 5015.01								
CT 5015.02								
CT 5016.02								
CT 5016.03								
CT 5016.04								
CT 5016.05								
CT 5017.00								
CT 5018.00								
CT 5019.00								
CT 5021.00								
CT 5022.00								
CT 5024.01								
CT 5024.04								
CT 5025.00								
CT 5026.03								
CT 5027.00								
CT 5028.00								
CT 5029.00								
CT 5031.00								
CT 5032.02								
CT 5032.03								

HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 5032.11								
CT 5033.01								
CT 5033.23								
CT 5033.24								
CT 5039.03								
CT 5039.04								
CT 5040.01								
CT 5040.02								
CT 5045.00								
CT 5046.00								
St. Clair County	163	Low Inc - Cahokia	07238	Medically Underserved Population	MUP Low Income	61.10	07/25/2002	07/25/2002
CT 5023.00								
CT 5026.02								

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Printed on: 7/31/2018





III.

Criterion 1110.110(d) - Alternatives

1. The following alternatives to the proposed project were considered and found to be infeasible and less desirable than the alternative that is the subject of this CON application.

A. Modernize and expand the Surgical Suite at Community Memorial Hospital in Staunton to accommodate its existing caseload.

Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital is the sole member of Community Memorial Hospital, a Critical Access Hospital that it acquired in 2016.

B. Construct an Ambulatory Surgical Treatment Center in a different location, at the intersection of I-55 and Illinois Route 143 in Edwardsville.

2. These alternatives were found to be infeasible and less desirable than the alternative that is the subject of this CON application for the following reasons.

A. Modernize and expand the Surgical Suite at Community Memorial Hospital in Staunton to accommodate its existing caseload.

Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital is the sole member of Community Memorial Hospital, a Critical Access Hospital that it acquired in 2016.

Capital Costs: \$1,500,000

This alternative was considered to be infeasible for the following reasons.

1) Community Memorial Hospital's Surgical Suite is in poor physical condition and needs extensive modernization to become a contemporary surgical facility that meets current code requirements.

The Surgical Suite is located in a building that was constructed in 1974 (48 years ago), and the Surgical Suite has not been modified or remodeled at all since its construction.

- a. The Surgical Suite requires extensive modernization and replacement of the infrastructure systems, including HVAC, medical gas, electrical power receptacles, and flooring materials.
  - i. The HVAC system lacks required air exchange rates.
  - ii. There is no laminar air flow.
  - iii. There are an inadequate number of medical gas outlets.
  - iv. There are an inadequate number of emergency power receptacles.
  - v. There are an inadequate number of power receptacles.
  
- b. The Surgical Suite requires extensive modernization in order to improve its design and flow and to provide contemporary facilities.
  - i. There is no physical separation of semi-restricted areas from restricted areas. The demarcation between these areas is identified by tape that is placed on the floor.
  - ii. There is no Nurses' Station or Control Station.
  - iii. The Sterile Processing area within the Surgical Suite does not provide one-way flow, as required, to enable proper infection control.
  
- c. Community Memorial Hospital's Surgical Suite lacks the recovery and patient support facilities that are needed in a facility providing a high volume of ambulatory surgery.
  - i. There are only 4 Phase I recovery stations.
  - ii. There is no Phase II recovery area.
  - iii. There are no patient changing areas or other patient support facilities within the Surgical Suite.

- d. The Surgical Waiting Room seats only 3 people, and it is located across a public corridor from the Surgical Suite, requiring surgical staff to leave the sterile corridor in order to meet with patients' families.
- 2) It is not possible to expand the Department of Surgery in its current location because it is landlocked on the first floor of the hospital building, surrounded by public exit corridors.
- 3) Community Memorial Hospital currently lacks local surgeons and has been unable to recruit any, other than those who are members of Anderson Hospital's medical staff and who serve Community Memorial Hospital as visiting specialists.

Since the hospital's primary General Surgeon retired and its Orthopedic Surgeon left the hospital in 2014, the hospital has relied upon surgeons who are members of Anderson Hospital's medical staff to travel to Staunton in order to perform surgery.

These surgeons represent limited surgical specialties.

- 4) Patient accessibility will be more limited at Community Memorial Hospital than at the site proposed for Anderson Surgery Center, LLC, since Staunton is farther from the concentration of the patient population that is expected to undergo ambulatory surgical procedures at the new ASTC.

Community Memorial Hospital is located approximately 17 miles from the location of the proposed ASTC in Edwardsville and 23 miles from the Anderson Hospital campus.

- B. Construct an Ambulatory Surgical Treatment Center in a different location, at the intersection of I-55 and Illinois Route 143 in Edwardsville.

This alternative was initiated by the developers of a proposed new development at that location.

Capital Costs: \$8,838,000

This alternative was considered to be infeasible for the following reasons.

- 1) This alternative would have higher costs than the alternative proposed in this CON application, but it is a less desirable alternative.

- a) Although this site is adjacent to I-55 and provides excellent access to the Interstate highway, it does not offer proximity to local residents since it is not near residential development.
  - b) This site is in a more isolated location than the site of the proposed project.
  - c) Land development costs would be higher than at the selected alternative because of the developer's valuation of the site, which is near I-55.
  - d) Site development costs would be higher than at the selected alternative because this site lacks water/sewer lines, gas, electricity, and access roads.
- 2) If this alternative were to be implemented, Anderson Real Estate, LLC, would be the first tenant in a proposed mixed use development, without other tenants specifically identified, although the developers' intentions are to develop a warehouse, professional office building(s), and hotels on this site.
  - 3) This alternative would require Anderson Real Estate, LLC, to swap land it currently owns in the area in order to acquire this acreage.
3. This item is not applicable to this project.

The purpose of this project is to provide appropriately sized and configured ambulatory surgical services in a facility that is specifically designed to provide these services.

Physicians who are currently members of the medical staffs at Anderson Hospital, Community Memorial Hospital in Staunton, and Cardinal Glennon Children's Hospital in St. Louis have provided referrals of their 2017 surgical patients who they would have referred to the Anderson Ambulatory Surgery Center, LLC, had it been operational last year.

IV.  
Criterion 1110.120 - Project Scope, Utilization, and  
Size of Project

This project, which is for the establishment of a non-hospital based Ambulatory Surgical Treatment Center (ASTC), includes both Clinical and Non-Clinical Service Areas.

This project includes the following Clinical Service Areas.

Ambulatory Surgical Treatment Center with  
2 Operating Rooms plus 1 Procedure Room

Recovery with Post-Anesthesia Recovery, Phase I [Stage 1]  
and Post-Anesthesia Recovery Phase II [Stage 2]

1. The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the Clinical Service Areas that are included in this project.

Operating Room  
Procedure Room  
Recovery

There are State Guidelines for the ASTC that cover the following:

- The number of operating rooms and procedure rooms based on hours of surgery per operating room or procedure room;
- Approvable square footage based on the number of operating rooms or procedure rooms;
- The maximum number of recovery stations per operating room or procedure room.

There is no State Guideline specifying a square footage standard for Recovery in an ASTC.

An analysis of the proposed size (number of rooms or stations and gross square footage) of the Clinical Service Areas for which there are State Guidelines is found below.

This analysis is based upon projected utilization for the first full year of operation after this project is completed for those services for which the approvable number of rooms or stations is based upon utilization.

The chart on the next page identifies the State Guidelines for each of the Clinical Service Areas included in this project for which State Guidelines exist.

<b><u>CLINICAL SERVICE AREA</u></b>	<b><u>STATE GUIDELINE</u></b>
ASTC Operating Rooms and Procedure Rooms	1,500 hours of surgery per operating room or procedure room 2,075-2,750 BGSF per treatment room (operating room or procedure room)
Recovery, Phase I and Phase II	Maximum of 4 recovery stations per operating room or procedure room

Projected utilization for the operating rooms and procedure room is found below and in Attachments 15 and 25.

Similarly, the justification for the number of operating rooms and procedure rooms is presented in this Attachment and in Attachments 15 and 25.

The number of key rooms and square footage proposed for each Clinical Service Area is presented below.

<b><u>CLINICAL SERVICE AREA</u></b>	<b><u>STATE STANDARD</u></b>	<b><u>PROJECTED 2021 HOURS</u></b>	<b><u>TOTAL PROPOSED ROOMS/ STATIONS</u></b>
ASTC: Operating Rooms	1,500 hours/ operating room	1,868-1,875	2
ASTC: Procedure Room	1,500 hours/ procedure room	159	1
Post-Anesthesia Recovery Phase I	Maximum of 4 stations/ operating or procedure room	N/A*	4
Post-Anesthesia Recovery Phase II	Maximum of 4 stations/ operating or procedure room	N/A*	6

The proposed number of operating and procedure rooms for the ASTC is justified.

The proposed number of Recovery stations is justified.

The square footage proposed for the ASTC, which is the only square footage standard for which State Guidelines exist, is shown below.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE/ UNIT</u>	<u>TOTAL PROPOSED UNITS</u>	<u>TOTAL BGSF JUSTIFIED PER PROGRAM</u>	<u>TOTAL PROPOSED BGSF</u>
ASTC includes both Operating Rooms and Procedure Room	2,750 BGSF per operating room and/or procedure room	2 operating rooms + 1 procedure room	8,250	7,088
Recovery Phases I & II	N/A*	4 Phase I Recovery Bays 6 Phase II Recovery Bays	N/A	1,376

\*There is no square footage standard for Recovery in an ASTC

Space programs for each of the Clinical Service Areas included in this project are appended to this Attachment.

The following published data and studies identify the contemporary standards of care and the scope of services that MHC addressed in developing the proposed project.

- Ambulatory Surgical Treatment Act (210 ILCS 5);
- Illinois Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205.1310-1790, TABLE A);
- Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities (28 Code of Federal Regulations, 36.406.ADAAG, Sections 4.1 through 4.35 and 6.1 through 6.4);
- National Fire Protection Association, NFPA 101: Life Safety Code.

2. The proposed square footage for the Clinical Service Areas included in this project is in conformance with the BGSF standards in Appendix B, as shown on the next page.

<b>CLINICAL SERVICE AREAS</b>	<b>PROPOSED BGSF</b>	<b>STATE STANDARD</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ASTC	7,088 for 2 operating rooms + 1 procedure room	2,750 BGSF per operating room or procedure room	under by 1,162 BGSF (387.3 BGSF/ operating room or procedure room)	Yes
Recovery Phases I + II	1,376 for 10 recovery bays	N/A*	N/A*	N/A*

\*There is no square footage standard for Recovery in an ASTC

Anderson Ambulatory Surgery Center, LLC  
Space Program Excluding Recovery

2 Operating Rooms

1 Procedure Room

Patient Waiting Area

Pre-Op Area (4 Bays)

Restroom

Nurses' Station

Clean Utility Room

Soiled Utility Room

Anesthesia Workroom

Central Sterile Processing/Distribution

Lockers/Employee Facilities

Administrative Space

Anderson Ambulatory Surgery Center, LLC  
Space Program for Recovery

4 Stations Post-Anesthesia Recovery Phase I (Stage 1)

6 Stations Post-Anesthesia Recovery Phase II (Stage 2)

IV.  
Criterion 1110.120 - Project Services Utilization

This project, which is for the establishment of a non-hospital based Ambulatory Surgical Treatment Center (ASTC), includes both Clinical and Non-Clinical Service Areas.

This project includes the following Clinical Service Areas.

Ambulatory Surgical Treatment Center with  
2 Operating Rooms plus 1 Procedure Room

Recovery with Post-Anesthesia Recovery, Phase I (Stage 1)  
and Post-Anesthesia Recovery Phase II (Stage 2)

The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the Clinical Service Areas that are included in this project.

Operating Room  
Procedure Room  
Recovery

The chart below identifies the State Guidelines that exist for the Clinical Service Areas included in this project.

<b>CLINICAL SERVICE AREA</b>	<b>STATE GUIDELINE</b>
ASTC Operating Rooms and Procedure Rooms	1,500 hours of surgery per operating room or procedure room* 2,075-2,750 DGSF per treatment room (operating room or procedure room)**
Recovery, Phase I and Phase II	Maximum of 4 recovery stations per operating room or procedure room

\*Anderson Ambulatory Surgery Center, LLC, is proposing to have 2 operating rooms and 1 procedure room

\*\*Anderson Ambulatory Surgery Center, LLC, is proposing to have a total of 10 recovery stations, 4 in Phase I and 6 in Phase II

The Clinical Service Areas included in this project for which there are State Guidelines based upon utilization are Surgery and Recovery

Since this will be a newly established ASTC, there is no historic utilization for the facility. However, referral letters from the physicians seeking medical staff privileges at the Anderson Surgery Center, LLC, provided historical utilization data for CY2017 (see Appendix 1), which - for many of the physicians - included only the ambulatory surgical cases that they would have performed at the ASTC had it been operational at that time.

Projected utilization for the first 2 years of operation for these Clinical Service Areas is found on the next page. The projected utilization for the Anderson Ambulatory Surgery Center is based upon the physicians' historic utilization during CY2017, which are found in Appendix 1.

	<u>HISTORIC UTILIZATION</u>	<u>PROJECTED YEARS</u>		<u>STATE GUIDELINE</u>	<u>MET STANDARD?</u>
	<u>CY17</u>	<u>YEAR 1</u>	<u>YEAR 2</u>		
<b>CLINICAL SERVICE AREAS</b>					
Total Cases for Operating Rooms	2,319	1,580-1,585	1,580-1,585	N/A	N/A
Total Hours for Operating Rooms	2,736	1,868-1,875	1,868-1,875	1,500 hours per operating room (OR)	Yes
Total Cases for Procedure Room	1,669	248	248	N/A	N/A
Total Hours for Procedure Room	1,069	159	159	1,500 hours per procedure room	Yes

The number of key rooms proposed for each Clinical Service Area for which there are State Guidelines based on utilization is presented below.

<u>CLINICAL SERVICE AREA</u>	<u>STATE GUIDELINE UNITS/ROOM</u>	<u>PROJECTED HOURS YEARS 1 &amp; 2</u>	<u>TOTAL PROPOSED ROOMS</u>
Operating Rooms	1,500 hours/operating room*	1,868-1,875 hours	2 operating rooms
Procedure Room	1,500 hours/procedure room	159 hours	1 procedure room

The proposed number of operating and procedure rooms is justified based on the projected utilization for Years 1 and 2.

The projected surgical hours are based upon the following.

1. Physicians (i.e., surgeons, gastroenterologists, podiatrists, dentists/oral surgeons, anesthesiologists/pain management specialists) who intend to become members of the medical staff at Anderson Surgery Center, LLC, and perform procedures at that ASTC provided referral letters, which are found in Appendix 1, that document their CY2017 surgical utilization as well as the number of cases they intend to perform at Anderson Surgery Center, LLC.

It should be noted that a number of these surgeons identified only those historic cases that they would have performed at Anderson Surgery Center, LLC, had it been in operation during 2017, not their total surgical caseloads for that year.

These cases have been provided as projected surgical cases for Year 1.

2. The co-applicants determined that the average time per case, including clean-up and set-up time, would be the same as that experienced in 2017 for outpatient surgical cases for these procedure codes at Anderson Hospital.

The average time per case was calculated separately by procedure by specialty, as shown on forms included in Attachment 25, and the total hours were determined by aggregating the cases by specialty for Year 1.

3. It was determined that all the surgical specialties except for Endoscopy and Ophthalmology would use the multi-specialty operating rooms, while Endoscopy and Ophthalmology cases would be performed in the procedure room.

4. In accordance with 77 Ill. Adm. Code 1110.235(c)(3)(B)(iii), which states that "The anticipated number of referrals cannot exceed the physician's experienced caseload," the projected surgical cases (and, as a result, the projected surgical hours) will not increase for Year 2, but will remain the same as the surgeons have projected for Year 1, which does not exceed their CY2017 historic surgical caseloads.

VI.G.

Non-Hospital Based Ambulatory Surgery

This project is for the establishment of the Non-Hospital Based Ambulatory Surgery Category of Service by establishing Anderson Surgery Center, LLC.

Anderson Surgery Center, LLC will have the following Clinical Service Areas.

- Ambulatory Surgical Treatment Center with 2 Operating Rooms plus 1 Procedure Room
- Recovery with Post-Anesthesia Recovery, Phase I (Stage 1) and Post-Anesthesia Recovery Phase II (Stage 2)

I. Documentation that the proposed project meets the specified review criterion: Service to GSA Residents (77 Ill. Adm. Code 1110.235(c)(2)(B))

The primary purpose of this project is to improve the health care and well-being of the project's geographic service area (GSA), which consists of zip codes located within 17 miles of the proposed ASTC, as specified for health care facilities in Madison County in 77 Ill. Adm. Code 1100.510(d)(2). Nearly all of these zip codes are located in HSA 11, the planning area in which both Anderson Hospital is located and in which the Anderson Surgery Center will be located.

The GSA also includes the zip code in Staunton, which is located in Macoupin County, in which Community Memorial Hospital is located. Community Memorial Hospital is a Critical Access Hospital that was acquired by Anderson Hospital in 2016.

A list of the GSA's zip codes is found on Pages 21 and 22 of this Attachment, along with the number of inpatients and observation patients at both Anderson Hospital and Community Memorial Hospital during 2017. This information is also found in Attachment 12.

These data indicate that nearly 91% of Anderson Hospital's patients and more than 73% of Community Memorial Hospital's patients resided in the GSA.

Additional patient origin information for inpatients and observation patients at Anderson Hospital and Community Memorial Hospital during 2017 is found on Pages 23 and 24 of this Attachment. This information identifies the market area for each hospital, which was determined to consist of the zip codes in which at least 0.5% of its patients resided.

These data indicate that nearly 89% of Anderson Hospital's patients resided in its market area, and nearly 96% of Community Memorial Hospital's patients resided in its market area.

The data also indicated that a majority of patients residing in the market areas for both Anderson Hospital and Community Memorial Hospital resided in the GSA, and a majority of Anderson Hospital's patients who resided in the market area also resided in HSA 11, the planning area in which the Anderson Ambulatory Surgery Center will be located.

The patient origin information indicates that nearly 87% of Anderson Hospital's inpatients and observation patients during 2017 who resided in the market area resided in the GSA and nearly 85% resided in the planning area (HSA 11). The patient origin information for Community Memorial Hospital's inpatients and observation patients during 2017 who resided in the hospital's market area indicates that nearly 75% resided in the GSA.

II. Documentation that the proposed project meets the specified review criterion: Service Demand - Establishment of an ASTC (77 Ill. Adm. Code 1110.235(c)(3)(A) and (B))

The establishment of the Anderson Ambulatory Surgery Center, LLC, is necessary to accommodate the service demand that is documented by historic referrals and by projected referrals.

Physician referral letters are found in Appendix 1. A summary of these letters is found on Page 25 of this Attachment.

There are 16 physician referral letters representing 21 individual physicians, 6 of whom are members of the SLUCare Physician Group and whose referrals are covered in a single letter.

These physicians represent 11 surgical specialties.

- A. Each referral letter includes the historic surgical information specified in 77 Ill. Adm. Code 1110.235(c)(3)(A).
- B. Each referral letter includes the documentation specified in 77 Ill. Adm. Code 1110.235(c)(3)(B) regarding the projected service demand.

III. Documentation that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume is provided in this section in accordance with 77 Ill. Adm. Code 1110.235(c)(5)(A)-(B))

This justification is also provided in Attachment 15.

A. Justification of the Number of Surgical/Treatment Rooms (i.e., operating rooms/procedure rooms)

The Anderson Ambulatory Surgery Center, LLC, is proposing to have 2 multi-specialty operating rooms and 1 procedure room.

All of the surgical specialties except for Endoscopy and Ophthalmology will use the multi-specialty operating rooms.

Endoscopy and Ophthalmology will be performed in the procedure room.

Since this will be a newly established ASTC, the proposed number of surgical/treatment rooms will be based upon the historic utilization found in the referral letters from the physicians seeking medical staff privileges at the Anderson Surgery Center, LLC.

It should be noted that, many of the physicians included only the ambulatory surgical cases that they would have performed at the ASTC had it been operational at that time and did not provide their entire historic caseloads for 2017.

Projected utilization for the first 2 years of operation for these Clinical Service Areas, which is based solely on these physicians' 2017 historic referrals that are identified in their referral letters which appear in Appendix 1 and summarized on Page 25 of this Attachment, is found on the next page.

	<u>HISTORIC UTILIZATION</u>	<u>PROJECTED YEARS</u>		<u>STATE GUIDELINE</u>	<u>TOTAL PROPOSED ROOMS</u>
	<u>CY17</u>	<u>YEAR 1</u>	<u>YEAR 2</u>		
<b>CLINICAL SERVICE AREAS</b>					
Total Cases for Operating Rooms	2,319	1,580-1,585	1,580-1,585	N/A	N/A
Total Hours for Operating Rooms	2,783	1,868-1,875	1,868-1,875	1,500 hours per operating room (OR)	2
Total Cases for Procedure Room	1,669	248	248	N/A	N/A
Total Hours for Procedure Room	1,140	159	159	1,500 hours per procedure room	1

The proposed number of operating and procedure rooms is justified based on the projected utilization for Years 1 and 2.

- B. As noted above, the Anderson Ambulatory Surgery Center will have 2 Multi-Specialty Operating Rooms for all cases except Endoscopy and Ophthalmology and 1 Procedure Room for Endoscopy and Ophthalmology.

The projected caseloads for each of these types of operating/procedure rooms and the methodology used to determine these caseloads will be found on the next two pages.

1. Multi-Specialty Operating Rooms for the following surgical specialties, as indicated in the physician referral letters.

		Time per Treatment/Session (hours)		
<u>Surgical Specialty</u>	<u>Treatments/Sessions</u>	<u>Average per Treatment/Session</u>	<u>Total Time</u>	<u>Methodology</u>
Dentistry/Oral/Maxillofacial Surgery	43	0.85	36.55	2017 data
General Surgery	139	1.39	193.21	2017 data
Obstetrics/Gynecology	382	0.89	339.98	2017 data
Orthopedic Surgery	37	1.39	51.43	2017 data
Otolaryngology (ENT)	206	0.84	173.04	2017 data
Pain Management	3	1.33	4.00	2017 data
Plastic Surgery	503	1.47	739.41	2017 data
Podiatry	180-185	1.32	237.60-244.20	2017 data
Urology	87	1.07	93.09	2017 data
Total	1,580-1,585	1.18	1,868.31-1,874.91	

2. Procedure Room, as indicated in the physician referral letters.

		Time per Treatment/Session (hours)		
<u>Surgical Specialty</u>	<u>Treatments/Sessions</u>	<u>Average per Treatment/Session</u>	<u>Total Time</u>	<u>Methodology</u>
Gastroenterology	201	0.69	138.69	2017 data
Ophthalmology	47	0.44	20.68	2017 data
Total	248	0.64	159.37	

- Referral letters were secured from physicians (i.e., surgeons, gastroenterologists, podiatrists, dentists/oral surgeons, and an anesthesiologist/pain management specialist, all of whom are identified as "surgeons" in this application) who intend to become members of the medical staff at Anderson Surgery Center, LLC, and perform procedures at that ASTC. Their referral letters, which are found in Appendix 1 and summarized on Page 25 of this Attachment, document their CY2017 surgical utilization as well as the number of cases they intend to perform at Anderson Surgery Center, LLC.

These cases have been provided as projected surgical cases for Year 1.

It should be noted that a number of these surgeons identified only those historic cases that they would have performed at Anderson Surgery Center, LLC, had it been in operation during 2017, not their total surgical caseloads for that year.

- The co-applicants determined that the average time per case, including clean-up and set-up time, would be the same as that experienced in 2017 for outpatient surgical cases for these procedure codes at Anderson Hospital.

The average time per case was calculated separately by specialty, as shown on Pages 5 and 6 of this Attachment, and the total hours were determined by aggregating the cases by specialty for Year 1.

- In accordance with 77 Ill. Adm. Code 1110.235(c)(3)(B)(iii), which states that "The anticipated number of referrals cannot exceed the physician's experienced caseload," the projected surgical cases (and, as a result, the projected surgical hours) will not increase for Year 2, but will remain the same as the surgeons have projected for Year 1, which does not exceed their CY2017 historic surgical caseloads.

IV. Documentation that the proposed ASTC services being established are necessary to improve access for residents of the GSA is provided in this section in accordance with 77 Ill. Adm. Code 1110.235(c)(6))

This Rule requires the applicant to document that at least one of the four stated conditions exists in the GSA.

- A. This project meets the condition stated in 77 Ill. Adm. Code 1110.235(c)(6)(D): "The proposed project is a cooperative venture sponsored by 2 or more persons, at least one of whom operates an existing hospital."

The co-applicants for this project include Anderson Hospital, which is currently the sole corporate member of the Anderson Surgery Center, LLC, and which will always retain majority membership in the limited liability company that will own and operate this ASTC.

In addition, Southwestern Illinois Health Facilities, Inc., of which Anderson Hospital is an assumed name, is the sole member of Community Memorial Hospital in Staunton.

1. Both Anderson Hospital and Community Memorial Hospital currently provide both inpatient and outpatient services to this project's GSA, as shown in the GSA information and patient origin information that is found on Pages 21 through 24 of this Attachment.
2. The projected caseload for Anderson Surgery Center, LLC, will be based on the physician referrals presented in Appendix 1 and summarized on Page 25 of this Attachment. These cases are based on historical procedures performed primarily at the following locations:
  - Anderson Hospital, performed both in Operating Rooms and the Gastro-Intestinal (GI) Procedure Rooms;

- Community Memorial Hospital, performed in Operating Rooms;
- Cardinal Glennon Children's Hospital in St. Louis, Missouri, performed both in Operating Rooms and GI Procedure Rooms.

Although Anderson Hospital does not have "sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100 (77 Ill. Adm. Code 1110.235(c)(6)(D)(ii)," it is important to note that the hospital's surgical cases increased by 4.4% and its cases in dedicated GI procedure rooms increased by 4.3% from CY 2017 to the most recent 12-month period of July 1, 2017, through June 30, 2018.

The establishment of an ASTC is warranted in the current healthcare environment for a number of reasons.

- a. An ASTC is necessary to provide a replacement site for surgical services that have historically been provided to outpatients at Community Memorial Hospital in Staunton.

The hospital currently provides only outpatient surgery and, for the reasons stated in Attachment 13, the deficiencies of the hospital's Surgical Suite are such that it has been determined that the hospital should stop providing surgical services and close its surgical facilities.

- b. Members of SLUCare Physician Group, whose pediatricians currently perform outpatient surgery on Illinois residents at Cardinal Glennon Children's Hospital in St. Louis, Missouri, seek to perform this surgery at an Illinois ASTC which will be a joint venture between SSM Cardinal Glennon Children's Hospital and Anderson Hospital.

A letter of agreement between Anderson Hospital and SSM Cardinal Glennon Children's Hospital is found on Pages 26 through 33 of this Attachment. This agreement seeks a "lower-cost, payer friendly alternative for low acuity surgical procedures."

- c. Many of Anderson Hospital's surgical outpatients will benefit from the establishment of an ASTC, where third party payors increasingly require cases be performed, rather than in a hospital's outpatient surgical facilities, as discussed in Attachment 12, and where charges will be less than at Anderson Hospital
3. In accordance with 77 Ill. Adm. Code 1110.235(c)(6)(D)(iii), Anderson Hospital "agrees not to increase its surgical/treatment capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months."

An attestation affirming this agreement will be found on Page 34 of this Attachment.

4. The proposed charges for comparable procedures at Anderson Surgery Center, LLC, will generally be lower than those of Anderson Hospital, as will be seen from the charts that appear on Pages 35 through 51 of this Attachment.

However, it should be noted that there were 5 cases performed at Community Memorial Hospital where the charges at Anderson Surgery Center will be higher. This situation represents less than 0.3% of all surgical referrals. It is due to the low surgical volume at Community Memorial Hospital, which is a Critical Access Hospital and has low charges for some surgical procedures.

- B. Anderson Surgery Center, LLC, will be located in Edwardsville, which is in Madison County in HSA 11.

1. There are 9 ASTCs located in HSA 11, 6 of which are located in zip codes that are 17 miles or less from the proposed location of Anderson Surgery Center, thereby being located within the GSA.

However, as a result of a Mapquest review of the mileage between these ASTCs and the site of the proposed ASTC ([www.mapquest.com](http://www.mapquest.com)), it was determined that only 4 ASTCs are actually located within 17 miles of the proposed ASTC, which would place them within the GSA in accordance with 77 Ill. Adm. 1100.510(d)(2).

The following existing ASTCs are located within the GSA.

Edwardsville Ambulatory Surgery Center, LLC; Glen Carbon  
Multi-Specialty

Metroeast Endoscopic Surgery Center, Fairview Heights  
Limited Specialty: Gastroenterology Procedure Room

NovaMed Eye Surgery Center of Maryville, LLC; Maryville  
Limited Specialty: Ophthalmology Procedure Rooms

The Hope Clinic for Women, Ltd; Granite City  
Limited Specialty: Gynecology Procedure Rooms

As will be discussed in the next section, none of these ASTCs is a substitute for the proposed ASTC: (1) none of these ASTCs provides the same level of care to the underinsured and uninsured population as Anderson Hospital currently provides and as the Anderson Surgery Center, LLC, proposes to provide; (2) Edwardsville Ambulatory Surgery Center, LLC is the only multi-specialty ASTC, and it does not provide all of the surgical specialties that Anderson Surgery Center, LLC proposes to provide.

The following existing ASTCs are located more than 17 miles from the site of the proposed ASTC, but are located within zip codes that are partially within the GSA.

Belleville Surgical Center, LTD; Belleville  
Mapquest shows this ASTC is located 24.3-26.5 miles from  
the site  
Multi-Specialty

Eye Surgery Center, LLC; Belleville  
Mapquest shows this ASTC is located 17.3-29.1 miles from  
the site  
Limited Specialty: Ophthalmology

2. There are 10 acute care hospitals located in Hospital Planning Area F-01, the hospital planning area in which the proposed Anderson Surgery Center, LLC, will be located, 8 of which are located in zip codes that are 17 miles or less from the proposed location of Anderson Surgery Center, thereby being located within the GSA.

However, as a result of a Mapquest review of the mileage between these ASTCs and the site of the proposed ASTC ([www.mapquest.com](http://www.mapquest.com)), it was determined that only 3 hospitals are actually located within 17 miles of the proposed ASTC, which would place them within the GSA in accordance with 77 Ill. Adm. 1100.510(d)(2).

The following hospitals are located within the GSA.

Anderson Hospital, Maryville  
5.2 or 5.8 miles per Mapquest

Gateway Regional Medical Center, Granite City  
14.4 or 16.0 miles per Mapquest

St. Joseph's Hospital, Highland  
15.8-17.3 miles per Mapquest

None of these hospitals is a substitute for the proposed ASTC for the same reasons as presented in Attachment 12 regarding the need for Anderson Hospital to establish an ASTC. Third-party payors are requiring an increasing number of outpatient surgical procedures to be moved to ASTCs, rather than being performed on an outpatient basis in a hospital. They will not cover an increasing number of procedures when they are performed in a hospital, even when the procedures are performed on an outpatient basis.

The following hospitals are located more than 17 miles from the site of the proposed ASTC, but are located within zip codes that are partially within the GSA.

Alton Memorial Hospital, Alton  
Mapquest shows this hospital is located 20.9 miles from the site

Community Memorial Hospital, Staunton  
Mapquest shows this hospital is located 19.7 or 21.2 miles from the site

Memorial Hospital, Belleville  
Mapquest shows this hospital is located 20.3 or 27.4 miles from the site

Memorial Hospital - East, Shiloh  
Mapquest shows this hospital is located 23 miles from the site

St. Anthony's Health Center, Alton  
Mapquest shows this hospital is located 22 miles from the site

St. Elizabeth's Hospital, O'Fallon  
Mapquest shows this hospital is located 24 miles from the site

V. Documentation that the proposed ASTC will not result in an unnecessary duplication, as specified in 77 Ill. Adm. Code 1110.235(c)(7)(A)

- A. The 2010 census figures for the total population of the zip codes which in whole or in part comprise the GSA, including zip codes in both Illinois and Missouri, totals 513,915. The breakdown by zip code and by state is found on Page 52 of this Attachment.

This population includes zip codes in the GSA in both Illinois and Missouri. The most recent census figures for the population are from 2010.

The population of the Illinois zip codes which are entirely or partially located within the GSA is 461,175.

The population of the Missouri zip codes which are entirely or partially located within the GSA is 52,740.

- B. As discussed earlier in this Attachment, there are 4 ASTCs located within the GSA.

None of these ASTCs provide all of the surgical services proposed by Anderson Surgery Center, LLC.

This project proposes to establish a multi-specialty ASTC with the surgical specialties identified in the chart on the following page.

There is 1 multi-specialty ASTC located within the GSA: Edwardsville Ambulatory Surgery Center, LLC; Glen Carbon.

Edwardsville Ambulatory Surgery Center's payor mix, as reported on its 2016 ASTC Profile submitted to IDPH, indicates that it provides much less service to patients who are low-income and uninsured than Anderson Surgery Center, LLC, proposes to provide. In its 2016 ASTC Profile, Edwardsville Surgery Center, LLC, reported that it provided 1.2% of its net revenue to Medicaid patients, with 3.4% of its patients being Medicaid recipients, and it did not provide any charity care.

The surgical specialties reported for this ASTC in the most recent Ambulatory Surgical Treatment Center Profile, which is for 2016, are found in the chart below.

This chart documents that the existing multi-specialty ASTC does not provide all of the surgical specialties that Anderson Surgery Center, LLC, proposes to perform, based on the surgical referrals provided by its surgeons' 2017 historic caseloads.

Surgical Specialty	Anderson Surgery Center, LLC	Edwardsville Ambulatory Surgery Center
Dentistry/Oral/Maxillofacial Surgery	X	X
Gastroenterology	X	X
General Surgery	X	X
Obstetrics/Gynecology	X	X
Ophthalmology	X	X
Orthopedic Surgery	X	X
Otolaryngology	X	X
Pain Management	X	X
Plastic Surgery	X	X
Podiatry	X	X
Urology	X	

There are 3 limited specialty ASTCs located within the GSA, each of which provides only 1 of the surgical specialties proposed by Anderson Surgery Center, LLC.

Metroeast Endoscopic Surgery Center, Fairview Heights  
 Limited Specialty: Gastroenterology Procedure Room

NovaMed Eye Surgery Center of Maryville, LLC; Maryville  
 Limited Specialty: Ophthalmology Procedure Rooms

The Hope Clinic for Women, Ltd; Granite City  
Limited Specialty: Gynecology Procedure Rooms

- C. As discussed earlier in this Attachment, there are 3 hospitals located within the GSA, but none is an alternative to the establishment of an ASTC because third-party payors are requiring an increasing number of outpatient surgical procedures to be moved to ASTCs, rather than being performed on an outpatient basis in a hospital. They will not cover an increasing number of procedures when they are performed in a hospital, even when the procedures are performed on an outpatient basis.

VI. Documentation that the proposed ASTC will not result in a maldistribution of services, as specified in 77 Ill. Adm. Code 1110.235(c)(7)(B)

- A. This project will help to correct a maldistribution of services because the current ratio of surgical/treatment rooms to population in the GSA is only four-tenths (0.41) of the same ratio statewide (that is, the State average of surgical/treatment rooms to population). After this project is approved, the ratio of ASTC surgical/treatment rooms in the GSA will increase to six-tenths (0.59) of the same ratio statewide, which will still be below the specified ratio for maldistribution, which is in excess of one and one-half times the State average.

The current ratio of ASTC surgical/treatment rooms per 1,000 population in the GSA is .017, based upon the 8 surgical/treatment rooms identified in the ASTCs' 2016 profiles and the GSA population of 461,175. This ratio is based upon 2 operating rooms in the only multi-specialty ASTC and 6 procedure rooms in the ASTCs located within the GSA.

Sources:

Illinois Department of Public Health, Illinois Health Facilities and Services Review Board, "Inventory of Health Care Facilities and Services and Need Determinations, 2017: Non-Hospital Based Ambulatory Surgery Category of Service," September 1, 2017; Illinois Department of Public Health, Health Systems Development, "Ambulatory Surgical Treatment Center Questionnaire for 2016:"

American FactFinder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> for Illinois zip codes located in whole or in part within the GSA.

The State average for ASTC surgical/treatment rooms was 0.041 rooms per 1,000 population, based on the Illinois ASTC Summary - Calendar Year 2016 and 2015 projected total State of Illinois population. This ratio

is based upon a total of 380 operating rooms and 146 procedure rooms in 141 ASTCs throughout the State of Illinois and a total Illinois population of 12,978,800.

Sources:

Illinois Department of Public Health, Health Systems Development, "Ambulatory Surgical Treatment Center Questionnaire for 2016";

Illinois Department of Public Health, Illinois Health Facilities and Services Review Board, "Certificate of Need Population Projections Project, 2014."

After this project is approved, the ratio of ASTC surgical/treatment rooms per 1,000 population in the GSA will increase to .024, based upon an increase to 4 operating rooms and 7 procedure rooms within the HSA. The ratio is based upon 11 rooms for a GSA population of 461,175 population.

- B. As stated earlier in this Attachment and in the previous section, there are currently a total of 8 surgical/treatment rooms in ASTCs within the GSA. The ratio of surgical/treatment rooms in ASTCs within the GSA is much lower than the same ratio on a statewide basis.

The number of surgical/treatment rooms in ASTCs within the GSA would need to increase to 19 if the ratio of surgical/treatment rooms in ASTCs within the GSA were to be the same as the State average (.041 per 1,000 population).

After this project is approved, the number of surgical/treatment rooms in ASTCs within the GSA will increase to 11, which would still be significantly less than the Statewide average ratio of surgical/treatment rooms in ASTCs to population. After this project is approved, the ratio of ASTC surgical/treatment rooms in the GSA will increase to .024, which would be only 59% of the State average, approximately one-fourth of the standard identified in 77 Ill. Adm. Code 1110.235(c)(7)(B)(i).

- VII. Documentation that, within 24 months after project completion, the proposed ASTC will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100.640(c) and will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards, as specified in 77 Ill. Adm. Code 1110.235(c)(7)(C)

As discussed earlier in this Attachment, there are 4 existing ASTCs within the GSA.

- Edwardsville Ambulatory Surgery Center, LLC, is a multi-specialty ASTC in Glen Carbon, which has 2 operating rooms and 1 procedure room.

Its 2016 utilization, as reported on its 2016 ASTC Profile, justified 1 operating room and 0 procedure rooms (no procedure room volume reported).

- Metroeast Endoscopic Surgery Center is a limited-specialty ASTC in Fairview Heights, which has 1 procedure room. It is limited to performing Gastroenterology procedures.

Its 2016 utilization, as reported on its 2016 ASTC Profile, justified that procedure room.

- NovaMed Eye Surgery Center of Maryville, LLC is a limited-specialty ASTC in Maryville, which has 2 procedure rooms. It is limited to performing Ophthalmology procedures.

Its 2016 utilization, as reported on its 2016 ASTC Profile, appears to justify 1 procedure room. However, separate utilization is reported for an Ophthalmology operating room and for a Laser Eye procedure room, so it is possible that both rooms might be justified if one were set up for surgery and the second for laser procedures, as may be the case.

- The Hope Clinic for Women, Ltd, is a limited-specialty ASTC in Granite City, which has 2 procedure rooms. It is limited to performing Gynecology procedures.

Its 2016 utilization, as reported on its 2016 ASTC Profile, justifies 1 procedure room.

Its 2016 ASTC Profile indicates that Metroeast Endoscopic Surgery Center's utilization justified its procedure room. The establishment of Anderson Surgery Center, LLC, will not lower that facility's utilization below 1,500 hours because none of the referring physicians for Anderson Surgery Center's CON application reported that they performed any cases at Metroeast Endoscopic Surgery Center during 2017. The referral letters will be found in Appendix 1, and a summary of those letters is found on Page 25 of this Attachment.

As discussed above, it is possible that NovaMed Eye Surgery Center of Maryville may have justified both of its procedure rooms in its 2016 ASTC Profile.

However, regardless of whether this facility met the utilization standards specified in 77 Ill. Adm. Code 1100.640(c) or not, the establishment of Anderson Surgery Center, LLC, will not have an impact on NovaMed's utilization because none of the referring physicians for Anderson Surgery Center's CON application reported that they performed any cases at that facility during 2017.

The establishment of Anderson Surgery Center, LLC, can be expected to slightly lower the utilization of underutilized operating rooms at Edwardsville Ambulatory Surgery Center, LLC. The 2016 ASTC Profiles indicate that both the operating rooms and the procedure room at Edwardsville Ambulatory Surgery Center, LLC, are operating below the utilization standard, with the facility reporting that there was no utilization in its procedure room.

Four physicians who provided referral letters for Anderson Surgery Center, LLC, indicated that they performed some of these cases at Edwardsville Ambulatory Surgery Center during 2016. The cases were Oral/Maxillofacial Surgery (1 Dentist with 8 cases of Oral/Maxillofacial Surgery) and Plastic Surgery (3 Plastic Surgeons with 237 cases).

In its 2016 ASTC Profile, The Hope Clinic for Women, Ltd., did not meet the utilization standards specified in 77 Ill. Adm. Code 1100.640(c) for its 2 procedure rooms. However, the establishment of Anderson Surgery Center, LLC, will not have an impact on utilization at The Hope Clinic for Women because none of the referring physicians for Anderson Surgery Center's CON application reported that they performed any cases at that facility during 2017.

The impact of this project on hospitals' surgical utilization has not been considered because, as discussed earlier in this Attachment, hospitals are being required by third-party payors to move an increasing number of outpatient surgical procedures to ASTCs, rather than continuing to perform them on an outpatient basis in a hospital.

VIII. Documentation of staffing, as specified in 77 Ill. Adm. Code 1110.235(c)(8)

- A. Relevant staffing needs for the proposed project were considered, and the staffing requirements of licensure of accrediting bodies can be met.

1. The staffing pattern for Year 1 for Anderson Surgery Center, LLC, will be as shown below.

- 1.0 FT Manager
- 1.0 FT Charge/Buyer/Financial Liaison
- 1.0 FT Scheduler
- 1.8 FT Admitting Clerks (2 staff)
- 5.1 FT Pre-Op/Post-Op Registered Nurses (7 staff)
- 1.1 FT Pre-Op/Post-Op Staff Techs (PCTs) (2 staff)
- 2.1 FT Circulating RNs (3 staff)
- 2.1 FT Surgical Techs (3 staff)
- 1.1 FT Staff Techs (PCTs) (2 staff)
- 1.0 FT Lead Tech for SPD
- 1.1 FT Staff Techs for SPD (2 staff)

1.0 Anesthesiologist} to be provided by contracted  
2.0 CRNAs } Anesthesiology group

2. Proposed staffing will be achieved in the same manner as Anderson Hospital currently recruits its staff, which is shown below.

Positions at the Anderson Surgery Center, LLC, will be posted in the same way as all other positions, which are posted on the hospital's internal and external website, [www.andersonhospital.org](http://www.andersonhospital.org). This website has a direct link to the application website.

Anderson Hospital advertises available positions twice a month in the Belleville News Democrat and the Alton Telegraph, with links to the hospital's online website. Positions at the Anderson Surgery Center, LLC, will be advertised in these newspapers as well.

Positions for the ASTC will be posted on [wwwIndeed.com](http://wwwIndeed.com) as well as on various online website that cater to certain to individual job types.

Positions will be advertised in various community newspaper in the area where Anderson Hospital's available positions are posted.

Positions may be advertised in publications that been used in the past, such as the St. Louis American, a minority newspaper in St. Louis, Diverse Medica, Inc., in the Career Woman Magazine, and the Workforce Communications Group minority publications.

Positions will be posted on the Collinsville Chamber of Commerce job website.

If necessary, positions will be advertised on website related to professional organizations in certain professions, such as the professional organization representing Revenue Cycle Professionals.

Recruitment for the Anderson Surgery Center, LLC, will also take place at community related job fairs in the area and at job fairs at four-year and two-year colleges within 50 miles of the site that Anderson Hospital routinely uses, such as the AND programs at Lewis and Clark Community College, Southwestern Illinois College, or SIUE (Southern Illinois University Edwardsville)'s School of Nursing.

In addition, since the Department of Surgery at Community Memorial Hospital in Staunton will cease operations when the Anderson Surgery Center, LLC, becomes operational, the staff at that department will be actively recruited for positions at the ASTC.

- B. Thomas M. Hulsen, M.D., F.A.C.O.G., will be the Medical Director of the Anderson Surgery Center, LLC.

Dr. Hulsen, is board-certified in Obstetrics and Gynecology. He has provided referrals to the Anderson Surgery Center, LLC, which will be found in Appendix 1.

Dr. Hulsen's Curriculum Vitae (C.V.) is found on Page 53 of this Attachment.

IX. Documentation of the charge commitment, as specified in 77 Ill. Adm. Code 1110.235(c)(9)

- A. The statement of all proposed charges at the Anderson Surgery Center, LLC, except for any professional fees for procedures performed by referring surgeons, as identified in the physician referral letters, will be found on Pages 35 through 51 of this Attachment.
- B. A commitment that these charges will not increase, at a minimum, for the first 2 years of operation of Anderson Surgery Center, LLC, unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a), will be found on Page 54 of this Attachment.

X. Assurances, as specified in 77 Ill. Adm. Code 1110.235(c)(10)

- A. An attestation is found on Page 55 of this Attachment, stating that a peer review program will be implemented for Anderson Surgery Center, LLC, that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.
- B. As documented, earlier in this Attachment, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.640(c). An attestation of the projected annual utilization is found on Page 56 of this Attachment.

This documentation is based on the surgical referral letters found in Appendix 1, a summary of which is found on Page 25 of this Attachment. These surgical referral letters indicate that these physicians historical caseloads during Calendar Year 2017 will meet the utilization standard, based upon the outpatient surgical hours at Anderson Hospital during the same time period.

**ZIPCODES WITHIN 17 MILES OF ANDERSON SURGERY CENTER, LLC**

**(GEOGRAPHIC SERVICE AREA, GSA)**

**Anderson Hospital's CY2017 Patient Origin within GSA**

					Anderson Hospital's	
					Patient Origin	
Zip Code	Town	Within HSA 11	County	Within GSA	No. Patients	% Patients
62001	Alhambra	Yes	Madison	Yes	79	0.71%
62002	Alton	Yes	Madison	Yes	143	1.28%
62010	Bethalto	Yes	Madison	Yes	143	1.28%
62014	Bunker Hill	No	Macoupin	Yes	60	0.54%
62018	Cottage Hills	Yes	Madison	Yes	27	0.24%
62021	Dorsey	Yes	Madison	Yes	16	0.14%
62024	East Alton	Yes	Madison	Yes	96	0.86%
62025	Edwardsville	Yes	Madison	Yes	1,641	14.66%
62026	Edwardsville	Yes	Madison	Yes	0	
62034	GlenCarbon	Yes	Madison	Yes	929	8.30%
62040	Granite City	Yes	Madison	Yes	1,381	12.34%
62046	Hamel	Yes	Madison	Yes	34	0.30%
62048	Hartford	Yes	Madison	Yes	12	0.11%
62058	Livingston	Yes	Madison	Yes	46	0.41%
62059	Lovejoy	Yes	St. Clair	Yes	4	0.04%
62060	Madison	Yes	Madison/St. Clair	Yes	66	0.59%
62061	Marine	Yes	Madison	Yes	64	0.57%
62062	Maryville	Yes	Madison	Yes	607	5.42%
62067	Moro	Yes	Madison	Yes	30	0.27%
62071	National Stock Yards	Yes	St. Clair	Yes	0	
62084	Roxana	Yes	Madison	Yes	27	0.24%
62087	South Roxana	Yes	Madison	Yes	42	0.38%
62088	Staunton	No	Macoupin	Yes	213	1.90%
62090	Venice	Yes	Madison	Yes	14	0.13%
62095	Wood River	Yes	Madison	Yes	126	1.13%
62097	Worden	Yes	Madison	Yes	135	1.21%
62201	East St. Louis	Yes	St. Clair	Yes	79	0.71%
62202	East St. Louis	Yes	St. Clair	Yes	0	
62203	East St. Louis	Yes	St. Clair	Yes	9	0.08%
62204	East St. Louis	Yes	St. Clair	Yes	6	0.05%
62205	East St. Louis	Yes	St. Clair	Yes	17	0.15%
62208	Fairview Heights	Yes	St. Clair	Yes	80	0.71%
62221	Belleville	Yes	St. Clair	Yes	63	0.56%
62223	Belleville	Yes	St. Clair	Yes	34	0.30%
62225	Scott Air Force Base	Yes	St. Clair	Yes	1	0.01%
62226	Belleville	Yes	St. Clair	Yes	59	0.53%
62232	Caseyville	Yes	St. Clair	Yes	229	2.05%
62234	Collinsville	Yes	Madison/St. Clair	Yes	2,088	18.66%
62249	Highland	Yes	Madison	Yes	336	3.00%
62254	Lebanon	Yes	St. Clair	Yes	26	0.23%
62258	Mascoutah	Yes	St. Clair	Yes	13	0.12%
62269	O'Fallon	Yes	St. Clair	Yes	124	1.11%
62275	Pocahontas	No	Bond	Yes	46	0.41%
62281	Saint Jacob	Yes	Madison	Yes	101	0.90%
62289	Summerfield	Yes	St. Clair	Yes	1	0.01%
62293	Trenton	Yes	Clinton	Yes	28	0.25%
62294	Troy	Yes	Madison	Yes	877	7.84%
<b>SUBTOTAL, PATIENT ORIGIN FROM ILLINOIS GSA ZIP CODES</b>					<b>10,152</b>	<b>90.71%</b>
<b>Missouri Zip Codes</b>						
63137	Saint Louis, MO	No	N/A	Yes	1	0.01%
63138	Saint Louis, MO	No	N/A	Yes	5	0.04%
63147	Saint Louis, MO	No	N/A	Yes	3	0.03%
63386	West Alton, MO	No	N/A	Yes	1	0.01%
<b>SUBTOTAL, PATIENT ORIGIN FROM MISSOURI GSA ZIP CODES</b>					<b>10</b>	<b>0.09%</b>
<b>TOTAL, PATIENT ORIGIN FROM ALL GSA ZIP CODES</b>					<b>10,162</b>	<b>90.80%</b>

ZIPCODES WITHIN 17 MILES OF ANDERSON SURGERY CENTER, LLC (GEOGRAPHIC SERVICE AREA, GSA)						
Community Memorial Hospital's CY2017 Patient Origin within GSA						
					Community Memorial Hospital's Patient Origin	
Zip Code	Town	Within HSA 1	County	Within GSA	No. Patients	% Patients
62001	Alhambra	Yes	Madison	Yes	10	1.92%
62002	Alton	Yes	Madison	Yes	2	0.38%
62010	Bethalto	Yes	Madison	Yes	0	
62014	Bunker Hill	No	Macoupin	Yes	33	6.35%
62018	Cottage Hills	Yes	Madison	Yes	0	
62021	Dorsey	Yes	Madison	Yes	2	0.38%
62024	East Alton	Yes	Madison	Yes	1	0.19%
62025	Edwardsville	Yes	Madison	Yes	4	0.77%
62026	Edwardsville	Yes	Madison	Yes	0	
62034	GlenCarbon	Yes	Madison	Yes	0	
62040	Granite City	Yes	Madison	Yes	0	
62046	Hamel	Yes	Madison	Yes	1	0.19%
62048	Hartford	Yes	Madison	Yes	0	
62058	Livingston	Yes	Madison	Yes	27	5.19%
62059	Lovejoy	Yes	St. Clair	Yes	0	
62060	Madison	Yes	Madison/St. Cl	Yes	0	
62061	Marine	Yes	Madison	Yes	1	0.19%
62062	Maryville	Yes	Madison	Yes	0	
62067	Moro	Yes	Madison	Yes	0	
62071	National Stock Yards	Yes	St. Clair	Yes	0	
62084	Roxana	Yes	Madison	Yes	0	
62087	South Roxana	Yes	Madison	Yes	0	
62088	Staunton	No	Macoupin	Yes	273	52.50%
62090	Venice	Yes	Madison	Yes	0	
62095	Wood River	Yes	Madison	Yes	0	
62097	Worden	Yes	Madison	Yes	21	4.04%
62201	East St. Louis	Yes	St. Clair	Yes	0	
62202	East St. Louis	Yes	St. Clair	Yes	0	
62203	East St. Louis	Yes	St. Clair	Yes	0	
62204	East St. Louis	Yes	St. Clair	Yes	0	
62205	East St. Louis	Yes	St. Clair	Yes	0	
62208	Fairview Heights	Yes	St. Clair	Yes	0	
62221	Belleville	Yes	St. Clair	Yes	0	
62223	Belleville	Yes	St. Clair	Yes	0	
62225	Scott Air Force Base	Yes	St. Clair	Yes	0	
62226	Belleville	Yes	St. Clair	Yes	0	
62232	Caseyville	Yes	St. Clair	Yes	0	
62234	Collinsville	Yes	Madison/St. Cl	Yes	0	
62249	Highland	Yes	Madison	Yes	2	0.38%
62254	Lebanon	Yes	St. Clair	Yes	0	
62258	Mascoutah	Yes	St. Clair	Yes	0	
62269	O'Fallon	Yes	St. Clair	Yes	0	
62275	Pocahontas	No	Bond	Yes	0	
62281	Saint Jacob	Yes	Madison	Yes	0	
62289	Summerfield	Yes	St. Clair	Yes	0	
62293	Trenton	Yes	Clinton	Yes	0	
62294	Troy	Yes	Madison	Yes	5	0.96%
<b>SUBTOTAL, PATIENT ORIGIN FROM ILLINOIS GSA ZIP CODES</b>					<b>382</b>	<b>73.46%</b>
<b>Missouri Zip Codes</b>						
63137	Saint Louis, MO	No	N/A	Yes	0	
63138	Saint Louis, MO	No	N/A	Yes	0	
63147	Saint Louis, MO	No	N/A	Yes	0	
63386	West Alton, MO	No	N/A	Yes	0	
<b>SUBTOTAL, PATIENT ORIGIN FROM MISSOURI GSA ZIP CODES</b>					<b>0</b>	<b>0.00%</b>
<b>TOTAL, PATIENT ORIGIN FROM ALL GSA ZIP CODES</b>					<b>382</b>	<b>73.46%</b>

**ANDERSON HOSPITAL**

**Patient Origin for Zip Codes with 0.5% or More of Inpatients Plus Observation Patients**

**Calendar Year 2017**

Community	Zip Code	Patients	Percentage		Within 17 Miles of ASTC site?	County	In HSA 11?
			of Patients	Cumulative %			
Collinsville	62234	2,088	18.66%	18.66%	Yes	Madison/St. Clair	Yes
Edwardsville	62025	1,641	14.66%	33.32%	Yes	Madison	Yes
Granite City	62040	1,381	12.34%	45.66%	Yes	Madison	Yes
Glen Carbon	62034	929	8.30%	53.96%	Yes	Madison	Yes
Troy	62294	877	7.84%	61.79%	Yes	Madison	Yes
Maryville	62062	607	5.42%	67.22%	Yes	Madison	Yes
Highland	62249	336	3.00%	70.22%	Yes	Madison	Yes
Caseyville	62232	229	2.05%	72.27%	Yes	St. Clair	Yes
Staunton	62088	213	1.90%	74.17%	Yes	Macoupin	No
Alton	62002	143	1.28%	75.45%	Yes	Madison	Yes
Bethalto	62010	143	1.28%	76.72%	Yes	Madison	Yes
Worden	62097	135	1.21%	77.93%	Yes	Madison	Yes
Wood River	62095	126	1.13%	79.06%	Yes	Madison	Yes
O'Fallon	62269	124	1.11%	80.16%	Yes	St. Clair	Yes
Saint Jacob	62281	101	0.90%	81.07%	Yes	Madison	Yes
East Alton	62024	96	0.86%	81.92%	Yes	Madison	Yes
Fairview Heights	62208	80	0.71%	82.64%	Yes	St. Clair	Yes
Alhambra	62001	79	0.71%	83.35%	Yes	Madison	Yes
East Saint Louis	62201	79	0.71%	84.05%	Yes	St. Clair	Yes
Madison	62060	66	0.59%	84.64%	Yes	Madison/St. Clair	Yes
Marine	62061	64	0.57%	85.21%	Yes	Madison	Yes
Belleville	62221	63	0.56%	85.78%	Yes	St. Clair	Yes
Greenville	62246	63	0.56%	86.34%	No	Bond	No
Bunker Hill	62014	60	0.54%	86.87%	Yes	Macoupin	No
Belleville	62226	59	0.53%	87.40%	Yes	St. Clair	Yes
Mount Olive	62069	58	0.52%	87.92%	No	Macoupin	No
Gillespie	62033	53	0.47%	88.39%	No	Macoupin	No
Godfrey	62035	51	0.46%	88.85%	No	Madison	Yes
Other Zipcodes*		1,248	11.15%	100.00%			
<b>Total, All of These Zipcodes</b>		<b>9,944</b>	<b>88.85%</b>				
<b>Total Patients</b>		<b>11,192</b>					
<b>Total of These Zipcodes within 17 Miles</b>				<b>9,719/86.84%</b>			
<b>Total of These Zipcodes within Health Service Area 11</b>				<b>9,497/84.86%</b>			

\*Other Zipcodes are Zipcodes which had fewer than 51 patients (0.5%) during this 12-month period)

**COMMUNITY MEMORIAL HOSPITAL**

**Patient Origin for Zip Codes with 0.5% or More of Inpatients Plus Observation Patients**

**Calendar Year 2017**

Community	Zip Code	Patients	Percentage of Patients	Cumulative %	Within 17 Miles of ASTC site?	County	In HSA 11?
Staunton	62088	273	52.50%	52.50%	Yes	Macoupin	No
Bunker Hill	62014	33	6.35%	58.85%	Yes	Macoupin	No
Mount Olive	62069	28	5.38%	64.23%	No	Macoupin	No
Benld	62009	28	5.38%	69.62%	No	Macoupin	No
Livingston	62058	27	5.19%	74.81%	Yes	Madison	Yes
Gillespie	62033	26	5.00%	79.81%	No	Macoupin	No
Worden	62097	21	4.04%	83.85%	Yes	Madison	Yes
Alhambra	62001	10	1.92%	85.77%	Yes	Madison	Yes
Litchfield	62056	10	1.92%	87.69%	No	Montgomery/Macoupin	No
New Douglas	62074	7	1.35%	89.04%	No	Madison, Bond	Partial
Royal Lakes, Shipman	62685	6	1.15%	90.19%	No	Macoupin	No
Wilsonville	62093	5	0.96%	91.15%	No	Macoupin	No
Troy	62294	5	0.96%	92.12%	Yes	Madison	Yes
Carlinville	62626	5	0.96%	93.08%	No	Macoupin	No
Edwardsville	62025	4	0.77%	93.85%	Yes	Madison	Yes
Sorento	62086	4	0.77%	94.62%	No	Bond	No
Sawyerille	62085	3	0.58%	95.19%	No	Macoupin	No
Walshville	62091	3	0.58%	95.77%	No	Montgomery	No
Other Zipcodes*		22	4.23%	100.00%			
<b>Total, All of These Zipcodes</b>		<b>498</b>	<b>95.77%</b>				
<b>Total Patients</b>		<b>520</b>					
<b>Total of These Zipcodes within 17 Miles</b>				<b>373/71.73%</b>			
<b>Total of These Zipcodes within Health Service Area 11</b>				<b>74/14.23%</b>			

\*Other Zipcodes are Zipcodes which had fewer than 3 patients (0.5%) during this 12-month period

ANDERSON SURGERY CENTER, LLC					
PHYSICIAN REFERRALS BASED ON CASES PERFORMED DURING CALENDAR YEAR 2017					
Physician Name	Specialty	Location Where Performed	Cases Performed During CY2017	Referrals to Anderson Surgery Center, LLC	
				2017 Cases That Would Have Been Referred	Intended Annual Referrals for Years 1 and 2
Michael Beatty, MD	Plastic Surgery	Anderson Hospital	(92		
		Edwardsville Ambulatory Surgery Center	(71		
		Total	163	163	163
Wynndel Buenger, MD	Pain Management	Alton Memorial Hospital	5	3	3
Gabriel Cardenas, Jr, DPM	Podiatry	Anderson Hospital	54	50-55	50-55
James Della Riva, MD	OB/Gynecology	Anderson Hospital	171	171	171
Ryan Diederich, MD	Plastic Surgery	Edwardsville Ambulatory Surgery Center	(53		
		Anderson Hospital	(79		
		Total	132	132	132
Mark Fedder, MD	Gastroenterology	Anderson Hospital	1,520	150	150
Thomas Hulsen, MD	OB/Gynecology	Anderson Hospital	80	75	75
Steven Hyten, DMD, MS	Oral/Maxillofacial Surgery	Anderson Hospital	(35		
		Edwardsville Ambulatory Surgery Center	( 8		
		Total	43	43	43
R. Craig McKee, MD	Plastic Surgery	Anderson Hospital	(372		
		Edwardsville Ambulatory Surgery Center	(113		
		Total	485	208	208
Christina Midkiff, MD	OB/Gynecology	Anderson Hospital	91	91	91
Markel Owens, MD	OB/Gynecology	Anderson Hospital	45	45	45
Jeffrey Parres, MD	Urology	Anderson Hospital	61	61	61
<b>SLUCare Physician Group:</b>					
Jeffrey Teckman, MD	Gastroenterology	Cardinal Glennon Children's Hospital	(102		
Colleen Fitzpatrick, MD	General Surgery	Cardinal Glennon Children's Hospital	( 83		
Bradley Davitt, MD	Ophthalmology	Cardinal Glennon Children's Hospital	( 47		
Lee Engel, MD	Orthopedics	Cardinal Glennon Children's Hospital	( 74		
Dary Costa, MD	Otolaryngology	Cardinal Glennon Children's Hospital	(413		
Barry Duel, MD	Urology	Cardinal Glennon Children's Hospital	( 52		
		Total	771	408	408
Eric Snook, DPM	Podiatry	Anderson Hospital	(10		
		Belleville Surgical Center	(86		
		Community Memorial Hospital - Staunton	( 1		
		Memorial Hospital, Belleville	(28		
		Total	125	80	80
Eric Whittenburg, DPM	Podiatry	Anderson Hospital	( 3		
		Belleville Surgical Center	(132		
		Memorial Hospital, Belleville	( 8		
		St. Elizabeth's Hospital, Belleville	( 1		
		Total	144	50	50
Richard Wikiera, DO	General Surgery	Community Memorial Hospital - Staunton	98	98	98
<b>TOTALS</b>			<b>3,988</b>	<b>1,828-1,833</b>	<b>1,828-1,833</b>



June 1, 2018

Steven Burghart  
President  
SSM Cardinal Glennon Children's Hospital  
1465 S. Grand Blvd.  
St. Louis, MO 63104

Re: Letter of Agreement

Dear Steven:

The purpose of this Letter of Agreement ("Letter of Agreement") is to set forth the mutual understanding between Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital, an Illinois not-for-profit corporation ("Anderson") and SSM Cardinal Glennon Children's Hospital, a Missouri nonprofit corporation, d/b/a SSM Health Cardinal Glennon Children's Hospital ("SSM") with respect to a possible business transaction involving a joint-ventured, free-standing ambulatory surgery center to provide a lower-cost, payer friendly alternative for low acuity surgical procedures (the "Transaction"). Each of Anderson and SSM are referred to herein as a "Party" and collectively as the "Parties."

#### RECITALS

WHEREAS, Anderson is evaluating options to develop a free-standing ambulatory surgery center ("ASC") jointly owned by Anderson, qualified physician investors and a pediatric health care provider.

WHEREAS, SSM has expressed a desire to be the pediatric health care provider invested in the ASC company and the provider of pediatric surgical services at the ASC.

WHEREAS, as part of advancing the discussions related to the Transaction, including preparing materials necessary for a Certificate of Need application related to the ASC, Anderson and SSM each acknowledges and agrees that certain terms related to the Transaction need to be agreed to by the Parties.

The Parties, intending to be legally bound, agree as follows:

■■■  
6800 State Route 162  
Maryville, Illinois 62062  
618-288-5711

ATTACHMENT 25, PAGE 26

1. Transaction Terms and Best Efforts. Based on the information currently available to the Parties, it is proposed that the Transaction would include the terms set forth in the Term Sheet attached hereto as Exhibit A, it being understood that the final terms of the Transaction shall be subject to negotiation of the definitive agreements as contemplated under Section 6 below. Subject to the terms and conditions of this Letter of Agreement, each Party shall use commercially reasonable efforts to take all actions necessary, desirable or appropriate to consummate the Transaction provided for in this Letter of Agreement, and shall not take or omit to take any action that delays, impairs or impedes the negotiation and full signature of the definitive agreements.

2. Specialties to be Provided by SSM. SSM agrees to ensure that pediatric surgical specialty services are provided at the ASC, including but not limited to: gastroenterology, general surgery, ophthalmology, orthopedics, otolaryngology, and urology. The Parties agree to meet at least twice per year to review surgical case volumes and determine potential adjustments to the surgical cases being performed to optimize performance of the pediatric surgical cases in the ASC.

3. Investment Units for SSM. The Parties agree that SSM will be given a purchase option with a right to purchase up to eight (8) investment units in the ASC company. It is anticipated that the ASC company will issue a total of 62 units with at least 32 units being held by Anderson.

4. Confidentiality of Information and Coordination of Information. The Parties hereto shall hold in confidence the information contained in this Letter of Agreement, and all information related to this Letter of Agreement, that is not otherwise known to the public, shall be held by each Party hereto as confidential and proprietary information and shall not be disclosed without the prior written consent of the other Party. As SSM is an affiliate of SSM Health Care St. Louis, the Parties understand that the terms of this Letter of Agreement shall be subject to the terms of that certain Confidentiality Agreement between Anderson and SSM Health Care St. Louis, dated December 6, 2017 (the "Confidentiality Agreement"). Subject to the confidentiality obligations set forth herein, the Parties agree to cooperate in sharing information related to the Transaction and the development of the ASC, including all information necessary to request regulatory and licensing approvals of the ASC.

5. Communication Plan. The Parties agree to work cooperatively with respect to any necessary or desirable communication relating to the transaction. Such communications will be designed to advance the collective interests of the Parties and benefit the ASC. Both Parties must approve any communication plan before the release of any confidential information as defined in the Confidentiality Agreement.

6. Definitive Agreements and Approvals. The obligations of the Parties to close the Transaction are subject to (a) the negotiation of a mutually acceptable operating agreement for the company, with terms consistent with the term sheet (Exhibit A) and other related agreements related and necessary to implement the Transaction. The Transaction will be structured in a

manner that complies strictly with all applicable Federal, State and local laws and regulations, and is contingent upon the receipt of any necessary approvals, including approvals from the Board of each Party.

7. Costs and Expenses. Except as may be expressly agreed upon by the Parties, each Party shall be responsible for and bear all of its costs and expenses incurred at any time in connection with pursuing or consummating the Transaction.

8. Call Rights. The Parties agree that the operating agreement will include provisions granting Anderson a call right to purchase SSM's interest in the joint-ventured ASC, at a purchase price determined in accordance with procedures to be included in the operating agreement of the ASC company, upon certain events, including any of the following:

- a. After the first five (5) years of operation of the ASC, termination of the emergency department services provided by SSM at Anderson;
- b. After the first five (5) years of operation of the ASC, termination of nursery services at Anderson;
- c. Failure to sign the lease for the medical office building adjacent to the ASC (the "Lease") no later than June 1, 2020 and to occupy such leased space no later than January 1, 2021;
- d. Subsequent termination of SSM's Lease;
- e. Breach of the ASC company operating agreement; and
- f. Breach of the Lease by SSM.

9. Non-Compete. As investors in the joint-ventured ASC, each Party agrees that it will not own, in whole or part, invest in, manage, or otherwise control a surgical center in Illinois within a 40-mile radius of the ASC during the first five (5) years of operating the ASC. Following the fifth anniversary of the opening date of the ASC, SSM agrees that it will not own, in whole or part, invest in, manage, or otherwise control a surgical center in Madison County, Illinois for so long as SSM is a member of the ASC company. Notwithstanding the foregoing, this language shall not apply to any surgical center in which SSM adult providers participate. A formal non-compete will be signed to fulfill the requirements of members of the ASC company as part of the operating agreement of the ASC company.

10. Ethical and Religious Directives for Catholic Health Care. The Parties acknowledge that SSM and any service or activity operated or sponsored by SSM are governed by the Ethical and Religious Directives for Catholic Health Facilities, as adopted or amended by the United States Conference of Catholic Bishops from time to time (the "Directives"). The Parties agree to work cooperatively to address concerns regarding any procedures to be performed at the ASC and to ensure that any pediatric procedures performed by SSM affiliated physicians comply with the Directives. In addition, the Parties agree that any potential revenue that SSM derives from the Transaction will not include revenue obtained from any procedures that do not comply with the Directives. The ASC company operating agreement will set forth in

more detail appropriate assurances related to the directives and SSM's participation in the ASC company as a minority investor.

11. Termination. This Letter of Agreement shall terminate upon the earlier to occur of (a) full signature by the Parties of a document confirming termination, or (b) delivery by either Party of notice of termination if the definitive agreements contemplated under Section 6 above have not been fully signed by the Parties on or prior to December 31, 2020. Upon termination of this Letter of Agreement, the Parties shall have no further obligations hereunder, except as stated in Sections 4, 5, 7, and 14, which shall survive any such termination.

12. Entire Agreement. This Letter of Agreement and the Confidentiality Agreement shall constitute the entire agreement between the Parties with respect to the subject matter hereof, and supersede all prior oral or written agreements, understandings, representations and warranties, and courses of conduct and dealings between the Parties with respect to the subject matter hereof. Except as otherwise provided herein, this Letter of Agreement may be amended or modified only by a writing fully signed by both Parties.

13. Governing Law. This Letter of Agreement shall be governed by and construed under the laws of the State of Illinois without regard to conflict of laws principles.

14. Effects of this Letter. This Letter of Agreement is intended to bind the Parties to the terms hereof subject to any contingencies included herein. The Parties hereby agree to negotiate in good faith to reach definitive agreements regarding the Transaction.

15. Representation and Warranty. Each Party represents and warrants to the other Party that it, its owners, employees, agents and any subcontractors (collectively "Personnel") are not: (i) listed on the System for Award Management website ("sam.gov") with an active exclusion; (ii) listed on the Office of the Inspector General's website ("oig.hhs.gov"); (iii) suspended or excluded from participation in any federal health care programs as defined under 42 U.S.C. § 1320a-7b(f); or (iv) suspended or excluded from participation in any form of state Medicaid program ((i)-(iv) collectively, "Government Payor Programs"). Each Party also represents and warrants to the best of its knowledge there are no pending or threatened governmental investigations that may lead to suspension or exclusion of that Party or its Personnel from Government Payor Programs or may be cause for listing on sam.gov or oig.hhs.gov (collectively, an "Investigation"). Each Party shall notify the other Party of the commencement of any Investigation, suspension or exclusion from Government Payor Programs within three (3) business days of its first learning of it. Either Party shall have the right to immediately terminate this Letter of Agreement upon learning of any such Investigation, suspension or exclusion. Each Party shall be kept apprised by the other Party in a timely manner of the status of any such Investigation. Each Party shall indemnify, defend and hold the other party harmless from any claims, liabilities, fines and expenses (including reasonable attorneys' fees) incurred as a result of the other Party's breach of this section.

16. Counterparts, Facsimile, and Electronic Signature. This Letter of Agreement may be signed in one or more counterparts including via facsimile or email, or by electronic signature, all of which shall be considered one and the same agreement, binding on all Parties hereto, notwithstanding that both Parties are not signatories to the same counterpart. A signed facsimile or photocopy of this Letter of Agreement shall be binding on the Parties to this Letter of Agreement.

17. Indemnity. Each Party agrees to indemnify and hold harmless the other Party, its directors, officers, affiliates, employees and agents from and against any and all claims, costs, expenses (including reasonable attorney fees), actions and/or liabilities which may be asserted against any one or more of them, arising out of any acts or omissions of its directors, officers, employees and agents.

18. Notices. Any notice or communication required or permitted to be given under this Agreement shall be served personally, sent by United States certified mail or sent by email to the following address:

If to SSM:

SSM Health  
Attn: Contracts  
10101 Woodfield Lane  
St. Louis, MO 63132  
Email: [ContractNotices@ssmhealth.com](mailto:ContractNotices@ssmhealth.com)

If to Anderson:

Southwestern Illinois Health Facilities, Inc. d/b/a  
Anderson Hospital  
Attn: Keith Page  
6800 State Route 162  
Maryville, IL 62062  
Email: [pagek@andersonhospital.org](mailto:pagek@andersonhospital.org)

Any change to the notice address listed above must be given to the other party in the same manner as described in this section. The date of notice shall be the date of delivery if the notice is personally delivered, the date of mailing if the notice is sent by United States certified mail or the date of transmission if the notice is sent by email. Each Party agrees to maintain evidence of the respective notice method utilized.

If the foregoing is acceptable to SSM, please indicate your agreement on the terms and conditions herein by signing and returning one copy of this Letter of Agreement to the undersigned no later than June 8, 2018. We look forward to working with you on the Transaction.

