ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Louis A. Weiss Memorial Hospital		
Street Address: 4646 North Marine Drive		
City and Zip Code: Chicago 60640		
County: Cook	Health Service Area: 6	Health Planning Area: A-01

Legislators

State Senator Name: John Cullerton
State Representative Name: Sara Feigenholtz

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

Exact Legal Name: Pipeline Health System, LLC
Street Address: 898 N. Sepulveda Boulevard, Suite 500
City and Zip Code: El Seguendo, CA 90245
Name of Registered Agent: Registered Agent Solutions, Inc.
Registered Agent Street Address: 9 E. Loockeman Street, Suite 311
Registered Agent City and Zip Code: Dover, DE 19901
Name of Chief Executive Officer: Jim Edwards
CEO Street Address: 898 N. Sepulveda Boulevard, Suite 500
CEO City and Zip Code: El Seguendo, CA 90245
CEO Telephone Number: (213) 694-4861

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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: Anne M. Murphy
Title: Attorney
Company Name: Arent Fox LLP
Address: Prudential Tower, 800 Boylston Street, 32nd Floor, Boston, MA 02199
Telephone Number: (617) 973-6246
E-mail Address: Anne.Murphy@arentfox.com
Fax Number: (617) 367-2315

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APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

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State Representative Name: Sara Feigenholtz

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

Exact Legal Name: SRC Hospital Investments II, LLC
Street Address: 898 N. Sepulveda Boulevard, Suite 500
City and Zip Code: El Seguendo, CA 90245
Name of Registered Agent: Registered Agent Solutions, Inc.
Registered Agent Street Address: 9 E. Loockeman Street, Suite 311
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APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

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Legislators

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State Representative Name: Sara Feigenholtz

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

Exact Legal Name: Pipeline—Weiss Memorial Hospital, LLC
Street Address: 898 N. Sepulveda Boulevard, Suite 500
City and Zip Code: El Seguendo, CA 90245
Name of Registered Agent: Registered Agent Solutions, Inc.
Registered Agent Street Address: 9 E. Loockeman Street, Suite 311
Registered Agent City and Zip Code: Dover, DE 19901
Name of Chief Executive Officer: Mary Shehan
CEO Street Address: 4646 North Marine Drive
CEO City and Zip Code: Chicago, IL 60640
CEO Telephone Number: (773) 878-8700

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

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Telephone Number: (617) 973-6246
E-mail Address: Anne.Murphy@arentfox.com
Fax Number: (617) 367-2315

Additional Contact [Person who is also authorized to discuss the Application]

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Exemption Contact
[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name: Mary Shehan
Title: Chief Executive Officer
Company Name: Pipeline—Weiss Memorial Hospital, LLC
Address: 4646 North Marine Drive Chicago, IL 60640
Telephone Number: (773) 878-8700
E-mail Address: mshehan@weisshospital.com
Fax Number:

Site Ownership after the Project is Complete
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Weiss Property Holdings, LLC
Address of Site Owner: 898 N. Sepulveda Boulevard, Suite 500, El Seguendo, CA 90245
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee
[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Pipeline--Weiss Memorial Hospital, LLC					
Address: 4646 North Marine Drive Chicago, IL 60640					
☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

Operating Identity/Licensee after the Project is Complete

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Pipeline--Weiss Memorial Hospital, LLC

Address: 4646 North Marine Drive, Chicago, IL 60640

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

Pipeline Health System, LLC ("PHS"), SRC Hospital Investments II, LLC ("SRC") and Pipeline—Weiss Memorial Hospital, LLC ("Weiss OpCo") hereby seek a Certificate of Exemption ("COE') from the Illinois Health Facilities and Services Review Board (the "Review Board") to allow consummation of a proposed corporate restructuring transaction (the "Transaction") that will cause PHS to assume ultimate corporate control of Weiss OpCo.

Weiss OpCo is a wholly owned subsidiary of SRC. The current SRC interest holders include several LLC entities and individuals, none of whom holds 50% or greater ownership or control interest in SRC (the "SRC Interest Holders") (see Attachment 3 for a list of persons currently owning a 5% or greater interest in SRC).

The net effect of the transaction will be to bring SRC and Weiss OpCo into the centralized corporate structure of the national Pipeline operations, for which PHS serves as the ultimate parent entity.

Weiss OpCo is the licensee of Louis A. Weiss Memorial Hospital ("Weiss"), a 237-bed general acute care hospital located at 4646 North Marine Drive, Chicago, Illinois 60640. SRC acquired Weiss in early 2019, along with the assets of two other Chicago-area hospitals and affiliated operations, for a total purchase price of Seventy Million Dollars ($70,000,000.00). As part of that transaction, the real estate and buildings on which Weiss is located were acquired by Weiss Property Holdings, LLC ("Weiss PropCo"), a Delaware limited liability company.

Weiss OpCo entered into a multi-year lease with Weiss PropCo for the Weiss site. Under the lease terms, Weiss OpCo pays fair market value rent and is responsible for all costs and expenses associated with the land, buildings, and other real estate comprising the Weiss campus.

Weiss PropCo is not involved in Weiss operations or care delivery. As a result, Weiss PropCo is not an applicant in this COE application.

SRC calculates that the current value of all Weiss assets, including the land and buildings, is $25.2 million. Based upon the real estate lease with Weiss PropCo, the Weiss campus real estate is valued at $19.3 million. The fair market value of the Weiss equipment is $5.9 million.

Under the proposed reorganization, Pipeline Health System Holdings, LLC ("PHSH") will become the sole member and interest holder of SRC. The sole member and interest holder of PHSH will be Pipeline Health System, LLC ("PHS"). DFP Opco LLC and Deerfield PH Holdings IV, L.P. (collectively, the "Investing Owners") will own, respectively, 34.40% and 36.20% in membership interest of PHS. The Investing Owners will indirectly own, in the aggregate, 70.60% of Weiss OpCo after the reorganization. Pipeline Hospital Holdings, LLC ("PHH") will indirectly hold 29.40% of the membership interests in Weiss OpCo. Certain owners of PHH and the Investing Owners will indirectly own 5% or more of Weiss OpCo, as reflected in Attachment 3. (PHS and the Investing Owners referred to, collectively, as the "PHS Owners").

Following completion of the transaction, SRC will be a wholly-owned subsidiary of PHSH, a Delaware limited liability company. PHSH will be a wholly owned subsidiary of PHS, a Delaware limited liability company. PHS will be owned in part by PHH, a Delaware limited liability company, and in part by the Investing Owners. Organizational charts depicting the current corporate structure for SRC and Weiss OpCo, and pertinent aspects of the proposed Transaction, are shown at Attachment 4 of Section 1. Weiss OpCo will continue as hospital licensee of Weiss following completion of the Transaction.

None of the PHS Owners will hold a 50% or greater ownership interest in PHS and none of the PHS Owners will hold a 50% or greater ownership or control interest in Weiss OpCo after completion of the Transaction. Simultaneous with this application, PHS, SRC and Pipeline—West Suburban Medical Center, LLC ("WSMC"), a wholly owned subsidiary of SRC that is the licensee of West Suburban Medical Center, are submitting a COE application to the Review Board because the Transaction will also affect the ownership of WSMC.

The Transaction is contingent upon approval by the Review Board. The Transaction is currently scheduled to close on or before March 31, 2020, subject to the Review Board granting this COE and the COE for WSMC.

Related Project Costs N/A

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☐ No
Purchase Price: $_____

Fair Market Value: $_____

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes __ No _X_. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): _____

State Agency Submittals

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

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

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

This Application is filed on the behalf of Pipeline Health System, 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.

SIGNATURE

Nicholas Orzano
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of January 2020

Signature of Notary

Seal

MIRIAM JUAREZ BLAKELEY
Notary Public - California
Los Angeles County
Commission # 2147738
My Comm. Expires Mar 27, 2020

SIGNATURE

Mark Bell
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of January 2020

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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SIGNATURE	SIGNATURE
Nicholas Orzano PRINTED NAME	Mark Bell PRINTED NAME
Manager PRINTED TITLE	Manager PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of January 2020	Notarization: Subscribed and sworn to before me (SEE ATTACHED) this _____ day of January 2020
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

#E-006-20

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

Subscribed and sworn to (or affirmed) before me on this 8 day of January, 20 20, by Mark Bell,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SYNAT FALEFITU
COMM. #2269583
Notary Public - California
Los Angeles County
My Comm. Expires Dec. 4, 2022
NRO1

(Seal)

Signature Synat Falefitu

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

Illinois Health Facilities and Services Review Board Change of Ownership Application for Exemption - 10/2018 Edition

containing _____ pages, and dated 1/8/2020.

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
☒ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # 9 Entry # 2

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

© Copyright 2007-2018 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507. All Rights Reserved. Item Number 101884. Please contact your Authorized Reseller to purchase copies of this form.

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Pipeline—Weiss Memorial Hospital, LLC

_____

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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.

SIGNATURE
SRC Hospital Investments II, LLC, its sole manager
By: Nicholas Orzano
PRINTED NAME

Co-President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of January 2020

Signature of Notary

Seal

MIRIAM JUAREZ BLAKELEY
Notary Public - California
Los Angeles County
Commission # 2147738
My Comm. Expires Mar 27, 2020

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of SRC Hospital Investments II, 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.

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Nicholas Orzano
PRINTED NAME

Manager
PRINTED TITLE

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Notary Public - California
Los Angeles County
Commission # 2147738
My Comm. Expires Mar 27, 2020

SIGNATURE

Jim Edwards
PRINTED NAME

Member
PRINTED TITLE

Notarization:
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this _____ day of January 2020

Signature of Notary

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SIGNATURE	SIGNATURE
Nicholas Orzano PRINTED NAME	Jim Edwards PRINTED NAME
Manager PRINTED TITLE	Member PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of January 2020	Notarization: Subscribed and sworn to before me this 6th day of January 2020
Signature of Notary	Signature of Notary
Seal	Seal

Commonwealth of Pennsylvania - Notary Seal
Jessica Seferyn, Notary Public
Luzerne County
My commission expires April 24, 2023
Commission number 1351290
Member, Pennsylvania Association of Notaries

*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

4. 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.**

5. If, during a given calendar year, an applicant submits more than one Application, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☒ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.

2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.

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

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X

1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(8) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV.CHARITY CARE INFORMATION

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 7.

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

APPEND DOCUMENTATION AS ATTACHMENT 7, 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:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	21 - 24
2	Site Ownership	25 - 52
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	53 - 55
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	56 - 58
5	Background of the Applicant	59 - 67
6	Change of Ownership	68 - 74
7	Charity Care Information	75 - 94

Section 1

Attachment 1

Applicant Information

The Certificates of Good Standing for SRC Hospital Investments II, LLC, Pipeline—Weiss Memorial Hospital, LLC ("Weiss OpCO") and Pipeline Health System, LLC are attached at Attachment 1.

File Number 0820915-4

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

PIPELINE HEALTH SYSTEM, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JANUARY 03, 2020, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 8TH *day of* JANUARY *A.D.* 2020 .

Authentication #: 2000801700 verifiable until 01/08/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 0689124-1

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

SRC HOSPITAL INVESTMENTS II, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 09, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 30TH *day of* DECEMBER *A.D.* 2019 .

Authentication #: 1936401788 verifiable until 12/30/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment 1

File Number 0689282-5

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

PIPELINE - WEISS MEMORIAL HOSPITAL, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 20, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 30TH *day of* DECEMBER *A.D.* 2019 .

Authentication #: 1936401798 verifiable until 12/30/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment 1

Section 1

Attachment 2

Site Ownership

Weiss Property Holdings, LLC ("WMH PropCo") owns the land and improvements on the land comprising the campus of Louis A. Weiss Memorial Hospital ("WMH"). WMH PropCo leases the buildings and other improvements on the campus of WMH to WMH OpCo, which is the licensee of WMH.

A copy of the real estate Special Warranty Deed evidencing the ownership of WMH PropCo, and a copy of a recorded Memorandum of Lease evidencing the lease to WMH OpCo, are attached as Attachment 2.

Following the transaction, WMH PropCo will continue to own the land and improvements on the land comprising the campus of WMH. WSMC OpCo will continue to lease the buildings and other improvements on the campus of WMH from WMH PropCo and will continue as the licensee of WMH.

