



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

August 12, 2020

Anne M. Cooper  
312.873.3606  
312.276.4317 Fax  
acooper@polsinelli.com

Via Email

Mr. Michael Constantino  
Illinois Health Facilities and Services Review  
Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Advantage Healthcare, Ltd. (Proj. 20-021)**

Dear Mr. Constantino:

This office represents Advantage Healthcare, Ltd (“Advantage”). In that capacity, we are responding to the Illinois Health Facilities and Services Review Board request for additional information regarding the additional of surgical specialties at Advantage (the “Project”).

1. Page 42 of the Application for Permit has a narrative stating the existing ASTC provides Medicaid care. Yet the information the State Board has for the past five years (2014-2018) shows no Medicaid care was provided. We need an explanation for this.

A: Advantage began the process to obtain Medicaid certification in 2016, became Medicaid certified in November 2019 and has been billing Medicaid since that time. The Medicaid certification process took several years, as the surgery center first obtained Accreditation Association for Ambulatory Health Care (“AAAHC”) accreditation. Once it received AAAHC accreditation, it applied for Medicare certification, which took several months due to deficiencies identified during its Medicare survey that needed to be corrected. After Medicare certification, Advantage applied for and was certified to participate in the Medicaid program. In 2019, Advantage treated 54 Medicaid patients and in 2020, to date 229 Medicaid patients have been treated.

2. If in 2019 you were approved to provide Medicaid care why was Medicaid certification not sought earlier.

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A: As noted above, Advantage began the process to obtain Medicaid certification in 2016 and the process outlined above took longer than anticipated to obtain Medicaid certification.

3. It is difficult for the Board members to understand by adding these services improves access when there are a number of ASTCs in the 10-mile area as well as hospitals. The Board needs to know WHY you are adding these services NOW when the facility has been in operation for a number of years.

A: Recently, Advantage was approached by doctors with a need to utilize the surgery center for their specialties because they find it difficult to schedule their patients at the hospitals. The availability of weekend scheduling is very convenient for the doctors and patients.

Also, some of the doctors treat nursing home patients that come directly from the nursing homes via ambulance and often on a gurney; the doctors want to be able to receive these vulnerable patients directly in the surgery center's Pre-Operative area and therefore protect them from any hospital acquired infections.

4. Itemization of consulting and other fees of \$175,000 needs to be provided.

A: Consulting and Other Fees

Application Fee	\$2,500
Legal Fees	\$30,000
Consulting Fees	\$40,000
Miscellaneous Costs	\$102,500

5. A Listing of procedures and fees need to be provided for Dr. Chopra and for Dr. Martin.

A: The list of procedures and corresponding fees for Dr. Chopra and Dr. Martin is attached at Attachment – 1A and 1B.

6. Page 71 of the Application does not address the requirements of the criterion. Please provide the appropriate charge commitment as required.

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 Page 3

A: An updated charge commitment letter signed by Helena Petrovic, President, Advantage Healthcare, Ltd. is attached at Attachment – 2.

7. Page 73 does the ASTC have a peer review program in place or does that letter mean they are going to establish a peer review program.

A: Advantage has a peer review program.

8. The projected financial information appears to only project for the new procedures and does not take into consideration the facilities current OB/GYN and podiatry. Please Explain.

A: The projected financial information includes all current and proposed surgical specialties. As shown on page 3 of Attachment – 3, Advantage anticipates 523 surgical procedures will be performed in the first year after project approval. As shown of page 1 of Attachment - 3, these 523 procedures consist of the following:

<b>Surgical Specialty</b>	<b>Projected Procedures</b>
Ob/Gyn	300
Urology	3
Pain Management	24
Interventional Radiology	176
Otolaryngology	20
<b>Total</b>	<b>523</b>

9. Page 80 indicates that paid in capital has been increased by \$100,000. Please explain.

A: Attached at Attachment – 3, please find revised projected financial statements.

10. As I mentioned interventional radiology and pain management referrals were from a pregnancy termination center. Pregnancy termination centers are not under State Board review. It appears we will only be able to accept the 30 cases and the 52 hours.

	Cases	Hours per Case	Total Hours	Accepted Hours
Interventional Radiology	157	3	471	0
Pain Management	10	1.25	12.5	0



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Otolaryngology	15	1.25	18.75	18.75
Plastic Surgery	15	2.2	33	33
Total	197		535.25	51.75

A: An updated letter from Dr. Chopra is attached at Attachment – 4.