[SIGNATURE PAGE FOLLOWS]

June 1, 2018  
Page 6

Very truly yours,

**SOUTHWESTERN ILLINOIS HEALTH  
FACILITIES, INC.**

By: \_\_\_\_\_

  
Keith A. Page  
Chief Executive Officer

**AGREED AND ACCEPTED** as of  
June 6, 2018

**SSM Cardinal Glennon Children's Hospital, a Missouri nonprofit corporation, d/b/a SSM  
Health Cardinal Glennon Children's Hospital**

By:  \_\_\_\_\_

Name: Steven Burghart  
Title: President  
Address: 1465 S. Grand Blvd.  
St. Louis, MO 63104

Date: June 6, 2018

cc:

Rachel Donlan  
Shawn Dryden

**Exhibit A**  
**Transaction Term Sheet**

<b>Purpose</b>	<p>Anderson Hospital believes a surgery center will be beneficial to complement its health care services in the community because:</p> <ul style="list-style-type: none"> <li>• it will provide a lower-cost, payer friendly alternative for low acuity surgical procedures,</li> <li>• it will provide an alternative site location for current outpatient surgeries at Staunton Community Hospital, an Anderson Healthcare facility, and</li> <li>• it may provide opportunities for service line growth by aligning strategies with physicians and a pediatric surgical provider.</li> </ul>
<b>Potential Investors</b>	<ul style="list-style-type: none"> <li>• Anderson Hospital</li> <li>• Surgeons</li> <li>• SSM</li> </ul>
<b>Surgery Center Organization</b>	<p>Anderson Hospital will form an Illinois limited liability company (e.g., Anderson Surgery Center, LLC) (the "Company") to own and operate the ambulatory surgery center. The Company will be syndicated to individual physician investors. SSM will have the opportunity to purchase up to eight (8) units in the Company.</p>
<b>Company Operating Agreement</b>	<p>The Company's operating agreement will include, without limitation, the following terms related to the membership, governance, and member rights of the surgery center investors:</p> <ul style="list-style-type: none"> <li>• Governance: <ul style="list-style-type: none"> <li>○ Composition and appointment of the Board of Managers based on equity position in the Company,</li> <li>○ Allocation of authority between the Board of Managers and Company members,</li> <li>○ Actions requiring the approval of a majority of the Company's members, and</li> <li>○ Actions requiring the approval of a supermajority vote/action of the members (70%);</li> </ul> </li> <li>• Eligibility for physician investor membership which will include regulatory considerations and active involvement in the Company's activities;</li> <li>• Restriction on transfer of equity investment by members;</li> <li>• Redemption events for breach or other adverse events related to members;</li> <li>• Protection of Anderson's tax-exempt status;</li> <li>• Protection of SSM's tax-exempt status;</li> <li>• Non-competition provisions for investors, including Anderson and SSM;</li> <li>• Redemption processes for equity interests in the Company; and</li> <li>• Customary tag-along and drag-along rights.</li> </ul>

<b>Management Agreements</b>	<p>Although the Company will seek a license to operate as a free-standing ambulatory surgery center (see Licensure below), the Company will rely on Anderson Hospital to provide a number of services, negotiated and documented in various agreements. The services to be included in the services and management agreements will include:</p> <ul style="list-style-type: none"> <li>• Management services for operations of the Company,</li> <li>• Operational support services, including accreditation support, medical staff management, finance, human resources, compliance, and legal services,</li> <li>• Clinical support services, and</li> <li>• Clinical and administrative employee leasing (e.g., nursing, reception, registration, etc.).</li> </ul> <p>In addition, it is expected that the Company will enter into agreements with third-party vendors for additional services, including billing and collection services.</p>
<b>Licensure</b>	<p>The surgery center will be licensed as a free-standing surgery center by the State of Illinois and enrolled as an ASC with the Centers for Medicare and Medicaid Services. It will negotiate its own payer contracts for services provided at the ASC. As part of the initial process, the Company will apply for Certificate of Need approval from the State of Illinois.</p>
<b>Facility</b>	<p>Anderson Real Estate, LLC, an affiliate of Anderson, will maintain ownership of the land and facility and enter into a lease with the Company for use of the facility. It is expected that the lease will be for a term of ten years initially with two five-year options for renewal.</p>
<b>Regulatory Matters</b>	<p>The surgery center will, to the extent possible, seek to comply with the safe harbor for ambulatory surgery centers issued by the Office of Inspector General for the Department of Health and Human Services. Additional regulatory safeguards will be included in the Company's operating agreement.</p>



August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
Anderson Surgery Center, LLC  
Anderson Real Estate, LLC

Dear Ms. Avery:

Anderson Hospital is a co-applicant for the establishment of Anderson Surgery Center, LLC.

In accordance with 77 Ill. Adm. Code 1110.235(c)(6)(D), the certificate of need (CON) application for this project is being submitted as "a cooperative venture sponsored by 2 or more persons, at least one of which operates an existing hospital."

The undersigned, an authorized representative of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital, hereby attests that Anderson Hospital agrees not to increase its surgical/treatment room capacity until the surgical/treatment rooms at Anderson Surgery Center, LLC, are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth A. Coulter".

Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
President & Chief Executive Officer

Notary Public: Beth A. Coulter  
DATE: 8-7-2018

6800 State Route 162  
Maryville, Illinois 62062  
618-288-5711



ATTACHMENTS 25 OF PAGE 34

PROJECTED UTILIZATION AND CHARGES  
FOR  
ANDERSON SURGERY CENTER, LLC

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: Dental/Oral/Maxillofacial Surgery

Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2	
41108	EXTRACT 1 TOOTH +BIOPSY	6	6	51	\$1,000.00	\$4,238.60	ANDERSON	306	306	
41874	EXTRACT 10 TEETH+ ALVEOLOPLASTY	1	1	51	\$1,000.00	\$4,238.60	ANDERSON	51	51	
D7140	EXTRACT 3 TEETH	27	27	51	\$1,000.00	\$4,238.60	ANDERSON	1,377	1377	
D7210	EXTRACT 2 TEETH	3	3	51	\$1,000.00	\$4,238.60	ANDERSON	153	153	
D7220	EXTRACT 4 TEETH	6	6	51	\$1,000.00	\$4,238.60	ANDERSON	306	306	
		43	43					Total Time	2,193	2,193
								Avg/Case	51.00	51.00

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: Gastroenterology

Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2	
43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	1	1	40	\$1,200.00	\$1,500.00	Community Memorial Hospital - Staunton	40	40	
43239	ESOPHAGOGASTRODUODENOSCOPY	35	35	22	\$1,200.00	\$2,416.80	ANDERSON	770	770	
43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	8	8	40	\$1,200.00	\$1,500.00	Community Memorial Hospital - Staunton	320	320	
45330	FLEX SIGMOIDOSCOPY	1	1	24	\$1,200.00	\$2,416.80	ANDERSON	24	24	
45378	COLONOSCOPY	116	116	30	\$1,200.00	\$2,416.80	ANDERSON	3,480	3480	
45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	19	19	55	\$1,200.00	\$1,500.00	Community Memorial Hospital - Staunton	1,045	1045	
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	6	6	55	\$1,350.00	\$1,500.00	Community Memorial Hospital - Staunton	330	330	
45384	COLONOSCOPY W/LESION REMOVAL	31	31	55	\$1,350.00	\$1,500.00	Community Memorial Hospital - Staunton	1,705	1705	
45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	8	8	55	\$1,350.00	\$1,500.00	Community Memorial Hospital - Staunton	440	440	
G0104	COLORECTAL CANCER SCREENING, FLEXIBLE SIGMOIDOSCOPY	1	1	55	\$1,200.00	\$1,500.00	Community Memorial Hospital - Staunton	55	55	
G0105	COLORECTAL CANCER SCREENING, COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	5	5	55	\$1,200.00	\$1,500.00	Community Memorial Hospital - Staunton	275	275	
G0121	COLON CA SCRIN NOT HI RSK IND	6	6	55	\$1,200.00	\$1,500.00	Community Memorial Hospital - Staunton	330	330	
43239	43239 EGD BIOPSY SINGLE/MULTIPLE	36	36	60	\$1,200.00	\$5,936.00	Cardinal Glennon	2,160	2160	
45379	45379 COLONOSCOPY W/FB REMOVAL	15	15	60	\$1,500.00	\$5,240.00	Cardinal Glennon	900	900	
		288	288					Total Time	11,874	11,874
								Avg/Case	41.23	41.23

ATTACHMENT 25, PAGE 37

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: General Surgery

Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2	
46080	INCISION OF ANAL SPINCTER	1	1	62	\$1,500.00	\$1,500.00	Community Memorial Hospital - Staunton	62	62	
46275	REMOVE ANAL FIST INTER	1	1	62	\$1,500.00	\$1,500.00	Community Memorial Hospital - Staunton	62	62	
49560	RPR VENTRAL HERN INT REDUC	1	1	72	\$2,000.00	\$2,280.00	Community Memorial Hospital - Staunton	72	72	
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR	1	1	88	\$2,000.00	\$2,280.00	Community Memorial Hospital - Staunton	88	88	
49570	RPR EPIGASTRIC HERN REDUCE	1	1	72	\$1,700.00	\$1,700.00	Community Memorial Hospital - Staunton	72	72	
11100	11100 BIOPSY SKIN LESION	6	6	80	\$1,000.00	\$5,929.00	Cardinal Glennon	480	480	
43870	43870 REPAIR STOMACH OPENING	6	6	90	\$3,600.00	\$8,056.00	Cardinal Glennon	540	540	
47562	47562 LAPAROSCOPIC CHOLECYSTECTOMY	7	7	120	\$6,300.00	\$10,466.00	Cardinal Glennon	840	840	
49491	49491 RPR HERN PREEMIE REDUC	6	6	80	\$5,000.00	\$8,816.00	Cardinal Glennon	480	480	
49585	49585 RPR UMBIL HERN REDUC > 5 YR	7	7	80	\$4,000.00	\$7,590.00	Cardinal Glennon	560	560	
54161	54161 CIRCUM 28 DAYS OR OLDER	10	10	65	\$3,000.00	\$6,631.00	Cardinal Glennon	650	650	
		47	47					Total Time	3,906	3,906
								Avg/Case	83.11	83.11

145

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: Obstetrics/Gynecology

Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2
46924	DESTRUCT LES ANUS EXTEN ANY METHD	1	1	42	\$3,200.00	\$3,865.70	ANDERSON	42	42
49320	L/S DIAGNOSTIC	4	4	103	\$4,200.00	\$5,357.30	ANDERSON	412	412
56700	PART/HYMNECTOMY/REVIS HYMNAL RING	1	1	40	\$3,200.00	\$3,865.70	ANDERSON	40	40
57288	TOT VAGINAL	2	2	63	\$4,000.00	\$4,611.50	ANDERSON	126	126
57295	MESH REMOVAL	1	1	43	\$3,200.00	\$3,865.70	ANDERSON	43	43
57410	PELVIC EXAM UNDER ANES	4	4	40	\$3,200.00	\$3,865.70	ANDERSON	160	160
57520	CERVICAL CONE	1	1	63	\$3,200.00	\$4,611.50	ANDERSON	63	63
57522	LEEP CONE	10	10	51	\$3,200.00	\$4,238.60	ANDERSON	510	510
57720	trachelorrhaphy repr cerv-vag appro	1	1	40	\$3,200.00	\$3,865.70	ANDERSON	40	40
58120	D&C DX &/OR THERAP (NON OB)	1	1	40	\$3,200.00	\$3,865.70	ANDERSON	40	40
58558	HYSTEROSCOPY, DILATION AND CURETTAGE	143	143	50	\$3,200.00	\$4,238.60	ANDERSON	7,150	7150
58561	HYST REMOVE LEIOMY	12	12	48	\$4,000.00	\$4,238.60	ANDERSON	576	576
58562	HYSTEROSCOPY SURG, W/REMOVAL FB	3	3	50	\$3,200.00	\$4,238.60	ANDERSON	150	150
58563	HYSTEROSCOPY, DILATION AND CURETTAGE	46	46	50	\$4,000.00	\$4,238.60	ANDERSON	2,300	2300
58660	LAP SURG; W/LYSIS ADHES(SEP PROC)	4	4	61	\$4,000.00	\$4,238.60	ANDERSON	244	244
58661	LAP SURG; W/REMOV ADNEXAL STRUCT	30	30	61	\$4,000.00	\$4,238.60	ANDERSON	1,830	1830
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	37	37	61	\$4,000.00	\$4,238.60	ANDERSON	2,257	2257
58670	LAP SURG; W/ FULG OVIDUCTS	2	2	60	\$4,000.00	\$4,238.60	ANDERSON	120	120
58671	L/S TUBAL W RINGS	36	36	70	\$4,000.00	\$4,611.50	ANDERSON	2,520	2520
58673	LAP SURG; W/SALPINGOSTOMY	1	1	61	\$4,000.00	\$4,238.60	ANDERSON	61	61
59160	CURET PP	12	12	40	\$3,200.00	\$3,865.70	ANDERSON	480	480
59812	TX INCOMPL AB ANY TRIMES COMPL SURG	13	13	40	\$3,200.00	\$3,865.70	ANDERSON	520	520
59820	TX MISSED AB COMPL SURG; 1ST TRIMES	17	17	40	\$3,200.00	\$3,865.70	ANDERSON	680	680
		382	382						
							Total Time	20,364	20,364
							Avg/Case	53.31	53.31

100 146

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC									
Surgical Specialty: <u>Ophthalmology</u>									
Procedure Code	Procedure Name/Description	year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Current Charge at Anderson Hospital (indicate for other hospitals, if not performed at Anderson)	Total Minutes Year 1	Total Minutes Year 2
68811	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	14	14	28	\$ 4,000.00	\$ 4,593.00	Cardinal Glennon	392	392
67808	EXCISION CHALAZION	10	10	20	\$ 3,500.00	\$ 4,021.00	Cardinal Glennon	200	200
67901	REPAIR BLEPHAROPTOSIS FRONTALIS SLING	6	6	12	\$ 5,000.00	\$ 7,958.00	Cardinal Glennon	72	72
		47	47						
							Total Time	1,242	1,242
							Avg/Case	26:43	26:43

147

147

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC									
Surgical Specialty: <u>Orthopedics</u>									
Procedure Code	Procedure Name/Description	year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2
11750	11750 REMOVAL OF NAIL BED	12	12	70	\$1,000.00	\$6,464.00	Cardinal Glennon	840	840
20680	20680 REMOVAL OF SUPPORT IMPLANT	17	17	90	\$3,000.00	\$7,492.00	Cardinal Glennon	1,530	1530
27827	27827 TREAT LOWER LEG FRACTURE	4	4	90	\$10,000.00	\$10,303.00	Cardinal Glennon	360	360
29851	29851 KNEE ARTHROSCOPY/SURGERY	4	4	90	\$15,000.00	\$18,726.00	Cardinal Glennon	360	360
		37	37					Total Time	3,090
								Avg/Case	83.51

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: Otolaryngology (ENT)

Procedure Code	Procedure Name/Description	year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2
31899	31899 AIRWAYS SURGICAL PROCEDURE	9	9	60	\$7,000.00	\$9,570.00	Cardinal Glennon	540	540
42820	42820 REMOVE TONSILS AND ADENOIDS	93	93	60	\$5,000.00	\$5,905.00	Cardinal Glennon	5,580	5580
42830	42830 REMOVAL OF ADENOIDS	27	27	40	\$4,800.00	\$5,328.00	Cardinal Glennon	1,080	1080
69436	69436 CREATE EARDRUM OPENING	62	62	40	\$2,000.00	\$3,684.00	Cardinal Glennon	2,480	2480
69610	69610 REPAIR OF EARDRUM	15	15	45	\$1,500.00	\$4,512.00	Cardinal Glennon	675	675
		206	206						
							Total Time	10,355	10,355
							Avg/Case	50.27	50.27

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed		Total Minutes Year 1	Total Minutes Year 2
63685	IMPLANT OF SPINAL CORD STIMULATOR	3.0	3.0	80	\$60,909.50	\$65,356.70	Alton Memorial Hospital		240	240
								Total Time	240	240
								Avg/Case	80.00	80.00

Surgical Specialty: Pain Management

100 150

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: Plastics

Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2
10061	DRAINAGE OF SKIN ABSCESS	1	1	72	\$1,000.00	\$4,611.50	ANDERSON	72	72
10121	REMOVE FOREIGN BODY	2	2	76	\$2,000.00	\$4,984.40	ANDERSON	152	152
11042	DEBRIDE SKIN/TISSUE	1	1	68	\$1,000.00	\$4,611.50	ANDERSON	68	68
11043	DEBRIDE TISSUE/MUSCLE	1	1	68	\$1,000.00	\$4,611.50	ANDERSON	68	68
11044	DEBRIDE TISSUE/MUSCLE/BONE	1	1	68	\$2,000.00	\$4,611.50	ANDERSON	68	68
11100	BIOPSY, SKIN LESION	1	1	98	\$1,000.00	\$5,357.30	ANDERSON	98	98
11300	SHAVE SKIN LESION	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11301	SHAVE SKIN LESION	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11303	SHAVE SKIN LESION	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11305	SHAVE SKIN LESION	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11310	SHAVE SKIN LESION	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11311	SHAVE SKIN LESION	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11401	EXC TR-EXT B9+MARG 0.6-1CM	2	2	67	\$2,500.00	\$4,611.50	ANDERSON	134	134
11402	EXC TR-EXT B9+MARG 1.2-2CM	1	1	66	\$2,500.00	\$938.00	Community Memorial Hospital - Staunton	66	66
11402	EXC TR-EXT B9+MARG 1.1-2CM	1	1	76	\$2,500.00	\$4,984.40	ANDERSON	76	76
11403	EXC TR-EXT B9+MARG 2.1-3CM	1	1	66	\$2,500.00	\$938.00	Community Memorial Hospital - Staunton	66	66
11403	EXC TR-EXT B9+MARG 2.1-3CM	3	3	76	\$2,500.00	\$4,984.40	ANDERSON	228	228
11404	EXC TR-EXT B9+MARG 3.1-4CM	1	1	76	\$2,500.00	\$4,984.40	ANDERSON	76	76
11406	EXC TR-EXT B9+MARG >4CM	1	1	76	\$2,500.00	\$4,984.40	ANDERSON	76	76
11420	EXC POSTERIOR NECK MASS	3	3	103	\$2,500.00	\$5,357.30	ANDERSON	309	309
11422	EXC H-F-NK-SP B9+MARG 1.1-2	1	1	66	\$2,500.00	\$1,125.00	Community Memorial Hospital - Staunton	66	66
11422	EXC H-F-NK-SP B9+MARG 1.1-2	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11424	EXC H-F-NK-SP B9+MARG 3.1-4	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11426	EXC H-F-NK-SP B9+MARG >4CM	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11440	EXC FACE-MM B9+MARG 1.5<CM	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11441	EXC FACE-MM B9+MARG 0.6-1CM	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11442	EXC FACE-MM B9+MARG 1.1-2CM	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98
11443	EXC LESION LT NASO-MAXILLARY	2	2	103	\$2,500.00	\$5,357.30	ANDERSON	206	206
11446	EXC FACE-MM B9+MARG >4CM	1	1	98	\$2,500.00	\$5,357.30	ANDERSON	98	98

151  
ATTACHMENT 25, PAGE 44

Surgical Specialty: <u>Plastics</u>										
Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed		Total Minutes Year 1	Total Minutes Year 2
11450	REMOVAL SWEAT GLAND LESION	1	1	66	\$3,000.00	\$1,500.00	Community Memorial Hospital - Staunton		66	66
11450	REMOVAL, SWEAT GLAND LESION	1	1	68	\$3,000.00	\$4,611.50	ANDERSON		68	68
11463	REMOVAL, SWEAT GLAND LESION	1	1	68	\$3,000.00	\$4,611.50	ANDERSON		68	68
11470	REMOVAL, SWEAT GLAND LESION	1	1	68	\$3,000.00	\$4,611.50	ANDERSON		68	68
11601	EXC RE-EXT MLG+MARG 0.6-1CM	1	1	76	\$1,500.00	\$4,984.40	ANDERSON		76	76
11602	EXC TR-EXT MLG+MARG 1.1-2CM	2	2	76	\$1,500.00	\$4,984.40	ANDERSON		152	152
11603	EXC TR-EXT MLG+MARG 2.1-3CM	1	1	76	\$1,500.00	\$4,984.40	ANDERSON		76	76
11604	EXC RE-EXT MLG+MARG 3.1-4CM	2	2	76	\$1,500.00	\$4,984.40	ANDERSON		152	152
11620	EXC BASAL CELL CA RT LOWER EYELID	5	5	103	\$1,500.00	\$5,357.30	ANDERSON		515	515
11621	EXCISION LESION OCCIPITAL	2	2	103	\$1,500.00	\$5,357.30	ANDERSON		206	206
11622	EXC MALIGNANT MELANOMA LT CHEEK	3	3	103	\$1,500.00	\$5,357.30	ANDERSON		309	309
11623	EXC SQUAMOUS CELL CA LT EAR HELIX W/FS	4	4	103	\$1,500.00	\$5,357.30	ANDERSON		412	412
11624	EXC H-F-NK-SP MLG+MARG 3.1-4	1	1	98	\$2,000.00	\$5,357.30	ANDERSON		98	98
11626	EXC BASAL CELL CA RIGHT NASO ORBITAL W/FX & EXC LESION RT FOREARM	3	3	103	\$3,000.00	\$5,357.30	ANDERSON		309	309
11640	EXC BASAL CELL CA RT EAR W/FS	12	12	103	\$2,000.00	\$5,357.30	ANDERSON		1,236	1236
11641	EXC BASAL CELL CA GLABELLA	10	10	103	\$2,000.00	\$5,357.30	ANDERSON		1,030	1030
11642	EXC BASAL CELL CA LT TEMPORAL W/FS	14	14	103	\$2,000.00	\$5,357.30	ANDERSON		1,442	1442
11643	EXC BASAL CELL CA RT EAR HELIX W/FS	7	7	103	\$2,000.00	\$5,357.30	ANDERSON		721	721
11644	EXC BASAL CELL CA NOSE	2	2	103	\$2,000.00	\$5,357.30	ANDERSON		206	206
11646	EXC FACE-MM MLG+MARG >4CM	1	1	98	\$2,000.00	\$5,357.30	ANDERSON		98	98
11750	REMOVAL OF NAIL BED	1	1	52	\$2,000.00	\$4,238.60	ANDERSON		52	52
12044	LAYER CLOSURE OF WOUND(S)	1	1	94	\$2,000.00	\$5,357.30	ANDERSON		94	94
12052	REPAIR LACERATION FOREHEAD	1	1	60	\$2,000.00	\$4,238.60	ANDERSON		60	60
13121	REPAIR OF WOUND OR LESION	1	1	94	\$2,000.00	\$5,357.30	ANDERSON		94	94
13131	REPAIR OF WOUND OR LESION	1	1	94	\$2,000.00	\$5,357.30	ANDERSON		94	94
13152	EXC RECURRENT ABSCESS LOWER BACK	1	1	103	\$2,000.00	\$5,357.30	ANDERSON		103	103
14021	SKIN TISSUE REARRANGEMENT	1	1	69	\$2,500.00	\$4,611.50	ANDERSON		69	69
14040	SKIN TISSUE REARRANGEMENT	1	1	69	\$2,500.00	\$4,611.50	ANDERSON		69	69
14060	SKIN TISSUE REARRANGEMENT	4	4	69	\$2,500.00	\$4,611.50	ANDERSON		276	276
14061	SKIN TISSUE REARRANGEMENT	1	1	69	\$2,500.00	\$4,611.50	ANDERSON		69	69
14301	SKIN TISSUE REARRANGEMENT	2	2	69	\$2,500.00	\$4,611.50	ANDERSON		138	138
15002	WND PREP, CH/INF, TRK/ARM/LG	1	1	69	\$2,500.00	\$4,611.50	ANDERSON		69	69
15100	SKIN SPLT GRFT, TRNK/ARM/LEG	1	1	69	\$2,500.00	\$4,611.50	ANDERSON		69	69
15780	FACIAL DERMABRASION	1	1	67	\$2,500.00	\$4,611.50	ANDERSON		67	67
15819	COSMETIC CERVIPOPLASTY	1	1	62	\$2,500.00	\$4,611.50	ANDERSON		62	62
15820	BIL UPPER EYELID BLEPHAROPLASTY	3	3	83	\$2,500.00	\$4,984.40	ANDERSON		249	249
15830	ABDOMINOPLASTY	4	4	185	\$5,000.00	\$7,594.70	ANDERSON		740	740
15836	BRACHIOPLASTY - Arm	1	1	185	\$5,000.00	\$7,594.70	ANDERSON		185	185
15876	EXTERNAL ULTRASOUND ASSISTED LIPECTOMY SUB-MENTAL NECK	1	1	110	\$4,200.00	\$5,357.30	ANDERSON		110	110
15877	LIPO ABDOMEN	2	2	177	\$4,200.00	\$7,221.80	ANDERSON		354	354
19300	GYNECOMASTIA	1	1	130	\$4,200.00	\$6,103.10	ANDERSON		130	130

152

ATTACHMENT 25, PAGE 45

Surgical Specialty: <u>Plastics</u>												
Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed		Total Minutes Year 1	Total Minutes Year 2		
19316	MASTOPEXY	4	4	159	\$6,000.00	\$6,848.90	ANDERSON		636	636		
19318	BREAST REDUCTION	17	17	182	\$6,000.00	\$7,221.80	ANDERSON		3,094	3094		
19325	BREAST AUGMENTATION	32	32	89	\$4,800.00	\$4,984.40	ANDERSON		2,848	2848		
19366	BREAST RECON	1	1	124	\$5,000.00	\$5,730.20	ANDERSON		124	124		
20103	EXPLORE WOUND, EXTREMITY	2	2	129	\$1,000.00	\$6,103.10	ANDERSON		258	258		
20550	TRIGGER FINGER INJ	2	2	44	\$500.00	\$3,865.70	ANDERSON		88	88		
20600	DRAIN/INJECT,JOINT/BURSA	1	1	67	\$500.00	\$4,611.50	ANDERSON		67	67		
20605	GANGLION CYST INJECTIONS	1	1	67	\$500.00	\$4,611.50	ANDERSON		67	67		
20670	REMOVAL OF SUPPORT IMPLANT	1	1	114	\$5,000.00	\$5,730.20	ANDERSON		114	114		
20680	REMOVAL OF SUPPORT IMPLANT	3	3	114	\$5,000.00	\$5,730.20	ANDERSON		342	342		
20694	REMOVE BONE FIXATION DEVICE	1	1	48	\$2,500.00	\$4,238.60	ANDERSON		48	48		
21011	EXC FACE LES SC <2CM	2	2	98	\$2,000.00	\$5,357.30	ANDERSON		196	196		
21012	EXC FACE LES SC = 2CM	1	1	98	\$2,000.00	\$5,357.30	ANDERSON		98	98		
21029	CONTOUR OF FACE BONE LESION	1	1	135	\$2,000.00	\$6,103.10	ANDERSON		135	135		
21030	EXC FACIAL INCLUSION CYST	3	3	103	\$1,500.00	\$5,357.30	ANDERSON		309	309		
21310	NASAL FRACTURE	1	1	48	\$1,500.00	\$4,238.60	ANDERSON		48	48		
21315	TREATMENT OF NOSE FRACTURE	2	2	35	\$2,000.00	\$3,865.70	ANDERSON		70	70		
21320	NASAL FRACTURE	1	1	48	\$2,500.00	\$4,238.60	ANDERSON		48	48		
21337	NASAL FRACTURE	1	1	48	\$2,500.00	\$4,238.60	ANDERSON		48	48		
21356	TREAT CHEEK BONE FRACTURE	1	1	128	\$5,500.00	\$6,103.10	ANDERSON		128	128		
21365	TREAT CHEEK BONE FRACTURE	1	1	128	\$5,500.00	\$6,103.10	ANDERSON		128	128		
21550	BIOPSY OF NECK/CHEST	1	1	77	\$2,000.00	\$4,984.40	ANDERSON		77	77		
21552	EXC NECK LES SC 3 CM/>	2	2	66	\$2,000.00	\$750.00	Community Memorial Hospital - Staunton		132	132		
21555	EXC RT ANTERIOR NECK MASS	1	1	103	\$2,000.00	\$5,357.30	ANDERSON		103	103		
21930	EXC INCLUSION CYST BACK	1	1	103	\$2,000.00	\$5,357.30	ANDERSON		103	103		
21931	EXCISION ON BACK	3	3	83	\$2,000.00	\$4,984.40	ANDERSON		249	249		
23140	EXC INCLUSION CYST RT INTERSCAPULAR SPACE	3	3	103	\$3,500.00	\$5,357.30	ANDERSON		309	309		
24071	EXC ARM/ELBOW LES SC = 3 CM	1	1	67	\$3,500.00	\$4,611.50	ANDERSON		67	67		
24341	RT ELBOW EXTENSOR ORIGIN REPAIR	2	2	68	\$2,500.00	\$4,611.50	ANDERSON		136	136		
24357	RT ELBOW EXTENSOR ORIGIN REPAIR	1	1	68	\$2,500.00	\$4,611.50	ANDERSON		68	68		
25000	INCISION OF TENDON SHEATH	6	6	88	\$2,500.00	\$4,984.40	ANDERSON		528	528		
25020	REGIONAL PALMAR DIGITAL FASCIECTOMY	1	1	60	\$2,500.00	\$4,238.60	ANDERSON		60	60		
25075	REMOVE FOREARM LESION SUBCU	1	1	67	\$2,500.00	\$4,611.50	ANDERSON		67	67		
25111	GANGLION CYST REMOVAL	15	15	59	\$2,500.00	\$4,238.60	ANDERSON		885	885		
25118	EXCISE WRIST TENDON SHEATH	1	1	67	\$2,500.00	\$4,611.50	ANDERSON		67	67		
25215	REMOVAL OF WRIST BONES	1	1	159	\$4,000.00	\$6,848.90	ANDERSON		159	159		
25248	EXPL RT HAND FOR FOREIGN BODY	1	1	101	\$2,500.00	\$5,357.30	ANDERSON		101	101		
25260	REPAIR FOREARM TENDON/MUSCLE	2	2	120	\$4,000.00	\$5,730.20	ANDERSON		240	240		
25280	REVISE WRIST/FOREARM TENDON	1	1	88	\$4,000.00	\$4,984.40	ANDERSON		88	88		
25295	RELEASE WRIST/FOREARM TENDON	1	1	88	\$4,000.00	\$4,984.40	ANDERSON		88	88		
25332	REVISE WRIST JOINT	1	1	193	\$4,000.00	\$7,594.70	ANDERSON		193	193		
25628	ORIF BOXER FX DISTAL 5TH METACARPAL RT HAND	2	2	103	\$5,200.00	\$5,357.30	ANDERSON		206	206		
25645	TREAT WRIST BONE FRACTURE	1	1	101	\$4,000.00	\$5,357.30	ANDERSON		101	101		
26045	PARTIAL PALMER	1	1	80	\$4,000.00	\$4,984.40	ANDERSON		80	80		

153

ATTACHMENT 25 PAGE 46

Surgical Specialty: <u>Plastics</u>										
Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2	
26055	TRIGGER FINGER INJ	12	12	63	\$2,500.00	\$4,611.50	ANDERSON	756	756	
26111	REL RADIAL NERVE COMPRESSION LT FOREARM	2	2	100	\$2,000.00	\$5,357.30	ANDERSON	200	200	
26115	RE-EXCISION SQUAMOUS CELL CA/KERATOACANTHOMA LT HAND	1	1	68	\$2,000.00	\$4,611.50	ANDERSON	68	68	
26121	RELEASE PALM CONTRACTURE	1	1	113	\$4,000.00	\$5,730.20	ANDERSON	113	113	
26123	PALMAR DIGITAL REGIONAL FASCIECTOMY LT 5TH FINGER	9	9	63	\$4,000.00	\$4,611.50	ANDERSON	567	567	
26125	REGIONAL PALMAR DIGITAL FASCIECTOMY	1	1	60	\$2,500.00	\$4,238.60	ANDERSON	60	60	
26160	GANGLION FINGER	10	10	59	\$2,500.00	\$4,238.60	ANDERSON	590	590	
26350	REPAIR FLEXOR TENDON	1	1	78	\$4,000.00	\$4,984.40	ANDERSON	78	78	
26356	REPAIR FINGER/HAND TENDON	4	4	120	\$4,000.00	\$5,730.20	ANDERSON	480	480	
26357	REPAIR FINGER/HAND TENDON	1	1	120	\$4,000.00	\$5,730.20	ANDERSON	120	120	
26370	REPAIR FINGER/HAND TENDON	1	1	120	\$4,000.00	\$5,730.20	ANDERSON	120	120	
26410	REPAIR HAND TENDON	1	1	78	\$2,500.00	\$4,984.40	ANDERSON	78	78	
26418	EXT. TENDON REPAIR	5	5	78	\$2,500.00	\$4,984.40	ANDERSON	390	390	
26437	REALIGNMENT OF TENDONS	1	1	120	\$2,500.00	\$5,730.20	ANDERSON	120	120	
26440	CENTRALIZATION OF EXTENSOR TENDON LT LONG FINGER	14	14	101	\$2,500.00	\$5,357.30	ANDERSON	1,414	1414	
26445	RELEASE HAND/FINGER TENDON	1	1	100	\$4,000.00	\$5,357.30	ANDERSON	100	100	
26480	TRANSPLANT HAND TENDON	1	1	120	\$4,000.00	\$5,730.20	ANDERSON	120	120	
26485	TRANSPLANT PALM TENDON	1	1	120	\$4,000.00	\$5,730.20	ANDERSON	120	120	
26510	LT THUMB LRTI PROCEDURE	1	1	178	\$4,000.00	\$7,221.80	ANDERSON	178	178	
26530	RT THUMB CMC BURTON PROC	4	4	178	\$4,000.00	\$7,221.80	ANDERSON	712	712	
26540	REPAIR HAND JOINT	1	1	101	\$4,000.00	\$5,357.30	ANDERSON	101	101	
26605	TREAT METACARPAL FRACTURE	1	1	101	\$1,500.00	\$5,357.30	ANDERSON	101	101	
26608	METACARPAL FRACTURE	5	5	83	\$4,000.00	\$4,984.40	ANDERSON	415	415	
26615	TREAT METACARPAL FRACTURE	1	1	101	\$4,000.00	\$5,357.30	ANDERSON	101	101	
26650	TREAT THUMB FRACTURE	1	1	101	\$4,000.00	\$5,357.30	ANDERSON	101	101	
26715	KNUCKLE DISLOCATION	1	1	83	\$4,000.00	\$4,984.40	ANDERSON	83	83	
26720	ORIF SPIRAL FRACTURE LT RING FINGER	1	1	110	\$1,500.00	\$5,730.20	ANDERSON	110	110	
26725	TREAT FINGER FRACTURE, EACH	1	1	73	\$1,500.00	\$4,611.50	ANDERSON	73	73	
26727	FINGER FRACTURE	3	3	82	\$4,000.00	\$4,984.40	ANDERSON	246	246	
26735	PHALANG SHAFT FRACTURE	4	4	82	\$4,000.00	\$4,984.40	ANDERSON	328	328	
26740	FINGER FRACTURE	1	1	82	\$1,500.00	\$4,984.40	ANDERSON	82	82	
26756	PIN FINGER FRACTURE, EACH	4	4	73	\$4,000.00	\$4,611.50	ANDERSON	292	292	
26765	TREAT FINGER FRACTURE, EACH	2	2	73	\$4,000.00	\$4,611.50	ANDERSON	146	146	
26841	REMOVAL TRAPEZIUM LT THUMB & LRTI PROCEDURE	1	1	183	\$7,000.00	\$7,221.80	ANDERSON	183	183	
26860	FUSION OF FINGER JOINT	1	1	101	\$4,000.00	\$5,357.30	ANDERSON	101	101	
26951	AMPUTAION OF FINGER/THUMB	5	5	122	\$4,000.00	\$5,730.20	ANDERSON	610	610	
27327	EXC THIGH/KNEE LES SC <3CM	1	1	66	\$1,500.00	\$1,500.00	Community Memorial Hospital - Staunton	66	66	
27635	EXC SOFT TISSUE MASS LT INTRA PATELLAR AREA	1	1	68	\$4,000.00	\$4,611.50	ANDERSON	68	68	
28805	AMPUTATION THRU METATARSAL	1	1	55	\$4,000.00	\$4,238.60	ANDERSON	55	55	
28810	AMPUTATION TOE & METATARSAL	1	1	55	\$4,000.00	\$4,238.60	ANDERSON	55	55	
28820	AMPUTATION OF TOE	1	1	55	\$2,500.00	\$4,238.60	ANDERSON	55	55	

154

ATTACHMENT 25, PAGE 47

Surgical Specialty: <u>Plastics</u>										
Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed		Total Minutes Year 1	Total Minutes Year 2
28825	PARTIAL AMPUTATION OF TOE	1	1	55	\$2,500.00	\$4,238.60	ANDERSON		55	55
29848	RT CARPAL TUNNEL REL	1	1	63	\$2,500.00	\$4,611.50	ANDERSON		63	63
64718	REVISE ULNAR NERVE AT ELBOW	11	11	62	\$2,500.00	\$4,611.50	ANDERSON		682	682
64719	REL LT GUYON'S CANAL	1	1	100	\$2,500.00	\$5,357.30	ANDERSON		100	100
64721	LT CARPAL TUNNEL REL	103	103	63	\$2,500.00	\$4,611.50	ANDERSON		6,489	6489
64776	REMOVE DIGIT NERVE LESION	1	1	67	\$2,500.00	\$4,611.50	ANDERSON		67	67
64831	EXPL REPAIR NERVE LT THUMB	1	1	103	\$5,300.00	\$5,357.30	ANDERSON		103	103
64910	NERVE REPAIR W/ALLOGRAFT	1	1	154	\$6,100.00	\$6,476.00	ANDERSON		154	154
67700	EXC RT INF EYELID SEBACEOUS	1	1	103	\$1,500.00	\$5,357.30	ANDERSON		103	103
67800	REMOVE EYELID LESION	1	1	113	\$1,500.00	\$5,730.20	ANDERSON		113	113
67840	EXC BASAL CELL CA RT LOWER EYELID W/FS	3	3	103	\$1,500.00	\$5,357.30	ANDERSON		309	309
67904	REPAIR EYELID DEFECT	1	1	113	\$3,500.00	\$5,730.20	ANDERSON		113	113
68540	EXC CUTANEOUS MALIGNANCY LT ORBITAL AREA FACE W/FS	1	1	103	\$3,500.00	\$5,357.30	ANDERSON		103	103
No code available - Cosmetic	FAT INJECTION of the buttocks	2	2	101	\$3,500.00	\$5,357.30	ANDERSON		202	202
		509	509					Total Time	44,977	44,977
								Avg/Case	88.36	88.36

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: Podiatry

Procedure Code	Procedure Name/Description	Year 1	Year 2	Total Time	Current Charge	Location Where Performed	Total Minutes	Total Minutes	
							Year 1	Year 2	
					Final				
11422	REMOVAL OF GROWTH OF THE FEET	Year 1	1	64	\$1,000.00	\$4,611.50	ANDERSON	64	64
11424	EXC H-F-NK-SP 89+MARG 3.1-4	1	1	56	\$1,500.00	\$4,238.60	ANDERSON	56	56
11750	REMOVAL OF NAIL BED	5	5	45	\$1,000.00	\$3,865.70	ANDERSON	225	225
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD	1	1	45	\$1,000.00	\$3,865.70	ANDERSON	45	45
12002	REPAIR SUPERFICIAL WOUND(S)	1	1	60	\$1,000.00	\$4,238.60	ANDERSON	60	60
12032	INTMD WND REPAIR S/Z/T/EXT	1	1	75	\$1,000.00	\$4,611.50	ANDERSON	75	75
12041	INTMD WND REPAIR N-HF/GENIT	2	2	75	\$1,000.00	\$4,611.50	ANDERSON	150	150
20680	REMOVAL OF SUPPORT IMPLANT	10	10	75	\$3,000.00	\$4,611.50	ANDERSON	750	750
27604	DRAIN LOWER LEG BURSA	1	1	60	\$2,000.00	\$4,238.60	ANDERSON	60	60
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL RT	1	1	60	\$3,000.00	\$4,238.60	ANDERSON	60	60
27650	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE	1	1	75	\$3,800.00	\$4,611.50	ANDERSON	75	75
27652	REPAIR/GRAFT ACHILLES TENDON	2	2	133	\$5,800.00	\$6,103.10	ANDERSON	266	266
27654	REPAIR SECONDARY ACHILLES TENDON WITH OR WITHOUT GRAFT	1	1	130	\$5,800.00	\$6,103.10	ANDERSON	130	130
27675	REPAIR LOWER LEG TENDONS	2	2	133	\$3,500.00	\$6,103.10	ANDERSON	266	266
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON, DEEP	1	1	111	\$5,500.00	\$5,730.20	ANDERSON	111	111
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS RT	1	1	111	\$5,500.00	\$5,730.20	ANDERSON	111	111
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE, INCLUDES INTERNAL FIXATION	1	1	95	\$5,000.00	\$5,357.30	ANDERSON	95	95
28005	TREAT FOOT BONE LESION	3	3	60	\$3,500.00	\$4,238.60	ANDERSON	180	180
28035	RELEASE TARSAL TUNNEL LT	2	2	90	\$2,500.00	\$4,984.40	ANDERSON	180	180
28043	EXC FOOT/TOE TUM DEEP <1.5CM	2	2	60	\$1,500.00	\$4,238.60	ANDERSON	120	120
28045	EXC FOOT/TOE TUM DEEP <1.5CM	1	1	60	\$3,500.00	\$4,238.60	ANDERSON	60	60
28060	FASCIECTOMY, PLANTAR FASCIA, PARTIAL	8	8	61	\$3,500.00	\$4,611.50	ANDERSON	488	488
28062	REMOVAL OF FOOT FASCIA	1	1	60	\$3,500.00	\$4,238.60	ANDERSON	60	60
28080	REMOVAL OF FOOT LESION	4	4	60	\$2,000.00	\$4,238.60	ANDERSON	240	240
28090	REMOVAL OF FOOT LESION	3	3	60	\$2,000.00	\$4,238.60	ANDERSON	180	180
28108	EXCISION OR CURRETAGE BONE CYSTY OR BENIGN TUMOR PHALANGES OF FOOT	1	1	60	\$3,500.00	\$4,238.60	ANDERSON	60	60
28110	PART REMOVAL OF METATARSAL	4	4	75	\$3,500.00	\$4,611.50	ANDERSON	300	300
28112	TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS	1	1	75	\$3,500.00	\$4,611.50	ANDERSON	75	75
28113	PART REMOVAL OF METATARSAL	6	6	75	\$3,500.00	\$4,611.50	ANDERSON	450	450
28118	OSTECTOMY CALCANEUS	8	8	75	\$3,500.00	\$4,611.50	ANDERSON	600	600
28120	PARTIAL EXCISION BONE TALUS OR CALCANEUS	1	1	75	\$3,500.00	\$4,611.50	ANDERSON	75	75
28122	TARSAL OR MATATARSAL BONE, EXCEPT TALUS OR CALCANEUS	3	3	75	\$3,500.00	\$4,611.50	ANDERSON	225	225

156

ATTACHMENT 25, PAGE 49

Surgical Specialty: Podiatry							Final					
Procedure Code	Procedure Name/Description	year 1	Year 2	Total Time		Current Charge	Location Where Performed		Total Minutes Year 1	Total Minutes Year 2		
28124	OSTECTOMY, PHALYNX OF TOE	2	2	75	\$1,000.00	\$4,611.50	ANDERSON		150	150		
28140	REMOVAL OF METATARSAL	1	1	75	\$3,500.00	\$4,611.50	ANDERSON		75	75		
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	1	1	64	\$1,000.00	\$4,611.50	ANDERSON		64	64		
28192	REMOVAL OF FOOT FOREIGN BODY	2	2	64	\$1,500.00	\$4,611.50	ANDERSON		128	128		
28200	REPAIR OF FOOT TENDON	2	2	85	\$1,500.00	\$4,984.40	ANDERSON		170	170		
28232	TOE, SINGLE TENDON, SEPARATE PROCEDURE	1	1	125	\$1,000.00	\$6,103.10	ANDERSON		125	125		
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOES, EACH TENDON	1	1	125	\$2,500.00	\$6,103.10	ANDERSON		125	125		
28280	SYNDACTYLIZATION, TOES	1	1	90	\$3,500.00	\$4,984.40	ANDERSON		90	90		
28285	CORRECTION, HAMMER TOE	18	18	88	\$3,500.00	\$4,984.40	ANDERSON		1,584	1584		
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY METATARSAL HEAD, EACH METATARSAL HEAD	2	2	75	\$3,500.00	\$4,611.50	ANDERSON		150	150		
28289	CORRJ HALUX RIGDUS W/O IMPLT	1	1	75	\$3,500.00	\$4,611.50	ANDERSON		75	75		
28291	CORRJ HALUX RIGDUS W/IMPLT	8	8	75	\$4,500.00	\$4,611.50	ANDERSON		600	600		
28292	CORRECTION HALLUX VALGUS	3	3	75	\$3,500.00	\$4,611.50	ANDERSON		225	225		
28295	CORRECTION, HAMMER TOE	1	1	88	\$3,500.00	\$4,984.40	ANDERSON		88	88		
28296	CORRECTION HALLUX VALGUS	14	14	75	\$3,500.00	\$4,611.50	ANDERSON		1,050	1050		
28297	CORRECTION HALLUX VALGUS	8	8	98	\$4,500.00	\$5,357.30	ANDERSON		784	784		
28299	DOUBLE OSTEOTOMY	7	7	98	\$3,500.00	\$5,357.30	ANDERSON		686	686		
28308	OSTEOTOMY OTHER THAN FIRST METATARSAL	1	1	90	\$3,500.00	\$4,984.40	ANDERSON		90	90		
28476	TREAT METATARSAL FRACTURE	1	1	95	\$3,500.00	\$5,357.30	ANDERSON		95	95		
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION	3	3	95	\$3,500.00	\$4,984.40	ANDERSON		285	285		
28750	FUSION OF BIG TOE JOINT	3	3	125	\$5,500.00	\$5,730.20	ANDERSON		375	375		
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	1	1	62	\$3,500.00	\$4,611.50	ANDERSON		62	62		
28820	AMPUTATION OF TOE	5	5	75	\$2,500.00	\$4,611.50	ANDERSON		375	375		
28825	PARTIAL AMPUTATION OF TOE	3	3	75	\$2,500.00	\$4,611.50	ANDERSON		225	225		
28890	EXTRACORPEAL SHOCK WAVE, PERFORMED BY PHYSICAN WITH ANESTHESIA OTHER THAN LOCAL	1	1	60	\$1,500.00	\$4,238.60	ANDERSON		60	60		
28899	UNLISTED PROCEDURE, FOOT OR TOE LT	1	1	60	\$3,500.00	\$4,238.60	ANDERSON		60	60		
29893	SCOPE PLANTAR FASCIOTOMY	5	5	75	\$3,500.00	\$4,611.50	ANDERSON		375	375		
97597	DEBRIDEMENT OPEN WOUND, INCLUDING TOPICAL APPLICATIONS, WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTIONS FOR ONGOING CARE, PER SESSION, TOTAL WOUND SURFACE AREA; FIRST 20 SQ CM OR LESS	1	1	75	\$3,500.00	\$4,611.50	ANDERSON		75	75		
0335T	EXTRAOSSEOUS SUBTALAR JOINT IMPLANT FOR TALOTARSAL STABILIZATION	1	1	125	\$5,500.00	\$5,730.20	ANDERSON		125	125		
		180	180					Total Time	14,263	14,263		
								Avg/Case	79.24	79.24		

157

PROJECTED UTILIZATION AND CHARGES FOR ANDERSON SURGERY CENTER, LLC

Surgical Specialty: Urology

Procedure Code	Procedure Name/Description	year 1	Year 2	Total Time	Proposed Charge at ASTC	Current Charge	Location Where Performed	Total Minutes Year 1	Total Minutes Year 2
		1	1	59	\$4,000.00	\$4,238.60	Anderson Hospital	59	59
52250	vasectomy	50	50	63	\$4,200.00	\$4,611.50	Anderson Hospital	3,150	3150
52353	ESWL	3	3	58	\$4,000.00	\$4,238.60	Anderson Hospital	174	174
54840	Spermatocele excision	4	4	60	\$4,000.00	\$4,238.60	Anderson Hospital	240	240
55041	bilateral hydrocele excision	3	3	51	\$4,000.00	\$4,238.60	Anderson Hospital	153	153
55500	right or left hydrocele excision	4	4	65	\$5,000.00	\$5,746.00	Cardinal Glennon	260	260
52327	52327 CYSTOSCOPY INJECT MATERIAL	4	4	75	\$5,000.00	\$6,223.00	Cardinal Glennon	300	300
53460	53460 REVISION OF URETHRA	4	4	55	\$3,000.00	\$6,459.00	Cardinal Glennon	220	220
54163	54163 REPAIR OF CIRCUMCISION	14	14	75	\$5,000.00	\$6,872.00	Cardinal Glennon	1,050	1050
54324	54324 RECONSTRUCTION OF URETHRA	87	87						
							Total Time	5,606	5,606
							Avg/Case	64.44	64.44

**POPULATION IN ZIPCODES WITHIN 17 MILES OF ANDERSON SURGERY CENTER, LLC  
(GEOGRAPHIC SERVICE AREA, GSA)**

Zip Code	2010 Population	Town	Within HSA 11	County	Within GSA
62001	1,752	Alhambra	Yes	Madison	Yes
62002	32,704	Alton	Yes	Madison	Yes
62010	11,186	Bethalto	Yes	Madison	Yes
62014	4,122	Bunker Hill	No	Macoupin	Yes
62018	3,604	Cottage Hills	Yes	Madison	Yes
62021	936	Dorsey	Yes	Madison	Yes
62024	9,775	East Alton	Yes	Madison	Yes
62025	33,748	Edwardsville	Yes	Madison	Yes
62026	0	Edwardsville	Yes	Madison	Yes
62034	13,819	GlenCarbon	Yes	Madison	Yes
62040	43,735	Granite City	Yes	Madison	Yes
62046	713	Hamel	Yes	Madison	Yes
62048	1,459	Hartford	Yes	Madison	Yes
62058	843	Livingston	Yes	Madison	Yes
62059	746	Lovejoy	Yes	St. Clair	Yes
62060	4,847	Madison	Yes	Madison/St. Clair	Yes
62061	1,718	Marine	Yes	Madison	Yes
62062	7,658	Maryville	Yes	Madison	Yes
62067	2,401	Moro	Yes	Madison	Yes
62071	0	National Stock Yards	Yes	St. Clair	Yes
62084	1,606	Roxana	Yes	Madison	Yes
62087	2,087	South Roxana	Yes	Madison	Yes
62088	6,960	Staunton	No	Macoupin	Yes
62090	1,189	Venice	Yes	Madison	Yes
62095	11,237	Wood River	Yes	Madison	Yes
62097	2,828	Worden	Yes	Madison	Yes
62201	7,547	East St. Louis	Yes	St. Clair	Yes
62202	0	East St. Louis	Yes	St. Clair	Yes
62203	8,209	East St. Louis	Yes	St. Clair	Yes
62204	7,960	East St. Louis	Yes	St. Clair	Yes
62205	9,329	East St. Louis	Yes	St. Clair	Yes
62208	17,376	Fairview Heights	Yes	St. Clair	Yes
62221	27,858	Belleville	Yes	St. Clair	Yes
62223	17,560	Belleville	Yes	St. Clair	Yes
62225	5,381	Scott Air Force Base	Yes	St. Clair	Yes
62226	29,744	Belleville	Yes	St. Clair	Yes
62232	7,260	Caseyville	Yes	St. Clair	Yes
62234	33,430	Collinsville	Yes	Madison/St. Clair	Yes
62249	15,971	Highland	Yes	Madison	Yes
62254	6,089	Lebanon	Yes	St. Clair	Yes
62258	9,199	Mascoutah	Yes	St. Clair	Yes
62269	31,348	O'Fallon	Yes	St. Clair	Yes
62275	3,621	Pocahontas	No	Bond	Yes
62281	2,155	Saint Jacob	Yes	Madison	Yes
62289	350	Summerfield	Yes	St. Clair	Yes
62293	4,748	Trenton	Yes	Clinton	Yes
62294	14,367	Troy	Yes	Madison	Yes
<b>SUBTOTAL</b>	<b>461,175</b>	<b>Illinois Zip Codes in the GSA</b>			
<b>Missouri Zip Codes</b>					
63137	20,654	Saint Louis, MO	No	N/A	Yes
63138	20,175	Saint Louis, MO	No	N/A	Yes
63147	11,373	Saint Louis, MO	No	N/A	Yes
63386	538	West Alton, MO	No	N/A	Yes
<b>SUBTOTAL</b>	<b>52,740</b>	<b>Missouri Zip Codes in the GSA</b>			
<b>TOTAL POPULATION</b>	<b>513,915</b>	<b>All Zip Codes in the GSA</b>			

Source: American FactFinder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

*Curriculum Vitae*  
**Thomas M. Hulsen, M.D., F.A.C.O.G.**

6812 State Route 162  
Suite 301  
Maryville, IL 62062  
(618) 288-5699

**Current Employment**

---

Obstetrician / Gynecologist in Private Practice  
Employer: James J. Dalla Riva, M.D., P.C., OB/GYN  
August 2003 – Present

**Education**

---

Resident in Obstetrics, Gynecology and Women's Health  
Saint Louis University – St. Mary's Hospital  
St. Louis, Missouri  
July 1999 – June 2003

Doctor of Medicine, *cum laude*  
University of Missouri – Columbia School of Medicine  
Columbia, Missouri  
August 1995 – May 1999

Bachelor of Arts, *magna cum laude*  
University of Missouri – Columbia  
Columbia, Missouri  
August 1991 – May 1995

**Licensure**

---

Licensed physician in Missouri and Illinois

**Board Certification**

---

American Board of Obstetrics and Gynecology, certified since January 2006

**Memberships**

---

American Congress of Obstetricians and Gynecologists  
American Medical Association

**Activities**

---

Oct 2003 – Dec 2004 Medical Records Committee, Anderson Hospital  
Jan 2004 – Dec 2005 Credentials Committee, Anderson Hospital  
Jan 2004 – Dec 2009 Nursery Committee, Anderson Hospital  
Jan 2006 – Dec 2009 Chairman, Department of Obstetrics & Gynecology, Anderson Hospital  
Jan 2006 – Dec 2009 Member, Medical Executive Committee, Anderson Hospital  
Jan 2010 – Dec 2011 Credentials Committee, Anderson Hospital  
Jan 2012 – Dec 2013 Member At Large, Medical Executive Committee, Anderson Hospital  
Jan 2012 – Dec 2015 Infection Control Committee, Anderson Hospital  
Jan 2014 – Dec 2015 Treasurer, Medical Executive Committee, Anderson Hospital  
Jan 2016 – Nov 2017 Chairman, Credentials Committee, Anderson Hospital  
Jan 2016 – Nov 2017 President-Elect, Medical Staff, Anderson Hospital  
Dec 2017 – Present President, Medical Staff, Anderson Hospital

ATTACHMENT 25, PAGE 53



August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
Anderson Surgery Center, LLC  
Anderson Real Estate, LLC

Dear Ms. Avery:

Anderson Hospital is a co-applicant for the establishment of Anderson Surgery Center, LLC.

In accordance with 77 Ill. Adm. Code 1110.235(c)(9), the certificate of need (CON) application for this project includes a statement of proposed charges for all projected surgical procedures. These charges are found in Attachment 25 of the CON application and include all charges except for any professional fees.

The undersigned, an authorized representative of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital, hereby attests that, in accordance with 77 Ill. Adm. Code 1110.235(c)(9)(B), these charges will not increase, at a minimum, for the first 2 years of operation of Anderson Surgery Center, LLC, unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

Sincerely,

Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
President & Chief Executive Officer

Notary Public: Beth A. Coulter  
Date: 8-7-2018

6800 State Route 162  
Maryville, Illinois 62062  
618-288-5711





August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
Anderson Surgery Center, LLC  
Anderson Real Estate, LLC

Dear Ms. Avery:

The undersigned, an authorized representative of Anderson Surgery Center, LLC, hereby attests to the following, in accordance with 77 Ill. Adm. Code 1110.235(c)(10)(A).

A peer review program will be implemented for the Anderson Surgery Center, LLC, that will evaluate whether patient outcomes are consistent with quality standards established by professional organization for the ambulatory surgical treatment center (ASTC) services, and if outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.

Sincerely,

*Michael M Marshall*  
Anderson Surgery Center, LLC  
Manager

*Notary Public: Beth A. Coulter*  
*Date: 8-7-2018*





August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
Anderson Surgery Center, LLC  
Anderson Real Estate, LLC

Dear Ms. Avery:

I am the applicant representative of the co-applicants for this project (i.e., Anderson Surgery Center, LLC; Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital; and Anderson Real Estate, LLC) who has signed the certificate of need (CON) application to establish the Anderson Surgery Center, LLC.

In accordance with 77 Ill. Adm. Code 1110.235(c)(10)(B), this CON application documents that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.640(c).

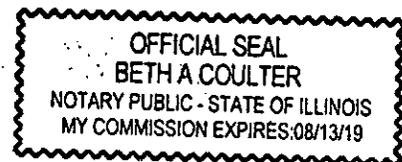
The projected annual utilization of the surgical/treatment rooms that is provided in this CON application is based upon the historical utilization reported in the notarized physician referral letters for this project, which are found in Appendix 1 of the CON application and discussed in this Attachment.

Sincerely,

*Michael Marshall*

Anderson Surgery Center, LLC  
Manager

Notary Public: *Beth A. Coulter*  
Date: *8-7-2018*



6800 State Route 162  
Maryville, Illinois 62062  
618-288-5711

ATTACHMENT 25, PAGE 56

VII.

Criterion 1120.120 - Availability of Funds

Evidence that financial resources will be available and equal to the estimated project cost are documented on the following pages.

This project will be funded with Cash and Securities of \$4,685,382, as indicated in the attestation from Keith Page that appears on Page 2 of this Attachment, as well as the 2017 Audited Financial Statements for Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital that appear on Page 3.

The availability of \$3,000,000 in debt is documented in the Memorandum of Preliminary Terms and Conditions issued by The Bank of Edwardsville, which appears on Page 4 of this Attachment.



August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
Anderson Surgery Center, LLC  
Anderson Real Estate, LLC

Dear Ms. Avery:

Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital is the sole member of Anderson Real Estate, LLC, an Illinois limited liability company that was established for real estate transactions and holding.

Both Anderson Hospital and Anderson Real Estate, LLC, are co-applicants for the establishment of Anderson Surgery Center, LLC.

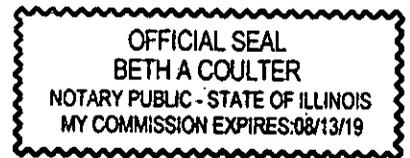
At its July 24, 2018, meeting, the Board of Trustees of Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital approved the funding of up to \$8.3 million in cash and securities to Anderson Real Estate, LLC, for the construction and establishment of Anderson Surgery Center, LLC. This funding will occur through an intercompany transfer from Anderson Hospital's Long Term Investments to Anderson Real Estate, LLC's operating account at such time the funds are needed.

The availability of these funds will be found on the Consolidated Balance Sheet of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital for the Year Ending December 31, 2017, which appears on the next page. The funds are part of the \$83,022,774 of unrestricted cash identified as Long Term Investments held by Anderson Hospital.

Sincerely,

Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
President and CEO

Notary Public: Beth A. Coulter  
Date: 8-7-2018



**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Balance Sheets  
December 31, 2017 and 2016**

**Assets**

	<u>2017</u>	<u>2016</u>
<b>Current Assets</b>		
Cash	\$ 8,801,519	\$ 5,212,055
Short-term investments	3,067,780	2,459,288
Assets limited as to use - current	7,874,012	6,873,724
Patient accounts receivable, net of allowance; 2017 - \$8,377,000 2016 - \$8,118,000	24,119,940	27,225,504
Supplies	3,010,053	2,632,525
Prepaid expenses and other	<u>2,570,703</u>	<u>2,310,920</u>
Total current assets	<u>49,444,007</u>	<u>46,714,016</u>
<b>Assets Limited As To Use</b>		
Self-insurance trust	15,770,660	13,214,401
Restricted under bond indenture	295,087	294,826
Other	<u>549,877</u>	<u>509,541</u>
	16,615,624	14,018,768
Less amount required to meet current obligations	<u>7,874,012</u>	<u>6,873,724</u>
	<u>8,741,612</u>	<u>7,145,044</u>
<b>Long-Term Investments</b>	<u>82,671,046</u>	<u>67,480,544</u>
<b>Property and Equipment, At Cost</b>		
Land	3,938,752	3,944,860
Land improvements	3,118,215	3,146,603
Buildings and improvements	141,537,604	137,825,754
Equipment	48,957,978	48,741,762
Construction in progress	<u>450,236</u>	<u>867,979</u>
	198,002,785	194,526,958
Less accumulated depreciation	<u>86,498,336</u>	<u>81,522,432</u>
	<u>111,504,449</u>	<u>113,004,526</u>
<b>Other Assets</b>	<u>3,379,067</u>	<u>3,117,840</u>
<b>Total assets</b>	<u>\$ 255,740,181</u>	<u>\$ 237,461,970</u>

**Memorandum of Preliminary Terms and Conditions  
Prepared for Anderson Surgery Center  
Attn: Mike Marshall, CFO  
July 2, 2018**

This memorandum is for discussion purposes only and should therefore not be construed as an offer or a commitment to lend on these or any other terms. Any final decision to enter into any commitment would only be after a thorough due diligence process and the appropriate internal approval. The content of this memorandum is confidential and is not to be disclosed by borrower to any other persons.

**BORROWER:** Anderson Surgery Center ("Borrower")  
**LENDER:** The Bank of Edwardsville ("TheBANK").  
**CREDIT FACILITY:** \$3,000,000.00.  
**PURPOSE:** Working Capital and Capital Expenditures associated with proposed surgery center  
**PRICING:** 6.50%  
**AMORTIZATION:** Monthly payments of principal and interest sufficient to fully amortize the indebtedness over 120 months  
**TERM:** Ten Years  
**SECURITY/COLLATERAL:** First lien security interest on all assets of the borrower

Thank you for allowing TheBANK of Edwardsville to submit this Memorandum of Preliminary Terms and Conditions. Please contact me with any questions or to discuss further.

We sincerely appreciate the opportunity and look forward to partnering for what I am sure will be another successful venture.

Prepared by:

Paul B. Millard  
Chief Credit Officer / Senior Vice President  
TheBANK of Edwardsville  
[pmillard@4thebank.com](mailto:pmillard@4thebank.com)  
618-659-6489 (Direct)  
618-409-4665 (Cell)  
618-659-4595 (Fax)

ILLINOIS CERTIFICATE OF NEED FINANCIAL VIABILITY RATIOS  
SOUTHWESTERN ILLINOIS HEALTH FACILITIES, INC. D/B/A ANDERSON HOSPITAL\*

1. Current Ratio =  $\frac{\text{Current Assets}}{\text{Current Liabilities}}$

FY2015:  $\frac{\$36,190,670}{\$22,780,054} = 1.59$

FY2016:  $\frac{\$46,714,016}{\$29,122,985} = 1.60$

FY2017:  $\frac{\$49,444,007}{\$29,606,648} = 1.67$

FY2021:  $\frac{\$55,650,000}{\$30,810,000} = 1.81$

2. Net Margin Percentage =  $\frac{\text{Net Income}}{\text{Net Operating Revenue}} \times 100$

FY2015:  $\frac{\$ 11,074,296}{\$151,032,150} \times 100 = .0733 \times 100 = 7.33\%$

FY2016:  $\frac{\$ 31,674,253}{\$159,854,979} \times 100 = .1981 \times 100 = 19.81\%$

FY2017:  $\frac{\$ 20,743,265}{\$182,878,815} \times 100 = .1134 \times 100 = 11.34\%$

FY2021:  $\frac{\$ 22,500,000}{\$210,000,000} \times 100 = .1071 \times 100 = 10.70\%$

3. Long-Term Debt to Total Capitalization Ratio =  $\frac{\text{Long-Term Debt}}{(\text{Long-Term Debt} + \text{Net Assets})} \times 100$

FY2015:  $\frac{\$ 37,984,069}{\$ 37,984,069 + \$117,508,502} \times 100 = \frac{\$ 37,984,069}{\$155,492,571} \times 100 = 24.43$

FY2016:  $\frac{\$ 43,035,348}{\$ 43,035,348 + \$149,458,312} \times 100 = \frac{\$ 43,035,348}{\$192,493,660} \times 100 = 22.36$

FY2017:  $\frac{\$ 40,266,544}{\$ 40,266,544 + \$170,378,430} \times 100 = \frac{\$ 40,266,544}{\$210,644,974} \times 100 = 19.12$

FY2021:  $\frac{\$ 37,000,000}{\$ 37,000,000 + \$193,000,000} \times 100 = \frac{\$ 37,000,000}{\$230,000,000} \times 100 = 16.09$

\*Southwestern Illinois Health Facilities, LLC, is the sole member of both Anderson Hospital and Anderson Real Estate, LLC. Anderson Surgery Center, LLC, is a new limited liability company, and Anderson Hospital is its sole member.

4. Projected Debt Service Coverage Ratio =  $\frac{\text{Net Income} + (\text{Depreciation} + \text{Interest} + \text{Amortization})}{\text{Principal Payments} + \text{Interest Expense for the Year of Maximum Debt Service after Project Completion}}$

FY2015:  $\frac{\$ 11,074,296 + (\$6,846,232 + \$2,155,667)}{\$ 2,548,708 + \$2,058,822} = \frac{\$ 20,076,195}{\$ 4,607,530} = 4.36$

FY2016:  $\frac{\$ 31,674,253 + (\$7,750,305 + \$1,714,658)}{\$ 2,283,240 + \$1,935,719} = \frac{\$ 41,139,216}{\$ 4,218,959} = 9.75$

FY2017:  $\frac{\$ 20,743,265 + (\$9,041,873 + \$1,483,220)}{\$ 3,166,008 + \$1,524,746} = \frac{\$ 31,268,358}{\$ 4,690,754} = 6.67$

FY2021:  $\frac{\$ 22,500,000 + (\$9,500,000 + \$1,503,000)}{\$ 3,337,000 + \$1,503,000} = \frac{\$ 33,503,000}{\$ 4,840,000} = 6.92$

5. Days Cash on Hand Ratio =  $\frac{\text{Cash} + \text{Investments} + \text{Board Designated Funds}}{(\text{Operating Expense} + \text{Depreciation Expense})/365 \text{ Days}}$

FY2015:  $\frac{\$5,315,793 + \$1,112,077 + \$64,584,373}{\$140,443,066/365} = \frac{\$ 71,012,243}{\$ 384,776} = 185$

FY2016:  $\frac{\$5,212,055 + \$2,459,288 + \$67,480,544}{\$156,876,546/365} = \frac{\$ 75,151,887}{\$ 429,799} = 175$

FY2017:  $\frac{\$8,801,519 + \$3,067,780 + \$82,671,046}{\$173,923,889/365} = \frac{\$ 94,540,345}{\$ 476,504} = 198$

FY2021:  $\frac{\$8,000,000 + \$3,500,000 + \$95,000,000}{\$188,000,000/365} = \frac{\$106,500,000}{\$ 515,068} = 207$

6. Cushion Ratio =  $\frac{\text{Cash} + \text{Investments} + \text{Board Designated Funds}}{\text{Principal Payments} + \text{Interest Expense for the Year of Maximum Debt Service after Project Completion}}$

FY2015:  $\frac{\$ 5,315,793 + \$1,112,077 + \$64,584,373}{\$ 2,548,708 + \$2,058,822} = \frac{\$ 71,012,243}{\$ 4,607,530} = 15.41$

FY2016:  $\frac{\$ 5,212,055 + \$2,459,288 + \$67,480,544}{\$ 2,283,240 + \$1,935,719} = \frac{\$ 75,151,887}{\$ 4,218,959} = 17.81$

FY2017:  $\frac{\$ 8,801,519 + \$3,067,780 + \$82,671,046}{\$ 3,166,008 + \$1,524,746} = \frac{\$ 94,540,345}{\$ 4,690,754} = 20.15$

FY2021:  $\frac{\$ 8,000,000 + \$3,500,000 + \$95,000,000}{\$ 3,337,000 + \$1,503,000} = \frac{\$106,500,000}{\$ 4,840,000} = 22.00$

Sources: 2015 and 2016 Restated Audited Financial Statements for subsequent year  
2017 Audited Financial Statements

VIII.

Criterion 1120.130 - Financial Viability Variance

Financial Viability Ratios have been calculated for Southwestern Illinois Health Facilities Inc. d/b/a Anderson Hospital.

There is no reason to calculate separate ratios for Anderson Real Estate, LLC, since the sole member of that LLC is Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital. Anderson Real Estate, LLC, is the owner of both the site and the building in which Anderson Surgery Center, LLC, will be constructed.

Similarly, there is no reason to calculate separate ratios for Anderson Surgery Center, LLC, since Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital is currently the sole member of that LLC, and it will always hold majority ownership in that LLC.

As documented in the worksheets on Pages 1 and 2 of this Attachment and on the form that appears on Page 45 of the CON application form, Anderson Hospital is in compliance with all of the Financial Viability Ratios except for the Current Ratio.

Anderson Hospital does not meet the CON standard for hospitals and hospital systems for its Current Ratio for any of the three most recent historic years or for the projected first full fiscal year at target utilization, which will be the first full fiscal year of operation of Anderson Surgery Center, LLC.

The only reason for this ratio being below 2.0 is that Anderson Hospital takes an aggressive approach to moving operating cash to long-term investments. All of Anderson Hospital's long-term investments are unrestricted and can be converted to cash within 7 to 10 days, as a result of which the Current Ratio can be increased to exceed the CON standard within that brief time period.

As will be seen by reviewing its audited financial statements, Anderson Hospital's long-term investments are of sufficient size to meet the hospital's debt obligations and to insure that the applicant will not default.

Consequently, there is no reason to provide a variance to the Financial Viability ratios, as described in 77 Ill. Adm. Code 1120.130(c) or to secure a Financial Viability Waiver, as described in 77 Ill. Adm. Code 1120.130(a).

IX.  
Criterion 1120.140 - Economic Feasibility

This Attachment includes documentation of the following items.

- A. Reasonableness of Financing Arrangements
- B. Conditions of Debt Financing
- C. Reasonableness of Project and Related Costs
- D. Projected Operating Costs
- E. Total Effect of the Project on Capital Costs



August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
Anderson Surgery Center, LLC  
Anderson Real Estate, LLC

Dear Ms. Avery:

The undersigned, as authorized representatives of Anderson Surgery Center, LLC, Anderson Real Estate, LLC, and Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital, , in accordance with 77 Ill. Adm. Code 1120.140(a) and the requirements of Section IX.A.1)-2) of the CON Application for Permit, hereby attest that the sources of funds for this project will be a combination of the following:

- Cash and equivalents, including investment securities, unrestricted funds, and funded depreciation by Anderson Real Estate, LLC;
- Cash and equivalents in the form of capital contributions by investors in the Anderson Surgery Center, LLC;
- A bank loan by Anderson Surgery Center, LLC, and/or equipment leases.

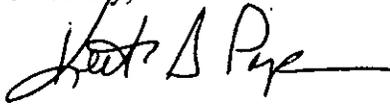
Anderson Real Estate, LLC, will use cash to pay for the construction of the building in which the Surgery Center will be located and related expenses, and Anderson Surgery Center, LLC, will enter into a lease to pay for that space.

Anderson Surgery Center, LLC, will use cash in the form of capital contributions from investors and/or a bank loan or equipment lease to pay for the build-out of the Surgery Center and related expenses as well as the equipment and furnishings for the Surgery Center.

Part of the total estimated project costs will be funded by borrowing because Anderson Surgery Center, LLC, is a newly created limited liability company whose only assets during the construction period will be the cash contributions made by members during the implementation of the certificate of need permit.

As such and in accordance with 77 Ill. Adm. Code 1120.140(a)(2), the estimated project costs and related costs will need to be funded in part by borrowing because a portion of Anderson Ambulatory Surgery Center, LLC's cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of 1.5 times or as close to that ratio as possible.

Sincerely,



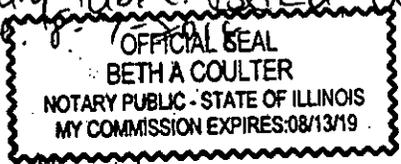
Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
President & Chief Executive Officer

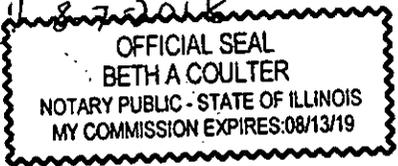


Anderson Surgery Center, LLC  
Manager

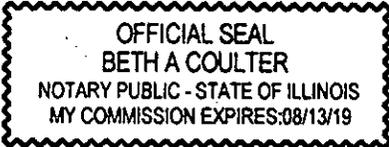


Anderson Real Estate, LLC  
Manager

Notary Public: Beth A. Coulter  
Date: 8-7-2018  


Notary Public: Beth A. Coulter  
Date: 8-7-2018  


Notary Public: Beth A. Coulter  
Date: 8-7-2018





August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Re: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
Anderson Surgery Center, LLC  
Anderson Real Estate, LLC

Dear Ms. Avery:

The undersigned, as authorized representatives of Anderson Surgery Center, LLC, Anderson Real Estate, LLC, and Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital, in accordance with 77 Ill. Adm. Code 1120.140(b) and the requirements of Section IX.B.1)-3) of the CON Application for Permit, hereby attest to the following.

Anderson Surgery Center, LLC, will lease space in the building that Anderson Real Estate, LLC, will construct in which it (i.e., Anderson Surgery Center, LLC) will build out that space for use as an Ambulatory Surgical Treatment Center.

In addition, Anderson Surgery Center, LLC, may secure a bank loan or equipment lease to pay for the build-out of the Surgery Center and related costs associated with the site development and construction of the building as well as equipment and furnishings for the Surgery Center.

The conditions for the debt financing for this project are reasonable because the project involves in part the leasing of the shell space of the facility in which the Anderson Surgery Center, LLC, will be located, related capital expenses by Anderson Real Estate, LLC, and possibly the equipment and furnishings for the facility. The expenses incurred with leasing this facility and related expenditures as well as equipment and furnishings are less costly than the costs of constructing the entire facility, including the site development and the structure, and purchasing the equipment and furnishings for the ASTC.

Sincerely,

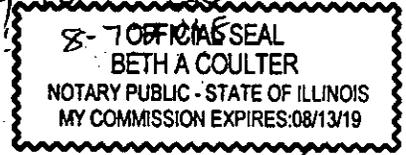
Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital  
President & Chief Executive Officer

Notary Public: Beth A. Coulter  
Date: 8-7-2018



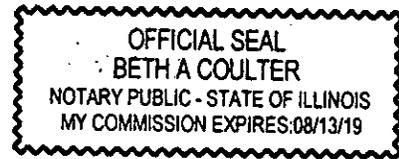
Anderson Surgery Center, LLC  
Manager

Notary Public: Beth A. Coulter  
Date: 8-7-2018



Anderson Real Estate, LLC  
Manager

Notary Public: Beth A. Coulter  
Date: 8-7-2018



**COST AND GROSS SQUARE FEET**

Department	Cost/Sq. Foot		Gross Sq. Ft.		New Const. \$	Mod. \$	Total Costs
	New	Mod.	New	Mod.	(A x C)	(B x D)	(E +F)
<b>Clinical Service Areas:</b>							
Ambulatory Surgical Treatment Center excluding Recovery	\$419.07		7,088		\$2,970,399		\$2,970,399
Recovery, Stages I and II	\$371.43		1,376		\$511,092		\$511,092
<b>SUBTOTAL CLINICAL SERVICE AREAS</b>	<b>\$411.33</b>		<b>8,464</b>		<b>\$3,481,491</b>		<b>\$3,481,491</b>
Contingency					\$348,149		\$348,149
<b>TOTAL - CLINICAL SERVICE AREAS</b>	<b>\$452.46</b>		<b>8,464</b>		<b>\$3,829,640</b>		<b>\$3,829,640</b>
<b>Non-Clinical Service Areas:</b>							
Electrical Closets	\$332.56		41		\$13,635		\$13,635
<b>SUBTOTAL NON-CLINICAL SERVICE AREAS</b>	<b>\$332.56</b>		<b>41</b>		<b>\$13,635</b>		<b>\$13,635</b>
Contingency					\$1,363		\$1,363
<b>TOTAL NON-CLINICAL SERVICE AREAS</b>	<b>\$365.80</b>		<b>41</b>		<b>\$14,998</b>		<b>\$14,998</b>
<b>PROJECT TOTAL</b>	<b>\$452.04</b>		<b>8,505</b>		<b>\$3,844,638</b>		<b>\$3,844,638</b>

X.D. **Projected Operating Costs for Anderson Surgery Center, LLC**

Projected Operating Costs Per Case = FY21 Operating Expenses/FY21 Cases

FY21 Operating Expenses:	
Salaries & Benefits	\$ 808,219
Drugs & Medical Supplies	195,538
Office Supplies	<u>31,164</u>
	\$ 1,034,921

Projected Operating Costs Per Surgical Case =  
FY21 Operating Expenses/FY21 Surgical Cases =

$$\frac{\$1,034,921}{1,828} = \$ 566.15$$

X.E. **Total Effect of the Project on Capital Costs**

Projected Capital Costs Per Case = FY21 Capital Costs/FY21 Cases

FY21 Capital Costs:	
Depreciation & Amortization	\$ 511,387
Interest	<u>184,762</u>
	\$ 696,149

Projected Capital Costs Per Surgical Case =  
FY21 Capital Costs/FY21 Surgical Cases =

$$\frac{\$ 696,149}{1,828} = \$ 380.83$$

X.  
Safety Net Impact Statement

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.