Attachment 2

Doc# 1902934072 Fee $48.00

RHSP FEE:$9.00 RPRF FEE: $1.00
EDWARD M. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 01/29/2019 03:57 PM PG: 1 OF 6

(Space Above for Recorder's Use)

Prepared by:	Mail recorded document to:	Send subsequent tax bills to:
Alston & Bird LLP 1201 W. Peachtree Street Atlanta, Georgia 30309 Attention: Colony C. Canady	Duane Morris LLP 1075 Peachtree Street NE Suite 2000 Atlanta, GA 30309-3929 Attention: Kirk Domescik	SRC Hospital Investments II, LLC c/o Pipeline Chicago Property Holdings, LLC 898 Pacific Coast Hwy., Suite 500 El Segundo, CA 90245 Attn: Nick Orzano

P.I.N.: See "Exhibit A"
Hospital: Weiss Memorial Hospital

SPECIAL WARRANTY DEED

THIS INDENTURE, made as of the 28th day of January, 2019, between **VHS ACQUISITION SUBSIDIARY NUMBER 3, INC.**, a Delaware corporation, party of the first part ("Grantor"), and **WEISS PROPERTY HOLDINGS, LLC**, a Delaware limited liability company, party of the second part ("Grantee").

WITNESSETH, that Grantor, for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration in hand paid, by Grantee, the receipt of which is hereby acknowledged, by these presents does **REMISE, RELEASE, ALIENATE AND CONVEY** unto Grantee, **FOREVER**, all the following described real estate, situated in the County of Cook and State of Illinois, known and described on **Exhibit A** attached hereto and made a part hereof, together with all and singular the hereditaments and appurtenances belonging thereto, or in any way appertaining, and the reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim or demand whatsoever, of Grantor, either at law or in equity of, in and to the above-described premises.

TO HAVE AND TO HOLD the said premises as described above, unto Grantee, its successors and assigns, in fee simple, forever.

And the Grantor, for itself and its successors, does covenant, promise and agree to and with Grantee and its successors that it has not done or suffered to be done anything whereby the said premises hereby granted are, or may be, in any manner encumbered or charged, except as herein recited; and that it is lawfully seized of said premises in fee simple; and that it **WILL WARRANT AND DEFEND** said premises against all persons lawfully claiming, or to claim the same, by, through or under Grantor, subject only to the matters set forth on **Exhibit B** attached hereto and made a part hereof, but not otherwise.

[Following Page]

REAL ESTATE TRANSFER TAX 29-Jan-2019

CHICAGO:	89,895.00
CTA:	35,958.00
TOTAL:	125,853.00 *

14-16-102-001-0000 | 20190101684803 | 2-030-760-352

* Total does not include any applicable penalty or interest due.

REAL ESTATE TRANSFER TAX 29-Jan-2019

COUNTY:	5,983.00
ILLINOIS:	11,986.00
TOTAL:	17,979.00

14-16-102-001-0000 | 20190101684803 | 2-128-231-200

Attachment 2

IN WITNESS WHEREOF, said party of the first part has executed and sealed this Deed, the day and year first above written.

VHS ACQUISITION SUBSIDIARY NUMBER 3, INC., a Delaware corporation

By: _____
Name: Michael T. Maloney
Title: Vice President

This Instrument Prepared by:

Alston & Bird LLP
1201 West Peachtree Street
Atlanta, Georgia 30309-3424
Attention: Colony C. Canady

Send Subsequent Tax Bills to:

SRC Hospital Investments II, LLC
898 N. Pacific Coast Hwy., Suite 500
El Segundo, CA 90245
Attn: Nick Orzano

Mail recorded document to:

Duane Morris LLP
1075 Peachtree Street NE, Suite 2000
Atlanta, GA 30309-3929
Attention: Kirk Domescik

STATE OF Texas

COUNTY OF Dallas SS:

I, Gigi Aldrete, a Notary Public in and for said County in the State aforesaid, do hereby certify that Michael T. Maloney, personally known to me to be the Vice President of VHS Acquisition Subsidiary Number 3, Inc., a Delaware corporation, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such Vice President, such person signed and delivered the said instrument as such person's free and voluntary act and as the free and voluntary act and deed of said corporation, in such capacity as Vice President for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal this 10th day of December, 2018.

Gigi Aldrete
Notary Public

My Commission expires:
4-4-19

GIGI ALDRETE
My Commission Expires
April 04, 2019

EXHIBIT A

LEGAL DESCRIPTION:

All that certain lot or parcel of land situate in the City of Chicago, County of Cook, State of Illinois, and being more particularly described as follows:

PARCEL 1:

THAT PART OF LOT 1 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1531 FEET OF LOT 1 (EXCEPT SO MUCH THEREOF AS WAS CONVEYED TO DEVOTION C. EDDY BY DEED DATED FEBRUARY 10, 1855 AND RECORDED FEBRUARY 13, 1855 IN BOOK 80 AT PAGE 538) WITH ACCRETIONS THERETO, IN SCHOOL TRUSTEES SUBDIVISION OF FRACTIONAL SECTION 16, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF THE EAST LINE OF NORTH CLARENDON AVENUE, LYING SOUTH OF THE SOUTH LINE OF WEST LELAND AVENUE AS OPENED BY CITY ORDINANCE PASSED OCTOBER 17, 1923, AND LYING WEST OF THE WESTERLY BOUNDARY LINE OF LINCOLN PARK, AS ESTABLISHED BY AGREEMENT BETWEEN THE LINCOLN PARK COMMISSIONERS AND THE OWNERS OF LOT 1 IN SUPERIOR COURT PARTITION AFORESAID, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE SOUTH ½ OF THAT PART OF WEST LELAND AVENUE LYING EAST OF THE EAST LINE OF NORTH CLARENDON AVENUE AND WESTERLY OF THE WESTERLY LINE OF NORTH MARINE DRIVE, AS VACATED BY SUBSTITUTE ORDIANCE RECORDED JANUARY 14, 2005 AS DOCUMENT 0501422209 AND SUBSTITUTE ORDINANCE RECORDED JUNE 13, 2015 AS DOCUMENT 0516439110.

PIN: 14-16-102-001-0000

PARCEL 2:

THAT PART OF LOT 2 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1531 FEET OF LOT 1 (EXCEPT SO MUCH THEREOF AS WAS CONVEYED TO DEVOTION C. EDDY BY DEED DATED FEBRUARY 10, 1855 AND RECORDED FEBRUARY 13, 1855 IN BOOK 80 AT PAGE 538) WITH ACCRETIONS THERETO, IN SCHOOL TRUSTEES SUBDIVISION OF FRACTIONAL SECTION 16, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF THE EAST LINE OF NORTH CLARENDON AVENUE, LYING NORTH OF THE NORTH LINE OF LOT 25 IN EDDY'S SUBDIVISION OF THE SOUTH 10 RODS OF THE NORTH 80 RODS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 (EXCEPT THE NORTH 8.0 FEET THEREOF), TOGETHER WITH THAT PART OF SECTION 16 LYING EAST AND ADJOINING SAID 10 RODS, ALL IN TOWNSHIP 40 NORTH, RANGE 14 EAST AFORESAID, AND LYING WEST OF THE WESTERLY BOUNDARY LINE OF LINCOLN PARK, AS ESTABLISHED BY AGREEMENT BETWEEN THE LINCOLN PARK COMMISSIONERS AND THE OWNER OF LOT 2 IN SUPERIOR COURT PARTITION AFORESAID, IN COOK COUNTY, ILLINOIS.

PIN: 14-16-102-008-0000

PARCEL 3:

THAT PART OF LOT 25 TOGETHER WITH ACCRETIONS THERETO, LYING WEST OF THE WESTERLY BOUNDARY LINE OF LINCOLN PARK, AS ESTABLISHED BYAGREEMENT BETWEEN THE LINCOLN PARK COMMISSIONERS AND THE OWNER OF SAID LOT 25 AFORESAID, IN EDDY'S SUBDIVISION OF THE SOUTH 10 RODS OF THE NORTH 80 RODS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17 (EXCEPT THE NORTH 8.0 FEET THEREOF) TOGETHER WITH THAT PART OF SECTION 16 LYING EAST OF AND ADJOINING SAID 10 RODS, ALL IN TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 14-16-102-004-0000; 14-16-102-005-0000

PARCEL 4:

LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 ALLEY) IN JOHN N. YOUNG'S SUBDIVISION OF THE SOUTH 5 ACRES OF THE NORTH 25 ACRES OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

AND

LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 FOR ALLEY) IN H.A. GOODRICHS SUBDIVISION OF THE SOUTH 10 RODS OF THE NORTH 60 RODS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, TOGETHER WITH THE VACATED ALLEY LYING SOUTH OF AND ADJOINING LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 FOR ALLEY) IN JOHN N. YOUNG'S SUBDIVISION AFORESAID AND LYING NORTH OF LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 FOR ALLEY) IN H.A. GOODRICHS SUBDIVISION AFORESAID, ALL IN COOK COUNTY, ILLINOIS.

PIN: 14-17-213-025-0000; 14-17-213-026-0000

EXHIBIT B

PERMITTED EXCEPTIONS

1. Real Estate Ad Valorem Taxes for second installment for the year 2018 and for the year 2019 and subsequent years, not yet due and payable.

2. All covenants, conditions, restrictions and other matters of record recorded or filed in the applicable records of Cook County, Illinois with respect to the real property conveyed hereby.

3. Rights of tenants (and subtenants) and/or lessees (and sublessees) in possession under any recorded or unrecorded leases or rental agreements.

4. Zoning regulations and building laws, ordinances and regulations, and other similar laws now or hereinafter in effect and applicable to the real property conveyed hereby.

5. All matters as would be shown on a current, accurate survey of the real property conveyed hereby.

Official Receipt for Recording to:

Cook County Recorder of Deeds
118 N Clark

Chicago, Illinois 60602

Issued To:
DE GRAFF

815-464-1313

Recording Fees

Document Description	Number	Book/Page	Recording Amount
RELS	1902934070		$44.00
RHSPS			$9.00
RPRF			$1.00
DEEDAFF	1902934071		$44.00
AFFIDAV			$2.00
RHSPS			$9.00
RPRF			$1.00
DEED	1902934072		$48.00
RHSPS			$9.00
RPRF			$1.00
DEEDAFF	1902934073		$46.00
AFFIDAV			$2.00
RHSPS			$9.00
RPRF			$1.00
MISC	1902934074		$58.00
RHSPS			$9.00
RPRF			$1.00
			$294.00

Collected Amounts

Payment Type		Amount
Check	80958	$294.00
		$294.00
Change Due :		$.00

Thank You
EDWARD M. KOOPY - Recorder of Deeds

By: Lalu Naraville

Receipt#	Date	Time
34190209	01/29/2019	04:11p

Attachment 2

1908441113

Doc# 1908441113 Fee $100.00

RHSP FEE:$9.00 RPRF FEE: $1.00
EDWARD M. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 03/25/2019 03:09 PM PG: 1 OF 32

CORRECTIVE RECORDING AFFIDAVIT

Preparer: Duane Morris, LLP/Attn: Amy Huskins, Suite 2000, 1075 Peachtree Street, Atlanta, Georgia 30309.

I, Kristina Porter, THE AFFIANT, do hereby swear or affirm, that the attached document with the document number 1902934074, which was recorded on January 29, 2019 by the Cook County Recorder of Deeds, in the State of Illinois, contained the following ERROR which this affidavit seeks to correct.

DETAILED EXPLANATION (INCLUDING PAGE NUMBER(S), LOCATION, PARAGRAPH, ETC.) OF ERROR AND WHAT THE CORRECTION IS, USE ADDITIONAL SHEET IF MORE SPACE NEEDED FOR EXPLANATION OR SIGNATURES.

For Weiss Memorial Hospital Memorandum of Lease: Signature/Notary Attestation of Tenant on pages 6-7 of attached original recorded instrument was incorrect. Exhibit A attached hereto and incorporated herein reflects the prior incorrectly recorded instrument. Exhibit B attached hereto and incorporated herein reflects the corrected instrument to be recorded.

FURTHERMORE, I, Kristina Porter, THE AFFIANT, do hereby swear or affirm, that this submission includes a CERTIFIED COPY OR THE ORIGINAL DOCUMENT, and this Corrective Recording Affidavit is being submitted to correct the aforementioned error. Finally, this correction was approved and/or agreed to by the original GRANTOR(S) and GRANTEE(S), as evidenced by their notarized signatures below (or on a separate page for multiple signatures).