Please let me know if you have any questions or need additional information regarding the Advantage Healthcare certificate of need application.

Sincerely,

A handwritten signature in blue ink that reads "Anne M. Cooper".

Anne M. Cooper

Attachments

## CPT Codes For Interventional Radiology & Pain Management

CPT Codes	Description	ASTC FEE	HOPT FEE
37238	Transcatheter placement of an intravascular stent(s) open or percutaneous	\$4,955	\$9,908
37243	Uterine Fibroid Embolization	\$4,982	\$9,908
37248	Transluminal balloon angioplasty	\$1,713	\$4,953
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy	\$5,340	\$9,908
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy	\$8,753	\$15,939
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$1,713	\$4,953
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy	\$8,519	\$15,393
36465	Injection of non-compounded foam sclerosant	\$655	\$1,622
36478	Endovenous ablation therapy	\$1,072	\$2,771
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion	\$8,145	\$15,939
37246	Transluminal balloon angioplasty (except lower extremity artery(ies))	\$1,713	\$4,953
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit	\$458	\$1,631
62320	Injection, diagnostic or therapeutic agent	\$452	\$625

64483	Selective nerve block	\$528	\$811
62311	Caudal epidural	\$452	\$625
62310	Cervical epidural	\$452	\$625
64493	Lumbar or sacral, single facet joint	\$528	\$812
64415	Injection anesth. brachial plexus	\$528	\$812

**Ear, Nose, Throat and Plastic Surgery  
Procedures**

<b>CPT CODES</b>	<b>DESCRIPTION</b>	<b>ASC</b>	<b>HOPD</b>
15731	INTERPOLATED PARAMEDIAN FOREHEAD FLAP	\$1,203	\$2,977
15733	MYOCUTANEOUS FLAP RECONSTRUCTION	\$1,203	\$2,977
15740	ISLAND FLAP PEDICLE RECONSTRUCTION	\$655	\$1,622
15821	BLEPHAROPLASTY-LOWER EYELID-EXTENSIVE	\$655	\$1,622
15822	BLEPHAROPLASTY UPPER EYELID	\$655	\$1,622
15828	FACELIFT	\$1,203	\$2,977
21235	CARTILAGE GRAFT EAR TO NOSE OR EAR	\$1,797	\$4,850
21330	OPEN REDUCTION NASAL FRACTURE/NAR	\$1,797	\$4,850
21501	I & D ABSCESS/HEMATOMA SOFT TISSUE NECI	\$795	\$2,318
21555	EXCISION LESION SOFT TISSUE NECK	\$461	\$1,372
30140	TURBINOPLASTY	\$844	\$2,619
30410	RHINOPLASTY - COMPLETE	\$3,575	\$4,850
30430	RHINOPLASTY; MINOR REVISION	\$2,246	\$4,850
30465	NASAL VALVE RECONSTRUCTION	\$2,246	\$4,850
30520	SEPTOPLASTY/NASAL AIRWAY RECONSTRUCTION	\$1,055	\$2,619

31237	POLYPECTOMY/ENDOSCOPIC/NASAL	\$611	\$1,430
31238	NASAL ENDOSCOPY/CONTROL OF EPISTAXIS	\$611	\$1,430
31240	ENDOSCOPY WITH CONCHAL BULLOSA RESECT	\$611	\$1,430
31254	NASAL ENDOSCOPY/ETHMOIDECTOMY-PARTIAL	\$1,895	\$5,440
31255	NASAL ENDOSCOPY-ETHMOIDECTOMY-COMPLE	\$1,895	\$5,440
31256	NASAL ENDOSCOPY/MAXILLARY ANTROSTOMY	\$1,237	\$2,936
31267	ENDOSCOPIC SINUS SURGERY	\$1,576	\$1,895
31536	LARYNGOSCOPY WITH MICROSCOPE/BIOPSY	\$1,237	\$2,936
42260	NASOLABIAL FISTULA REPAIR	\$2,246	\$4,860
42420	EXC. PAROTID TUMOR TOTAL W/FAC.NERV.DIS	\$2,246	\$4,850
42808	EXCISION LESION OF PHARYNX	\$1,055	\$2,619
42826	TONSILLECTOMY AGE 12 OR OVER	\$844	\$2,618
67950	CANTHOPLASTY	\$826	\$1,935
69300	OTOPLASTY	\$844	\$2,619
69421	MYRINGOTOMY WITH TUBES - GEN ANEST	\$844	\$2,619
69436	TYMPANOSTOMY/TUBE UNILATERAL GEN.ANES	\$429	\$1,349

August 6, 2020

Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Charge Commitment**

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 110.235(c)(9)(B), I hereby commit that the attached charge schedule will not be increased, at a minimum, for the first two years after the addition of interventional radiology, pain management and otolaryngology at Advantage Healthcare unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1130.310(a).