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Services, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003)

This project is for the establishment of a Non-Hospital Based Ambulatory Surgical Treatment Center (ASTC), which will be located in Edwardsville, which is in Madison County.

The primary purpose of this project is to improve the health care and well-being of the project's geographic service area (GSA), which consists of zip codes located within 17 miles of the proposed ASTC, as specified for health care facilities in Madison County in 77 Ill. Adm. Code 1100.510(d)(2).

A list of these zip codes is found in Attachments 12 and 25, along with the number of inpatients and observation patients at both Anderson Hospital and Community Memorial Hospital during 2017. The patient origin data indicate that nearly 91% of Anderson Hospital's patients and more than 73% of Community Memorial Hospital's patients resided in the GSA.

- A. Anderson Surgery Center, LLC, is proposed to serve the same patient population as Anderson Hospital and Community Memorial Hospital, as indicated by the physician referral letters for this facility, which are found in Appendix 1 and discussed in Attachment 25. Additional physician referrals are included from physicians at Cardinal Glennon Children's Hospital in St. Louis who performed surgery on patients that reside within the GSA.

This project will increase essential safety net services in the community because Anderson Surgery Center, LLC, is anticipated to have a similar payor mix to that of Anderson Hospital.

Anderson Hospital's payor mix is shown below.

Medicare:	45.8%, consisting of 29.7% Medicare plus 16.1% Medicare Managed Care
Medicaid:	14.7%, consisting of 3.3% Medicaid plus 11.4% Medicaid Managed Care
Commercial:	37.4%
Self Pay:	<u>2.1%</u>
Total:	100.0%

In addition, the Anderson Surgery Center, LLC, is expected to provide a similar amount of charitable care as Anderson Hospital.

As documented in this Attachment and in Attachment 39, in 2017, the costs of charity care provided by Anderson Hospital were 1.25% of its net revenue, and the charges for charity care it provided were 5.14% of its net revenue.

There are currently 4 ASTCs located within the GSA. One is a multi-specialty ASTC, and 3 are limited specialty ASTCs that each provide 1 specialty.

The payor mix of these ASTCs, as reported in their 2016 ASTC Profiles, indicates that they provided less service to patients who are low-income and uninsured than Anderson Surgery Center, LLC, proposes to provide.

Edwardsville Ambulatory Surgery Center, LLC; Glen Carbon  
Multi-Specialty  
1.2% Medicaid Net Revenue (3.4% of patients), 0.0% Charity Care

Metroeast Endoscopic Surgery Center, Fairview Heights  
Limited Specialty: Gastroenterology Procedure Room  
10.5% Medicaid Net Revenue (29.3% of patients), 0.0% Charity Care

NovaMed Eye Surgery Center of Maryville, LLC; Maryville  
Limited Specialty: Ophthalmology Procedure Rooms  
64.7% Medicaid Net Revenue (5.4% of patients), 0.0% Charity Care

The Hope Clinic for Women, Ltd; Granite City  
Limited Specialty: Gynecology Procedure Rooms  
0.0% Medicaid Net Revenue and patients, 0.0% Charity Care

In addition, there are currently 2 existing ASTCs located more than 17 miles from the site of the proposed ASTC, but within zip codes that are partially within the GSA. One is a multi-specialty ASTC, and the other is a limited specialty ASTC that provides 1 specialty. The payor mix of these ASTCs, as reported in their 2016 ASTC Profiles, indicates that they provided far less service to patients who are low-income and uninsured than Anderson Surgery Center, LLC, proposes to provide.

Belleville Surgical Center, LTD; Belleville  
Multi-Specialty  
0.7% Medicaid Net Revenue (1.7% of patients), 0.0% Charity Care

Eye Surgery Center, LLC; Belleville  
Limited Specialty: Ophthalmology Operating and Procedure Rooms  
2.6% Medicaid Net Revenue (2.4% of patients), 0.0% Charity Care

The payor mix of these ASTCs, as reported in their 2016 ASTC profiles, indicates that they provide far less service to patients who are low-income and uninsured than proposed for Anderson Surgery Center, LLC.

In addition, it should be noted that there is no other ASTC located within the GSA or even beyond the GSA but in a zip code located in whole or in part within the GSA that provides the Urology surgical specialty.

There are residents of the GSA who are low-income and otherwise vulnerable, as documented by their residing in Medically Underserved Areas. Medically Underserved Areas are designated by the federal government (Health Resources and Services Administration of the U.S. Department of Health and Human Services) based on the Index of Medical Underservice. Designated Medically Underserved Areas (MUAs) are eligible for certification and funding under federal programs such as Community Health Center (CHC) grant funds, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (<https://bhw.hrsa.gov/shortage-designation/muap>) (Health Resources and Services Administration, U.S. Department of Health and Human Services).

A number of census tracts in the GSA in both Madison County and St. Clair County have been designated as being MUAs. In Madison County, these census tracts are in or near Venice and Granite City and in St. Clair County, they are in or near East St. Louis, Fairview Heights, and Belleville. Information describing MUAs and identifying these census tracts is found on Pages 6 through 9, and maps identifying these census tracts are found on Pages 10 and 11.

- B. Anderson Surgery Center, LLC, will provide surgical services to those patients who have been undergoing surgery at Community Memorial Hospital in Staunton, a Critical Access Hospital whose sole member is Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital.

Community Memorial Hospital has been providing surgery only to outpatients, and it proposes to cease providing surgical services because of the deficiencies of its surgical facilities, which as discussed in Attachment 13 of this application.

In FY2017, 19.8% of the total patients it served and 14.9% of its total net revenue were provided to Medicaid recipients, while 20.0% of its outpatients and 17.5% of its net outpatient revenue were provided to Medicaid recipients.

In addition, the cost of charity care was 0.92% of its net patient revenue.

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.

As discussed in the previous section, there are 4 existing ASTCs within the GSA.

The approval of Anderson Surgery Center, LLC, will have no impact on the ability of another provider to cross-subsidize safety net services because these ASTCs provide minimal services to Medicaid recipients and no services for charity care.

Instead, it is anticipated that this project will improve safety net services within the GSA.

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.

This item is not applicable because none of the co-applicants (i.e., Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital, Anderson Surgery Center, LLC, or Anderson Real Estate, LLC) or Community Memorial Hospital in Staunton is proposing to discontinue any services or facilities.

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.

This project has 3 co-applicants: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital; Anderson Surgery Center, LLC; and Anderson Real Estate, LLC.

A notarized certification describing the amount of charity care provided by Anderson Hospital in 2015 through 2017 is found on Page 12 of this Attachment.

This item does not apply to Anderson Surgery Center, LLC, which is a newly created entity that is not yet operational.

This item does not apply to Anderson Real Estate, LLC, since it is not a provider.

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.

As stated above, this project has 3 co-applicants: Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital; Anderson Surgery Center, LLC; and Anderson Real Estate, LLC.

A notarized certification describing the amount of care provided by Anderson Hospital to Medicaid patients in 2015 through 2017 is found on Page 13 of this Attachment.

This item does not apply to Anderson Surgery Center, LLC, which is a newly created entity that is not yet operational.

This item does not apply to Anderson Real Estate, LLC, since it is not a provider.

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 38.

The Table is found on Page 14 of this attachment.

- a. A copy of Anderson Hospital's 2017 Community Benefits and Social Accountability Plan is appended to this Attachment, beginning on Page 15.
- b. During 2017, Anderson Hospital provided \$21,579,983 in community benefits.
- c. Examples of community benefits provided by Anderson Hospital are the following.
  - Providing financial assistance to members of the community
  - Providing additional resources for patients and community members
  - Facilitating quarterly drives for identified needs such as clothing, food, personal items, toys, etc.
  - Exploring resources for increasing heart healthy foods in local food pantries
  - Providing community health services beyond patient care activities
  - Providing health screenings
  - Providing support groups and educational events and materials
  - Providing 33,502 hours of student education, including in clinical settings

Health Resources & Services Administration



Health Workforce Analysis Shortage Designation Grants Loans & Scholarships National Practitioner Data Bank

share | icons for social media sharing: a plus sign, a document, an envelope, Facebook, and Twitter.

[Home](#) > [Shortage Designation](#) > Medically Underserved Areas and Populations (MUA/PS)

## Medically Underserved Areas and Populations (MUA/PS)

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services.

MUAs have a shortage of primary care health services for residents within a geographic area such as:

- a whole county;
- a group of neighboring counties;
- a group of urban census tracts; or
- a group of county or civil divisions.

MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services.

These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to, those who are:

- homeless;
- low-income;
- Medicaid-eligible;
- Native American; or
- migrant farmworkers.

MUA/P designations are based on the index of Medical Underservice (IMU). IMU is calculated based on four criteria:

- the population to provider ratio;
- the percent of the population below the federal poverty level;
- the percent of the population over age 65; and
- the infant mortality rate.

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P.

### Exceptional MUP Designations

It is possible to request a MUP designation for populations which do not meet the established criteria, by doing the following:

- Explaining the unusual, documented local conditions that prevent access to, or demonstrate the lack of, personal health services, and
- Submitting a written recommendation, with supporting data, from that state's governor or other Chief Executive Officer, and the local health official.

Find out more about the [MUA/P designation process](#).

Date Last Reviewed: October 2016

HRSA Data Warehouse

State: Illinois  
 County: Madison County  
 MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Madison County	119	Low Inc - Alton/Wood River Service Area	00821	Medically Underserved Area - Governor's Exception	Medically Underserved Area	0.00	07/21/1993	01/31/1994
		MCD (83284) Wood River township MCD (01127) Alton township						
Madison County	119	Madison Service Area	00923	Medically Underserved Area	Medically Underserved Area	62.00	05/20/1994	05/20/1994
CT 4040.00	<i>Granite City</i>							
Madison County	119	Madison Service Area	00924	Medically Underserved Area	Medically Underserved Area	59.60	05/20/1994	05/20/1994
CT 4007.00	<i>Venice</i>							

Powered by HRSA Data Warehouse

Printed on: 7/31/2018

HRSA Data Warehouse

State: Illinois  
 County: St. Clair County  
 MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
St. Clair County	163	St. Clair Service Area	00869	Medically Underserved Area	Medically Underserved Area	54.60	05/18/1994	05/18/1994
CT 5004.00								
CT 5005.00								
CT 5009.00								
CT 5011.00								
CT 5012.00								
CT 5013.00								
CT 5014.00								
CT 5015.01								
CT 5015.02								
CT 5016.02								
CT 5016.03								
CT 5016.04								
CT 5016.05								
CT 5017.00								
CT 5018.00								
CT 5019.00								
CT 5021.00								
CT 5022.00								
CT 5024.01								
CT 5024.04								
CT 5025.00								
CT 5026.03								
CT 5027.00								
CT 5028.00								
CT 5029.00								
CT 5031.00								
CT 5032.02								
CT 5032.03								

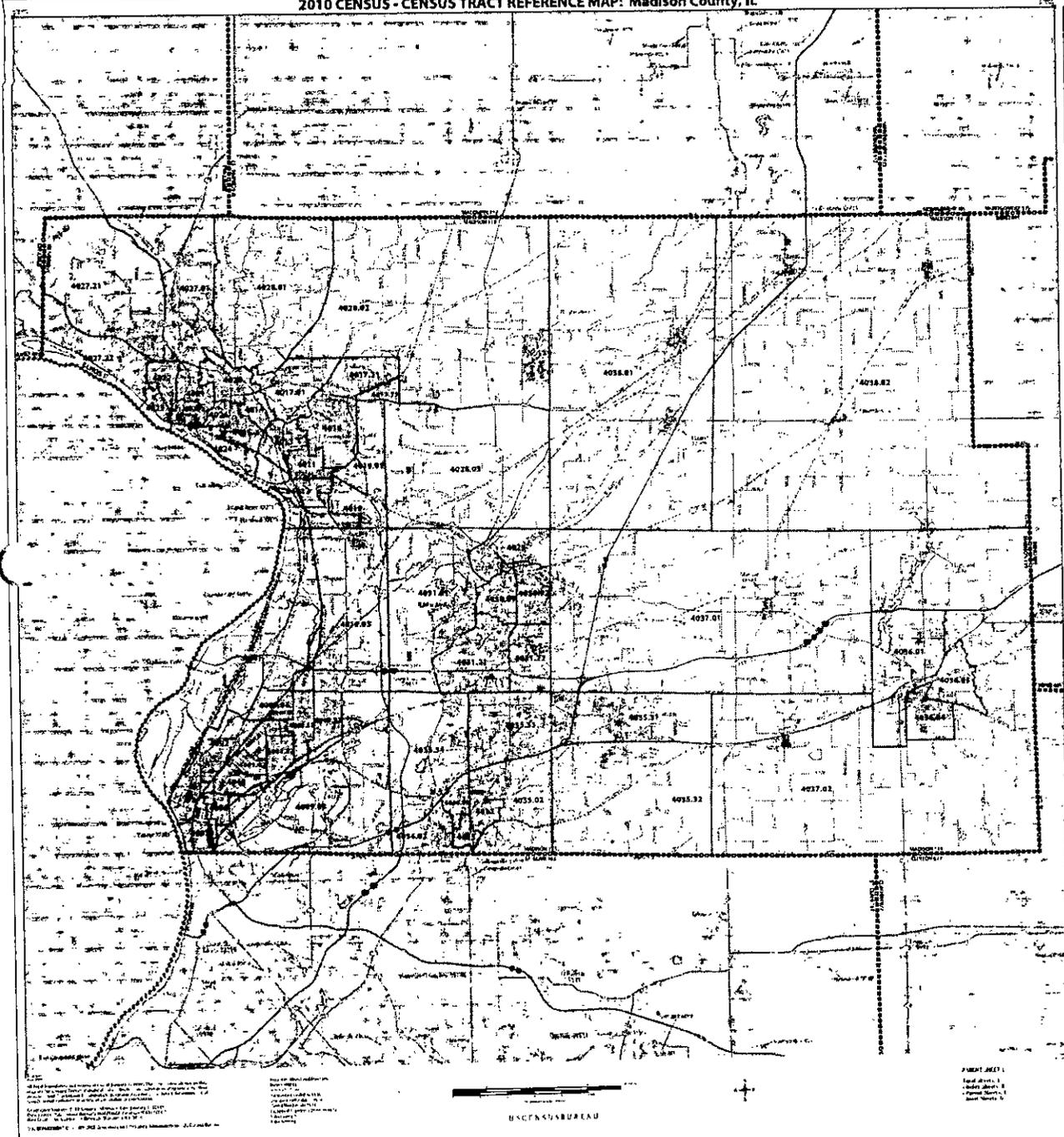
HRSA Data Warehouse

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 5032.11								
CT 5033.01								
CT 5033.23								
CT 5033.24								
CT 5039.03								
CT 5039.04								
CT 5040.01								
CT 5040.02								
CT 5045.00								
CT 5046.00								
St. Clair County	163	Low Inc - Cahokia	07238	Medically Underserved Population	MUP Low Income	61.10	07/25/2002	07/25/2002
CT 5023.00								
CT 5026.02								

Powered by HRSA Data Warehouse

Printed on: 7/31/2018

2010 CENSUS - CENSUS TRACT REFERENCE MAP: Madison County, IL



CENSUS TRACT	NAME	POPULATION
6027.01	L'AROSE RES 1888	1188
6027.02	6027.02	1188
6027.03	6027.03	1188
6027.04	6027.04	1188
6027.05	6027.05	1188
6027.06	6027.06	1188
6027.07	6027.07	1188
6027.08	6027.08	1188
6027.09	6027.09	1188
6027.10	6027.10	1188
6027.11	6027.11	1188
6027.12	6027.12	1188
6027.13	6027.13	1188
6027.14	6027.14	1188
6027.15	6027.15	1188
6027.16	6027.16	1188
6027.17	6027.17	1188
6027.18	6027.18	1188
6027.19	6027.19	1188
6027.20	6027.20	1188
6027.21	6027.21	1188
6027.22	6027.22	1188
6027.23	6027.23	1188
6027.24	6027.24	1188
6027.25	6027.25	1188
6027.26	6027.26	1188
6027.27	6027.27	1188
6027.28	6027.28	1188
6027.29	6027.29	1188
6027.30	6027.30	1188
6027.31	6027.31	1188
6027.32	6027.32	1188
6027.33	6027.33	1188
6027.34	6027.34	1188
6027.35	6027.35	1188
6027.36	6027.36	1188
6027.37	6027.37	1188
6027.38	6027.38	1188
6027.39	6027.39	1188
6027.40	6027.40	1188
6027.41	6027.41	1188
6027.42	6027.42	1188
6027.43	6027.43	1188
6027.44	6027.44	1188
6027.45	6027.45	1188
6027.46	6027.46	1188
6027.47	6027.47	1188
6027.48	6027.48	1188
6027.49	6027.49	1188
6027.50	6027.50	1188



NAME: Madison County 1188  
 COUNTY: Madison County 1188  
 STATE: IL



August 7, 2018



Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Dear Ms. Avery:

Anderson Hospital certifies that it provided the following amounts of charity care for the three most recent audited fiscal years prior to submission of this certificate of need application.

**Charity Care Patients Served**

	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>
Inpatients	225	173	152
Outpatients	4,610	4,404	3,976
Total	4,835	4,577	4,128

**Charity Care Expense**

	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>
Inpatients	\$67,332	\$349,124	\$460,036
Outpatients	\$1,062,846	\$901,536	\$1,353,923
Total	\$1,130,178	\$1,250,660	\$1,813,959

This amounts of charity care have been calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act and are consistent with the information reported each year to the Illinois Department of Public Health on the Annual Hospital Questionnaire and published in the Annual Hospital Profile regarding "Inpatients and Outpatients Served by Payor Source," "Inpatient and Outpatient Net Revenue by Payor Source," and "Total Charity Care Expense."

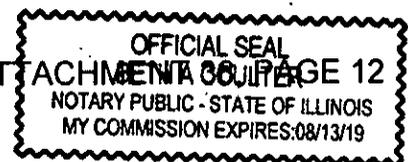
Sincerely,

Keith A. Page  
President & CEO

Notary Public: *Barbara C. Gutter*  
Date: 8-7-2018

6800 State Route 162  
Maryville, Illinois 62062  
618-288-5711

189



ATTACHMENT A PAGE 12



August 7, 2018

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Dear Ms. Avery:

Anderson Hospital certifies that it provided the following amounts of care to Medicaid patients for the three most recent audited fiscal years prior to submission of this certificate of need application.

**Medicaid Patients Served**

	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>
Inpatients	1,904	1,720	1,584
Outpatients	33,123	29,930	30,241
Total	35,027	31,650	31,825

**Net Medicaid Revenue**

	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>
Inpatients	\$8,140,135	\$10,137,631	\$8,190,571
Outpatients	\$8,952,966	\$8,485,891	\$10,887,987
Total	\$17,093,101	\$18,623,522	\$19,078,558

This information is provided 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 the Illinois Health Facilities Planning Act and published in the Annual Hospital Profile.

Sincerely,

Keith A. Page  
President & CEO

Notary Public: Beth A. Gullett  
Date: 8-7-2018

6800 State Route 162  
Maryville, Illinois 62062  
618-288-5711

190



**ANDERSON HOSPITAL  
SAFETY NET IMPACT STATEMENT**

<b>Charity Care (# of Patients)</b>	<b>FY/CY2015</b>	<b>FY/CY2016</b>	<b>FY/CY2017</b>
Inpatients	225	173	152
Outpatients	4,610	4,404	3,976
<b>Total Patients</b>	<b>4,835</b>	<b>4,577</b>	<b>4,128</b>
<b>Cost of Charity Care (Costs)</b>	<b>FY/CY2015</b>	<b>FY/CY2016</b>	<b>FY/CY2017</b>
Inpatients	\$67,332	\$349,124	\$460,036
Outpatients	\$1,062,846	\$901,536	\$1,353,923
<b>Total Patients</b>	<b>\$1,130,178</b>	<b>\$1,250,660</b>	<b>\$1,813,959</b>
<b>Medicaid (# of Patients)</b>	<b>FY/CY2015</b>	<b>FY/CY2016</b>	<b>FY/CY2017</b>
Inpatients	1,904	1,720	1,584
Outpatients	33,123	29,930	30,241
<b>Total Patients</b>	<b>35,027</b>	<b>31,650</b>	<b>31,825</b>
<b>Medicaid (Revenue)</b>	<b>FY/CY2015</b>	<b>FY/CY2016</b>	<b>FY/CY2017</b>
Inpatients	\$8,140,135	\$10,137,631	\$8,190,571
Outpatients	\$8,952,966	\$8,485,891	\$10,887,987
<b>Total Patients</b>	<b>\$17,093,101</b>	<b>\$18,623,522</b>	<b>\$19,078,558</b>

Sources: Supplemental Submissions submitted to IDPH by Anderson Hospital, July, 2018  
Correcting 2015-2017 IDPH Annual Hospital Questionnaires submitted by Anderson Hospital

# Community Benefits and Social Accountability Plan for Anderson Hospital 2017



Anderson  
Hospital



# Anderson's Vision and Mission



- ❖ Vision: Our community turns to Anderson first for all healthcare needs
- ❖ Mission: To exceed expectations in providing personal, convenient, quality healthcare

# Purpose of Reporting

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✱ Not-for-profit health care organizations have a rich tradition of providing benefit to their communities. Anderson Hospital was established not because of economic opportunity, but rather because there was a need for health services in our community. This report outlines Anderson community benefits for the year of 2017.

# Plan Development

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- ✦ The Community Benefit Plan identifies community health needs and gaps and aligns those with the Hospital's initiatives. The plan is developed by the Health Education Planning Committee in collaboration with the Madison County Partnership for Community Health (MCPCH) and community leaders.

# Plan Preparation

✱ Preparation of the Community Benefits Plan includes the following steps:

- ◆ Determination of the definition of community
- ◆ Incorporation of a community health needs assessment, including:
  - Anderson Hospital's Community Health Needs Assessment
  - MCPCH Needs Assessment (IPLAN)
- ◆ Inventory of current community benefit activities
- ◆ Development of the annual community benefit plan
- ◆ Plan review by Administration and adoption by the Board of Trustees

# Health Education Planning Committee

---

The Health Education Planning Committee's goals are developed annually and are based on a Community Health Needs Assessment that is conducted every three years. Goals, focus group assessments, patient and community requests, employee feedback and hospital initiatives are taken into consideration during this three-year period to further develop annual goals.

The Health Education Planning Committee meets regularly throughout the year to develop, coordinate and evaluate employee and community wellness activities.

# Health Education Planning Committee Goals for 2016-2018

The following health priorities were recognized in Anderson Hospital's Community Health Needs Assessment that was conducted in 2015. The 2016-2018 Community Health Plan focuses on implementation strategies to improve these health priorities in the communities we serve.

Cancer

Obesity

Poverty

Substance Abuse

## Priority #4 - Poverty

---

*GOAL: Anderson Hospital will update and maintain the various assistance programs provided to our community through the resources we have and explore additional opportunities to assist the needs of our community*

*Anderson Hospital understands the financial constraints that patients face and will continue our diligence in providing appropriate and necessary health care for all members of our community.*

## Priority #4- Poverty

We will...

- ❖ Continue to identify and address the needs for the Emergency Medical Fund
- ❖ Facilitate quarterly drives for identified needs such as clothing, food, personal items, toys, etc.
- ❖ Continue to provide financial assistance to members of the community
- ❖ Provide additional resources for our patients and community members
- ❖ Explore resources for increasing heart healthy foods in local food pantries

# Providing Health Care Access

---

- \* Anderson Hospital will provide quality health care services to all persons within our community regardless of their ability to pay. Anderson Hospital embraces its responsibility to serve the communities in which we participate and strives to increase access to care for all members of the community.

# What is “Community Benefit”

---

- ✱ Community benefit is a planned, managed, organized, and measured approach to a health care organization’s participation in meeting identified community health needs. It implies collaboration with a “community” to “benefit” its residents-particularly the poor, minorities, and other underinsured groups-by improving health status and quality of life.

# Meeting with Community Leaders

---

- ✦ Collaboration with Anderson's community includes semi annual meetings with the local Mayors to discuss the strategic plan of Anderson Hospital, provide updates on planned capital spending, discuss new services, and to receive feedback from the community regarding current services or the need for additional services.

# Communities Served

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- \* Anderson Hospital's primary service area includes the Madison County, Illinois communities of Edwardsville, Collinsville, Granite City, Maryville, Glen Carbon, Troy, and Highland. During 2017, 71.6% of Anderson's inpatient admissions were from that market.

# Patients Served

---

## ✦ Patient Mix by payor for Anderson patients

◆ Medicare	29.7%
◆ Medicare Managed	16.1%
◆ Medicaid	3.3%
◆ Medicaid Managed	11.4%
◆ Self-pay	2.1%
◆ Other Insurance	37.4%

# Financial Assistance and Charity

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\* Financial Assistance (Charity) is free or discounted health and health-related services provided to persons who cannot afford to pay. Financial Assistance results from Anderson's policy to provide health care services free of charge. During 2017, Anderson Hospital provided the community with \$1,813,959 of free care.

# Government Sponsored Subsidies

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\* Government-sponsored health care community benefit includes unpaid costs of public programs (including Medicare and Medicaid), the “shortfall” created when a facility receives payments that are less than costs for caring for public program beneficiaries. Anderson’s 2017 government-sponsored shortfall totaled \$12,262,885.

# Volunteer Services

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- ✱ Voluntary activities provided by Anderson employees and volunteers in connection with Anderson's Community Benefit Program. Anderson Hospital Volunteers provided 38,099 hours of service. Anderson's 2017 volunteer services totaled \$314,317.

# Student Education

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- \* Student education costs, including the provision of a clinical setting for high school, undergraduate, and graduate students, incurred in providing training and education to students. Anderson Hospital staff provided 33,502 hours of training during 2017 at a cost to Anderson of approximately \$1,559,540.

# Community Health Services

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- \* Community Health Services include activities carried out to improve community health. The services extend beyond patient care activities and are underwritten by Anderson Hospital. Community Health Services provided by Anderson Hospital for 2017 were \$97,638.

# Bad Debts

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- ✱ Bad Debts are uncollectible patient liabilities arising from the failure to pay by patients whose health care has not been classified as Financial Assistance (Charity). Anderson Hospital recorded bad debts totaling \$5,476,983 in 2017.

# Summary

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- ✱ In summary, through financial assistance, government-sponsored services, volunteer services, student education, community health services, financial contributions, and the absorption of bad debts, Anderson Hospital provided \$21,579,983 of community benefits during 2017.

# 2018 Goals and Objectives

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- ✱ Implement Health Education Planning Committee goals
- ✱ Increase our patients awareness of financial assistance through an improved financial counseling program
- ✱ Increase Financial Assistance (Charity) provided to the Community by 10%

XI.  
Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

ANDERSON HOSPITAL

	FY2015	FY2016	FY2017
Net Patient Revenue	\$132,622,892	\$131,792,713	\$145,275,015
Amount of Charity Care (charges)	\$4,309,288	\$4,706,056	\$7,464,131
Cost of Charity Care	\$1,130,178	\$1,250,660	\$1,813,959

2. Southwestern Illinois Health Facilities, Inc., acquired Community Memorial Hospital Association d/b/a Community Hospital of Staunton, formerly d/b/a Community Memorial Hospital, in 2016.

The amount of that hospital's charity care, the cost of its charity care, and the ratio of that charity care cost to net patient revenue for the past 3 audited fiscal years are presented below.

COMMUNITY MEMORIAL HOSPITAL

	FY2015	FY2016	FY2017
Net Patient Revenue	\$14,484,889	\$17,144,000	\$16,371,819
Amount of Charity Care (charges)	\$79,276	\$31,048	\$297,008
Cost of Charity Care	\$40,000	\$15,045	\$150,299

3. The co-applicants anticipate that Anderson Ambulatory Surgery Center, LLC, will have a similar payor mix to that of Anderson Hospital.

That payor mix is shown below.

Medicare:	45.8%*
Medicaid:	14.7%**
Commercial:	37.4%
SelfPay:	2.1%
Total	100.0%

\*Medicare consists of 29.7% Medicare + 16.1% Medicare Managed Care  
 \*\*Medicaid consists of 3.3% Medicaid + 11.4% Medicaid Managed Care

In addition, the Anderson Surgery Center, LLC, is expected to provide a similar amount of charitable care as Anderson Hospital. As documented above, in 2017, the costs of charity care it provided were 1.25% of its net revenue, and the charges for charity care it provided were 5.14% of net revenue.

**APPENDIX 1**

**ANDERSON SURGERY CENTER, LLC**  
**PHYSICIAN REFERRALS BASED ON CASES PERFORMED DURING CALENDAR YEAR 2017**

Physician Name	Specialty	Location Where Performed	Cases Performed During CY2017	Referrals to Anderson Surgery Center, LLC	
				2017 Cases That Would Have Been Referred	Intended Annual Referrals for Years 1 and 2
Michael Beatty, MD	Plastic Surgery	Anderson Hospital	92		
		Edwardsville Ambulatory Surgery Center	71		
		Total	163	163	163
Wynndel Buenger, MD	Pain Management	Alton Memorial Hospital	5	3	3
Gabriel Cardenas, Jr, DPM	Podiatry	Anderson Hospital	54	50-55	50-55
James Della Riva, MD	OB/Gynecology	Anderson Hospital	171	171	171
Ryan Diederich, MD	Plastic Surgery	Edwardsville Ambulatory Surgery Center	53		
		Anderson Hospital	79		
		Total	132	132	132
Mark Fedder, MD	Gastroenterology	Anderson Hospital	1,520	150	150
Thomas Hulsen, MD	OB/Gynecology	Anderson Hospital	80	75	75
Steven Hyten, DMD, MS	Oral/Maxillofacial Surgery	Anderson Hospital	35		
		Edwardsville Ambulatory Surgery Center	8		
		Total	43	43	43
R. Craig McKee, MD	Plastic Surgery	Anderson Hospital	372		
		Edwardsville Ambulatory Surgery Center	113		
		Total	485	208	208
Christina Midkiff, MD	OB/Gynecology	Anderson Hospital	91	91	91
Markel Owens, MD	OB/Gynecology	Anderson Hospital	45	45	45
Jeffrey Parres, MD	Urology	Anderson Hospital	61	61	61
<b>SLUCare Physician Group:</b>					
Jeffrey Teckman, MD	Gastroenterology	Cardinal Glennon Children's Hospital	102		
Colleen Fitzpatrick, MD	General Surgery	Cardinal Glennon Children's Hospital	83		
Bradley Davitt, MD	Ophthalmology	Cardinal Glennon Children's Hospital	47		
Lee Engel, MD	Orthopedics	Cardinal Glennon Children's Hospital	74		
Dary Costa, MD	Otolaryngology	Cardinal Glennon Children's Hospital	413		
Barry Duet, MD	Urology	Cardinal Glennon Children's Hospital	52		
		Total	771	408	408
Eric Snook, DPM	Podiatry	Anderson Hospital	10		
		Belleville Surgical Center	86		
		Community Memorial Hospital - Staunton	1		
		Memorial Hospital, Belleville	28		
		Total	125	80	80
Eric Whittenburg, DPM	Podiatry	Anderson Hospital	3		
		Belleville Surgical Center	132		
		Memorial Hospital, Belleville	8		
		St. Elizabeth's Hospital, Belleville	1		
		Total	144	50	50
Richard Wikiera, DO	General Surgery	Community Memorial Hospital - Staunton	98	98	98
		<b>TOTALS</b>	<b>3,988</b>	<b>1,828-1,833</b>	<b>1,828-1,833</b>

# SOUTHWESTERN ILLINOIS PLASTIC & HAND SURGERY

PLASTIC & RECONSTRUCTIVE SURGERY  
SURGERY OF HAND • COSMETIC SURGERY

MICHAEL E. BEATTY, M.D., F.A.C.S.

May 7, 2018

TWO SUNSET HILLS PROFESSIONAL CENTRE  
EDWARDSVILLE, ILLINOIS 62025  
TEL: 618-656-9355 • FAX: 618-692-9880

ST. ANTHONY'S HEALTH CENTER  
ALTON, ILLINOIS 62002  
(PLEASE REPLY TO EDWARDSVILLE OFFICE)

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting. The dates are for 2017 and last part of 2016. I had a back injury and had to have surgery in 2017, so 2017 list is not a usual volume.

I would have referred all of the 163 cases, of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to perform all surgeries at the outpatient facility dependent on response, during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

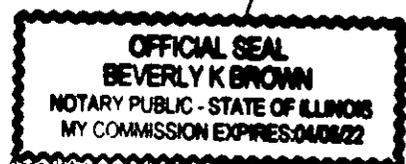
Sincerely,



Michael E. Beatty, M.D., F.A.C.S.

MEB/bkb

STATE IL COUNTY US-Madison  
SIGNED BEFORE ME 8th DAY May 2018  
NOTARY PUBLIC Beverly K. Brown



Member American Society of Plastic Surgeons, Inc.

Certified American Board of Plastic Surgery • American College of Surgeons • American Association for Hand Surgery

[WWW.SWIPLASTICSURGERY.COM](http://WWW.SWIPLASTICSURGERY.COM)

E-MAIL: [MBEATTY@SWIPLASTICSURGERY.COM](mailto:MBEATTY@SWIPLASTICSURGERY.COM)

217

**APPENDIX A**

Name of Physician: MICHAEL E. BEATTY, M.D., F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
1661	62034	EXCISION BASAL CELL CA RIGHT LOWER EYELID	ANDERSON HOSP
1526	62002	RT THUMB CMC BURTON PROCEDURE	ANDERSON HOSP
1691	62012	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
1316	62040	REL A-1 PULLEY RT RING FINGER	EDW AMBUL SURG
2304	62025	REL STENOSING TENOSYNOVITIS RIGHT THUMB	EDW AMBUL SURG
1382	62034	EXC BASAL CELL CA LEFT TEMPORAL WITH FROZEN SECTION	ANDERSON HOSP
2228	62034	EXC RECURRENT BASAL CELL CA ANTERIOR NECK WITH FROZEN SECTION	ANDERSON HOSP
2104	62012	CENTRALIZATION OF EXTENSOR TENDON LEFT LONG FINGER	ANDERSON HOSP
2282	62205	EXCISION TUMOR MASS LEFT THUMB	EDW AMBUL SURG
1509	62088	RELEASE RADIAL NERVE COMPRESSION LEFT FOREARM	ANDERSON HOSP
1652	62025	LEFT REGIONAL PALMAR DIGITAL FASCIECTOMY & RELEASE LEFT 5 <sup>TH</sup> FINGER	ANDERSON HOSP
1691	62012	RIGHT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2312	62034	EXCISION INCLUSION CYST BACK	EDW AMBUL SURG
2047	62034	EXCISION GANGLION RIGHT WRIST	ANDERSON HOSP
1932	62035	LEFTM THUMB BURTON PROCEDURE	ANDERSON HOSP
2317	62012	EXCISION MYXOID CYST RTGHT THUMB	EDW AMBUL SURG
2241	62002	EXPLORATION FLEXOR TENDON INJURY LEFT RING FINGER	ANDERSON HOSP
2321	62249	EXPLORATION RIGHT HAND FOR FOREIGN BODY	ANDERSON HOSP
1076	62025	EXCISION BASAL CELL CA NASAL TIP WITH FROZEN SECTION & V-Y FLAP	ANDERSON HOSP
1621	62234	EXCISION BASAL CELL CA LOWER LIP	EDW AMBUL SURG
2328	62025	RIGHT HAND PALMAR/ DIGITAL FASCIECTOMY WITH Z-PLASTY, RELEASE PIP JOINT RIGHT 5 <sup>TH</sup> FINGER	ANDERSON HOSP
1246	62685	EXCISION BASAL CELL CA RIGHT TEMPLE AND RIGHT LOWER EYELID, WITH FROZEN SECTION	ANDERSON HOSP.
2309	62236	REMOVAL BILATERAL BREAST IMPLANTS WITH CAPSULOTOMIES AND INSERTION NEW IMPLANTS.	EDW AMBUL SURG
2329	62024	EXCISION SOFT TISSUE MASS RIGHT UPPER LIP	EDW AMBUL SURG
2335	62223	RIGHT CARPAL TUNNEL RELEASE	EDW AMBUL SURG

**APPENDIX A (PAGE TWO)**

Name of Physician: MICHAEL E. BEATTY, M.D., F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
1981	62294	LEFT THUMB CMC BURTON PROCEDURE	ANDERSON HOSP
1246	62685	RE-EXCISION BASAL CELL CA RIGHT FOREHEAD/TEMPORAL AREA & EXCISION BASAL CELL CA NOSE WITH FROZEN SECTION	ANDERSON HOSP
2350	62074	EXCISION BASAL CELL CA RIGHT EAR WITH FROZEN SECTION	ANDERSON HOSP
1333	62097	EXCISION POSTERIOR NECK MASS	EDW AMBUL SURG
2365	62025	EXCISION GANGLION VOLAR RIGHT WRIST	EDW AMBUL SURG
2303	62025	EXCISION RECURRENT INCLUSION CYST BACK	EDW AMBUL SURG
1362	62234	EXCISION BASAL CLL CA NOSE WITH FROZEN SECTION & EXCISION LESION SCALP	ANDERSON HOSP
1150	62025	EXCISION BASAL CELL CA UPPER LIP WITH FROZEN SECTION	ANDERSON HOSP
2375	62035	RIGHT THUMB BURTON PROCEDURE	ANDERSON HOSP
2389	62035	EXCISION GANGLION CYST VOLAR MP RIGHT INDEX	EDW AMBUL SURG
1145	62040	RELEASE A-1 PULLEY LEFT INDEX AND RING FINGERS	EDW AMBUL SURG
2354	62090	EXPLORATION, REPAIR NERVE LEFT THUMB	EDW AMBUL SURG
2370	62035	RIGHT CARPAL TUNNEL RELEASE & RELEASE ULNAR COMPRESSION RIGHT ELBOW	ANDERSON HOSP
1430	62012	EXCISION BASAL CELL CA GLABELLA	EDW AMBUL SURG
2384	62016	EXCISION GANGLION RIGHT VOLAR WRIST & RESTYLANE INJECTION UPPER LIP	EDW AMBUL SURG
2390	62025	EXCISION LESION LEFT CORNER MOUTH	EDW AMBUL SURG
2379	62034	RIGHT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
1729	62025	LEFT ELBOW EXTENSOR ORIGIN REPAIR	EDW AMBUL SURG
2385	62002	PALMAR DIGITAL REGIONAL FASCIECTOMY LEFT 5 <sup>TH</sup> FINGER	ANDERSON HOSP

**APPENDIX A (PAGE THREE)**

Name of Physician: MICHAEL E. BEATTY, M.D., F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
1868	62084	EXTERNAL ULTRASOUND ASSISTED LIPECTOMY SUB- MENTAL NECK	EDW AMBUL SURG
2046	62035	EXCISION LESION OCCIPITAL AND MID SCALP	EDW AMBUL SURG
2125	62685	RIGHT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2380	62471	RELEASE A-1 PULLEY LEFT THUMB & EXCISION CYST LEFT THUMB	ANDERSON HOSP
2343	62035	REGIONAL PALMAR DIGITAL FASCIECTOMY	ANDERSON HOSP
2235	62234	BILATERAL UPPER EYELID BLEPHAROPLASTY & BILATERAL LOWER EYELID BLEPHAROPLASTY	EDW AMBUL SURG
1729	62025	RIGHT ELBOW EXTENSOR ORIGIN REPAIR	EDW AMBUL SURG
1885	62234	RELEASE LEFT GUYON'S CANAL & EXCISION FOREIGN BODY RIGHT PALM	ANDERSON HOSP
2418	62095	EXCISION CUTANEOUS MALIGNANCY LEFT ORBITAL AREA FACE WITH FROZEN SECTION	ANDERSON HOSP
1304	62025	EXCISION RIGHT ANTERIOR NECK MASS	EDW AMBUL SURG
2408	62010	EXCISION LESION MID LOWER BACK & LEFT ANTERIOR THIGH	EDW AMBUL SURG
2407	62025	EXCISION BASAL CELL CA DOSUM NOSE WITH FROZEN SECTION	ANDERSON HOSP
2424	62067	EXCISION POST CERVICAL MASS	ANDERSON HOSP
1780	62002	EXCISION SQUAMOUS CELL CA RIGHT EAR & BASAL CELL CA ANTERIOR CHEST WITH FROZEN SECTION	ANDERSON HOSP
1783	62025	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2324	62025	BILATERAL UPPER EYELID BLEPHAROPLASTY & BILATERAL LOWER EYELID BLEPHAROPLASTY	EDW AMBUL SURG
2403	62838	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2421	62074	EXCISION FACIAL INCLUSION CYSTS X2	EDW AMBUL SURG
2345	62025	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP

APPENDIX A (PAGE FOUR)

Name of Physician: MICHAEL E. BEATTY, M.D., F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
2415	62035	LEFT THUMB BURTON PROCEDURE LRTI	ANDERSON HOSP
1997	62062	A-1 PULLEY RELEASE LEFT RING & LONG FINGERS	ANDERSON HOSP
2435	62294	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2442	61563	ORIF BOXER FRACTURE DISTAL 5 <sup>TH</sup> METACARPAL RIGHT HAND	ANDERSON HOSP
1664	61614	EXCISION LESION FOREHEAD WITH FROZEN SECTION	ANDERSON HOSP
2403	62838	RIGHT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2404	62002	EXCISION MASS LEFT ULNAR DORSAL WRIST & EXCISION RIGHT LOWER EYELID LESION	EDW AMBUL SURG
2421	62074	EXCISION FACIAL INCLUSION CYSTS X2	EDW AMBUL SURG
2265	62095	EXCISION SOFT TISSUE MASS LEFT INFRA PATELLAR AREA	ANDERSON HOSP
2437	62281	REPAIR EXTENSOR HOOD MECHANISM INJURY RIGHT LONG FINGER	EDW AMBUL SURG
2284	62025	LEFT THUMB LRTI PROCEDURE	ANDERSON HOSP
2345	62025	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2425	62234	EXCISION BILATERAL PRESCAPULAR SOFT TISSUE MASSES	ANDERSON HOSP
2447	62097	EXCISION BASAL CELL CA FOREHEAD WITH FROZEN SECTION	ANDERSON HOSP
2455	62097	EXCISION LEFT AURICULAR TEMPORAL PYOGENIC GRANULOMA	EDW AMBUL SURG
2444	62025	EXCISION INCLUSION CYST RIGHT INTERSCAPULAR SPACE	EDW AMBUL SURG
2456	62025	EXCISION MASS LEFT POST PARA LUMBAR DORSAL BACK & RIGHT ISCHIAL AREA	EDW AMBUL SURG
2462	62014	EXCISION MALIGNANT MELANOMA LEFT CHEEK	ANDERSON HOSP

APPENDIX A (PAGE FIVE)

Name of Physician: MICHAEL E. BEATTY, M.D.,F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS DURING THE 12-MONTH PERIOD OF June 1, 2016 THROUGH December 31, 2016.

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility Where Procedure Was Performed
2197	62002	RELEASE A-1 PULLEY RIGHT LONG FINGER	EDW AMBUL SURG
2298	62025	EXCISION LESION RIGHT ARM & RIGHT CALF AREA	EDW AMBUL SURG
2299	62234	EXCISION LESION LEFT NASO-MAXILLARY	EDW AMBUL SURG
2267	62088	RIGHT CARPAL TUNNEL RELEASE & CUBITAL TUNNEL & GUYON'S CANAL RELEASES	ANDERSON HOSP
2292	62234	EXCISION SOFT TISSUE MASS BACK & LEFT NASOMAXILLARY AREA	ANDERSON HOSP
1322	62025	EXCISION POSTERIOR NECK CYST	ANDERSON HOSP
2055	62281	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2218	62035	RELEASE RIGHT CARPAL TUNNEL & RIGHT ULNAR TUNNEL(GUYON'S CANAL)	ANDERSON HOSP
1550	62062	EXCISION LEFT DORSAL WRIST GANGLION	ANDERSON HOSP
1962	62062	EXCISION SOFT TISSUE MASS VOLAR LEFT INDEX	ANDERSON HOSP
2207	62281	REGIONAL PALMAR DIITAL FASCIECTOMY & RELEASE LEFT 5 <sup>TH</sup> FINGER	ANDERSON HOSP
1661	62034	EXCISION BASAL CELL CA RIGHT LOWER EYELID WITH FROZEN SECTION	ANDERSON HOSP
1905	62294	EXCISION BASAL CELL CA NOSE WITH V-Y CLOSURE	ANDERSON HOSP
2290	62040	REPAIR LACERATION FOREHEAD	EDW AMBUL SURG
1287	62093	EXCISION SQUAMOUS CELL CA LEFT EAR WITH FROZEN SECTION	ANDERSON HOSP
1845	62040	LEFT CARPAL TUNNEL & LEFT CUBITAL TUNNEL RELEASE	ANDERSON HOSP
2055	62281	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
1494	62067	FACIAL DERMABRASION	ANDERSON HOSP
2112	62095	EXCISION SQUAMOUS CELL CA RIGHT SUPRABROW WITH FROZEN SECTION	ANDERSON HOSP
2210	62234	EXCISION RECURRENT ABSCESS LOWER BACK	ANDERSON HOSP

APPENDIX A (PAGE SIX)

Name of Physician: MICHAEL E. BEATTY, M.D., F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCS AND HOSPITALS DURING THE 12-MONTH PERIOD OF June 1, 2016 THROUGH December 31, 2016.

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility Where Procedure Was Performed
2252	62010	RE-EXCISION SQUAMOUS CELL CA/ KERATOACANTHOMA LEFT HAND/ INDEX MCP JOINT W/FROZEN SECTION	ANDERSON HOSP
2225	62234	EXCISION LESION LEFT CHEEK	EDW AMBUL SURG
1900	62898	RIGHT ELBOW EXTENSOR ORIGIN REPAIR	EDW AMBUL SURG
2247	62088	EXCISION BASAL CELL CA RIGHT NASO ORBITAL WITH FLAP CLOSURE	EDW AMBUL SURG
2167	62034	EXCISION BASAL CELL CA RIGHT EAR HELIX WITH FROZEN SECTION	ANDERSON HOSP
2218	62035	RELEASE LEFT CARPAL TUNNEL & ULNAR TUNNEL AT WRIST	ANDERSON HOSP
1220	62249	EXCISION LOWER EYELID BASAL CELL CA WITH FROZEN SECTION & EXCISION RIGHT CHEEK SQUAMOUS CELL CA	ANDERSON HOSP
2120	62067	BILATERAL UPPER EYELID BLEPHAROPLASTY	ANDERSON HOSP
2029	62052	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
1845	62040	RELEASE RIGHT CARPAL TUNNEL & CUBITAL TUNNEL AT ELBOW	ANDERSON HOSP
2220	62010	REGIONAL PALMAR & DIGITAL FASCIECTOMY RIGHT HAND	EDW AMBUL SURG
1269	62025	RELEASE A-1 PULLEY LEFT LONG FINGER	EDW AMBUL SURG
2206	62061	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2228	62034	RELEASE A-1 PULLEY RIGHT RING & INDEX FINGERS & KENALOG LEFT MIDDLE FINGER	EDW AMBUL SURG
2073	62095	REMOVAL TRAPEZIUM LEFT THUMB & LRTI PROCEDURE	ANDERSON HOSP
1980	62234	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2213	62002	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2078	62206	RIGHT ELBOW EXTENSOR ORIGIN REPAIR	ANDERSON HOSP

APPENDIX A (PAGE SEVEN)

Name of Physician: MICHAEL E. BEATTY, M.D., F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCS AND HOSPITALS DURING THE 12-MONTH PERIOD OF June 1, 2016 THROUGH December 31, 2016.

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility Where Procedure Was Performed
2029	62052	RIGHT CARPL TUNNEL RELEASE & RELEASE GUYON'S CANAL	ANDERSON HOSP
2237	62058	EXCISION BASAL CELL CA NOSE	EDW AMBUL SURG
2147	62249	LEFT THUMB BURTON PROCEDURE, LRTI	ANDERSON HOSP
2229	62067	EXCISION SQUAMOUS CELL CA LEFT EAR HELIX WITH FROZEN SECTION	ANDERSON HOSP
2206	62061	RIGHT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
1150	62025	EXCISION SQUAMOUS CELL CA LEFT UPPER EYELID WITH FROZEN SECTION	ANDERSON HOSP
1155	62002	EXCISION LESION LEFT POST AURICULAR LESION WITH FLAP CLOSURE	EDW AMBUL SURG
204	62234	RELEASE A-1 PULLEY RIGHT RING FINGER	EDW AMBUL SURG
2213	62002	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2219	62033	EXCISION TUMOR MASS RT LATERAL BROW	ANDERSON HOSP
1818	62012	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2160	62234	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2224	62022	EXCISION RIGHT INF EYELID SEBACEOUS	EDW AMBUL SURG
1861	62040	RIGHT CARPAL TUNNEL RELEASE	EDW AMB UL SURG
2042	62010	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
1903	62052	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
1651	20815	ORIF SPIRAL FRACTURE LEFT RING FINGER	ANDERSON HOSP
2192	62088	EXCISION LESIONS FACE X5	EDW AMBUL SURG
1486	62010	LEFT CARPAL TUNNEL RELESE	ANDERSON HSOP
2101	62095	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
1198	62061	REGIONAL PALMAR DIGITAL FASCIECTOMY LEFT HAND	ANDERSON HOSP
2180	62262	BILATERAL IMPLANT REPLACEMENT	EDW AMBUL SURG
2042	62010	RIGHT CARPAL TUNNEL RELEASE	EDW AMBUL SURG

APPENDIX A (PAGE EIGHT)

Name of Physician: MICHAEL E. BEATTY, M.D.,F.A.C.S.

Surgical Specialty: PLASTIC & HAND SURGERY

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS DURING THE 12-MONTH PERIOD OF June 1, 2016 THROUGH December 31, 2016.

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility Where Procedure Was Performed
2172	62234	LEFT CARPAL TUNNEL RELEASE & RELEASE LEFT CUBITAL TUNNEL ELBOW	EDW AMBUL SURG
2191	62035	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
1962	62062	RELEASE A-1 PULLEY LEFT THUMB	ANDERSON HOSP
2160	62234	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
1818	62012	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
1861	62040	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2169	62035	EXCISION MASS RIGHT INTRASCAPULAR	EDW AMBUL SURG
2190	62040	RELEASE A-1 PULLEY RIGHT THUMB	EDW AMBUL SURG
2157	62040	EXCISION DERMOID CYST NASO ORBITAL	EDW AMBUL SURG
2201	62249	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2101	62095	LEFT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2102	62025	RELEASE A-1 PULLEY RIGHT RING & INDEX	ANDERSON HOSP
1486	62010	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
1859	62234	EXCISION BASAL CELL CA RIGHT NASO ORBITAL WITH FROZEN SECTION & EXCISION LESION RIGHT FOREARM	ANDERSON HOSP
2201	62249	RIGHT CARPAL TUNNEL RELEASE	ANDERSON HOSP
2191	62035	RIGHT CARPAL TUNNEL RELEASE & ULNAR RELEASE AT WRIST	EDW AMBUL SURG
1859	62234	OPEN REDUCTION/WIRE FIXTION INTRA ARTICULAR FRACTURE RIGHT 5 <sup>TH</sup> PIP	ANDERSON HOSP
1154	62010	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2141	62254	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2184	62035	LEFT CARPAL TUNNEL RELEASE	EDW AMBUL SURG
2095	62002	REGIONAL PALMAR DIGITAL FASCIECTOMY LEFT RING FINGER	ANDERSON HOSP



To Whom It May Concern:

I am a physician and a member of the medical staff of Interventional Pain Consultants and intend to refer patients to Anderson Hospital, which is proposed to be established in a CON application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing IDPH-licensed ASTCs or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Hospital. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed.

I would have referred sixty percent of the patients identified in Appendix A to Anderson Hospital annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer fifty percent during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

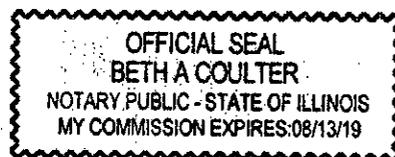
I hereby verify that the patient referrals that I intend to make to Anderson Hospital have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Dr. Wynndel Buenger  
Interventional Pain Consultants  
3 Professional Drive, Suite B, Alton, IL 62002  
Pain Management  
Date: 8/15/2018

Notary Public: Beth A. Coulter  
Date: 8-16-2018



APPENDIX A

Name of Physician: Dr. Wynndel Buenger  
Surgical Specialty: Pain Management

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF 3/24/2017 THROUGH 06/29/2018

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
395011	62034	Permanent SCS Implant	Alton Memorial Hospital
387390	62034	Permanent SCS Implant	Alton Memorial Hospital
375665	62062	Permanent SCS Implant	Alton Memorial Hospital
301052	62025	Permanent SCS Implant	Alton Memorial Hospital
308194	62234	Permanent SCS Implant	Alton Memorial Hospital

PREMIER FOOT AND ANKLE OF ILLINOIS, P.C.



ANDERSON HOSPITAL  
HOSPITAL ENTRANCE 2  
6810 STATE ROUTE 162, SUITE 20  
MARYVILLE, IL 62062  
OFFICE: (618) 288-2835  
FAX: (618) 288-6162

WWW.PREMIERFOOTILLINOIS.COM

Tuesday, July 24, 2018

To whom it may concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 50-55 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 50-55 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Gabriel Cardenas Jr., DPM

President/Owner Premier Foot and Ankle of Illinois, PC

6810 State Route 162 Suite 20  
Maryville, IL, 62062

Podiatric Surgery

Date: July 24, 2018

NOTARY Public: Beth A. Coulter  
Date: July 24, 2018



# ASC SURGICAL CASES 2017

Surgeon	Patient ID	Patient Origin Zip Code	CPT Code	Procedure Performed	Facility
CARDENAS	AA	62249	28035LT	RELEASE TARSAL TUNNEL LT	ANDERSON
CARDENAS	LA	62062	28299RT	DOUBLE OSTEOTOMY RT	ANDERSON
CARDENAS	RA	62040	28060LT	FASCIECTOMY, PLANTAR FASCIA, PARTIAL	ANDERSON
CARDENAS	GB	62074	28118RT	OSTECTOMY, CALCANEUS RT	ANDERSON
CARDENAS	KB	62062	28899LT	UNLISTED PROCEDURE, FOOT OR TOE LT	ANDERSON
CARDENAS	LB	62294	28113LT	OSTECTOMY, FIFTH METATARSAL HEAD LT	ANDERSON
CARDENAS	RB	62025	27619RT	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL RT	ANDERSON
CARDENAS	MB	62024	28299	DOUBLE OSTEOTOMY	ANDERSON
CARDENAS	KB	62040	28297LT	LAPIDUS-TYPE PROCEDURE LT	ANDERSON
CARDENAS	KD	62294	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD	ANDERSON
CARDENAS	BF	62025	28190LT	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	ANDERSON
CARDENAS	CG	62034	28118	OSTECTOMY, CALCANEUS	ANDERSON
CARDENAS	RG	62014	28122LT	PARTIAL EXCISION BONE; TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS LT	ANDERSON
CARDENAS	DG	62234	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON, DEEP	ANDERSON
CARDENAS	AH	62294	28297LT	CORRECTION, HALLUX VALGUS, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY, LAPIDUS-TYPE PROCEDURE	ANDERSON
CARDENAS	LH	62234	28060	FASCIECTOMY, PLANTAR FASCIA, PARTIAL	ANDERSON
CARDENAS	DH	62234	28285T4	CORRECTION, HAMMERTOE	ANDERSON
CARDENAS	PH	62234	28110	OSTECTOMY, COMPLETE EXCISION, FIRST METATARSAL HEAD	ANDERSON
CARDENAS	MH	62201	27792RT59	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE, INCLUDES INTERNAL FIXATION	ANDERSON
CARDENAS	EH	62025	28299	CORRECTION, HALLUX VALGUS, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY, DOUBLE OSTEOTOMY	ANDERSON

CARDENAS	CH	62294	28299	CORRECTION, HALLUX VALGUS, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY, DOUBLE OSTEOTOMY	ANDERSON
CARDENAS	TH	62253	27696RT	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS RT	ANDERSON
CARDENAS	SH	62258	0335T	EXTRAOSSEOUS SUBTALAR JOINT IMPLANT FOR TALOTARSAL STABILIZATION	ANDERSON
CARDENAS	JJ	62234	28299	CORRECTION, HALLUX VALGUS, WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY BY DOUBLE OSTEOTOMY	ANDERSON
CARDENAS	PJ	62097	28825T1	PARTIAL AMPUTATION OF TOE	ANDERSON
CARDENAS	PJ	62034	28297	CORRECTION HALLUX VALGUS	ANDERSON
CARDENAS	AK	62025	28060LT	FASCIECTOMY, PLANTAR FASCIA; PARTIAL	ANDERSON
CARDENAS	KK	62024	28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL	ANDERSON
CARDENAS	KK	62010	20680LT	REMOVAL OF IMPLANT; DEEP	ANDERSON
CARDENAS	DK	62218	28285T6	CORRECTION, HAMMERTOE	ANDERSON
CARDENAS	TK	62040	28060RT	FASCIECTOMY, PLANTAR FASCIA; PARTIAL	ANDERSON
CARDENAS	AL	62040	28750LT	FUSION OF BIG TOE JOINT	ANDERSON
CARDENAS	RL	62010	28750TA	FUSION OF BIG TOE JOINT	ANDERSON
CARDENAS	BL	62097	28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL	ANDERSON
CARDENAS	CL	62084	28285T1	CORRECTION, HAMMERTOE	ANDERSON
CARDENAS	ML	62034	28192	REMOVAL OF FOOT FOREIGN BODY	ANDERSON
CARDENAS	AL	62097	28299LT	CORRECTION HALLUX VALGUS	ANDERSON
CARDENAS	PM	62201	28750	FUSION OF BIG TOE JOINT	ANDERSON
CARDENAS	DM	62294	28750RT	FUSION OF BIG TOE JOINT	ANDERSON
CARDENAS	SM	62294	28476	TREAT METATARSAL FRACTURE	ANDERSON
CARDENAS	SO	62281	28299RT	CORRECTION HALLUX VALGUS	ANDERSON
CARDENAS	JP	62294	28297LT	CORRECTION HALLUX VALGUS	ANDERSON
CARDENAS	KP	62294	28825T1	PARTIAL AMPUTATION OF TOE	ANDERSON
CARDENAS	DP	62062	28005	TREAT FOOT BONE LESION	ANDERSON
CARDENAS	PR	62074	28285	CORRECTION, HAMMERTOE	ANDERSON
CARDENAS	GR	62060	28820	AMPUTATION OF TOE	ANDERSON

CARDENAS	DR	62294	28118	OSTEOTOMY, CALCANEUS	ANDERSON
CARDENAS	AS	62025	28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL	ANDERSON
CARDENAS	MS	62025	28299	CORRECTION HALLUX VALGUS	ANDERSON
CARDENAS	MS	62062	28285	CORRECTION, HAMMERTOES	ANDERSON
CARDENAS	LS	62001	28118	OSTEOTOMY, CALCANEUS	ANDERSON
				DEBRIDEMENT OPEN WOUND, INCLUDING TOPICAL APPLICATIONS, WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTIONS FOR ONGOING CARE, PER SESSION, TOTAL WOUND SURFACE AREA; FIRST 20 SQ CM OR LESS	
CARDENAS	TS	62040	97597		ANDERSON
CARDENAS	SV	62025	28113	PART REMOVAL OF METATARSAL	ANDERSON
CARDENAS	DW	62034	11422	REMOVAL OF GROWTH OF THE FEET	ANDERSON



James J. Dalla Riva, MD, FACOG  
Thomas M. Hulsen, MD, FACOG  
Monica E. Major-Harris, APRN, FNP-BC

6812 State Route 162, Suite 301 • Maryville, IL 62062 • p: 618.288.5699 • f: 618.288.5797

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 171 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 171 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

James J. Dalla Riva, MD, FACOG  
6812 State Route 162, Suite 301  
Maryville, Illinois 62062  
Obstetrics & Gynecology

Notary Public: Beth A. Coulter  
Date: May 31, 2018

Date: 053118



ASC SURGICAL CASES 2017

Surgeon	Patient ID	Patient Origin Zip Code	CPT Code	Procedure Performed	Facility
DALLA RIVA	SANDER0013	62269	58673	LAP SURG; W/SALPINGOSTOMY	ANDERSON
DALLA RIVA	PULASK0000	62040	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	WALKER0007	62040	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	DOMBOS0000	62275	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	GILLES0001	62249	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	JACKSO0028	62018	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	MALICO0000	62234	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	MARRA0000	62088	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	MERCUR0000	62234	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON
DALLA RIVA	STERET0000	62025	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	TRAVIS0001	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	UNDERW0006	62025	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	USERY0000	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	VOLRAB0000	62025	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	ROBERT0038	62234	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	RONGEY0004	62025	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	SCHWAL0003	62025	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	LEITSC0004	62088	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	MERCHA0001	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	PAYNE0009	62095	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	PRIECE0000	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	GREEN0027	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	HENSLE0001	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	HIBBET0000	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	HIBBET0000	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	ISENB0003	62061	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	JOHNS00101	60647	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	COCHRA0007	62234	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	DENSON0001	62234	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	ELDRID0005	62232	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	GRECO0001	62025	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	10489	62234	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	7711	62095	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	9751	62014	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	AROSEM0001	62040	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	BRASE0002	62025	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	BROWN0076	62234	58662	LAP SURG; W/FULG/EXCIS LES-OVARY	ANDERSON
DALLA RIVA	RADAKE0000	62014	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	REAM0000	62025	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	RIVERA0001	62062	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	SCHWAL0002	62025	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	WILLM0000	62418	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	HOFFST0001	62097	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	MULLIN0000	62016	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	OSTEND0000	62062	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	PATTON0013	62234	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	CORBIN0002	62234	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	DAVIS0076	62230	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	DAVIS0076	62230	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	DETTW10002	62040	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	ELLIOT0001	62236	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	FAYOLL0000	62294	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	10509	62056	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	4601	62025	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	9282	62234	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	ADLER0000	62040	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	ANDERS0045	62060	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	BREITH0000	62025	58661	LAP SURG; W/REMOV ADNEXAL STRUCT	ANDERSON
DALLA RIVA	BIGGS0000	62258	58660	LAP SURG; W/LYSIS ADHES(SEP PROC)	ANDERSON
DALLA RIVA	CORLEY0000	62025	58660	LAP SURG; W/LYSIS ADHES(SEP PROC)	ANDERSON
DALLA RIVA	HILL0001	62025	58660	LAP SURG; W/LYSIS ADHES(SEP PROC)	ANDERSON
DALLA RIVA	MADRID0000	62034	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	THOMP00040	62471	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	ANSPAC0000	62471	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	BETTS0002	63341	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	DENSON0001	62234	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	DILLIE0000	62232	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	DIXON0005	62208	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	1089	62234	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	2431	62234	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	6469	62249	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON

DALLA RIVA	7636	62088	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	ALEXAN0012	62234	58563	HYSTEROSCOPY SURG; W/ENDO ABLATION	ANDERSON
DALLA RIVA	THORNH0000	62033	58562	HYSTEROSCOPY SURG; W/REMOV FB	ANDERSON
DALLA RIVA	FLATT0000	62025	58561	HYSTEROSCOPY SURG; W/REMOV LEIOMYOM	ANDERSON
DALLA RIVA	9527	62025	57410	PELVIC EXAM UNDER ANES	ANDERSON
DALLA RIVA	CALDWE0006	62265	57410	PELVIC EXAM UNDER ANES	ANDERSON
DALLA RIVA	KLUCKE0000	62234	57410	PELVIC EXAM UNDER ANES	ANDERSON
DALLA RIVA	WILLIA0110	62088	57410	PELVIC EXAM UNDER ANES	ANDERSON
DALLA RIVA	KARRIC0002	62033	46924	DESTRCT LES ANUS EXTEN ANY METHD	ANDERSON
DALLA RIVA	SHEPPA0001	62040	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	SKINNE0007	62060	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	STOCKJ000	62269	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	TADLOC0002	62894	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	COZART0002	62058	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	DUNCAN0005	62234	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	GOODAL0000	62025	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	HILL0030	62234	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	PFEIF0007	62025	59820	TX MISSED AB COMPL SURG; 1ST TRIMES	ANDERSON
DALLA RIVA	SCHNEI0013	62095	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	STEVEN0016	62056	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	WORTHHE0004	62040	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	BIANCO0000	62088	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	GILLES0005	62234	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	HUGE0000	62025	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	KOEKLE0004	62249	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	LANSAW0001	62234	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	MARBUR0000	62035	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	PEREZ0002	62040	59812	TX INCOMPL AB ANY TRIMES COMPL SURG	ANDERSON
DALLA RIVA	LESAND000	62298	59160	CURET PP	ANDERSON
DALLA RIVA	MERCHA0001	62040	59160	CURET PP	ANDERSON
DALLA RIVA	MERCHA0001	62040	59160	CURET PP	ANDERSON
DALLA RIVA	OBRIAN0000	62056	59160	CURET PP	ANDERSON
DALLA RIVA	OWENS0010	62010	59160	CURET PP	ANDERSON
DALLA RIVA	SEMPLO0000	62056	59160	CURET PP	ANDERSON
DALLA RIVA	SKOWRO0000	62025	59160	CURET PP	ANDERSON
DALLA RIVA	SPUDIC0000	62088	59160	CURET PP	ANDERSON
DALLA RIVA	BOONE0003	62056	59160	CURET PP	ANDERSON
DALLA RIVA	BUCKLE0000	62264	59160	CURET PP	ANDERSON
DALLA RIVA	COTTER0001	62040	59160	CURET PP	ANDERSON
DALLA RIVA	FITZGE0004	62234	59160	CURET PP	ANDERSON
DALLA RIVA	TYUS0001	62060	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	VOGEL0000	62249	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	WALDRU0001	62002	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	WINKLE0003	62273	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	YORK0005	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	ZINN0001	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	ROBINS0020	62034	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	ROMANI0000	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	SCHAI0000	62062	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	SCHROE0016	62249	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	SCROGG0004	62024	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	SCROGG0004	62024	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	SPARKS0009	62034	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MULACH0001	62046	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	NOLTE0000	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	NOLTE0000	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	PASHEA0002	62294	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	PROVAN0000	62062	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	REEVES0004	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	REINIG0001	62097	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	RIDENO0001	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MCCOY0007	62056	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MCPAD0001	62294	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MERTZ0000	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MILLER0100	62025	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MONGOL0000	62088	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MOUSSE0001	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MUEGGE0001	62294	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	KRISHE0000	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	LANSAW0001	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	LOFTIS0000	62033	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	LOWE0006	62294	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MAY0007	62010	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MAY0015	62025	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	MCCALL0007	62034	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	HEWLET0003	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	HUBBAR0005	62208	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	HYLLA0000	62254	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	JACKS00028	62018	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	JOHNS00100	62208	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON

DALLA RIVA	KEENE0000	62025	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	KIEL0000	62021	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	FORCE0000	62033	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	FREESE0000	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	GRAND00000	62088	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	HEATH0003	62034	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	HEGW00000	62208	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	HEIM0001	62012	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	BRIDWE0000	62088	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	BROWN0084	62294	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	BULLAR0003	62294	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	CATES0001	62294	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	COLLIN0014	62034	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	COTTER0001	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	136	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	1447	6225	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	7924	62234	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	AROSEM0001	62040	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	BARDILO001	62249	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	BARTON0015	62025	58558	HYSTEROSCPY SURG; W/SAMP/POLYPECT	ANDERSON
DALLA RIVA	BROCK0003	62234	58120	D&C DX &/OR THERAP (NON OB)	ANDERSON



# MIDAMERICA

INSTITUTE OF PLASTIC & COSMETIC SURGERY

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 132 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 132 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

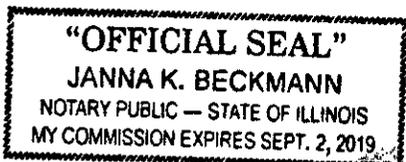
Sincerely,

Typed or Printed Name: Ryan Diederich, MD

Office Address, including City and State: 4955 State route 159 Suite 1, Glen Carbon, IL 62034

Surgical Specialty: Plastic Surgery

Date: 6/25/2018



4955 State Route 159 | Suite 1  
Glen Carbon, IL 62034

618.288.7855 | phone  
618.288.7866 | fax

midamericaplasticsurgery.com

<u>Patient ID</u>	<u>Zip Code</u>	<u>Procedure</u>	<u>Facility</u>
7452	62249	64721-CTS	Surgery Center
244598	62095	25111-Gang. Wrist	Surgery Center
266125	62040	C3031-Mastopexy	Surgery Center
266883	62269	C3029-Breast Aug	Surgery Center
54028	62234	26055-Trigger Finger	Surgery Center
245835	62040	64721-CTS	Surgery Center
251277	62234	26160-Gang. Finger	Surgery Center
235694	62269	25111-Gang. Wrist	Surgery Center
74050	62034	26715-Knuckle Disloc.	Surgery Center
234133	62294	C3037-Gynecomastia	Surgery Center
268429	62269	C3029-Breast Aug	Surgery Center
238326	62234	64721-CTS	Surgery Center
239063	62219	64721-CTS	Surgery Center
85146	62048	64721-CTS	Surgery Center
244534	62025	64721-CTS	Surgery Center
268982	62040	25000-inc. tendon sheath	Surgery Center
271107	62001	C3031-Mastopexy	Surgery Center
269216	62207	64721-CTS	Surgery Center
146944	62249	64721-CTS	Surgery Center

270674	62002 26055-Trigger Finger	Surgery Center
268895	62931 26951-Amputation	Surgery Center
3509	62033 64718-Cubital Tunnel	Surgery Center
86698	62025 21931-Exc. On back	Surgery Center
34692	62234 64721-CTS	Surgery Center
240585	62450 C3031-Mastopexy	Surgery Center
28540	62234 21337-Nasal fracture	Surgery Center
136650	62234 64721-CTS	Surgery Center
273131	62018 64721-CTS	Surgery Center
13150	62025 26045-Partial palmar	Surgery Center
236036	62294 64721-CTS	Surgery Center
274895	62034 C3029-Breast Aug	Surgery Center
243734	62294 64721-CTS	Surgery Center
273916	62006 64721-CTS	Surgery Center
249652	62249 64721-CTS	Surgery Center
20001	62034 64721-CTS	Surgery Center
274544	62061 25111-Gang. Wrist	Surgery Center
44503	62040 64721-CTS	Surgery Center
138505	62234 26123-Release Paml Cont	Surgery Center
249794	62035 64721-CTS	Surgery Center

244102	62024 64721-CTS	Surgery Center
250587	62294 64721-CTS	Surgery Center
245783	62208 64721-CTS	Surgery Center
154889	62249 26055-Inc. tendon sheath	Surgery Center
45842	62294 26055-Inc. tendon sheath	Surgery Center
247072	62201 64721-CTS	Surgery Center
97208	62025 64721-CTS	Surgery Center
97953	62024 26055-Inc. tendon sheath	Surgery Center
268989	62249 26055-Inc. tendon sheath	Surgery Center
270773	60134 26410-Repair hand tendon	Surgery Center
20321	62021 64721-CTS	Surgery Center
168847	62062 26160-Remove tendon sheath	Surgery Center
101429	62034 26055-Inc. tendon sheath	Surgery Center
271525	62246 26160-Remove tendon sheath	Surgery Center
50043	62025 C3029-Breast Aug	Anderson
248403	62002 C3029-Breast Aug	Anderson
168274	62025 19318-Breast Reduction	Anderson
250529	62040 C3029-Breast Aug	Anderson
249343	62040 64721-CTS	Anderson

70384	62253 64721-CTS	Anderson
250817	62024 26160-Gang. Finger	Anderson
50322	62234 C3029-Breast Aug	Anderson
90421	62034 C3009-Fat Injeciton	Anderson
5532	62025 C3029-Breast Aug	Anderson
249343	62040 64718-Cubital Tunnel	Anderson
70384	62253 64721-CTS	Anderson
245514	62801 19318-Breast Reduction	Anderson
267667	62959 21320-Nasal Fracture	Anderson
171448	62234 19318-Breast Reduction	Anderson
5336	62034 C3029-Breast Aug	Anderson
266252	62231 C3029-Breast Aug	Anderson
269478	62024 26418-Ext. tendon repair	Anderson
251038	63385 C3044-Abdominoplasty	Anderson
249371	62021 C3031-Mastopexy	Anderson
37600	62269 C3029-Breast Aug	Anderson
266269	62208 C3053-Lipo Abdomen	Anderson
9659	62025 64721-CTS	Anderson
74662	62040 64721-CTS	Anderson
266524	62294 19300-Gynecomastia	Anderson

269920	62221 C3029-Breast Aug	Anderson
156456	62010 C3027-Brachioplasty	Anderson
269532	62025 C3029-Breast Aug	Anderson
266062	62269 C3029-Breast Aug	Anderson
141993	62025 19318-Breast Reduction	Anderson
235899	62025 C3029-Breast Aug	Anderson
266236	62025 26608-Metacarpal Fract.	Anderson
248091	62025 C3029-Breast Aug	Anderson
267107	62894 19318-Breast Reduction	Anderson
271698	62249 64721-CTS	Anderson
271107	62001 C3029-Breast Aug	Anderson
136087	62034 C3029-Breast Aug	Anderson
270388	62034 C3029-Breast Aug	Anderson
270044	62002 64721-CTS	Anderson
272244	62875 C3029-Breast Aug	Anderson
244862	62084 19318-Breast Reduction	Anderson
272546	62062 C3067-Forehead lift	Anderson
272943	62269 C3029-Breast Aug	Anderson
261874	62025 C3029-Breast Aug	Anderson
28256	62001 C3029-Breast Aug	Anderson

273074	62049 C3029-Breast Aug	Anderson
271997	62801 C3031-Mastopexy	Anderson
20321	62021 26418-Ext. tendon repair	Anderson
137314	62035 C3054-Lipo Abdomen	Anderson
149257	62249 19318-Breast Reduction	Anderson
275270	62025 26735-Phalang shaft fract.	Anderson
273099	62033 C3029-Breast Aug	Anderson
123407	63017 C3044-Abdominoplasty	Anderson
275915	62226 26735-Phalang shaft fract.	Anderson
276330	62234 21310-Nasal Fracture	Anderson
169274	62294 19318-Breast Reduction	Anderson
250093	62025 C3029-Breast Aug	Anderson
276324	62234 26350-Repair flexor tend	Anderson
274703	62012 26123-Partial Palmar	Anderson
274857	62471 C3029-Breast Aug	Anderson
239283	62067 C3029-Breast Aug	Anderson
273055	62226 C3029-Breast Aug	Anderson
272827	62278 C3009-Fat Injeciton	Anderson
151301	63026 19366-Breast Recon	Anderson
140662	62294 25000-Inc. Tendon Sheath	Anderson

266435	62040 26735-Finger fracture	Anderson
269343	62040 64721-CTS	Anderson
70384	62253 64721-CTS	Anderson
267914	62069 26727-Finger fracture	Anderson
251057	62025 26160-Remove tendon sheath	Anderson
26367	62025 26608-Metacarpal Fract.	Anderson
269320	62002 26756-Pin finger fracture	Anderson
83167	62040 26608-Metacarpal Fract.	Anderson
269320	62002 26951-Amputation finger	Anderson
107370	62040 26727-Finger fracture	Anderson
270044	62002 26160-Remove tendon sheath	Anderson
275314	62234 26951-Amputation finger	Anderson
275314	62234 26740-Finger fracture	Anderson
21937	62234 25111-Ganglion Exc	Anderson

**MARK S. FEDDER, MD**  
6812 State Rte. 162, Suite 211  
Maryville, IL 62062

ORIGINAL  
PART 2 OF 2

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 150 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 150 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

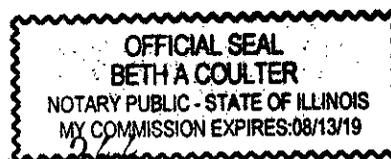
Sincerely,



Mark Fedder, MD  
6812 State Rte.162, Suite 211  
Maryville, IL 62062  
Gastroenterology

Date:

This document was acknowledged before me on the 30 day of May, 2018.