(see attached signature pages) Print Grantor Name Above (Landlord see attached signature pages)	(see attached signature pages) Grantor Signature Above (See attached signature pages)	Date Affidavit Executed

DM2\6696926.3

32

Attachment 2

(see attached signature pages) Print Grantee Name Above (Tenant see attached signature pages)	(see attached signature pages) Grantee Signature	Date Affidavit Executed
Grantor/Grantee 2 above	Grantor/Grantee 2 Signature	Date Affidavit Executed
Kristina Porter Print Affiant Name Above	Affiant Signature Above	3-25-19 Date Affidavit Executed

NOTARY SECTION TO BE COMPLETED AND FILLED OUT BY WITNESSING NOTARY

FOR AFFIANT

STATE Illinois

COUNTY Cook

"OFFICIAL SEAL"
DANIELLE V LOCKETT
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/8/2022

Subscribed and sworn to me this 25 day of March, 2019

Danielle V. Lockett
Print Notary Name Above

Notary Signature Above

3/25/2019
Date Affidavit Notarized

NOTARY SECTION FOR GRANTORS AND GRANTEES ARE ATTACHED ON SEPARATE SIGNATURE PAGES

DM2\9696926.3

Attachment 2

SIGNATURE PAGES FOR LANDLORD/TENANT
CORRECTIVE RECORDING AFFIDAVIT
Weiss Memorial Hospital

LANDLORD:

WEISS PROPERTY HOLDINGS, LLC,
a Delaware limited liability company

By: Chicago Hospital Propco LLC,
a Delaware limited liability company,
its Managing Member

By: Chicago Hospital Manager LLC,
a Delaware limited liability company,
its Managing Member

By: DFP PropCo LLC,
a Delaware limited liability company,
its Member

By: Midtown Acquisitions GP LLC,
a Delaware limited liability company,
its Manager

By: _____
Name: Avram Z. Friedman
Title: Manager

By: Deerfield Chicago PropCo, LLC,
a Delaware limited liability company,
its Member

By: _____
Name: David Clark
Title: Authorized Signatory

SIGNATURE PAGES FOR LANDLORD/TENANT
CORRECTIVE RECORDING AFFIDAVIT
Weiss Memorial Hospital

LANDLORD:

WEISS PROPERTY HOLDINGS, LLC,
a Delaware limited liability company

By: Chicago Hospital Propco LLC,
a Delaware limited liability company,
its Managing Member

By: Chicago Hospital Manager LLC,
a Delaware limited liability company,
its Managing Member

By: DFP PropCo LLC,
a Delaware limited liability company,
its Member

By: Midtown Acquisitions GP LLC,
a Delaware limited liability company,
its Manager

By: _____
Name: Avram Z. Friedman
Title: Manager

By: Deerfield Chicago PropCo, LLC,
a Delaware limited liability company,
its Member

By: David J. Clark
Name: David Clark
Title: Authorized Signatory

State of NEW YORK

County of NEW YORK) ss:

On the 18th day of March 2019 before me, the undersigned, personally appeared Avram Z. Friedman, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person or entity upon behalf of which the individual acted, executed the instrument.

COURTNEY M GRATTAN
Notary Public, State of New York
Reg. No. 02GR6362674
Qualified in New York County
Commission Expires August 7, 2021

Notary Public (sign and affix stamp)

State of New York)

County of New York) ss:

On the 8th day of March 2019 before me, the undersigned, personally appeared David Clark, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person or entity upon behalf of which the individual acted, executed the instrument.

Charlotte DeLong Williamson

Charlotte DeLong Williamson

Notary Public (sign and affix stamp)

CHARLOTTE DELONG WILLIAMSON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01WI6957309
Qualified in Westchester County
My Commission Expires 04-17-2021

Attachment 2

TENANT:

PIPELINE-WEISS MEMORIAL HOSPITAL, LLC,
a Delaware limited liability company

By: SRC HOSPITAL INVESTMENTS II, LLC,
a Delaware limited liability company,
Its Manager
By: _____

Name: Nicholas Orzano
Title: Authorized Signatory

State of ILLINOIS)

County of Cook) ss:

On the 26th day of February 2019 before me, the undersigned, personally appeared Nicholas Orzano, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person or entity upon behalf of which the individual acted, executed the instrument.

Mary M. Benson

MARY M. BENSON
Notary Public (sign and affix stamp)

MARY M BENSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 23, 2020

DM2\9696926.2

Attachment 2

Exhibit B Corrected Instrument

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS

Prepared by and, after recording, return to:

Kirkland & Ellis LLP
300 North LaSalle Street
Chicago, Illinois 60654
Attention: Mark Andrew Phillip, Esq.

MEMORANDUM OF LEASE

This Memorandum of Lease is made as of the 28th day of January 2019, by and between Weiss Property Holdings, LLC, a Delaware limited liability company ("Landlord"), and Pipeline - Weiss Memorial Hospital, LLC, a Delaware limited liability company ("Tenant").

1. Pursuant to that certain unrecorded Master Lease dated as of January 28, 2019 by and between Landlord and Tenant (the "Lease"), Landlord has leased to Tenant, and Tenant has leased from Landlord, those certain premises (the "Premises") described in the Lease, and which Premises comprise a portion of the land described in the attached Exhibit A.

2. The Lease has an initial term of twenty (20) years commencing on the date hereof, and expiring on January 31, 2039.

3. Provisions for rent and other terms, covenants and conditions of said letting are set forth at length in the Lease and all of said provisions, terms, covenants and conditions are, by reference thereto, hereby incorporated in and made a part of this Memorandum of Lease.

4. This Memorandum of Lease shall also bind and benefit, as the case may require, the respective heirs, legal representatives, assigns and successors of the parties hereto, and all covenants, conditions and agreements herein contained shall be construed as covenants running with the land. Capitalized terms used in this Memorandum of Lease but not defined herein shall have the meanings ascribed to such terms in the Lease. Exhibits attached to this Memorandum of Lease are hereby incorporated in and made a part hereof.

5. This Memorandum of Lease is made and executed by the parties hereto for the purpose of giving notice of the Lease and recording same pursuant to the laws of the State of Illinois.

6. Nothing contained in this Memorandum of Lease shall be construed to change, modify, amend, or otherwise affect the provisions of the Lease. In the event of any discrepancy or conflict between the terms of the Lease and the terms of this Memorandum of Lease, the terms of the Lease shall control.

7. This Memorandum of Lease may be executed in one or more counterparts or using counterpart signature and acknowledgement pages, all of which, when taken together, shall constitute one instrument.

[Signature pages follow]

Attachment 2

IN WITNESS WHEREOF, Landlord and Tenant have executed this Memorandum of Lease as of the day and year first above written.

LANDLORD:

WEISS PROPERTY HOLDINGS, LLC,
a Delaware limited liability company

By: Chicago Hospital Propco LLC,
a Delaware limited liability company,
its Managing Member

By: Chicago Hospital Manager LLC,
a Delaware limited liability company,
its Managing Member

By: DFP PropCo LLC,
a Delaware limited liability company,
its Member

By: Midtown Acquisitions GP LLC,
a Delaware limited liability company,
its Manager

By: _____
Name: Avram Z. Friedman
Title: Manager

By: Deerfield Chicago PropCo, LLC,
a Delaware limited liability company,
its Member

By: _____
Name: David Clark
Title: Authorized Signatory

Signature Page to Memorandum of Lease (Weiss)

Attachment 2

IN WITNESS WHEREOF, Landlord and Tenant have executed this Memorandum of Lease as of the day and year first above written.

LANDLORD:

WEISS PROPERTY HOLDINGS, LLC,
a Delaware limited liability company

By: Chicago Hospital Propco LLC,
a Delaware limited liability company,
its Managing Member

By: Chicago Hospital Manager LLC,
a Delaware limited liability company,
its Managing Member

By: DFP PropCo LLC,
a Delaware limited liability company,
its Member

By: Midtown Acquisitions GP LLC,
a Delaware limited liability company,
its Manager

By: _____
Name: Avram Z. Friedman
Title: Manager

By: Deerfield Chicago PropCo, LLC,
a Delaware limited liability company,
its Member

By: David Clark
Name: David Clark
Title: Authorized Signatory

Signature Page to Memorandum of Lease (Weiss)

Attachment 2

STATE OF New York)

COUNTY OF New York) ss.:

On the ____ day of January in the year 2019 before me, the undersigned, personally appeared Avram Z. Friedman, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public (Sign and affix stamp)

COURTNEY M GRATTAN
Notary Public, State of New York
Reg. No. 02GR6362674
Qualified in New York County
Commission Expires August 7, 2021

Signature Page to Memorandum of Lease (Weiss)

Attachment 2

STATE OF New York)

COUNTY OF New York) ss.:

On the 24 day of January in the year 2019 before me, the undersigned, personally appeared David Clark, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Mark Shtilerman

Mark D Shtilerman

Notary Public (Sign and affix stamp)

MARK D.SHTILERMAN
NOTARY PUBLIC, State of New York
No. 02SH6221196
Qualified in Queens County
Certificate Filed in New York County
Commission Expires April 30, 2022

Signature Page to Memorandum of Lease (Weiss)

Attachment 2

TENANT:

PIPELINE - WEISS MEMORIAL HOSPITAL, LLC,
a Delaware limited liability company

By: SRC Hospital Investments II, LLC, a Delaware limited liability company, its Manager

By: _____
Name: Nicholas Orzano
Title: Authorized Signatory

Signature Page to Memorandum of Lease (Weiss)

Attachment 2

STATE OF ILLINOIS)

COUNTY OF Cook) ss.:

On the 26 day of Feb in the year 2019 before me, the undersigned, personally appeared Nicholas Orzano, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Mary M Benson

Mary M. Benson

Notary Public (Sign and affix stamp)

MARY M BENSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 20, 2020

Signature Page to Memorandum of Lease (Weiss)

Attachment 2

COOK COUNTY
RECORDER OF DEEDS

EXHIBIT A

LEGAL DESCRIPTION

[attached]

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS

Attachment 2

All that certain lot or parcel of land situate in the City of Chicago, County of Cook, State of Illinois, and being more particularly described as follows:

PARCEL 1:

THAT PART OF LOT 1 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1531 FEET OF LOT 1 (EXCEPT SO MUCH THEREOF AS WAS CONVEYED TO DEVOTION C. EDDY BY DEED DATED FEBRUARY 10, 1855 AND RECORDED FEBRUARY 13, 1855 IN BOOK 80 AT PAGE 538) WITH ACCRETIONS THERETO, IN SCHOOL TRUSTEES SUBDIVISION OF FRACTIONAL SECTION 16, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF THE EAST LINE OF NORTH CLARENDON AVENUE, LYING SOUTH OF THE SOUTH LINE OF WEST LELAND AVENUE AS OPENED BY CITY ORDINANCE PASSED OCTOBER 17, 1923, AND LYING WEST OF THE WESTERLY BOUNDARY LINE OF LINCOLN PARK, AS ESTABLISHED BY AGREEMENT BETWEEN THE LINCOLN PARK COMMISSIONERS AND THE OWNERS OF LOT 1 IN SUPERIOR COURT PARTITION AFORESAID, IN COOK COUNTY, ILLINOIS.

TOGETHER WITH THE SOUTH ½ OF THAT PART OF WEST LELAND AVENUE LYING EAST OF THE EAST LINE OF NORTH CLARENDON AVENUE AND WESTERLY OF THE WESTERLY LINE OF NORTH MARINE DRIVE, AS VACATED BY SUBSTITUTE ORDIANCE RECORDED JANUARY 14, 2005 AS DOCUMENT 0501422209 AND SUBSTITUTE ORDINANCE RECORDED JUNE 13, 2015 AS DOCUMENT 0516439110.

PIN: 14-16-102-001-0000

PARCEL 2:

THAT PART OF LOT 2 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1531 FEET OF LOT 1 (EXCEPT SO MUCH THEREOF AS WAS CONVEYED TO DEVOTION C. EDDY BY DEED DATED FEBRUARY 10, 1855 AND RECORDED FEBRUARY 13, 1855 IN BOOK 80 AT PAGE 538) WITH ACCRETIONS THERETO, IN SCHOOL TRUSTEES SUBDIVISION OF FRACTIONAL SECTION 16, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF THE EAST LINE OF NORTH CLARENDON AVENUE, LYING NORTH OF THE NORTH LINE OF LOT 25 IN EDDY'S SUBDIVISION OF THE SOUTH 10 RODS OF THE NORTH 80 RODS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 (EXCEPT THE NORTH 8.0 FEET THEREOF), TOGETHER WITH THAT PART OF SECTION 16 LYING EAST AND ADJOINING SAID 10 RODS, ALL IN TOWNSHIP 40 NORTH, RANGE 14 EAST AFORESAID, AND LYING WEST OF THE WESTERLY BOUNDARY LINE OF LINCOLN PARK, AS ESTABLISHED BY AGREEMENT BETWEEN THE LINCOLN PARK COMMISSIONERS AND THE OWNER OF LOT 2 IN SUPERIOR COURT PARTITION AFORESAID, IN COOK COUNTY, ILLINOIS.

