Benesch

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December 6, 2019

RECEIVED
DEC 9 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA FEDERAL EXPRESS

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

Re: Encompass Rehabilitation Hospital of Libertyville, Project #19-036, Referral letters

Dear Ms. Avery:

Enclosed please find referral letters for Project #19-036, Encompass Rehabilitation Hospital of Libertyville from Joseph Mun, M.D. and Ninad Dixit, M.D.

If you have any questions or need any additional information regarding the project, please feel free to contact me via phone at 312-212-4967 or via email at JMorado@beneschlaw.com. You can also contact my colleague Mark J. Silberman, via phone at 312-212-4952 or via email at MSilberman@beneschlaw.com with any questions.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

Juan Morado, Jr.

JM:mls
Enclosures

cc: George Roate, Project Reviewer

Joseph Mun, MD
Board Certified/ Internal Medicine
1445 N. Hunt Club Rd. Suite 102
Gurnee, Illinois 60081

December 2, 2019

Ms. Courtney Avery
Board Administrator
Health Facilities & Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

Re: Encompass Health Rehabilitation Hospital of Libertyville, HFSRB Project #19-036

Dear Ms. Avery:

I am Dr. Joseph Mun an Internal Medicine physician. The focus of my practice is Internal Medicine including inpatient medicine. This letter contains referral documentation required per Ill. Admin. Code Section 1110.205(b)(3)(A)-(B). Over the past twelve months, I cared for a total of 69 patients who would have been candidates for comprehensive rehabilitation care.

Based on my historical referrals, I would anticipate referring 34 patients each of the next two years to the Encompass Health Rehabilitation Hospital of Libertyville as proposed by the applicant, if approved. I certify that the patients I reference herein reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Physician's Date: 12-3-19

Signature:

Print Name: Joseph Mun, MD

Notarization:
Subscribed and sworn to before me
This 03 day of December, 2019

Signature of Notary: Diana B. Limon

"OFFICIAL SEAL"
DIANA B. LIMON
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/11/23

Mun Referrals

ZIP Code	Number of Patients
60031 - GURNEE	16
60030 - GRAYSLAKE	12
60046 - LAKE VILLA	11
60087 - WAUKEGAN	5
60073 - ROUND LAKE	4
60060 - MUNDELEIN	3
60085 - WAUKEGAN	3
60099 - ZION	3
60048 - LIBERTYVILLE	2
60061 - VERNON HILLS	2
60069 - LINCOLNSHIRE	2
60035 - HIGHLAND PARK	1
60041 - INGLESIDE	1
60051 - MCHENRY	1
60064 - NORTH CHICAGO	1
60096 - WINTHROP HARBOR	1
60152 - MARENGO	1
Grand Total	**69**