  
Signature of Notary

APPENDIX A

Name of Physician: Mark Fedder MD

Surgical Specialty: Gastroenterology

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
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# ASC SURGICAL CASES 2017

**Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
V2287058	62034	COLONOSCOPY	ANDERSON
V2287172	62034	COLONOSCOPY	ANDERSON
V2287224	62040	COLONOSCOPY	ANDERSON
V2287418	62062	COLONOSCOPY	ANDERSON
V2287446	62234	COLONOSCOPY	ANDERSON
V2294410	62234	COLONOSCOPY	ANDERSON
V2287039	62034	COLONOSCOPY	ANDERSON
V2291161	62025	COLONOSCOPY	ANDERSON
V2287077	62025	COLONOSCOPY	ANDERSON
V2287402	62294	COLONOSCOPY	ANDERSON
V2289380	62294	COLONOSCOPY	ANDERSON
V2291644	62025	COLONOSCOPY	ANDERSON
V2292901	62249	COLONOSCOPY	ANDERSON
V2288878	62033	COLONOSCOPY	ANDERSON
V2291989	62234	COLONOSCOPY	ANDERSON
V2294608	62025	COLONOSCOPY	ANDERSON
V2286075	62249	COLONOSCOPY	ANDERSON
V2286337	62040	COLONOSCOPY	ANDERSON
V2287485	62034	COLONOSCOPY	ANDERSON
V2283787	62034	COLONOSCOPY	ANDERSON
V2287761	62234	COLONOSCOPY	ANDERSON
V2294705	62074	COLONOSCOPY	ANDERSON
V2295002	62010	COLONOSCOPY	ANDERSON
V2294350	62040	COLONOSCOPY	ANDERSON
V2289678	62069	COLONOSCOPY	ANDERSON
V2291103	62273	COLONOSCOPY	ANDERSON
V2287787	62249	COLONOSCOPY	ANDERSON
V2291578	62062	COLONOSCOPY	ANDERSON
V2287863	62232	COLONOSCOPY	ANDERSON
V2288884	62034	COLONOSCOPY	ANDERSON
V2289209	62062	COLONOSCOPY	ANDERSON
V2289384	62234	COLONOSCOPY	ANDERSON
V2290303	62002	COLONOSCOPY	ANDERSON
V2293466	62249	COLONOSCOPY	ANDERSON
V2298098	62249	COLONOSCOPY	ANDERSON
V2289662	62294	COLONOSCOPY	ANDERSON
V2293471	62025	COLONOSCOPY	ANDERSON
V2295590	62001	COLONOSCOPY	ANDERSON
V2299686	62025	COLONOSCOPY	ANDERSON
V2291637	62205	COLONOSCOPY	ANDERSON
V2302342	62234	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
V2292828	62281	COLONOSCOPY	ANDERSON
V2292008	62294	COLONOSCOPY	ANDERSON
V2292920	62201	COLONOSCOPY	ANDERSON
V2293474	62062	COLONOSCOPY	ANDERSON
V2289211	62234	COLONOSCOPY	ANDERSON
V2279322	62062	COLONOSCOPY	ANDERSON
V2294294	62208	COLONOSCOPY	ANDERSON
V2273870	62249	COLONOSCOPY	ANDERSON
V2290138	62275	COLONOSCOPY	ANDERSON
V2291132	62294	COLONOSCOPY	ANDERSON
V2292597	62294	COLONOSCOPY	ANDERSON
V2292836	62067	COLONOSCOPY	ANDERSON
V2292412	62025	COLONOSCOPY	ANDERSON
V2263110	63640	COLONOSCOPY	ANDERSON
V2292827	62203	COLONOSCOPY	ANDERSON
V2301853	62088	COLONOSCOPY	ANDERSON
V2282822	62249	COLONOSCOPY	ANDERSON
V2295635	62025	COLONOSCOPY	ANDERSON
V2296776	62294	COLONOSCOPY	ANDERSON
V2291658	62002	COLONOSCOPY	ANDERSON
V2298463	62025	COLONOSCOPY	ANDERSON
V2283474	62294	COLONOSCOPY	ANDERSON
V2302707	62275	COLONOSCOPY	ANDERSON
V2296921	62249	COLONOSCOPY	ANDERSON
V2296752	62249	COLONOSCOPY	ANDERSON
V2298619	62034	COLONOSCOPY	ANDERSON
V2302536	62025	COLONOSCOPY	ANDERSON
V2290307	62275	COLONOSCOPY	ANDERSON
V2294631	62294	COLONOSCOPY	ANDERSON
V2296182	62037	COLONOSCOPY	ANDERSON
V2296461	62034	COLONOSCOPY	ANDERSON
V2295102	62034	COLONOSCOPY	ANDERSON
V2294731	62025	COLONOSCOPY	ANDERSON
V2299701	62021	COLONOSCOPY	ANDERSON
V2295106	62040	COLONOSCOPY	ANDERSON
V2297853	62097	COLONOSCOPY	ANDERSON
V2293919	62234	COLONOSCOPY	ANDERSON
V2298103	62232	COLONOSCOPY	ANDERSON
V2299699	62258	COLONOSCOPY	ANDERSON
V2299779	62294	COLONOSCOPY	ANDERSON
V2295103	62062	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
V2304488	62061	COLONOSCOPY	ANDERSON
V2290305	62025	COLONOSCOPY	ANDERSON
V2292600	62093	COLONOSCOPY	ANDERSON
V2300598	62025	COLONOSCOPY	ANDERSON
V2302723	62234	COLONOSCOPY	ANDERSON
V2296857	62234	COLONOSCOPY	ANDERSON
V2306481	62062	COLONOSCOPY	ANDERSON
V2302704	62035	COLONOSCOPY	ANDERSON
V2304963	62234	COLONOSCOPY	ANDERSON
V2307285	62088	COLONOSCOPY	ANDERSON
V2293979	57042	COLONOSCOPY	ANDERSON
V2299706	62062	COLONOSCOPY	ANDERSON
V2301910	62059	COLONOSCOPY	ANDERSON
V2308186	62025	COLONOSCOPY	ANDERSON
V2296460	62234	COLONOSCOPY	ANDERSON
V2300974	62014	COLONOSCOPY	ANDERSON
V2301825	62025	COLONOSCOPY	ANDERSON
V2299704	62025	COLONOSCOPY	ANDERSON
V2299750	62221	COLONOSCOPY	ANDERSON
V2302856	62025	COLONOSCOPY	ANDERSON
V2307115	62062	COLONOSCOPY	ANDERSON
V2303653	63119	COLONOSCOPY	ANDERSON
V2289574	62088	COLONOSCOPY	ANDERSON
V2300843	62034	COLONOSCOPY	ANDERSON
V2300266	62034	COLONOSCOPY	ANDERSON
V2285145	62034	COLONOSCOPY	ANDERSON
V2301501	62034	COLONOSCOPY	ANDERSON
V2304568	62025	COLONOSCOPY	ANDERSON
V2304511	62024	COLONOSCOPY	ANDERSON
V2291186	62040	COLONOSCOPY	ANDERSON
V2306860	62062	COLONOSCOPY	ANDERSON
V2304397	62234	COLONOSCOPY	ANDERSON
V2301556	62034	COLONOSCOPY	ANDERSON
V2302344	62234	COLONOSCOPY	ANDERSON
V2303540	62294	COLONOSCOPY	ANDERSON
V2306427	62062	COLONOSCOPY	ANDERSON
V2301500	62249	COLONOSCOPY	ANDERSON
V2306758	62062	COLONOSCOPY	ANDERSON
V2295001	62034	COLONOSCOPY	ANDERSON
V2304919	62034	COLONOSCOPY	ANDERSON
V2305308	62025	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
V2298237	62097	COLONOSCOPY	ANDERSON
V2286471	62249	COLONOSCOPY	ANDERSON
V2305144	62034	COLONOSCOPY	ANDERSON
V2307345	62040	COLONOSCOPY	ANDERSON
V2303981	62234	COLONOSCOPY	ANDERSON
V2305978	62294	COLONOSCOPY	ANDERSON
V2307498	62234	COLONOSCOPY	ANDERSON
V2300972	62025	COLONOSCOPY	ANDERSON
V2301554	62040	COLONOSCOPY	ANDERSON
V2298494	62040	COLONOSCOPY	ANDERSON
V2303695	62234	COLONOSCOPY	ANDERSON
V2295709	62062	COLONOSCOPY	ANDERSON
V2307547	62234	COLONOSCOPY	ANDERSON
V2303907	62249	COLONOSCOPY	ANDERSON
V2309695	62221	COLONOSCOPY	ANDERSON
V2309945	62034	COLONOSCOPY	ANDERSON
V2310034	62088	COLONOSCOPY	ANDERSON
V2300267	62025	COLONOSCOPY	ANDERSON
V2303910	62040	COLONOSCOPY	ANDERSON
V2306879	62249	COLONOSCOPY	ANDERSON
V2282398	62025	COLONOSCOPY	ANDERSON
V2302294	62025	COLONOSCOPY	ANDERSON
V2308773	62025	COLONOSCOPY	ANDERSON
V2295052	62034	COLONOSCOPY	ANDERSON
V2301930	62234	COLONOSCOPY	ANDERSON
V2291237	62025	COLONOSCOPY	ANDERSON
V2302718	62040	COLONOSCOPY	ANDERSON
V2303087	62249	COLONOSCOPY	ANDERSON
V2303085	62234	COLONOSCOPY	ANDERSON
V2303651	63135	COLONOSCOPY	ANDERSON
V2307096	62025	COLONOSCOPY	ANDERSON
V2307528	62062	COLONOSCOPY	ANDERSON
V2307577	62061	COLONOSCOPY	ANDERSON
V2298289	62234	COLONOSCOPY	ANDERSON
V2303983	62060	COLONOSCOPY	ANDERSON
V2304035	62269	COLONOSCOPY	ANDERSON
V2305856	62040	COLONOSCOPY	ANDERSON
V2306348	62025	COLONOSCOPY	ANDERSON
V2307138	62040	COLONOSCOPY	ANDERSON
V2301005	62249	COLONOSCOPY	ANDERSON
V2297851	42442	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2309605	62234	COLONOSCOPY	ANDERSON
2301497	62095	COLONOSCOPY	ANDERSON
2305975	62034	COLONOSCOPY	ANDERSON
2303712	62095	COLONOSCOPY	ANDERSON
2306347	62234	COLONOSCOPY	ANDERSON
2308185	62234	COLONOSCOPY	ANDERSON
2308590	62010	COLONOSCOPY	ANDERSON
2308632	62001	COLONOSCOPY	ANDERSON
2309630	62226	COLONOSCOPY	ANDERSON
2309918	62294	COLONOSCOPY	ANDERSON
2305974	62062	COLONOSCOPY	ANDERSON
2303775	62024	COLONOSCOPY	ANDERSON
2306719	62025	COLONOSCOPY	ANDERSON
2306721	62025	COLONOSCOPY	ANDERSON
2301931	62234	COLONOSCOPY	ANDERSON
2293683	62034	COLONOSCOPY	ANDERSON
2306828	62040	COLONOSCOPY	ANDERSON
2309097	62294	COLONOSCOPY	ANDERSON
2309131	62062	COLONOSCOPY	ANDERSON
2309852	62095	COLONOSCOPY	ANDERSON
2300828	62294	COLONOSCOPY	ANDERSON
2309538	62234	COLONOSCOPY	ANDERSON
2308805	62074	COLONOSCOPY	ANDERSON
2309623	62234	COLONOSCOPY	ANDERSON
2310706	62060	COLONOSCOPY	ANDERSON
2314103	62040	COLONOSCOPY	ANDERSON
2309944	62221	COLONOSCOPY	ANDERSON
2311123	62275	COLONOSCOPY	ANDERSON
2304944	62046	COLONOSCOPY	ANDERSON
2312847	62294	COLONOSCOPY	ANDERSON
2307530	62062	COLONOSCOPY	ANDERSON
2309939	62294	COLONOSCOPY	ANDERSON
2310981	62281	COLONOSCOPY	ANDERSON
2303932	62234	COLONOSCOPY	ANDERSON
2305859	62249	COLONOSCOPY	ANDERSON
2308151	62275	COLONOSCOPY	ANDERSON
2309912	62040	COLONOSCOPY	ANDERSON
2313033	62249	COLONOSCOPY	ANDERSON
2308624	62034	COLONOSCOPY	ANDERSON
2308627	62249	COLONOSCOPY	ANDERSON
2310544	62061	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2313209	62626	COLONOSCOPY	ANDERSON
2315279	62095	COLONOSCOPY	ANDERSON
2310935	62040	COLONOSCOPY	ANDERSON
2310984	62034	COLONOSCOPY	ANDERSON
2313431	62069	COLONOSCOPY	ANDERSON
2310511	62249	COLONOSCOPY	ANDERSON
2300845	62025	COLONOSCOPY	ANDERSON
2311839	62223	COLONOSCOPY	ANDERSON
2313660	62294	COLONOSCOPY	ANDERSON
2311459	62234	COLONOSCOPY	ANDERSON
2310980	62234	COLONOSCOPY	ANDERSON
2313832	62062	COLONOSCOPY	ANDERSON
2315537	62025	COLONOSCOPY	ANDERSON
2315143	62034	COLONOSCOPY	ANDERSON
2305874	62232	COLONOSCOPY	ANDERSON
2310978	62208	COLONOSCOPY	ANDERSON
2312200	62234	COLONOSCOPY	ANDERSON
2308643	62234	COLONOSCOPY	ANDERSON
2311042	62062	COLONOSCOPY	ANDERSON
2313312	62234	COLONOSCOPY	ANDERSON
2314311	62249	COLONOSCOPY	ANDERSON
2302807	62294	COLONOSCOPY	ANDERSON
2312303	62294	COLONOSCOPY	ANDERSON
2313680	62025	COLONOSCOPY	ANDERSON
2305857	62249	COLONOSCOPY	ANDERSON
2305310	62014	COLONOSCOPY	ANDERSON
2316314	62246	COLONOSCOPY	ANDERSON
2311771	62234	COLONOSCOPY	ANDERSON
2314105	62025	COLONOSCOPY	ANDERSON
2314233	62012	COLONOSCOPY	ANDERSON
2316352	62294	COLONOSCOPY	ANDERSON
2314232	62234	COLONOSCOPY	ANDERSON
2316340	62234	COLONOSCOPY	ANDERSON
2317886	62281	COLONOSCOPY	ANDERSON
2316449	62025	COLONOSCOPY	ANDERSON
2316686	93031	COLONOSCOPY	ANDERSON
2316687	62294	COLONOSCOPY	ANDERSON
2319125	62046	COLONOSCOPY	ANDERSON
2320114	62097	COLONOSCOPY	ANDERSON
2313204	62234	COLONOSCOPY	ANDERSON
2315118	62069	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2319638	62058	COLONOSCOPY	ANDERSON
2308728	62040	COLONOSCOPY	ANDERSON
2318695	62294	COLONOSCOPY	ANDERSON
2314261	62040	COLONOSCOPY	ANDERSON
2316783	62040	COLONOSCOPY	ANDERSON
2317930	62034	COLONOSCOPY	ANDERSON
2317933	62025	COLONOSCOPY	ANDERSON
2315207	62234	COLONOSCOPY	ANDERSON
2317295	62249	COLONOSCOPY	ANDERSON
2316699	62025	COLONOSCOPY	ANDERSON
2319670	62234	COLONOSCOPY	ANDERSON
2320702	62040	COLONOSCOPY	ANDERSON
2316477	62034	COLONOSCOPY	ANDERSON
2316881	62293	COLONOSCOPY	ANDERSON
2316354	62265	COLONOSCOPY	ANDERSON
2317919	62263	COLONOSCOPY	ANDERSON
2313807	62234	COLONOSCOPY	ANDERSON
2292593	62014	COLONOSCOPY	ANDERSON
2315518	62025	COLONOSCOPY	ANDERSON
2319036	62034	COLONOSCOPY	ANDERSON
2319864	62025	COLONOSCOPY	ANDERSON
2322125	62034	COLONOSCOPY	ANDERSON
2319991	62269	COLONOSCOPY	ANDERSON
2321041	62234	COLONOSCOPY	ANDERSON
2322056	62234	COLONOSCOPY	ANDERSON
2320057	62234	COLONOSCOPY	ANDERSON
2321130	62040	COLONOSCOPY	ANDERSON
2319641	62001	COLONOSCOPY	ANDERSON
2320505	62062	COLONOSCOPY	ANDERSON
2312849	62294	COLONOSCOPY	ANDERSON
2320508	62281	COLONOSCOPY	ANDERSON
2320574	62067	COLONOSCOPY	ANDERSON
2320437	62249	COLONOSCOPY	ANDERSON
2319119	63110	COLONOSCOPY	ANDERSON
2315112	62025	COLONOSCOPY	ANDERSON
2319761	62234	COLONOSCOPY	ANDERSON
2320054	62294	COLONOSCOPY	ANDERSON
2320863	62025	COLONOSCOPY	ANDERSON
2320087	62443	COLONOSCOPY	ANDERSON
2311763	62234	COLONOSCOPY	ANDERSON
2320014	62056	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2311751	62249	COLONOSCOPY	ANDERSON
2313683	62232	COLONOSCOPY	ANDERSON
2317314	6262	COLONOSCOPY	ANDERSON
2318677	62294	COLONOSCOPY	ANDERSON
2319771	62234	COLONOSCOPY	ANDERSON
2317809	62061	COLONOSCOPY	ANDERSON
2315681	62040	COLONOSCOPY	ANDERSON
2320890	62088	COLONOSCOPY	ANDERSON
2322317	62232	COLONOSCOPY	ANDERSON
2322023	62034	COLONOSCOPY	ANDERSON
2321950	62246	COLONOSCOPY	ANDERSON
2320718	62062	COLONOSCOPY	ANDERSON
2324100	62040	COLONOSCOPY	ANDERSON
2317489	62034	COLONOSCOPY	ANDERSON
2320700	62025	COLONOSCOPY	ANDERSON
2323529	62234	COLONOSCOPY	ANDERSON
2325042	62034	COLONOSCOPY	ANDERSON
2324541	62294	COLONOSCOPY	ANDERSON
2322404	62294	COLONOSCOPY	ANDERSON
2323114	62246	COLONOSCOPY	ANDERSON
2323479	6225	COLONOSCOPY	ANDERSON
2317891	62234	COLONOSCOPY	ANDERSON
2323138	62010	COLONOSCOPY	ANDERSON
2316843	62294	COLONOSCOPY	ANDERSON
2320058	62025	COLONOSCOPY	ANDERSON
2321079	62234	COLONOSCOPY	ANDERSON
2322022	62040	COLONOSCOPY	ANDERSON
2322026	62249	COLONOSCOPY	ANDERSON
2323130	62033	COLONOSCOPY	ANDERSON
2321096	62034	COLONOSCOPY	ANDERSON
2322502	62234	COLONOSCOPY	ANDERSON
2325477	62025	COLONOSCOPY	ANDERSON
2320576	62034	COLONOSCOPY	ANDERSON
2324083	62025	COLONOSCOPY	ANDERSON
2322807	62025	COLONOSCOPY	ANDERSON
2314524	62025	COLONOSCOPY	ANDERSON
2318674	62025	COLONOSCOPY	ANDERSON
2327186	62234	COLONOSCOPY	ANDERSON
2322555	62025	COLONOSCOPY	ANDERSON
2317357	62034	COLONOSCOPY	ANDERSON
2324630	62025	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2325333	62062	COLONOSCOPY	ANDERSON
2308302	62234	COLONOSCOPY	ANDERSON
2323298	6240	COLONOSCOPY	ANDERSON
2330371	62025	COLONOSCOPY	ANDERSON
2324170	62025	COLONOSCOPY	ANDERSON
2325461	62294	COLONOSCOPY	ANDERSON
CONFID	62234	COLONOSCOPY	ANDERSON
2319642	62062	COLONOSCOPY	ANDERSON
2320881	62234	COLONOSCOPY	ANDERSON
2326384	62025	COLONOSCOPY	ANDERSON
2327342	62294	COLONOSCOPY	ANDERSON
2320309	62249	COLONOSCOPY	ANDERSON
2322777	62040	COLONOSCOPY	ANDERSON
2322804	62249	COLONOSCOPY	ANDERSON
2320879	62025	COLONOSCOPY	ANDERSON
2324634	62234	COLONOSCOPY	ANDERSON
2327764	62234	COLONOSCOPY	ANDERSON
2327778	62204	COLONOSCOPY	ANDERSON
2328633	62232	COLONOSCOPY	ANDERSON
2323107	62249	COLONOSCOPY	ANDERSON
2326472	62249	COLONOSCOPY	ANDERSON
2326807	62234	COLONOSCOPY	ANDERSON
2328993	62025	COLONOSCOPY	ANDERSON
2329584	62062	COLONOSCOPY	ANDERSON
2325854	62046	COLONOSCOPY	ANDERSON
2323531	62040	COLONOSCOPY	ANDERSON
2326344	62069	COLONOSCOPY	ANDERSON
2332051	62294	COLONOSCOPY	ANDERSON
2326484	62234	COLONOSCOPY	ANDERSON
2326357	62025	COLONOSCOPY	ANDERSON
2321014	62034	COLONOSCOPY	ANDERSON
2325860	62025	COLONOSCOPY	ANDERSON
2329070	62201	COLONOSCOPY	ANDERSON
2321410	62025	COLONOSCOPY	ANDERSON
2326306	62088	COLONOSCOPY	ANDERSON
2329496	62040	COLONOSCOPY	ANDERSON
2329877	62040	COLONOSCOPY	ANDERSON
2332655	62294	COLONOSCOPY	ANDERSON
2328626	62294	COLONOSCOPY	ANDERSON
2325733	62234	COLONOSCOPY	ANDERSON
2325779	62025	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2328808	62040	COLONOSCOPY	ANDERSON
2329903	62025	COLONOSCOPY	ANDERSON
2329943	62034	COLONOSCOPY	ANDERSON
2330102	62234	COLONOSCOPY	ANDERSON
2333369	62086	COLONOSCOPY	ANDERSON
2327167	62025	COLONOSCOPY	ANDERSON
2327995	62058	COLONOSCOPY	ANDERSON
2329130	62294	COLONOSCOPY	ANDERSON
2326537	62025	COLONOSCOPY	ANDERSON
2327696	62062	COLONOSCOPY	ANDERSON
2334437	62001	COLONOSCOPY	ANDERSON
2326800	62249	COLONOSCOPY	ANDERSON
2327207	62234	COLONOSCOPY	ANDERSON
2325488	62234	COLONOSCOPY	ANDERSON
2328062	62025	COLONOSCOPY	ANDERSON
2328119	62234	COLONOSCOPY	ANDERSON
2329029	62062	COLONOSCOPY	ANDERSON
2326737	62294	COLONOSCOPY	ANDERSON
2327837	62226	COLONOSCOPY	ANDERSON
2329899	62294	COLONOSCOPY	ANDERSON
2330427	62088	COLONOSCOPY	ANDERSON
2328979	62234	COLONOSCOPY	ANDERSON
2329919	62234	COLONOSCOPY	ANDERSON
2329921	62025	COLONOSCOPY	ANDERSON
2332639	62294	COLONOSCOPY	ANDERSON
2328598	62234	COLONOSCOPY	ANDERSON
2313635	62234	COLONOSCOPY	ANDERSON
2327698	62067	COLONOSCOPY	ANDERSON
2327993	62025	COLONOSCOPY	ANDERSON
2330377	62025	COLONOSCOPY	ANDERSON
2332034	62278	COLONOSCOPY	ANDERSON
2333383	62033	COLONOSCOPY	ANDERSON
2329521	62234	COLONOSCOPY	ANDERSON
2330373	62249	COLONOSCOPY	ANDERSON
2331834	62014	COLONOSCOPY	ANDERSON
2332603	62275	COLONOSCOPY	ANDERSON
2329133	62294	COLONOSCOPY	ANDERSON
2336712	62249	COLONOSCOPY	ANDERSON
2332649	62294	COLONOSCOPY	ANDERSON
2330406	62012	COLONOSCOPY	ANDERSON
2329459	62249	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2333436	62001	COLONOSCOPY	ANDERSON
2333878	62294	COLONOSCOPY	ANDERSON
2334213	62040	COLONOSCOPY	ANDERSON
2319056	85233	COLONOSCOPY	ANDERSON
2335857	62034	COLONOSCOPY	ANDERSON
2329917	62237	COLONOSCOPY	ANDERSON
2336150	62087	COLONOSCOPY	ANDERSON
2332238	62025	COLONOSCOPY	ANDERSON
2327393	62025	COLONOSCOPY	ANDERSON
2332092	62294	COLONOSCOPY	ANDERSON
2327553	62234	COLONOSCOPY	ANDERSON
2334726	62246	COLONOSCOPY	ANDERSON
2334976	62025	COLONOSCOPY	ANDERSON
2335992	62040	COLONOSCOPY	ANDERSON
2325707	62062	COLONOSCOPY	ANDERSON
2333378	62062	COLONOSCOPY	ANDERSON
2333598	62025	COLONOSCOPY	ANDERSON
2333790	62220	COLONOSCOPY	ANDERSON
2325709	62294	COLONOSCOPY	ANDERSON
2331653	6234	COLONOSCOPY	ANDERSON
2326417	62095	COLONOSCOPY	ANDERSON
2335107	62025	COLONOSCOPY	ANDERSON
2332131	62249	COLONOSCOPY	ANDERSON
2335641	62040	COLONOSCOPY	ANDERSON
2333974	62040	COLONOSCOPY	ANDERSON
2332257	62234	COLONOSCOPY	ANDERSON
2336062	62040	COLONOSCOPY	ANDERSON
2338298	62249	COLONOSCOPY	ANDERSON
2322540	62262	COLONOSCOPY	ANDERSON
2328587	62234	COLONOSCOPY	ANDERSON
2329042	62234	COLONOSCOPY	ANDERSON
2338137	62009	COLONOSCOPY	ANDERSON
2335057	62685	COLONOSCOPY	ANDERSON
2339128	62040	COLONOSCOPY	ANDERSON
2326561	62234	COLONOSCOPY	ANDERSON
2331063	62025	COLONOSCOPY	ANDERSON
2331651	62025	COLONOSCOPY	ANDERSON
2331997	62034	COLONOSCOPY	ANDERSON
2333788	62234	COLONOSCOPY	ANDERSON
2336095	62293	COLONOSCOPY	ANDERSON
2337439	62249	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2340657	62097	COLONOSCOPY	ANDERSON
2335711	62234	COLONOSCOPY	ANDERSON
2336477	62254	COLONOSCOPY	ANDERSON
2336877	62234	COLONOSCOPY	ANDERSON
2336026	62294	COLONOSCOPY	ANDERSON
2336116	62294	COLONOSCOPY	ANDERSON
2338178	62294	COLONOSCOPY	ANDERSON
2336529	62294	COLONOSCOPY	ANDERSON
2334622	62249	COLONOSCOPY	ANDERSON
2334993	62208	COLONOSCOPY	ANDERSON
2337688	62025	COLONOSCOPY	ANDERSON
2331556	62025	COLONOSCOPY	ANDERSON
2334621	62234	COLONOSCOPY	ANDERSON
2328055	62234	COLONOSCOPY	ANDERSON
2334567	62088	COLONOSCOPY	ANDERSON
2330008	62062	COLONOSCOPY	ANDERSON
2331533	6225	COLONOSCOPY	ANDERSON
2331765	62234	COLONOSCOPY	ANDERSON
2336157	62025	COLONOSCOPY	ANDERSON
2341519	62034	COLONOSCOPY	ANDERSON
2338207	62040	COLONOSCOPY	ANDERSON
2338851	62062	COLONOSCOPY	ANDERSON
2327546	62062	COLONOSCOPY	ANDERSON
2336554	62025	COLONOSCOPY	ANDERSON
2337487	62058	COLONOSCOPY	ANDERSON
2338903	62234	COLONOSCOPY	ANDERSON
2329129	62016	COLONOSCOPY	ANDERSON
2331067	62046	COLONOSCOPY	ANDERSON
2332049	62223	COLONOSCOPY	ANDERSON
2339585	62040	COLONOSCOPY	ANDERSON
2337200	62249	COLONOSCOPY	ANDERSON
2338319	62097	COLONOSCOPY	ANDERSON
2339734	62034	COLONOSCOPY	ANDERSON
2339766	62234	COLONOSCOPY	ANDERSON
2330317	62249	COLONOSCOPY	ANDERSON
2334619	62090	COLONOSCOPY	ANDERSON
2336047	62226	COLONOSCOPY	ANDERSON
2337222	62234	COLONOSCOPY	ANDERSON
2335654	62025	COLONOSCOPY	ANDERSON
2340987	62025	COLONOSCOPY	ANDERSON
2344904	62061	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2344320	62294	COLONOSCOPY	ANDERSON
2336480	62034	COLONOSCOPY	ANDERSON
2336867	62294	COLONOSCOPY	ANDERSON
2339527	62025	COLONOSCOPY	ANDERSON
2340585	62249	COLONOSCOPY	ANDERSON
2343543	62294	COLONOSCOPY	ANDERSON
2343721	62205	COLONOSCOPY	ANDERSON
2345501	62294	COLONOSCOPY	ANDERSON
2344786	62034	COLONOSCOPY	ANDERSON
2338834	62034	COLONOSCOPY	ANDERSON
2330501	62062	COLONOSCOPY	ANDERSON
2339069	62234	COLONOSCOPY	ANDERSON
2340107	62025	COLONOSCOPY	ANDERSON
2341136	62040	COLONOSCOPY	ANDERSON
2336870	62025	COLONOSCOPY	ANDERSON
2333408	62232	COLONOSCOPY	ANDERSON
2333873	62025	COLONOSCOPY	ANDERSON
2343279	62234	COLONOSCOPY	ANDERSON
2343548	62234	COLONOSCOPY	ANDERSON
2343500	62249	COLONOSCOPY	ANDERSON
2345897	62025	COLONOSCOPY	ANDERSON
2341018	62062	COLONOSCOPY	ANDERSON
2341082	62249	COLONOSCOPY	ANDERSON
2341648	62234	COLONOSCOPY	ANDERSON
2342358	62040	COLONOSCOPY	ANDERSON
2343524	62040	COLONOSCOPY	ANDERSON
2343546	62234	COLONOSCOPY	ANDERSON
2345938	62025	COLONOSCOPY	ANDERSON
2338849	62097	COLONOSCOPY	ANDERSON
2343160	62025	COLONOSCOPY	ANDERSON
2343298	62040	COLONOSCOPY	ANDERSON
2343695	62025	COLONOSCOPY	ANDERSON
2343980	62097	COLONOSCOPY	ANDERSON
2345931	62895	COLONOSCOPY	ANDERSON
2331610	62294	COLONOSCOPY	ANDERSON
2341034	62062	COLONOSCOPY	ANDERSON
2346868	62034	COLONOSCOPY	ANDERSON
2343256	62010	COLONOSCOPY	ANDERSON
2338660	62025	COLONOSCOPY	ANDERSON
2343525	62025	COLONOSCOPY	ANDERSON
2344572	62034	COLONOSCOPY	ANDERSON

ASC SURGICAL CASES 2017			
Fedder			
Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2343519	6297	COLONOSCOPY	ANDERSON
2343522	62294	COLONOSCOPY	ANDERSON
2344362	62034	COLONOSCOPY	ANDERSON
2345864	62230	COLONOSCOPY	ANDERSON
2345977	62234	COLONOSCOPY	ANDERSON
2346297	62040	COLONOSCOPY	ANDERSON
2344742	62025	COLONOSCOPY	ANDERSON
2345526	62062	COLONOSCOPY	ANDERSON
2345934	62294	COLONOSCOPY	ANDERSON
2346039	62088	COLONOSCOPY	ANDERSON
2346355	62040	COLONOSCOPY	ANDERSON
2346399	62294	COLONOSCOPY	ANDERSON
2341545	62294	COLONOSCOPY	ANDERSON
2341984	62234	COLONOSCOPY	ANDERSON
2345539	62294	COLONOSCOPY	ANDERSON
2346116	62234	COLONOSCOPY	ANDERSON
2346306	62001	COLONOSCOPY	ANDERSON
2338152	62010	COLONOSCOPY	ANDERSON
2343671	620403	COLONOSCOPY	ANDERSON
2341084	62088	COLONOSCOPY	ANDERSON
2350184	62234	COLONOSCOPY	ANDERSON
2341945	62294	COLONOSCOPY	ANDERSON
2346376	62281	COLONOSCOPY	ANDERSON
2346592	62040	COLONOSCOPY	ANDERSON
2350988	62034	COLONOSCOPY	ANDERSON
2343912	62294	COLONOSCOPY	ANDERSON
2346504	62249	COLONOSCOPY	ANDERSON
2346806	62025	COLONOSCOPY	ANDERSON
2346988	62294	COLONOSCOPY	ANDERSON
2347170	62067	COLONOSCOPY	ANDERSON
2351966	62234	COLONOSCOPY	ANDERSON
2345541	62025	COLONOSCOPY	ANDERSON
2345528	62025	COLONOSCOPY	ANDERSON
2346748	62010	COLONOSCOPY	ANDERSON
2348141	62040	COLONOSCOPY	ANDERSON
2348780	62061	COLONOSCOPY	ANDERSON
2342350	62294	COLONOSCOPY	ANDERSON
2345920	62234	COLONOSCOPY	ANDERSON
2347137	62040	COLONOSCOPY	ANDERSON
2347182	62034	COLONOSCOPY	ANDERSON
2348956	62062	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2349286	62234	COLONOSCOPY	ANDERSON
2343058	62025	COLONOSCOPY	ANDERSON
2348781	62025	COLONOSCOPY	ANDERSON
2352620	62040	COLONOSCOPY	ANDERSON
2354639	62025	COLONOSCOPY	ANDERSON
2351009	62040	COLONOSCOPY	ANDERSON
2347956	62034	COLONOSCOPY	ANDERSON
2348275	62025	COLONOSCOPY	ANDERSON
2348460	62034	COLONOSCOPY	ANDERSON
2348758	62204	COLONOSCOPY	ANDERSON
2350627	62025	COLONOSCOPY	ANDERSON
2347913	62061	COLONOSCOPY	ANDERSON
2348812	62062	COLONOSCOPY	ANDERSON
2345980	62010	COLONOSCOPY	ANDERSON
2350974	62062	COLONOSCOPY	ANDERSON
2348415	62034	COLONOSCOPY	ANDERSON
2348561	62025	COLONOSCOPY	ANDERSON
2349006	62025	COLONOSCOPY	ANDERSON
2349243	62040	COLONOSCOPY	ANDERSON
2352440	62058	COLONOSCOPY	ANDERSON
2348388	62234	COLONOSCOPY	ANDERSON
2350168	62088	COLONOSCOPY	ANDERSON
2344866	62040	COLONOSCOPY	ANDERSON
2349813	62234	COLONOSCOPY	ANDERSON
2352920	62294	COLONOSCOPY	ANDERSON
2354142	62249	COLONOSCOPY	ANDERSON
2355079	62095	COLONOSCOPY	ANDERSON
2349825	62293	COLONOSCOPY	ANDERSON
2350165	62294	COLONOSCOPY	ANDERSON
2351333	62294	COLONOSCOPY	ANDERSON
2352172	62040	COLONOSCOPY	ANDERSON
2352348	62234	COLONOSCOPY	ANDERSON
2353703	62040	COLONOSCOPY	ANDERSON
2349874	62025	COLONOSCOPY	ANDERSON
2350388	62293	COLONOSCOPY	ANDERSON
2350973	62025	COLONOSCOPY	ANDERSON
2352347	62034	COLONOSCOPY	ANDERSON
2353350	62293	COLONOSCOPY	ANDERSON
2355441	62095	COLONOSCOPY	ANDERSON
2349809	62025	COLONOSCOPY	ANDERSON
2350186	62040	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2350332	62234	COLONOSCOPY	ANDERSON
2351030	62249	COLONOSCOPY	ANDERSON
2352051	62294	COLONOSCOPY	ANDERSON
2352830	62025	COLONOSCOPY	ANDERSON
2359436	62062	COLONOSCOPY	ANDERSON
2351408	62025	COLONOSCOPY	ANDERSON
2351442	62294	COLONOSCOPY	ANDERSON
2352317	62234	COLONOSCOPY	ANDERSON
2352422	62281	COLONOSCOPY	ANDERSON
2353590	62025	COLONOSCOPY	ANDERSON
2357216	62294	COLONOSCOPY	ANDERSON
2357402	62025	COLONOSCOPY	ANDERSON
2352076	62034	COLONOSCOPY	ANDERSON
2353032	62234	COLONOSCOPY	ANDERSON
2354448	62234	COLONOSCOPY	ANDERSON
2355058	62034	COLONOSCOPY	ANDERSON
2356386	62025	COLONOSCOPY	ANDERSON
2351332	62275	COLONOSCOPY	ANDERSON
2353186	62294	COLONOSCOPY	ANDERSON
2353549	62040	COLONOSCOPY	ANDERSON
2353661	62040	COLONOSCOPY	ANDERSON
2354216	62232	COLONOSCOPY	ANDERSON
2354583	62097	COLONOSCOPY	ANDERSON
2349812	62034	COLONOSCOPY	ANDERSON
2351193	62234	COLONOSCOPY	ANDERSON
2352344	62232	COLONOSCOPY	ANDERSON
2352793	62040	COLONOSCOPY	ANDERSON
2357174	62294	COLONOSCOPY	ANDERSON
2358054	62062	COLONOSCOPY	ANDERSON
CONFID	62034	COLONOSCOPY	ANDERSON
2350381	62025	COLONOSCOPY	ANDERSON
2354317	62025	COLONOSCOPY	ANDERSON
2354602	62234	COLONOSCOPY	ANDERSON
2354612	62294	COLONOSCOPY	ANDERSON
2355010	62025	COLONOSCOPY	ANDERSON
2355422	62034	COLONOSCOPY	ANDERSON
2355949	62234	COLONOSCOPY	ANDERSON
2357441	62234	COLONOSCOPY	ANDERSON
2359037	62040	COLONOSCOPY	ANDERSON
2348739	62025	COLONOSCOPY	ANDERSON
2349913	62232	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2354208	62012	COLONOSCOPY	ANDERSON
2350968	62294	COLONOSCOPY	ANDERSON
2355108	62025	COLONOSCOPY	ANDERSON
2339102	62025	COLONOSCOPY	ANDERSON
2352462	62294	COLONOSCOPY	ANDERSON
2355254	62201	COLONOSCOPY	ANDERSON
2355500	62062	COLONOSCOPY	ANDERSON
2359498	62234	COLONOSCOPY	ANDERSON
2360467	62234	COLONOSCOPY	ANDERSON
2356866	62234	COLONOSCOPY	ANDERSON
2358142	62060	COLONOSCOPY	ANDERSON
2358149	62234	COLONOSCOPY	ANDERSON
2358550	62033	COLONOSCOPY	ANDERSON
2359438	62234	COLONOSCOPY	ANDERSON
2359415	62040	COLONOSCOPY	ANDERSON
2356466	62040	COLONOSCOPY	ANDERSON
2356790	62034	COLONOSCOPY	ANDERSON
2359026	62095	COLONOSCOPY	ANDERSON
2359837	62034	COLONOSCOPY	ANDERSON
2360457	62025	COLONOSCOPY	ANDERSON
2360513	62294	COLONOSCOPY	ANDERSON
2360679	62234	COLONOSCOPY	ANDERSON
2360978	62249	COLONOSCOPY	ANDERSON
2355177	62025	COLONOSCOPY	ANDERSON
2356355	62097	COLONOSCOPY	ANDERSON
2356887	62040	COLONOSCOPY	ANDERSON
2356467	62294	COLONOSCOPY	ANDERSON
2356891	62021	COLONOSCOPY	ANDERSON
2357304	62062	COLONOSCOPY	ANDERSON
2363693	62062	COLONOSCOPY	ANDERSON
2356382	62294	COLONOSCOPY	ANDERSON
2357454	62034	COLONOSCOPY	ANDERSON
2358744	62234	COLONOSCOPY	ANDERSON
2359025	62294	COLONOSCOPY	ANDERSON
2361446	62040	COLONOSCOPY	ANDERSON
2361766	62025	COLONOSCOPY	ANDERSON
2361745	62281	COLONOSCOPY	ANDERSON
2359459	62294	COLONOSCOPY	ANDERSON
2360488	62294	COLONOSCOPY	ANDERSON
2360934	62025	COLONOSCOPY	ANDERSON
2361481	62234	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

**Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2363033	62034	COLONOSCOPY	ANDERSON
2355038	62097	COLONOSCOPY	ANDERSON
2359488	62034	COLONOSCOPY	ANDERSON
2360492	62232	COLONOSCOPY	ANDERSON
2350741	62234	COLONOSCOPY	ANDERSON
2361331	62034	COLONOSCOPY	ANDERSON
2361551	62269	COLONOSCOPY	ANDERSON
2359113	62040	COLONOSCOPY	ANDERSON
2359601	62234	COLONOSCOPY	ANDERSON
2362164	62234	COLONOSCOPY	ANDERSON
2363139	62294	COLONOSCOPY	ANDERSON
2363535	62062	COLONOSCOPY	ANDERSON
2359477	62088	COLONOSCOPY	ANDERSON
2359491	62034	COLONOSCOPY	ANDERSON
2360450	62034	COLONOSCOPY	ANDERSON
2360947	62025	COLONOSCOPY	ANDERSON
2362245	62034	COLONOSCOPY	ANDERSON
2362695	62062	COLONOSCOPY	ANDERSON
2363148	62025	COLONOSCOPY	ANDERSON
2364290	62231	COLONOSCOPY	ANDERSON
2363912	62294	COLONOSCOPY	ANDERSON
2359839	62025	COLONOSCOPY	ANDERSON
2358574	62294	COLONOSCOPY	ANDERSON
2361315	62221	COLONOSCOPY	ANDERSON
2362190	62025	COLONOSCOPY	ANDERSON
2365060	62025	COLONOSCOPY	ANDERSON
2364043	62249	COLONOSCOPY	ANDERSON
2365653	62097	COLONOSCOPY	ANDERSON
CONFID	62234	COLONOSCOPY	ANDERSON
2359860	62294	COLONOSCOPY	ANDERSON
2360933	62034	COLONOSCOPY	ANDERSON
2362134	62025	COLONOSCOPY	ANDERSON
2362179	62061	COLONOSCOPY	ANDERSON
2362242	62040	COLONOSCOPY	ANDERSON
2363267	62025	COLONOSCOPY	ANDERSON
2362136	62025	COLONOSCOPY	ANDERSON
2364024	62232	COLONOSCOPY	ANDERSON
2364032	62234	COLONOSCOPY	ANDERSON
2360956	62234	COLONOSCOPY	ANDERSON
2370439	62281	COLONOSCOPY	ANDERSON
2362696	62097	COLONOSCOPY	ANDERSON

ASC SURGICAL CASES 2017			
Fedder			
Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2362698	62040	COLONOSCOPY	ANDERSON
2363080	62234	COLONOSCOPY	ANDERSON
2363596	62040	COLONOSCOPY	ANDERSON
2364288	62294	COLONOSCOPY	ANDERSON
2364412	62040	COLONOSCOPY	ANDERSON
2362796	62058	COLONOSCOPY	ANDERSON
2363321	62034	COLONOSCOPY	ANDERSON
2363137	62034	COLONOSCOPY	ANDERSON
2365332	62294	COLONOSCOPY	ANDERSON
2365666	62034	COLONOSCOPY	ANDERSON
2369211	62061	COLONOSCOPY	ANDERSON
2359116	62208	COLONOSCOPY	ANDERSON
2361702	62294	COLONOSCOPY	ANDERSON
2362812	62062	COLONOSCOPY	ANDERSON
2363067	62097	COLONOSCOPY	ANDERSON
2373667	62034	COLONOSCOPY	ANDERSON
2365354	62294	COLONOSCOPY	ANDERSON
2365905	62062	COLONOSCOPY	ANDERSON
2371401	62275	COLONOSCOPY	ANDERSON
2365314	62249	COLONOSCOPY	ANDERSON
2363909	62025	COLONOSCOPY	ANDERSON
2364437	62025	COLONOSCOPY	ANDERSON
2364926	62234	COLONOSCOPY	ANDERSON
2364916	62234	COLONOSCOPY	ANDERSON
2365276	62040	COLONOSCOPY	ANDERSON
2363075	62249	COLONOSCOPY	ANDERSON
2363155	62025	COLONOSCOPY	ANDERSON
2363538	62062	COLONOSCOPY	ANDERSON
2363913	62025	COLONOSCOPY	ANDERSON
2365373	62040	COLONOSCOPY	ANDERSON
2365720	62025	COLONOSCOPY	ANDERSON
2366058	62025	COLONOSCOPY	ANDERSON
2363934	62234	COLONOSCOPY	ANDERSON
2364073	62069	COLONOSCOPY	ANDERSON
2365680	62034	COLONOSCOPY	ANDERSON
2372766	62281	COLONOSCOPY	ANDERSON
2366041	62025	COLONOSCOPY	ANDERSON
2364326	62234	COLONOSCOPY	ANDERSON
2365682	62234	COLONOSCOPY	ANDERSON
2366088	62234	COLONOSCOPY	ANDERSON
2366250	62088	COLONOSCOPY	ANDERSON

<b>ASC SURGICAL CASES 2017</b>			
<b>Fedder</b>			
<b>Patient ID</b>	<b>Patient Origin Zip Code</b>	<b>Procedure Performed</b>	<b>Facility</b>
2367940	62294	COLONOSCOPY	ANDERSON
2368287	62234	COLONOSCOPY	ANDERSON
2375840	62249	COLONOSCOPY	ANDERSON
2366427	62095	COLONOSCOPY	ANDERSON
2369785	62249	COLONOSCOPY	ANDERSON
2370666	62062	COLONOSCOPY	ANDERSON
2370929	62034	COLONOSCOPY	ANDERSON
2371883	62034	COLONOSCOPY	ANDERSON
2366071	62062	COLONOSCOPY	ANDERSON
2366214	62009	COLONOSCOPY	ANDERSON
2366411	62025	COLONOSCOPY	ANDERSON
2367043	62294	COLONOSCOPY	ANDERSON
2367126	62009	COLONOSCOPY	ANDERSON
2367724	62234	COLONOSCOPY	ANDERSON
2367919	62060	COLONOSCOPY	ANDERSON
2370485	62249	COLONOSCOPY	ANDERSON
2366994	62232	COLONOSCOPY	ANDERSON
2367693	62025	COLONOSCOPY	ANDERSON
2368494	62061	COLONOSCOPY	ANDERSON
2367047	62234	COLONOSCOPY	ANDERSON
2369429	62040	COLONOSCOPY	ANDERSON
2370907	62062	COLONOSCOPY	ANDERSON
2377072	62025	COLONOSCOPY	ANDERSON
2365357	62294	COLONOSCOPY	ANDERSON
2367045	62025	COLONOSCOPY	ANDERSON
2367517	62062	COLONOSCOPY	ANDERSON
2368300	62034	COLONOSCOPY	ANDERSON
2368677	62249	COLONOSCOPY	ANDERSON
2369232	62294	COLONOSCOPY	ANDERSON
2370095	62232	COLONOSCOPY	ANDERSON
2373112	62025	COLONOSCOPY	ANDERSON
2368297	62294	COLONOSCOPY	ANDERSON
2369240	62294	COLONOSCOPY	ANDERSON
2369728	62025	COLONOSCOPY	ANDERSON
2370547	62249	COLONOSCOPY	ANDERSON
2367694	62025	COLONOSCOPY	ANDERSON
2369334	62208	COLONOSCOPY	ANDERSON
2369731	62062	COLONOSCOPY	ANDERSON
2370608	62034	COLONOSCOPY	ANDERSON
2378316	62040	COLONOSCOPY	ANDERSON
2367127	62034	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2367224	62275	COLONOSCOPY	ANDERSON
2368304	62062	COLONOSCOPY	ANDERSON
2369635	62025	COLONOSCOPY	ANDERSON
2370780	62074	COLONOSCOPY	ANDERSON
2371652	62001	COLONOSCOPY	ANDERSON
2371860	62062	COLONOSCOPY	ANDERSON
2368679	62234	COLONOSCOPY	ANDERSON
2368763	62234	COLONOSCOPY	ANDERSON
2370641	62025	COLONOSCOPY	ANDERSON
2371462	62040	COLONOSCOPY	ANDERSON
2364914	62294	COLONOSCOPY	ANDERSON
2371398	62040	COLONOSCOPY	ANDERSON
2371417	62025	COLONOSCOPY	ANDERSON
2371846	62281	COLONOSCOPY	ANDERSON
2371917	62062	COLONOSCOPY	ANDERSON
2367953	62034	COLONOSCOPY	ANDERSON
2369174	62025	COLONOSCOPY	ANDERSON
2371861	62025	COLONOSCOPY	ANDERSON
2363158	62254	COLONOSCOPY	ANDERSON
2371896	62234	COLONOSCOPY	ANDERSON
2371947	62040	COLONOSCOPY	ANDERSON
2377531	62060	COLONOSCOPY	ANDERSON
2368625	62232	COLONOSCOPY	ANDERSON
2371845	62226	COLONOSCOPY	ANDERSON
2372245	62234	COLONOSCOPY	ANDERSON
2373068	62234	COLONOSCOPY	ANDERSON
2366614	62034	COLONOSCOPY	ANDERSON
2369206	62281	COLONOSCOPY	ANDERSON
2370449	62234	COLONOSCOPY	ANDERSON
2369280	62234	COLONOSCOPY	ANDERSON
2372269	62025	COLONOSCOPY	ANDERSON
2359002	62025	COLONOSCOPY	ANDERSON
2371923	62097	COLONOSCOPY	ANDERSON
2372375	62034	COLONOSCOPY	ANDERSON
2365710	62034	COLONOSCOPY	ANDERSON
2372291	62060	COLONOSCOPY	ANDERSON
2372398	62281	COLONOSCOPY	ANDERSON
2372408	62040	COLONOSCOPY	ANDERSON
2372680	62040	COLONOSCOPY	ANDERSON
2372764	62249	COLONOSCOPY	ANDERSON
2370801	62014	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

**Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2380325	62025	COLONOSCOPY	ANDERSON
2368477	62234	COLONOSCOPY	ANDERSON
2372251	62040	COLONOSCOPY	ANDERSON
2372432	62294	COLONOSCOPY	ANDERSON
2372454	62025	COLONOSCOPY	ANDERSON
2373097	62025	COLONOSCOPY	ANDERSON
2373839	62234	COLONOSCOPY	ANDERSON
2373085	62249	COLONOSCOPY	ANDERSON
2373177	62275	COLONOSCOPY	ANDERSON
2363591	62246	COLONOSCOPY	ANDERSON
2373677	62234	COLONOSCOPY	ANDERSON
2373834	62234	COLONOSCOPY	ANDERSON
2374094	62040	COLONOSCOPY	ANDERSON
2374250	62040	COLONOSCOPY	ANDERSON
2374252	62025	COLONOSCOPY	ANDERSON
2374265	62010	COLONOSCOPY	ANDERSON
2374522	62062	COLONOSCOPY	ANDERSON
2375274	62088	COLONOSCOPY	ANDERSON
2376374	62062	COLONOSCOPY	ANDERSON
2372768	62034	COLONOSCOPY	ANDERSON
2374591	62234	COLONOSCOPY	ANDERSON
2375038	62294	COLONOSCOPY	ANDERSON
2375862	62034	COLONOSCOPY	ANDERSON
2380557	62281	COLONOSCOPY	ANDERSON
2386342	62281	COLONOSCOPY	ANDERSON
2373669	62025	COLONOSCOPY	ANDERSON
2374452	62025	COLONOSCOPY	ANDERSON
2374806	62061	COLONOSCOPY	ANDERSON
2376230	62234	COLONOSCOPY	ANDERSON
2379511	62086	COLONOSCOPY	ANDERSON
2381900	620253	COLONOSCOPY	ANDERSON
2373654	62025	COLONOSCOPY	ANDERSON
2383500	62269	COLONOSCOPY	ANDERSON
2378310	62294	COLONOSCOPY	ANDERSON
2374819	62294	COLONOSCOPY	ANDERSON
2372814	62234	COLONOSCOPY	ANDERSON
2377200	62234	COLONOSCOPY	ANDERSON
2378454	62025	COLONOSCOPY	ANDERSON
2382717	62034	COLONOSCOPY	ANDERSON
2372773	62234	COLONOSCOPY	ANDERSON
2373708	62294	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2375149	62249	COLONOSCOPY	ANDERSON
2376308	62034	COLONOSCOPY	ANDERSON
2376718	62294	COLONOSCOPY	ANDERSON
2380648	62062	COLONOSCOPY	ANDERSON
2372681	62249	COLONOSCOPY	ANDERSON
2374464	62232	COLONOSCOPY	ANDERSON
2375340	62234	COLONOSCOPY	ANDERSON
2382587	62034	COLONOSCOPY	ANDERSON
2383615	62025	COLONOSCOPY	ANDERSON
2375175	62034	COLONOSCOPY	ANDERSON
2376708	62234	COLONOSCOPY	ANDERSON
2378834	62025	COLONOSCOPY	ANDERSON
2381643	62025	COLONOSCOPY	ANDERSON
2384915	62040	COLONOSCOPY	ANDERSON
2373109	62234	COLONOSCOPY	ANDERSON
2374255	62025	COLONOSCOPY	ANDERSON
2354315	62249	COLONOSCOPY	ANDERSON
2376239	62033	COLONOSCOPY	ANDERSON
2377284	62069	COLONOSCOPY	ANDERSON
2377347	62234	COLONOSCOPY	ANDERSON
2374980	62034	COLONOSCOPY	ANDERSON
2375844	62249	COLONOSCOPY	ANDERSON
2376635	62025	COLONOSCOPY	ANDERSON
2374253	62010	COLONOSCOPY	ANDERSON
2379577	62234	COLONOSCOPY	ANDERSON
2380587	62201	COLONOSCOPY	ANDERSON
2375831	62275	COLONOSCOPY	ANDERSON
2389525	62088	COLONOSCOPY	ANDERSON
2379538	62234	COLONOSCOPY	ANDERSON
2378676	62025	COLONOSCOPY	ANDERSON
2378971	62249	COLONOSCOPY	ANDERSON
2380176	62001	COLONOSCOPY	ANDERSON
2382650	62249	COLONOSCOPY	ANDERSON
2383844	62025	COLONOSCOPY	ANDERSON
2384087	62088	COLONOSCOPY	ANDERSON
2384916	62249	COLONOSCOPY	ANDERSON
2375857	62034	COLONOSCOPY	ANDERSON
2378320	62234	COLONOSCOPY	ANDERSON
2380167	62025	COLONOSCOPY	ANDERSON
2381885	62234	COLONOSCOPY	ANDERSON
2382622	62234	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2384073	62062	COLONOSCOPY	ANDERSON
2384923	62025	COLONOSCOPY	ANDERSON
2376326	62294	COLONOSCOPY	ANDERSON
2379190	62234	COLONOSCOPY	ANDERSON
2380589	62275	COLONOSCOPY	ANDERSON
2380665	62025	COLONOSCOPY	ANDERSON
2383273	62034	COLONOSCOPY	ANDERSON
2390200	62034	COLONOSCOPY	ANDERSON
2374978	62025	COLONOSCOPY	ANDERSON
2377613	62249	COLONOSCOPY	ANDERSON
2378856	62294	COLONOSCOPY	ANDERSON
2381153	62025	COLONOSCOPY	ANDERSON
2381310	62062	COLONOSCOPY	ANDERSON
2384342	622343	COLONOSCOPY	ANDERSON
2380571	62034	COLONOSCOPY	ANDERSON
2381051	62034	COLONOSCOPY	ANDERSON
2381156	62034	COLONOSCOPY	ANDERSON
2381492	62025	COLONOSCOPY	ANDERSON
2382949	62025	COLONOSCOPY	ANDERSON
2383017	62088	COLONOSCOPY	ANDERSON
2384414	62034	COLONOSCOPY	ANDERSON
2366450	62294	COLONOSCOPY	ANDERSON
2378909	62234	COLONOSCOPY	ANDERSON
2380195	62088	COLONOSCOPY	ANDERSON
2383992	62201	COLONOSCOPY	ANDERSON
2384307	62062	COLONOSCOPY	ANDERSON
2372713	62034	COLONOSCOPY	ANDERSON
2373671	62234	COLONOSCOPY	ANDERSON
2381120	62025	COLONOSCOPY	ANDERSON
2382970	62034	COLONOSCOPY	ANDERSON
2382993	62040	COLONOSCOPY	ANDERSON
2378734	62025	COLONOSCOPY	ANDERSON
2379141	62025	COLONOSCOPY	ANDERSON
2378985	62246	COLONOSCOPY	ANDERSON
2383495	62025	COLONOSCOPY	ANDERSON
2384917	62025	COLONOSCOPY	ANDERSON
2385131	62262	COLONOSCOPY	ANDERSON
2379580	62234	COLONOSCOPY	ANDERSON
2381054	62034	COLONOSCOPY	ANDERSON
2383644	62025	COLONOSCOPY	ANDERSON
2390824	62086	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2392803	62034	COLONOSCOPY	ANDERSON
2391176	62234	COLONOSCOPY	ANDERSON
2383037	62040	COLONOSCOPY	ANDERSON
2385584	62249	COLONOSCOPY	ANDERSON
2386645	62025	COLONOSCOPY	ANDERSON
2387221	62249	COLONOSCOPY	ANDERSON
2387280	62025	COLONOSCOPY	ANDERSON
2379192	62025	COLONOSCOPY	ANDERSON
2384032	62018	COLONOSCOPY	ANDERSON
2384288	62034	COLONOSCOPY	ANDERSON
2384291	62034	COLONOSCOPY	ANDERSON
2385845	62069	COLONOSCOPY	ANDERSON
2381045	62034	COLONOSCOPY	ANDERSON
2383448	62025	COLONOSCOPY	ANDERSON
2384422	62034	COLONOSCOPY	ANDERSON
2385460	6240	COLONOSCOPY	ANDERSON
2386048	62025	COLONOSCOPY	ANDERSON
2394706	62025	COLONOSCOPY	ANDERSON
2381472	62025	COLONOSCOPY	ANDERSON
2383008	62249	COLONOSCOPY	ANDERSON
2384118	62234	COLONOSCOPY	ANDERSON
2386605	62034	COLONOSCOPY	ANDERSON
2386708	62034	COLONOSCOPY	ANDERSON
2386742	62061	COLONOSCOPY	ANDERSON
2394717	62234	COLONOSCOPY	ANDERSON
2385846	620612	COLONOSCOPY	ANDERSON
2387169	62040	COLONOSCOPY	ANDERSON
2387284	62034	COLONOSCOPY	ANDERSON
2387228	62061	COLONOSCOPY	ANDERSON
2385428	62034	COLONOSCOPY	ANDERSON
2386251	62025	COLONOSCOPY	ANDERSON
2387283	62034	COLONOSCOPY	ANDERSON
2373187	62254	COLONOSCOPY	ANDERSON
2390220	62025	COLONOSCOPY	ANDERSON
2391325	62014	COLONOSCOPY	ANDERSON
2389563	62062	COLONOSCOPY	ANDERSON
2391837	62025	COLONOSCOPY	ANDERSON
2375892	62294	COLONOSCOPY	ANDERSON
2381501	62088	COLONOSCOPY	ANDERSON
2385435	62025	COLONOSCOPY	ANDERSON
2386213	62234	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2387285	62025	COLONOSCOPY	ANDERSON
2388083	62025	COLONOSCOPY	ANDERSON
2390009	62061	COLONOSCOPY	ANDERSON
2391959	62025	COLONOSCOPY	ANDERSON
2385849	62294	COLONOSCOPY	ANDERSON
2387600	62084	COLONOSCOPY	ANDERSON
2388126	62294	COLONOSCOPY	ANDERSON
2387858	62249	COLONOSCOPY	ANDERSON
2388047	62294	COLONOSCOPY	ANDERSON
2388919	62025	COLONOSCOPY	ANDERSON
2392295	62234	COLONOSCOPY	ANDERSON
2388468	62025	COLONOSCOPY	ANDERSON
2389953	62254	COLONOSCOPY	ANDERSON
2389990	62074	COLONOSCOPY	ANDERSON
2392061	62025	COLONOSCOPY	ANDERSON
2388490	62034	COLONOSCOPY	ANDERSON
2390190	62040	COLONOSCOPY	ANDERSON
2390771	62097	COLONOSCOPY	ANDERSON
2392334	62025	COLONOSCOPY	ANDERSON
2396789	62034	COLONOSCOPY	ANDERSON
2388542	62221	COLONOSCOPY	ANDERSON
2390050	62294	COLONOSCOPY	ANDERSON
2390368	62088	COLONOSCOPY	ANDERSON
2390406	62234	COLONOSCOPY	ANDERSON
2388921	62249	COLONOSCOPY	ANDERSON
2389005	62062	COLONOSCOPY	ANDERSON
2389958	62025	COLONOSCOPY	ANDERSON
2390030	62025	COLONOSCOPY	ANDERSON
2390823	62061	COLONOSCOPY	ANDERSON
2390907	62249	COLONOSCOPY	ANDERSON
2390448	62025	COLONOSCOPY	ANDERSON
2402571	62025	COLONOSCOPY	ANDERSON
2390820	62061	COLONOSCOPY	ANDERSON
2387595	62249	COLONOSCOPY	ANDERSON
2391855	62040	COLONOSCOPY	ANDERSON
2392020	62060	COLONOSCOPY	ANDERSON
2392336	63031	COLONOSCOPY	ANDERSON
2391828	62025	COLONOSCOPY	ANDERSON
2396535	62025	COLONOSCOPY	ANDERSON
2381159	62034	COLONOSCOPY	ANDERSON
2392799	62014	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2393589	62034	COLONOSCOPY	ANDERSON
2384884	62025	COLONOSCOPY	ANDERSON
2395193	62040	COLONOSCOPY	ANDERSON
2395413	62025	COLONOSCOPY	ANDERSON
2391193	62074	COLONOSCOPY	ANDERSON
2393373	62269	COLONOSCOPY	ANDERSON
2394121	62025	COLONOSCOPY	ANDERSON
2383087	62040	COLONOSCOPY	ANDERSON
2395474	62025	COLONOSCOPY	ANDERSON
2395863	63125	COLONOSCOPY	ANDERSON
2390383	62040	COLONOSCOPY	ANDERSON
2391785	62001	COLONOSCOPY	ANDERSON
2392072	62095	COLONOSCOPY	ANDERSON
2392269	62033	COLONOSCOPY	ANDERSON
2392333	62034	COLONOSCOPY	ANDERSON
2393381	62034	COLONOSCOPY	ANDERSON
2388702	62025	COLONOSCOPY	ANDERSON
2393145	62025	COLONOSCOPY	ANDERSON
2393697	62040	COLONOSCOPY	ANDERSON
2394146	62239	COLONOSCOPY	ANDERSON
2403107	62234	COLONOSCOPY	ANDERSON
2405099	62234	COLONOSCOPY	ANDERSON
2386731	62249	COLONOSCOPY	ANDERSON
2392373	62234	COLONOSCOPY	ANDERSON
2393299	62025	COLONOSCOPY	ANDERSON
2394565	62249	COLONOSCOPY	ANDERSON
2394576	62062	COLONOSCOPY	ANDERSON
2393539	6234	COLONOSCOPY	ANDERSON
239997	62234	COLONOSCOPY	ANDERSON
2405289	62062	COLONOSCOPY	ANDERSON
2397178	62040	COLONOSCOPY	ANDERSON
2402126	62249	COLONOSCOPY	ANDERSON
2392814	62088	COLONOSCOPY	ANDERSON
2394711	62040	COLONOSCOPY	ANDERSON
2398042	62040	COLONOSCOPY	ANDERSON
2386247	62273	COLONOSCOPY	ANDERSON
2390436	62025	COLONOSCOPY	ANDERSON
2397525	62294	COLONOSCOPY	ANDERSON
2390859	62025	COLONOSCOPY	ANDERSON
2394138	62014	COLONOSCOPY	ANDERSON
2394142	62062	COLONOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2394985	62062	COLONOSCOPY	ANDERSON
2391824	62025	COLONOSCOPY	ANDERSON
2392283	62034	COLONOSCOPY	ANDERSON
2393613	62062	COLONOSCOPY	ANDERSON
2396434	62234	COLONOSCOPY	ANDERSON
2396840	62040	COLONOSCOPY	ANDERSON
2397186	62246	COLONOSCOPY	ANDERSON
2401396	62040	COLONOSCOPY	ANDERSON
2393555	62034	COLONOSCOPY	ANDERSON
2395345	62021	COLONOSCOPY	ANDERSON
2396782	62040	COLONOSCOPY	ANDERSON
2397288	62009	COLONOSCOPY	ANDERSON
2397555	62234	COLONOSCOPY	ANDERSON
2397688	62281	COLONOSCOPY	ANDERSON
2408227	62234	COLONOSCOPY	ANDERSON
2408454	62269	COLONOSCOPY	ANDERSON
2396406	62294	COLONOSCOPY	ANDERSON
2397801	62025	COLONOSCOPY	ANDERSON
2398019	62025	COLONOSCOPY	ANDERSON
2399028	62062	COLONOSCOPY	ANDERSON
2400756	62034	COLONOSCOPY	ANDERSON
2390398	62025	COLONOSCOPY	ANDERSON
2393302	62234	COLONOSCOPY	ANDERSON
2394158	62025	COLONOSCOPY	ANDERSON
2394235	62001	COLONOSCOPY	ANDERSON
2397045	62025	COLONOSCOPY	ANDERSON
2398725	62249	COLONOSCOPY	ANDERSON
2400039	62234	COLONOSCOPY	ANDERSON
2400047	62234	COLONOSCOPY	ANDERSON
2404982	62249	COLONOSCOPY	ANDERSON
2388856	62234	COLONOSCOPY	ANDERSON
2394956	62234	COLONOSCOPY	ANDERSON
2397173	62249	COLONOSCOPY	ANDERSON
2397296	62088	COLONOSCOPY	ANDERSON
2397955	62034	COLONOSCOPY	ANDERSON
2397966	62025	COLONOSCOPY	ANDERSON
2403691	62040	COLONOSCOPY	ANDERSON
2395866	62040	COLONOSCOPY	ANDERSON
2397626	62034	COLONOSCOPY	ANDERSON
2397714	62025	COLONOSCOPY	ANDERSON
2397983	62234	COLONOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2409576	62249	COLONOSCOPY	ANDERSON
2396827	62040	COLONOSCOPY	ANDERSON
2405321	62034	COLONOSCOPY	ANDERSON
2396898	62034	COLONOSCOPY	ANDERSON
2397718	62234	COLONOSCOPY	ANDERSON
2397795	62294	COLONOSCOPY	ANDERSON
2404841	62062	COLONOSCOPY	ANDERSON
2406707	62034	COLONOSCOPY	ANDERSON
2405012	62025	COLONOSCOPY	ANDERSON
2405039	62234	COLONOSCOPY	ANDERSON
2406200	62061	COLONOSCOPY	ANDERSON
2406745	62275	COLONOSCOPY	ANDERSON
2406739	62062	COLONOSCOPY	ANDERSON
2412937	62097	COLONOSCOPY	ANDERSON
2296572	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2295104	63139	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2294351	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
CONFID	6024	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2300977	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2297856	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2294429	62265	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2300285	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2287173	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2303998	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2301589	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2299776	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2299757	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2300949	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2303070	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2292831	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2298239	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2304161	62035	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2301641	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2302422	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2301582	62084	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2298241	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2302494	62097	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2305971	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2306475	62275	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2303709	62095	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2307099	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

**Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2296749	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2309658	62293	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2312079	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2312077	62221	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2310659	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2306236	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2306831	62061	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2310688	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2312331	62265	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2315278	62095	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2309605	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2310718	62074	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2311851	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2311524	62221	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2311889	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2311151	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2312988	62017	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2315115	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2312998	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2300634	62443	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2305991	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2312994	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2308649	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2313848	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2313454	62069	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2306949	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2318765	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2315121	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2313047	62226	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2314215	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2317509	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2306345	62246	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2316084	03866	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2317939	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2318759	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2317936	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2321035	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2317771	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2316729	62097	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2320056	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2319774	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2323262	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2322927	62254	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2319840	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2316468	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2317969	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2319768	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2316408	62221	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2318786	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2317453	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2322470	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2321087	62246	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2323281	62087	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2321878	62061	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2324265	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2328981	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2322775	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2324635	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2326777	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2325857	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2330047	62097	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2331065	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2328747	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2326327	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2326495	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2326362	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2327552	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2328805	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2329643	62097	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2331589	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2324990	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2326773	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2332208	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2328628	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2330006	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2336978	62293	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2320703	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2334624	62014	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2338854	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2333997	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2332567	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2340365	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2332412	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2336851	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2338390	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2332633	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2338352	62232	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2337459	62281	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2338426	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2336514	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2335194	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2338673	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2337143	62232	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2340024	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2338918	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2340676	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2341958	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2343271	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2342167	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2337416	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2340688	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2343030	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2343442	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2343579	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2345707	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2347393	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2336000	63139	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2338687	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2341985	63109	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2344513	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2340769	62226	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2345537	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2346975	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2344059	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2346135	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2351985	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2348518	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2342174	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2341590	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2345669	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2346137	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2346579	62281	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2348989	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

## Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2346920	62275	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2348556	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2348529	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2346943	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2352442	62275	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2348547	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2349872	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2358081	49686	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2351120	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2354600	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2345932	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2350805	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2357827	62009	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2349008	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2352105	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2350614	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2352328	62069	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2351106	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2351341	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2358696	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2357598	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2359577	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2360594	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2363273	62002	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2357841	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2359468	62232	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2349167	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2364451	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2363711	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2360011	61752	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2360661	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2362137	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2361687	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2366372	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2366142	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2359028	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2359643	62232	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2364491	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2362692	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2361901	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2357843	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

# ASC SURGICAL CASES 2017

Fedder

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2362131	62246	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2363226	62281	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2368599	62033	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2364095	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2362649	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2365649	62201	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2369237	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2364883	62024	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2364991	62046	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2364239	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2370790	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2368637	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2372858	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2366212	62009	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2370930	62281	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2366236	63020	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2367668	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2367916	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2369655	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2372771	62246	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2366598	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2367200	62095	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2369632	63110	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2368056	62074	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2376779	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2379065	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2376067	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2374952	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2368131	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2369837	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2368105	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2368614	62275	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2369390	62048	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2365278	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2371412	62265	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2367914	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2372859	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2374613	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2372239	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2376792	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2380386	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

<b>ASC SURGICAL CASES 2017</b>			
<b>Fedder</b>			
<b>Patient ID</b>	<b>Patient Origin Zip Code</b>	<b>Procedure Performed</b>	<b>Facility</b>
2382987	62062	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2386369	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2373040	62085	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2374047	62033	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2383042	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2380703	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2385747	62232	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2379531	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2372369	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2377128	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2384921	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2375804	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2385202	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2376715	62232	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2375338	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2384885	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2389043	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2385183	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2388489	62001	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2375178	62246	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2385194	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2387148	62086	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2389531	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2387606	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2380788	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2374167	62443	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2394967	62281	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2391826	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2393306	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2390505	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2386595	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2388102	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2397405	62269	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2394360	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2392818	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2388076	62010	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2392967	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2396541	62087	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2392031	62033	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2392262	62033	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2393319	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2398163	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2390532	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2395389	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2395012	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2390113	62232	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2397175	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2400042	62281	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2396824	62254	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2402083	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2397771	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2395584	62281	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2400769	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2392920	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2395861	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2393692	62067	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2394657	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2397388	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2403293	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2402223	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2399661	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2400764	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2406324	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2409436	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2397779	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2400988	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2395860	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2405759	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2402302	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2403127	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2404028	62246	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2405570	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2405267	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2405377	62095	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2408123	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2405789	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2410732	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2402327	62046	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2410621	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2296183	62275	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2298239	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2302481	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

<b>ASC SURGICAL CASES 2017</b>			
<b>Fedder</b>			
<b>Patient ID</b>	<b>Patient Origin Zip Code</b>	<b>Procedure Performed</b>	<b>Facility</b>
2310659	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2309061	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2311529	62246	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2316365	62095	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2317937	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2315699	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2315228	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2325691	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2320668	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2337739	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2339294	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2344333	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2341033	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2343706	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2349292	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2350748	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2352134	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2349770	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2354341	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2359255	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2363784	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2366220	62275	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2370208	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2368451	62014	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2370223	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2379691	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2369685	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2372887	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2373652	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2378343	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2384008	62269	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2387621	62025	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2386586	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2390944	62234	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2386460	62249	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2397786	62040	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2392085	62095	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2399481	62034	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2392924	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2405965	62294	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2393662	62069	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON

**ASC SURGICAL CASES 2017****Fedder**

Patient ID	Patient Origin Zip Code	Procedure Performed	Facility
2405102	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2406715	62088	ESOPHAGOGASTRODUODENOSCOPY	ANDERSON
2334746	62062	FLEX SIGMOIDOSCOPY	ANDERSON



James J. Dalla Riva, MD, FACOG  
Thomas M. Hulsen, MD, FACOG  
Monica E. Major-Harris, APRN, FNP-BC

6812 State Route 162, Suite 301 • Maryville, IL 62062 • p: 618.288.5699 • f: 618.288.5797

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 75 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 75 during each of the first 2 years (24 months) after this ASTC is completed and operational.