Sincerely,



Helena Petrovic  
President  
Advantage Healthcare, Ltd.

## CPT Codes For Interventional Radiology & Pain Management

CPT Codes	Description	ASTC FEE	HOPT FEE
37238	Transcatheter placement of an intravascular stent(s) open or percutaneous	\$4,955	\$9,908
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**Ear, Nose, Throat and Plastic Surgery  
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**ATTACHMENT ECON-6**

**INCOME STATEMENT ASSUMPTIONS  
REVENUE DETAIL**

<u># of Procedures</u>	<u>Usual &amp; Customary</u>	<u>Hardship</u>	<u>Indigent</u>	<u>Total</u>
Ob/Gyn	120	165	15	300
Urology	1	2	0	3
Interventional Radiology	70	97	9	176
Pain Management	10	13	1	24
Ear, Nose and Throat	8	11	1	20
	<hr/> 209	<hr/> 288	<hr/> 26	<hr/> 523

<u>% of Procedures</u>	<u>Usual &amp; Customary</u>	<u>Hardship</u>	<u>Indigent</u>	<u>Total</u>
Ob/Gyn	40.0%	55.0%	5.0%	100.0%
Urology	40.0%	55.0%	5.0%	100.0%
Interventional Radiology	40.0%	55.0%	5.0%	100.0%
Pain Management	40.0%	55.0%	5.0%	100.0%
Ear, Nose and Throat	40.0%	55.0%	5.0%	100.0%

<u>Average Charge per Procedure</u>	<u>Usual &amp; Customary</u>	<u>Hardship</u>	<u>Indigent</u>	<u>Weighted Average</u>
Ob/Gyn	\$3,975	\$300	\$0	\$1,755
Urology	\$3,975	\$350	\$0	\$1,558
Interventional Radiology	\$7,540	\$390	\$0	\$3,214
Pain Management	\$528	\$350	\$0	\$410
Ear, Nose and Throat	\$3,575	\$1,850	\$0	\$2,448
	<hr/> \$4,989	<hr/> \$392	<hr/> \$0	<hr/> \$2,210

<u>Net Revenue</u>	<u>Usual &amp; Customary</u>	<u>Hardship</u>	<u>Indigent</u>	<u>Total</u>
Ob/Gyn	\$477,000	\$49,500	\$0	\$526,500
Urology	\$3,975	\$700	\$0	\$4,675
Interventional Radiology	\$527,800	\$37,830	\$0	\$565,630
Pain Management	\$5,280	\$4,550	\$0	\$9,830
Ear, Nose and Throat	\$28,600	\$20,350	\$0	\$48,950
	<hr/> \$1,042,655	<hr/> \$112,930	<hr/> \$0	<hr/> \$1,155,585

Prepared by Ingold Associates, Ltd.  
James F. Ingold, CPA, MBA  
2300 N. Barrington Road, Ste 400  
Hoffman Estates, IL 60169