PIN: 14-16-102-008-0000

MOL
Weiss Memorial Hospital

Attachment 2

PARCEL 3:

THAT PART OF LOT 25 TOGETHER WITH ACCRETIONS THERETO, LYING WEST OF THE WESTERLY BOUNDARY LINE OF LINCOLN PARK, AS ESTABLISHED BYAGREEMENT BETWEEN THE LINCOLN PARK COMMISSIONERS AND THE OWNER OF SAID LOT 25 AFORESAID, IN EDDY'S SUBDIVISION OF THE SOUTH 10 RODS OF THE NORTH 80 RODS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17 (EXCEPT THE NORTH 8.0 FEET THEREOF) TOGETHER WITH THAT PART OF SECTION 16 LYING EAST OF AND ADJOINING SAID 10 RODS, ALL IN TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 14-16-102-004-0000; 14-16-102-005-0000

PARCEL 4:

LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 ALLEY) IN JOHN N. YOUNG'S SUBDIVISION OF THE SOUTH 5 ACRES OF THE NORTH 25 ACRES OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

AND

LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 FOR ALLEY) IN H.A. GOODRICHS SUBDIVISION OF THE SOUTH 10 RODS OF THE NORTH 80 RODS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, TOGETHER WITH THE VACATED ALLEY LYING SOUTH OF AND ADJOINING LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 FOR ALLEY) IN JOHN N. YOUNG'S SUBDIVISION AFORESAID AND LYING NORTH OF LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE WEST 16 FEET OF SAID LOT 5 FOR ALLEY) IN H.A. GOODRICHS SUBDIVISION AFORESAID, ALL IN COOK COUNTY, ILLINOIS.

PIN: 14-17-213-025-0000; 14-17-213-026-0000

MOL
Weiss Memorial Hospital

Attachment 2

PARCEL 5:

THAT PART OF THE NORTH HALF OF VACATED WEST LELAND AVENUE, LYING EAST OF THE EAST LINE OF NORTH CLARENDON AVENUE AND WESTERLY OF THE WESTERLY LINE OF NORTH MARINE DRIVE, AS VACATED BY SUBSTITUTE ORDINANCE RECORDED JANUARY 14, 2005 AS DOCUMENT 0501422209 AND BY SUBSTITUTE ORDINANCE RECORDED JUNE 13, 2005 AS DOCUMENT 0516439110 AND ALSO BEING DESCRIBED AS A PORTION OF THE NORTH 66 FEET OF THE SOUTH 123.75 FEET OF LOT 1 IN PARTITION OF THE SOUTH 1531 FEET OF LOT 1 IN SCHOOL TRUSTEES' SUBDIVISION OF FRACTIONAL SECTION 16, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF A LINE DRAWN FROM A POINT 31.12 FEET SOUTH FROM THE INTERSECTION OF THE NORTH LINE OF THE SOUTH 123.75 FEET OF LOT 1 AFORESAID, BEING ALSO THE NORTH LINE OF VACATED WEST LELAND AVENUE AFORESAID, WITH THE EAST LINE OF NORTH CLARENDON AVENUE AFORESAID, AS MEASURED ALONG SAID EAST LINE, TO A POINT 31.51 FEET SOUTHERLY FROM THE INTERSECTION OF THE NORTH LINE OF THE SOUTH 123.75 FEET OF LOT 1 AFORESAID WITH THE WESTERLY LINE OF NORTH MARINE DRIVE, AS MEASURED ALONG SAID WESTERLY LINE, IN COOK COUNTY ILLINOIS.

PIN: 14-16-101-001-0000; 14-16-102-001-0000

MH.
Weiss Memorial Hospital

Attachment 2

Section 1

Attachment 3

I. Operating Entity 5% or Greater Ownership Interests: Current Structure

Pipeline—Weiss Memorial Hospital, LLC ("Weiss OpCo") is the current licensee and operator of Weiss Medical Center ("Weiss"). A copy of the current Weiss Joint Commission accreditation and Illinois hospital license are attached at Attachment 5.

Weiss OpCo will continue as the licensee and operator of Weiss upon completion of the Transaction.

The Illinois Certificate of Good Standing for Weiss OpCo is attached at Attachment 1.

The following persons directly own 5% or greater interest in Weiss OpCo[1]:

Name: SRC Hospital Investments II, LLC
Ownership percentage: 100%

The following persons indirectly own 5% or greater interest in Weiss OpCo through ownership in SRC Hospital Investments II, LLC:

DFP Opco LLC	34.40%
Deerfield PH Holdings IV, L.P.	36.20%
SRC Healthcare Investments I, LLC:	9.91%
Mokuleia, LLC:	9.91%

The following persons indirectly own 5% or greater interest in Weiss OpCo through ownership in DFP Opco LLC:

Name: Davidson Kempner Long-Term Distressed Opportunities Fund IV L.P.
Ownership percentage: 11.67%

Name: DK LDOI IV Aggregate Holdco L.P.
Ownership percentage: 22.73%

The following persons indirectly own 5% or greater ownership interest in Weiss OpCo through non-controlling ownership in Deerfield PH Holdings IV, L.P.:

Name: Deerfield PH IV Intermediary, Inc.
Indirect Ownership interest in Weiss OpCo: 5.03%

The following persons indirectly own 5% or greater ownership interest in Weiss OpCo through non-controlling ownership in Deerfield PH IV Intermediary, Inc.:

Name: Deerfield PH Feeder IV, L.P.
Indirect Ownership interest in Weiss OpCo: 5.03%

[1] All direct and indirect ownership interests are stated as percentage ownership of Weiss OpCo.

No owner of SRC Healthcare Investments I, LLC, Mokuleia, LLC, Davidson Kempner Long-Term Distressed Opportunities Fund IV L.P., DK LDOI IV Aggregate Holdco L.P., Deerfield PH IV Intermediary, Inc. or Deerfield PH Feeder IV, L.P. indirectly owns 5% or greater interest in Weiss OpCo.

II. Operating Entity 5% or Greater Ownership Interests: Proposed Structure

The following persons would directly own 5% or greater interest in Weiss OpCo:

Name: SRC Hospital Investments II, LLC ("SRC II")
Ownership percentage: 100%

The following persons would indirectly own 5% or greater interest in Weiss OpCo through ownership in SRC II:

Name: Pipeline Health Systems Holdings, LLC ("PHSH")
Ownership percentage: 100%

The following persons would indirectly own 5% or greater interest in Weiss OpCo through ownership in PHSH:

Name: Pipeline Health System, LLC ("PHS")
Ownership percentage: 100%

The following persons would indirectly own 5% or greater interest in Weiss OpCo through ownership in PHS:

Name: Pipeline Hospital Holdings, LLC ("PHH")
Ownership percentage: 29.40%

Name: DFP OpCo LLC
Ownership percentage: 34.40%

Name: Deerfield PH Holdings IV, L.P.
Ownership percentage: 36.20%

The following persons would indirectly own 5% or greater interest in Weiss OpCo through ownership in PHH:

Name: Hollister Health Holdings, LLC
Ownership percentage: 11.69%. No owner of Hollister Health Holdings, LLC owns 5% or more of Weiss OpCo.

Name: JPM Property Holdings, LLC
Ownership percentage: 5.38%. James P. MacPherson owns 100% of JPM Property Holdings, LLC.

The following persons would indirectly own 5% or greater interest in Weiss OpCo through ownership in DFP OpCo LLC:

Name: Davidson Kempner Long-Term Distressed Opportunities Fund IV L.P.
Ownership percentage: 11.67%

Name: DK LDOI IV Aggregate Holdco L.P.
Ownership percentage: 22.73%

The following persons would indirectly own 5% or greater ownership interest in Weiss OpCo through non-controlling ownership in Deerfield PH Holdings IV, L.P.:

Name: Deerfield PH IV Intermediary, Inc.
Indirect Ownership interest in Weiss OpCo: 5.03%

The following persons would indirectly own 5% or greater ownership interest in Weiss OpCo through non-controlling ownership in Deerfield PH IV Intermediary, Inc.:

Name: Deerfield PH Feeder IV, L.P.
Indirect Ownership interest in Weiss OpCo: 5.03%

No owner of Davidson Kempner Long-Term Distressed Opportunities Fund IV L.P., DK LDOI IV Aggregate Holdco L.P., Deerfield PH IV Intermediary, Inc. or Deerfield PH IV, L.P. would indirectly own 5% or greater interest in Weiss OpCo.