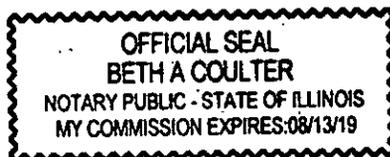
This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Thomas M. Hulsen, MD, FACOG  
6812 State Route 162, Suite 301  
Maryville, IL 62062  
Obstetrics & Gynecology



Date: May 16, 2018

Notary: Beth A. Coulter 5/16/2018

284

**Dalla Riva**  
ob/gyn

James J. Dalla Riva, MD, FACOG  
Thomas M. Hulsen, MD, FACOG  
Monica E. Major-Harris, APRN, FNP-BC

6812 State Route 162, Suite 301 • Maryville, IL 62062 • p: 618.288.5699 • f: 618.288.5797

APPENDIX A

Name of Physician: Thomas M. Hulsen, MD, FACOG

Surgical Specialty: OB/GYN

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
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Please see attached.....

# ASC SURGICAL CASES 2017

Surgeon	Patient ID	Patient Origin Zip Code	CPT Code	Procedure Performed	Facility	Secondary Procedures
HULSEN	VI000	62088	58661	LAPAROSCOPY D&C	ANDERSON	
HULSEN	D0002	62226	58661	LAPAROSCOPY D&C	ANDERSON	58563
HULSEN	SCI000	62223	58761	LAPAROSCOPIC BILATERAL TUBAL, HYSTEROSCOPY, DILATION AND CURETTAGE	ANDERSON	
HULSEN	BO0002	62040	58563	HYSTEROSCOPY, DILATION AND CURETTAGE	ANDERSON	58563
HULSEN	BA000	62226	58761	LAPAROSCOPIC BILATERAL TUBAL, HYSTEROSCOPY, DILATION AND CURETTAGE	ANDERSON	
HULSEN	BL0000	62234	59820	SUCTION DILATION AND CURETTAGE	ANDERSON	
HULSEN	BE0005	62040	58558	HYSTEROSCOPY, DILATION AND CURETTAGE	ANDERSON	
HULSEN	RI0000	62249	58558	HYSTEROSCOPY, DILATION AND CURETTAGE	ANDERSON	
HULSEN	WI0099	62234	58562	HYSTEROSCOPY SURG, W/REMOVAL FB	ANDERSON	
HULSEN	PE0010	62035	58670	LAP SURG; W/ FULG OVIDUCTS	ANDERSON	
HULSEN	RO0000	63021	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	
HULSEN	SCH0001	62025	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	58563, 49321
HULSEN	GA0004	62074	58660	LAP SURG W/ LYSIS OF ADHES	ANDERSON	
HULSEN	LIN0000	62294	57720	trachelorrhaphy repr cerv-vag appro	ANDERSON	
HULSEN	MCC0001	62221	58563	HYSTEROSCOPY SURG, W/ ENDO ABLATION	ANDERSON	58563
HULSEN	NEA0000	62040	58761	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	PA0001	62067	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	RH0000	62025	58563	HYSTEROSCOPY SURG/W ENDO ABLATION	ANDERSON	
HULSEN	TA0028	62062	58563	HYSTEROSCOPY SURG/W ENDO ABLATION	ANDERSON	
HULSEN	VA0004	62269	58563	HYSTEROSCOPY SURG/W ENDO ABLATION	ANDERSON	
HULSEN	YA0006	62062	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	GRA0000	62234	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	HAR0070	62062	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	HA0000	62234	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	58661
HULSEN	KOE0002	62025	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	KU0000	62025	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	LO001	62040	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	BS0012	62040	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	BR0054	62035	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	58761
HULSEN	CO000	62034	58563	HYSTEROSCOPY WITH ABLATION	ANDERSON	
HULSEN	CO0000	62294	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	GE0000	62062	58563	HYSTEROSCOPY WITH SURG W/ENDO ABLATION	ANDERSON	
HULSEN	G0004	62074	58563	HYSTEROSCOPY WITH SURG W/ENDO ABLATION	ANDERSON	

HULSEN	G001	62234	58563	HYSTEROSCOPY WITH SURG W/ENDO ABLATION	ANDERSON	
HULSEN	9377	62058	58662	LAP SURG W/FULG/EXCIS LES-OVARY	ANDERSON	
HULSEN	D00002	62226	58662	LAP SURG W/FULG/EXCIS LES-OVARY	ANDERSON	
HULSEN	JO00102	62062	58662	LAP SURG W/FULG/EXCIS LES-OVARY	ANDERSON	
HULSEN	PE0008	62034	58662	LAP SURG W/FULG/EXCIS LES-OVARY	ANDERSON	
HULSEN	YA000	62035	58662	LAP SURG W/FULG/EXCIS LES-OVARY	ANDERSON	
HULSEN	B0000	62034	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON	
HULSEN	BR00002	62208	58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON	
HULSEN	WO0012	62234	58671	LAP SURG;W/OCCLUS OVIDUCTS-DEVICE	ANDERSON	
HULSEN	MA0062	62069	58671	LAP SURG;W/OCCLUS OVIDUCTS-DEVICE	ANDERSON	
HULSEN	MCA0002	62010	58761	LAP SURG;W/OCCLUS OVIDUCTS-DEVICE	ANDERSON	
HULSEN	SI0007	62234	58761	LAP SURG;W/OCCLUS OVIDUCTS-DEVICE	ANDERSON	
HULSEN	SPI0000	62034	58761	LAP SURG; W/OCCLUS OVIDUCTS-DEVICE	ANDERSON	59812
HULSEN	AD0033	62010	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	
HULSEN	BRE0001	62009	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	
HULSEN	DAV0078	62097	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	
HULSEN	HO0027	62234	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	
HULSEN	MC0004	62062	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	
HULSEN	PU0003	62025	59820	TX MISSED AB, COMP; SURG; 1ST TRIM	ANDERSON	
HULSEN	EG0000	62249	59812	TX INCOMPLETE AB ANY TRIMES COMPL SURG	ANDERSON	
HULSEN	HE10001	62025	59812	TX INCOMPLETE AB ANY TRIMES COMPL SURG	ANDERSON	
HULSEN	SC0000	62016	59812	TX INCOMPLETE AB ANY TRIMES COMPL SURG	ANDERSON	
HULSEN	SE00000	62025	59812	TX INCOMPLETE AB ANY TRIMES COMPL SURG	ANDERSON	
HULSEN	MC0004	62040	58661	LAP SURG; W/REMOVAL ADNEXAL STRUCT	ANDERSON	
HULSEN	PA0000	62025	58661	LAP SURG;W/REMOVAL ADNEXAL STRUCT	ANDERSON	
HULSEN	PIN0001	62245	58661	LAP SURG;W/REMOVAL ADNEXAL STRUCT	ANDERSON	
HULSEN	T0000	62234	58661	LAP SURG; W/REMOVAL ADNEXAL STRUCT	ANDERSON	
HULSEN	BA00001	62040	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	B00003	62249	58563	HYSTEROSCOPY SURG W/ENDO ABLATION	ANDERSON	
HULSEN	DE0001	62040	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	EI00000	62294	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	GR00001	62232	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	HR0002	62234	58558	HYSTEROSCOPY SURG;W/SAMP/POLYPECT	ANDERSON	
HULSEN	H0000	62249	58558	HYSTEROSCOPY SURG W/SAMP/POLYP	ANDERSON	

HULSEN	KO	62040	58558	HYSTEROSCOPY SURG W/SAMP/POLYP	ANDERSON	58558
HULSEN	W0001	62024	56700	PART/HYMENECTOMY/REVIS HYMENAL RING	ANDERSON	58558
HULSEN	K0004	62062	49320	LAP SURG-ABD; DX W/WO SPECMN	ANDERSON	
HULSEN	Z112	62034	49320	LAP SURG-ABD; DX W/WO SPECMN	ANDERSON	
HULSEN	MA0000	62025	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	N0002	62040	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	PL0000	62062	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	RE	62025	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	SCF0011	62001	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	SA0000	62040	58558	HYSTEROSCOPY SURG; W/SAMP/POLYPECT	ANDERSON	
HULSEN	S0000	62074	58558	HYSTEROSCOPY SURG;W/SAMP/POLYP	ANDERSON	
HULSEN	B00000	62062	58661	LAP SURG; W/REMOVAL ADNEXAL STRUCT	ANDERSON	
HULSEN	H0002	62249	58661	LAP SURG; W/REMOVAL ADNEXAL STRUCT	ANDERSON	

# EDWARDSVILLE ORAL SURGERY AND IMPLANT CENTER

Steven J. Hyten, DMD, MS  
Board Certified Oral & Maxillofacial Surgeon

July 26, 2018

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 43 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 43 cases during each of the next 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

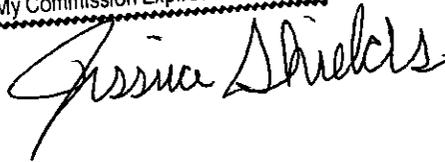
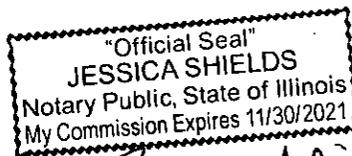
I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,



Steven J Hyten DMD,MS  
Oral & Maxillofacial Surgeon  
1005 A Plummer Dr.  
Edwardsville, IL 62025



Date: 7/27/18

**APPENDIX A**

Name of Physician: **Steven J Hyten DMD,MS**

Surgical Specialty: **Oral and Maxillofacial Surgeon**

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
FI0142	62025	extract 3 teeth	Anderson Hosp.
HA0769	62546	extract 3 teeth	Anderson Hosp.
TU0063	62049	extract 32 teeth	Anderson Hosp.
LE0271	62035	extract 25 teeth	Anderson Hosp.
EC0018	62097	extract 2 teeth	Anderson Hosp.
EV0059	62025	expose/bond 1 tooth+biopsy	Anderson Hosp.
BL0145	62262	extract 2 teeth	Anderson Hosp.
WA0248	62002	extract 11 teeth	Anderson Hosp.
BE0499	62014	extract 4 teeth	Anderson Hosp.
SM0256	62269	extract 6 teeth	Anderson Hosp.
TU0046	62246	extract 2 teeth	Anderson Hosp.
BR0581	62294	extract 9 teeth	Anderson Hosp.
KL0121	62293	extract 2 teeth	Anderson Hosp.
LI0174	62803	extract 4 teeth	Anderson Hosp.
SC0594	62246	extract 1 tooth + biopsy	Anderson Hosp.
KR0151	62219	extract 4 teeth	Anderson Hosp.
LA0373	62234	extract 5 teeth	Anderson Hosp.
AL0219	62010	extract 1 tooth + biopsy	Anderson Hosp.
SC0611	62040	extract 2 teeth	Anderson Hosp.
YO0063	62231	extract 1 tooth	Anderson Hosp.
BO0336	62249	extract 1 tooth	Anderson Hosp.
SI0200	62010	extract 1 tooth	Anderson Hosp.
SO0059	62069	extract 4 teeth	Anderson Hosp.
PA0269	62002	extract 1 tooth + biopsy	Anderson Hosp.
GO0231	62088	extract 1 tooth+biopsy+1 expose/bond	Anderson Hosp.
MI0373	62062	extract 4 teeth	Anderson Hosp.
LA0389	62010	extract 7 teeth	Anderson Hosp.
BO0360	62062	extract 2 teeth+expose/bond 2 teeth	Anderson Hosp.
BA0527	62056	expose/bond 1 tooth+ biopsy	Anderson Hosp.
LI0182	62294	extract 1 tooth	Anderson Hosp.
HU0295	62471	extract 18 teeth	Anderson Hosp.
KA0208	62025	extract 1 tooth	Anderson Hosp.
SU0117	62010	extract 1 tooth + biopsy	Anderson Hosp.
AN0136	62025	extract 1 tooth + biopsy	Anderson Hosp.
FL0095	62294	extract 10 teeth + alveoloplasty	Anderson Hosp.

**Steven J Hyten DMD,MS**  
continued

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
TE0088	62801	extract 4 teeth	Edville Sy Center
KU0129	62808	extract 2 teeth	Edville Sy Center
GL0034	62249	extract 4 teeth	Edville Sy Center
MO0446	62294	biopsy	Edville Sy Center
ED0069	62002	extract 2 teeth	Edville Sy Center
CA0303	62234	extract 18 teeth	Edville Sy Center
MO0455	62035	extract 2 teeth	Edville Sy Center
MC0489	62062	extract 3 teeth	Edville Sy Center



# R. CRAIG MCKEE, M.D., LLC

4956 AUTUMN OAKS DRIVE, SUITE A  
MARYVILLE, IL 62062  
618-288-1548 • FAX 618-288-2553

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at exiting ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 208 of the 485 patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 208 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

*R. Craig McKee, MD*

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A  
Maryville, IL 62062  
Plastic Surgery

Date: May 1, 2018



APPENDIX A

Name of Physician: Robert Craig McKee, MD

Surgical Specialty: Plastic Surgery

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS DURING THE 12-MONTH PERIOD OF JANUARY 1, 2017 THROUGH DECEMBER 31, 2017.

<u>#CASE</u>	<u>PATIENT NUMBER</u> (PERSON NUMBER)	<u>PATIENT ORIGIN ZIP CODE</u>	<u>PROCEDURE PERFORMED</u> <u>CPT &amp; DESCRIPTION</u>	<u>FACILITY WHER PROCEDURE WAS PERFORMED</u>
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Appendix A R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
1	267122	62040 USA	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
2	167456	62062 USA	10061	DRAINAGE OF SKIN ABSCESS	Anderson Hospital- Outpatient Hospital
3	70821	62294 USA	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
	70821	62294 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
4	90459	62025 USA	10061	DRAINAGE OF SKIN ABSCESS	Anderson Hospital- Outpatient Hospital
	90459	62025 USA	11100	BIOPSY, SKIN LESION	Anderson Hospital- Outpatient Hospital
5	36296	62040 USA	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	36296	62040 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	36296	62040 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	36296	62040 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
6	249913	62052 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	249913	62052 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
7	98597	62246 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	98597	62246 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
8	37728	62088 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
9	10708	62034 USA	11623	EXC H-F-NK-SP MLG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	10708	62034 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
10	50451	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	50451	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	50451	62025 USA	13133	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
11	106036	62294 USA	20694	REMOVE BONE FIXATION DEVICE	Anderson Hospital- Outpatient Hospital
12	173291	62262	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	173291	62262	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
13	22297	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	22297	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
14	151701	62269 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	151701	62269 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
15	42293	62040 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
16	251378	62246 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	251378	62246 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
17	251138	62025 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	251138	62025 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
18	248163	62275	26055	INCISE FINGER TENDON SHEATH	Anderson Hospital- Outpatient Hospital
19	86295	62025 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
20	138794	62012	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
21	249475	62040 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
22	10065	62040 USA	28810	AMPUTATION TOE & METATARSAL	Anderson Hospital- Outpatient Hospital
23	266150	62040 USA	11626	EXC H-F-NK-SP MLG+MARG > 4 CM	Anderson Hospital- Outpatient Hospital
	266150	62040 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
24	40627	62208 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
25	240344	62034 USA	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	240344	62034 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
26	266074	62012	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	266074	62012	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	266074	62012	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
27	24835	62246 USA	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	24835	62246 USA	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
28	266423	62025 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
29	29016	62234 USA	19318	REDUCTION OF LARGE BREAST	Anderson Hospital- Outpatient Hospital
30	8095	62040 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	8095	62040 USA	15760	COMPOSITE SKIN GRAFT	Anderson Hospital- Outpatient Hospital
	8095	62040 USA	15760	COMPOSITE SKIN GRAFT	Anderson Hospital- Outpatient Hospital
31	266556	62069	11043	DEBRIDE TISSUE/MUSCLE	Anderson Hospital- Outpatient Hospital
32	266633	62294 USA	26735	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
33	165608	62232 USA	26356	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
	165608	62232 USA	26356	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
	165608	62232 USA	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
	165608	62232 USA	69990	MICROSURGERY ADD-ON	Anderson Hospital- Outpatient Hospital
	165608	62232 USA	69990	MICROSURGERY ADD-ON	Anderson Hospital- Outpatient Hospital
34	86295	62025 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
35	266697	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
36	242243	62223 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	242243	62223 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
37	266496	62033	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	266496	62033	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
38	250281	62088 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
39	6194	62025 USA	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	6194	62025 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	6194	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
40	42293	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
41	38933	62025 USA	67904	REPAIR EYELID DEFECT	Anderson Hospital- Outpatient Hospital
42	248851	62025 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
43	102780	62033	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
44	14740	62234 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	14740	62234 USA	12052	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
45	266570	62249	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	266570	62249	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
46	248621	62265	20605	Ganglion Cyst Injections	Anderson Hospital- Outpatient Hospital
	248621	62265	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
47	230344	62087 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	230344	62087 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
48	267218	62254	26356	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
	267218	62254	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
	267218	62254	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
49	152497	62040 USA	11644	EXC FACE-MM MALIG+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	152497	62040 USA	11644	EXC FACE-MM MALIG+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	152497	62040 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	152497	62040 USA	13133	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
	152497	62040 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
50	133624	62025 USA	11626	EXC H-F-NK-SP MLG+MAR > 4 CM	Anderson Hospital- Outpatient Hospital
	133624	62025 USA	15240	SKIN FULL GRFT FACE/GENIT/HF	Anderson Hospital- Outpatient Hospital
	133624	62025 USA	15241	SKIN FULL GRAFT ADD-ON	Anderson Hospital- Outpatient Hospital
51	169781	62002 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
52	250058	62221 USA	19318	REDUCTION OF LARGE BREAST	Anderson Hospital- Outpatient Hospital
	250058	62221 USA	19318	REDUCTION OF LARGE BREAST	Anderson Hospital- Outpatient Hospital
53	244986	62234 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
54	235599	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	235599	62025 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
55	266648	62294 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	266648	62294 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
56	267022	62040 USA	26437	REALIGNMENT OF TENDONS	Anderson Hospital- Outpatient Hospital
57	266961	62234 USA	11646	EXC FACE-MM MLG+MARG > 4 CM	Anderson Hospital- Outpatient Hospital
58	40853	62034 USA	67840	REMOVE EYELID LESION	Anderson Hospital- Outpatient Hospital
	40853	62034 USA	67840	REMOVE EYELID LESION	Anderson Hospital- Outpatient Hospital
59	140761	62234 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	140761	62234 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	140761	62234 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	140761	62234 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	140761	62234 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	140761	62234 USA	13101	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	140761	62234 USA	13102	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
60	20677	62025 USA	11604	EXC TR-EXT MLG+MARG 3.1-4 CM	Anderson Hospital- Outpatient Hospital
	20677	62025 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
61	266998	62040 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
62	79530	62294 USA	C3068	Cosmetic Cervicoplasty	Anderson Hospital- Outpatient Hospital
	79530	62294 USA	C3068	Cosmetic Cervicoplasty	Anderson Hospital- Outpatient Hospital
	79530	62294 USA	C3068	Cosmetic Cervicoplasty	Anderson Hospital- Outpatient Hospital
63	266697	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
64	170255	62010	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	170255	62010	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
65	97452	62040 USA	11601	EXC TR-EXT MLG+MARG 0.6-1 CM	Anderson Hospital- Outpatient Hospital
	97452	62040 USA	11621	EXC H-F-NK-SP MLG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	97452	62040 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
66	267731	62025 USA	64776	REMOVE DIGIT NERVE LESION	Anderson Hospital- Outpatient Hospital
	267731	62025 USA	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
	267731	62025 USA	69990	MICROSURGERY ADD-ON	Anderson Hospital- Outpatient Hospital
67	241791	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	241791	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
68	267611	62067	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	267611	62067	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
69	158500	62262	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	158500	62262	12042	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
70	262711	62001 USA	21931	EXC BACK LES SC = 3 CM	Anderson Hospital- Outpatient Hospital
	262711	62001 USA	27632	EXC LEG/ANKLE LES SC > 3 CM	Anderson Hospital- Outpatient Hospital
71	248621	62265	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
72	250174	62033	11441	EXC FACE-MM B9+MARG 0.6-1 CM	Anderson Hospital- Outpatient Hospital
	250174	62033	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	250174	62033	12052	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	250174	62033	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
73	235060	62040 USA	11403	EXC TR-EXT B9+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	235060	62040 USA	11406	EXC TR-EXT B9+MARG > 4.0 CM	Anderson Hospital- Outpatient Hospital
74	268213	62025 USA	26727	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
75	240956	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	240956	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
76	267503	62067	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	267503	62067	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	267503	62067	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
77	236799	62025 USA	26608	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
78	152690	62249	26123	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
	152690	62249	26125	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
79	28978	62025 USA	11044	DEBRIDE TISSUE/MUSCLE/BONE	Anderson Hospital- Outpatient Hospital
80	267122	62040 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
	267122	62040 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
82	238043	62234 USA	28810	AMPUTATION TOE & METATARSAL	Anderson Hospital- Outpatient Hospital
83	261638	62025 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	261638	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	261638	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	261638	62025 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
84	9869	62281 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
85	92898	62009	26756	PIN FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
86	268444	62060	26608	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
87	250849	62471 USA	25215	REMOVAL OF WRIST BONES	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
88	71166	62025 USA	25645	TREAT WRIST BONE FRACTURE	Anderson Hospital- Outpatient Hospital
89	157395	62097	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	157395	62097	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	157395	62097	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	157395	62097	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
90	267840	62253	26123	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
91	21740	62234 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	21740	62234 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
	21740	62234 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
92	160253	62234 USA	20550	Trigger Finger Inj	Anderson Hospital- Outpatient Hospital
	160253	62234 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
93	266697	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	266697	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	266697	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	266697	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
94	105095	62294 USA	28805	AMPUTATION THRU METATARSAL	Anderson Hospital- Outpatient Hospital
95	241791	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	241791	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
96	268351	62040 USA	11604	EXC TR-EXT MLG+MARG 3.1-4 CM	Anderson Hospital- Outpatient Hospital
	268351	62040 USA	11606	EXC TR-EXT MLG+MARG > 4 CM	Anderson Hospital- Outpatient Hospital
	268351	62040 USA	13101	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	268351	62040 USA	13102	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
	268351	62040 USA	13102	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
97	103127	62234 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
98	267763	62074	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
99	44265	62234 USA	25000	INCISION OF TENDON SHEATH	Anderson Hospital- Outpatient Hospital
100	48851	62234 USA	11750	REMOVAL OF NAIL BED	Anderson Hospital- Outpatient Hospital
	48851	62234 USA	15135	DERM AUTOGRAFT FACE/NCK/HF/G	Anderson Hospital- Outpatient Hospital
	48851	62234 USA	15135	DERM AUTOGRAFT FACE/NCK/HF/G	Anderson Hospital- Outpatient Hospital
	48851	62234 USA	15135	DERM AUTOGRAFT FACE/NCK/HF/G	Anderson Hospital- Outpatient Hospital
101	165523	62040-5842 USA	15830	EXC SKIN ABD	Anderson Hospital- Outpatient Hospital
102	126121	62025 USA	67904	REPAIR EYELID DEFECT	Anderson Hospital- Outpatient Hospital
	126121	62025 USA	67904	REPAIR EYELID DEFECT	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
103	268204	62206	11441	EXC FACE-MM B9+MARG 0.6-1 CM	Anderson Hospital- Outpatient Hospital
	268204	62206	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
104	27653	62234 USA	20600	DRAIN/INJECT, JOINT/BURSA	Anderson Hospital- Outpatient Hospital
	27653	62234 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
105	268752	62010	11422	EXC H-F-NK-SP B9+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	268752	62010	15240	SKIN FULL GRFT FACE/GENIT/HF	Anderson Hospital- Outpatient Hospital
106	268753	62040 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
107	235060	62040 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	235060	62040 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
108	44657	62234 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	44657	62234 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	44657	62234 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
109	236623	62298 USA	11623	EXC H-F-NK-SP MLG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	236623	62298 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	236623	62298 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	236623	62298 USA	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	236623	62298 USA	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	236623	62298 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
110	240956	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	240956	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
111	94671	62246 USA	11623	EXC H-F-NK-SP MLG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	94671	62246 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	94671	62246 USA	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	94671	62246 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
112	27653	62234 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
113	269154	62294 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
114	48082	62040 USA	11640	EXC FACE-MM MALIG+MARG 0.5 <	Anderson Hospital- Outpatient Hospital
	48082	62040 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
115	94860	62024	11305	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	94860	62024	11305	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	94860	62024	11310	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	94860	62024	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	94860	62024	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
116	269149	62088 USA	26356	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
117	171103	62234 USA	11624	EXC H-F-NK-SP MLG+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	171103	62234 USA	15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Anderson Hospital- Outpatient Hospital
118	268648	62019	26123	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
	268648	62019	26440	RELEASE PALM/FINGER TENDON	Anderson Hospital- Outpatient Hospital
	268648	62019	26525	RELEASE FINGER CONTRACTURE	Anderson Hospital- Outpatient Hospital
119	9595	62260 USA	11443	EXC FACE-MM B9+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	9595	62260 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	9595	62260 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	9595	62260 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
120	86295	62025 USA	26055	INCISE FINGER TENDON SHEATH	Anderson Hospital- Outpatient Hospital
	86295	62025 USA	26121	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
121	269995	62040 USA	10061	DRAINAGE OF SKIN ABSCESS	Anderson Hospital- Outpatient Hospital
122	269172	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	269172	62025 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
123	71912	62088 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
124	236799	62025 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
	269696	62206	26608	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
125	8629	62040 USA	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	8629	62040 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
126	30395	62062 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
127	172511	62246 USA	25280	REVISE WRIST/FOREARM TENDON	Anderson Hospital- Outpatient Hospital
128	269338	62088 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	269338	62088 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	268348	62095 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
129	248042	62294 USA	26123	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
	248042	62294 USA	26125	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
	248042	62294 USA	26125	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
130	240655	62294 USA	26485	TRANSPLANT PALM TENDON	Anderson Hospital- Outpatient Hospital
	240655	62294 USA	26485	TRANSPLANT PALM TENDON	Anderson Hospital- Outpatient Hospital
131	247816	62234 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	247816	62234 USA	13122	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
132	141865	62294 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
133	269705	62234 USA	26055	INCISE FINGER TENDON SHEATH	Anderson Hospital- Outpatient Hospital
	269705	62234 USA	26160	REMOVE TENDON SHEATH LESION	Anderson Hospital- Outpatient Hospital
	269705	62234 USA	26160	REMOVE TENDON SHEATH LESION	Anderson Hospital- Outpatient Hospital
134	268444	62060	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
135	269692	62040 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	269692	62040 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
136	102970	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
137	162544	62062 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	162544	62062 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
138	267523	62002 USA	14021	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
139	230344	62087 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	230344	62087 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
140	172079	62284	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	172079	62284	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
141	30395	62062 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
142	269175	62284	11621	EXC H-F-NK-SP MLG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	269175	62284	13120	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
145	269827	62234 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
146	241198	62025 USA	11043	DEBRIDE TISSUE/MUSCLE	Anderson Hospital- Outpatient Hospital
147	5572	62249	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	5572	62249	12042	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
148	126281	62024	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	126281	62024	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
149	270102	62061	26735	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
150	44657	62234 USA	11442	EXC FACE-MM B9+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	44657	62234 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	44657	62234 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	44657	62234 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
151	246046	62204	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
152	269882	62034 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	269882	62034 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
153	270869	45140-8667	11043	DEBRIDE TISSUE/MUSCLE	Anderson Hospital- Outpatient Hospital
	270869	45140-8667	12005	REPAIR SUPERFICIAL WOUND(S)	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
154	17031	62060 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	17031	62060 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
155	270117	62232 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
156	269171	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
157	269084	62249	11442	EXC FACE-MM B9+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	269084	62249	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
158	270360	62040 USA	26356	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
	270360	62040 USA	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
159	250551	62002 USA	15002	WND PREP, CH/INF, TRK/ARM/LG	Anderson Hospital- Outpatient Hospital
	250551	62002 USA	15003	WND PREP, CH/INF ADDL 100 CM	Anderson Hospital- Outpatient Hospital
	250551	62002 USA	15003	WND PREP, CH/INF ADDL 100 CM	Anderson Hospital- Outpatient Hospital
160	20677	62025 USA	11604	EXC TR-EXT MLG+MARG 3.1-4 CM	Anderson Hospital- Outpatient Hospital
	20677	62025 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
161	251144	62025 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
162	261424	62062 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	261424	62062 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
163	169116	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
164	270684	62062 USA	26650	TREAT THUMB FRACTURE	Anderson Hospital- Outpatient Hospital
165	9392	62062 USA	11440	EXC FACE-MM B9+MARG 0.5 < CM	Anderson Hospital- Outpatient Hospital
	9392	62062 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	9392	62062 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	9392	62062 USA	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	9392	62062 USA	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
166	269828	62025 USA	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	269828	62025 USA	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
167	95792	62040 USA	11406	EXC TR-EXT B9+MARG > 4.0 CM	Anderson Hospital- Outpatient Hospital
	95792	62040 USA	12036	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
168	47409	62034 USA	26735	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
169	268348	62095 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
170	269171	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
171	270104	62002 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	270104	62002 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
172	239601	62471 USA	26123	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
173	77747	62034 USA	26615	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
174	152323	62206	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
175	18436	62034 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	18436	62034 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
176	270397	62040 USA	25280	REVISE WRIST/FOREARM TENDON	Anderson Hospital- Outpatient Hospital
177	269696	62206	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
178	270483	62002 USA	25000	INCISION OF TENDON SHEATH	Anderson Hospital- Outpatient Hospital
179	96528	62294 USA	21365	TREAT CHEEK BONE FRACTURE	Anderson Hospital- Outpatient Hospital
180	270117	62232 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
181	242291	62294	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
182	270936	62024	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	270936	62024	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
183	271271	62246 USA	26356	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
	271271	62246 USA	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
184	270889	62040 USA	11450	REMOVAL, SWEAT GLAND LESION	Anderson Hospital- Outpatient Hospital
185	37354	62234 USA	11301	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	37354	62234 USA	11301	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	37354	62234 USA	11301	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	37354	62234 USA	11301	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	37354	62234 USA	11310	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
186	270360	62040 USA	64910	NERVE REPAIR W/ALLOGRAFT	Anderson Hospital- Outpatient Hospital
	270360	62040 USA	64910	NERVE REPAIR W/ALLOGRAFT	Anderson Hospital- Outpatient Hospital
187	271326	62234 USA	11422	EXC H-F-NK-SP B9+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	271326	62234 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
189	29032	62025 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
190	18316	62040 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	18316	62040 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
191	81778	62234 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
192	271079	62002 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	271079	62002 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
193	271359	62040 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
194	244782	62025 USA	25000	INCISION OF TENDON SHEATH	Anderson Hospital- Outpatient Hospital
	244782	62025 USA	25000	INCISION OF TENDON SHEATH	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
195	271638	62088 USA	26608	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
	271638	62088 USA	26608	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
196	104381	62010	11303	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	104381	62010	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	104381	62010	13101	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
197	266697	62040 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
	266697	62040 USA	26055	INCISE FINGER TENDON SHEATH	Anderson Hospital- Outpatient Hospital
198	89246	62040 USA	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	89246	62040 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	89246	62040 USA	12042	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	89246	62040 USA	13131	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
199	5306	62232 USA	26160	REMOVE TENDON SHEATH LESION	Anderson Hospital- Outpatient Hospital
	5306	62232 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
200	271471	62021	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	271471	62021	11646	EXC FACE-MM MLG+MARG > 4 CM	Anderson Hospital- Outpatient Hospital
	271471	62021	12042	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	271471	62021	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
201	271472	62881 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	271472	62881 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
202	245595	62025 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	245595	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
203	250551	62002 USA	15100	SKIN SPLT GRFT, TRNK/ARM/LEG	Anderson Hospital- Outpatient Hospital
	250551	62002 USA	15101	SKIN SPLT GRFT T/A/L, ADD-ON	Anderson Hospital- Outpatient Hospital
204	8799	62088 USA	15100	SKIN SPLT GRFT, TRNK/ARM/LEG	Anderson Hospital- Outpatient Hospital
205	173377	62269 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
206	263183	62025 USA	26735	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
207	242291	62294	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	242291	62294	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
208	251168	62249	26860	FUSION OF FINGER JOINT	Anderson Hospital- Outpatient Hospital
209	271660	62269 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	271660	62269 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
210	94671	62246 USA	26123	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
211	155383	62234 USA	11042	DEBRIDE SKIN/TISSUE	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	155383	62234 USA	11045	DEB SUBQ TISSUE ADD-ON	Anderson Hospital- Outpatient Hospital
212	49331	62040 USA	11442	EXC FACE-MM B9+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	49331	62040 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
213	106231	62040 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	106231	62040 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
214	10355	62667 USA	11623	EXC H-F-NK-SP MLG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	10355	62667 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
215	270115	62060	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
216	77747	62034 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
217	271741	62275	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	271741	62275	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
218	271954	62234 USA	26370	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
219	35819	62234 USA	11604	EXC TR-EXT MLG+MARG 3.1-4 CM	Anderson Hospital- Outpatient Hospital
	35819	62234 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
220	3961	62040 USA	25000	INCISION OF TENDON SHEATH	Anderson Hospital- Outpatient Hospital
	3961	62040 USA	25000	INCISION OF TENDON SHEATH	Anderson Hospital- Outpatient Hospital
221	126203	62275 USA	26055	INCISE FINGER TENDON SHEATH	Anderson Hospital- Outpatient Hospital
	126203	62275 USA	26055	INCISE FINGER TENDON SHEATH	Anderson Hospital- Outpatient Hospital
	126203	62275 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	126203	62275 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
222	248368	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
223	269154	62294 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
224	270681	62221 USA	10121	REMOVE FOREIGN BODY	Anderson Hospital- Outpatient Hospital
	270681	62221 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
225	249541	62059	20103	EXPLORE WOUND, EXTREMITY	Anderson Hospital- Outpatient Hospital
226	70821	62294 USA	11623	EXC H-F-NK-SP MLG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	70821	62294 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	70821	62294 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	70821	62294 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
	70821	62294 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
227	25541	62061 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	25541	62061 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
228	35201	62035 USA	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	35201	62035 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
229	234306	62025 USA	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	234306	62025 USA	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	234306	62025 USA	12042	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	234306	62025 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
230	271476	62221 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
231	271742	62230	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
232	160437	62088 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	160437	62088 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
233	269814	62009	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	269814	62009	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
234	18413	62234 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
235	58191	62280	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	58191	62280	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
236	173485	62249	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	173485	62249	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
237	157465	62025 USA	11623	EXC H-F-NK-SP MLG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	157465	62025 USA	15240	SKIN FULL GRFT FACE/GENIT/HF	Anderson Hospital- Outpatient Hospital
238	272941	62052 USA	20103	EXPLORE WOUND, EXTREMITY	Anderson Hospital- Outpatient Hospital
239	271638	62088 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
	271638	62088 USA	26480	TRANSPLANT HAND TENDON	Anderson Hospital- Outpatient Hospital
	271638	62088 USA	26480	TRANSPLANT HAND TENDON	Anderson Hospital- Outpatient Hospital
240	272067	62234 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	272067	62234 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
241	243523	62062 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
242	168421	62234 USA	25332	REVISE WRIST JOINT	Anderson Hospital- Outpatient Hospital
243	272930	62040 USA	26540	REPAIR HAND JOINT	Anderson Hospital- Outpatient Hospital
244	155755	62060	11626	EXC H-F-NK-SP MLG+MAR > 4 CM	Anderson Hospital- Outpatient Hospital
	155755	62060	11644	EXC FACE-MM MALIG+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	155755	62060	15240	SKIN FULL GRFT FACE/GENIT/HF	Anderson Hospital- Outpatient Hospital
	155755	62060	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
245	273202	62025 USA	26605	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
	273202	62025 USA	26608	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
246	94713	62025 USA	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	94713	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	94713	62025 USA	13101	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	94713	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
247	92781	62034 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	92781	62034 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
248	35596	62034 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	35596	62034 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
249	17325	62234-5401 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	17325	62234-5401 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
250	5306	62232 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
251	23618	62025 USA	11424	EXC H-F-NK-SP B9+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	23618	62025 USA	12042	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
252	96373	62091	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	96373	62091	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
253	9108	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	9108	62025 USA	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
254	271476	62221 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
255	10414	62034 USA	28820	AMPUTATION OF TOE	Anderson Hospital- Outpatient Hospital
256	272913	62087	26765	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
257	272626	62095	11310	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	272626	62095	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	272626	62095	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
258	14015	62088 USA	26357	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
	14015	62088 USA	26735	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
	14015	62088 USA	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
259	272577	62040 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	272577	62040 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
260	272980	62034 USA	26725	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
	272980	62034 USA	26725	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
261	273270	62232 USA	25260	REPAIR FOREARM TENDON/MUSCLE	Anderson Hospital- Outpatient Hospital
	273270	62232 USA	25260	REPAIR FOREARM TENDON/MUSCLE	Anderson Hospital- Outpatient Hospital
	273270	62232 USA	64857	REPAIR ARM/LEG NERVE	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
262	101112	62234 USA	11441	EXC FACE-MM B9+MARG 0.6-1 CM	Anderson Hospital- Outpatient Hospital
	101112	62234 USA	11644	EXC FACE-MM MALIG+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	101112	62234 USA	12052	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	101112	62234 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
263	173485	62249	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	173485	62249	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
264	273163	62234 USA	11604	EXC TR-EXT MLG+MARG 3.1-4 CM	Anderson Hospital- Outpatient Hospital
	273163	62234 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	273163	62234 USA	13122	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
265	273039	62067	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	273039	62067	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
266	138259	62087	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
267	266505	62090	11426	EXC H-F-NK-SP B9+MARG > 4 CM	Anderson Hospital- Outpatient Hospital
	266505	62090	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	266505	62090	13133	REPAIR WOUND/LESION ADD-ON	Anderson Hospital- Outpatient Hospital
268	26592	62040-3564 USA	25628	TREAT WRIST BONE FRACTURE	Anderson Hospital- Outpatient Hospital
269	140978	62234 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
270	272771	62095 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
271	273304	62034	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	273304	62034	11646	EXC FACE-MM MLG+MARG > 4 CM	Anderson Hospital- Outpatient Hospital
	273304	62034	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	273304	62034	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
272	273432	62040 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
273	152090	62294 USA	67904	REPAIR EYELID DEFECT	Anderson Hospital- Outpatient Hospital
	152090	62294 USA	67904	REPAIR EYELID DEFECT	Anderson Hospital- Outpatient Hospital
274	273303	62294 USA	26615	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
275	172573	62234 USA	67800	REMOVE EYELID LESION	Anderson Hospital- Outpatient Hospital
276	243523	62062 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
277	104675	62025 USA	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
	104675	62025 USA	14302	SKIN TISSUE REARRANGE ADD-ON	Anderson Hospital- Outpatient Hospital
	104675	62025 USA	14302	SKIN TISSUE REARRANGE ADD-ON	Anderson Hospital- Outpatient Hospital
278	273174	62087	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
279	273510	62257	26615	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
280	48874	62040 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	48874	62040 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
281	274057	62095	26608	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
282	273290	62273	11300	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	273290	62273	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	273290	62273	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	273290	62273	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	273290	62273	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	273290	62273	13101	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
283	234585	62040 USA	11441	EXC FACE-MM B9+MARG 0.6-1 CM	Anderson Hospital- Outpatient Hospital
284	273323	62024	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	273323	62024	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	273323	62024	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	273323	62024	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	273323	62024	12052	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	273323	62024	13101	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	273323	62024	13131	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
285	32858	62040 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	32858	62040 USA	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
286	240655	62294 USA	26440	RELEASE PALM/FINGER TENDON	Anderson Hospital- Outpatient Hospital
287	273517	62040 USA	26951	AMPUTATION OF FINGER/THUMB	Anderson Hospital- Outpatient Hospital
288	273484	62246 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	273484	62246 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
289	40802	62232 USA	11305	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	40802	62232 USA	11624	EXC H-F-NK-SP MLG+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	40802	62232 USA	15240	SKIN FULL GRFT FACE/GENIT/HF	Anderson Hospital- Outpatient Hospital
290	136512	62294 USA	26121	RELEASE PALM CONTRACTURE	Anderson Hospital- Outpatient Hospital
291	152690	62249	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	152690	62249	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	152690	62249	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
	152690	62249	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
292	85721	62088 USA	21011	EXC FACE LES SC < 2 CM	Anderson Hospital- Outpatient Hospital
293	26592	62040-3564 USA	25628	TREAT WRIST BONE FRACTURE	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
294	25339	62234 USA	21012	EXC FACE LES SC = 2 CM	Anderson Hospital- Outpatient Hospital
295	13565	62002 USA	26615	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
296	274409	62088 USA	26735	TREAT FINGER FRACTURE, EACH	Anderson Hospital- Outpatient Hospital
297	107797	62025 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
298	273300	62033	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	273300	62033	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
299	273322	62024	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	273322	62024	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
300	274068	62074	11450	REMOVAL, SWEAT GLAND LESION	Anderson Hospital- Outpatient Hospital
301	4905	62014 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	4905	62014 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
302	98597	62246 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	98597	62246 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
303	139100	62281	26860	FUSION OF FINGER JOINT	Anderson Hospital- Outpatient Hospital
301	18882	62040 USA	26418	REPAIR FINGER TENDON	Anderson Hospital- Outpatient Hospital
302	90559	62249	11624	EXC H-F-NK-SP MLG+MARG 3.1-4	Anderson Hospital- Outpatient Hospital
	90559	62249	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
303	270360	62040 USA	26440	RELEASE PALM/FINGER TENDON	Anderson Hospital- Outpatient Hospital
304	274483	62040 USA	26356	REPAIR FINGER/HAND TENDON	Anderson Hospital- Outpatient Hospital
	274483	62040 USA	64831	REPAIR OF DIGIT NERVE	Anderson Hospital- Outpatient Hospital
	274483	62040 USA	69990	MICROSURGERY ADD-ON	Anderson Hospital- Outpatient Hospital
	274483	62040 USA	69990	MICROSURGERY ADD-ON	Anderson Hospital- Outpatient Hospital
305	101964	62074	11463	REMOVAL, SWEAT GLAND LESION	Anderson Hospital- Outpatient Hospital
306	273953	62033	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	273953	62033	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
307	274296	62061	11042	DEBRIDE SKIN/TISSUE	Anderson Hospital- Outpatient Hospital
	274296	62061	11042	DEBRIDE SKIN/TISSUE	Anderson Hospital- Outpatient Hospital
308	30644	62294 USA	21315	TREATMENT OF NOSE FRACTURE	Anderson Hospital- Outpatient Hospital
309	17168	62034 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
310	12812	62234 USA	11640	EXC FACE-MM MALIG+MARG 0.5 <	Anderson Hospital- Outpatient Hospital
	12812	62234 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
311	266801	62040-2637 USA	25111	REMOVE WRIST TENDON LESION	Anderson Hospital- Outpatient Hospital
312	24835	62246 USA	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
313	158745	62025 USA	21029	CONTOUR OF FACE BONE LESION	Anderson Hospital- Outpatient Hospital
314	274148	62246 USA	11401	EXC TR-EXT B9+MARG 0.6-1 CM	Anderson Hospital- Outpatient Hospital
	274148	62246 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	274148	62246 USA	15200	SKIN FULL GRAFT, TRUNK	Anderson Hospital- Outpatient Hospital
315	226368	62025 USA	11626	EXC H-F-NK-SP MLG+MAR > 4 CM	Anderson Hospital- Outpatient Hospital
	226368	62025 USA	15240	SKIN FULL GRFT FACE/GENIT/HF	Anderson Hospital- Outpatient Hospital
316	168421	62234 USA	26445	RELEASE HAND/FINGER TENDON	Anderson Hospital- Outpatient Hospital
317	273514	62203	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	273514	62203	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
318	35918	62062 USA	11641	EXC FACE-MIM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	35918	62062 USA	12051	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
319	173260	62246 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
320	273970	62262	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
	273970	62262	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	273202	62025 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
321	80260	62025 USA	14061	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
322	267836	62010	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
	267836	62010	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
323	94671	62246 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	94671	62246 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
324	273303	62294 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
325	9813	62034 USA	11422	EXC H-F-NK-SP B9+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	9813	62034 USA	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	9813	62034 USA	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	9813	62034 USA	13121	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	9813	62034 USA	99024	POSTOP FOLLOW-UP VISIT	Anderson Hospital- Outpatient Hospital
326	274409	62088 USA	26951	AMPUTATION OF FINGER/THUMB	Anderson Hospital- Outpatient Hospital
327	273626	62232 USA	26480	TRANSPLANT HAND TENDON	Anderson Hospital- Outpatient Hospital
328	273968	62471 USA	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
	273968	62471 USA	38500	BIOPSY/REMOVAL LYMPH NODES	Anderson Hospital- Outpatient Hospital
329	172464	62294 USA	11402	EXC TR-EXT B9+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	172464	62294 USA	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	172464	62294 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
330	273305	62024	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
331	273966	62208 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
332	144944	62249 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
333	271658	62201	21550	BIOPSY OF NECK/CHEST	Anderson Hospital- Outpatient Hospital
334	274073	62074	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
335	274983	62025 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	274983	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	274983	62025 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
336	13565	62002 USA	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
337	274057	62095	20680	REMOVAL OF SUPPORT IMPLANT	Anderson Hospital- Outpatient Hospital
338	6371	62234 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	6371	62234 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	6371	62234 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	6371	62234 USA	13131	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	6371	62234 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
	6371	62234 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
	6371	62234 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
339	274982	62025 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	274982	62025 USA	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	274982	62025 USA	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
340	274599	62025 USA	11446	EXC FACE-MM B9+MARG > 4 CM	Anderson Hospital- Outpatient Hospital
	274599	62025 USA	12054	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
341	104994	62040 USA	14060	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
342	262850	62025 USA	14040	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
343	90559	62249	11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Anderson Hospital- Outpatient Hospital
	90559	62249	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	90559	62249	13101	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
	90559	62249	13132	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
344	20617	62234 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital
	20617	62234 USA	13151	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
345	140337	62036	11311	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	140337	62036	11311	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	140337	62036	14061	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
346	275238	62040 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	275238	62040 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
347	266801	62040-2637 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
348	236407	62040 USA	26160	REMOVE TENDON SHEATH LESION	Anderson Hospital- Outpatient Hospital
349	275313	62294 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	275313	62294 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
350	264901	62034 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	264901	62034 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
351	40726	62234 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
352	99483	62062 USA	11470	REMOVAL, SWEAT GLAND LESION	Anderson Hospital- Outpatient Hospital
	99483	62062 USA	11470	REMOVAL, SWEAT GLAND LESION	Anderson Hospital- Outpatient Hospital
353	249862	62097	11310	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
	249862	62097	11310	SHAVE SKIN LESION	Anderson Hospital- Outpatient Hospital
354	276275	62040 USA	26615	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
355	103850	62275	11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	103850	62275	12031	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
356	273270	62232 USA	25295	RELEASE WRIST/FOREARM TENDON	Anderson Hospital- Outpatient Hospital
357	248469	62062 USA	11404	EXC TR-EXT B9+MARG 3.1-4 CM	Anderson Hospital- Outpatient Hospital
	248469	62062 USA	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
358	161845	62246 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	161845	62246 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
359	41452	62234 USA	14301	SKIN TISSUE REARRANGEMENT	Anderson Hospital- Outpatient Hospital
	41452	62234 USA	14302	SKIN TISSUE REARRANGE ADD-ON	Anderson Hospital- Outpatient Hospital
360	238392	62024	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
361	276172	62271 USA	26615	TREAT METACARPAL FRACTURE	Anderson Hospital- Outpatient Hospital
362	12373	62069 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	12373	62069 USA	11642	EXC FACE-MM MALIG+MARG 1.1-2	Anderson Hospital- Outpatient Hospital
	12373	62069 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
	12373	62069 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
	12373	62069 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
363	154632	62034 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	154632	62034 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
364	97903	62025 USA	11641	EXC FACE-MM MALIG+MARG 0.6-1	Anderson Hospital- Outpatient Hospital

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	97903	62025 USA	13152	REPAIR OF WOUND OR LESION	Anderson Hospital- Outpatient Hospital
365	271638	62088 USA	25295	RELEASE WRIST/FOREARM TENDON	Anderson Hospital- Outpatient Hospital
366	139842	62025 USA	11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Anderson Hospital- Outpatient Hospital
	139842	62025 USA	11643	EXC FACE-MM MALIG+MARG 2.1-3	Anderson Hospital- Outpatient Hospital
	139842	62025 USA	12032	LAYER CLOSURE OF WOUND(S)	Anderson Hospital- Outpatient Hospital
	139842	62025 USA	15260	SKIN FULL GRAFT EEN & LIPS	Anderson Hospital- Outpatient Hospital
367	248368	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Anderson Hospital- Outpatient Hospital
368	273332	62025 USA	25000	INCISION OF TENDON SHEATH	Anderson Hospital- Outpatient Hospital
369	30549	62234 USA	26540	REPAIR HAND JOINT	Anderson Hospital- Outpatient Hospital
370	28250	62034 USA	28825	PARTIAL AMPUTATION OF TOE	Anderson Hospital- Outpatient Hospital
371	272771	62095 USA	20605	Ganglion Cyst Injections	Anderson Hospital- Outpatient Hospital
	272771	62095 USA	26055	INCISE FINGER TENDON SHEATH	Anderson Hospital- Outpatient Hospital
	272771	62095 USA	64721	CARPAL TUNNEL SURGERY	Anderson Hospital- Outpatient Hospital
372	41128	62025 USA	15002	WND PREP, CH/INF, TRK/ARM/LG	Anderson Hospital- Outpatient Hospital
	41128	62025 USA	15220	SKIN FULL GRAFT SCLP/ARM/LEG	Anderson Hospital- Outpatient Hospital
	41128	62025 USA	15221	SKIN FULL GRAFT ADD-ON	Anderson Hospital- Outpatient Hospital
373	250843	62208 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	250843	62208 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
374	250839	62014	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	250839	62014	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
375	161362	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	161362	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
376	43899	62025 USA	20103	EXPLORE WOUND, EXTREMITY	Edwardsville Ambulatory Surgical Center
377	170905	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
378	250841	62025 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	250841	62025 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
379	266088	62275	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
380	250843	62208 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	250843	62208 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
381	249684	62254	20670	REMOVAL OF SUPPORT IMPLANT	Edwardsville Ambulatory Surgical Center
382	26690	62246 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
383	37284	62040 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
384	266710	62040 USA	26123	RELEASE PALM CONTRACTURE	Edwardsville Ambulatory Surgical Center

R. Craig McKee, MD  
 4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62052

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
385	25894	62234 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
386	267152	62234 USA	12044	LAYER CLOSURE OF WOUND(S)	Edwardsville Ambulatory Surgical Center
387	236616	62056	26951	AMPUTATION OF FINGER/THUMB	Edwardsville Ambulatory Surgical Center
388	260543	62025 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
389	240075	62058	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
390	166000	62025 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
391	26690	62246 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
392	13665	62275 USA	26123	RELEASE PALM CONTRACTURE	Edwardsville Ambulatory Surgical Center
393	141562	62089	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
394	243820	62048	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	243820	62048	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
395	102767	62056	25000	INCISION OF TENDON SHEATH	Edwardsville Ambulatory Surgical Center
	102767	62056	26055	INCISE FINGER TENDON SHEATH	Edwardsville Ambulatory Surgical Center
396	23819	62234 USA	25000	INCISION OF TENDON SHEATH	Edwardsville Ambulatory Surgical Center
397	267522	62249	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
398	268033	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
399	243574	62088 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	243574	62088 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
400	266183	62243	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
401	74184	62025 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
402	267382	62014	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
403	11436	62033 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
404	26690	62246 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
405	268642	62246 USA	25075	REMOVAL FOREARM LESION SUBCU	Edwardsville Ambulatory Surgical Center
406	38102	62208 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
407	240203	62025 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
408	74184	62025 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
409	171496	62033	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	171496	62033	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
410	268001	62025 USA	26608	TREAT METACARPAL FRACTURE	Edwardsville Ambulatory Surgical Center
	268001	62025 USA	26608	TREAT METACARPAL FRACTURE	Edwardsville Ambulatory Surgical Center
411	155241	62685	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
412	269153	62269 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
413	267382	62014	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
414	269148	62223 USA	21931	EXC BACK LES SC = 3 CM	Edwardsville Ambulatory Surgical Center
415	267715	62018	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
416	268033	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
417	30600	62040 USA	26765	TREAT FINGER FRACTURE, EACH	Edwardsville Ambulatory Surgical Center
418	85257	62090	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
419	269337	62097	26055	INCISE FINGER TENDON SHEATH	Edwardsville Ambulatory Surgical Center
	269337	62097	26055	INCISE FINGER TENDON SHEATH	Edwardsville Ambulatory Surgical Center
	269337	62097	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
420	268033	62040 USA	25000	INCISION OF TENDON SHEATH	Edwardsville Ambulatory Surgical Center
421	98228	62025 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
422	270105	62097	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
423	268001	62025 USA	20680	REMOVAL OF SUPPORT IMPLANT	Edwardsville Ambulatory Surgical Center
424	270398	62040 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
425	271207	62040 USA	13131	REPAIR OF WOUND OR LESION	Edwardsville Ambulatory Surgical Center
426	250450	62269 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
427	243284	62234 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
428	270887	62206	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
429	131631	62234 USA	10121	REMOVE FOREIGN BODY	Edwardsville Ambulatory Surgical Center
430	131631	62234 USA	64702	REVISE FINGER/TOE NERVE	Edwardsville Ambulatory Surgical Center
431	246232	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
432	267764	62254	11100	BIOPSY, SKIN LESION	Edwardsville Ambulatory Surgical Center
	267764	62254	67904	REPAIR EYELID DEFECT	Edwardsville Ambulatory Surgical Center
433	30600	62040 USA	20680	REMOVAL OF SUPPORT IMPLANT	Edwardsville Ambulatory Surgical Center
434	247264	62294 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
435	240075	62058	20550	Trigger Finger Inj	Edwardsville Ambulatory Surgical Center
	240075	62058	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
436	267525	62246 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
437	270903	62293 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	270903	62293 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
438	72814	62062 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
439	271762	62225	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
440	243820	62048	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center

R. Craig McKee, MD  
4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	243820	62048	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
441	243470	62269 USA	25000	INCISION OF TENDON SHEATH	Edwardsville Ambulatory Surgical Center
442	45859	62062 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
443	94058	62062 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	94058	62062 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
444	67358	62095 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	67358	62095 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
445	272560	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	272560	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
446	92681	62048	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	92681	62048	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
447	25115	62234 USA	25000	INCISION OF TENDON SHEATH	Edwardsville Ambulatory Surgical Center
448	272580	62249	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
449	151658	62025 USA	26055	INCISE FINGER TENDON SHEATH	Edwardsville Ambulatory Surgical Center
450	240410	62025 USA	25118	EXCISE WRIST TENDON SHEATH	Edwardsville Ambulatory Surgical Center
451	273324	62246 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	273324	62246 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
452	97057	62249	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
453	95341	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
454	274238	62025 USA	26418	REPAIR FINGER TENDON	Edwardsville Ambulatory Surgical Center
455	249814	62001	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
456	247242	62035	24071	EXC ARM/ELBOW LES SC = 3 CM	Edwardsville Ambulatory Surgical Center
457	79963	62062 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
458	273485	62246 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
459	274713	62040 USA	21315	TREATMENT OF NOSE FRACTURE	Edwardsville Ambulatory Surgical Center
460	80573	62034 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
461	2083	62061 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
462	274160	62025 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
463	150798	62234 USA	21315	TREATMENT OF NOSE FRACTURE	Edwardsville Ambulatory Surgical Center
464	275120	62034 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
465	269527	62294 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	269527	62294 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
466	43131	62234 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center

**R. Craig McKee, MD**  
**4956 Autumn Oaks Dr., Ste. A, Maryville, IL 62062**

# Case	Per Nbr	Zip	CPT4	CPT4 Desc	
	43131	62234 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
467	275240	62044 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
468	275266	62205	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
469	170905	62040 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	170905	62040 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
470	6019	62058 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
471	275925	62025 USA	21356	TREAT CHEEK BONE FRACTURE	Edwardsville Ambulatory Surgical Center
472	272580	62249	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
473	22728	62062 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	22728	62062 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
474	141673	62262	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
475	67358	62095 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	67358	62095 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
476	272941	62052 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
477	157285	62002 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
478	107502	62062 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
479	266995	62249	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	266995	62249	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
480	270903	62293 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
	270903	62293 USA	64718	REVISE ULNAR NERVE AT ELBOW	Edwardsville Ambulatory Surgical Center
481	141673	62262	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
482	2083	62061 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
483	263418	62025 USA	25111	REMOVE WRIST TENDON LESION	Edwardsville Ambulatory Surgical Center
484	276162	62088 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
485	272551	62471 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center
	272551	62471 USA	64721	CARPAL TUNNEL SURGERY	Edwardsville Ambulatory Surgical Center

MIDKIFF, OWENS, & SHAH  
OBSTETRICS & GYNECOLOGY  
2023 Vadalabene Drive, Suite 200  
Maryville, IL 62062  
618-288-7408

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 91 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 91 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

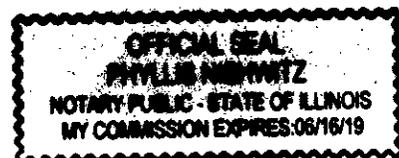


Christina Midkiff, M.D.  
2023 Vadalabene Drive, Suite 200  
Maryville, IL 62062  
Obstetrics & Gynecology

Date:

Signed April 23<sup>rd</sup>, 2018  
Madison County, IL

Phyllis Nishwitz  
Notary



**APPENDIX A**

Name of Physician: Christina Midkiff, M.D.

Surgical Specialty: Obstetrics & Gynecology

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
23546	62269	58563 HYST ABLATION	ANDERSON
14948	62062	58558 HYST D&C	ANDERSON
51027	62040	57295 MESH REMOVAL	ANDERSON
17771	62234	58558 HYST D&C	ANDERSON
2606	62234	57522 LEEP CONE	ANDERSON
51374	62025	58558 HYST D&C	ANDERSON
49448	62269	58561 HYST REMOVE LEIOMY	ANDERSON
42550	62234	58563 HYST ABLATION	ANDERSON
40205	94513	58561 HYST REMOVE LEIOMY	ANDERSON
49392	62040	58558 HYST D&C	ANDERSON
41125	62025	58558 HYST D&C	ANDERSON
50157	62269	58558 HYST D&C	ANDERSON
9891	62234	58558 HYST D&C	ANDERSON
41673	62269	58558 HYST D&C	ANDERSON
51555	62234	58558 HYST D&C	ANDERSON
26638	62234	58558 HYST D&C	ANDERSON
51330	62095	58558 HYST D&C	ANDERSON
48392	62226	58558 HYST D&C	ANDERSON
35731	62269	58558 HYST D&C	ANDERSON
47887	62010	58563 HYST ABLATION	ANDERSON
51271	62294	58555 DIAGNOSTIC HYST	ANDERSON
51388	62018	58558 HYST D&C	ANDERSON
42697	62269	58558 HYST D&C	ANDERSON
50886	62025	58558 HYST D&C	ANDERSON
7140	62234	49320 L/S DIAGNOSTIC	ANDERSON
32756	62040	58558 HYST D&C	ANDERSON
26638	62234	58558 HYST D&C	ANDERSON
31730	62249	57522 LEEP CONE	ANDERSON
29993	62040	58563 HYST ABLATION	ANDERSON
19368	62025	58558 HYST D&C	ANDERSON
27724	63137	58671 L/S TUBAL LIGATION	ANDERSON
24107	62087	58558 HYST D&C	ANDERSON
49448	62269	58561 HYST REMOVE LEIOMY	ANDERSON
23617	62269	58558 HYST D&C	ANDERSON
9402	62034	58562 HYST REMOVE IUD	ANDERSON
13161	62025	58558 HYST D&C	ANDERSON
25845	62034	58561 HYST REMOVE LEIOMY	ANDERSON
26488	62097	58558 HYST D&C	ANDERSON
41411	62088	58558 HYST D&C	ANDERSON
36768	62097	58558 HYST D&C	ANDERSON
41360	62269	58558 HYST D&C	ANDERSON

32872	62293	58671 L/S TUBAL LIGATION	ANDERSON
14136	62025	58558 HYST D&C	ANDERSON
22278	62269	58558 HYST D&C	ANDERSON
49256	62062	58558 HYST D&C	ANDERSON
51924	62234	58558 HYST D&C	ANDERSON
45882	62095	58558 HYST D&C	ANDERSON
44948	62034	58662 L/S EXC LESION	ANDERSON
27696	62249	58671 L/S TUBAL LIGATION	ANDERSON
42843	62220	58558 HYST D&C	ANDERSON
25828	62249	58561 HYST REMOVE LEIOMY	ANDERSON
46338	62069	58558 HYST D&C	ANDERSON
14053	62002	58558 HYST D&C	ANDERSON
30879	62234	58558 HYST D&C	ANDERSON
45747	62294	58558 HYST D&C	ANDERSON
50547	62040	58558 HYST D&C	ANDERSON
21292	62025	58558 HYST D&C	ANDERSON
50933	62234	58563 HYST ABLATION	ANDERSON
51803	62234	58670 L/S TUBAL W/O RINGS	ANDERSON
21358	62040	58558 HYST D&C	ANDERSON
36701	62269	58563 HYST ABLATION	ANDERSON
43416	62269	58671 L/S TUBAL LIGATION	ANDERSON
29930	62002	58558 HYST D&C	ANDERSON
25736	62040	58558 HYST D&C	ANDERSON
19505	62034	58558 HYST D&C	ANDERSON
33019	62069	58671 L/S TUBAL W RINGS	ANDERSON
19505	62034	58563 HYST ABLATION	ANDERSON
51271	62294	58563 HYST ABLATION	ANDERSON
32347	62294	58671 L/S TUBAL W RINGS	ANDERSON
18259	62221	58671 L/S TUBAL W RINGS	ANDERSON
36863	62095	58563 HYST ABLATION	ANDERSON
10979	62040	57522 LEEP CONE	ANDERSON
20246	62205	57522 LEEP CONE	ANDERSON
50987	62010	57522 LEEP CONE	ANDERSON
30113	62223	58558 HYST D&C	ANDERSON
51204	62025	58563 HYST ABLATION	ANDERSON
14544	62034	58558 HYST D&C	ANDERSON
22285	62040	58561 HYST REMOVE LEIOMY	ANDERSON
24127	62294	58558 HYST D&C	ANDERSON
19202	62258	58558 HYST D&C	ANDERSON
14581	62234	58558 HYST D&C	ANDERSON
14766	62035	58671 L/S TUBAL W RINGS	ANDERSON
15241	62025	58558 HYST D&C	ANDERSON
49808	62265	58558 HYST D&C	ANDERSON
32793	62234	58563 HYST ABLATION	ANDERSON
19375	62034	58671 L/S TUBAL W RINGS	ANDERSON
49801	62025	58558 HYST D&C	ANDERSON
47812	62016	58671 L/S TUBAL W RINGS	ANDERSON
33532	62294	58558 HYST D&C	ANDERSON
9875	62034	58561 HYST REMOVE LEIOMY	ANDERSON
51614	62002	58671 L/S TUBAL W RINGS	ANDERSON

MIDKIFF, OWENS, & SHAH  
OBSTETRICS & GYNECOLOGY  
2023 Vadalabene Drive, Suite 200  
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To Whom It May Concern:

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I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 45 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 45 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

*Markel Owens, M.D.*

Markel Owens, M.D.  
2023 Vadalabene Drive, Suite 200  
Maryville, IL 62062  
Obstetrics & Gynecology

Date:

*signed April 25, 2018*  
*Madison County, IL*  
*Phyllis Nishwitz*  
*NOTARY*



**APPENDIX A**

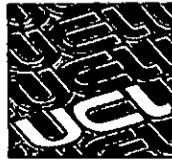
Name of Physician: Markel Owens, M.D.

Surgical Specialty: Obstetrics & Gynecology

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
51000	62025	58661 L/S OOPHORECTOMY	ANDERSON
51479	62225	58671 L/S TUBAL W RINGS	ANDERSON
47250	62059	58561 HYST REMOVE LEIOMY	ANDERSON
51462	62220	49320 L/S DIAGNOSTIC	ANDERSON
49514	62208	58558 HYST D&C	ANDERSON
21957	62221	58558 HYST D&C	ANDERSON
23386	62025	58671 L/S TUBAL W RINGS	ANDERSON
51271	62294	58662 L/S EXC LESION	ANDERSON
43207	62269	57522 LEEP CONE	ANDERSON
47438	62025	58558 HYST D&C	ANDERSON
46919	62234	58558 HYST D&C	ANDERSON
51387	62208	58561 HYST REMOVE LEIOMY	ANDERSON
45504	62062	58558 HYST D&C	ANDERSON
51601	62234	58561 HYST REMOVE LEIOMY	ANDERSON
20399	62208	58558 HYST D&C	ANDERSON
49609	62090	57522 LEEP CONE	ANDERSON
49671	62226	58558 HYST D&C	ANDERSON
45971	62269	58558 HYST D&C	ANDERSON
45266	62249	58558 HYST D&C	ANDERSON
51224	62234	58558 HYST D&C	ANDERSON
51810	62269	58558 HYST D&C	ANDERSON
49494	62221	58671 L/S TUBAL W RINGS	ANDERSON
23617	62269	58558 HYST D&C	ANDERSON
47911	32034	58558 HYST D&C	ANDERSON
49865	62258	58662 L/S EXC LESION	ANDERSON
51893	62269	58558 HYST D&C	ANDERSON
690	62234	58558 HYST D&C	ANDERSON
52049	62034	58561 HYST REMOVE LEIOMY	ANDERSON
48271	62040	57288 TOT VAGINAL	ANDERSON
51710	62221	58563 HYST ABLATION	ANDERSON
46664	62095	57288 TOT VAGINAL	ANDERSON
52054	62040	57522 LEEP CONE	ANDERSON
52094	63126	58558 HYST D&C	ANDERSON
51984	62025	57522 LEEP CONE	ANDERSON
49075	62221	57520 CERVICAL CONE	ANDERSON
49827	62269	58671 L/S TUBAL WITH RINGS	ANDERSON
22313	62062	58563 HYST ABLATION	ANDERSON
49192	62040	58661 L/S OOPHORECTOMY	ANDERSON
46763	62025	58558 HYST D&C	ANDERSON
52378	62234	58671 L/S TUBAL W RINGS	ANDERSON
52384	62253	58558 HYST D&C	ANDERSON
52188	60543	57522 LEEP CONE	ANDERSON
49562	62293	58671 L/S TUBAL W RINGS	ANDERSON
47527	62269	58671 L/S TUBAL W RINGS	ANDERSON
48626	62040	58662 L/S EXC LESION	ANDERSON

Michael G. Guignon Sr., MD  
Courtney Shands III, MD  
David W. Keetch, MD, FACS  
Jeffrey A. Parres, MD, FACS  
Demetrios A. Katsikas, MD  
Brad C. White, MD  
Rajen H. Doshi, MD  
Matthew J. Spellman, MD



## Urology Consultants, Ltd.

Christopher L. Vulin, MD  
Travis L. Bullock, MD  
Christopher T. Arett, MD  
Elizabeth R. Williams, MD  
Etai Goldenberg, MD  
James P. Rybak, MD  
**Pathology**  
Charles D. Short

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

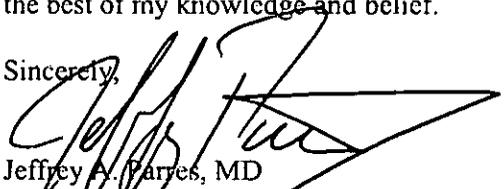
I would have referred sixty-one of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer sixty-one patients during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

  
Jeffrey A. Parres, MD  
6812 State Route 162, Suite 200  
Maryville, IL 62062  
Urology

Date: 05/24/18

Notary Public: Beth A. Coulter  
Date: May 24, 2018



Best Doctors

Anderson Hospital Physician's Office Building  
6812 State Route 162, Suite 200 · Maryville, Illinois, 62062  
Phone: 618-288-0900  
Fax: 314-453-9965  
www.ucl-stl.com

325

APPENDIX A

Name of Physician: Jeffrey Parnes

Surgical Specialty: Urology

SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
M000973998	62234	ESWL	ANDERSON HOSPITAL
M000079777	62074	ESWL	ANDERSON HOSPITAL
M000116391	62040	ESWL	ANDERSON HOSPITAL
M000163671	62025	ESWL	ANDERSON HOSPITAL
M000224128	62040	ESWL	ANDERSON HOSPITAL
M000140641	62088	ESWL	ANDERSON HOSPITAL
M000295050	62249	ESWL	ANDERSON HOSPITAL
M000215456	41830	ESWL	ANDERSON HOSPITAL
M000381825	62269	ESWL	ANDERSON HOSPITAL
M003812825	62269	ESWL	ANDERSON HOSPITAL
M000215456	62234	ESWL	ANDERSON HOSPITAL
M000360836	62294	ESWL	ANDERSON HOSPITAL
M000948841	62249	ESWL	ANDERSON HOSPITAL
M000193342	62024	ESWL	ANDERSON HOSPITAL
M000018117	62234	ESWL	ANDERSON HOSPITAL
M000294440	62249	ESWL	ANDERSON HOSPITAL
M000093954	62034	ESWL	ANDERSON HOSPITAL
M000224128	62040	ESWL	ANDERSON HOSPITAL
M000244479	62040	ESWL	ANDERSON HOSPITAL
M000024764	62040	ESWL	ANDERSON HOSPITAL
M000024764	62025	ESWL	ANDERSON HOSPITAL
M000155128	62040	ESWL	ANDERSON HOSPITAL
M000949680	62001	ESWL	ANDERSON HOSPITAL
M000385171	62232	ESWL	ANDERSON HOSPITAL
M000339434	62086	ESWL	ANDERSON HOSPITAL
M000271749	62010	ESWL	ANDERSON HOSPITAL
M000932173	62062	ESWL	ANDERSON HOSPITAL
M000266865	62249	ESWL	ANDERSON HOSPITAL
M000189651	62034	ESWL	ANDERSON HOSPITAL
M000925900	62249	ESWL	ANDERSON HOSPITAL
M000066828	62294	ESWL	ANDERSON HOSPITAL
M000325948	62040	ESWL	ANDERSON HOSPITAL
M000260120	62088	ESWL	ANDERSON HOSPITAL
M000272505	62294	ESWL	ANDERSON HOSPITAL
M000385171	62232	ESWL	ANDERSON HOSPITAL
M000024218	62234	ESWL	ANDERSON HOSPITAL
M000101111	62278	ESWL	ANDERSON HOSPITAL
M000244218	62249	ESWL	ANDERSON HOSPITAL
M000388900	62226	ESWL	ANDERSON HOSPITAL
M000238676	62001	ESWL	ANDERSON HOSPITAL

M000250947	62062	ESWL	ANDERSON HOSPITAL
M000021495	62234	ESWL	ANDERSON HOSPITAL
M000388979	62285	ESWL	ANDERSON HOSPITAL
M000388980	62230	ESWL	ANDERSON HOSPITAL
M000044007	62034	ESWL	ANDERSON HOSPITAL
M000016236	62234	ESWL	ANDERSON HOSPITAL
M000101111	62278	ESWL	ANDERSON HOSPITAL
M000244218	62249	ESWL	ANDERSON HOSPITAL
M000388900	62226	ESWL	ANDERSON HOSPITAL
M000238673	62001	ESWL	ANDERSON HOSPITAL
M000014887	62249	ESWL	ANDERSON HOSPITAL
M000155128	62040	HYDROCELECTOMY	ANDERSON HOSPITAL
M000383328	62218	HYDROCELECTOMY	ANDERSON HOSPITAL
M00008732	62201	HYDROCELECTOMY	ANDERSON HOSPITAL
M000952700	62234	HYDROCELECTOMY	ANDERSON HOSPITAL
V00002320902	62249	SPERMATOCELECTOMY	ANDERSON HOSPITAL
V00002314471	62040	RIGHT HYDROCELECTOMY	ANDERSON HOSPITAL
V00002314522	62218	LEFT HYDROCELECOTMY	ANDERSON HOSPITAL
V00002351180	62234	RIGHT HYDROCELECTOMY	ANDERSON HOSPITAL
V00002411728	62062	LEFT SPERMATOCELECTOMY	ANDERSON HOSPITAL
V00002325176	62201	LEFT SPERMATOCELECTOMY	ANDERSON HOSPITAL
		BILATERAL VASECTOMY	ANDERSON HOSPITAL



# SLUCare

Physician Group

SLUCare Administration

Executive Office

1402 South Grand Blvd.  
Schwitalla Hall  
Suite M224  
St. Louis, MO 63104

August 6, 2018

P 314-977-7661

F 314-977-7663

To Whom It May Concern:

I am the Chief Executive Officer of SLUCare Physician Group. The below referenced physicians are members of SLUCare and the medical staff of SSM Health Cardinal Glennon Children's Hospital. Members of our practice performed surgical cases at Cardinal Glennon Children's Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a CON application.

Attached to this letter, as Appendix A, is a list of patients identified by zip code of residences who received care at Cardinal Glennon Children's Hospital during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. The list identifies the procedures performed, the members of SLUCare Physician Group who performed these cases, and the facility where these procedures were performed.

SLUCare believes that it would have referred approximately 408 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. SLUCare anticipates referring approximately 408 surgical cases to the Surgery Center during each of the first 2 years (24 months) after this ASTC is completed and operational.

The physicians from SLUCare who are included in these referrals are identified below and included by reference in this letter.