**ATTACHMENT FINANCIALS**

**INCOME STATEMENT FORECAST**

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>
<b># of Procedures</b>	523	533	544	555	566	577	589
	\$2,210	\$2,254	\$2,299	\$2,345	\$2,392	\$2,440	\$2,488
		2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
<b>Revenue:</b>							
Patient Service Revenue	1,216,405	1,265,548	1,316,676	1,369,870	1,425,213	1,482,791	1,542,696
Indigent Care	(60,820)	(63,277)	(65,834)	(68,494)	(71,261)	(74,140)	(77,135)
Net Revenue	1,155,585	1,202,271	1,250,842	1,301,376	1,353,952	1,408,651	1,465,561
<b>Expenses:</b>							
Bank and Finance Charges	4,617	4,803	4,997	5,199	5,409	5,628	5,855
Employee Contracting	513,664	523,937	534,416	545,104	556,006	567,126	578,469
Advertising	72,724	72,724	74,178	75,662	77,175	78,719	80,293
Rent	149,129	152,111	155,154	158,257	161,422	164,650	167,943
Utilities/Telephone	17,538	17,889	18,247	18,611	18,984	19,363	19,751
Office Expense	62,901	64,474	65,763	67,078	68,420	69,788	71,184
Dues & Subscriptions	1,822	1,868	1,905	1,943	1,982	2,021	2,062
Equipment Rental	55,381	55,381	55,381	55,381	55,381	55,381	55,381
Licenses and fees	2,308	2,366	2,413	2,461	2,510	2,561	2,612
Drugs & Prof Supplies	94,440	96,329	98,255	100,220	102,225	104,269	106,355
Lab Fees	10,699	10,966	11,186	11,410	11,638	11,870	12,108
Insurance	935	958	978	997	1,017	1,037	1,058
Laundry & Cleaning	21,473	22,010	22,450	22,899	23,357	23,824	24,301
Repairs and Maintenance	25,113	25,741	26,256	26,781	27,316	27,863	28,420
Accounting & Legal	0	0	0	0	0	0	0
Misc Expense	0	0	0	0	0	0	0
<b>Total Expenses</b>	1,032,744	1,051,556	1,071,578	1,092,004	1,112,842	1,134,102	1,155,791
<b>Net Income from Operations</b>	122,841	150,715	179,264	209,372	241,110	274,549	309,770

Prepared by Ingold Associates, Ltd.  
**James F. Ingold, CPA, MBA**  
 2300 N. Barrington Road, Ste 400  
 Hoffman Estates, IL 60169

**ATTACHMENT FINANCIALS**

**BALANCE SHEET FORECAST  
Year 1**

ASSETS

<b>Current Assets</b>		
Cash & Short Term Investments	55,189	
Accounts Receivable, Net	101,367	
Prepaid Expense	<u>8,473</u>	
Total Net Current Assets		165,029
<b>Property and Equipment</b>		
Property and Equipment	0	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		0
<b>Other Assets</b>		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$184,295</u></u>

LIABILITIES AND CAPITAL

<b>Current Liabilities</b>		
Accounts Payable	50,466	
Wages Payable	9,988	
Other	<u>0</u>	
Total Current Liabilities		60,454
<b>Long-Term Liabilities</b>		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>60,454</u>
<b>Capital</b>		
Paid in Capital	1,000	
Retained Earnings	0	
Net Income	<u>122,841</u>	
Total Capital		123,841
Total Liabilities & Capital		<u><u>\$184,295</u></u>

**Prepared by Ingold Associates, Ltd.**  
2300 N. Barrington Road, Ste 400  
Hoffman Estates, IL 60195

**ATTACHMENT FINANCIALS**  
**BALANCE SHEET FORECAST**  
**Year 2**

ASSETS

Current Assets			
Cash	189,346		
Accounts Receivable, Net	140,616		
Prepaid Expense	8,642		
Total Net Current Assets			338,605
Property and Equipment			
Property and Equipment	0		
Accumulated Depreciation	0		
Total Net Property and Equipment			0
Other Assets			
Deposits - rent	19,266		
Total Other Assets			19,266
Total Assets			\$357,871

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	51,296		
Wages Payable	32,018		
Other	0		
Total Current Liabilities			83,315
Long-Term Liabilities			
Notes Payable	0		
Other Accrued Liabilities	0		
Other	0		
Total Long-Term Liabilities			0
Total Liabilities			83,315
Capital			
Paid in Capital	1,000		
Retained Earnings	122,841		
Net Income	150,715		
Total Capital			274,556
Total Liabilities & Capital			\$357,871

*Prepared by Ingold Associates, Ltd.*  
2300 N. Barrington Road, Ste 400  
Hoffman Estates, IL 60195

**ATTACHMENT FINANCIALS**

**BALANCE SHEET FORECAST**

**Year 3**

ASSETS

Current Assets	
Cash	346,037
Accounts Receivable, Net	164,585
Prepaid Expense	<u>8,815</u>
Total Net Current Assets	519,437
Property and Equipment	
Property and Equipment	0
Accumulated Depreciation	<u>0</u>
Total Net Property and Equipment	0
Other Assets	
Deposits - rent	<u>19,266</u>
Total Other Assets	19,266
Total Assets	<u><u>\$538,703</u></u>