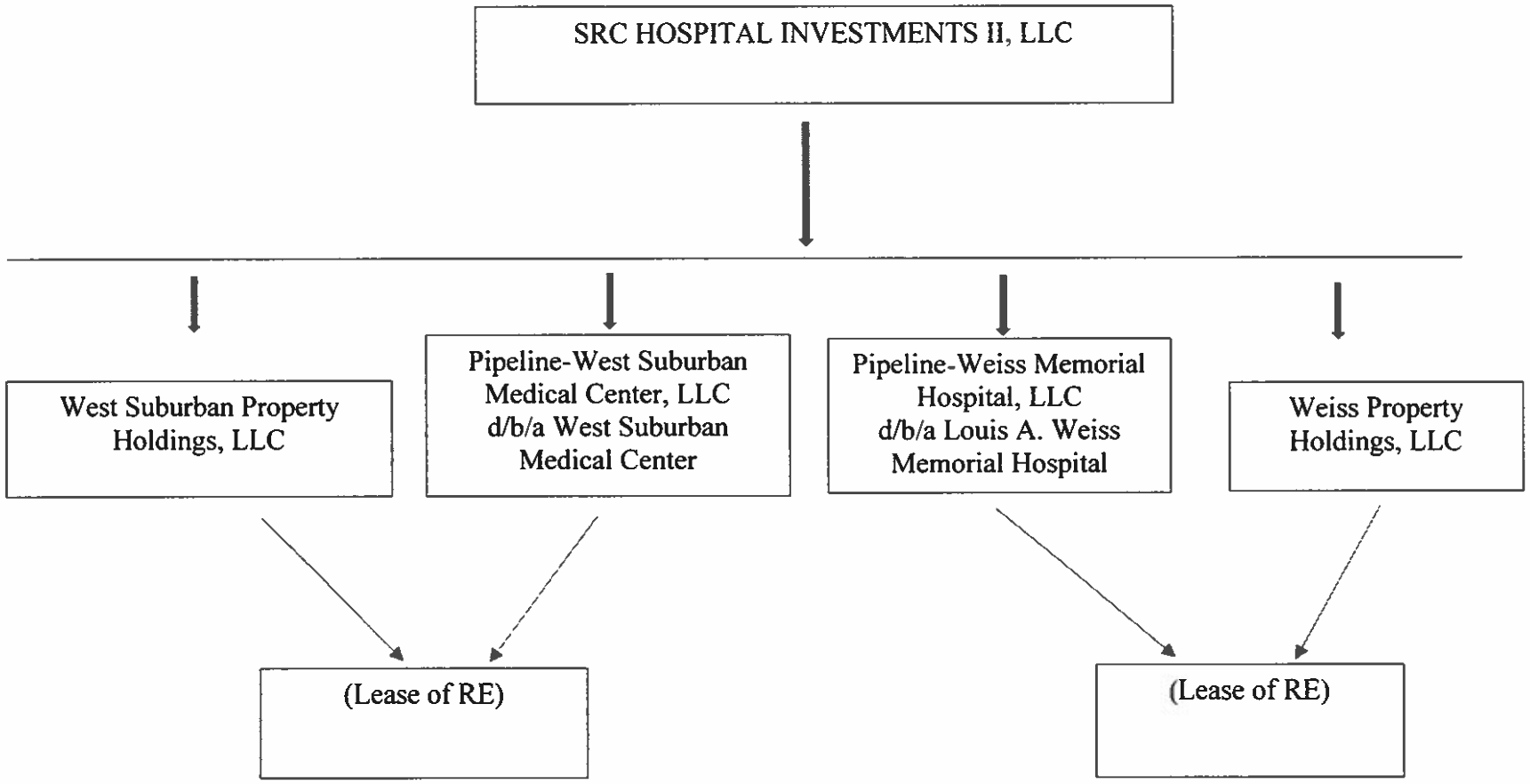
Section 1

Attachment 4

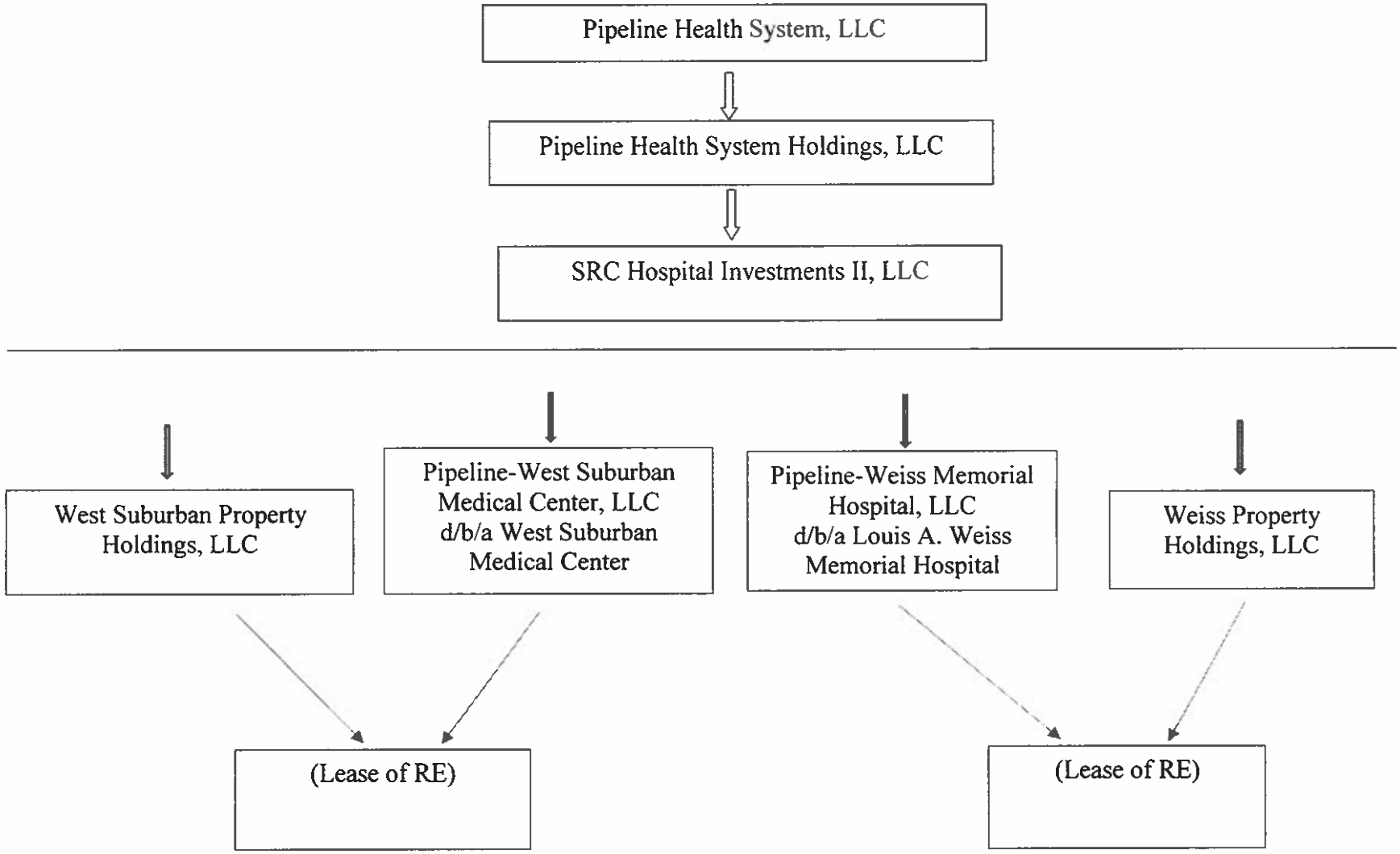
Organizational Relationships

The organizational charts for each Applicant are attached at Attachment 4

PRE-TRANSACTION STRUCTURE



POST-TRANSACTION STRUCTURE



Section III

Attachment 5

Criterion 1110.230(a), Background of Applicants

SRC

1. SRC is a Delaware limited liability company.

2. SRC is the sole member of the following Illinois hospital licensees: Pipeline-West Suburban Medical Center, LLC and Pipeline—Weiss Memorial Hospital, LLC. SRC also is the sole member of Pipeline—Westlake Hospital, LLC, but does not currently operate or control Westlake Hospital due to a Chapter 7 bankruptcy proceeding.

3. There have been no adverse actions taken against any facility owned or operated in Illinois by SRC during the three (3) year period prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 5.

4. An authorization letter granting access to the Review Board and the Illinois Department of Public Health ("IDPH") to verify information regarding SRC is attached at ATTACHMENT 5.

WEISS OpCo

5. Weiss OpCo is a Delaware limited liability company. Weiss OpCo is the licensee and operator of Weiss, and will continue as the licensee and operator following consummation of the Transaction.

6. SRC is the sole member of Weiss OpCo.

7. Copies of Weiss' general acute care hospital license and Joint Commission accreditation are attached at ATTACHMENT 5. Weiss OpCo does not operate, and has not in the past operated, any Illinois hospital or other licensed health facility other than Weiss.

8. There have been no adverse actions taken against any facility owned or operated in Illinois by Weiss OpCo during the three (3) year period prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 5.

9. An authorization letter granting access to the Review Board and IDPH to verify information regarding Weiss OpCo is attached at ATTACHMENT 5.

Pipeline Health System

10. Pipeline Health System, LLC (PHS) is a Delaware limited liability company.

11. The members of PHS holding a 5% or greater ownership interest are listed in ATTACHMENT 3.

12. An authorization letter granting access to the Review Board and IDPH to verify information regarding PHS is attached at ATTACHMENT 5.

13. PHS has not owned or operated any licensed health care facility in Illinois during the three (3) year period prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 5.

WEISS MEMORIAL HOSPITAL
4646 North Marine Drive
Chicago, Illinois 60640

facebook.com/weisshospital
twitter.com/weisshospital
WWW.WEISSHOSPITAL.COM

January 6, 2020

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information (Louis A. Weiss Memorial Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code §1110.230, I hereby authorize the Illinois Health Facilities and Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Pipeline—Weiss Memorial Hospital, LLC with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

Irene Dumanis
Chief Financial Officer – Chicago Market

SUBSCRIBED AND SWORN
Before me this 6th day of
January 2020

Janet L Hand
Notary Public

OFFICIAL SEAL
JANET L HAND
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/24/20

AFDOCS/20867003.1

ADVANCED MEDICINE MADE PERSONAL

January 6, 2020

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information (Louis A. Weiss Memorial Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code §1110.230, I hereby authorize the Illinois Health Facilities and Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Pipeline Health System, LLC with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

Nicholas Orzano
Co-President

SUBSCRIBED AND SWORN
Before me this 6th day of
January 2020

Notary Public

MIRIAM JUAREZ BLAKELEY
Notary Public - California
Los Angeles County
Commission # 2147738
My Comm. Expires Mar 27, 2020

AFDOCS/20903509.2

January 8, 2020

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information (Louis A. Weiss Memorial Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code §1110.230, I hereby authorize the Illinois Health Facilities and Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by SRC Hospital Investments II, LLC with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,

James Edwards
Chief Executive Officer

SUBSCRIBED AND SWORN
Before me this 8th day of
January 2020

Janet L. Hand
Notary Public

OFFICIAL SEAL
JANET L HAND
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 04/24/20

WEISS MEMORIAL HOSPITAL
4646 North Marine Drive
Chicago, Illinois 60640

facebook.com/weisshospital
twitter.com/weisshospital
WWW.WEISSHOSPITAL.COM

January 6, 2020

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Action Certification (Louis A. Weiss Memorial Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code §§ 1110.230 and 1130.520(b)(1)(B) that there have been no adverse actions taken against any Illinois facility owned or operated by Pipeline—Weiss Memorial Hospital, LLC during the three (3) years prior to the filing of this application for a Certificate of Exemption.

Sincerely,

Irene Dumanis
Chief Financial Officer – Chicago Market

SUBSCRIBED AND SWORN
Before me this 6th day of
January 2020

Janet L Hand
Notary Public

OFFICIAL SEAL
JANET L HAND
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/24/20

AFDOCS/20903599.1

ADVANCED MEDICINE MADE PERSONAL

January 6, 2020

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Action Certification (Louis A. Weiss Memorial Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code §§ 1110.230 and 1130.520(b)(1)(B) that Pipeline Health System, LLC has not owned or operated an Illinois facility during the three (3) years prior to the filing of this application for a Certificate of Exemption, and therefore no adverse actions have been taken against any Illinois facility owned or operated by Pipeline Health System, LLC during that time period.

Sincerely,

Nicholas Orzano
Co-President

SUBSCRIBED AND SWORN
Before me this 6th day of
January 2020

Notary Public

MIRIAM JUAREZ BLAKELEY
Notary Public - California
Los Angeles County
Commission # 2147738
My Comm. Expires Mar 27, 2020

January 8, 2020

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Action Certification (Louis A. Weiss Memorial Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code §§ 1110.230 and 1130.520(b)(1)(B) that there have been no adverse actions taken against any Illinois facility owned or operated by SRC Hospital Investments II, LLC during the three (3) years prior to the filing of this application for a Certificate of Exemption.

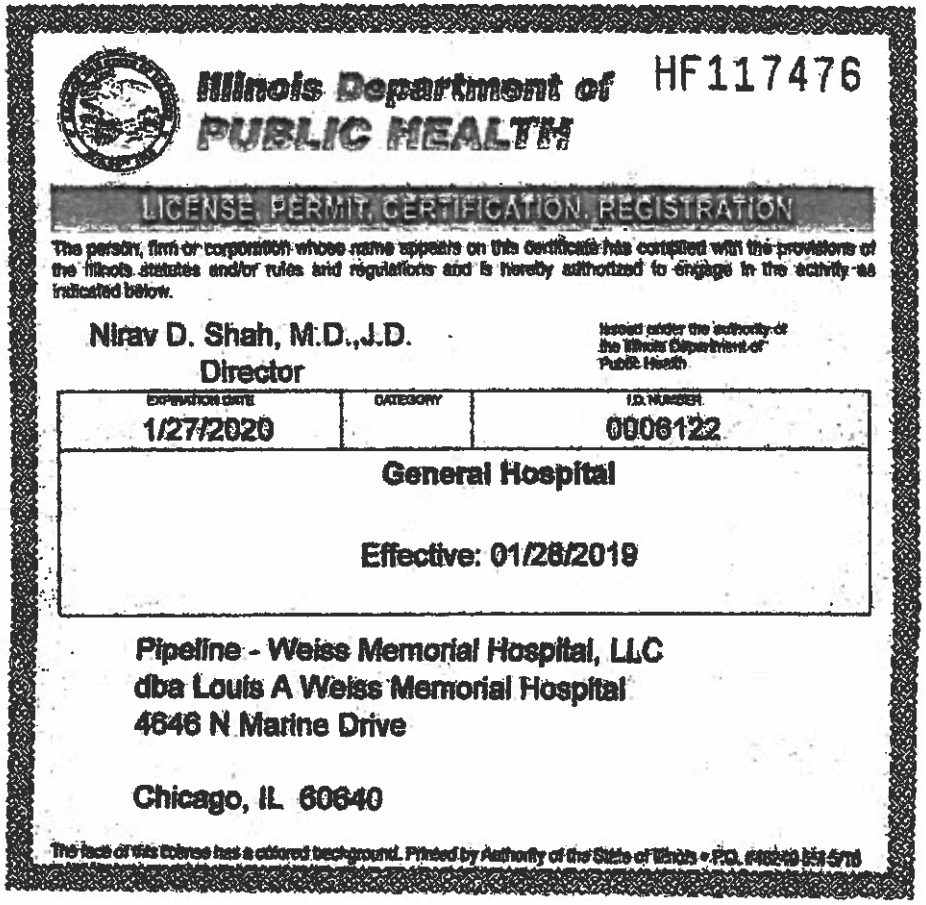
Sincerely,

James Edwards
Chief Executive Officer

SUBSCRIBED AND SWORN
Before me this 8th day of
January 2020

Janet L. Hand
Notary Public

OFFICIAL SEAL
JANET L HAND
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 04/24/20



Illinois Department of PUBLIC HEALTH

HF117476

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	I.D. NUMBER
1/27/2020		0006122

General Hospital

Effective: 01/28/2019

Pipeline - Weiss Memorial Hospital, LLC
dba Louis A Weiss Memorial Hospital
4646 N Marine Drive

Chicago, IL 60640

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #[illegible] 5/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/27/2020

Lic Number 0006122

Date Printed 1/30/2019

Pipeline - Weiss Memorial Hospital, LL
dba Louis A Weiss Memorial Hospital
4646 N Marine Drive
Chicago, IL 60640

FEE RECEIPT NO.