**General Surgery**

- Colleen Fitzpatrick, MD

**Gastroenterology**

- Jeffrey Teckman, MD

**Ophthalmology**

- Bradley Davitt, MD

**Orthopaedic**

- Lee Engel, MD

**Otolaryngology**

- Dary Costa, MD

**Urology**

- Barry Duel, MD

August 6, 2018

Page 2

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed our department's experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

On behalf of the physicians identified above and in Appendix A, I hereby verify that the patient referrals that we anticipate making to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

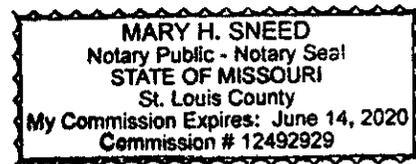
Robert M. Heaney, MD, Chief Executive Officer  
On behalf of SLUCare Physician Group  
1402 South Grand Blvd., Suite M224  
St. Louis, MO 63110

State of Missouri )  
) (SS)  
City/County of St. Louis )

On this 7th day of August in the year 2018, before me, the undersigned notary public, personally appeared Robert M. Heaney, MD, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Mary H. Sneed  
Notary Public

My Commission Expires: June 14, 2020



Time Period: 01/01/2017 - 12/31/2017

GI

Patient ID	Zip Code	PRIMARY PROCEDURE	FACILITY
0000287	62249	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
0000482	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
0000484	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
0000489	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
0000493	62062	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
0000497	62025	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
0000497	62025	SIGMOIDOSCOPY FLEXIBLE	Glennon
0000528	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
0000566	62002	COLONOSCOPY BIOPSY	Glennon
00001187	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001229	62025	COLONOSCOPY BIOPSY	Glennon
00001341	62035	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001342	62018	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001344	62018	BREATH HYDROGEN TEST	Glennon
00001345	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001513	62040	COLONOSCOPY BIOPSY	Glennon
00001531	62040	COLONOSCOPY BIOPSY	Glennon
00001532	62002	COLONOSCOPY BIOPSY	Glennon
00001737	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001738	62040	PERCUTANEOUS PLACEMENT TUBE GASTROSTOMY	Glennon
00001739	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001740	62040	BIOPSY NEEDLE LIVER	Glennon
00001741	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001742	62234	BIOPSY NEEDLE LIVER	Glennon
00001743	62040	COLONOSCOPY BIOPSY	Glennon
00001744	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001745	62010	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001746	62034	BIOPSY NEEDLE LIVER	Glennon
00001747	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001752	62002	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001753	62034	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001754	62025	COLONOSCOPY BIOPSY	Glennon
00001755	62002	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001756	62034	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001757	62067	COLONOSCOPY BIOPSY	Glennon
00001758	62034	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001759	62067	COLONOSCOPY BIOPSY	Glennon
00001759	62067	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001760	62067	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001779	62062	COLONOSCOPY BIOPSY	Glennon
00001780	62035	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001781	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001782	62025	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001783	62010	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001784	62074	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon

00001893	62234	COLONOSCOPY BIOPSY	Glennon
00001894	62040	BIOPSY NEEDLE LIVER	Glennon
00001896	62034	BREATH HYDROGEN TEST	Glennon
00001897	62249	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001898	62025	COLONOSCOPY BIOPSY	Glennon
00001901	62024	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001902	62034	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001903	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001904	62294	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001906	62018	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001907	62234	COLONOSCOPY BIOPSY	Glennon
00001908	62025	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001909	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001910	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001911	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001912	62025	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001913	62249	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001914	62062	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001915	62067	COLONOSCOPY BIOPSY	Glennon
00001916	62097	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00001917	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002039	62034	COLONOSCOPY BIOPSY	Glennon
00002040	62249	COLONOSCOPY BIOPSY	Glennon
00002040	62249	GASTROINTESTINAL TRACT IMAGING INTRALUMINAL ESOPHAGUS THROUGH ILEUM	Glennon
00002041	62025	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002042	62234	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002043	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002044	62040	CAPSULE ENDOSCOPY (GASTROINTESTINAL IMAGING)	Glennon
00002044	62040	COLONOSCOPY BIOPSY	Glennon
00002045	62249	COLONOSCOPY BIOPSY	Glennon
00002046	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002047	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002048	62249	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002049	62040	COLONOSCOPY BIOPSY	Glennon
00002050	62035	COLONOSCOPY BIOPSY	Glennon
00002051	62035	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002052	62040	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002053	62024	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002054	62234	BIOPSY RECTAL	Glennon
00002055	62294	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002056	62024	PERCUTANEOUS PLACEMENT TUBE GASTROSTOMY	Glennon
00002057	62087	COLONOSCOPY BIOPSY	Glennon
00002058	62040	BIOPSY NEEDLE LIVER	Glennon
00002059	62024	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002060	62040	COLONOSCOPY BIOPSY	Glennon
00002147	62090	COLONOSCOPY BIOPSY	Glennon
00002168	62034	COLONOSCOPY BIOPSY	Glennon
00002177	62294	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002187	62018	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002199	62249	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002221	62025	ENDOSCOPY GI UPPER WITH BIOPSY	Glennon
00002956	62025	BIOPSY LIVER (NEEDLE/PERCUTANEOUS)	Glennon
00004861	62234	COLONOSCOPY BIOPSY	Glennon

00004863 62040 COLONOSCOPY BIOPSY  
00004865 62294 ENDOSCOPY GI UPPER WITH BIOPSY  
00004895 62281 ENDOSCOPY GI UPPER WITH BIOPSY  
00004896 62002 ENDOSCOPY GI UPPER WITH BIOPSY

Glennon  
Glennon  
Glennon  
Glennon

Time Period: 01/01/2017 - 12/31/2017

General Surgery

Patient ID	Zip Code	PRIMARY PROCEDURE	FACILITY
0000226	62018	ESOPHAGOSCOPY PEDI	Glennon
0000667	62040	CIRCUMCISION PEDI *	Glennon
0000688	62040	CIRCUMCISION PEDI *	Glennon
0000903	62040	CLOSURE GASTROSTOMY	Glennon
0001128	62040	LAPAROSCOPIC CHOLECYSTECTOMY	Glennon
0001561	62034	HERNIORRHAPHY INGUINAL PEDIATRIC	Glennon
0001562	62234	CIRCUMCISION PEDI *	Glennon
0001563	62002	HERNIA INGUINAL OVER AGE 5	Glennon
0001564	62025	CIRCUMCISION PEDI *	Glennon
0001565	62234	INCISION AND DRAINAGE ABSCESS SCALP/FACE	Glennon
0001566	62234	LAPAROSCOPIC GASTROSTOMY TUBE PLACEMENT	Glennon
0001567	62002	CIRCUMCISION PEDI *	Glennon
0001568	62002	CIRCUMCISION PEDI *	Glennon
0001569	62025	REMOVAL TUNNELED CENTRAL VENOUS ACCESS DEVICE	Glennon
0001570	62025	BIOPSY/EXCISION NODE LYMPH	Glennon
0001570	62025	INSERTION ACCESS DEVICE CENTRAL VENOUS TUNNELED	Glennon
0001570	62025	REMOVAL CENTRAL VENOUS CATH/PORT (ANY TYPE)	Glennon
0001571	62034	REPAIR INGUINAL HERNIA INFANT LESS THAN 6 MONTHS OLD	Glennon
0001572	62034	HERNIORRHAPHY UMBILICAL PEDIATRIC	Glennon
0001573	62046	EXAM UNDER ANESTHESIA (ANORECTAL)	Glennon
0001573	62046	EXAM UNDER ANESTHESIA, ANORECTAL	Glennon
0001682	62040	HERNIORRHAPHY UMBILICAL COMPONENT SEPARATION	Glennon
0001683	62034	EXCISION LESION CHEST	Glennon
0001684	62040	HERNIORRHAPHY INGUINAL PEDIATRIC	Glennon
0001685	62035	LAPAROSCOPIC APPENDECTOMY (CHILD)	Glennon
0001686	62002	CIRCUMCISION PEDI *	Glennon
0001687	62002	CIRCUMCISION PEDI *	Glennon
0001688	62046	HERNIORRHAPHY EPIGASTRIC	Glennon
0001689	62001	HERNIORRHAPHY UMBILICAL COMPONENT SEPARATION	Glennon
0001690	62249	ADRENALECTOMY LAPAROSCOPIC	Glennon
0001691	62234	HERNIORRHAPHY INGUINAL PEDIATRIC	Glennon
0001692	62234	CLOSURE GASTROSTOMY	Glennon
0001693	62025	INSERTION DRUG DELIVERY IMPLANT	Glennon
0001694	62040	BIOPSY/EXCISION NODE LYMPH	Glennon
0001695	62234	CLOSURE GASTROSTOMY	Glennon
0001696	62040	LAPAROSCOPIC CHOLECYSTECTOMY	Glennon
0001697	62234	REMOVAL TUNNELED CENTRAL VENOUS ACCESS DEVICE	Glennon
0001698	62090	ORCHIOPEXY INGUINAL APPROACH	Glennon
0001699	62234	REMOVAL TUNNELED CENTRAL VENOUS ACCESS DEVICE	Glennon
0001704	62010	REMOVAL CATHETER CENTRAL VENOUS TUNNELED	Glennon
0001705	62002	HERNIORRHAPHY UMBILICAL PEDIATRIC	Glennon
0001706	62002	HERNIORRHAPHY UMBILICAL PEDIATRIC	Glennon
0001707	62024	EXPLORATION TESTIS UNDESCENDED INGUINAL	Glennon
0001709	62018	HYDROCELECTOMY CHILD	Glennon
0001710	62025	INSERTION ACCESS DEVICE CENTRAL VENOUS TUNNELED	Glennon
0001711	62025	LAPAROSCOPIC HERNIORRHAPHY INGUINAL	Glennon
0001712	62234	CIRCUMCISION PEDI *	Glennon
0001713	62034	REMOVAL CATHETER CENTRAL VENOUS TUNNELED	Glennon
0001714	62040	REPAIR CIRCUMCISION	Glennon

00001715	62040	LAPAROSCOPY DIAGNOSTIC	Glennon
00001716	62234	LAPAROSCOPY DIAGNOSTIC	Glennon
00001717	62010	LAPAROSCOPIC CHOLECYSTECTOMY	Glennon
00001718	62062	EXCISION CYST DUCT THYROGLOSSAL	Glennon
00001719	62040	HERNIA INGUINAL OVER AGE 5	Glennon
00001742	62234	LAPAROSCOPIC CHOLECYSTECTOMY WITH CHOLANGIOGRAM	Glennon
00002024	62234	CIRCUMCISION PEDS *	Glennon
00002025	62060	EXCISION LESION ARM/HAND	Glennon
00002026	62074	HERNIORRHAPHY UMBILICAL PEDIATRIC	Glennon
00002027	62074	HERNIORRHAPHY UMBILICAL COMPONENT SEPARATION	Glennon
00002028	62074	HERNIORRHAPHY UMBILICAL COMPONENT SEPARATION	Glennon
00002029	62095	LAPAROSCOPIC CHOLECYSTECTOMY	Glennon
00002030	62010	HERNIORRHAPHY UMBILICAL COMPONENT SEPARATION	Glennon
00002031	62040	INSERTION PORT- A -CATH	Glennon
00002032	62040	ESOPHAGOSCOPY PEDS	Glennon
00002033	62234	LAPAROSCOPY OOPHORECTOMY	Glennon
00002035	62294	CIRCUMCISION PEDS *	Glennon
00002036	62018	EXCISION MASS LEG/FOOT	Glennon
00002037	62025	HERNIORRHAPHY UMBILICAL COMPONENT SEPARATION	Glennon
00002038	62234	LAPAROSCOPY DIAGNOSTIC	Glennon
00002297	62040	ESOPHAGOPLASTY CERVICAL APPROACH WITH REPAIR TRACHEOSOPHAGEAL FISTULA	Glennon
00002297	62040	LAPAROSCOPIC GASTROSTOMY	Glennon
00002371	62234	ORCHIOPEXY	Glennon
00002510	62002	REPAIR UMBILICAL HERNIA WITH COMPONENT SEPARATION	Glennon
00002637	62002	REPAIR UMBILICAL HERNIA (PEDIATRIC)	Glennon
00002671	62040	CLOSURE GASTROSTOMY	Glennon
00002854	62067	LAPAROSCOPIC APPENDECTOMY (CHILD)	Glennon
00003088	62084	LAPAROSCOPIC CHOLECYSTECTOMY	Glennon
00005012	62234	REPAIR UMBILICAL HERNIA WITH COMPONENT SEPARATION	Glennon
00005049	62040	HERNIA INGUINAL OVER AGE 5	Glennon
00005163	62040	EXCISION MASS CHEST WALL/BACK	Glennon
00005177	62234	LAPAROSCOPIC CHOLECYSTECTOMY	Glennon
00005249	62234	HERNIORRHAPHY INGUINAL PEDIATRIC	Glennon
00005399	62074	ORCHIOPEXY CHILD	Glennon

Time Period: 01/01/2017 - 12/31/2017

**OPHTHALMOLOGY**

<b>Patient ID</b>	<b>Zip Code</b>	<b>PRIMARY PROCEDURE</b>	<b>FACILITY</b>
0000295	62060	PROBING DUCT NASOLACRIMAL WITH INSERTION STENT	Glennon
0000419	62024	EXAM UNDER ANESTHESIA EYE	Glennon
0000419	62024	REMOVAL CATARACT WITH INSERTION LENS	Glennon
0000856	62035	RECESSION RESECTION STRABISMUS	Glennon
00001002	62040	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
00001572	62034	RECESSION RESECTION STRABISMUS	Glennon
00001586	62025	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
00001593	62234	EXAM UNDER ANESTHESIA EYE	Glennon
00001594	62234	RECESSION RESECTION STRABISMUS	Glennon
00001595	62234	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
00001596	62002	EXAM UNDER ANESTHESIA EYE	Glennon
00001597	62040	RECESSION RESECTION STRABISMUS	Glennon
00001598	62002	PROCEDURE NOT LISTED - SEE COMMENTS	Glennon
00001599	62034	PROBING DUCT NASOLACRIMAL WITH INSERTION STENT	Glennon
00001600	62040	PROBING DUCT NASOLACRIMAL WITH INSERTION STENT	Glennon
00001601	62294	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
00001602	62234	EXCISION CHALAZION	Glennon
00001603	62040	EXCISION CHALAZION	Glennon
00001604	62084	RECESSION RESECTION STRABISMUS	Glennon
00001605	62294	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
00001606	62034	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
00001606	62034	PROBING DUCT NASOLACRIMAL WITH INSERTION STENT	Glennon
00001607	62294	EXCISION CHALAZION	Glennon
00001608	62234	EXCISION CHALAZION	Glennon
00001609	62034	RECESSION RESECTION STRABISMUS	Glennon
00001610	62010	RECESSION RESECTION STRABISMUS	Glennon
00001611	62002	RECESSION RESECTION STRABISMUS	Glennon
00001661	62040	REMOVAL FOREIGN BODY/DACRYOLITH, LACRIMAL PASSAGES	Glennon
00001662	62040	REPAIR BLEPHAROPTOSIS FRONTALIS SLING	Glennon
00001663	62234	EXCISION LESION, BENIGN, FACE/EARS/EYELIDS/NOSE/LIPS 0.6-1.0CM	Glennon
00001664	62025	REPAIR BLEPHAROPTOSIS FRONTALIS SLING	Glennon
00001665	62097	REPAIR BLEPHAROPTOSIS FRONTALIS SLING	Glennon
00001666	62234	REPAIR LEVATOR EXTERNAL	Glennon
00001667	62002	REPAIR BLEPHAROPTOSIS FRONTALIS SLING	Glennon
00001668	62040	REPAIR BLEPHAROPTOSIS FRONTALIS SLING	Glennon
00001669	62025	ENDOSCOPIC NASAL SINUS WITH DACROCYSTORHINOSTOMY	Glennon
00001670	62035	EXCISION LESION, BENIGN, FACE/EARS/EYELIDS/NOSE/LIPS 0.6-1.0CM	Glennon
00001671	62002	REPAIR LEVATOR EXTERNAL	Glennon
00001700	62040	EXCISION CHALAZION	Glennon
00001701	62025	RECESSION RESECTION STRABISMUS	Glennon
00001702	62234	RECESSION RESECTION STRABISMUS	Glennon
00001703	62062	REMOVAL CATARACT WITH INSERTION LENS	Glennon
00001796	62061	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon

<u>00001989</u>	<u>62034</u>	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
<u>00002809</u>	<u>62002</u>	RECESSION / RESECTION STRABISMUS RECTUS	Glennon
<u>00005193</u>	<u>62040</u>	PROBING DUCT NASOLACRIMAL WITH ANESTHESIA	Glennon
<u>00005224</u>	<u>62025</u>	RECESSION / RESECTION STRABISMUS RECTUS	Glennon

Time Period: 01/01/2017 - 12/31/2017  
 Orthopedics

Patient ID	Zip Code	PRIMARY PROCEDURE	FACILITY
00000304	62234	LENGTHENING HEEL CORD/ACHILLES	Glennon
00000555	62002	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE	Glennon
00001061	62095	REMOVAL HARDWARE INTRAMEDULLARY NAIL	Glennon
00001062	62002	OPEN REDUCTION INTERNAL FIXATION ELBOW	Glennon
00001065	62097	REMOVAL HARDWARE	Glennon
00001174	62025	REMOVAL HARDWARE	Glennon
00001221	62249	INJECTION SACROILIAC JOINT	Glennon
00001645	62025	RESECTION FEMORAL HEAD	Glennon
00001646	62062	PINNING PERCUTANEOUS EPIPHYSIS SLIPPED CAPITAL FEMORAL	Glennon
00001647	62025	PERCUTANEOUS PINNING ELBOW FRACTURE CLOSED REDUCTION	Glennon
00001648	62010	OSTEOTOMY TIBIA	Glennon
00001649	62002	REMOVAL HARDWARE	Glennon
00001650	62234	EXCISION WEDGE SKIN OF NAIL FOLD	Glennon
00001651	62040	EXCISION WEDGE SKIN OF NAIL FOLD	Glennon
00001652	62249	EXCISION WEDGE SKIN OF NAIL FOLD	Glennon
00001653	62025	INCISION SHEATH TENDON FINGER	Glennon
00001654	62040	EXCISION WEDGE SKIN OF NAIL FOLD	Glennon
00001655	62025	LENGTHENING HAMSTRING BILATERAL	Glennon
00001656	62234	OPEN REDUCTION INTERNAL FIXATION CLAVICLE	Glennon
00001657	62040	LENGTHENING HAMSTRING BILATERAL	Glennon
00001658	62294	EXCISION WEDGE SKIN OF NAIL FOLD	Glennon
00001659	62095	CLOSED REDUCTION ARM *	Glennon
00001660	62234	REMOVAL HARDWARE	Glennon
00001763	62234	OPEN TREATMENT INTERNAL FIXATION TIBIA DISTAL ARTICULAR SURFACE TIBIA	Glennon
00001764	62294	EXCISION LESION SHEATH TENDON TOE	Glennon
00001765	62002	OPEN TREATMENT INTERNAL FIXATION TIBIA DISTAL ARTICULAR SURFACE TIBIA	Glennon
00001765	62002	REMOVAL HARDWARE (PLATES/SCREWS/STAPLES)	Glennon
00001766	62060	PERCUTANEOUS PINNING FRACTURE RADIUS DISTAL	Glennon
00001767	62010	AMPUTATION TOE	Glennon
00001768	62062	EXCISION MASS OR TUMOR LEG/KNEE	Glennon
00001768	62062	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE	Glennon
00001769	62061	OPEN REDUCTION INTERNAL FIXATION FRACTURE ANKLE BIMALLEOLAR	Glennon
00001808	62040	NAILING IM TIBIA	Glennon
00001808	62040	REMOVAL OF IMPLANT - DEEP	Glennon
00001809	62060	OPEN REDUCTION INTERNAL FIXATION TIBIA/FIBULA	Glennon
00001810	62095	REMOVAL HARDWARE	Glennon
00001810	62095	REPAIR FRACTURE HUMERAL EPICONDYLE OPEN	Glennon
00001811	62234	ARTHROSCOPY KNEE	Glennon
00001811	62234	ARTHROSCOPY KNEE BILATERAL	Glennon
00001812	62002	REMOVAL HARDWARE	Glennon
00001813	62097	LENGTHENING HEEL CORD BILATERAL	Glennon
00001814	62025	OPEN REDUCTION INTERNAL FIXATION ANKLE	Glennon
00001814	62025	REMOVAL HARDWARE (PLATES/SCREWS/STAPLES)	Glennon
00001815	62002	CLOSED REDUCTION FRACTURE RADIUS DISTAL	Glennon
00001816	62040	ARTHROSCOPY KNEE BILATERAL	Glennon
00001817	62025	ARTHROGRAM	Glennon
00001818	62234	EXCISION CYST BONE FEMUR	Glennon
00001819	62294	REMOVAL HARDWARE	Glennon
00001820	62040	OPEN TREATMENT RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION	Glennon
00001821	62060	ARREST HEMIEPIPHYSEAL TIBIA OR FIBULA PROXIMAL	Glennon
00001822	62025	CLOSED REDUCTION ARM *	Glennon
00001823	62040	PERCUTANEOUS PINNING FRACTURE METACARPAL	Glennon
00001824	62040	OPEN REDUCTION INTERNAL FIXATION ELBOW	Glennon
00001825	62034	EXCISION OSTEochondroma	Glennon
00001826	62249	REMOVAL OF IMPLANT - DEEP	Glennon
00001827	62095	OPEN REDUCTION INTERNAL FIXATION ANKLE	Glennon
00001828	62062	CLOSED REDUCTION FRACTURE RADIUS	Glennon
00001829	62294	PERCUTANEOUS PINNING ELBOW FRACTURE CLOSED REDUCTION	Glennon
00002140	62061	ARTHROSCOPY KNEE	Glennon
00002141	62025	ARTHROSCOPY KNEE MENISCECTOMY LATERAL	Glennon
00002142	62234	ARTHROSCOPY CAPSULORRHAPHY SHOULDER	Glennon
00002293	62234	OPEN REDUCTION INTERNAL FIXATION (ORIF) ANKLE	Glennon
00002342	62035	RELEASE TRIGGER FINGER (TENDON SHEATH)	Glennon
00002394	62040	ARTHROSCOPY KNEE (BILATERAL)	Glennon

00002474	62002	OPEN REDUCTION INTERNAL FIXATION (ORIF) TIBIA	Glennon
00002529	62040	EXCISION OF OSTEOCHONDROMA TIBIA	Glennon
00002661	62040	RELEASE TRIGGER FINGER (TENDON SHEATH)	Glennon
00002714	62040	PERCUTANEOUS PINNING ELBOW FRACTURE CLOSED REDUCTION	Glennon
00005030	62234	OPEN REDUCTION INTERNAL FIXATION FRACTURE ANKLE BIMALLEOLAR	Glennon
00005131	62018	ARTHROSCOPY KNEE MENISCECTOMY LATERAL	Glennon
00005187	62067	OSTECTOMY,EXCISION TARSAL COALITION	Glennon
00005304	62010	OPEN TREATMENT INTERNAL FIXATION TIBIA DISTAL ARTICULAR SURFACE TIBIA	Glennon
00005356	62249	OPEN REDUCTION INTERNAL FIXATION WRIST	Glennon
00005456	62024	RECONSTRUCTION TOES	Glennon

Time Period: 01/01/2017 - 12/31/2017

Otolaryngology

Patient ID	Zip Code	PRIMARY PROCEDURE	FACILITY
00000227	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000228	62249	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00000234	62002	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	Glennon
00000240	62040	LARYNGOSCOPY DIRECT BRONCHOSCOPY WITH MICRODEBRIDER	Glennon
00000246	62040	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00000248	62294	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00000259	62061	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000262	62090	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00000284	62048	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00000307	62034	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00000333	62040	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00000376	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00000464	62097	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000508	62294	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00000535	62040	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00000538	62234	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00000590	62294	LARYNGOSCOPY WITH BRONCHOSCOPY	Glennon
00000622	62090	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00000632	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00000633	62002	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00000645	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000661	62234	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00000671	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00000675	62034	EXCISION MASS HEAD/NECK	Glennon
00000681	62002	LARYNGOSCOPY WITH INJECTION CORD VOCAL WITH MICROSCOPE	Glennon
00000685	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000688	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000689	62034	TYMPANOPLASTY	Glennon
00000746	62249	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00000755	62095	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000757	62062	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00000759	62034	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00000765	62010	TYMPANOPLASTY	Glennon
00000767	62002	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000823	62249	EXCISION LESION, BENIGN, FACE/EARS/EYELIDS/NOSE/LIPS 0.6-1.0CM	Glennon
00000824	62294	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00000840	62010	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00000868	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000871	62281	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00000878	62025	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00000925	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00000931	62018	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00000931	62018	TYMPANOPLASTY	Glennon
00000947	62040	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00000947	62040	LARYNGOSCOPY DIRECT BRONCHOSCOPY WITH MICRODEBRIDER	Glennon
00000958	62040	LARYNGOSCOPY WITH BRONCHOSCOPY	Glennon
00000958	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00000962	62048	INSERTION IMPLANT COCHLEAR	Glennon
00000962	62048	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00000968	62035	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00000968	62035	LARYNGOSCOPY WITH BRONCHOSCOPY	Glennon
00001053	62249	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001053	62249	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001068	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001071	62294	MYRINGOPLASTY WITH FAT OR SOFT TISSUE GRAFT	Glennon
00001109	62018	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001170	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001181	62294	EXAM UNDER ANESTHESIA EAR CANAL	Glennon

00001202	62058	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001240	62040	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001354	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001373	62294	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001387	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001401	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001416	62234	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001417	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001423	62034	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001448	62002	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001449	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001459	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001465	62234	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	Glennon
00001489	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001542	62040	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00001543	62249	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001549	62034	ADENOIDECTOMY *	Glennon
00001574	62046	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001575	62234	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00001575	62234	LARYNGOSCOPY DIRECT BRONCHOSCOPY WITH MICRODEBRIDER	Glennon
00001576	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001577	62035	SEPTOPLASTY, SUBMUCOUS RESECTION INFERIOR TURBINATE	Glennon
00001578	62294	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001579	62040	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001580	62062	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001581	62060	EXCISION TUMOR OR CYST MANDIBLE WITH EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY	Glennon
00001582	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001583	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001584	62002	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00001585	62002	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001586	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001587	62062	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001588	62040	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001589	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001590	62024	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001591	62294	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001592	62040	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001632	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001643	62097	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001644	62234	RESECTION SUBMUCOUS INFERIOR TURBINATE	Glennon
00001672	62234	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001673	62040	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001674	62025	EXCISION CYST PREAURICULAR	Glennon
00001675	62002	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001676	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001677	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001678	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001679	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001680	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001681	62060	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001703	62062	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001720	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001721	62249	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001722	62294	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001723	62249	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001724	62010	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001725	62035	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001726	62040	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001727	62035	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001728	62040	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001729	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001730	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon

00001731	62234	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001732	62010	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001733	62095	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001734	62024	RESECTION SUBMUCOUS INFERIOR TURBINATE	Glennon
00001735	62035	EXCISION LESION, BENIGN, FACE/EARS/EYELIDS/NOSE/LIPS 0.6-1.0CM	Glennon
00001736	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001770	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001771	62034	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001772	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001773	62035	TYMPANOPLASTY	Glennon
00001774	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001775	62018	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001776	62034	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001777	62002	TYMPANOPLASTY WITH RECONSTRUCTION CHAIN OSSICULAR	Glennon
00001778	62024	TYMPANOPLASTY	Glennon
00001785	62294	CLOSED REDUCTION FRACTURE NASAL	Glennon
00001830	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001831	62035	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001832	62025	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001833	62018	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001834	62010	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001835	62294	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001836	62249	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001837	62048	EXCISION LESION ORAL	Glennon
00001838	62034	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001839	62034	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001840	62002	ADENOIDECTOMY UNDER 12 YEARS	Glennon
00001841	62010	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001842	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001843	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001844	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001845	62034	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001846	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001847	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001848	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001849	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001850	62025	ADENOIDECTOMY *	Glennon
00001851	62062	EXCISION LESION ORAL	Glennon
00001852	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001853	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001854	62025	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001855	62040	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001856	62249	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001857	62294	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001858	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001859	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001861	62024	EXCISION LESION SIMPLE REPAIR MOUTH OF MUCOSA AND SUB MUCOSA	Glennon
00001862	62040	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001863	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001864	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001865	62025	FRENOTOMY	Glennon
00001866	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001867	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001868	62002	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001869	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001870	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001871	62018	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001872	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001873	62040	CLOSED REDUCTION FRACTURE NASAL	Glennon
00001874	62095	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001875	62087	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001876	62090	TONSILLECTOMY AND ADENOIDECTOMY	Glennon

00001877	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001878	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001879	62024	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001880	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001881	62249	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001882	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001883	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001885	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001886	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001887	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001888	62281	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001889	62025	EXCISION CYST DUCT THYROGLOSSAL	Glennon
00001890	62034	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001891	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001892	62034	CONTROL HEMORRHAGE NASAL	Glennon
00001904	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001919	62095	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001920	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001921	62040	REMOVAL MAXILLOMANDIBULAR FIXATION DEVICE	Glennon
00001922	62294	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001923	62034	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001924	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001925	62040	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001926	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001927	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001928	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001929	62034	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001930	62249	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001931	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001932	62010	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001933	62040	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001934	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001935	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001936	62249	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001937	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001938	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001939	62024	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001940	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001941	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001942	62281	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001943	62040	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001944	62025	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001945	62010	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001946	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001947	62025	SEPTOPLASTY	Glennon
00001948	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001949	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001950	62249	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001951	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001952	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001953	62010	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001954	62035	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001955	62249	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001956	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001957	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001958	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001959	62095	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001960	62034	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001961	62010	RESECTION SUBMUCOUS INFERIOR TURBINATE	Glennon
00001962	62060	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001963	62234	ADENOIDECTOMY UNDER 12 YEARS	Glennon
00001964	62034	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon

00001965	62249	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00001965	62249	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001966	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001967	62040	ADENOIDECTOMY UNDER 12 YEARS	Glennon
00001968	62024	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001969	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001970	62010	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001971	62281	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00001972	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001973	62035	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001974	62040	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00001976	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001977	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001978	62040	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00001978	62040	LARYNGOSCOPY WITH BRONCHOSCOPY	Glennon
00001979	62062	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001980	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001981	62249	ADENOIDECTOMY UNDER 12 YEARS	Glennon
00001982	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001983	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001984	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001985	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001986	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001987	62249	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001988	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001989	62034	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001990	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001991	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001992	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001993	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001994	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001995	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00001996	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001997	62018	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00001998	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00001999	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002000	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002001	62046	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002002	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002003	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002004	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002005	62034	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002006	62002	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002007	62281	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002008	62010	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002009	62062	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002010	62025	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002011	62281	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002012	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002013	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002015	62060	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002016	62234	TYMPANOPLASTY	Glennon
00002017	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002018	62024	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002019	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002020	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002062	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002063	62002	EXAM UNDER ANESTHESIA OTOLARYNGOLOGY	Glennon
00002064	62040	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002066	62097	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002067	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002068	62024	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon

00002069	62234	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002070	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002071	62025	MYRINGOPLASTY WITH PAPER PATCH GRAFT	Glennon
00002072	62061	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002073	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002074	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002075	62097	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002076	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002077	62018	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002078	62040	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00002079	62234	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002080	62025	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002081	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002082	62002	ENDOSCOPIC ETHMOIDECTOMY	Glennon
00002083	62095	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002084	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002085	62035	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002086	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002087	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002088	62002	EXAM UNDER ANESTHESIA OTOLARYNGOLOGY	Glennon
00002090	62010	EXCISION NODE LYMPH BIOPSY CERVICAL	Glennon
00002091	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002092	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002093	62018	EXCISION LESION MOUTH	Glennon
00002094	62062	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002095	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002096	62034	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002097	62002	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002098	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002099	62234	PAROTIDECTOMY	Glennon
00002100	62040	FRENULECTOMY	Glennon
00002101	62040	ADENOIDECTOMY UNDER 12 YEARS	Glennon
00002102	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002103	62040	PROCEDURE NOT LISTED - SEE COMMENTS	Glennon
00002104	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002105	62018	TYMPANOPLASTY WITH MASTOIDECTOMY	Glennon
00002106	62095	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002107	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002108	62249	ENDOSCOPY NASAL DIAGNOSTIC	Glennon
00002109	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002110	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002111	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002112	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002113	62040	ADENOIDECTOMY UNDER 12 YEARS	Glennon
00002114	62040	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002115	62060	EXCISION LESION ORAL	Glennon
00002116	62010	SEPTOPLASTY, SUBMUCOUS RESECTION INFERIOR TURBINATE	Glennon
00002117	62040	ENDOSCOPY NASAL DIAGNOSTIC	Glennon
00002118	62234	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002119	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002120	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002121	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002122	62087	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002123	62294	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002124	62040	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002125	62024	FRENULECTOMY	Glennon
00002126	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002127	62025	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002128	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002129	62002	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002130	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002131	62002	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon

00002132	62294	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002133	62249	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002134	62040	FRENULECTOMY	Glennon
00002135	62040	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002136	62294	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00002137	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002138	62062	LARYNGOSCOPY DIRECT BRONCHOSCOPY	Glennon
00002138	62062	LARYNGOSCOPY WITH BRONCHOSCOPY	Glennon
00002139	62234	TYMPANOSTOMY WITH INSERTION TUBE (MYRINGOTOMY)	Glennon
00002146	62294	REMOVAL SUTURE CLEFT LIP	Glennon
00002268	62040	EXCISION MASS OR TUMOR HEAD/NECK/SCALP	Glennon
00002280	62234	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00002292	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002313	62025	FRENULECTOMY	Glennon
00002326	62040	FRENULECTOMY	Glennon
00002351	62249	LARYNGOSCOPY DIRECT BRONCHOSCOPY WITH MICRODEBRIDER	Glennon
00002377	62048	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00002379	62040	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00002436	62034	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00002458	62002	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00002468	62010	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00002560	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002563	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002570	62002	EXAM UNDER ANESTHESIA EAR CANAL	Glennon
00002573	62234	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00002612	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002774	62294	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00002780	62090	TYMPANOPLASTY	Glennon
00004918	62062	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00004948	62024	TONSILLECTOMY AND ADENOIDECTOMY WITH INSERTION OF TYMPANOSTOMY TUBE	Glennon
00004970	62234	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00004981	62249	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00005134	62024	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00005151	62040	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00005192	62010	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00005239	62040	EXCISION FISTULA BRANCHIAL CLEFT EXTENDING	Glennon
00005267	62249	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00005278	62040	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00005291	62234	MYRINGOTOMY WITH TUBES AND ADENOIDS	Glennon
00005292	62095	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00005309	62002	TONSILLECTOMY AND ADENOIDECTOMY	Glennon
00005325	62294	EXAM UNDER ANESTHESIA OTOLARYNGOLOGY	Glennon
00005385	62025	MYRINGOTOMY / TYMPANOSTOMY WITH TUBE INSERTION	Glennon
00005441	62095	EXCISION LESION ORAL	Glennon
00005455	62294	TYMPANOPLASTY	Glennon

Time Period: 01/01/2017 - 12/31/2017  
Urology

Patient ID	Zip Code	PRIMARY PROCEDURE	FACILITY
00000226	62018	CUTANEOUS APPENDICO-VESICOSTOMY	Glennon
00000226	62018	CYSTOSCOPY URETEROSCOPY WITH LITHOTRIPSY	Glennon
00000323	62234	CYSTOSCOPY DILATION STRICTURE URETHRAL	Glennon
00000323	62234	CYSTOSCOPY WITH STENT REMOVAL	Glennon
00000337	62294	CYSTOSCOPY INJECTION IMPLANT MATERIAL SUBURETERIC	Glennon
00000381	62249	HYDROCELECTOMY CHILD	Glennon
00000791	62294	URETHROMEATOPLASY WITH MUCOSAL ADVANCEMENT	Glennon
00000916	62034	URETHROMEATOPLASY WITH MUCOSAL ADVANCEMENT	Glennon
00001250	62002	CIRCUMCISION PEDI *	Glennon
00001552	62234	CYSTOSCOPY	Glennon
00001566	62234	CYSTOSCOPY	Glennon
00001612	62060	REPAIR HYPOSPADIAS FLIP-FLAP	Glennon
00001613	62246	HYDROCELECTOMY	Glennon
00001613	62246	SCROTAL EXPLORATION	Glennon
00001614	62040	URETHROMEATOPLASY WITH MUCOSAL ADVANCEMENT	Glennon
00001615	62040	REPAIR HYPOSPADIAS CORRECTION	Glennon
00001616	62024	REPAIR HYPOSPADIAS FLIP-FLAP	Glennon
00001617	62002	URETHROMEATOPLASY WITH MUCOSAL ADVANCEMENT	Glennon
00001618	62002	CYSTOSCOPY	Glennon
00001619	62040	REPAIR CIRCUMCISION	Glennon
00001620	62025	REPAIR CIRCUMCISION	Glennon
00001621	62040	REPAIR HYPOSPADIAS FLIP-FLAP	Glennon
00001622	62025	MEATOTOMY	Glennon
00001623	62018	ORCHIOPEXY INGUINAL APPROACH	Glennon
00001624	62040	ORCHIOPEXY INGUINAL APPROACH	Glennon
00001625	62025	HERNIORRHAPHY INGUINAL PEDIATRIC	Glennon
00001626	62234	REPAIR CIRCUMCISION	Glennon
00001627	62040	REPAIR HYPOSPADIAS CORRECTION	Glennon
00001628	62095	EXCISION LESION PENIS	Glennon
00001629	62060	REPAIR HYPOSPADIAS CORRECTION	Glennon
00001630	62002	ORCHIOPEXY INGUINAL APPROACH	Glennon
00001631	62061	REPAIR HYPOSPADIAS COMPLICATIONS REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH, MODERATE	Glennon
00001632	62234	CORRECTION PENILE CONCEALMENT	Glennon
00001633	62097	REPAIR HYPOSPADIAS FLIP-FLAP	Glennon
00001634	62249	REPAIR HYPOSPADIAS CORRECTION	Glennon
00001635	62234	REPAIR HYPOSPADIAS CORRECTION	Glennon
00001636	62040	REPAIR CIRCUMCISION	Glennon
00001637	62234	CORRECTION PENILE CONCEALMENT	Glennon
00001638	62035	CYSTOSCOPY INJECTION IMPLANT MATERIAL SUBURETERIC	Glennon
00001639	62062	REPAIR HYPOSPADIAS CORRECTION	Glennon
00001640	62281	CYSTOSCOPY INJECTION IMPLANT MATERIAL SUBURETERIC	Glennon
00001641	62234	REPAIR HYPOSPADIAS COMPLICATIONS REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH, MODERATE	Glennon
00001642	62095	REPAIR HYPOSPADIAS CORRECTION	Glennon
00001911	62040	CYSTOSCOPY (FLEXIBLE/RIGID)	Glennon
00002308	62025	REPAIR CIRCUMCISION	Glennon
00002775	62234	REPAIR HYPOSPADIAS CORRECTION	Glennon
00002776	62035	ORCHIOPEXY	Glennon
00003181	62234	PYELOPLASTY CHILD	Glennon
00005252	62294	URETHROMEATOPLASY WITH MUCOSAL ADVANCEMENT	Glennon
00005256	62294	HYDROCELECTOMY (CHILD)	Glennon
00005261	62025	CYSTOSCOPY INJECTION IMPLANT MATERIAL SUBURETERIC	Glennon
00005419	62234	CIRCUMCISION PEDI *	Glennon



To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures as existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 80 of the patients identified in Appendix A to Anderson Surgery Center, LLC, annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 80 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

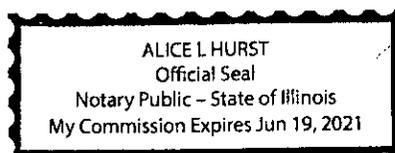
I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Eric Snook, DPM  
2900 Frank Scott Parkway West  
Suite 900  
Belleville, Illinois 62223  
Podiatrist

This document was acknowledged before me on the 16<sup>th</sup> day of May, 2018.

  
Signature of Notary

**APPENDIX A**

Name of Physician: ERIC SNOOK  
 Surgical Specialty: Podiatry

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
 DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

Patient ID	Patient ZIP	CPT CODE	Facility	Units	Charge Amount
				125	\$ 128,693.22
HF147163060	62257	28296	Belleville Surgical Center	1	
HF41693206	62025	28192	Belleville Surgical Center	1	\$1,840.00
HF49718677*	62260	28200	Belleville Surgical Center	1	\$771.00
HF149206882	62269	28297	Belleville Surgical Center	1	\$801.00
23741	62223	28820	Belleville Surgical Center	1	\$2,000.00
45405*	62226	28110	Belleville Surgical Center	1	\$940.00
HF52164919*	62269	28296	Belleville Surgical Center	1	\$760.00
HF52164919*	62269	28285	Belleville Surgical Center	1	\$1,840.00
HF126935185	62243	11750	Belleville Surgical Center	1	\$937.00
HF38182267	62289	28296	Belleville Surgical Center	1	\$349.00
734	62220	28113	Belleville Surgical Center	1	\$1,840.00
46663	62088	28296	Anderson Hospital	1	\$605.80
46663	62208	28285	Anderson Hospital	1	\$925.38
HF101284592	62281	28291	Memorial Hospital Belleville	1	\$548.68
HF101284592	62281	20680	Memorial Hospital Belleville	1	\$2,100.00
HF143784358	62294	20680	Memorial Hospital Belleville	1	\$1,022.00
HF152788978	62220	11750	Memorial Hospital Belleville	1	\$1,022.00
19496	62223	28113	Belleville Surgical Center	1	\$153.19
HF153013121	62221	11424	Belleville Surgical Center	1	\$968.00
HF130518763	62234	28296	Belleville Surgical Center	1	\$242.00
HF130518763	62234	28080	Belleville Surgical Center	1	\$1,840.00
HF52296509*	62223	28292	Belleville Surgical Center	1	\$852.00
43850*	62269	28045	Belleville Surgical Center	1	\$763.46
45405*	62226	28113	Belleville Surgical Center	1	\$810.00
HF150845570	62269	28296	Belleville Surgical Center	1	\$968.00
HF67398863	62223	28820	Memorial Hospital Belleville	1	\$1,840.00
HF101284592	62281	12032	Memorial Hospital Belleville	1	\$584.42
HF154371137	62226	28292	Memorial Hospital Belleville	1	\$644.84
44589	62223	28289	Memorial Hospital Belleville	1	\$763.46
44589	62223	28285	Memorial Hospital Belleville	1	\$1,900.00
44589	62223	28285	Memorial Hospital Belleville	1	\$937.00
44589	62223	28285	Memorial Hospital Belleville	1	\$937.00
HF148395757	62221	29893	Belleville Surgical Center	1	\$937.00
HF971688963	62269	28291	Belleville Surgical Center	1	\$1,500.00
HF971688963	62269	28112	Belleville Surgical Center	1	\$2,100.00
31373*	62278	28080	Belleville Surgical Center	1	\$800.00
HF61138389	62269	28285	Belleville Surgical Center	1	\$852.00
HF61138389	62269	28080	Belleville Surgical Center	1	\$937.00
HF151095502	62074	28285	Staunton Community Hospital	1	\$852.00
HF104307782	62234	28291	Belleville Surgical Center	1	\$548.68
HF154191097	62221	11750	Belleville Surgical Center	1	\$2,100.00
HF154191097	62221	11750	Belleville Surgical Center	1	\$153.19
HF60970100	62088	28285	Anderson Hospital	1	\$153.19
HF156514174	62269	28043	Belleville Surgical Center	1	\$548.68
23285	62260	28200	Belleville Surgical Center	1	\$660.00
HF41823181	62269	29893	Belleville Surgical Center	1	\$503.04
				1	\$1,500.00

Patient ID	Patient ZIP	CPT CODE	Facility	Units	Charge Amount
HF90135868	62269	28291	Memorial Hospital Belleville	1	\$2,100.00
HF158079495	62221	28820	Belleville Surgical Center	1	\$584.42
HF160735269	62249	27652	Anderson Hospital	1	\$730.74
969	62260	28285	Belleville Surgical Center	1	\$548.68
969	62260	28285	Belleville Surgical Center	1	\$548.68
969	62260	28080	Belleville Surgical Center	1	\$535.90
969	62260	28112	Belleville Surgical Center	1	\$501.11
HF65457796	62233	28296	Belleville Surgical Center	1	\$1,840.00
HF65457796	62233	28080	Belleville Surgical Center	1	\$852.00
HF159284409	62208	28296	Belleville Surgical Center	1	\$1,840.00
HF159870599	62226	28296	Belleville Surgical Center	1	\$925.38
HF159870599	6222	28234	Belleville Surgical Center	1	\$414.55
HF39284479	62255	20680	Belleville Surgical Center	1	\$1,022.00
HF53786420	62260	28005	Memorial Hospital Belleville	1	\$1,200.00
HF53786420	62260	20680	Memorial Hospital Belleville	1	\$637.46
HF102020747	62234	27675	Belleville Surgical Center	1	\$1,200.00
HF97167104	62220	20680	Belleville Surgical Center	1	\$637.46
HF97167104	62907	28291	Belleville Surgical Center	1	\$794.16
HF97167104	62907	28192	Belleville Surgical Center	1	\$480.03
HF97167104	62907	20680	Belleville Surgical Center	1	\$1,022.00
HF143784358	62294	12041	Memorial Hospital Belleville	1	\$290.00
HF160634405	62258	20680	Belleville Surgical Center	1	\$1,022.00
HF149208882	62269	20680	Belleville Surgical Center	1	\$1,022.00
HF158307490	62225	28291	Belleville Surgical Center	1	\$1,600.00
HF57311304*	62056	28820	Belleville Surgical Center	1	\$584.42
40295	62226	28110	Belleville Surgical Center	1	\$760.00
HF53786420	62260	27604	Memorial Hospital Belleville	1	\$551.77
HF162829622	62206	27652	Belleville Surgical Center	1	\$1,169.18
HF167738083	62294	28297	Anderson Hospital	1	\$2,000.00
HF167738083	62294	28285	Anderson Hospital	1	\$937.00
HF167738083	62294	28285	Anderson Hospital	1	\$937.00
HF167738083	62294	28285	Anderson Hospital	1	\$937.00
HF167738083	62294	28285	Anderson Hospital	1	\$937.00
HF106188870	62257	28140	Belleville Surgical Center	1	\$1,000.00
HF106188870	62257	28200	Belleville Surgical Center	1	\$801.00
HF106188870	62257	28090	Belleville Surgical Center	1	\$769.00
38318*	62294	28296	Belleville Surgical Center	1	\$1,840.00
38318*	62294	28080	Belleville Surgical Center	1	\$852.00
HF100844760	62221	28296	Belleville Surgical Center	1	\$1,840.00
19292	62269	28090	Belleville Surgical Center	1	\$480.84
43952*	62258	28122	Belleville Surgical Center	1	\$1,000.00
43952*	62258	28045	Belleville Surgical Center	1	\$810.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF131148756*	62260	28297	Memorial Hospital Belleville	1	\$2,000.00
HF36284967	62221	28292	Memorial Hospital Belleville	1	\$763.46
HF36284967	62221	28122	Memorial Hospital Belleville	1	\$618.25
HF158079495	62221	28820	Belleville Surgical Center	1	\$584.42
HF158079495	62221	28820	Belleville Surgical Center	1	\$584.42
HF158079495	62221	28820	Belleville Surgical Center	1	\$584.42
19009	62241	28090	Belleville Surgical Center	1	\$769.00
HF170608679	62034	28090	Belleville Surgical Center	1	\$769.00
46841	62258	20680	Belleville Surgical Center	1	\$1,022.00
HF149206882	62269	28296	Belleville Surgical Center	1	\$1,840.00
HF107051233	62258	28080	Belleville Surgical Center	1	\$852.00

Patient ID	Patient ZIP	CPT CODE	Facility	Units	Charge Amount
HF92240167	62254	28825	Belleville Surgical Center	1	\$558.82
4261	62292	28291	Memorial Hospital Belleville	1	\$784.18
4261	62292	28285	Memorial Hospital Belleville	1	\$548.68
HF180595586	62220	28005	Memorial Hospital Belleville	1	\$1,200.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF171974490	62258	28285	Belleville Surgical Center	1	\$937.00
HF131148759*	62280	28297	Memorial Hospital Belleville	1	\$2,000.00
HF131148759*	62260	20680	Memorial Hospital Belleville	1	\$1,022.00
HF137193240	62243	28291	Memorial Hospital Belleville	1	\$1,800.00
HF158533004	62225	28062	Memorial Hospital Belleville	1	\$1,450.00
48287	62221	20680	Belleville Surgical Center	1	\$1,022.00
HF182010547	62226	29883	Belleville Surgical Center	1	\$1,500.00
HF177195317	62948	28291	Anderson Hospital	1	\$1,600.00
HF91938598	62278	28296	Belleville Surgical Center	1	\$1,840.00
HF50766574*	62226	28296	Belleville Surgical Center	1	\$1,840.00
HF68753418	62269	28291	Memorial Hospital Belleville	1	\$1,800.00
HF68753418	62269	20680	Memorial Hospital Belleville	1	\$1,022.00
40400*	62221	28291	Memorial Hospital Belleville	1	\$1,600.00
HF95782329	62243	29893	Belleville Surgical Center	1	\$1,500.00
48127	62208	28485	Belleville Surgical Center	1	\$910.00



To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures as existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 50 of the patients identified in Appendix A to Anderson Surgery Center, LLC, annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 50 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Eric Whittenburg, DPM  
2900 Frank Scott Parkway West  
Suite 900  
Belleville, Illinois 62223  
Podiatrist

This document was acknowledged before me on the 15<sup>th</sup> day of May, 2018.

Signature of Notary



APPENDIX A

Name of Physician: Eric C. Whittenburg  
 Surgical Specialty: Podiatry

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCS AND HOSPITALS  
 DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

Patient ID	Patient ZIP	Procedure Performed	Facility	Units	Charge Amount
				144	\$ 125,653.10
HF60975455*	62220	28810	Belleville Surgical Center	1	\$472.18
HF99670949	62208	28296	Belleville Surgical Center	1	\$1,840.00
HF145379879	62208	28285	Belleville Surgical Center	1	\$548.68
HF145379879	62208	28296	Belleville Surgical Center	1	\$925.38
40413*	62271	28234	Belleville Surgical Center	1	\$414.55
40413*	62271	28108	Belleville Surgical Center	1	\$448.48
40413*	62271	28232	Belleville Surgical Center	1	\$393.70
HF53420367	62232	28285	Belleville Surgical Center	1	\$548.68
HF53420367	62232	28285	Belleville Surgical Center	1	\$548.68
HF53420367	62232	28296	Belleville Surgical Center	1	\$925.38
42432	62243	28296	Belleville Surgical Center	1	\$1,840.00
HF57589107	62226	28080	Belleville Surgical Center	1	\$852.00
HF141566456	62046	28113	Belleville Surgical Center	1	\$968.00
HF131189844	62263	28118	Belleville Surgical Center	1	\$610.69
HF150405490	62234	28296	Belleville Surgical Center	1	\$1,840.00
HF40966561	62208	28296	Belleville Surgical Center	1	\$1,840.00
HF150432436	62220	28296	Belleville Surgical Center	1	\$1,840.00
HF43396342	62236	28124	Belleville Surgical Center	1	\$487.32
HF152208403	62258	28296	Belleville Surgical Center	1	\$1,840.00
HF53793957	62298	28120	Belleville Surgical Center	1	\$701.11
44907	62258	28825	Belleville Surgical Center	1	\$556.62
HF153516756	53129	28890	Memorial Hospital Belleville	1	\$331.47
HF62988648	62285	27654	Memorial Hospital Belleville	1	\$1,400.00
HF62988648	62285	28118	Memorial Hospital Belleville	1	\$1,230.00
48095	62285	28285	Belleville Surgical Center	1	\$937.00
48095	62285	28285	Belleville Surgical Center	1	\$937.00
48095	62285	28285	Belleville Surgical Center	1	\$937.00
48095	62285	28285	Belleville Surgical Center	1	\$937.00
30569*	62220	28285	Belleville Surgical Center	1	\$937.00
30569*	62220	28296	Belleville Surgical Center	1	\$1,840.00
HF154302343	62034	28124	Belleville Surgical Center	1	\$487.32
40413*	62271	28234	Belleville Surgical Center	1	\$414.55
40413*	62271	28232	Belleville Surgical Center	1	\$393.70
HF157401824	62245	28485	Anderson Hospital	1	\$568.88
HF155922947	62298	28285	Belleville Surgical Center	1	\$548.68
HF155922947	62298	28285	Belleville Surgical Center	1	\$548.68
HF111580949	62221	11750	Belleville Surgical Center	1	\$349.00
HF151124388	62243	28110	Belleville Surgical Center	1	\$760.00
HF151124388	62243	28285	Belleville Surgical Center	1	\$937.00
HF151124388	62243	28285	Belleville Surgical Center	1	\$937.00
HF151124388	62243	28285	Belleville Surgical Center	1	\$937.00
HF151124388	62243	28308	Belleville Surgical Center	1	\$1,152.50
HF89121540	62208	28485	Belleville Surgical Center	1	\$910.00
HF53615115	62285	28285	Belleville Surgical Center	1	\$937.00
HF53615115	62285	28285	Belleville Surgical Center	1	\$937.00
HF152615634	62282	28122	Belleville Surgical Center	1	\$1,000.00
HF152615634	62282	28296	Belleville Surgical Center	1	\$1,840.00
42231	62220	28280	Belleville Surgical Center	1	\$851.00
42231	62220	28285	Belleville Surgical Center	1	\$937.00

Patient ID	Patient ZIP	Procedure Performed	Facility	Units	Charge Amount
HF155789920	62221	28285	Belleville Surgical Center	1	\$937.00
HF156734054	62295	28288	Belleville Surgical Center	1	\$619.28
HF158715031	62258	20680	Belleville Surgical Center	1	\$1,022.00
HF143466364	62239	11750	Belleville Surgical Center	1	\$153.19
HF143466364	62239	28296	Belleville Surgical Center	1	\$925.38
HF162459943	62240	28820	Belleville Surgical Center	1	\$584.42
48095	62285	28285	Belleville Surgical Center	1	\$937.00
48095	62285	28285	Belleville Surgical Center	1	\$937.00
48095	62285	28285	Belleville Surgical Center	1	\$937.00
HF163161198	62269	11750	Belleville Surgical Center	1	\$349.00
HF163161198	62269	11750	Belleville Surgical Center	1	\$349.00
HF141092572	62260	28035	Belleville Surgical Center	1	\$1,300.00
HF155848874	62234	28043	Belleville Surgical Center	1	\$680.00
HF155848874	62234	28288	Belleville Surgical Center	1	\$991.00
HF152082201	62234	28118	Belleville Surgical Center	1	\$1,230.00
HF163520369	62220	28124	Belleville Surgical Center	1	\$778.00
HF159196666	62298	27650	Memorial Hospital Belleville	1	\$1,126.00
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166160356	62254	11750	Belleville Surgical Center	1	\$153.19
HF166881726	62225	28043	Belleville Surgical Center	1	\$680.00
HF157555449	62236	28122	Belleville Surgical Center	1	\$530.00
35586*	62269	28118	Belleville Surgical Center	1	\$1,230.00
HF81296086	62278	28285	Belleville Surgical Center	1	\$937.00
HF148638630	62033	28820	Belleville Surgical Center	1	\$584.42
HF113548668	62204	28118	Belleville Surgical Center	1	\$1,230.00
HF144754762	62254	28296	Belleville Surgical Center	1	\$1,840.00
HF169097482	62243	28485	Belleville Surgical Center	1	\$910.00
HF160372466	62258	28296	Belleville Surgical Center	1	\$1,840.00
39887	62298	28825	Belleville Surgical Center	1	\$558.62
HF49169777*	62226	11750	Belleville Surgical Center	1	\$349.00
HF49169777*	62226	28285	Belleville Surgical Center	1	\$937.00
HF143466364	62239	11750	Belleville Surgical Center	1	\$153.19
HF143466364	62239	28296	Belleville Surgical Center	1	\$925.38
45828	62040	28110	Belleville Surgical Center	1	\$760.00
45828	62040	28296	Belleville Surgical Center	1	\$1,840.00
HF170081549	62221	27675	Belleville Surgical Center	1	\$1,200.00
HF170081549	62221	28118	Belleville Surgical Center	1	\$1,230.00
HF136473263	62234	28118	Anderson Hospital	1	\$1,230.00
HF163087615	62208	28296	Belleville Surgical Center	1	\$1,840.00
28887	62298	11765	Belleville Surgical Center	1	\$180.05
28887	62298	28124	Belleville Surgical Center	1	\$487.32
HF176542717	62223	28820	Belleville Surgical Center	1	\$940.00
HF176442540	62221	28080	Belleville Surgical Center	1	\$852.00
HF176442540	62221	28485	Belleville Surgical Center	1	\$910.00
HF176442540	62221	28296	Belleville Surgical Center	1	\$1,840.00
HF165326709	62294	28118	Anderson Hospital	1	\$1,230.00
HF43620356	62269	28060	Belleville Surgical Center	1	\$1,200.00
39589*	62206	28296	Belleville Surgical Center	1	\$1,840.00
HF57589107	62226	28308	Belleville Surgical Center	1	\$920.00
HF172675404	62206	28035	Belleville Surgical Center	1	\$1,300.00
44192	62236	28285	Belleville Surgical Center	1	\$548.68
44192	62236	28285	Belleville Surgical Center	1	\$548.68

Patient ID	Patient ZIP	Procedure Performed	Facility	Units	Charge Amount
44192	62236	28285	Belleville Surgical Center	1	\$548.68
HF145351512	62226	28118	St. Elizabeth's Hospital	1	\$1,230.00
565	62260	28232	Belleville Surgical Center	1	\$393.70
565	62260	28234	Belleville Surgical Center	1	\$414.55
565	62260	28270	Belleville Surgical Center	1	\$504.51
HF152064498	62298	28118	Memorial Hospital Belleville	1	\$610.69
HF152064498	62298	27652	Memorial Hospital Belleville	1	\$730.74
HF176821866	62220	28296	Memorial Hospital Belleville	1	\$1,840.00
HF51340032	62269	28820	Belleville Surgical Center	1	\$584.42
HF100359937	62281	28118	Memorial Hospital Belleville	1	\$1,230.00
HF166893116	62269	28296	Belleville Surgical Center	1	\$925.38
46050	62220	11750	Belleville Surgical Center	1	\$349.00
46050	62220	29893	Belleville Surgical Center		
HF176277080	62255	28285	Belleville Surgical Center	1	\$937.00
HF176277080	62255	28755	Belleville Surgical Center	1	\$1,100.00
HF176442640	62221	28296	Belleville Surgical Center	1	\$1,840.00
HF182844998	62258	28296	Belleville Surgical Center	1	\$1,840.00
HF168388651	62034	28090	Belleville Surgical Center	1	\$769.00
HF173930026	62009	28296	Belleville Surgical Center	1	\$925.38
48688	62236	28080	Belleville Surgical Center	1	\$852.00
48688	62236	28285	Belleville Surgical Center	1	\$937.00
48754	62278	28825	Belleville Surgical Center	1	\$556.62
HF176024305	62234	28285	Belleville Surgical Center	1	\$937.00
HF176024305	62234	28296	Belleville Surgical Center	1	\$1,840.00
HF157390537	62221	28060	Belleville Surgical Center	1	\$530.71
HF93962648	62220	28113	Belleville Surgical Center	1	\$988.00
44907	62258	28820	Belleville Surgical Center	1	\$584.42
HF156171881	62025	28645	Belleville Surgical Center	1	\$1,086.00
10151*	62269	28035	Belleville Surgical Center	1	\$1,300.00
HF88808081*	62220	28080	Belleville Surgical Center	1	\$852.00
45321	62295	28080	Belleville Surgical Center	1	\$852.00
HF141092572	62260	28060	Belleville Surgical Center	1	\$1,210.00
HF185304615	62208	28285	Belleville Surgical Center	1	\$548.68
HF185304615	62208	28308	Belleville Surgical Center	1	\$581.50
HF185304615	62208	28296	Belleville Surgical Center	1	\$925.38



6810 State Route 162 • Suite 100 • Maryville, IL 62062 • Phone (618) 288-3616 • Fax (618)-288-3647

Charles A. Lane, M.D., F.A.C.S.  
Richard H. Wikiera, D.O., F.A.C.S.  
Daniel S. Johnson, M.D., F.A.C.S.  
Gary D. Steinmann, P.A.-C

To Whom It May Concern:

I am a physician and a member of the medical staff of Anderson Hospital and intend to refer patients to Anderson Surgery Center, LLC, which is proposed to be established in a Certificate of Need (CON) application.

I am attaching to this letter, as Appendix A, a list of patients identified by zip code of residence who received care at existing Illinois Department of Public Health-licensed Ambulatory Surgery Treatment Centers (ASTCs) or hospitals during the most recent 12-month period for procedures that will be performed at Anderson Surgery Center, LLC. These patients received these procedures at existing ASTCs or hospitals located in the Geographic Service Area (GSA). The list identifies the procedure(s) performed and the facility where these procedures were performed. This list does not include procedures performed in an office setting.

I would have referred 98 of the patients identified in Appendix A to Anderson Surgery Center, LLC annually for the procedures specified if this ASTC had been available for use at that time. I intend to refer 98 during each of the first 2 years (24 months) after this ASTC is completed and operational.

This patient referral volume is from within the GSA identified in the CON application to establish this ASTC and does not exceed my experienced caseload from within the GSA during the recent 12-month period, as noted in Appendix A.

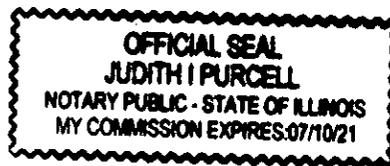
I hereby verify that the patient referrals that I intend to make to Anderson Surgery Center, LLC, have not been used to support another pending or approved CON application for these services.

I hereby certify that the information provided in this letter and attached to this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Richard H. Wikiera, D.O., F.A.C.S.  
6810 State Route 162, Suite 100  
Maryville, IL 62062  
General Surgery

Date: 4/23/18



**APPENDIX A**

Name of Physician: Richard H. Wikiera, D.O., F.A.C.S.

Surgical Specialty: General Surgery

**SURGICAL CASES PERFORMED AT EXISTING LICENSED ASTCs AND HOSPITALS  
DURING THE 12-MONTH PERIOD OF January 1, 2017 THROUGH December 31, 2017**

<u>Patient ID</u>	<u>Patient Origin Zip Code</u>	<u>Procedure Performed</u>	<u>Facility Where Procedure Was Performed</u>
13174	62088	45380	CMH-ST
13176	62074	45385; 45384	CMH-ST
9204	62088	45378	CMH-ST
12885	62009	45380	CMH-ST
12926	62097	45378	CMH-ST
11095	62009	45384	CMH-ST
12986	62093	11450	CMH-ST
13175	62033	45384	CMH-ST
12906	62088	43239	CMH-ST
13231	62056	45384	CMH-ST
13325	62097	G0121	CMH-ST
13323	62033	45384	CMH-ST
13270	62014	45378	CMH-ST
13367	62088	45384	CMH-ST
7825	62088	43239	CMH-ST
13368	62685	G0121	CMH-ST
13520	62014	11402	CMH-ST
13388	62086	45384	CMH-ST
13420	62088	45384	CMH-ST
301	62088	45384	CMH-ST
13342	62086	43239	CMH-ST
13545	62088	11422	CMH-ST
13460	62097	45378	CMH-ST
13499	62088	45378	CMH-ST
1848	62088	45385; 45384	CMH-ST
13538	62033	45378	CMH-ST
13628	62088	43235	CMH-ST
13589	62088	45380	CMH-ST
13666	62088	45384	CMH-ST
13704	62088	45384	CMH-ST
11011	62088	45384	CMH-ST
11060	62009	45384	CMH-ST
13682	62033	G0105	CMH-ST
13709	62033	45378; 43235	CMH-ST

13772	62001	45385	CMH-ST
13650	62069	43239	CMH-ST
13789	62088	45385	CMH-ST
13811	62088	45378	CMH-ST
13821	62094	45385; 45384	CMH-ST
14055	62001	45380	CMH-ST
10342	62685	45384	CMH-ST
12758	62009	45378	CMH-ST
13859	62069	46080	CMH-ST
13440	62033	46275	CMH-ST
13964	62088	G0121	CMH-ST
13965	62088	45378	CMH-ST
14115	62014	G0121	CMH-ST
13872	62069	45384	CMH-ST
13428	62033	45384	CMH-ST
13999	62033	45378	CMH-ST
9119	62088	G0121	CMH-ST
14043	62069	45385	CMH-ST
13630	62009	45384	CMH-ST
4263	62033	43239	CMH-ST
14046	62069	45385; 45384	CMH-ST
13777	62014	45380	CMH-ST
14461	62009	11403; 11402	CMH-ST
14148	62033	45385; 45384	CMH-ST
14197	62088	G0105	CMH-ST
13915	62088	45384	CMH-ST
13050	62088	G0105	CMH-ST
14280	62088	45378	CMH-ST
13860	62088	45384	CMH-ST
14377	62088	21552; 11422	CMH-ST
12377	62864	G0105	CMH-ST
14329	62088	45384	CMH-ST
14335	62097	45378	CMH-ST
14336	62088	45384	CMH-ST
9336	62097	49570	CMH-ST
13909	62088	45384	CMH-ST
14337	62023	45378	CMH-ST
14379	62097	G0121	CMH-ST
14135	62009	45378	CMH-ST
14395	62033	45385; 45384	CMH-ST
13224	62097	G0104	CMH-ST
14408	62088	45384	CMH-ST
12171	62093	27327	CMH-ST
8177	62069	43239	CMH-ST
14453	62069	45384	CMH-ST
14406	62088	G0105	CMH-ST
14431	62088	45384	CMH-ST

14986	62025	43239	CMH-ST
14031	62069	45384	CMH-ST
14488	62088	45384	CMH-ST
14905	62069	21552	CMH-ST
14531	62069	45384	CMH-ST
11385	62056	45384	CMH-ST
13650	62069	43239	CMH-ST
14844	62088	45384;	CMH-ST
		49560;	
		45384;	
		45385;	
14593	62088	49568	CMH-ST
14570	62069	45378	CMH-ST
15140	62088	45378	CMH-ST
15041	62056	45380; 43239	CMH-ST
15274	62246	45384	CMH-ST
14683	62640	45378	CMH-ST
12836	62069	45378	CMH-ST
13428	62033	45384	CMH-ST
15338	62088	45378; 43239	CMH-ST

**APPENDIX 2**

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**

Independent Auditor's Report and Consolidated Financial Statements  
December 31, 2015 and 2014

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
December 31, 2015 and 2014

**Contents**

<b>Independent Auditor's Report.....</b>	<b>1</b>
<b>Consolidated Financial Statements</b>	
Balance Sheets.....	3
Statements of Operations.....	4
Statements of Changes in Net Assets .....	5
Statements of Cash Flows .....	6
Notes to Financial Statements .....	7
<b>Independent Auditor's Report on Supplementary Information .....</b>	<b>26</b>
<b>Supplementary Information</b>	
2015 Consolidated Balance Sheet – With Consolidating Information.....	27
2015 Consolidated Statement of Operations – With Consolidating Information.....	29

## Independent Auditor's Report

Board of Trustees and Management  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Maryville, Illinois

We have audited the accompanying consolidated financial statements of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital (the "Hospital"), which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Trustees and Management  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Page 2

*Opinion*

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital as of December 31, 2015 and 2014, and the results of their operations, the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*BKD, LLP*

St. Louis, Missouri  
March 28, 2016

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**Consolidated Balance Sheets**  
**December 31, 2015 and 2014**

**Assets**

	2015	2014
<b>Current Assets</b>		
Cash	\$ 5,315,793	\$ 8,000,717
Short-term investments	1,112,077	1,653,992
Assets limited as to use - current	5,948,963	5,282,750
Patient accounts receivable, net of allowance; 2015 - \$4,850,000, 2014 - \$4,945,000	19,576,728	18,762,111
Supplies	2,280,473	2,318,571
Prepaid expenses and other	1,956,636	1,956,690
Total current assets	36,190,670	37,974,831
<b>Assets Limited As To Use</b>		
Self-insurance trust	13,380,740	13,931,740
Restricted under bond indenture	1,379,069	1,382,354
	14,759,809	15,314,094
Less amount required to meet current obligations	5,948,963	5,282,750
	8,810,846	10,031,344
<b>Long-term Investments</b>	64,584,373	57,935,809
<b>Property and Equipment, At Cost</b>		
Land	3,170,811	673,013
Land improvements	3,085,291	2,777,237
Buildings	105,826,729	106,717,802
Equipment	44,569,360	43,441,236
Construction in progress	292,785	4,198,032
	156,944,976	157,807,320
Less accumulated depreciation	74,848,293	78,453,548
	82,096,683	79,353,772
<b>Other Assets</b>	2,615,191	3,312,831
Total assets	\$ 194,297,763	\$ 188,608,587

## Liabilities and Net Assets

	<u>2015</u>	<u>2014</u>
<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 4,214,186	\$ 4,391,546
Accounts payable	4,212,495	5,223,171
Accrued expenses	4,794,320	6,181,664
Estimated amounts due to third-party payers	4,590,000	5,025,000
Estimated self-insurance costs - current	4,091,000	3,466,000
Other	<u>878,053</u>	<u>1,380,092</u>
Total current liabilities	<u>22,780,054</u>	<u>25,667,473</u>
<b>Estimated Self-insurance Costs</b>	15,474,000	15,937,000
<b>Long-term Debt</b>	<u>38,535,207</u>	<u>40,537,568</u>
Total liabilities	<u>76,789,261</u>	<u>82,142,041</u>
<b>Net Assets</b>		
Unrestricted	117,433,289	106,358,993
Temporarily restricted	<u>75,213</u>	<u>107,553</u>
Total net assets	<u>117,508,502</u>	<u>106,466,546</u>
Total liabilities and net assets	<u>\$ 194,297,763</u>	<u>\$ 188,608,587</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Operations  
Years Ended December 31, 2015 and 2014**

	2015	2014
<b>Unrestricted Revenues, Gains and Other Support</b>		
Patient service revenue (net of contractual discounts and allowances)	\$ 152,849,780	\$ 144,442,056
Provision for uncollectible accounts	(4,865,504)	(3,677,237)
Net patient service revenue less provision for uncollectible accounts	147,984,276	140,764,819
Other	3,047,874	5,859,781
Total unrestricted revenues, gains and other support	151,032,150	146,624,600
<b>Expenses</b>		
Salaries and wages	52,513,721	48,519,794
Employee benefits	10,240,723	10,783,012
Purchased services and professional fees	20,636,237	18,476,621
Supplies and other	48,147,399	44,739,559
Depreciation and amortization	6,846,232	6,788,518
Interest	2,058,754	2,158,936
Total expenses	140,443,066	131,466,440
<b>Operating Income</b>	<b>10,589,084</b>	<b>15,158,160</b>
<b>Other Income</b>		
Contributions received	316,157	348,404
Investment return	169,055	3,406,182
Total other income	485,212	3,754,586
<b>Increase in Unrestricted Net Assets</b>	<b>\$ 11,074,296</b>	<b>\$ 18,912,746</b>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Changes in Net Assets  
Years Ended December 31, 2015 and 2014**

	<b>2015</b>	<b>2014</b>
<b>Increase in Unrestricted Net Assets</b>	\$ 11,074,296	\$ 18,912,746
<b>Temporarily Restricted Net Assets</b>		
Net assets released from restriction	(32,340)	(30,312)
Decrease in temporarily restricted net assets	(32,340)	(30,312)
<b>Change in Net Assets</b>	11,041,956	18,882,434
<b>Net Assets, Beginning of Year</b>	106,466,546	87,584,112
<b>Net Assets, End of Year</b>	\$ 117,508,502	\$ 106,466,546

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Cash Flows  
Years Ended December 31, 2015 and 2014**

	<b>2015</b>	<b>2014</b>
<b>Operating Activities</b>		
Change in net assets	\$ 11,041,956	\$ 18,882,434
Items not requiring (providing) cash		
Depreciation and amortization	6,846,232	6,788,518
Net (gains) losses on investments	1,933,474	(1,377,832)
Loss on disposal of property and equipment	362,615	3,413
Amortization of premium	(21,002)	(21,002)
Change in accrued self-insurance costs	1,331,802	(228,549)
Provision for uncollectible accounts	4,865,504	3,677,237
Changes in		
Patient accounts receivable	(5,680,121)	(3,174,810)
Estimated amounts due to third-party payers	(435,000)	700,000
Supplies and prepaid expenses	(236,684)	317,049
Accounts payable and accrued expenses	(2,308,210)	366,501
Other current assets and liabilities	(828,841)	275,829
Net cash provided by operating activities	16,871,725	26,208,788
<b>Investing Activities</b>		
Purchase of investments	(29,319,512)	(45,467,885)
Proceeds from disposition of investments	21,833,674	28,512,647
Purchase of property and equipment	(9,912,092)	(9,056,962)
Net cash used in investing activities	(17,397,930)	(26,012,200)
<b>Financing Activities</b>		
Principal payments on long-term debt	(2,158,719)	(2,061,337)
Net cash used in financing activities	(2,158,719)	(2,061,337)
<b>Decrease in Cash</b>	(2,684,924)	(1,864,749)
<b>Cash, Beginning of Year</b>	8,000,717	9,865,466
<b>Cash, End of Year</b>	\$ 5,315,793	\$ 8,000,717
<b>Supplemental Cash Flows Information</b>		
Property and equipment included in accounts payable	\$ 89,810	\$ 1,134,895
Interest paid	\$ 2,095,304	\$ 2,193,516

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Note 1: Nature of Operations and Summary of Significant Accounting Policies**

***Nature of Operations***

Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital (the "Hospital") is an Illinois not-for-profit corporation that primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in Maryville, Illinois and surrounding areas.

In addition, the Hospital is the sole member of Maryville Medical Services, LLC ("MMS"), an Illinois limited liability corporation that provides urgent care services in the Hospital's service area.

The Hospital is the sole member of Maryville Physician Services, LLC ("MPS"), an Illinois limited liability corporation that contracts for various physician services and provides the related billing for these services.

The Hospital is the sole member of the Anderson Hospital Foundation (the "Foundation"), an Illinois not-for-profit corporation, with a generous gift from the late Hermilda Listeman, a Collinsville resident. The Foundation offers such donor opportunities as endowments, planned giving, charitable gift annuities, grants, memorials, bequests, naming rights, annual campaigns and future capital campaigns.

The Hospital is the sole member of Anderson Real Estate, LLC ("Anderson Real Estate"), an Illinois limited liability corporation that was established for future real estate transactions and holdings.

The Hospital is the sole member of Maryville Imaging, LLC ("Maryville Imaging") an Illinois limited liability corporation, which operates a freestanding outpatient diagnostic imaging center located in Maryville, Illinois.

***Principles of Consolidation***

The consolidated financial statements include the accounts of the Hospital, MMS, MPS, Maryville Imaging, Anderson Real Estate and the Foundation. All significant inter-company accounts and transactions have been eliminated in consolidation.

***Use of Estimates***

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Cash**

At December 31, 2015, the Hospital's cash accounts exceeded federally insured limits by approximately \$4,817,000.

**Investments and Investment Return**

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. Other investments are valued at the lower of cost or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted.

**Assets Limited as to Use**

Assets limited as to use include assets held by trustee under bond indenture agreements and a self-insurance trust arrangement. Amounts required to meet current liabilities of the Hospital are included in current assets.

**Patient Accounts Receivable**

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

The Hospital's allowance for doubtful accounts for self-pay patients was 80 percent and 83 percent of self-pay accounts receivable at December 31, 2015 and 2014, respectively. In addition, the Hospital's write-offs decreased approximately \$913,000 from approximately \$7,845,000 for the year ended December 31, 2014, to approximately \$6,932,000 for the year ended December 31, 2015. Both decreases were the result of positive trends experienced in the collection of amounts from self-pay patients in fiscal year 2015.

**Supplies**

The Hospital states supply inventories at the lower of cost, determined using the first-in, first-out method or market.