LIABILITIES AND CAPITAL

Current Liabilities	
Accounts Payable	52,224
Wages Payable	32,659
Other	<u>0</u>
Total Current Liabilities	84,883
Long-Term Liabilities	
Notes Payable	0
Other Accrued Liabilities	0
Other	<u>0</u>
Total Long-Term Liabilities	0
Total Liabilities	<u>84,883</u>
Capital	
Paid in Capital	1,000
Retained Earnings	273,556
Net Income	<u>179,264</u>
Total Capital	453,820
Total Liabilities & Capital	<u><u>\$538,703</u></u>

*Prepared by Ingold Associates, Ltd.  
2300 N. Barrington Road, Ste 400  
Hoffman Estates, IL 60195*

**ATTACHMENT FINANCIALS**

**BALANCE SHEET FORECAST  
Year 4**

ASSETS

Current Assets		
Cash	511,158	
Accounts Receivable, Net	190,260	
Prepaid Expense	<u>8,991</u>	
Total Net Current Assets		710,409
Property and Equipment		
Property and Equipment	20,000	
Accumulated Depreciation	<u>0</u>	
Total Net Property and Equipment		20,000
Other Assets		
Deposits - rent	<u>19,266</u>	
Total Other Assets		19,266
Total Assets		<u><u>\$749,675</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	53,171	
Wages Payable	33,312	
Other	<u>0</u>	
Total Current Liabilities		86,483
Long-Term Liabilities		
Notes Payable	0	
Other Accrued Liabilities	0	
Other	<u>0</u>	
Total Long-Term Liabilities		0
Total Liabilities		<u>86,483</u>
Capital		
Paid in Capital	1,000	
Retained Earnings	452,820	
Net Income	<u>209,372</u>	
Total Capital		663,192
Total Liabilities & Capital		<u><u>\$749,675</u></u>

*Prepared by Ingold Associates, Ltd.  
2300 N. Barrington Road, Ste 400  
Hoffman Estates, IL 60195*

**Paramjit Chopra, M.D.**  
**1011 E Touhy Ave, Suite 350**  
**Des Plaines, IL 60018**

August 7, 2020

Debra Savage  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Ms. Savage:

I am an interventional radiologist. I am writing in support of the expansion of surgical services at Advantage Health Care. Interventional radiology and pain management cases will constitute the majority of my work in the future.

Over the past twelve months (from April 1, 2019 to March 31, 2020), for the zip codes listed on Exhibit 1, I performed a total of 1,658 outpatient surgical procedures at the following hospitals. With the addition of interventional radiology and pain management at Advantage Health Care, I expect to refer my cases as noted below. Of the total cases, 10% percent will reside within the geographic service area of Advantage Health Care.

Hospital / Licensed ASTC	Hospital and Licensed ASTC (number of cases) Most recent 12 months	Projected Referrals to [Name of Surgery Center] after Project Completion
Gottlieb Memorial Hospital		
Interventional Radiology	1,297	156
Pain Management	12	5
Jackson Park Hospital		
Interventional Radiology	337	10
Pain Management	12	0
<b>Total</b>	<b>1,658</b>	<b>171</b>

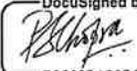
Ms. Debra Savage  
August 7, 2020  
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the expansion of surgical services at Advantage Health Care

Sincerely,

DocuSigned by:  
  
FC208B4C0BCE419

Paramjit Chopra, M.D.  
1011 E Touhy Ave, Suite 350  
Des Plaines, IL 60018

# GOTTLIEB MEMORIAL HOSPITAL

## PATIENT ZIPCODES

60002	1
60004	3
60005	3
60007	3
60008	3
60010	4
60013	1
60013-2962	1
60014	1
60015	3
60016	20
60016-4904	1
60016-8719	1
60018	10
60018-1821	2
60022	1
60025	3
60026	2
60026-6901	1
60026-8053	1
60030	1
60031	2
60033	1
60035	3
60040	3
60041	1
60043	1
60044	2
60045	8
60045-3861	1
60046	1
60047	5
60048	2
60050	1
60051	1
60053	6
60053-0065	2
60053-2270	1
60056	12