January 24, 2019

Mary Shehan, DNP, RN, NEA-BC
CEO
Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago , IL 60640

Joint Commission ID #: 7286
Program: Hospital Accreditation
Accreditation Activity: Unannounced Onsite PDA Review
Accreditation Activity Completed : 1/18/2019

Dear Dr. Shehan:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning February 4, 2017 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment 5

Section III

Attachment 6

Criterion 1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Criterion 1130.5200(b)(1)(A), Name of the Parties

See Criterion 1110.230(a), Background of the Applicants, in support of this Criterion.

Criterion 1130.520(b)(1)(B), Background of the Applicants

See Criterion 1110.230(a), Background of the Applicants, in support of this Criterion.

Criterion 1130,520(b)(1)(C), Structure of the Transaction

Weiss OpCo is a wholly owned subsidiary of SRC Hospital Investments II, LLC ("SRC"). Pipeline Health System Holdings, LLC will acquire the 100% of the interests of SRC. Pipeline Health System Holdings, LLC ("PHS") will be a wholly owned subsidiary of Pipeline Health System, LLC. The ownership structure of PHS is set forth in Attachment 3.

Criterion 1130.520(b}(1)(D), Licensing Party

Weiss OpCo is the current licensee of Louis A. Weiss Memorial Hospital and will continue as the licensee following completion of the Transaction.

Criterion 1130.520(b)(1)(E), List of Ownership Interests in the Licensed Party

1. SRC currently owns all of the interests in Weiss OpCo and Weiss PropCo. Weiss PropCo currently owns the land, buildings, and other real estate comprising the campus of Louis A. Weiss Memorial Hospital. Weiss OpCo owns all assets comprising Louis A. Weiss Memorial Hospital other than land, building and other real estate owned by Weiss PropCo..

2. Following the Transaction, (i) Weiss PropCo will continue to own the land, buildings, and other real estate comprising the campus of Louis A. Weiss Memorial Hospital, and (ii) Weiss OpCo will continue to own all other assets comprising of Louis A. Weiss Memorial Hospital.

Criterion 1130.520(b)(1)(F), Fair Market Value of Assets Being Transferred

SRC calculates that the current value of all Weiss assets, including the land and buildings, is $25.2 million. Based upon the real estate lease with Weiss PropCo, the Weiss campus real estate is valued at $19.3 million. The fair market value of the Weiss equipment is $5.9 million.

Criterion 1130.520(b)(1)(G), Purchase Price of the Assets Being Transferred

No cash consideration is being exchanged in connection with the Transaction. Instead, the Transaction will be implemented through ownership interest transfers.

Criterion 1130.520(b)(2). Completion of Pending CONs

There are no pending Certificates of Need or Certificates of Exemption for PHS, SRC or Weiss OpCo.

Simultaneous with filing of this Certificate of Exemption application, PHS, SRC and Pipeline—West Suburban Medical Center, LLC have filed a Certificate of Exemption on behalf of Pipeline—West Suburban Medical Center relating to the transaction described in this application.

Criterion 1130.520(b)(3), Charity Care Policies

1. The current charity care policies for Louis A. Weiss Memorial Hospital are attached at ATTACHMENT 7.

2. Following the Transaction, PHS, SRC and Weiss OpCo will continue to use the Charity Care Policy currently in effect at Louis A. Weiss Memorial Hospital, copies of which are attached at ATTACHMENT 7 (the "SRC Charity Care Policy").

3. The SRC Charity Care Policy is not more restrictive than the current charity care policies at Louis A. Weiss Memorial Hospital.

4. The SRC Charity Care Policy will remain in place for no less than two (2) years following the consummation of the Transaction. See ATTACHMENT 7.

Criterion 1130.520(b)(4), Benefits to the Community

Following the Transaction, Louis A. Weiss Memorial Hospital will continue to operate for the benefit of the residents of Chicago and the greater Chicago area, including serving poor and underserved individuals through Louis A. Weiss Memorial Hospital's charitable activities. By bringing the hospital's ownership under the ultimate control of PHS, Weiss OpCo will have access to enhanced management, operational and financial resources.

Criterion 1130.520(b)(5), Cost Savings

At this time, it is not possible to predict with specificity the cost savings that will be realized.

Criterion 1130.520(b)(6). Quality Improvement

Following the Transaction, SRC will have an extensive quality improvement program in place for Louis A. Weiss Memorial Hospital. Weiss OpCo has an extensive quality improvement program in place that will continue following the Transaction. The quality improvement plan is overseen by the Weiss Memorial Hospital Governing Board.

Criterion 1130.520(b)(7), Governing Board

Louis A. Weiss Memorial Hospital is governed by the Louis A. Weiss Memorial Hospital Governing Board (subject to the reserve powers of SRC as sole member). Members of the Louis A. Weiss Memorial Hospital Governing Board are selected by the Board Chairman after consultation with the Chief Executive Officer of the Hospital. The Board membership and the selection process for new members will not change as a result of the Transaction.

Criterion 1130.520(b)(8)., Section 1110.240 Written Response

The review criteria set forth in 77 Ill. Admin. Code §1110.240 have been addressed, a copy of which is available for public review at Louis A. Weiss Memorial Hospital.

Criterion 1130.520(b)(9), Scope of Service Changes or Charity Care Changes

1. The Transaction set forth in this COE will not result in any changes to the scope of services offered at Louis A. Weiss Memorial Hospital.

2. Following the Transaction, SRC will continue the current SRC Charity Care Policy at Louis A. Weiss Memorial Hospital.

3. The SRC Charity Care Policy will not be more restrictive than the current Charity Care Policy of Louis A. Weiss Memorial Hospital and will remain in effect for at least two (2) years after the Transaction.

PERFORMANCE IMPROVEMENT PROGRAM PLAN

Clinical Quality Improvement Department

The primary responsibility of the Clinical Quality Improvement Department is to coordinate and facilitate quality management and performance improvement throughout the hospital. While implementation and evaluation of quality improvement activities resides in each department program, the Clinical Quality Improvement staff serves as an internal resource for the development and evaluation of performance improvement activities. The Clinical Quality Improvement Department also serves as a resource for data collection, statistical analysis, and reporting functions.

SCOPE AND ORGANIZATION

Planning

Improving performance, clinical outcomes, and Patient Safety is systematic and involves a collaborative approach focused on patient and organizational functions. All services with a direct or indirect impact on patient care quality shall be reviewed under the Performance Improvement Plan. Plans for improvement should be in keeping with priorities established by hospital and medical staff leadership.

Priorities are based on the organization's mission, care, services provided and populations served. Additionally, priorities are based on the following:

- Meeting the needs of the patients, staff and others
- Resources required and/or available
- Results of performance improvement, patient safety and risk reduction activities
- Identified high risk, problem prone areas
- Information from within the organization and from other organizations about potential/actual risks to patients. (e.g., Institute for Safe Medication Practices, Joint Commission Sentinel Event Alerts)
- Accreditation and/or regulatory requirements of the Joint Commission and State

Staff input into opportunities to improve performance or patient safety will be utilized in identifying department and organization wide goals. Annually, Directors of Hospital Services will evaluate past performance and identify goals for the coming year. These goals will be prioritized by the Performance Excellence Committee and submitted to the Board for approval as part of the Performance Improvement Plan.

Exchange of Information Related to Performance

The findings of quality review activities, the corrective actions taken and the results of those actions shall be forwarded to the appropriate committee on a timely basis, according to a set schedule.

The Performance Improvement Committee shall submit a summary of the major findings of the Performance Improvement Program to the Medical Executive Committee and the Governing Board at least quarterly.

The Chief Executive Officer, President of the Medical Staff, or their designee shall keep the Governing Board informed on the status of quality review activities and trends in patient care quality and safety on a quarterly basis.

Information from improvement, monitoring and evaluation activities which pertain to more than one clinical service, department/section or committee will be shared with the affected services, departments/sections or committees, as appropriate.

All medical staff members and hospital employees shall be informed of the results of the quality review and improvement activities as it pertains to their services, department/section or committee. Results of medical staff peer review will remain within the medical staff structure and reported during a closed session of the Medical Staff Peer Review Committee and/or other appropriate medical staff committees.

Pertinent information from monitoring and evaluation activities or special studies shall be used in the credentialing of the medical staff, in the performance assessment of other licensed professional staff and, in the planning and procurement of appropriate continuing education offerings.

PERFORMANCE IMPROVEMENT PROGRAM PLAN

The Performance Excellence Committee shall seek to identify opportunities to coordinate patient care data collection, analysis and reporting with the organization's function of Leadership, Performance Improvement, Infection Control, Safety, Human Resources and Management of Information.

Key Success Factors

The following components are critical to the success of any quality and safety initiative:

- Involvement of medical, nursing and administrative leaders
- Prioritization and resource allocation by senior clinical and administrative leaders
- Education and participation of frontline service providers early in a project's development and throughout the decision making process
- Staff involvement to assist in the evaluation of objective baseline data, the establishment of measurable targets, and regular monitoring of results against those targets
- Regular updates during the process to all participants
- Recognition of individual and group achievement

PERFORMANCE PROCESSES

Methodology

Weiss Hospital participates in system-wide interdisciplinary monitoring of important functions. The foundation of performance improvement activities involve the use of data, design, planning, communication, implementation and ongoing monitoring of the effectiveness of improvement activities. The process to improve performance through the organization involves four steps, PDSA:

P PLAN – process of identifying projects to be worked on
D DO – analytic phase when specific elements of the problem are defined and implemented
S STUDY – evaluation of the effect of the changes made
A ACT – actions taken as a result of the evaluation of change

Measurement

The hospital collects data to monitor performance. Sources of data for quality review shall include, but will not be limited to, the following: medical records; monitoring activities of the medical staff and hospital departments or committees; occurrence reports and other pertinent risk management findings; Sentinel and Adverse Events; Sentinel Event Alerts ; claims, financial data; utilization review findings; patient surveys or complaints; log books (such as ER, OR); data from third-party payers, QIO, fiscal intermediaries or private agencies; committee and department minutes; and special studies.

Performance measures are structured to follow the Joint Commission dimensions of performance and are based on current evidenced-based information and clinical experience. Processes, functions, or services are designed/ redesigned well and are consistent with sound business practices. They are:

1. Consistent with the organization's mission, vision, goals, objectives, and plans;
2. Meeting the needs of individuals served, staff and others;
3. Clinically sound and current;
4. Incorporating information from within the organization and from other organizations about potential/ actual risks to patients;
5. Analyzed and pilot tested to determine that the proposed design/redesign is an improvement;
6. Incorporated into the results of performance improvement activities.

Data collection includes process, outcome, and control measures as well as improvement initiatives. Data shall be collected and reported to appropriate committees in accordance with established reporting schedules. The processes measured on an ongoing basis are based on our mission, scope of care and service provided, accreditation and

licensure requirements, and priorities established by leadership. Annual review of performance indicators will be documented as part of the annual evaluation. Data collection is systematic and is used to:

1. Establish a performance baseline;
2. Describe process performance or stability;
3. Describe the dimensions of performance relevant to functions, processes, and outcomes;
4. Identify areas for more focused data collection to achieve and sustain improvement.

Analysis

Data shall be analyzed on an ongoing basis to identify performance improvement opportunities. The assessment process compares data over time, in keeping with up to date sources (practice guidelines) and to reference databases, both internal and external to the hospital system.

When findings relevant to an individual's performance are identified, Medical Staff Leaders and Hospital Management/Administration are responsible for determining the use of the findings in the peer review process. This is accomplished in accordance with the Medical Staff Bylaws. Department/Service Directors shall act in accordance with the "Performance Evaluations" and "Education, Training and Competency of Employees" under the Human Resources policies.

Weiss Memorial Hospital requires an intense analysis of undesirable patterns or trends in performance when the following is identified, which includes, but is not limited to:

1. Performance varies significantly and undesirably from that of other organizations;
2. Performance varies significantly and undesirably from recognized standards;
3. When a sentinel event occurs;
4. Blood Utilization to include confirmed transfusion reactions;
5. Significant adverse drug reactions;
6. Significant medication errors, close calls, and hazardous conditions;
7. Significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses;
8. Significant adverse events related to using moderate or deep sedation or anesthesia;
9. Hazardous conditions;
10. Staffing effectiveness issues; and
11. ORYX core measure data that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.

Improvement Model and Methodology

Once a decision has been made to implement an improvement strategy, the organization systematically improves its performance using the Plan-Do-Study-Act (PDSA) methodology. Organization-wide Performance Improvement (PI) Teams are developed and use the PDSA model to make improvements in a specific process. Unit based PI Teams and other PDSA Teams are utilized and can form on their own to address unit-specific needs.