**Property and Equipment**

Property and equipment are recorded at cost less accumulated depreciation and are depreciated on a straight-line basis over the estimated useful life of each asset.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Land improvements	10 - 25 years
Buildings	15 - 40 years
Equipment	3 - 10 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets.

**Construction in Progress**

There were no material construction commitments at December 31, 2015. Construction in progress at December 31, 2014, was largely attributable to the catheter lab addition and several smaller projects, including the bulk oxygen system, the LED sign and wellness center suite.

**Long-lived Asset Impairment**

The Hospital evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended December 31, 2015 and 2014.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

***Contributions Receivable***

Contributions receivable which are temporarily restricted for future capital improvements amounted to approximately \$75,000 and \$107,000 at December 31, 2015 and 2014, respectively. Of the total amount receivable at December 31, 2015, approximately \$28,000 is due within one year and included in other current assets, and the remaining amounts are due within two years and included in other assets.

***Other Assets***

Other assets consist of long-term receivables and deferred financing related to the incurrence of long-term debt.

***Temporarily Restricted Net Assets***

Temporarily restricted net assets are those whose use by the Foundation has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are related to contributions receivable.

***Net Patient Service Revenue***

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and include estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

***Charity Care***

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. The Hospital's direct and indirect costs for services furnished under its charity care policy aggregated approximately \$1,130,000 and \$1,594,000 in 2015 and 2014, respectively. The cost of charity care provided is determined by computing a ratio of cost (total operating expense) to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients.

***Contributions***

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements**

**December 31, 2015 and 2014**

ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

***Employee Health Claims***

Substantially all of the Hospital's employees are eligible to participate in the Hospital's health insurance plan. The Hospital is self-insured for health claims of participating employees and dependents up to limits provided for in an agreement with its insurance Plan Administrator. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the Hospital's estimate will change by a material amount in the near term.

***Professional Liability Claims***

The Hospital recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in Note 5.

***Electronic Health Records Incentive Program***

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services. Payment under both programs are contingent on the Hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Hospital recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

There was no revenue recorded in 2015. In 2014, the Hospital recorded revenue of approximately \$1,400,000, which is included in other revenue within operating revenues in the statements of operations.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Income Taxes**

The Hospital has been recognized as exempt from income taxes under Section 501 of the *Internal Revenue Code* and a similar provision of state law. However, the Hospital is subject to federal income tax on any unrelated business taxable income and taxable income of MPS.

The Hospital files tax returns in the U.S. federal jurisdiction. With a few exceptions, the Hospital is no longer subject to U.S. federal examinations by tax authorities for years before 2012.

**Affordable Care Act Compliance**

As part of the *Affordable Care Act*, hospitals exempt from the tax under Section 501(c)(3) of the *Internal Revenue Code* are required to comply with the new requirements under new Code Section 501(r). Code Section 501(r) requires exempt hospitals prepare and implement a community health needs assessment, implement a financial assistance policy, implement an emergency care policy, limit charges to individuals eligible for financial assistance and refrain from certain collection actions for patients that may qualify for financial assistance.

Failure to comply with these requirements could result in a hospital not being recognized as exempt under Code Section 501(c)(3). The IRS has not issued guidance on how they intend to enforce the provisions related to Code Section 501(r). The Hospital believes it has taken reasonable steps to comply with Code Section 501(r) and has recorded no provision relative to the Hospital's compliance or non-compliance with Code Section 501(r). However, this could change materially in the near-term.

**Reclassifications**

Certain reclassifications have been made to the 2014 consolidated financial statements to conform to the 2015 consolidated financial statement presentation. These reclassifications had no effect on the change in net assets.

**Note 2: Net Patient Service Revenue**

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the statement of operations as a component of net patient service revenue.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

*Medicare.* Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through December 31, 2012.

In 2014, net patient service revenue increased approximately \$135,000, due to final settlements in excess of amounts previously estimated.

*Medicaid.* Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended December 31, 2015 and 2014, was approximately:

	<u>2015</u>	<u>2014</u>
Medicare	\$ 35,874,700	\$ 37,667,900
Medicaid	9,954,000	11,380,900
Other third-party payers	101,296,500	89,677,800
Self-pay	<u>5,724,600</u>	<u>5,715,500</u>
Total	<u>\$ 152,849,800</u>	<u>\$144,442,100</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Illinois Hospital Medicaid Assessment Programs**

The state of Illinois enacted legislation that provides for a hospital assessment program intended to qualify for federal matching funds under the Illinois Medicaid program. Under the hospital assessment program, each hospital is assessed tax based on that hospital's adjusted gross hospital revenue. The legislation provides that none of the assessment funds are to be collected and no additional Medicaid payments are to be paid until the program receives the required federal government approval through the federal Centers for Medicare and Medicaid Services.

In October 2013, the Centers for Medicare and Medicaid Services notified the Illinois Department of Healthcare and Family Services of its approval of the Enhanced Hospital Assessment Program effective July 1, 2012, which is anticipated to generate an additional annual net benefit for Illinois hospitals under the Hospital Assessment Program. The annual net benefit to the Hospital due to the approval of this program is approximately \$480,000.

The effects of both programs in the consolidated statements of operations and changes in net assets for the years ended December 31, 2015 and 2014, are as follows:

	2015	2014
Additional Medicaid payments included in net patient service revenue	\$ 6,890,862	\$ 6,736,366
Taxes assessed and included in supplies and other	\$ 5,582,818	\$ 5,457,649

The hospital assessment programs contain a sunset provision effective June 30, 2018, and there is no assurance the program will not be discontinued or materially modified.

**Note 3: Concentration of Credit Risk**

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at December 31, 2015 and 2014, is:

	2015	2014
Medicare	14%	17%
Medicaid	4%	9%
Other third-party payers	76%	69%
Patients	6%	5%
	100%	100%

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Note 4: Investments and Investment Return**

**Assets Limited as to Use**

Assets limited as to use include:

	2015	2014
Held by trustee under self-insurance trust		
Cash equivalents	\$ 187,568	\$ 604,702
Fixed income securities		
Certificates of deposit	-	50,186
Corporate bonds	2,056,016	436,155
Municipal bonds	-	3,080,797
U.S. government-sponsored enterprises	598,162	2,229,924
U.S. Treasury notes	2,473,501	-
Fixed income mutual funds	1,252,194	900,056
Equity		
Mutual funds		
Small cap	5,491	113,130
Mid cap	688,815	6,026
Large cap	3,277,196	3,603,896
International	2,144,213	14,556
Common stock		
Industrials	61,704	316,301
Materials	239,616	121,266
Consumer discretionary	-	620,796
Consumer staples	120,993	380,222
Energy	5,203	127,485
Financials	137,155	670,196
Health care	13,128	192,340
Information technology	97,287	314,623
Utilities	-	53,150
Telecommunication services	-	50,214
Interest receivable	22,498	45,719
	\$ 13,380,740	\$ 13,931,740
Held by trustee under bond indenture		
Cash equivalents	\$ 449,103	\$ 448,379
Fixed income securities		
U.S. government agency bonds	929,963	933,972
Interest receivable	3	3
	\$ 1,379,069	\$ 1,382,354

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Other Investments**

Other investments at December 31 include:

	<u>2015</u>	<u>2014</u>
Cash equivalents	\$ 1,048,276	\$ 1,937,923
Fixed income securities		
Certificates of deposit	-	546,465
Corporate bonds	7,178,208	2,865,877
Municipal bonds	-	7,256,824
U.S. Treasury notes	7,885,807	1,013,939
U.S. government-sponsored enterprises	3,627,433	5,221,055
Fixed income mutual funds	5,428,149	4,500,416
Equity securities		
Mutual funds		
Small cap	1,876,904	1,553,441
Mid cap	4,778,084	2,385,670
Large cap	19,155,948	18,231,402
International	10,847,929	2,447,538
Other	1,667,663	752,836
Common stock		
Industrials	178,934	1,138,500
Materials	23,609	490,068
Consumer discretionary	720,726	2,336,040
Consumer staples	323,750	1,324,272
Energy	12,692	469,548
Financials	427,330	2,560,682
Health care	97,313	824,393
Information technology	310,362	1,215,956
Utilities	4,143	201,719
Telecommunication services	-	187,990
Interest receivable	<u>103,190</u>	<u>127,247</u>
	65,696,450	59,589,801
Less long-term investments	<u>64,584,373</u>	<u>57,935,809</u>
Short-term investments	<u>\$ 1,112,077</u>	<u>\$ 1,653,992</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements**

**December 31, 2015 and 2014**

Total investment return is comprised of the following:

	<b>2015</b>	<b>2014</b>
Interest and dividend income	\$ 2,097,632	\$ 1,731,550
Realized gains on sales of securities	27,812	4,295,933
Realized investment return	2,125,444	6,027,483
Net change in unrealized gains (losses)	(1,956,389)	(2,621,301)
Total investment return	\$ 169,055	\$ 3,406,182

**Note 5: Professional Liability Claims**

The Hospital is self-insured for the first \$4,000,000 per occurrence and \$12,000,000 in aggregate of medical malpractice risks per claim year. The Hospital purchases commercial insurance coverage above the self-insurance limits which covers an additional \$20,000,000 of aggregate claims per year.

Reserves for professional liability claims were \$19,565,000 and \$19,403,000 at December 31, 2015 and 2014, respectively. The current portion of the reserves were \$4,091,000 and \$3,466,000 at December 31, 2015 and 2014, respectively. The provision for losses related to professional liability risks for 2015 and 2014 are presented net of expected insurance recoveries in the consolidated statements of operations and was \$895,000 and \$579,000 for 2015 and 2014, respectively. Professional liability reserve estimates represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated balance sheet dates. The reserve for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. The time period required to resolve these claims can vary depending upon whether the claim is settled or litigated. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible that this estimate could change materially in the near term.

Our professional liability risks, in excess of certain per claim and aggregate deductible amounts, are insured through unrelated commercial insurance carriers. The total amounts receivable under these insurance contracts are \$2,718,000 and \$3,561,000 and are included in other assets of which \$792,000 and \$908,000 are included in other current assets at December 31, 2015 and 2014, respectively.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Note 6: Long-term Debt**

	2015	2014
Note payable, bank (A)	\$ 2,235,125	\$ 2,501,492
Revenue Bonds 2006 (B)	11,555,000	11,860,000
Revenue Bonds 2011 (C)	8,538,780	8,896,677
Revenue Bonds 2012 (D)	5,223,487	5,432,479
Revenue Refunding Bonds 2011, Series A (E)	7,393,373	7,892,191
Revenue Refunding Bonds 2011, Series B (E)	7,341,936	7,851,574
Other	30,642	42,649
	42,318,343	44,477,062
Less current maturities	4,214,186	4,391,546
Plus original issue premium 2006 Bonds	431,050	452,052
	\$ 38,535,207	\$ 40,537,568

- (A) Note payable, dated December 20, 2012. Amount outstanding is due on demand after January 2014, but if demand is not made, monthly payments of \$31,019, representing principal and interest at 4.45 percent are payable monthly through December 20, 2022, with a final payment of all unpaid principal and interest; secured by certain equipment.
- (B) The 2006 Revenue Bonds (the "2006 Bonds") consist of Southwestern Illinois Development Authority Revenue Bonds in the original amount of \$13,750,000 dated December 1, 2006, which bear interest at 5.125 percent. The 2006 Bonds are payable in annual installments through August 15, 2036. All of the 2006 Bonds still outstanding may be redeemed at the Hospital's option on or after February 15, 2017, at par.

The Southwestern Illinois Development Authority (the "Authority") issued the 2006 Bonds on behalf of the Hospital. The Bonds are secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement. The 2006 Bonds have not been guaranteed by the Authority.

The indenture agreement requires that certain funds be established with the Trustee. Accordingly, these funds are included as assets limited as to use restricted under bond indenture in the consolidated balance sheets. The indenture agreement also requires the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.15 to 1.00 and restrictions on the incurrence of additional debt.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

- (C) The 2011 Revenue Bonds (the "2011 Bonds") consist of the Village of Maryville Revenue Bonds in the original amount of \$10,000,000 dated August 1, 2011, which bear interest at 4.875 percent. The 2011 Bonds are payable in annual installments through August 1, 2031. All of the 2011 Bonds still outstanding may be redeemed at the Hospital's option at any time. The redemption price is 100 percent. As of December 31, 2015, no redemptions had been made on these bonds.

The Village of Maryville (the "Village") issued the 2011 Bonds on behalf of the Hospital. The Bonds are secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement. The 2011 Bonds have not been guaranteed by the Village.

The indenture agreement requires the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.25 to 1.00 and restrictions on the incurrence of additional debt.

- (D) The 2012 Revenue Bonds (the "2012 Bonds") consist of the Village of Maryville Revenue Bonds in the original amount of \$6,000,000 dated February 1, 2012, which bear interest at 4.875 percent. The 2012 Bonds are payable in annual installments through February 1, 2032. All of the 2012 Bonds still outstanding may be redeemed at the Hospital's option at any time. The redemption price is 100 percent. As of December 31, 2015, no redemptions had been made on these bonds.

The Village of Maryville (the "Village") issued the 2012 Bonds on behalf of the Hospital. The Bonds are secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement. The 2012 Bonds have not been guaranteed by the Village.

The indenture agreement requires the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.25 to 1.00 and restrictions on the incurrence of additional debt.

- (E) The 2011 Revenue Refunding Bonds consist of two series of bonds in the aggregate principal amount of \$18,438,920 designated as Revenue Refunding Bond, Series 2011 A ("Series 2011 A Bonds") and Revenue Refunding Bond, Series 2011 B ("Series 2011 B Bonds").

Series 2011 A Bonds consist of Southwestern Illinois Development Authority Revenue Bonds in the original amount of \$9,219,460 dated December 1, 2011, which bear interest at 4.64 percent commencing February 1, 2012. The bonds are payable in annual installments through August 15, 2027. All of the Series 2011 A Bonds still outstanding may be redeemed at the Hospital's option on or after December 29, 2012. The redemption price is 104 percent decreasing to 100 percent on or after December 29, 2021. As of December 31, 2015, no redemptions had been made on these bonds.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

Series 2011 B Bonds consist of Southwestern Illinois Development Authority Revenue Bonds in the original amount of \$9,219,460 dated December 1, 2011, which bear interest at 4.20 percent commencing February 1, 2012. The bonds are payable in annual installments through August 15, 2022. All of the Series 2011 A Bonds still outstanding may be redeemed at the Hospital's option on or after December 29, 2012. The redemption price is 102 percent decreasing to 100 percent on or after December 29, 2016. As of December 31, 2015, no redemptions had been made on these bonds.

The Authority issued the Series 2011 A Bonds and Series 2011 B Bonds on behalf of the Hospital. The Bonds are secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement. The Series 2011 A Bonds and Series 2011 B Bonds have not been guaranteed by the Authority.

The indenture agreement requires that certain funds be established with the Trustee. Accordingly, these funds are included as assets limited as to use restricted under bond indenture in the consolidated balance sheet. The indenture agreement also requires the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.20 to 1.00 and restrictions on the incurrence of additional debt.

Aggregate annual maturities of long-term debt at December 31, 2015, are:

2016	\$ 4,214,186
2017	2,071,535
2018	2,164,876
2019	2,258,914
2020	2,367,369
Thereafter	<u>29,241,463</u>
	<u>\$ 42,318,343</u>

**Note 7: Disclosures About Fair Value of Assets and Liabilities**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements**

**December 31, 2015 and 2014**

**Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

**Recurring Measurements**

The following tables present the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2015 and 2014:

	2015			
	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Investments</b>				
Cash equivalents	\$ 1,684,947	\$ 1,684,947	\$ -	\$ -
Equities				
Common stock				
Industrials	\$ 240,638	\$ 240,638	\$ -	\$ -
Materials	\$ 263,225	\$ 263,225	\$ -	\$ -
Consumer discretionary	\$ 720,726	\$ 720,726	\$ -	\$ -
Consumer staples	\$ 444,743	\$ 444,743	\$ -	\$ -
Energy	\$ 17,895	\$ 17,895	\$ -	\$ -
Financials	\$ 564,485	\$ 564,485	\$ -	\$ -
Health care	\$ 110,441	\$ 110,441	\$ -	\$ -
Information technology	\$ 407,649	\$ 407,649	\$ -	\$ -
Utilities	\$ 4,143	\$ 4,143	\$ -	\$ -
Mutual funds				
Small cap funds	\$ 1,882,395	\$ 1,882,395	\$ -	\$ -
Mid cap funds	\$ 5,466,899	\$ 5,466,899	\$ -	\$ -
Large cap funds	\$ 22,433,144	\$ 22,433,144	\$ -	\$ -
International funds	\$ 12,992,142	\$ 12,992,142	\$ -	\$ -
Other	\$ 1,667,663	\$ 1,667,663	\$ -	\$ -
Fixed income				
U.S. government-sponsored enterprises	\$ 4,225,595	\$ -	\$ 4,225,595	\$ -
U.S. government agency bonds	\$ 929,963	\$ -	\$ 929,963	\$ -
U.S. Treasury notes	\$ 10,359,308	\$ -	\$ 10,359,308	\$ -
Corporate bonds	\$ 9,234,224	\$ -	\$ 9,234,224	\$ -
Fixed income mutual funds	\$ 6,680,343	\$ -	\$ 6,680,343	\$ -

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

	2014			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Investments</b>				
Cash equivalents	\$ 2,991,004	\$ 2,991,004	\$ -	\$ -
Equities				
Common stock				
Industrials	\$ 1,454,801	\$ 1,454,801	\$ -	\$ -
Materials	\$ 611,334	\$ 611,334	\$ -	\$ -
Consumer discretionary	\$ 2,956,836	\$ 2,956,836	\$ -	\$ -
Consumer staples	\$ 1,704,494	\$ 1,704,494	\$ -	\$ -
Energy	\$ 597,033	\$ 597,033	\$ -	\$ -
Financials	\$ 3,230,878	\$ 3,230,878	\$ -	\$ -
Health care	\$ 1,016,733	\$ 1,016,733	\$ -	\$ -
Information technology	\$ 1,530,579	\$ 1,530,579	\$ -	\$ -
Utilities	\$ 254,869	\$ 254,869	\$ -	\$ -
Telecommunication services	\$ 238,204	\$ 238,204	\$ -	\$ -
Mutual funds				
Small cap funds	\$ 1,666,571	\$ 1,666,571	\$ -	\$ -
Mid cap funds	\$ 2,391,696	\$ 2,391,696	\$ -	\$ -
Large cap funds	\$ 21,835,298	\$ 21,835,298	\$ -	\$ -
International funds	\$ 2,462,094	\$ 2,462,094	\$ -	\$ -
Other	\$ 752,836	\$ 752,836	\$ -	\$ -
Fixed income				
U.S. government-sponsored enterprises	\$ 7,450,979	\$ -	\$ 7,450,979	\$ -
U.S. government agency bonds	\$ 933,972	\$ -	\$ 933,972	\$ -
U.S. Treasury notes	\$ 1,013,939	\$ -	\$ 1,013,939	\$ -
Corporate bonds	\$ 3,302,032	\$ -	\$ 3,302,032	\$ -
Municipal bonds	\$ 10,337,621	\$ -	\$ 10,337,621	\$ -
Certificates of deposit	\$ 596,651	\$ -	\$ 596,651	\$ -
Fixed income mutual funds	\$ 5,400,472	\$ -	\$ 5,400,472	\$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2015.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Cash Equivalents**

The carrying amount approximates fair value.

**Investments**

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

**Note 8: Functional Expenses**

The Hospital provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	<b>2015</b>	<b>2014</b>
Health care services	\$ 98,875,006	\$ 95,363,378
General and administrative	41,568,060	36,103,062
	\$ 140,443,066	\$ 131,466,440

**Note 9: Operating Leases**

Noncancellable operating leases for primary care outpatient offices and various medical equipment expire in various years through 2019. Future minimum lease payments at December 31, 2015, were:

2016	\$ 2,690,956
2017	2,403,928
2018	1,915,092
2019	1,391,913
2020	560,871
Future minimum lease payments	\$ 8,962,760

Rental expense under all operating leases was approximately \$2,580,000 and \$2,000,000 for the years ended December 31, 2015 and 2014, respectively.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Note 10: Pension Plan**

The Hospital has a defined contribution pension plan covering substantially all employees. The board of trustees annually determines the amount, if any, of the Hospital's contributions to the plan. Pension expense was \$1,500,114 and \$1,464,034 for 2015 and 2014, respectively.

**Note 11: Related Party Transactions**

The Hospital maintains banking and investing relationships with The Bank of Edwardsville. The Chairman of the Bank holding company is a member of the Hospital's Board of Trustees.

**Note 12: Significant Estimates**

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates. Those matters include the following:

***Allowance for Net Patient Service Revenue Adjustments***

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 2.

***Professional Liability Claims***

Estimates related to the accrual for professional liability claims are described in Notes 1 and 5.

***Litigation***

In the normal course of business, the Hospital is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Hospital's malpractice insurance; for example, allegations regarding employment practices or performance of contracts. The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss; if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

***Investments***

The Hospital invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2015 and 2014**

**Note 13: Subsequent Events**

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were issued.

**Supplementary Information**

## Independent Auditor's Report on Supplementary Information

Board of Trustees  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Maryville, Illinois

Our 2015 audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*BKD, LLP*

St. Louis, Missouri  
March 28, 2016

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**Consolidated Balance Sheet – With Consolidating Information**  
**December 31, 2015**

**Assets**

	<u>Hospital</u>	<u>MMS</u>	<u>MPS</u>
<b>Current Assets</b>			
Cash	\$ 3,256,133	\$ 219,223	\$ 220,329
Short-term investments	1,112,077	-	-
Assets limited as to use - current	5,948,963	-	-
Patient accounts receivable - net	17,695,252	53,488	1,413,092
Due from related parties	135,162	-	-
Supplies	2,273,891	-	-
Prepaid expenses and other	1,816,432	-	51,207
	<hr/>	<hr/>	<hr/>
Total current assets	32,237,910	272,711	1,684,628
<b>Assets Limited As To Use, Net</b>	6,085,781	-	119,505
<b>Long-term Investments</b>	64,584,373	-	-
<b>Property and Equipment, Net</b>	72,619,884	-	82,319
<b>Other Assets</b>	2,361,138	-	206,629
	<hr/>	<hr/>	<hr/>
Total assets	<u>\$ 177,889,086</u>	<u>\$ 272,711</u>	<u>\$ 2,093,081</u>

See Independent Auditor's Report on Supplementary Information

<b>Maryville Imaging</b>	<b>Anderson Real Estate</b>	<b>Foundation</b>	<b>Eliminations</b>	<b>Consolidated</b>
\$ 1,041,856	\$ 88,300	\$ 489,952	\$ -	\$ 5,315,793
-	-	-	-	1,112,077
-	-	-	-	5,948,963
407,723	7,173	-	-	19,576,728
-	-	-	(135,162)	-
6,582	-	-	-	2,280,473
60,931	279	27,787	-	1,956,636
1,517,092	95,752	517,739	(135,162)	36,190,670
-	-	2,605,560	-	8,810,846
-	-	-	-	64,584,373
155,512	9,238,968	-	-	82,096,683
-	-	47,424	-	2,615,191
<u>\$ 1,672,604</u>	<u>\$ 9,334,720</u>	<u>\$ 3,170,723</u>	<u>\$ (135,162)</u>	<u>\$ 194,297,763</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Balance Sheet – With Consolidating Information (Continued)  
December 31, 2015**

**Liabilities and Net Assets**

	<u>Hospital</u>	<u>MMS</u>	<u>MPS</u>
<b>Current Liabilities</b>			
Current maturities of long-term debt	\$ 4,214,186	\$ -	\$ -
Accounts payable	3,952,428	31,141	145,202
Accrued expenses	4,561,677	-	203,842
Estimated amounts due to third-party payers	4,590,000	-	-
Due to related parties	-	-	115,087
Estimated self-insurance costs - current	4,091,000	-	-
Other	878,053	-	-
	<hr/>	<hr/>	<hr/>
Total current liabilities	22,287,344	31,141	464,131
<b>Estimated Self-insurance Costs</b>	15,474,000	-	-
<b>Long-term Debt</b>	<hr/>	<hr/>	<hr/>
	36,300,082	-	-
	<hr/>	<hr/>	<hr/>
Total liabilities	74,061,426	31,141	464,131
<b>Unrestricted Net Assets</b>	103,827,660	241,570	1,628,950
<b>Temporarily Restricted Net Assets</b>	<hr/>	<hr/>	<hr/>
	-	-	-
Total liabilities and net assets	<u>\$ 177,889,086</u>	<u>\$ 272,711</u>	<u>\$ 2,093,081</u>

<b>Maryville Imaging</b>	<b>Anderson Real Estate</b>	<b>Foundation</b>	<b>Eliminations</b>	<b>Consolidated</b>
\$ -	\$ -	\$ -	\$ -	\$ 4,214,186
77,840	5,764	120	-	4,212,495
28,801	-	-	-	4,794,320
-	-	-	-	4,590,000
13,638	305	6,132	(135,162)	-
-	-	-	-	4,091,000
-	-	-	-	878,053
120,279	6,069	6,252	(135,162)	22,780,054
-	-	-	-	15,474,000
-	2,235,125	-	-	38,535,207
120,279	2,241,194	6,252	(135,162)	76,789,261
1,552,325	7,093,526	3,089,258	-	117,433,289
-	-	75,213	-	75,213
<u>\$ 1,672,604</u>	<u>\$ 9,334,720</u>	<u>\$ 3,170,723</u>	<u>\$ (135,162)</u>	<u>\$ 194,297,763</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statement of Operations – With Consolidating Information  
December 31, 2015**

	<u>Hospital</u>	<u>MMS</u>	<u>MPS</u>
<b>Unrestricted Revenues, Gains and Other Support</b>			
Patient service revenue (net of contractual discounts and allowances)	\$ 136,885,253	\$ 509,267	\$ 12,115,520
Provision for uncollectible accounts	(4,262,419)	(164,104)	(311,765)
Net patient service revenue less provision for uncollectible accounts	132,622,834	345,163	11,803,755
Other	1,958,148	8,626	414,207
Total unrestricted revenues, gains and other support	<u>134,580,982</u>	<u>353,789</u>	<u>12,217,962</u>
<b>Expenses</b>			
Salaries and wages	49,391,745	-	2,299,294
Employee benefits	9,857,971	-	218,489
Purchased services and professional fees	9,141,584	387,466	11,297,141
Supplies and other	43,655,870	42,172	2,279,503
Depreciation and amortization	6,396,217	-	84,768
Interest	1,952,898	-	-
Total expenses	<u>120,396,285</u>	<u>429,638</u>	<u>16,179,195</u>
<b>Operating Income (Loss)</b>	<u>14,184,697</u>	<u>(75,849)</u>	<u>(3,961,233)</u>
<b>Other Income</b>			
Contributions received	-	-	-
Investment return	213,497	-	5,126
Total other income	<u>213,497</u>	<u>-</u>	<u>5,126</u>
<b>Excess (Deficiency) of Revenues Over Expenses</b>	14,398,194	(75,849)	(3,956,107)
Transfers	(6,920,700)	-	3,991,808
<b>Increase (Decrease) in Unrestricted Net Assets</b>	<u>\$ 7,477,494</u>	<u>\$ (75,849)</u>	<u>\$ 35,701</u>

Maryville Imaging	Anderson Real Estate	Foundation	Eliminations	Consolidated
\$ 3,339,740 (127,216)	\$ - -	\$ - -	\$ - -	\$ 152,849,780 (4,865,504)
3,212,524 6,915	- 649,955	- 274,023	- (264,000)	147,984,276 3,047,874
3,219,439	649,955	274,023	(264,000)	151,032,150
695,740 131,822 55,165 1,793,770 179,205 -	- - 1,537 255,374 185,241 105,856	126,942 32,441 17,344 120,710 801 -	- - (264,000) - - -	52,513,721 10,240,723 20,636,237 48,147,399 6,846,232 2,058,754
2,855,702	548,008	298,238	(264,000)	140,443,066
363,737	101,947	(24,215)	-	10,589,084
- -	- -	316,157 (49,568)	- -	316,157 169,055
-	-	266,589	-	485,212
363,737	101,947	242,374	-	11,074,296
-	2,928,892	-	-	-
\$ 363,737	\$ 3,030,839	\$ 242,374	\$ -	\$ 11,074,296

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

Independent Auditor's Report and Consolidated Financial Statements  
December 31, 2016 and 2015

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**December 31, 2016 and 2015**

**Contents**

<b>Independent Auditor's Report.....</b>	<b>1</b>
<b>Consolidated Financial Statements</b>	
Balance Sheets.....	3
Statements of Operations.....	4
Statements of Changes in Net Assets .....	5
Statements of Cash Flows .....	6
Notes to Financial Statements .....	7
<b>Independent Auditor's Report on Supplementary Information .....</b>	<b>29</b>
<b>Supplementary Information</b>	
2016 Consolidated Balance Sheet – With Consolidating Information.....	30
2016 Consolidated Statement of Operations – With Consolidating Information.....	32

## Independent Auditor's Report

Board of Trustees and Management  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Maryville, Illinois

We have audited the accompanying consolidated financial statements of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital (the "Organization"), which comprise the consolidated balance sheets as of December 31, 2016 and 2015, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Trustees and Management  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Page 2

*Opinion*

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital as of December 31, 2016 and 2015, and the results of their operations, the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**BKD, LLP**

St. Louis, Missouri  
May 22, 2017

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Balance Sheets  
December 31, 2016 and 2015**

**Assets**

	2016	2015
<b>Current Assets</b>		
Cash	\$ 5,212,055	\$ 5,315,793
Short-term investments	2,459,288	1,112,077
Assets limited as to use - current	6,873,724	5,948,963
Patient accounts receivable, net of allowance; 2016 - \$8,118,000 2015 - \$4,850,000	27,225,504	19,576,728
Supplies	2,632,525	2,280,473
Prepaid expenses and other	2,310,920	1,956,636
Total current assets	46,714,016	36,190,670
<b>Assets Limited As To Use</b>		
Self-insurance trust	13,214,401	13,380,740
Restricted under bond indenture	294,826	1,379,069
Other	509,541	
	14,018,768	14,759,809
Less amount required to meet current obligations	6,873,724	5,948,963
	7,145,044	8,810,846
<b>Long-Term Investments</b>	67,480,544	64,584,373
<b>Property and Equipment, At Cost</b>		
Land	3,944,860	3,170,811
Land improvements	3,146,603	3,085,291
Buildings	137,825,754	105,826,729
Equipment	48,741,762	44,569,360
Construction in progress	867,979	292,785
	194,526,958	156,944,976
Less accumulated depreciation	81,522,432	74,848,293
	113,004,526	82,096,683
<b>Other Assets</b>	3,117,840	2,064,053
Total assets	\$ 237,461,970	\$ 193,746,625

## Liabilities and Net Assets

	<u>2016</u>	<u>2015</u>
<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 4,681,745	\$ 4,214,186
Current maturities of capital lease obligation	80,950	-
Accounts payable	5,866,406	4,212,495
Accrued expenses	7,533,740	4,794,320
Estimated amounts due to third-party payers	5,654,319	4,590,000
Estimated self-insurance costs - current	4,722,000	4,091,000
Other	<u>583,825</u>	<u>878,053</u>
<b>Total current liabilities</b>	<u>29,122,985</u>	<u>22,780,054</u>
<b>Estimated Self-insurance Costs</b>	15,607,000	15,474,000
<b>Long-Term Debt</b>	43,035,348	37,984,069
<b>Capital Lease Obligation</b>	<u>238,325</u>	<u>-</u>
<b>Total liabilities</b>	<u>88,003,658</u>	<u>76,238,123</u>
<b>Net Assets</b>		
Unrestricted	149,107,542	117,433,289
Temporarily restricted	<u>350,770</u>	<u>75,213</u>
<b>Total net assets</b>	<u>149,458,312</u>	<u>117,508,502</u>
<b>Total liabilities and net assets</b>	<u>\$ 237,461,970</u>	<u>\$ 193,746,625</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Operations  
Years Ended December 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
<b>Unrestricted Revenues, Gains and Other Support</b>		
Patient service revenue (net of contractual discounts and allowances)	\$ 163,001,758	\$ 152,849,780
Provision for uncollectible accounts	(6,234,400)	(4,865,504)
Net patient service revenue less provision for uncollectible accounts	<u>156,767,358</u>	<u>147,984,276</u>
Other	<u>3,087,621</u>	<u>3,047,874</u>
Total unrestricted revenues, gains and other support	<u>159,854,979</u>	<u>151,032,150</u>
<b>Expenses</b>		
Salaries and wages	59,453,193	52,513,721
Employee benefits	12,402,406	10,240,723
Purchased services and professional fees	23,468,786	20,636,237
Supplies and other	52,060,973	48,147,399
Depreciation	7,776,530	6,749,319
Interest	<u>1,714,658</u>	<u>2,155,667</u>
Total expenses	<u>156,876,546</u>	<u>140,443,066</u>
<b>Operating Income</b>	<u>2,978,433</u>	<u>10,589,084</u>
<b>Other Income (Expense)</b>		
Contributions received	24,145,127	316,157
Loss on extinguishment of debt	(930,091)	-
Investment return	<u>5,480,784</u>	<u>169,055</u>
Total other income	<u>28,695,820</u>	<u>485,212</u>
<b>Increase in Unrestricted Net Assets</b>	<u>\$ 31,674,253</u>	<u>\$ 11,074,296</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Changes in Net Assets  
Years Ended December 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
Increase in Unrestricted Net Assets	\$ 31,674,253	\$ 11,074,296
Temporarily Restricted Net Assets Received (Released) From Restriction	<u>275,557</u>	<u>(32,340)</u>
Change in Net Assets	31,949,810	11,041,956
Net Assets, Beginning of Year	<u>117,508,502</u>	<u>106,466,546</u>
Net Assets, End of Year	<u><u>\$ 149,458,312</u></u>	<u><u>\$ 117,508,502</u></u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Cash Flows  
Years Ended December 31, 2016 and 2015**

	2016	2015
<b>Operating Activities</b>		
Change in net assets	\$ 31,949,810	\$ 11,041,956
Items not requiring (providing) cash		
Depreciation and amortization	7,750,305	6,846,232
Net (gains) losses on investments	(3,513,997)	1,933,474
Loss on debt extinguishment	531,946	-
Loss on disposal of property and equipment	92,201	362,615
Amortization of premium	-	(21,002)
Change in accrued self-insurance costs	1,225,047	1,331,802
Provision for uncollectible accounts	6,234,400	4,865,504
Contribution received from affiliation, net of cash received	(21,607,420)	-
Changes in		
Patient accounts receivable	(10,227,487)	(5,680,121)
Estimated amounts due to third-party payers	904,319	(435,000)
Supplies and prepaid expenses	(1,498,339)	(236,684)
Accounts payable and accrued expenses	1,854,239	(2,308,210)
Other current assets and liabilities	198,269	(828,841)
Net cash provided by operating activities	13,893,293	16,871,725
<b>Investing Activities</b>		
Purchase of investments	(11,210,244)	(29,319,512)
Proceeds from disposition of investments	15,368,505	21,833,674
Purchase of property and equipment	(11,974,845)	(9,912,092)
Net cash used in investing activities	(7,816,584)	(17,397,930)
<b>Financing Activities</b>		
Payment of deferred financing costs	(575,761)	-
Principal payments on long-term debt and capital lease obligation	(5,604,686)	(2,158,719)
Net cash used in financing activities	(6,180,447)	(2,158,719)
<b>Decrease in Cash</b>	(103,738)	(2,684,924)
<b>Cash, Beginning of Year</b>	5,315,793	8,000,717
<b>Cash, End of Year</b>	\$ 5,212,055	\$ 5,315,793
<b>Supplemental Cash Flows Information</b>		
Property and equipment included in accounts payable	\$ 546,547	\$ 89,810
Interest paid	\$ 1,830,308	\$ 2,095,304
Affiliation with Staunton Hospital		
Assets acquired	\$ 36,765,711	\$ -
Liabilities assumed	\$ (13,609,928)	\$ -

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements**

**December 31, 2016 and 2015**

**Note 1: Nature of Operations and Summary of Significant Accounting Policies**

***Nature of Operations***

Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital (the "Hospital") is an Illinois not-for-profit corporation that primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in Maryville, Illinois and surrounding areas.

In addition, the Hospital is the sole member of Maryville Medical Services, LLC ("MMS"), an Illinois limited liability corporation that provides urgent care services in the Hospital's service area.

The Hospital is the sole member of Maryville Physician Services, LLC ("MPS"), an Illinois limited liability corporation that contracts for various physician services and provides the related billing for these services.

The Hospital is the sole member of the Anderson Hospital Foundation (the "Anderson Foundation"), an Illinois not-for-profit corporation, with a generous gift from the late Hermilda Listeman, a Collinsville resident. The Anderson Foundation offers such donor opportunities as endowments, planned giving, charitable gift annuities, grants, memorials, bequests, naming rights, annual campaigns and future capital campaigns.

The Hospital is the sole member of Anderson Real Estate, LLC ("Anderson Real Estate"), an Illinois limited liability corporation that was established for future real estate transactions and holdings.

The Hospital is the sole member of Maryville Imaging, LLC ("Maryville Imaging"), an Illinois limited liability corporation, which operates a freestanding outpatient diagnostic imaging center located in Maryville, Illinois.

The Hospital is the sole member of Community Memorial Hospital Association d/b/a Community Hospital of Staunton ("Staunton Hospital"), an Illinois not-for-profit corporation that primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in Staunton, Illinois and the immediate surrounding area. Staunton Hospital is the sole member of Friends of Community Memorial Hospital d/b/a Friends of Community Hospital of Staunton (the "Staunton Foundation"), which conducts fundraising activities and manages activity related to contributions.

***Principles of Consolidation***

The consolidated financial statements include the accounts of the Hospital, MMS, MPS, Maryville Imaging, Anderson Real Estate, Anderson Foundation, Staunton Hospital and the Staunton Foundation (collectively, "the Organization"). All significant inter-company accounts and transactions have been eliminated in consolidation.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

***Use of Estimates***

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

***Cash***

At December 31, 2016, the Organization's cash accounts exceeded federally insured limits by approximately \$5,317,000.

***Investments and Investment Return***

Investments in equity securities having a readily determinable fair value and all debt securities are carried at fair value. Other investments are valued at the lower of cost or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted or temporarily restricted based upon the existence and nature of any donor or legally imposed restrictions.

***Assets Limited as to Use***

Assets limited as to use include: (1) assets held by trustee under bond indenture agreements (2) a self-insurance trust arrangement (3) a USDA reserve account and (4) assets set aside by the board of trustees for future capital improvements. Amounts required to meet current liabilities are included in current assets.

***Patient Accounts Receivable***

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Organization's allowance for doubtful accounts for self-pay patients was 80 percent of self-pay accounts receivable at December 31, 2016 and 2015, respectively. In addition, the Organization's write-offs decreased approximately \$563,000 from approximately \$6,932,000 for the year ended December 31, 2015, to approximately \$6,369,000 for the year ended December 31, 2016.

**Supplies**

The Organization states supply inventories at the lower of cost, determined using the first-in, first-out method or market.

**Property and Equipment**

Property and equipment are recorded at cost less accumulated depreciation and are depreciated on a straight-line basis over the estimated useful life of each asset.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Land improvements	10 - 25 years
Buildings	15 - 40 years
Equipment	3 - 10 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets.

**Construction in Progress**

There were no material construction commitments at December 31, 2016 and 2015.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

***Long-lived Asset Impairment***

The Organization evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended December 31, 2016 and 2015.

***Contributions Receivable***

Contributions receivable which are temporarily restricted for future capital improvements amounted to approximately \$351,000 and \$75,000 at December 31, 2016 and 2015, respectively. Of the total amount receivable at December 31, 2016, approximately \$173,000 is due within one year and included in other current assets, and the remaining amounts are due within two years and included in other assets.

***Temporarily Restricted Net Assets***

Temporarily restricted net assets are those whose use by the Anderson Foundation and the Staunton Foundation has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are related to contributions receivable.

***Net Patient Service Revenue***

The Organization has agreements with third-party payers that provide for payments to the Organization at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and include estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

***Charity Care***

The Organization provides care without charge, or at amounts less than its established rates, to patients meeting certain criteria under its charity care policy. Because the Organization does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. The Organization's direct and indirect costs for services furnished under its charity care policy aggregated approximately \$1,271,000 and \$1,130,000 for the years ended December 31, 2016 and 2015, respectively. The cost of charity care provided is determined by computing a ratio of cost (total operating expense) to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

**Contributions**

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

**Employee Health Claims**

Substantially all of the Hospital's employees are eligible to participate in the Hospital's health insurance plan. The Hospital is self-insured for health claims of participating employees and dependents up to limits provided for in an agreement with its insurance Plan Administrator. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the Hospital's estimate will change by a material amount in the near term.

**Professional Liability Claims**

The Organization recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in Note 6.

**Income Taxes**

The Organization has been recognized as exempt from income taxes under Section 501 of the *Internal Revenue Code* and a similar provision of state law. However, the Organization is subject to federal income tax on any unrelated business taxable income and taxable income of MPS.

The Organization files tax returns in the U.S. federal jurisdiction.

**Affordable Care Act Compliance**

As part of the *Affordable Care Act*, hospitals exempt from the tax under Section 501(c)(3) of the *Internal Revenue Code* are required to comply with the new requirements under new Code Section 501(r). Code Section 501(r) requires exempt hospitals prepare and implement a community health needs assessment, implement a financial assistance policy, implement an emergency care policy, limit charges to individuals eligible for financial assistance and refrain from certain collection actions for patients that may qualify for financial assistance.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

Failure to comply with these requirements could result in a hospital not being recognized as exempt under Code Section 501(c)(3). The IRS has not issued guidance on how they intend to enforce the provisions related to Code Section 501(r). The Organization believes it has taken reasonable steps to comply with Code Section 501(r) and has recorded no provision relative to the Organization's compliance or non-compliance with Code Section 501(r). However, this could change materially in the near-term.

***Reclassifications***

Certain reclassifications have been made to the 2016 consolidated financial statements to conform to the 2015 consolidated financial statement presentation. These reclassifications had no effect on the change in net assets.

**Note 2: Acquisition**

On June 30, 2016, the Hospital and Staunton Hospital, a not-for-profit organization that provides inpatient, outpatient and emergency care services to patients in Staunton, Illinois and the immediate surrounding area, entered into an affiliation agreement (the "Affiliation"). The Affiliation was accomplished by Staunton Hospital contributing its assets to the Hospital, with the Hospital becoming the sole member. As a result of the Affiliation, the Hospital will be able to broaden its mission under the ownership and leadership of Staunton Hospital. The Affiliation was accounted for as a business combination and the financial results of Staunton Hospital are included in the consolidated financial statements since the acquisition date. No consideration was or will be transferred, thus the fair value of the unrestricted net assets received by the Hospital of approximately \$23.2 million is included as contributions received in the consolidated statements of operations for the year ended December 31, 2016.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

The following table summarizes the amounts of the assets acquired and liabilities assumed recognized at the acquisition date:

**Recognized Fair Value of Identifiable Assets Acquired and Liabilities Assumed**

Cash	\$ 1,548,363
Accounts receivable	3,655,689
Investments	3,637,064
Restricted assets	945,522
Other assets	787,583
Property and equipment	<u>26,191,490</u>
Total assets acquired	36,765,711
Accounts payable	(825,560)
Accrued expenses	(1,335,221)
Capital lease obligations	(365,256)
Long-term debt	<u>(11,083,891)</u>
Total liabilities assumed	<u>(13,609,928)</u>
Total contributions received	<u>\$ 23,155,783</u>

The Hospital incurred \$418,330 of costs in connection with this affiliation, which are included within purchased services and professional fees in the consolidated statement of operations.

**Note 3: Net Patient Service Revenue**

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the statement of operations as a component of net patient service revenue.

The Organization has agreements with third-party payers that provide for payments to the Organization at amounts different from its established rates. These payment arrangements include:

*Medicare* – The Hospital is paid at prospectively determined rates per discharge for inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The Hospital is reimbursed for certain services at

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2013.

Staunton Hospital is designated as a critical access hospital. This designation provides for inpatient and outpatient services to be reimbursed on a cost based methodology. Staunton is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by Staunton Hospital and audits thereof by the Medicare administrative contractor. Staunton Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2013.

*Medicaid.* Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized for the years ended December 31, 2016 and 2015, was approximately:

	<b>2016</b>	<b>2015</b>
Medicare	\$ 42,216,100	\$ 35,874,700
Medicaid	9,807,400	9,954,000
Other third-party payers	104,511,200	101,296,500
Self-pay	6,467,100	5,724,600
Total	\$ 163,001,800	\$152,849,800

**Illinois Hospital Medicaid Assessment Programs**

The state of Illinois enacted legislation that provides for a hospital assessment program intended to qualify for federal matching funds under the Illinois Medicaid program. Under the hospital assessment program, each hospital is assessed tax based on that hospital's adjusted gross hospital revenue. The legislation provides that none of the assessment funds are to be collected and no additional Medicaid payments are to be paid until the program receives the required federal government approval through the federal Centers for Medicare and Medicaid Services.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

In October 2013, the Centers for Medicare and Medicaid Services notified the Illinois Department of Healthcare and Family Services of its approval of the Enhanced Hospital Assessment Program effective July 1, 2012, which is anticipated to generate an additional annual net benefit for Illinois hospitals under the Hospital Assessment Program. The annual net benefit to the Organization due to the approval of this program is approximately \$664,000.

The effects of both programs in the consolidated statements of operations and changes in net assets for the years ended December 31, 2016 and 2015, are as follows:

	<b>2016</b>	<b>2015</b>
Additional Medicaid payments included in net patient service revenue	\$ 7,508,060	\$ 6,890,862
Taxes assessed and included in supplies and other	\$ 5,835,099	\$ 5,582,818

The hospital assessment programs contain a sunset provision effective June 30, 2018, and there is no assurance the program will not be discontinued or materially modified.

**Note 4: Concentration of Credit Risk**

The Organization grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at December 31, 2016 and 2015, is:

	<b>2016</b>	<b>2015</b>
Medicare	19%	14%
Medicaid	8%	4%
Other third-party payers	66%	76%
Patients	7%	6%
	100%	100%

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

**Note 5: Investments and Investment Return**

***Assets Limited as to Use***

Assets limited as to use include:

	<b>2016</b>	<b>2015</b>
Held by trustee under self-insurance trust		
Cash equivalents	\$ 398,102	\$ 187,568
Fixed income securities		
Corporate bonds	1,861,009	2,056,016
U.S. government-sponsored enterprises	620,170	598,162
U.S. Treasury notes	2,108,886	2,473,501
Fixed income mutual funds	1,526,197	1,252,194
Equity		
Mutual funds		
Small cap	6,840	5,491
Mid cap	854,823	688,815
Large cap	2,859,920	3,277,196
International	2,161,432	2,144,213
Common stock		
Industrials	84,700	61,704
Materials	-	239,616
Consumer discretionary	273,153	-
Consumer staples	155,643	120,993
Energy	8,074	5,203
Financials	151,725	137,155
Health care	18,423	13,128
Information technology	93,061	97,287
Interest receivable	32,243	22,498
	<b>\$ 13,214,401</b>	<b>\$ 13,380,740</b>
Held by trustee under bond indenture		
Cash equivalents	294,822	\$ 449,103
Fixed income securities		
U.S. government agency bonds	-	929,963
Interest receivable	4	3
	<b>\$ 294,826</b>	<b>\$ 1,379,069</b>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

	2016	2015
Other assets limited as to use		
USDA reserve account		
Deposits	\$ 47,741	\$ -
Internally designated for capital improvements		-
Repurchase agreements	460,709	-
Interest receivable	1,091	-
	\$ 509,541	\$ -

**Other Investments**

Other investments at December 31 include:

	2016	2015
Cash equivalents	2,243,945	\$ 1,048,276
Fixed income securities		
Corporate bonds	7,225,852	7,178,208
U.S. Treasury notes	5,973,833	7,885,807
U.S. government-sponsored enterprises	6,222,130	3,627,433
Fixed income mutual funds	6,177,717	5,428,149
Equity securities		
Mutual funds		
Small cap	2,346,828	1,876,904
Mid cap	6,067,074	4,778,084
Large cap	19,330,676	19,155,948
International	11,303,705	10,847,929
Other	1,014,031	1,667,663
Common stock		
Industrials	207,056	178,934
Materials	-	23,609
Consumer discretionary	667,256	720,726
Consumer staples	380,011	323,750
Energy	19,677	12,692
Financials	369,821	427,330
Health care	44,930	97,313
Information technology	227,120	310,362
Utilities	-	4,143
Interest receivable	118,170	103,190
	69,939,832	65,696,450
Less long-term investments	67,480,544	64,584,373
Short-term investments	\$ 2,459,288	\$ 1,112,077

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

Total investment return is comprised of the following:

	2016	2015
Interest and dividend income	\$ 1,966,787	\$ 2,097,632
Realized gains on sales of securities	367,698	27,812
Realized investment return	2,334,485	2,125,444
Net change in unrealized gains (losses)	3,146,299	(1,956,389)
Total investment return	\$ 5,480,784	\$ 169,055

**Note 6: Professional Liability Claims**

The Hospital is self-insured for the first \$4,000,000 per occurrence and \$12,000,000 in aggregate of medical malpractice risks per claim year. The Hospital purchases commercial insurance coverage above the self-insurance limits which covers an additional \$20,000,000 of aggregate claims per year.

The Hospital's reserves for professional liability claims were \$20,329,000 and \$19,565,000 at December 31, 2016 and 2015, respectively. The current portion of the reserves were \$4,722,000 and \$4,091,000 at December 31, 2016 and 2015, respectively. The provision for losses related to professional liability risks are presented net of expected insurance recoveries in the consolidated statements of operations and was \$1,637,000 and \$895,000 for the years ended December 31, 2016 and 2015, respectively. Professional liability reserve estimates represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated balance sheet dates. The reserve for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. The time period required to resolve these claims can vary depending upon whether the claim is settled or litigated. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible that this estimate could change materially in the near term.

The Hospital's professional liability risks, in excess of certain per claim and aggregate deductible amounts, are insured through unrelated commercial insurance carriers. The total amounts receivable under these insurance contracts are approximately \$3,443,000 and \$2,718,000 and are included in other assets of which \$650,000 and \$792,000 are included in other current assets at December 31, 2016 and 2015, respectively.

Staunton Hospital has joined together with other providers of health care services to form the Illinois Provider Trust and the Illinois Compensation Trust, two risk pools currently operating as common risk management and insurance programs for their members. Staunton Hospital pays annual premiums to the pools for its general liability torts, medical malpractice and employee

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

injuries insurance coverage. The pools' governing agreements specify that the pools will be self-sustaining through member premiums and will reinsure through commercial carriers for claims in excess of specified stop-loss amounts.

Staunton Hospital purchases medical malpractice insurance as described above on a claims made, fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate cost of the incidents. Based upon Staunton's experience, an accrual has been made for Staunton Hospital's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy, amounting to approximately \$178,533 as of December 31, 2016. It is reasonably possible that this estimate could change materially in the near term.

**Note 7: Long-Term Debt**

	<u>2016</u>	<u>2015</u>
Note payable, bank (A)	\$ 1,956,650	\$ 2,235,125
Revenue Bonds 2016, Series A (B)	17,568,195	-
Revenue Bonds 2016, Series B (B)	7,233,152	-
Revenue Bonds 2016, Series C (B)	8,203,344	-
Revenue Bonds 2016, Series D (B)	5,046,588	-
Revenue Bonds 2006 (C)	-	11,555,000
Revenue Bonds 2011 (D)	-	8,538,780
Revenue Bonds 2012 (E)	-	5,223,487
Revenue Refunding Bonds 2011, Series A (F)	-	7,393,373
Revenue Refunding Bonds 2011, Series B (F)	-	7,341,936
Project Revenue Bonds, Series 2010 (G)	310,703	-
USDA Promissory Note (H)	7,958,332	-
Capital lease obligation (I)	319,275	-
Other	-	30,642
	<u>48,596,239</u>	<u>42,318,343</u>
Less unamortized debt issuance costs	559,871	551,138
Less current maturities	4,762,695	4,214,186
Plus original issue premium 2006 Bonds	-	431,050
	<u><u>\$ 43,273,673</u></u>	<u><u>\$ 37,984,069</u></u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

- (A) Note payable, dated December 20, 2012. Amount outstanding is due on demand, but if demand is not made, monthly payments of \$31,019, representing principal and interest at 4.45 percent are payable monthly through December 20, 2022, with a final payment of all unpaid principal and interest; secured by certain equipment.
- (B) The 2016 Revenue Bonds consist of four series of bonds in the aggregate principal amount of \$39,456,234 designated as Revenue Bond, Series 2016 A ("Series 2016 A Bond"), Revenue Bond, Series 2016 B ("Series 2016 B Bond"), Revenue Bond, Series 2016 C ("Series 2016 C Bond"), and Revenue Bond, Series 2016 D ("Series 2016 D Bond").

Series 2016 A Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$18,258,036, dated May 17, 2016, which bear interest at 2.38 percent commencing June 1, 2016, payable in monthly installments through August 1, 2036.

Series 2016 B Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$7,541,971, dated June 1, 2016, which bear interest at 2.77 percent commencing July 1, 2016, payable in monthly installments through January 1, 2027.

Series 2016 C Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$8,480,753, dated June 16, 2016, which bear interest at 2.99 percent commencing July 1, 2016, payable in monthly installments through July 1, 2029.

Series 2016 D Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$5,175,473, dated July 1, 2016, which bear interest at 3.12 percent commencing August 1, 2016, payable in monthly installments through February 1, 2030.

The 2016 Bonds are secured by the unrestricted receivables, unrestricted gross revenues, and any other property securing other long term debt for which the Hospital is obligated. The indenture agreement also requires the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.20 to 1.00, maintaining a debt to capitalization ratio of not greater than 66 percent, and restrictions on the incurrence of additional debt.

- (C) The 2006 Revenue Bonds (the "2006 Bonds") consisted of Southwestern Illinois Development Authority Revenue Bonds in the original amount of \$13,750,000 dated December 1, 2006, which bore interest at 5.125 percent, originally payable in annual installments through August 15, 2036.

The Southwestern Illinois Development Authority (the "Authority") issued the 2006 Bonds on behalf of the Hospital. The 2006 Bonds were secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

The indenture agreement required that certain funds be established with the Trustee. Accordingly, these funds were included as assets limited as to use restricted under bond indenture in the consolidated balance sheets. The indenture agreement also required the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.15 to 1.00 and restrictions on the incurrence of additional debt. The 2006 Bonds were refinanced during 2016.

- (D) The 2011 Revenue Bonds (the "2011 Bonds") consisted of the Village of Maryville Revenue Bonds in the original amount of \$10,000,000 dated August 1, 2011, which bore interest at 4.875 percent, originally payable in annual installments through August 1, 2031.

The Village of Maryville (the "Village") issued the 2011 Bonds on behalf of the Hospital. The Bonds were secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement.

The indenture agreement required the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.25 to 1.00 and restrictions on the incurrence of additional debt. The 2011 bonds were refinanced during 2016.

- (E) The 2012 Revenue Bonds (the "2012 Bonds") consisted of the Village of Maryville Revenue Bonds in the original amount of \$6,000,000 dated February 1, 2012, which bore interest at 4.875 percent, originally payable in annual installments through February 1, 2032.

The Village of Maryville (the "Village") issued the 2012 Bonds on behalf of the Hospital. The Bonds were secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement.

The indenture agreement required the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.25 to 1.00 and restrictions on the incurrence of additional debt. The 2012 Bonds were refinanced during 2016.

- (F) The 2011 Revenue Refunding Bonds consisted of two series of bonds in the aggregate principal amount of \$18,438,920 designated as Revenue Refunding Bond, Series 2011 A ("Series 2011 A Bonds") and Revenue Refunding Bond, Series 2011 B ("Series 2011 B Bonds").

Series 2011 A Bonds consisted of Southwestern Illinois Development Authority Revenue Bonds in the original amount of \$9,219,460 dated December 1, 2011, which bore interest at 4.64 percent commencing February 1, 2012, originally payable in annual installments through August 15, 2027. The Series 2011 A Bonds were refinanced during 2016.

Series 2011 B Bonds consisted of Southwestern Illinois Development Authority Revenue Bonds in the original amount of \$9,219,460 dated December 1, 2011, which bore interest at 4.20 percent commencing February 1, 2012, originally payable in annual installments through August 15, 2022. The Series 2011 B Bonds were refinanced during 2016.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

The Authority issued the Series 2011 A Bonds and Series 2011 B Bonds on behalf of the Hospital. The Bonds were secured by the accounts receivable of the Hospital and the assets restricted under the bond indenture agreement.

The indenture agreement required that certain funds be established with the Trustee. Accordingly, these funds were included as assets limited as to use restricted under bond indenture in the consolidated balance sheet. The indenture agreement also required the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.20 to 1.00 and restrictions on the incurrence of additional debt.

- (G) Project revenue bonds; payable in monthly installments of \$7,897 including interest at 4.0 percent through June 2020; the Illinois Finance Authority issued the bonds on behalf of Staunton; collateralized by mortgage, assignment of rents and profits and security agreement; the bonds have not been guaranteed by the Illinois Finance Authority.
- (H) USDA promissory note dated July 10, 2014, in the amount of \$8,000,000; monthly installments of \$31,760 including interest at 3.5 percent through July 2054; the note is secured by the net revenues of Staunton and a USDA reserve account which is funded \$3,176 monthly with a maximum funding of \$381,120, of which \$47,741 has been funded at December 31, 2016.
- (I) At varying rates of imputed interest from 2.08 percent to 2.30 percent; due through June 2021; collateralized by equipment. Collateral includes the following equipment under capital lease:

Equipment	\$ 404,820
Less accumulated depreciation	85,020
	\$ 319,800

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

Aggregate annual maturities of long-term debt and payments on the capital lease obligation at December 31, 2016, are:

	<b>Long-term Debt</b>	<b>Capital Lease Obligation</b>
2017	\$ 4,681,745	\$ 80,950
2018	2,804,437	81,317
2019	2,879,946	80,460
2020	2,914,131	68,130
2021	2,946,714	24,039
Thereafter	32,049,991	-
	\$ 48,276,964	\$ 334,896
Less amount representing interest		15,621
Present value of future minimum lease payments		319,275
Less current maturities		80,950
Noncurrent portion		\$ 238,325

**Note 8: Disclosures About Fair Value of Assets and Liabilities**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

**Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

**Recurring Measurements**

The following tables present the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2016 and 2015:

	2016			
	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Investments</b>				
Cash equivalents	\$ 2,936,869	\$ 2,936,869	\$ -	\$ -
Equities				
Common stock				
Industrials	\$ 291,760	\$ 291,760	\$ -	\$ -
Consumer discretionary	\$ 940,409	\$ 940,409	\$ -	\$ -
Consumer staples	\$ 535,654	\$ 535,654	\$ -	\$ -
Energy	\$ 27,751	\$ 27,751	\$ -	\$ -
Financials	\$ 521,546	\$ 521,546	\$ -	\$ -
Health care	\$ 63,353	\$ 63,353	\$ -	\$ -
Information technology	\$ 320,181	\$ 320,181	\$ -	\$ -
Mutual funds				
Small cap funds	\$ 2,353,668	\$ 2,353,668	\$ -	\$ -
Mid cap funds	\$ 6,921,897	\$ 6,921,897	\$ -	\$ -
Large cap funds	\$ 22,190,596	\$ 22,190,596	\$ -	\$ -
International funds	\$ 13,465,137	\$ 13,465,137	\$ -	\$ -
Other	\$ 1,014,031	\$ 1,014,031	\$ -	\$ -
Fixed income				
U.S. government-sponsored enterprises	\$ 7,351,841	\$ -	\$ 7,351,841	\$ -
U.S. Treasury notes	\$ 8,082,719	\$ -	\$ 8,082,719	\$ -
Corporate bonds	\$ 9,086,861	\$ -	\$ 9,086,861	\$ -
Fixed income mutual funds	\$ 7,703,914	\$ -	\$ 7,703,914	\$ -

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

	2015			
	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Investments</b>				
Cash equivalents	\$ 1,684,947	\$ 1,684,947	\$ -	\$ -
<b>Equities</b>				
Common stock				
Industrials	\$ 240,638	\$ 240,638	\$ -	\$ -
Materials	\$ 263,225	\$ 263,225	\$ -	\$ -
Consumer discretionary	\$ 720,726	\$ 720,726	\$ -	\$ -
Consumer staples	\$ 444,743	\$ 444,743	\$ -	\$ -
Energy	\$ 17,895	\$ 17,895	\$ -	\$ -
Financials	\$ 564,485	\$ 564,485	\$ -	\$ -
Health care	\$ 110,441	\$ 110,441	\$ -	\$ -
Information technology	\$ 407,649	\$ 407,649	\$ -	\$ -
Utilities	\$ 4,143	\$ 4,143	\$ -	\$ -
<b>Mutual funds</b>				
Small cap funds	\$ 1,882,395	\$ 1,882,395	\$ -	\$ -
Mid cap funds	\$ 5,466,899	\$ 5,466,899	\$ -	\$ -
Large cap funds	\$ 22,433,144	\$ 22,433,144	\$ -	\$ -
International funds	\$ 12,992,142	\$ 12,992,142	\$ -	\$ -
Other	\$ 1,667,663	\$ 1,667,663	\$ -	\$ -
<b>Fixed income</b>				
U.S. government-sponsored enterprises				
U.S. government agency bonds	\$ 929,963	\$ -	\$ 929,963	\$ -
U.S. Treasury notes	\$ 10,359,308	\$ -	\$ 10,359,308	\$ -
Corporate bonds	\$ 9,234,224	\$ -	\$ 9,234,224	\$ -
Municipal bonds	\$ -	\$ -	\$ 10,337,621	\$ -
Certificates of deposit	\$ -	\$ -	\$ 596,651	\$ -
Fixed income mutual funds	\$ 6,680,343	\$ -	\$ 6,680,343	\$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2016.

**Cash Equivalents**

The carrying amount approximates fair value.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

**Investments**

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

**Note 9: Functional Expenses**

The Organization provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	<b>2016</b>	<b>2015</b>
Health care services	\$111,932,592	\$ 98,875,006
General and administrative	44,943,954	41,568,060
	\$156,876,546	\$140,443,066

**Note 10: Operating Leases**

Noncancellable operating leases for primary care outpatient offices and various medical equipment expire in various years through 2021. Future minimum lease payments at December 31, 2016, were:

2017	\$ 2,281,656
2018	1,697,240
2019	891,410
2020	385,757
2021	187,532
Future minimum lease payments	\$ 5,443,595

Rental expense under all operating leases was approximately \$2,784,000 and \$2,580,000 for the years ended December 31, 2016 and 2015, respectively.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

**Note 11: Pension Plan**

The Hospital has a defined contribution pension plan (the "Hospital Plan") covering substantially all employees of the Hospital. The board of trustees annually determines the amount, if any, of the Hospital's contributions to the Hospital Plan. Pension expense for the Hospital was \$1,443,213 and \$1,500,114 for the years ended December 31, 2016 and 2015, respectively.

Staunton Hospital has a defined contribution pension plan and tax deferred annuity plan (collectively, "the Plans") covering substantially all Staunton employees. Staunton employees are eligible to participate upon commencement of employment. Staunton employees are eligible to receive the employer contribution upon two years of service. Staunton contributes 1 - 3 percent of the participating employees' annual compensation based upon length of service, while the employee contributes a minimum of 2 percent of their annual compensation. Staunton employees are immediately vested upon meeting eligibility requirements. Pension expense was \$56,377 for the six-month period ended December 31, 2016.

In September 2016, Staunton's board of trustees approved amendments to terminate the Plans as of December 31, 2016. Substantially all of the funds from these Plans were transferred to the Hospital's Plan as of December 31, 2016.

**Note 12: Related Party Transactions**

The Hospital maintains banking and investing relationships with The Bank of Edwardsville. The Chairman of the Bank holding company is a member of the Hospital's Board of Trustees.

Two members of Staunton's board of directors are in executive or board positions at First National Bank in Staunton. At December 31, 2016, Staunton had \$1,402,307 in deposits held at First National Bank in Staunton.

**Note 13: Significant Estimates and Concentrations**

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates. Those matters include the following:

***Allowance for Net Patient Service Revenue Adjustments***

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 3.

***Professional Liability Claims***

Estimates related to the accrual for professional liability claims are described in Notes 1 and 6.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2016 and 2015**

***Admitting Physicians***

Stanton is served by a limited number of admitting physicians whose patients comprise substantially all of Stanton Hospital's net patient service revenue.

***Litigation***

In the normal course of business, the Organization is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Organization's malpractice insurance; for example, allegations regarding employment practices or performance of contracts. The Organization evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

***Investments***

The Organization invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

**Note 14: Subsequent Events**

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were issued.

**Supplementary Information**

## Independent Auditor's Report on Supplementary Information

Board of Trustees  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Maryville, Illinois

Our 2016 audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*BKD, LLP*

St. Louis, Missouri  
May 22, 2017

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**Consolidated Balance Sheet – With Consolidating Information**  
**December 31, 2016**

**Assets**

	<u>Hospital</u>	<u>MMS</u>	<u>MPS</u>
<b>Current Assets</b>			
Cash	\$ 2,844,685	\$ 128,483	\$ 45,538
Short-term investments	513,613	-	-
Assets limited as to use - current	6,873,724	-	-
Patient accounts receivable - net	20,290,964	49,947	1,719,904
Due from related parties	180,375	-	-
Supplies	2,323,454	-	-
Prepaid expenses and other	1,201,737	-	54,975
	<hr/>	<hr/>	<hr/>
Total current assets	34,228,552	178,430	1,820,417
<b>Assets Limited As To Use, Net</b>	2,648,885	-	127,413
<b>Long-Term Investments</b>	68,441,646	-	-
<b>Property and Equipment, Net</b>	77,938,905	-	69,543
<b>Investment in Subsidiary</b>	23,155,783	-	-
<b>Other Assets</b>	1,549,999	-	1,390,483
	<hr/>	<hr/>	<hr/>
Total assets	<u>\$ 207,963,770</u>	<u>\$ 178,430</u>	<u>\$ 3,407,856</u>

<u>Maryville Imaging</u>	<u>Anderson Real Estate</u>	<u>Foundation</u>	<u>Community Hospital of Staunton</u>	<u>Staunton Foundation</u>	<u>Eliminations</u>	<u>Consolidated</u>
\$ 1,020,500	\$ 89,575	\$ 229,500	\$ 664,582	\$ 189,192	\$ -	\$ 5,212,055
-	-	-	1,810,081	135,594	-	2,459,288
-	-	-	-	-	-	6,873,724
474,815	2,150	-	4,687,724	-	-	27,225,504
-	-	-	-	-	(180,375)	-
5,810	-	-	303,261	-	-	2,632,525
<u>37,318</u>	<u>459,255</u>	<u>173,410</u>	<u>358,481</u>	<u>40,786</u>	<u>(15,042)</u>	<u>2,310,920</u>
1,538,443	550,980	402,910	7,824,129	365,572	(195,417)	46,714,016
-	-	3,859,205	509,541	-	-	7,145,044
-	-	-	1,468,802	226,868	(2,656,772)	67,480,544
399,914	9,099,255	-	25,496,909	-	-	113,004,526
-	-	-	-	-	(23,155,783)	-
-	-	<u>177,358</u>	-	-	-	<u>3,117,840</u>
<u>\$ 1,938,357</u>	<u>\$ 9,650,235</u>	<u>\$ 4,439,473</u>	<u>\$ 35,299,381</u>	<u>\$ 592,440</u>	<u>\$ (26,007,972)</u>	<u>\$ 237,461,970</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Balance Sheet -- With Consolidating Information (Continued)  
December 31, 2016**

**Liabilities and Net Assets**

	Hospital	MMS	MPS
<b>Current Liabilities</b>			
Current maturities of long-term debt	\$ 4,493,548	\$ -	\$ -
Current maturities of capital lease obligation	-	-	-
Accounts payable	5,059,221	36,259	165,855
Accrued expenses	4,956,884	-	1,649,943
Estimated amounts due to third-party payers	5,214,319	-	-
Due to related parties	-	-	136,287
Estimated self-insurance costs - current	4,722,000	-	-
Other	583,825	-	-
<b>Total current liabilities</b>	<b>25,029,797</b>	<b>36,259</b>	<b>1,952,085</b>
<b>Estimated Self-Insurance Costs</b>	<b>15,607,000</b>	<b>-</b>	<b>-</b>
<b>Long-Term Debt</b>	<b>32,997,860</b>	<b>-</b>	<b>-</b>
<b>Capital Lease Obligation</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total liabilities</b>	<b>73,634,657</b>	<b>36,259</b>	<b>1,952,085</b>
<b>Unrestricted Net Assets</b>	<b>134,329,113</b>	<b>142,171</b>	<b>1,455,771</b>
<b>Temporarily Restricted Net Assets</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total liabilities and net assets</b>	<b>\$ 207,963,770</b>	<b>\$ 178,430</b>	<b>\$ 3,407,856</b>

Maryville Imaging	Anderson Real Estate	Anderson Foundation	Community Hospital of Staunton	Staunton Foundation	Eliminations	Consolidated
\$ -	\$ -	\$ -	\$ 347,806	\$ -	\$ (159,609)	\$ 4,681,745
-	-	-	80,950	-	-	80,950
65,903	6,530	6,235	526,403	-	-	5,866,406
43,147	-	-	898,808	-	(15,042)	7,533,740
-	-	-	440,000	-	-	5,654,319
23,488	284	20,316	-	-	(180,375)	-
-	-	-	-	-	-	4,722,000
-	-	-	-	-	-	583,825
132,538	6,814	26,551	2,293,967	-	(355,026)	29,122,985
-	-	-	-	-	-	15,607,000
-	1,956,650	-	10,578,001	-	(2,497,163)	43,035,348
-	-	-	238,325	-	-	238,325
132,538	1,963,464	26,551	13,110,293	-	(2,852,189)	88,003,658
1,805,819	7,686,771	4,062,152	22,189,088	592,440	(23,155,783)	149,107,542
-	-	350,770	-	-	-	350,770
<u>\$ 1,938,357</u>	<u>\$ 9,650,235</u>	<u>\$ 4,439,473</u>	<u>\$ 35,299,381</u>	<u>\$ 592,440</u>	<u>\$ (26,007,972)</u>	<u>\$ 237,461,970</u>

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**Consolidated Statement of Operations – With Consolidating Information**  
**December 31, 2016**

	<b>Hospital</b>	<b>MMS</b>	<b>MPS</b>
<b>Unrestricted Revenues, Gains and Other Support</b>			
Patient service revenue (net of contractual discounts and allowances)	\$ 136,058,670	\$ 364,944	\$ 13,584,917
Provision for uncollectible accounts	(4,265,957)	(65,284)	(338,645)
Net patient service revenue less provision for uncollectible accounts	131,792,713	299,660	13,246,272
Other	2,201,593	-	215,646
<b>Total unrestricted revenues, gains and other support</b>	<b>133,994,306</b>	<b>299,660</b>	<b>13,461,918</b>
<b>Expenses</b>			
Salaries and wages	51,669,213	-	3,889,730
Employee benefits	11,222,984	-	376,054
Purchased services and professional fees	9,596,031	365,263	11,683,248
Supplies and other	44,981,983	33,796	2,595,961
Depreciation	6,564,648	-	106,714
Interest	1,489,146	-	-
<b>Total expenses</b>	<b>125,524,005</b>	<b>399,059</b>	<b>18,651,707</b>
<b>Operating Income (Loss)</b>	<b>8,470,301</b>	<b>(99,399)</b>	<b>(5,189,789)</b>
<b>Other Income (Expense)</b>			
Contributions received	23,155,783	-	-
Loss on extinguishment of debt	(930,091)	-	-
Investment return	5,265,827	-	9,825
<b>Total other income</b>	<b>27,491,519</b>	<b>-</b>	<b>9,825</b>
<b>Excess (Deficiency) of Revenues Over Expenses</b>	<b>35,961,820</b>	<b>(99,399)</b>	<b>(5,179,964)</b>
Transfers	(5,460,367)	-	5,006,785
<b>Increase (Decrease) in Unrestricted Net Assets</b>	<b>\$ 30,501,453</b>	<b>\$ (99,399)</b>	<b>\$ (173,179)</b>

<u>Maryville Imaging</u>	<u>Anderson Real Estate</u>	<u>Anderson Foundation</u>	<u>Community Hospital of Staunton</u>	<u>Staunton Foundation</u>	<u>Eliminations</u>	<u>Consolidated</u>
\$ 3,385,430 (156,231)	\$ - -	\$ - -	\$ 9,607,797 (1,408,283)	\$ - -	\$ - -	\$ 163,001,758 (6,234,400)
3,229,199 4,053	- 667,811	- 85,953	8,199,514 75,765	- -	- (163,200)	156,767,358 3,087,621
<u>3,233,252</u>	<u>667,811</u>	<u>85,953</u>	<u>8,275,279</u>	<u>-</u>	<u>(163,200)</u>	<u>159,854,979</u>
738,336 147,142 66,723 1,847,264 180,293 -	- - - 241,869 192,530 93,749	151,104 33,928 11,511 110,664 - -	3,004,810 622,298 1,909,210 2,237,872 732,345 167,862	- - - 11,564 - -	- - (163,200) - - (36,099)	59,453,193 12,402,406 23,468,786 52,060,973 7,776,530 1,714,658
<u>2,979,758</u>	<u>528,148</u>	<u>307,207</u>	<u>8,674,397</u>	<u>11,564</u>	<u>(199,299)</u>	<u>156,876,546</u>
<u>253,494</u>	<u>139,663</u>	<u>(221,254)</u>	<u>(399,118)</u>	<u>(11,564)</u>	<u>36,099</u>	<u>2,978,433</u>
- - -	- - -	978,495 - 215,653	7,805 - 21,084	3,044 - 4,494	- - (36,099)	24,145,127 (930,091) 5,480,784
<u>-</u>	<u>-</u>	<u>1,194,148</u>	<u>28,889</u>	<u>7,538</u>	<u>(36,099)</u>	<u>28,695,820</u>
253,494	139,663	972,894	(370,229)	(4,026)	-	31,674,253
-	453,582	-	-	-	-	-
<u>\$ 253,494</u>	<u>\$ 593,245</u>	<u>\$ 972,894</u>	<u>\$ (370,229)</u>	<u>\$ (4,026)</u>	<u>\$ -</u>	<u>\$ 31,674,253</u>

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**

Independent Auditor's Report and Consolidated Financial Statements  
December 31, 2017 and 2016

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**December 31, 2017 and 2016**

**Contents**

**Independent Auditor's Report..... 1**

**Consolidated Financial Statements**

Balance Sheets..... 3  
Statements of Operations..... 4  
Statements of Changes in Net Assets ..... 5  
Statements of Cash Flows ..... 6  
Notes to Financial Statements ..... 7

**Independent Auditor's Report on Supplementary Information ..... 28**

**Supplementary Information**

2017 Consolidated Balance Sheet – With Consolidating Information ..... 29  
2017 Consolidated Statement of Operations – With Consolidating Information ..... 31

## Independent Auditor's Report

Board of Trustees and Management  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Maryville, Illinois

We have audited the accompanying consolidated financial statements of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital (the "Organization"), which comprise the consolidated balance sheets as of December 31, 2017 and 2016, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Trustees and Management  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Page 2

*Opinion*

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital as of December 31, 2017 and 2016, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*BKD, LLP*

St. Louis, Missouri  
May 10, 2018

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Balance Sheets  
December 31, 2017 and 2016**

**Assets**

	2017	2016
<b>Current Assets</b>		
Cash	\$ 8,801,519	\$ 5,212,055
Short-term investments	3,067,780	2,459,288
Assets limited as to use - current	7,874,012	6,873,724
Patient accounts receivable, net of allowance; 2017 - \$8,377,000 2016 - \$8,118,000	24,119,940	27,225,504
Supplies	3,010,053	2,632,525
Prepaid expenses and other	2,570,703	2,310,920
Total current assets	49,444,007	46,714,016
<b>Assets Limited As To Use</b>		
Self-insurance trust	15,770,660	13,214,401
Restricted under bond indenture	295,087	294,826
Other	549,877	509,541
	16,615,624	14,018,768
Less amount required to meet current obligations	7,874,012	6,873,724
	8,741,612	7,145,044
Total	82,671,046	67,480,544
<b>Long-Term Investments</b>		
Land	3,938,752	3,944,860
Land improvements	3,118,215	3,146,603
Buildings and improvements	141,537,604	137,825,754
Equipment	48,957,978	48,741,762
Construction in progress	450,236	867,979
	198,002,785	194,526,958
Less accumulated depreciation	86,498,336	81,522,432
	111,504,449	113,004,526
<b>Other Assets</b>		
	3,379,067	3,117,840
Total assets	\$ 255,740,181	\$ 237,461,970

## Liabilities and Net Assets

	<u>2017</u>	<u>2016</u>
<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 4,470,126	\$ 4,681,745
Current maturities of capital lease obligation	80,460	80,950
Accounts payable	4,133,525	5,866,406
Accrued expenses	8,732,255	7,533,740
Estimated amounts due to third-party payers	6,001,000	5,654,319
Estimated self-insurance costs - current	5,669,000	4,722,000
Other	<u>520,282</u>	<u>583,825</u>
Total current liabilities	<u>29,606,648</u>	<u>29,122,985</u>
Estimated Self-Insurance Costs	15,325,000	15,607,000
Long-Term Debt, Net	40,266,544	43,035,348
Capital Lease Obligation	<u>163,559</u>	<u>238,325</u>
Total liabilities	<u>85,361,751</u>	<u>88,003,658</u>
<b>Net Assets</b>		
Unrestricted	169,850,807	149,107,542
Temporarily restricted	<u>527,623</u>	<u>350,770</u>
Total net assets	<u>170,378,430</u>	<u>149,458,312</u>
Total liabilities and net assets	<u>\$ 255,740,181</u>	<u>\$ 237,461,970</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Operations  
Years Ended December 31, 2017 and 2016**

	2017	2016
<b>Unrestricted Revenues, Gains and Other Support</b>		
Patient service revenue (net of contractual discounts and allowances)	\$ 186,581,418	\$ 163,001,758
Provision for uncollectible accounts	(7,192,044)	(6,234,400)
Net patient service revenue less provision for uncollectible accounts	179,389,374	156,767,358
Other	3,489,441	3,087,621
Total unrestricted revenues, gains and other support	182,878,815	159,854,979
<b>Expenses</b>		
Salaries and wages	65,343,783	59,453,193
Employee benefits	12,789,941	12,402,406
Purchased services and professional fees	27,242,482	25,738,230
Supplies and other	58,060,726	49,791,529
Depreciation	9,003,737	7,776,530
Interest	1,483,220	1,714,658
Total expenses	173,923,889	156,876,546
<b>Operating Income</b>	8,954,926	2,978,433
<b>Other Income (Expense)</b>		
Contributions received	393,621	24,145,127
Loss on extinguishment of debt	-	(930,091)
Investment return	11,394,718	5,480,784
Total other income	11,788,339	28,695,820
<b>Excess of Revenues Over Expenses</b>	\$ 20,743,265	\$ 31,674,253

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Changes in Net Assets  
Years Ended December 31, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
Excess of Revenues Over Expenses	\$ 20,743,265	\$ 31,674,253
Temporarily Restricted Net Assets Received	<u>176,853</u>	<u>275,557</u>
Change in Net Assets	20,920,118	31,949,810
Net Assets, Beginning of Year	<u>149,458,312</u>	<u>117,508,502</u>
Net Assets, End of Year	<u><u>\$ 170,378,430</u></u>	<u><u>\$ 149,458,312</u></u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statements of Cash Flows  
Years Ended December 31, 2017 and 2016**

	2017	2016
<b>Operating Activities</b>		
Change in net assets	\$ 20,920,118	\$ 31,949,810
Items not requiring (providing) cash		
Depreciation and amortization	9,041,873	7,750,305
Net gains on investments	(9,326,815)	(3,513,997)
Loss on debt extinguishment	-	531,946
Loss on disposal of property and equipment	64,465	92,201
Change in accrued self-insurance costs	653,543	1,225,047
Provision for uncollectible accounts	7,192,044	6,234,400
Contribution received from affiliation, net of cash received	-	(21,607,420)
Changes in		
Patient accounts receivable	(4,086,480)	(10,227,487)
Estimated amounts due to third-party payers	346,681	904,319
Supplies, prepaid expenses and other assets	(954,547)	(1,498,339)
Accounts payable and accrued expenses	(759,872)	1,854,239
Other current assets and liabilities	(167,422)	198,269
Net cash provided by operating activities	22,923,588	13,893,293
<b>Investing Activities</b>		
Purchase of investments	(19,774,267)	(11,210,244)
Proceeds from disposition of investments	10,745,568	15,368,505
Purchase of property and equipment	(7,211,610)	(11,974,845)
Net cash used in investing activities	(16,240,309)	(7,816,584)
<b>Financing Activities</b>		
Payment of deferred financing costs	-	(575,761)
Principal payments on long-term debt and capital lease obligation	(3,093,815)	(5,604,686)
Net cash used in financing activities	(3,093,815)	(6,180,447)
<b>Increase (Decrease) in Cash</b>	3,589,464	(103,738)
<b>Cash, Beginning of Year</b>	5,212,055	5,315,793
<b>Cash, End of Year</b>	\$ 8,801,519	\$ 5,212,055
<b>Supplemental Cash Flows Information</b>		
Property and equipment included in accounts payable	\$ 225,506	\$ 546,547
Interest paid	\$ 1,403,417	\$ 1,830,308
Restricted contributions	\$ 316,925	\$ -
Affiliation with Staunton Hospital		
Assets acquired	\$ -	\$ 36,765,711
Liabilities assumed	\$ -	\$ (13,609,928)

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Note 1: Nature of Operations and Summary of Significant Accounting Policies**

***Nature of Operations***

Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital (the "Hospital") is an Illinois not-for-profit corporation that primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in Maryville, Illinois and surrounding areas.