60056-1436	1
60060	2
60060-6017	1
60061	2
60062	9
60062-1612	1
60064	2
60067	5
60067-2704	1
60067-7422	1
60068	13
60068-5415	1
60069	2
60070	1
60073	2
60074	3
60076	12
60076-1567	1
60077	3
60083	1
60084	5
60181	8
60185	2
60187	3
60188	3
60189	1
60189-7364	1
60191	2
60192	2
60193	2
60085	9
60085-2036	1
60087	1
60089	3
60089-1931	1
60089-3422	1
60090	9
60091	3
60091-2466	2

60093	1
60096	1
60097	1
60098	1
60099	2
60101	11
60102	2
60103	4
60104	21
60106	10
60106-2517	2
60107	1
60108	6
60110	2
60115	1
60118	4
60120	4
60123	3
60123-5256	2
60126	10
60130	5
60130-2528	1
60131	27
601312526	1
60133	1
60136	5
60137	1
60137-6345	1
60139	3
60139-2626	1
60142	3
60143	2
60148	10
60148-1855	2
60151	2
60153	18
60154	7
60155	4
60156	1

60157	1
60160	39
60160-1256	1
60161	2
60162	4
60163	5
60164	51
60164-1725	2
60165	4
60171	21
60172	8
60173	2
60174-1117	1
60175	2
60176	13
60194	2
60201	3
60202	1
60203	1
60204	1
60302	5
60302-2740	1
60304	5
60305	4
603051120	1
60313	1
60402	9
60402-3738	1
60403	1
60404	1
60406	9
60409	2
60411	4
60415	3
60419	1
60419-2744	2
60425	3
60426	2
60428	1
60429	3
60430	2
60431	1
60432	1
60433	1

60435	3
60436	1
60440	1
60442	1
60443	1
60445	2
60446	6
60447	1
60451	1
60452	1
60452-2822	1
60453	3
60455	2
60457	1
60457-1530	1
60458	3
60459	7
60462	8
60463	2
60464	1
60465	1
60466	1
60467	1
60468	1
60471	6
60472	1
60473	1
60476	1
60477	2
60478	3
60481	1
60482	1
60484	3
60490	1
60491	2
60501	1
60502	2
60504	1
60505	1
60506	1
60510	1
60512	1
60513	1
60515	1

60516	1
60517	3
60521	1
60523	3
60525	4
60527	1
60532	1
60534	2
60542	1
60544	1
60546	4
60548	1
60555	1
60561	1
60563	1
60564	1
60565	1
60585-2265	1
60586	2
60601	1
60602-3044	1
60603	1
60604	1
60607	3
60608	7
60609	9
60610	3
60611	3
60611-3443	1
60612	2
60613	3
60614	8
60614-5247	1
60615	17
60615-0125	1
60615-2794	1
60616	13
60617	12
60617-1431	1
60617-1839	1
606171843	2
606172423	2
60618	19
60618-2119	2

60619	36
60620	22
60620-3777	4
60621	28
60621-3719	3
60621-3767	2
60622	5
60623	6
606234416	1
60624	2
60624-2353	1
60625	10
60625-2227	1
60625-6210	1
60626	21
60626-1654	1
60626-2613	1
60627	1
60628	27
60629	16
60630	15
60631	8
60631-3751	3
60632	6
60633	2
60634	29
60636	16
60636-4033	2
60637	19
60637-3838	3
60638	14
60639	22
60639-3236	2
60640	19
60640-1097	2
60640-4213	1
60640-7285	4
60641	24
60642	4
60643	7
60644	9
60645	7

60645-2750	1
60646	5
60647	12
60649	22
60649-3835	4
60651	16
60652	1
60653	3
60654-5507	1
60655	1
60656	5
60657	10
60657-5421	1
60659	3
60659-1412	1
60660	12
60660-2307	1
60660-4737	1

<b>TOTAL</b>	<b>1309</b>
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**JACKSON PARK HOSPITAL  
PATIENT ZIPCODES**

60009	1
60164	2
60423	1
60426	1
60429	3
60438	1
60446	1
60452	1
60455	1
60458	1
60459	1
60471	2
60473	1
60546	1
60609	1
60612	1
60615	4
60616	5
60617	2
60619	43
60620	3
60621	12
60623	2
60624	2
60626	2
60628	8
60629	2
60636	1
60637	7
60638	1
60640	1
60641	1
60642	1
60645	3
60649	219
60651	2
60652	1
60653	1
60654	1

60707	2
60803	1
60827	1
61921	1

<b>TOTAL</b>	<b>349</b>
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