Decisions to act upon opportunities for improvement in care or patient safety and/or investigate concerns shall be based on opportunities identified, factors involved in measurement, required resources, and the overall mission and priorities for the organization.

Consideration is given to the expected impact or improvement on the dimension of Quality or Patient Safety. Performance expectations are set by those involved in the process. Indicators are developed and all individuals, professions, and departments involved in the process are included.

Actions are primarily aimed at processes. When improvement efforts lead to a determination that an individual has performance problems that he/she is unable or unwilling to improve, his privileges/job assignment are modified or other appropriate action is taken.

LEAN METHODOLOGY

Lean is a customer-centric methodology focused on continuously identifying improvement opportunities by eliminating "non-value added" (or wasteful) activities and creating value. Lean Daily Management (LDM) is a process through which one moves from retrospective performance improvement to a real-time problem solving platform at the staff level. At the core of LDM are daily Gemba Walks. During these walks, executive leaders interact with staff in the Gemba, a Japanese term for "where the truth is" or "where the work is done". The objective of going to the gemba is for leadership and key area members to review, listen, and support the improvement activities on a daily basis.

PROACTIVE RISK ASSESSMENT

At lease every 18 months, the system selects one high-risk process and conducts a proactive risk assessment. The processes that have the most potential for affecting patient safety and reducing the risk of medical errors should be part of the criteria for selection. Once the potential process failure points are identified and analyzed, processes are redesigned to minimize the risk of harm. Newly redesigned processes are tested and implemented and monitored on an ongoing basis to ensure effectiveness.

EDUCATION

Safety and Performance Improvement education is provided during orientation and on an ongoing basis throughout the organization. Presentations are provided to teams, committees, medical staff, individuals and leadership. Guidance is provided for proactive risk assessments and Root Cause Analysis (RCA) either by training or facilitation. Just-in-time training is provided as needed.

WEISS MEMORIAL HOSPITAL
4646 North Marine Drive
Chicago, Illinois 60640

facebook.com/weisshospital
twitter.com/weisshospital
WWW.WEISSHOSPITAL.COM

January 6, 2020

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Charity Care Certification (Louis A. Weiss Memorial Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code §§ 1110.230 and 1130.520(b)(1)(B) that (i) Pipeline—Weiss Memorial Hospital, LLC ("Weiss OpCo") has adopted and currently has in place the charity care policy attached hereto at Attachment 7 ("Weiss Care Policy"), and (ii) Weiss OpCo will maintain the Weiss Care Policy for no less than two (2) years following completion of the reorganization of the ownership of SRC Hospital Investments II, LLC.

Sincerely,

Irene Dumanis
Chief Financial Officer – Chicago Market

SUBSCRIBED AND SWORN
Before me this 6th day of
January 2020

Janet L Hand
Notary Public

OFFICIAL SEAL
JANET L HAND
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/24/20

AFDOCS/20867791.1

ADVANCED MEDICINE MADE PERSONAL

SRC HOPITAL INVESTMENTS II, LLC

Charity Care. Financial Assistance and Billing & Collection Policies for Uninsured Patients

SCOPE:

This Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients (the "Policy") shall apply to Louis A. Weiss Memorial Hospital and West Suburban Medical Center (each, a "Hospital," and collectively, the "Hospitals").

PURPOSE:

This Policy is established to provide the operational guidelines for the Hospitals to (i) identify Uninsured Patients who are Financially Indigent or Medically Indigent that may qualify for charity care (free care) or financial assistance, (ii) process Patient applications for charity care or financial assistance and (iii) bill and collect from Uninsured Patients, including those who qualify as Financially Indigent or Medically Indigent under this Policy.

DEFINITIONS:

The following definitions shall apply to this Policy:

1. **Family Income:** the sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support.

2. **Federal Poverty Income Guidelines:** the federal poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human services under authority 42 U.S.C. 9902(2).

3. **Financially Indigent:** a person who qualifies for financial assistance under Section A.6 of this Policy.

4. **Guarantor:** a Patient's spouse or Partner and if the Patient is a minor, the Patient's parents or guardians.

5. **Health Care Services:** any Medically Necessary inpatient or outpatient Hospital service, including pharmaceuticals or supplies.

6. **IHUPDA:** the Illinois Hospital Uninsured Patient Discount Act, as may be amended from *time to* time.

7. **Medically indigent:** a person who qualifies for financial assistance under Section A.7 of this Policy.

8. **Illinois Fair Patient Billing Act:** the Illinois Fair Patient Billing Act and implementing regulations, as may be amended from time to time.

9. **Medically Necessary:** ***means*** **any** ***inpatient*** or outpatient Hospital service, including pharmaceuticals or supplies provided by the Hospital to a Patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Uninsured Patient. A medically necessary service does not include any of the following: (i) non-medical services such as social and vocational services, or (ii) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

10. **Partner:** a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act or similar state law.

11. **Patient:** the individual receiving services from a Hospital or any individual who is a Guarantor of the

payment for services received from a Hospital.

12. **Qualifying Individual:** an individual qualifying for a charitable discount under this Policy, including a
Medically Indigent or Financially Indigent person.

13. **Uninsured Patient:** an Illinois resident who is a Patient of a Hospital and is not covered under a policy
of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability. In order to be considered an Illinois resident, a person must live in the State of Illinois and intend to remain living within Illinois indefinitely; relocating to Illinois solely for the purpose of receiving health care benefits does not satisfy the residency requirement.

CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES:

1. **Charity Care or Financial Assistance.** The Hospitals shall provide charity care (free care) or financial assistance to Uninsured Patients for their Medically Necessary Health Care Services to the extent they qualify for such financial assistance as set forth below. Charity care or financial assistance does not apply to any non-Hospital services, including, but not limited to, physician services.

2. **Assistance Under IHUPDA:**

a. The Hospitals shall provide a charitable discount of 100% of its charges for all Medically Necessary Health Care Services exceeding $300 in any one inpatient admission or outpatient encounter to any Uninsured Patient who applies for a discount and has Family Income of not more than 200% of the Federal Poverty Income Guidelines.

b. The Hospitals shall provide a charitable discount of 135% of the Hospital's Cost to Charge Ratio (determined from its most recently filed Medicare cost) report times the applicable charges, to any Uninsured Patient who applies for a discount and has Family Income between 201% and 600% of the Federal Poverty Income Guidelines for all Medically Necessary Health Care Services exceeding $300 in any one inpatient admission or outpatient encounter.

3. Presumptive Eligibility. In accordance with the Illinois Fair Patient Billing Act, the Hospitals shall apply the presumptive eligibility criteria set forth in Section A.8 of this Policy, in order to deem an Uninsured Patient eligible for Hospital financial assistance without further scrutiny by the Hospital. These presumptive eligibility criteria shall be applied to an Uninsured Patient as soon as possible after receipt of Health Care Services by the Patient and prior to the issuance of any bill for those Health Care Services by the Hospital.

4. Medical Indigence. The Hospitals shall provide charity care to certain Uninsured Patients who have Hospital bills exceeding a specified percentage of Patient income or Family Income, as set forth in Section A.7 of this Policy.

5. **Billing and Collection Processes for Uninsured Patients.** All Uninsured Patients receiving care at the Hospitals will be treated with respect and in a professional manner before, during and after receiving care. Each of the Hospitals will adopt a written policy in conformity with the Policy set forth herein for its billing and collection practices in respect of all Uninsured Patients, including those Uninsured Patients who qualify for classification as a Qualified Individual under this Policy.

PROCEDURE:

A. CHARITY CARE AND FINANCIALASSISTANCE PROCESS

1. **Application.** Each Hospital will request that each Patient applying for charity care financial assistance complete a Financial Assistance Application Form that conforms -to the Illinois Fair Patient Billing Act (the "Assistance Application"). An example of the Assistance Application is attached hereto as Exhibit A. The Assistance Application allows for the collection of needed information to determine eligibility for financial assistance.

a. **Calculation of Immediate Family Member.** Each Hospital will request that Patients requesting charity care verify the number of people in the Patient's household.

i. *Adults.* In calculating the number of people in an adult Patient's household, the Hospital will include the Patient, the Patient's spouse and any dependents of the Patient or the Patient's spouse.

ii. *Minors.* For persons under the age of 18 (the "Minor Patient"), In calculating the number of people in die Minor Patient's household, the Hospital will include the Minor Patient, 'the 'Minor Patient's mother, dependents of the Minor Patient's ' mother, the Minor Patient's father, and dependents of the Minor Patient's father.

b. Calculation of Income.

i. Adults. For adults, determine the Family Income.. The Hospital .may consider other financial assets of the Patient and the Patient's family and the Patients or the Patient's ffamily's ability to pay.

2. **Income Verification.** The Hospital shall request that the Patient verify Family Income and provide the documentation requested as set forth in the Assistance Application.

a. **Documentation Verifying Income.** Family Income may be verified through any of the following mechanisms:

i. Returns (for year prior to date of admission);

ii. IRS Form W-2;

iii. Tax Wage and Earnings Statement;

iv. Pay Check Remittance;

v. Social Security;

vi. Worker's Compensation or Unemployment Compensation Determination Letters;

vii: Qualification within the preceding six-(6) months for governmental assistance program (including food stamps, CDIC, Medicaid and AFDC);

g. **Classification Fending Income Verification.** During the Family Income verification process, while the Hospital is collecting the information necessary to

determine a Patient's Family Income, the Patient may be treated as a self-pay Patient in accordance with Hospital policies.

3. **Information Falsification.** Falsification of information may result in denial of the Assistance Application. If, after a Patient is granted financial assistance as a Qualifying Individual, and the Hospital finds material provision(s) of the Assistance Application to be untrue, the financial assistance may be withdrawn.

4. **Request for Additional Information.** If adequate documentation is not provided, the Hospital will contact the Patient and request additional information. If the Patient does not comply with the request within thirty (30) calendar days from the date of the request, such non-compliance will be considered an automatic denial for financial assistance. A note will be input into the Hospital computer system and any and all paperwork that was completed will be filed according to the date of the denial note. No further actions will be taken by Hospital personnel. If requested documentation is later obtained, all filed documentation will be pulled and Patient will be reconsidered for Financial Assistance.

5. **Automatic Classification as Financially Indigent.** The following is a listing of types of accounts where Financial Assistance is considered to be automatic and documentation of Income or a Financial Assistance application is not needed:

a. Medicaid accounts-Exhausted Days/Benefits;

b. Medicaid spend down accounts;

c. Medicaid or Medicare Dental denials; and

d. Medicare Replacement accounts with Medicaid as secondary-where Medicare Replacement plan left Patient with responsibility.

6. **Classification as Financially Indigent.** The Hospital shall classify as "Financially Indigent" any Uninsured Patient who qualifies for assistance under IHUPDA as set forth above in CHARITY CARE AND FINANCIAL ASSISTANCE Policy #2.

7. **Classification as Medically Indigent.** The Hospital may classify as "Medically Indigent" any Uninsured Patient whose hospital bills exceed a specified percentage of the person's Family Income, and who is unable to pay the remaining bill. In the event a Patient is Medically Indigent, the Hospital will not collect additional amounts from the Patient for Health Care Services, to the extent set forth below.

a. **Medical Indigence Under the IHUDPA.** The Hospital shall accept a Patient as Medically Indigent when he or she meets the acceptance criteria set forth below:

i. The Patient is Financially Indigent, and

ii. The Patient's bill, in any twelve (12) month period, is greater than 25% of the Patient's Family Income, calculated in accordance with the Hospital's income verification procedures. The twelve (12) month period to which the maximum amount applies shall begin on the first date an Uninsured Patient receives Health Care Services that qualify for financial assistance under IHUDPA. To be eligible to have this maximum amount applied to subsequent charges, the Uninsured Patient shall inform the Hospital in subsequent inpatient admissions or outpatient encounters that the Patient

has previously received Health Care Services from that Hospital and was determined to qualify for financial assistance under IHUDPA.

iii. **Other Medical Indigence.** The Hospital, in its sole discretion, also may deem an Uninsured Patient to be Medically Indigent if the Patient's bill is greater than 50% of the Patient's income calculated in accordance with Hospital income verification procedures and the Patient is not otherwise Financially Indigent.