In addition, the Hospital is the sole member of Maryville Medical Services, LLC ("MMS"), an Illinois limited liability corporation that provides urgent care services in the Hospital's service area.

The Hospital is the sole member of Maryville Physician Services, LLC ("MPS"), an Illinois limited liability corporation that contracts for various physician services and provides the related billing for these services.

The Hospital is the sole member of the Anderson Hospital Foundation (the "Anderson Foundation"), an Illinois not-for-profit corporation, with a generous gift from the late Hermilda Listeman, a Collinsville resident. The Anderson Foundation offers such donor opportunities as endowments, planned giving, charitable gift annuities, grants, memorials, bequests, naming rights, annual campaigns and future capital campaigns.

The Hospital is the sole member of Anderson Real Estate, LLC ("Anderson Real Estate"), an Illinois limited liability corporation that was established for future real estate transactions and holdings.

The Hospital is the sole member of Maryville Imaging, LLC ("Maryville Imaging"), an Illinois limited liability corporation, which operates a freestanding outpatient diagnostic imaging center located in Maryville, Illinois.

The Hospital is the sole member of Community Memorial Hospital Association d/b/a Community Hospital of Staunton ("Staunton Hospital"), an Illinois not-for-profit corporation that primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in Staunton, Illinois and the immediate surrounding area. Staunton Hospital is the sole member of Friends of Community Memorial Hospital d/b/a Friends of Community Hospital of Staunton (the "Staunton Foundation"), which conducts fundraising activities and manages activity related to contributions.

***Principles of Consolidation***

The consolidated financial statements include the accounts of the Hospital, MMS, MPS, Maryville Imaging, Anderson Real Estate, Anderson Foundation, Staunton Hospital and the Staunton Foundation (collectively, "the Organization"). All significant inter-company accounts and transactions have been eliminated in consolidation.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

***Use of Estimates***

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

***Cash***

At December 31, 2017, the Organization's cash accounts exceeded federally insured limits by approximately \$9,504,000.

***Investments and Investment Return***

Investments in equity securities having a readily determinable fair value and all debt securities are carried at fair value. Other investments are valued at the lower of cost or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted or temporarily restricted based upon the existence and nature of any donor or legally imposed restrictions.

***Assets Limited as to Use***

Assets limited as to use include: (1) assets held by trustee under bond indenture agreements (2) a self-insurance trust arrangement (3) a USDA reserve account and (4) assets set aside by the board of trustees for future capital improvements. Amounts required to meet current liabilities are included in current assets.

***Patient Accounts Receivable***

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Organization's allowance for doubtful accounts for self-pay patients was 80 percent of self-pay accounts receivable at December 31, 2017 and 2016. In addition, the Organization's write-offs, net of recoveries, increased approximately \$833,000 from approximately \$6,439,000 for the year ended December 31, 2016, to approximately \$7,272,000 for the year ended December 31, 2017.

**Supplies**

The Organization states supply inventories at the lower of cost, determined using the first-in, first-out method or market.

**Property and Equipment**

Property and equipment are recorded at cost less accumulated depreciation and are depreciated on a straight-line basis over the estimated useful life of each asset. Assets under capital lease are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Land improvements	10-25 years
Buildings and improvements	15-40 years
Equipment	3-10 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the asset is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

**Construction in Progress**

There were no material construction commitments at December 31, 2017 and 2016.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

***Long-Lived Asset Impairment***

The Organization evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended December 31, 2017 and 2016.

***Contributions Receivable***

Contributions receivable which are temporarily restricted for future capital improvements amounted to approximately \$528,000 and \$351,000 at December 31, 2017 and 2016, respectively. Of the total amount receivable at December 31, 2017 and 2016, approximately \$110,000 and \$173,000, respectively, is due within one year and included in other current assets, and the remaining amounts are due within two years and included in other assets.

***Temporarily Restricted Net Assets***

Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are related to contributions receivable.

***Net Patient Service Revenue***

The Organization has agreements with third-party payers that provide for payments to the Organization at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and include estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

***Charity Care***

The Organization provides care without charge, or at amounts less than its established rates, to patients meeting certain criteria under its charity care policy. Because the Organization does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. The Organization's direct and indirect costs for services furnished under its charity care policy aggregated approximately \$2,254,000 and \$1,432,000 for the years ended December 31, 2017 and 2016, respectively. The cost of charity care provided is determined by computing a ratio of cost (total operating expense) to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Contributions**

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

**Employee Health Claims**

Substantially all of the Organization's employees are eligible to participate in the Organization's health insurance plan. The Organization is self-insured for health claims of participating employees and dependents up to limits provided for in an agreement with its insurance Plan Administrator. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the Organization's estimate will change by a material amount in the near term.

**Professional Liability Claims**

The Organization recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in Note 6.

**Income Taxes**

The Organization has been recognized as exempt from income taxes under Section 501 of the *Internal Revenue Code* and a similar provision of state law. However, the Organization is subject to federal income tax on any unrelated business taxable income and taxable income of MPS.

The Organization files tax returns in the U.S. federal jurisdiction.

**Excess of Revenues Over Expenses**

The consolidated statements of operations include excess of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

***Affordable Care Act Compliance***

As part of the *Affordable Care Act*, hospitals exempt from the tax under Section 501(c)(3) of the *Internal Revenue Code* are required to comply with the new requirements under new Code Section 501(r). Code Section 501(r) requires exempt hospitals prepare and implement a community health needs assessment, implement a financial assistance policy, implement an emergency care policy, limit charges to individuals eligible for financial assistance and refrain from certain collection actions for patients that may qualify for financial assistance.

Failure to comply with these requirements could result in a hospital not being recognized as exempt under Code Section 501(c)(3). The IRS has not issued guidance on how they intend to enforce the provisions related to Code Section 501(r). The Organization believes it has taken reasonable steps to comply with Code Section 501(r) and has recorded no provision relative to the Organization's compliance or non-compliance with Code Section 501(r). However, this could change materially in the near-term.

**Note 2: Acquisition**

On June 30, 2016, the Hospital and Staunton Hospital, a not-for-profit organization that provides inpatient, outpatient and emergency care services to patients in Staunton, Illinois and the immediate surrounding area, entered into an affiliation agreement (the "Affiliation"). The Affiliation was accomplished by Staunton Hospital contributing its assets to the Hospital, with the Hospital becoming the sole member. As a result of the Affiliation, the Hospital will be able to broaden its mission under the ownership and leadership of Staunton Hospital. The Affiliation was accounted for as a business combination and the financial results of Staunton Hospital are included in the consolidated financial statements since the acquisition date. No consideration was or will be transferred, thus the fair value of the unrestricted net assets received by the Hospital of approximately \$23.2 million is included as contributions received in the consolidated statements of operations for the year ended December 31, 2016.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

The following table summarizes the amounts of the assets acquired and liabilities assumed recognized at the acquisition date:

**Recognized Fair Value of Identifiable Assets Acquired and Liabilities Assumed**

Cash	\$ 1,548,363
Accounts receivable	3,655,689
Investments	3,637,064
Restricted assets	945,522
Other assets	787,583
Property and equipment	<u>26,191,490</u>
Total assets acquired	36,765,711
Accounts payable	(825,560)
Accrued expenses	(1,335,221)
Capital lease obligations	(365,256)
Long-term debt	<u>(11,083,891)</u>
Total liabilities assumed	<u>(13,609,928)</u>
Total contributions received	<u>\$ 23,155,783</u>

The Hospital incurred \$418,330 of costs in connection with this affiliation, which are included within purchased services and professional fees in the consolidated statement of operations.

**Note 3: Net Patient Service Revenue**

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the consolidated statement of operations as a component of net patient service revenue.

The Organization has agreements with third-party payers that provide for payments to the Organization at amounts different from its established rates. These payment arrangements include:

*Medicare* – The Hospital is paid at prospectively determined rates per discharge for inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries. These rates vary according to a patient classification system that is based on

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

clinical, diagnostic and other factors. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2013.

Staunton Hospital is designated as a critical access hospital. This designation provides for inpatient and outpatient services to be reimbursed on a cost based methodology. Staunton is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by Staunton Hospital and audits thereof by the Medicare administrative contractor. Staunton Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2015.

*Medicaid.* Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized for the years ended December 31, 2017 and 2016, was approximately:

	<u>2017</u>	<u>2016</u>
Medicare	\$ 48,026,200	\$ 42,216,100
Medicaid	10,958,600	9,807,400
Other third-party payers	117,792,200	104,511,200
Self-pay	9,804,400	6,467,100
Total	<u>\$ 186,581,400</u>	<u>\$ 163,001,800</u>

***Illinois Hospital Medicaid Assessment Programs***

The state of Illinois enacted legislation that provides for a hospital assessment program intended to qualify for federal matching funds under the Illinois Medicaid program. Under the hospital assessment program, each hospital is assessed tax based on that hospital's adjusted gross hospital revenue. The legislation provides that none of the assessment funds are to be collected and no additional Medicaid payments are to be paid until the program receives the required federal government approval through the federal Centers for Medicare and Medicaid Services.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

In October 2013, the Centers for Medicare and Medicaid Services notified the Illinois Department of Healthcare and Family Services of its approval of the Enhanced Hospital Assessment Program effective July 1, 2012, which is anticipated to generate an additional annual net benefit for Illinois hospitals under the Hospital Assessment Program. The annual net benefit to the Organization due to the approval of this program is approximately \$664,000.

The effects of both programs in the consolidated statements of operations for the years ended December 31, 2017 and 2016, are as follows:

	<b>2017</b>	<b>2016</b>
Additional Medicaid payments included in net patient service revenue	\$ 9,246,332	\$ 7,508,060
Taxes assessed and included in supplies and other	\$ 6,694,000	\$ 5,835,099

The hospital assessment programs contain a sunset provision effective June 30, 2018, and there is no assurance the program will not be discontinued or materially modified.

**Note 4: Concentration of Credit Risk**

The Organization grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at December 31, 2017 and 2016, is:

	<b>2017</b>	<b>2016</b>
Medicare	21%	19%
Medicaid	4%	8%
Other third-party payers	66%	66%
Patients	9%	7%
	100%	100%

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Note 5: Investments and Investment Return**

***Assets Limited as to Use***

Assets limited as to use at December 31 include:

	2017	2016
<b>Held by trustee under self-insurance trust</b>		
Cash equivalents	\$ 518,489	\$ 398,102
Fixed income securities		
Corporate bonds	2,061,002	1,861,009
U.S. government-sponsored enterprises	471,757	620,170
U.S. Treasury notes	1,939,306	2,108,886
Fixed income mutual funds	2,893,955	1,526,197
<b>Equity</b>		
Mutual funds		
Small cap	8,617	6,840
Mid cap	865,662	854,823
Large cap	3,381,868	2,859,920
International	3,022,038	2,161,432
Common stock		
Industrials	47,423	84,700
Materials	5,486	-
Consumer discretionary	182,298	273,153
Consumer staples	108,085	155,643
Energy	7,502	8,074
Financials	116,512	151,725
Health care	17,732	18,423
Information technology	83,358	93,061
Interest receivable	39,570	32,243
	\$ 15,770,660	\$ 13,214,401
<b>Held by trustee under bond indenture</b>		
Cash equivalents	\$ 295,083	\$ 294,822
Interest receivable	4	4
	\$ 295,087	\$ 294,826
<b>Other assets limited as to use</b>		
USDA reserve account		
Deposits	\$ 86,129	\$ 47,741
Internally designated for capital improvements		
Repurchase agreements	462,102	460,709
Interest receivable	1,646	1,091
	\$ 549,877	\$ 509,541

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Other Investments**

Other investments at December 31 include:

	<u>2017</u>	<u>2016</u>
Cash equivalents	\$ 2,923,124	\$ 2,243,945
Fixed income securities		
Corporate bonds	8,530,471	7,225,852
U.S. Treasury notes	5,932,648	5,973,833
U.S. government-sponsored enterprises	6,155,631	6,222,130
Fixed income mutual funds	9,834,173	6,177,717
Equity securities		
Mutual funds		
Small cap	2,450,074	2,346,828
Mid cap	6,566,429	6,067,074
Large cap	23,475,675	19,330,676
International	16,568,351	11,303,705
Other	1,040,767	1,014,031
Common stock		
Industrials	186,592	207,056
Materials	20,482	-
Consumer discretionary	685,466	667,256
Consumer staples	394,862	380,011
Energy	25,375	19,677
Financials	436,783	369,821
Health care	62,156	44,930
Information technology	306,877	227,120
Interest receivable	142,890	118,170
	<u>85,738,826</u>	<u>69,939,832</u>
Less long-term investments	<u>82,671,046</u>	<u>67,480,544</u>
Short-term investments	<u>\$ 3,067,780</u>	<u>\$ 2,459,288</u>

Total investment return is comprised of the following:

	<u>2017</u>	<u>2016</u>
Interest and dividend income	\$ 2,233,887	\$ 1,966,787
Realized gains on sales of securities	<u>1,720,709</u>	<u>367,698</u>
Realized investment return	3,954,596	2,334,485
Net change in unrealized gains	<u>7,440,122</u>	<u>3,146,299</u>
Total investment return	<u>\$ 11,394,718</u>	<u>\$ 5,480,784</u>

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements**  
**December 31, 2017 and 2016**

**Note 6: Risk Management and Professional Liability Claims**

The Hospital is self-insured for the first \$4,000,000 per occurrence and \$12,000,000 in aggregate of medical malpractice risks per claim year. The Hospital purchases commercial insurance coverage above the self-insurance limits which covers an additional \$20,000,000 of aggregate claims per year. The Hospital's reserves for professional liability claims were \$20,994,000 and \$20,329,000 at December 31, 2017 and 2016, respectively. The current portion of the reserves were \$5,669,000 and \$4,722,000 at December 31, 2017 and 2016, respectively. The Hospital's professional liability risks, in excess of certain per claim and aggregate deductible amounts, are insured through unrelated commercial insurance carriers. The total amounts receivable under these insurance contracts are approximately \$2,275,000 and \$2,220,000 and are included in other assets of which \$654,000 and \$650,000 are included in other current assets at December 31, 2017 and 2016, respectively.

MPS purchases medical malpractice insurance with a claim limit of \$1,000,000 per occurrence and \$3,000,000 in aggregate per physician and a total aggregate of \$20,000,000 of medical malpractice claims per year. MPS's reserves for professional liability claims were approximately \$20,994,000 and \$20,329,000 at December 31, 2017 and 2016, respectively and are included in accrued expenses. MPS's professional liability risks, in excess of certain per claim and aggregate deductible amounts, are insured through unrelated commercial insurance carriers. The total amounts receivable under these insurance contracts are approximately \$1,115,000 and \$1,243,000 and are included in other assets at December 31, 2017 and 2016, respectively.

The Organization's provision for losses related to professional liability risks are presented net of expected insurance recoveries in the consolidated statements of operations and was \$1,335,000 and \$3,018,000 for the years ended December 31, 2017 and 2016, respectively. Professional liability reserve estimates represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated balance sheet dates. The reserve for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. The time period required to resolve these claims can vary depending upon whether the claim is settled or litigated. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible that this estimate could change materially in the near term.

Staunton Hospital has joined together with other providers of health care services to form the Illinois Provider Trust and the Illinois Compensation Trust, two risk pools currently operating as common risk management and insurance programs for their members. Staunton Hospital pays annual premiums to the pools for its general liability torts, medical malpractice and employee injuries insurance coverage. The pools' governing agreements specify that the pools will be self-sustaining through member premiums and will reinsure through commercial carriers for claims in excess of specified stop-loss amounts.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

Staunton Hospital purchases medical malpractice insurance as described above on a claims made, fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate cost of the incidents. Based upon Staunton's experience, an accrual has been made for Staunton Hospital's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy, amounting to approximately \$32,555 and \$178,533 as of December 31, 2017 and 2016, respectively. It is reasonably possible that this estimate could change materially in the near term.

**Note 7: Long-Term Debt**

	<u>2017</u>	<u>2016</u>
Note payable, bank (A)	\$ 1,665,544	\$ 1,956,650
Revenue Bonds 2016, Series A (B)	16,523,984	17,568,195
Revenue Bonds 2016, Series B (B)	6,602,548	7,233,152
Revenue Bonds 2016, Series C (B)	7,657,500	8,203,344
Revenue Bonds 2016, Series D (B)	4,730,348	5,046,588
Project Revenue Bonds, Series 2010 (C)	225,111	310,703
USDA Promissory Note (D)	7,853,370	7,958,332
Capital lease obligation (E)	244,019	319,275
	<u>45,502,424</u>	<u>48,596,239</u>
Less unamortized debt issuance costs	521,735	559,871
Less current maturities of long-term debt and capital lease obligations	<u>4,550,586</u>	<u>4,762,695</u>
Long-term debt and capital lease obligations	<u>\$ 40,430,103</u>	<u>\$ 43,273,673</u>

(A) Note payable, dated December 20, 2012. Amount outstanding is due on demand and included in current maturities of long-term debt. If demand is not made, monthly payments of \$31,019, representing principal and interest at 4.45 percent are payable monthly through December 20, 2022, with a final payment of all unpaid principal and interest; secured by certain equipment.

(B) The 2016 Revenue Bonds consist of four series of bonds in the aggregate principal amount of \$39,456,234 designated as Revenue Bond, Series 2016 A ("Series 2016 A Bond"), Revenue Bond, Series 2016 B ("Series 2016 B Bond"), Revenue Bond, Series 2016 C ("Series 2016 C Bond"), and Revenue Bond, Series 2016 D ("Series 2016 D Bond").

Series 2016 A Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$18,258,036, dated May 17, 2016, which bear interest at 2.38 percent commencing June 1, 2016, payable in monthly installments through August 1, 2036.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

Series 2016 B Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$7,541,971, dated June 1, 2016, which bear interest at 2.77 percent commencing July 1, 2016, payable in monthly installments through January 1, 2027.

Series 2016 C Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$8,480,753, dated June 16, 2016, which bear interest at 2.99 percent commencing July 1, 2016, payable in monthly installments through July 1, 2029.

Series 2016 D Bonds consist of Southwestern Illinois Development Authority Health Facilities Revenue Bonds in the original amount of \$5,175,473, dated July 1, 2016, which bear interest at 3.12 percent commencing August 1, 2016, payable in monthly installments through February 1, 2030.

The 2016 Bonds are secured by the unrestricted receivables, unrestricted gross revenues, and any other property securing other long term debt for which the Hospital is obligated. The indenture agreement also requires the Hospital to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.20 to 1.00, maintaining a debt to capitalization ratio of not greater than 66 percent, and restrictions on the incurrence of additional debt.

Unamortized debt issuance costs were approximately \$522,000 and \$560,000 at December 31, 2017 and 2016, respectively, and are amortized using the effective interest rate method.

- (C) Project revenue bonds; payable in monthly installments of \$7,897 including interest at 4.0 percent through June 2020; the Illinois Finance Authority issued the bonds on behalf of Staunton; collateralized by mortgage, assignment of rents and profits and security agreement; the bonds have not been guaranteed by the Illinois Finance Authority.
- (D) USDA promissory note dated July 10, 2014, in the amount of \$8,000,000; monthly installments of \$31,760 including interest at 3.5 percent through July 2054; the note is secured by the net revenues of Staunton and a USDA reserve account which is funded \$3,176 monthly with a maximum funding of \$381,120, of which \$86,129 and \$47,741 has been funded at December 31, 2017 and 2016, respectively.
- (E) At varying rates of imputed interest from 2.08 percent to 2.30 percent; due through June 2021; collateralized by equipment. Collateral includes the following equipment under capital lease:

	2017	2016
Equipment	\$ 380,309	\$ 404,820
Less accumulated depreciation	142,382	85,020
	\$ 237,927	\$ 319,800

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

Aggregate annual maturities of long-term debt and payments on the capital lease obligation at December 31, 2017, are:

	<u>Long-Term Debt</u>	<u>Capital Lease Obligation</u>
2018	\$ 4,470,126	\$ 80,460
2019	2,879,947	80,460
2020	2,914,132	68,130
2021	2,946,714	24,039
2022	3,027,325	-
Thereafter	29,020,161	-
	<u>\$ 45,258,405</u>	<u>\$ 253,089</u>
Less amount representing interest		<u>9,070</u>
Present value of future minimum lease payments		244,019
Less current maturities		<u>80,460</u>
Noncurrent portion		<u>\$ 163,559</u>

**Note 8: Disclosures About Fair Value of Assets and Liabilities**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

**Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Recurring Measurements**

The following tables present the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2017 and 2016:

	2017			
	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Investments</b>				
Cash equivalents	\$ 3,736,696	\$ 3,736,696	\$ -	\$ -
Equities				
Common stock				
Industrials	\$ 234,015	\$ 234,015	\$ -	\$ -
Materials	\$ 25,968	\$ 25,968	\$ -	\$ -
Consumer discretionary	\$ 867,764	\$ 867,764	\$ -	\$ -
Consumer staples	\$ 502,947	\$ 502,947	\$ -	\$ -
Energy	\$ 32,877	\$ 32,877	\$ -	\$ -
Financials	\$ 553,295	\$ 553,295	\$ -	\$ -
Health care	\$ 79,888	\$ 79,888	\$ -	\$ -
Information technology	\$ 390,235	\$ 390,235	\$ -	\$ -
Mutual funds				
Small cap funds	\$ 2,458,691	\$ 2,458,691	\$ -	\$ -
Mid cap funds	\$ 7,432,091	\$ 7,432,091	\$ -	\$ -
Large cap funds	\$ 26,857,543	\$ 26,857,543	\$ -	\$ -
International funds	\$ 19,590,389	\$ 19,590,389	\$ -	\$ -
Other	\$ 1,040,767	\$ 1,040,767	\$ -	\$ -
Fixed income				
U.S. government-sponsored enterprises	\$ 7,177,265	\$ -	\$ 7,177,265	\$ -
U.S. Treasury notes	\$ 7,871,954	\$ -	\$ 7,871,954	\$ -
Corporate bonds	\$ 10,591,473	\$ -	\$ 10,591,473	\$ -
Fixed income mutual funds	\$ 12,728,128	\$ -	\$ 12,728,128	\$ -

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

	2016			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Investments</b>				
Cash equivalents	\$ 2,936,869	\$ 2,936,869	\$ -	\$ -
Equities				
Common stock				
Industrials	\$ 291,760	\$ 291,760	\$ -	\$ -
Consumer discretionary	\$ 940,409	\$ 940,409	\$ -	\$ -
Consumer staples	\$ 535,654	\$ 535,654	\$ -	\$ -
Energy	\$ 27,751	\$ 27,751	\$ -	\$ -
Financials	\$ 521,546	\$ 521,546	\$ -	\$ -
Health care	\$ 63,353	\$ 63,353	\$ -	\$ -
Information technology	\$ 320,181	\$ 320,181	\$ -	\$ -
Mutual funds				
Small cap funds	\$ 2,353,668	\$ 2,353,668	\$ -	\$ -
Mid cap funds	\$ 6,921,897	\$ 6,921,897	\$ -	\$ -
Large cap funds	\$ 22,190,596	\$ 22,190,596	\$ -	\$ -
International funds	\$ 13,465,137	\$ 13,465,137	\$ -	\$ -
Other	\$ 1,014,031	\$ 1,014,031	\$ -	\$ -
Fixed income				
U.S. government-sponsored enterprises	\$ 7,351,841	\$ -	\$ 7,351,841	\$ -
U.S. Treasury notes	\$ 8,082,719	\$ -	\$ 8,082,719	\$ -
Corporate bonds	\$ 9,086,861	\$ -	\$ 9,086,861	\$ -
Fixed income mutual funds	\$ 7,703,914	\$ -	\$ 7,703,914	\$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2017.

**Cash Equivalents**

The carrying amount approximates fair value.

**Repurchase Agreements**

Repurchase agreements are measured at fair value on a recurring basis and are securitized by U.S. Government or U.S. Agency Securities and are categorized as Level 2, as they contain inputs (other than quoted prices in active markets for identical assets), that are observable or can be corroborated by observable market data for substantially the full term of the assets. There have been no significant changes in valuation techniques during the periods ended 2017 and 2016.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Investments**

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

**Note 9: Functional Expenses**

The Organization provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2017	2016
Health care services	\$ 127,247,487	\$ 111,932,592
General and administrative	46,676,402	44,943,954
	\$ 173,923,889	\$ 156,876,546

**Note 10: Operating Leases**

Noncancellable operating leases for primary care outpatient offices and various medical equipment expire in various years through 2022. Future minimum lease payments at December 31, 2017, were:

2018	\$ 2,180,027
2019	1,778,680
2020	1,404,286
2021	1,140,513
2022	639,297
Future minimum lease payments	\$ 7,142,803

Rental expense under all operating leases was approximately \$3,220,000 and \$2,784,000 for the years ended December 31, 2017 and 2016, respectively.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Note 11: Pension Plan**

The Hospital has a defined contribution pension plan (the "Hospital Plan") covering substantially all employees of the Hospital and Staunton Hospital. The board of trustees annually determines the amount, if any, of the Hospital's contributions to the Hospital Plan. Pension expense was \$1,445,853 and \$1,443,213 for the years ended December 31, 2017 and 2016, respectively.

Staunton Hospital has a defined contribution pension plan and tax deferred annuity plan (collectively, "the Plans") covering substantially all Staunton employees. Staunton employees are eligible to participate upon commencement of employment. Staunton employees are eligible to receive the employer contribution upon two years of service. Staunton contributes 1 - 3 percent of the participating employees' annual compensation based upon length of service, while the employee contributes a minimum of 2 percent of their annual compensation. Staunton employees are immediately vested upon meeting eligibility requirements. Pension expense was \$91,089 and \$56,377 for the years ended December 31, 2017 and 2016, respectively.

In September 2016, Staunton's board of trustees approved amendments to terminate the Plans as of December 31, 2016. Substantially all of the funds from these Plans were transferred to the Hospital's Plan as of December 31, 2016.

**Note 12: Related Party Transactions**

The Hospital maintains banking and investing relationships with The Bank of Edwardsville. The Chairman of the Bank holding company is a member of the Hospital's Board of Trustees.

Two members of Staunton's board of trustees are in executive or board positions at First National Bank in Staunton. At December 31, 2017 and 2016, Staunton had \$3,563,169 and \$1,402,307 in deposits held at First National Bank in Staunton.

**Note 13: Significant Estimates and Concentrations**

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates. Those matters include the following:

***Allowance for Net Patient Service Revenue Adjustments***

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 3.

***Professional Liability Claims***

Estimates related to the accrual for professional liability claims are described in Notes 1 and 6.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements**

**December 31, 2017 and 2016**

***Admitting Physicians***

Staunton is served by a limited number of admitting physicians whose patients comprise substantially all of Staunton Hospital's net patient service revenue.

***Litigation***

In the normal course of business, the Organization is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Organization's malpractice insurance; for example, allegations regarding employment practices or performance of contracts. The Organization evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

***Investments***

The Organization invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

**Note 14: Recent Accounting Pronouncements**

***Revenue Recognition***

The Financial Accounting Standards Board ("FASB") amended its standards related to revenue recognition. This amendment replaces all existing revenue recognition guidance and provides a single, comprehensive revenue recognition model for all contracts with customers. The guidance provides a five-step analysis of transactions to determine when and how revenue is recognized. Other major provisions include capitalization of certain contract costs, consideration of the time value of money in the transaction price and allowing estimates of variable consideration to be recognized before contingencies are resolved in certain circumstances. The amendment also requires additional disclosure about the nature, amount, timing and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in those judgments and assets recognized from costs incurred to fulfill a contract. The standard allows either full or modified retrospective adoption. For not-for-profit entities that have issued, or is a conduit bond obligor for, securities that are traded, listed or gifted on an exchange or an over-the-counter market, the standard will be effective for annual reporting periods beginning on or after December 15, 2017, and any interim periods within that annual reporting period. The Organization is in the process of evaluating the impact the amendment will have on the consolidated financial statements.

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Notes to Consolidated Financial Statements  
December 31, 2017 and 2016**

**Accounting for Leases**

The FASB amended its standard related to the accounting for leases. Under the new standard, lessees will now be required to recognize substantially all leases on the consolidated balance sheet as both a right-of-use asset and a liability. The standard has two types of leases for income statement recognition purposes: operating leases and finance leases. Operating leases will result in the recognition of a single lease expense on a straight-line basis over the lease term similar to the treatment for operating leases under existing standards. Finance leases will result in an accelerated expense similar to the accounting for capital leases under existing standards. The determination of lease classification as operating or finance will be done in a manner similar to existing standards. The new standard also contains amended guidance regarding the identification of embedded leases in service contracts and the identification of lease and nonlease components in an arrangement. For not-for-profit entities that have issued, or is a conduit bond obligor for, securities that are traded, listed or gifted on an exchange or an over-the-counter market, the standard will be effective for annual reporting periods beginning on or after December 15, 2018, and any interim periods within that annual reporting period. The Organization is evaluating the impact the standard will have on the consolidated financial statements, and we believe the primary effect of adopting the new standard will be to record right-of-use assets and obligations for current operating leases.

**Not-for-Profit Entities**

In August 2016, the FASB issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities* (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*. This ASU aims to improve the usefulness of information provided to users of not-for-profit (NFP) financial statements by eliminating diversity in practice, enhancing financial performance comparability among NFPs and increasing transparency around NFPs' liquidity management and financial resource availability. This ASU applies to all NFPs, including NFP health care entities for fiscal years beginning after December 15, 2017, and for interim periods within that annual reporting period.

**Note 15: Subsequent Events**

Subsequent events have been evaluated through May 10, 2018, which is the date the consolidated financial statements were issued.

On January 2, 2018, Anderson Real Estate entered into a promissory note for \$1,225,000, due January 2, 2028. The promissory note requires monthly principal and interest payments of \$12,430. Interest accrues at a rate of 4.05 percent.

**Supplementary Information**

## Independent Auditor's Report on Supplementary Information

Board of Trustees  
Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital  
Maryville, Illinois

Our 2017 audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*BKD, LLP*

St. Louis, Missouri  
May 10, 2018

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**Consolidated Balance Sheet – With Consolidating Information**  
**December 31, 2017**

**Assets**

	<u>Hospital</u>	<u>MMS</u>	<u>MPS</u>
<b>Current Assets</b>			
Cash	\$ 3,617,755	\$ 63,319	\$ 416,955
Short-term investments	1,523,592	-	-
Assets limited as to use - current	7,874,012	-	-
Patient accounts receivable - net	18,721,810	83,189	1,782,715
Due from related parties	158,004	-	-
Supplies	2,661,031	-	-
Prepaid expenses and other	1,958,441	-	46,560
	<hr/>	<hr/>	<hr/>
Total current assets	36,514,645	146,508	2,246,230
<b>Assets Limited As To Use, Net</b>	3,295,353	-	224,404
<b>Long-Term Investments</b>	83,022,774	-	-
<b>Property and Equipment, Net</b>	78,100,539	-	146,607
<b>Investment in Subsidiary</b>	23,155,783	-	-
<b>Other Assets</b>	1,620,999	-	1,340,623
	<hr/>	<hr/>	<hr/>
Total assets	<u>\$ 225,710,093</u>	<u>\$ 146,508</u>	<u>\$ 3,957,864</u>

Maryville Imaging	Anderson Real Estate	Anderson Foundation	Staunton Hospital	Staunton Foundation	Eliminations	Consolidated
\$ 1,601,374	\$ 88,318	\$ 285,590	\$ 2,580,917	\$ 147,291	\$ -	\$ 8,801,519
-	-	-	1,317,321	226,867	-	3,067,780
-	-	-	-	-	-	7,874,012
402,816	600	-	3,128,810	-	-	24,119,940
-	-	-	-	-	(158,004)	-
6,091	-	-	342,931	-	-	3,010,053
37,056	193,782	110,176	211,314	13,871	(497)	2,570,703
2,047,337	282,700	395,766	7,581,293	388,029	(158,501)	49,444,007
-	-	4,671,978	549,877	-	-	8,741,612
-	-	-	2,008,240	136,534	(2,496,502)	82,671,046
325,393	9,408,355	-	23,523,555	-	-	111,504,449
-	-	-	-	-	(23,155,783)	-
-	-	100,520	316,925	-	-	3,379,067
<u>\$ 2,372,730</u>	<u>\$ 9,691,055</u>	<u>\$ 5,168,264</u>	<u>\$ 33,979,890</u>	<u>\$ 524,563</u>	<u>\$ (25,810,786)</u>	<u>\$ 255,740,181</u>

**Southwestern Illinois Health Facilities, Inc.**  
**d/b/a Anderson Hospital**  
**Consolidated Balance Sheet – With Consolidating Information (Continued)**  
**December 31, 2017**

**Liabilities and Net Assets**

	Hospital	MMS	MPS
<b>Current Liabilities</b>			
Current maturities of long-term debt	\$ 2,609,111	\$ -	\$ -
Current maturities of capital lease obligation	-	-	-
Accounts payable	3,272,000	37,894	232,619
Accrued expenses	5,895,766	-	1,881,262
Estimated amounts due to third-party payers	5,239,106	-	-
Due to related parties	-	-	140,000
Estimated self-insurance costs - current	5,669,000	-	-
Other	520,282	-	-
	<hr/>	<hr/>	<hr/>
Total current liabilities	23,205,265	37,894	2,253,881
<b>Estimated Self-Insurance Costs</b>	15,325,000	-	-
<b>Long-Term Debt, Net</b>	32,383,534	-	-
<b>Capital Lease Obligation</b>	-	-	-
	<hr/>	<hr/>	<hr/>
Total liabilities	70,913,799	37,894	2,253,881
<b>Unrestricted Net Assets</b>	154,796,294	108,614	1,703,983
<b>Temporarily Restricted Net Assets</b>	-	-	-
	<hr/>	<hr/>	<hr/>
Total liabilities and net assets	<u>\$ 225,710,093</u>	<u>\$ 146,508</u>	<u>\$ 3,957,864</u>

Maryville Imaging	Anderson Real Estate	Anderson Foundation	Staunton Hospital	Staunton Foundation	Eliminations	Consolidated
\$ -	\$ 1,665,544	\$ -	\$ 359,901	\$ -	\$ (164,430)	\$ 4,470,126
-	-	-	80,460	-	-	80,460
79,645	21,493	29,132	460,742	-	-	4,133,525
68,934	-	-	886,790	-	(497)	8,732,255
-	-	-	761,894	-	-	6,001,000
16,014	327	1,663	-	-	(158,004)	-
-	-	-	-	-	-	5,669,000
-	-	-	-	-	-	520,282
164,593	1,687,364	30,795	2,549,787	-	(322,931)	29,606,648
-	-	-	-	-	-	15,325,000
-	-	-	10,215,082	-	(2,332,072)	40,266,544
-	-	-	163,559	-	-	163,559
164,593	1,687,364	30,795	12,928,428	-	(2,655,003)	85,361,751
2,208,137	8,003,691	4,926,771	20,734,537	524,563	(23,155,783)	169,850,807
-	-	210,698	316,925	-	-	527,623
<u>\$ 2,372,730</u>	<u>\$ 9,691,055</u>	<u>\$ 5,168,264</u>	<u>\$ 33,979,890</u>	<u>\$ 524,563</u>	<u>\$ (25,810,786)</u>	<u>\$ 255,740,181</u>

**Southwestern Illinois Health Facilities, Inc.  
d/b/a Anderson Hospital**

**Consolidated Statement of Operations – With Consolidating Information  
December 31, 2017**

	<u>Hospital</u>	<u>MMS</u>	<u>MPS</u>
<b>Unrestricted Revenues, Gains and Other Support</b>			
Patient service revenue (net of contractual discounts and allowances)	\$ 150,751,928	\$ 421,651	\$ 14,531,366
Provision for uncollectible accounts	(5,476,984)	(65,175)	(433,231)
Net patient service revenue less provision for uncollectible accounts	145,274,944	356,476	14,098,135
Other	2,198,787	-	264,365
<b>Total unrestricted revenues, gains and other support</b>	<u>147,473,731</u>	<u>356,476</u>	<u>14,362,500</u>
<b>Expenses</b>			
Salaries and wages	52,002,287	-	6,370,244
Employee benefits	10,636,767	-	685,398
Purchased services and professional fees	11,115,598	383,789	11,972,305
Supplies and other	48,205,334	56,244	3,024,734
Depreciation	6,425,905	-	163,386
Interest	1,090,847	-	-
<b>Total expenses</b>	<u>129,476,738</u>	<u>440,033</u>	<u>22,216,067</u>
<b>Operating Income (Loss)</b>	<u>17,996,993</u>	<u>(83,557)</u>	<u>(7,853,567)</u>
<b>Other Income</b>			
Contributions received	-	-	-
Investment return	10,763,674	-	26,056
<b>Total other income</b>	<u>10,763,674</u>	<u>-</u>	<u>26,056</u>
<b>Excess (Deficiency) of Revenues Over Expenses</b>	28,760,667	(83,557)	(7,827,511)
Transfers	(8,293,486)	50,000	8,075,723
<b>Increase (Decrease) in Unrestricted Net Assets</b>	<u>\$ 20,467,181</u>	<u>\$ (33,557)</u>	<u>\$ 248,212</u>

Maryville Imaging	Anderson Real Estate	Anderson Foundation	Staunton Hospital	Staunton Foundation	Eliminations	Consolidated
\$ 3,454,874 (166,873)	\$ - -	\$ - -	\$ 17,421,599 (1,049,781)	\$ - -	\$ - -	\$ 186,581,418 (7,192,044)
3,288,001 12,379	- 717,420	- 266,970	16,371,818 192,720	- -	- (163,200)	179,389,374 3,489,441
3,300,380	717,420	266,970	16,564,538	-	(163,200)	182,878,815
763,346	-	114,329	6,093,577	-	-	65,343,783
155,517	-	21,583	1,290,676	-	-	12,789,941
72,128	-	4,326	3,857,536	-	(163,200)	27,242,482
1,832,549	281,439	213,324	4,444,477	116,770	(114,145)	58,060,726
74,522	205,707	-	2,134,217	-	-	9,003,737
-	81,117	-	389,340	-	(78,084)	1,483,220
2,898,062	568,263	353,562	18,209,823	116,770	(355,429)	173,923,889
402,318	149,157	(86,592)	(1,645,285)	(116,770)	192,229	8,954,926
-	-	327,178	133,230	47,358	(114,145)	393,621
-	-	624,033	57,336	1,703	(78,084)	11,394,718
-	-	951,211	190,566	49,061	(192,229)	11,788,339
402,318	149,157	864,619	(1,454,719)	(67,709)	-	20,743,265
-	167,763	-	-	-	-	-
\$ 402,318	\$ 316,920	\$ 864,619	\$ (1,454,719)	\$ (67,709)	\$ -	\$ 20,743,265

**APPENDIX 3**

# Anderson Surgery Center

## Balance Sheet

	Year 1	Year 2
<b>Current Assets</b>		
Cash	839,666	1,250,490
Inventories	49,270	59,227
Accounts receivable		
Pre-paid expenses	75,972	79,771
Other		
<b>Total</b>	<b>964,908</b>	<b>1,389,488</b>

<b>Fixed Assets</b>		
Property and equipment	2,809,706	2,408,319
Leasehold improvements	910,203	819,183
Equity and other investments		
Less depreciation (Negative Value)	(492,407)	(492,407)
<b>Total</b>	<b>3,227,502</b>	<b>2,735,095</b>

<b>Total Assets</b>	<b>4,192,410</b>	<b>4,124,583</b>
---------------------	------------------	------------------

<b>Current Liabilities</b>		
Accounts payable	39,126	42,956
Accrued wages	31,820	32,774
Accrued compensation		
Payroll Taxes	1,947	2,006
Unearned revenue		
Other		
<b>Total</b>	<b>72,893</b>	<b>77,736</b>

<b>Long-term Liabilities</b>		
Longterm Debt	2,843,574	2,554,067
<b>Total</b>	<b>2,843,574</b>	<b>2,554,067</b>

<b>LLC Member Equity</b>		
Capital Account	1,275,943	1,492,780
<b>Total</b>	<b>1,275,943</b>	<b>1,492,780</b>

<b>Total Liabilities &amp; Stockholder Equity</b>	<b>4,192,410</b>	<b>4,124,583</b>
---	------------------	------------------

**Anderson Surgery Center  
PROFORMA INCOME STATEMENT**

	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>
Cases	1,779	2,099	2,308
Net Revenue	\$ 2,446,015	\$ 2,886,892	\$ 3,175,581
Wages and Benefits	808,219	832,465	978,382
Drugs and Medical Supplies	195,538	206,872	232,110
Other Direct Expenses	80,068	104,242	112,429
Direct Expenses	<u>1,083,825</u>	<u>1,143,580</u>	<u>1,322,921</u>
Gross Margin	1,362,190	1,743,312	1,852,660
Gross Margin %	56%	60%	58%
Billing and Collection	122,301	144,345	158,779
Other Administrative Expense	309,724	370,793	388,083
Lease and Rental Expense	297,675	306,605	315,803
General and Administrative Expense	<u>729,700</u>	<u>821,743</u>	<u>862,665</u>
EBITDA	632,491	921,569	989,995
EBITDA %	26%	32%	31%
Interest Expense	184,762	167,367	148,899
Depreciation and Amortization	<u>511,387</u>	<u>401,387</u>	<u>401,387</u>
Net Income	<u>\$ (63,657)</u>	<u>\$ 352,816</u>	<u>\$ 439,709</u>
<b>CASH FLOW</b>			
Net Income	\$ (63,657)	\$ 352,816	\$ 439,709
Plus:			
Depreciation and Amortization (1)	\$ 511,387	\$ 401,387	\$ 401,387
Less:			
Principal Payments	282,027	299,422	317,890
Capital Expenditures	-	-	-
Cash Available for Distribution	<u>\$ 165,702</u>	<u>\$ 454,780</u>	<u>\$ 523,206</u>

(1) Includes amortization of all center development, legal fees and travel in year 1 amounting to \$110,000

**APPENDIX 4**

# YOUR TRIP TO:



Edwardsville Ambulatory Surgery Center

**10 MIN | 3.9 MI**

**Est. fuel cost: \$0.43**

Trip time based on traffic conditions as of 1:34 PM on August 22, 2018. Current Traffic: Heavy



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2511



1. Start out going **west** on Goshen Rd toward District Dr.

Then 1.61 miles ..... 1.61 total



2. Goshen Rd becomes Center Grove Rd.

Then 1.63 miles ..... 3.25 total



3. Turn **left** onto S State Route 157/IL-157.

*S State Route 157 is just past Plummer Dr.*

*If you reach Century Dr you've gone a little too far.*

Then 0.49 miles ..... 3.74 total



4. Turn **left** onto Ginger Creek Dr.

*If you reach N Meridian Rd you've gone about 0.3 miles too far.*

Then 0.04 miles ..... 3.78 total



5. Take the 1st **right** onto Ginger Creek Mdws.

*If you reach Ginger Crest Dr you've gone about 0.1 miles too far.*

Then 0.05 miles ..... 3.83 total



6. Take the 1st **left** onto Ginger Creek Pkwy.

*If you reach Ginger Creek Village Dr you've gone a little too far.*

Then 0.05 miles ..... 3.88 total



7. Edwardsville Ambulatory Surgery Center, 12 Ginger Creek Pkwy, Glen Carbon, IL, 12 GINGER CREEK PKWY is on the left.

*If you reach Ginger Creek Village Dr you've gone a little too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of t

477

# YOUR TRIP TO:



Metroeast Endoscopic Surgery Center

**33 MIN | 16.4 MI**

**Est. fuel cost: \$1.82**

Trip time based on traffic conditions as of 1:36 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Start of next leg of route



1. Start out going **west** on Goshen Rd toward District Dr.

Then 1.61 miles 1.61 total r



2. Turn **left** onto Troy Rd.  
*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles 1.82 total r



3. Troy Rd becomes IL-159.

Then 14.61 miles 16.43 total r



4. Metroeast Endoscopic Surgery Center, 5023 N Illinois St, Fairview Heights, IL,  
5023 N ILLINOIS ST is on the **right**.

*If you reach Lakeland Hills Dr you've gone about 0.1 miles too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of L

478

# YOUR TRIP TO:



Metroeast Endoscopic Surgery Center

**31 MIN | 20.1 MI**

**Est. fuel cost: \$1.59**

Trip time based on traffic conditions as of 1:38 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251



1. Start out going west on Goshen Rd toward District Dr.

Then 0.19 miles 0.19 total r



2. Turn right onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles 0.63 total r



3. Take the 1st right onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles 1.94 total r



4. Stay straight to go onto State Route 143/IL-143.

Then 0.39 miles 2.33 total r



5. Merge onto I-55 S toward East St Louis.

*If you reach Schipkowski Rd you've gone about 0.4 miles too far.*

Then 7.85 miles 10.18 total r



6. Merge onto IL-159 S via EXIT 15A toward Collinsville.

Then 9.95 miles 20.12 total r



7. Metroeast Endoscopic Surgery Center, 5023 N Illinois St, Fairview Heights, IL, 5023 N ILLINOIS ST is on the right.

*If you reach Lakeland Hills Dr you've gone about 0.1 miles too far.*

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479

# YOUR TRIP TO:

Metroeast Endoscopic Surgery Center



**40 MIN | 22.1 MI**

**Est. fuel cost: \$1.75**

Trip time based on traffic conditions as of 1:39 PM on August 22, 2018. Current Traffic: Heavy



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Start of next leg of route



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles 1.61 total r



2. Turn left onto Troy Rd.  
*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles 1.82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 2.86 miles 4.68 total r



4. Turn right onto State Route 162/IL-162.  
*State Route 162 is 0.3 miles past Lou Juan Dr.*

*If you are on N Center St and reach Professional Park Dr you've gone a little too far.*

Then 2.47 miles 7.15 total r



5. Turn left onto N Bluff Rd/IL-157. Continue to follow IL-157.

Then 9.56 miles 16.72 total r



6. Merge onto I-64 E/US-50 E toward Mt Vernon.

Then 3.56 miles 20.27 total r



7. Take the IL-159 exit, EXIT 12, toward Belleville/Collinsville.

Then 0.33 miles 20.60 total r



8. Merge onto N Illinois St/IL-159 toward Belleville/Swansea.

Then 1.46 miles 22.05 total r



9. Metroeast Endoscopic Surgery Center, 5023 N Illinois St, Fairview Heights, IL,  
5023 N ILLINOIS ST is on the right.

*If you reach Lakeland Hills Dr you've gone about 0.1 miles too far.*

480

# YOUR TRIP TO:

12 Professional Park Dr



**11 MIN | 4.8 MI**

**Est. fuel cost: \$0.54**

Trip time based on traffic conditions as of 2:10 PM on August 22, 2018. Current Traffic: Heavy



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

NovaMed Eye Surgery Center of Maryville, LLC



1. Start out going **west** on Goshen Rd toward District Dr.

Then 1.61 miles 1.61 total r



2. Turn **left** onto Troy Rd.

*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles 1.82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 2.87 miles 4.69 total r



4. Turn **left** onto State Route 162/IL-162.

*If you are on N Center St and reach Professional Park Dr you've gone a little too far.*

Then 0.09 miles 4.78 total r



5. Take the 1st **right** onto Professional Park Dr.

*If you reach Autumn Oaks Dr you've gone about 0.1 miles too far.*

Then 0.01 miles 4.79 total r



6. Turn **right** to stay on Professional Park Dr.

Then 0.05 miles 4.84 total r



7. 12 PROFESSIONAL PARK DR.

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481

# YOUR TRIP TO:

Hope Clinic For Women Ltd



**28 MIN | 14.7 MI**

**Est. fuel cost: \$1.63**

Trip time based on traffic conditions as of 1:50 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-250

Start of next leg of route



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles 1:61 total r



2. Turn left onto Troy Rd.  
*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles 1:82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 0.36 miles 2:18 total r



4. Turn right onto Glen Carbon Rd.

Then 1:13 miles 3:31 total r



5. Glen Carbon Rd becomes N Main St.

Then 2:42 miles 5:72 total r



6. Turn left onto N Bluff Rd/IL-157.

Then 0:13 miles 5:85 total r



7. Turn right onto State Route 162/IL-162. Continue to follow IL-162.  
*If you reach Carroll Ln you've gone a little too far.*

Then 7:24 miles 13:10 total r



8. IL-162 becomes Edwardsville Rd/IL-203.

Then 0:88 miles 13:97 total r



9. Turn right onto E 20th St.  
*E 20th St is 0.1 miles past E 21st St.*

Then 0:60 miles 14:57 total r

482

# YOUR TRIP TO:



Belleville Surgical Center Ltd

39 MIN | 21.4 MI

Est. fuel cost: \$1.70

Trip time based on traffic conditions as of 1:54 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Start of next leg of route



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles 1.61 total r



2. Turn left onto Troy Rd.

Troy Rd is 0.2 miles past Old Troy Rd.

Then 0.21 miles 1.82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 2.86 miles 4.68 total r



4. Turn right onto State Route 162/IL-162.

State Route 162 is 0.3 miles past Lou Juan Dr.

If you are on N Center St and reach Professional Park Dr you've gone a little too far.

Then 2.47 miles 7.15 total r



5. Turn left onto N Bluff Rd/IL-157. Continue to follow IL-157.

Then 11.44 miles 18.59 total r



6. Turn left onto W Main St.

W Main St is 0.1 miles past Washington St.

If you are on N 88th St and reach Bank Sq you've gone a little too far.

Then 2.80 miles 21.40 total r



7. Turn left onto N 64th St.

N 64th St is just past S 65th St.

If you reach S 62nd St you've gone about 0.1 miles too far.

Then 0.04 miles 21.43 total r

483

# YOUR TRIP TO:

Belleville Surgical Center Ltd



**32 MIN | 26.5 MI**

**Est. fuel cost: \$2.10**

Trip time based on traffic conditions as of 1:55 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2511



1. Start out going west on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total r



2. Turn right onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total r



3. Take the 1st right onto Governors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles ..... 1.94 total r



4. Stay straight to go onto State Route 143/IL-143.

Then 0.39 miles ..... 2.33 total r



5. Merge onto I-55 S toward East St Louis.

*If you reach Schipkowski Rd you've gone about 0.4 miles too far.*

Then 14.99 miles ..... 14.32 total r



6. Merge onto I-255 S via EXIT 10 toward Memphis.

Then 6.57 miles ..... 20.89 total r



7. Take the State Street exit, EXIT 19, toward East St Louis.

Then 0.38 miles ..... 21.26 total r



8. Keep right to take the ramp toward East St Louis/Frank Holten State Park.

Then 0.03 miles ..... 21.29 total r



9. Merge onto State St.

Then 0.28 miles ..... 21.57 total r

484

# YOUR TRIP TO:



3990 N Illinois Ln, Belleville, IL, 62226

**34 MIN | 17.3 MI**

**Est. fuel cost: \$1.93**

Trip time based on traffic conditions as of 2:01 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Eye Surgery Center, LLC, Belleville

Start of next leg of route



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles 1.61 total r



2. Turn left onto Troy Rd.  
Troy Rd is 0.2 miles past Old Troy Rd.

Then 0.21 miles 1.82 total r



3. Troy Rd becomes IL-159.  
Then 15.48 miles 17.30 total r



4. Turn left onto N Illinois Ln.  
N Illinois Ln is just past W Pointe Dr.

If you reach Executive Woods Ct you've gone a little too far.

Then 0.04 miles 17.35 total r



5. 3990 N Illinois Ln, Belleville, IL 62226, 3990 N ILLINOIS LN is on the right.

If you reach the end of N Illinois Ln you've gone a little too far.

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485

# YOUR TRIP TO:



3990 N Illinois Ln, Belleville, IL, 62226

**31 MIN | 21.0 MI**

**Est. fuel cost: \$1.67**

Trip time based on traffic conditions as of 2:01 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Eye Surgery Center, LLC, Belleville



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total r



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total r



3. Take the 1st **right** onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles ..... 1.94 total r



4. Stay **straight** to go onto State Route 143/IL-143.

Then 0.39 miles ..... 2.33 total r



5. Merge onto I-55 S toward **East St Louis**.

*If you reach Schipkowski Rd you've gone about 0.4 miles too far.*

Then 7.85 miles ..... 10.18 total r



6. Merge onto IL-159 S via EXIT 15A toward **Collinsville**.

Then 10.82 miles ..... 21.00 total r



7. Turn **left** onto N Illinois Ln.

*N Illinois Ln is just past W Pointe Dr.*

*If you reach Executive Woods Ct you've gone a little too far.*

Then 0.04 miles ..... 21.04 total r



8. 3990 N Illinois Ln, Belleville, IL 62226, 3990 N ILLINOIS LN is on the **right**.

*If you reach the end of N Illinois Ln you've gone a little too far.*

486

# YOUR TRIP TO:

3990 N Illinois Ln, Belleville, IL, 62226



**40 MIN | 22.2 MI**

**Est. fuel cost: \$1.76**

Trip time based on traffic conditions as of 2:02 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2511

Eye Surgery Center, LLC, Belleville

Start of next leg of route



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles

1.61 total r



2. Turn left onto Troy Rd.

*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles

1.82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 2.86 miles

4.68 total r



4. Turn right onto State Route 162/IL-162.

*State Route 162 is 0.3 miles past Lou Juan Dr.*

*If you are on N Center St and reach Professional Park Dr you've gone a little too far.*

Then 2.47 miles

7.15 total r



5. Turn left onto N Bluff Rd/IL-157. Continue to follow IL-157.

Then 8.93 miles

16.08 total r



6. Turn left onto New Bunkum Rd.

*New Bunkum Rd is 0.3 miles past Sterling Pl.*

*If you reach Old Bunkum Rd you've gone a little too far.*

Then 0.05 miles

16.14 total r



7. New Bunkum Rd becomes Bunkum Rd.

Then 2.55 miles

18.69 total r

487

# YOUR TRIP TO:

Anderson Hospital



**12 MIN | 5.2 MI**

**Est. fuel cost: \$0.58**

Trip time based on traffic conditions as of 2:13 PM on August 22, 2018. Current Traffic: Heavy



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles ..... 1.61 total r



2. Turn left onto Troy Rd.

*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles ..... 1.82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 2.87 miles ..... 4.69 total r



4. Turn left onto State Route 162/IL-162.

*If you are on N Center St and reach Professional Park Dr you've gone a little too far.*

Then 0.56 miles ..... 5.24 total r



5. 6800 STATE ROUTE 162 is on the right.

*Your destination is just past Hospital Rd.*

*If you reach Vadalabene Dr you've gone about 0.2 miles too far.*

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488

# YOUR TRIP TO:



Gateway Regional Medical Center

**31 MIN | 14.4 MI**

**Est. fuel cost: \$1.59**

Trip time based on traffic conditions as of 2:14 PM on August 22, 2018. Current Traffic: Heavy



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Start of next leg of route



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles 1.61 total r



2. Turn left onto Troy Rd.  
*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles 1.82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 0.36 miles 2.18 total r



4. Turn right onto Glen Carbon Rd.

Then 1.13 miles 3.31 total r



5. Glen Carbon Rd becomes N Main St.

Then 2.42 miles 5.72 total r



6. Turn left onto N Bluff Rd/IL-157.

Then 0.13 miles 5.85 total r



7. Turn right onto State Route 162/IL-162. Continue to follow IL-162.  
*If you reach Carroll Ln you've gone a little too far.*

Then 6.77 miles 12.62 total r



8. Turn right onto E 23rd St.  
*E 23rd St is just past Maryville Rd.*

Then 1.43 miles 14.05 total r

# YOUR TRIP TO:



Gateway Regional Medical Center

**27 MIN | 16.0 MI**

**Est. fuel cost: \$1.78**

Trip time based on traffic conditions as of 2:15 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251



1. Start out going **west** on Goshen Rd toward District Dr.

Then 1.61 miles 1.61 total r



2. Turn **left** onto Troy Rd.  
*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles 1.82 total r



3. Troy Rd becomes S State Route 159/IL-159.

Then 1.48 miles 3.30 total r



4. Merge onto I-270 W toward St Charles.

Then 7.04 miles 10.34 total r



5. Take the **IL-203 S** exit, EXIT 4, toward Granite City.

Then 0.41 miles 10.75 total r



6. Keep **left** to take the ramp toward Granite City/Southwestern Illinois College/Gateway Motorsports Park.

Then 0.04 miles 10.79 total r



7. Turn **left** onto Nameoki Rd/IL-203.

Then 3.47 miles 14.27 total r



8. Turn **slight right** onto Madison Ave.  
*Madison Ave is just past Jill Ave.*

Then 1.78 miles 16.04 total r



9. 2044 MADISON AVE.  
*Your destination is just past 21st St.*

*If you reach E 20th St you've gone about 0.1 miles too far.*

490

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# YOUR TRIP TO:



St Joseph's Hospital - Highland

**21 MIN | 15.4 MI**

**Est. fuel cost: \$1.71**

Trip time based on traffic conditions as of 2:16 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251



1. Start out going west on Goshen Rd toward District Dr.

Then 0.19 miles 0.19 total r



2. Turn right onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles 0.63 total r



3. Take the 1st right onto Governors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles 1.94 total r



4. Stay straight to go onto State Route 143/IL-143. Continue to follow IL-143.

Then 12.69 miles 14.63 total r



5. Turn left onto Troxler Ave.

*Troxler Ave is just past Highland Xing.*

*If you reach Troxler Way you've gone a little too far.*

Then 0.79 miles 15.41 total r



6. 12866 TROXLER AVE is on the right.

*Your destination is just past Augusta Dr.*

*If you reach State Route 143 you've gone about 0.3 miles too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of u

# YOUR TRIP TO:



St Joseph's Hospital - Highland

**32 MIN | 22.7 MI**

**Est. fuel cost: \$1.80**

Trip time based on traffic conditions as of 2:16 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Start of next leg of route



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles 0:19 total



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles 0:63 total



3. Take the 1st **right** onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles 1:94 total



4. Stay **straight** to go onto State Route 143/IL-143.

Then 0.23 miles 2:17 total



5. Turn **left** onto Blackburn Rd/County Hwy-62.

Then 2.68 miles 4:85 total



6. Turn **right** onto Fruit Rd/County Hwy-44.

Then 10.83 miles 15:68 total



7. Turn **right** onto Schwarz Rd/County Hwy-44.

*Schwarz Rd is 0.8 miles past Geiger Rd.*

*If you are on Schwarz Rd and reach Frey Rd you've gone about 1 mile too far.*

Then 0.25 miles 15:92 total



8. Turn **left** onto Pocahontas Rd/County Hwy-6.

Then 1.31 miles 17:23 total

492

# YOUR TRIP TO:

Alton Memorial Hospital



**33 MIN | 20.9 MI**

**Est. fuel cost: \$1.66**

Trip time based on traffic conditions as of 2:17 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251



1. Start out going west on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total r



2. Turn right onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total r



3. Take the 1st left onto Governors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.72 miles ..... 2.36 total r



4. Governors Pkwy becomes Governors Pkwy.

Then 1.36 miles ..... 3.72 total r



5. Governors Pkwy becomes E University Dr.

Then 0.64 miles ..... 4.36 total r



6. Turn right onto N University Dr.

*If you are on Cougar Lake Rd and reach Nature Trl you've gone about 0.2 miles too far.*

Then 1.19 miles ..... 5.55 total r



7. Turn left onto New Poag Rd.

*New Poag Rd is 0.7 miles past Nature Trl.*

Then 6.31 miles ..... 11.86 total r



8. Turn right onto Meeting of the Great Rivers Scenic Route/IL-3. Continue to follow IL-3.

*IL-3 is 0.4 miles past Old Alton Rd.*

Then 3.91 miles ..... 15.77 total r

493

# YOUR TRIP TO:

Community Memorial Hospital



**24 MIN | 19.7 MI**

**Est. fuel cost: \$2.19**

Trip time based on traffic conditions as of 2:18 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2511



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total r



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total r



3. Take the 1st **right** onto Governors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles ..... 1.94 total r



4. Stay **straight** to go onto State Route 143/IL-143.

Then 0.64 miles ..... 2.58 total r



5. Turn **left** to take the I-55 N ramp toward Springfield.

*0.4 miles past Blackburn Rd.*

*If you reach Schipkowski Rd you've gone about 0.1 miles too far.*

Then 0.01 miles ..... 2.58 total r



6. Merge onto I-55 N.

Then 10.42 miles ..... 13.00 total r



7. Take the IL-4 exit, EXIT 33, toward Staunton/Lebanon.

Then 0.24 miles ..... 13.25 total r



8. Turn **left** onto State Route 4/IL-4. Continue to follow IL-4.

Then 5.85 miles ..... 19.10 total r



9. Turn **right** onto W Pearl St/IL-4.

Then 0.27 miles ..... 19.37 total r

494

# YOUR TRIP TO:

Community Memorial Hospital



**30 MIN | 21.2 MI**

**Est. fuel cost: \$1.68**

Trip time based on traffic conditions as of 2:19 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Start of next leg of route



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles 0.19 total r



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles 0.63 total r



3. Take the 1st **right** onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles 1.94 total r



4. Stay **straight** to go onto State Route 143/IL-143.

Then 0.23 miles 2.17 total r



5. Turn **left** onto Blackburn Rd/County Hwy-62.

Then 2.68 miles 4.85 total r



6. Turn **left** onto Fruit Rd/County Hwy-44.

Then 1.00 miles 5.85 total r



7. Turn **right** onto N State Route 157/IL-157. Continue to follow IL-157.

Then 9.05 miles 14.90 total r



8. Turn **right** onto Possum Hill Rd/IL-157.

Then 0.17 miles 15.07 total r

495

# YOUR TRIP TO:



Memorial Hospital

40 MIN | 20.3 MI

Est. fuel cost: \$1.61

Trip time based on traffic conditions as of 2:20 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Memorial Hospital, Belleville

Start of next leg of route



1. Start out going west on Goshen Rd toward District Dr.

Then 1.61 miles

1.61 total r



2. Turn left onto Troy Rd.

*Troy Rd is 0.2 miles past Old Troy Rd.*

Then 0.21 miles

1.82 total r



3. Troy Rd becomes IL-159.

Then 13.46 miles

15.28 total r



4. Turn right onto Lincoln Trl.

*Lincoln Trl is 0.1 miles past Market Pl.*

*If you reach Malinda Dr you've gone about 0.1 miles too far.*

Then 1.01 miles

16.29 total r



5. Turn left onto Union Hill Rd.

*Union Hill Rd is just past Roselawn Ave.*

*If you reach Potomac Dr you've gone about 0.1 miles too far.*

Then 1.57 miles

17.86 total r



6. Turn right onto Frank Scott Pkwy.

*Frank Scott Pkwy is just past La Fore Ln.*

*If you are on Sullivan Dr and reach Old Caseyville Rd you've gone about 0.2 miles too far.*

Then 2.05 miles

19.91 total r

496

# YOUR TRIP TO:



Memorial Hospital

**32 MIN | 27.4 MI**

**Est. fuel cost: \$2.17**

Trip time based on traffic conditions as of 2:21 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-251

Memorial Hospital, Belleville



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total



3. Take the 1st **right** onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles ..... 1.94 total



4. Stay **straight** to go onto State Route 143/IL-143.

Then 0.39 miles ..... 2.33 total



5. Merge onto I-55 S toward **East St Louis**.

*If you reach Schipkowski Rd you've gone about 0.4 miles too far.*

Then 11.99 miles ..... 14.32 total



6. Merge onto I-255 S via EXIT 10 toward **Memphis**.

Then 4.81 miles ..... 19.12 total



7. Take the I-64 E/US-50 E/I-255 N/I-64 W exit, EXIT 20, toward **Louisville/St Louis**.

Then 0.26 miles ..... 19.38 total



8. Keep **left** at the fork in the ramp.

Then 0.42 miles ..... 19.80 total

497

# YOUR TRIP TO:



Memorial Hospital East-Administration

**31 MIN | 22.7 MI**

**Est. fuel cost: \$1.80**

Trip time based on traffic conditions as of 2:23 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2511



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total r



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total r



3. Take the 1st **right** onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles ..... 1.94 total r



4. Stay **straight** to go onto State Route 143/IL-143.

Then 0.39 miles ..... 2.33 total r



5. Merge onto I-55 S toward **East St Louis**.

*If you reach Schipkowski Rd you've gone about 0.4 miles too far.*

Then 5.48 miles ..... 7.81 total r



6. Merge onto US-40 E via EXIT 17 toward **St Jacob/Highland**.

Then 2.37 miles ..... 10.17 total r



7. Turn **right** onto Troy Ofallon Rd/County Hwy-50.

*Troy Ofallon Rd is just past Sherbourne Ave.*

*If you are on E US Highway 40 and reach Hunters Cv you've gone a little too far.*

Then 4.43 miles ..... 14.61 total r



8. Troy Ofallon Rd/County Hwy-50 becomes Scott Troy Rd/County Hwy-R25.

Then 5.09 miles ..... 19.70 total r

498

# YOUR TRIP TO:

OSF Saint Anthony's Health Center



**35 MIN | 22.4 MI**

**Est. fuel cost: \$1.77**

Trip time based on traffic conditions as of 2:25 PM on August 22, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2511



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total-r



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total-r



3. Take the 1st **left** onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.72 miles ..... 2.36 total-r



4. Govenors Pkwy becomes Governors Pkwy.

Then 1.36 miles ..... 3.72 total-r



5. Governors Pkwy becomes E University Dr.

Then 0.64 miles ..... 4.36 total-r



6. Turn **right** onto N University Dr.

*If you are on Cougar Lake Rd and reach Nature Trl you've gone about 0.2 miles too far.*

Then 1.19 miles ..... 5.55 total-r



7. Turn **left** onto New Poag Rd.

*New Poag Rd is 0.7 miles past Nature Trl.*

Then 6.31 miles ..... 11.86 total-r



8. Turn **right** onto Meeting of the Great Rivers Scenic Route/IL-3. Continue to follow IL-3.

*IL-3 is 0.4 miles past Old Alton Rd.*

Then 3.91 miles ..... 15.77 total-r

499

# YOUR TRIP TO:



1 Saint Elizabeths Blvd, O Fallon, IL, 62269

**32 MIN | 24.0 MI**

**Est. fuel cost: \$1.90**

Trip time based on traffic conditions as of 2:35 PM on August 22, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2511

St. Elizabeth's Hospital, O'Fallon



1. Start out going **west** on Goshen Rd toward District Dr.

Then 0.19 miles ..... 0.19 total r



2. Turn **right** onto District Dr.

*If you reach Manassas Dr you've gone about 0.2 miles too far.*

Then 0.44 miles ..... 0.63 total r



3. Take the 1st **right** onto Govenors Pkwy.

*If you are on Oglesby Dr and reach Lowden Dr you've gone a little too far.*

Then 1.31 miles ..... 1.94 total r



4. Stay **straight** to go onto State Route 143/IL-143.

Then 0.39 miles ..... 2.33 total r



5. Merge onto I-55 S toward **East St Louis**.

*If you reach Schipkowski Rd you've gone about 0.4 miles too far.*

Then 5.48 miles ..... 7.81 total r



6. Merge onto US-40 E via EXIT 17 toward **St Jacob/Highland**.

Then 2.37 miles ..... 10.17 total r



7. Turn **right** onto Troy Ofallon Rd/County Hwy-50.

*Troy Ofallon Rd is just past Sherbourne Ave.*

*If you are on E US Highway 40 and reach Hunters Cv you've gone a little too far.*

Then 4.43 miles ..... 14.61 total r



8. Troy Ofallon Rd/County Hwy-50 becomes Scott Troy Rd/County Hwy-R25.

Then 5.09 miles ..... 19.70 total r

500



65 E. Scott Street, Suite 9A, Chicago, IL 60610  
312/266-0466 Fax 312/266-0715

August 22, 2018

Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Springfield, Illinois 62761

Dear Mr. Constantino:

On behalf of the co-applicants for this project, I am enclosing a check for \$2,500 and two copies of a CON application to establish an Ambulatory Surgical Treatment Center named Anderson Surgery Center, LLC, in Edwardsville.

This project, which will have 2 operating rooms and 1 procedure room, is a cooperative venture with Anderson Hospital, Maryville.

Please feel free to contact me ([arozran@diversifiedhealth.net](mailto:arozran@diversifiedhealth.net)) if you have any questions.

Sincerely,



Andrea R. Rozran  
President

Enclosures

cc: Keith A. Page  
Lisa Klaustermeier