8. **Presumptive Eligibility**.

a. Uninsured Patients demonstrating one (1) or more of the following shall be deemed presumptively eligible for hospital financial assistance, pursuant to the Illinois Fair Patient Billing Act:

i. Homelessness;

ii. Deceased with no estate;

iii. Mental incapacitation with no one to act on Patient's behalf;

iv. Medicaid eligibility, but not on date of service or for non-covered service;

v. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Income Guidelines;

Women, Infants and Children Nutrition Program

(WIC); Supplemental Nutrition Assistance Program

(SNAP); Illinois Free Lunch and Breakfast

Program;

Low Income Home Energy Assistance Program (LIHEAP);

Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;

Receipt of grant assistance for medical services.

b. The Hospital also may deem presumptively eligible for Hospital financial assistance those Patients listed above in Section A.5 of this Policy.

9. **Approval Procedures.** Hospital will complete a Financial Assistance Eligibility Determination Form Eligibility for each Patient granted status as Financially Indigent or Medically Indigent. The approval signature process is as following:

$1 -$1,000	Director
$1,001 - $50,000	Director and CFO
$50,001 and above	Director, CFO and CEO

a. The accounts will be filed according to the date the Financial Assistance adjustment was entered onto the account.

b. The Eligibility Determination Form allows for the documentation of the

administrative review and approval process utilized by the Hospital to grant financial assistance. Any change in the Eligibility Determination Form must be approved by the Director of Patient Financial Services. ***Note: If the application is approved, approval for previous twelve months services (with outstanding balances) can be considered as part of the current request for financial assistance.***

10. **Denial for Financial Assistance.** If the Hospital determines that the Patient is not Financially Indigent or Medically Indigent under this policy, it shall notify the Patient of this denial in writing.

11. **Document Retention Procedures.** The Hospital will maintain documentation sufficient to identify for each Patient qualified as Financially Indigent or Medically Indigent, the Patient's Family Income, the method used to verify the Patient's Income, the amount owed by the Patient, and the person who approved granting the Patient status as Financially Indigent or Medically Indigent. All documentation will be forwarded and filed within the Hospital's Business Office for audit purposes. Financial Assistance applications and all documentation will be retained within the Hospital's Business Office for one calendar year. After which, the documents will be boxed and marked as: "FINANCIAL ASSISTANCE DOCUMENTATION, JANUARY YYYY-DECEMBER YYYY" and forwarded to the Hospital storage facility, where it will then be retained for an additional six (6) years before shredding.

12. **Reservation of Rights.** It is the policy of the Hospitals to reserve the right to limit or deny financial assistance at the sole discretion of each, subject to applicable law.

13. **Non-covered Services.** Services not defined as Medically Necessary are not covered by this Policy.

B. BILLING AND COLLECTION PRACTICES FOR ALL UNINSURED PATIENTS, INCLUDING THOSE WHO QUALIFY AS FINANICALLY INDIGENT OR MEDICALLY INDIGENT UNDER THIS POLICY.

1. **Fair and Respectful Treatment.** Uninsured Patients will he treated fairly and with respect during and after treatment, regardless of their ability to pay.

2. **Trained Financial Counselors.** All Uninsured Patients at the Hospitals will be. provided with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid. If not eligible for governmental assistance, Uninsured Patients will be informed of and assisted in applying for charity care and financial assistance under the hospital's charity care and financial assistance policy. Financial counselors will attempt to meet with all Uninsured Patients prior to discharge from the Hospital. The Hospitals should ensure that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies. Training should be provided to staff members (i.e., billing office, financial department, etc.) who directly interact with Patients regarding their hospital bills.

3. **Additional invoice Statements or Enclosures.** When sending a bill to Uninsured Patients, the Hospital shall include (a) the date or dates that health care services were provided to the Patient; (b) an itemized list of services and charges; (c) the total amount owed for hospital services; (d) hospital contact information for addressing billing inquiries; and (e) a prominent statement regarding how an Uninsured Patient may apply for consideration under the hospital's financial assistance policy on or with each hospital bill sent to an Uninsured Patient. The bill shall also include (a) a statement on the bill or in an enclosure to the bill that indicates that if the Patient meets certain Family Income requirements, the Patient may be eligible for a government-sponsored program or for financial assistance from the Hospital under its charity care or financial assistance policy; and (b) a

statement on the bill or in an enclosure to the bill that provides the Patient a telephone number of a hospital employee or office from whom or which the Patient may obtain informationabout such financial assistance policy for Patients and how to apply for such assistance. The following statement on the bill or in an enclosure to the bill complies with the above requirements of this Section B.3.: "Please note, based on your household income, you may be eligible for Medicaid or financial assistance from the Hospital. For further information, please contact our customer service department at (XXX) XXX-XXXX."

4. **Notices**. Each of the Hospitals should post notices regarding the availability of financial assistance to Uninsured Patients in English and in any other language that is the primary language of at least 5% of Patients. These notices should be posted in conspicuous locations throughout the hospital such as admitting/registration, billing office and emergency department. The notices also should include a contact telephone number that a Patient or family member can call for more information. The following specific language complies the above notice requirements of this Section B.4.: "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, please call or ask to see our Financial Counselor or call (XXX) XXX- XXXX (M-F 8:30 am to 4:30 pm)." In addition, this notice, along with a brochure in plain language summarizing the financial assistance process substantially in the form of Exhibit B to this Policy, and a Financial Assistance Application substantially in the form of Exhibit A to this Policy, shall be posted in a prominent place on each Hospital's website.

5. **Liens on Primary Residences.** The Hospitals shall not, in dealing with Patients who quality as Financially Indigent or Medically Indigent under this Policy, place or foreclose liens on primary residences as a means of collecting unpaid hospital bills. However, as to those Patients who qualify as Medically Indigent but have Family Income in excess of 600% of the Federal Poverty Guidelines, the Hospitals may place liens on primary residences as a means of collecting discounted hospital bills, but the Hospitals may not pursue foreclosure actions in respect of such liens.

6. **Garnishments.** The Hospitals shall only use garnishments on Medically Indigent Patients where clearly legal under state law and only where it has evidence that the Medically Indigent Patient has sufficient Family Income or assets to pay his discounted bill.

7. **Collection Actions Against Uninsured Patients.** Each of the Hospitals should have written policies outlining when and under whose authority an unpaid balance of any Uninsured Patient is advanced to collection, and the Hospitals should use their best efforts to ensure that Patient accounts for all Uninsured Patients are processed fairly and consistently. No Uninsured Patient shall be referred to a collection agency unless (i) the Uninsured Patient is given an opportunity to (x) assess the accuracy of the bill, (y) apply for financial assistance under the Hospital's financial assistance policy, and (z) avail themselves of a reasonable payment plan, (ii) if the Uninsured Patient has indicated the inability to pay the full amount in one payment, the Hospital has offered the Uninsured Patient a reasonable payment plan, (iii) if the circumstances suggest potential eligibility for charity care or financial assistance, the Uninsured Patient has first been given sixty (60) days following the date of discharge or receipt of outpatient care to submit an application for financial assistance, (iv) the Uninsured Patient has agreed to a reasonable payment plan and has failed to make payments under such payment plan, or (v) the Uninsured Patient informs the Hospital that he or she has applied for health care coverage under Medicaid, Kidcare, or other government-sponsored health care programs (and there is a reasonable basis to believe that the Patient will qualify for such program) but the Patient's application is denied. The Hospital shall not pursue legal action for non-payment of a Hospital bill against Uninsured Patients who have clearly demonstrated that they have neither sufficient Family Income nor assets to meet their financial obligations. In addition, the Hospital will not refer any portion of a bill to a collection agency or other third party for collection, unless (i) the Patient is first offered the opportunity to request a reasonable payment plan within the first thirty (30) days following the Patient's initial bill, or (ii) the Patient fails to agree to a plan within thirty (30) days of the Patient's request for such repayment plan. Notwithstanding anything herein to the contrary, the Hospital shall not recommend for collection any bill of a Patient who is acting reasonably *and* cooperating in good faith with the Hospital to provide all reasonably requested financial and other relevant information and documentation needed to determine the Patient's eligibility under

a financial assistance policy within thirty (30) days of any such request by the Hospital. All Hospital collection actions against Uninsured Patients shall comply with the requirements of IHUPDA and the Illinois Fair Patient Billing Act.

8. **Interest Free., Extended Payment Plans.** An Uninsured Patients shall be offered extended payment plans by the Hospitals to assist the Patients in settling past due outstanding Hospital bills. The Hospitals will not charge Uninsured Patients any interest under such extended payment plans

9. **Rods' Attachments.** The Hospitals shall not use body attachment to require that its Uninsured Patients or responsible party appear in court.

10. **Collection Agencies Follow Hospital Collection Policies.** The Hospitals should define the standards and scope of practices to be used by third-party collection agencies, and should obtain written agreements from such agencies that they will adhere to such standards and scope of practices These standards and practices shall not be inconsistent with the Hospitals' internal collection practices set forth in this Policy. No third-party collection agencies may initiate legal action against a Patient for non-payment of a Hospital bill without the written approval of an authorized Hospital employee who reasonably believes the conditions for pursuing collections have been met.

C. RESERVATION OF RIGHTS AGAINST THIRD PARTIES.

Nothing in this Policy shall preclude the Hospitals from pursuing reimbursement from third party payors, third party liability settlements or tortfeasors or other legally responsible third parties.

D. FINANCIAL ASSISTANCE REPORTTNG REQUIREMENTS.

Each Hospital shall file annually a Hospital Financial Assistance Report with the Office of the Illinois Attorney General. Which report shall include the following:

1. A copy of the Hospital Financial Assistance Application;

2. A copy of the Hospital's Presumptive Eligibility Policy, which shall identify each of the criteria used by the hospital to determine whether a Patient is presumptively eligible for Hospital financial assistance;

3. Hospital financial assistance statistics, which shall include:

   a. The number of Hospital Financial Assistance Applications submitted to the Hospital, both complete and incomplete, during the most recent fiscal year;

   b. The number of Hospital Financial Assistance Applications the Hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year;

   c. The number of Hospital Financial Assistance Applications the Hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year;

   d. The number of Hospital Financial Assistance Applications denied by the Hospital during the most recent fiscal year; and

   e. The total dollar amount of financial assistance provided by the Hospital during the most recent fiscal year, based on actual cost of care.

EXHIBIT A

(HOSPITAL LOGO]

FINANCIAL ASSISTANCE APPLICATION
Patient Name:_____
MRN:_____

IMPORTANT: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the Hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit It in person, by mail, by electronic mail, or by fax to apply for free or discounted care within sixty (60) days following the date of discharge or receipt of outpatient care. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

IF YOU ARE UNINSURED AND MEET SPECIFIC PRESUMPTIVE ELIGIBILITY CRITERIA, YOU ARE NOT REQUIRED TO COMPLETE THIS APPLICATION.

Homelessness
Deceased with no estate
Mental incapacitation with no one to act on patient's behalf
Medicaid eligibility, but not on date of service

Enrollment in assistance programs for low-income individuals:
Women, Infants, and Children Nutrition Program (WIC)
Supplemental Nutrition Assistance Program (SNAP)
Illinois Free Lunch and Breakfast Program (LIHEAP)

APPLICANT;		
Applicant Name	Social Security	Date of Sit%
Home Address City	State	Zip
Home Phone Number	Call Phone Number	Email Address
Preferred Method of Canted US Mail Email Home Phone Cell Phone I am homeless		Annual Household Income
Applicant's Marital Status Married Single Separated Divorced widow	al Individusts In your Household *(as reported on your taxes:*	
Employment Stabs Employed Self- Retired Disabled Unemployed — Lest date worker		
Employer Name	Phone Number	
Employer Address y	State	
Name of Health Insurance Plan Offered by Employer		
Relationship		
Name Social Security #		Date of Birth
Employment Status Employed Self- Retired Disabled_ Unemployed—Last date wetted		
Employer Name	Phone Number	
Employer Address City	State	Zip
Name of Health Insurance Plan Offered by Employer	Health Insurance not provided	

AFDOCS/20864395 1/040526-00003

Attachment 7

#E-006-20

[HOSPITAL LOGO]

FINANCIAL ASSISTANCE APPLICATION

Patient Name: _____

MRN: _____

INSURANCE COVERAGE

1. Are you covered or eligible for any health insurance policy, including Medicaid, Medicare, Veterans' Benefits, Medicaid, or military?
   a. If yes, please provide the following information:

Policy Holder	Insurer	Policy Number
Policy Holder	Insurer	Policy Number

QUESTIONNAIRE

1. Were you an illegal resident when you received your care? ___ yes ___ no
2. Are you a foreign national/working in Illinois on a U.S. Visa? ___ yes ___ no
   a. If yes, what type of Visa? _____
3. Are you seeking financial assistance for care received in our emergency room? ___ yes ___ no
4. If you are divorced or separated, is your former spouse/partner financially responsible for medical care or is attempting to secure financial assistance? ___ yes ___ no
5. Is the treatment provided related to either of the following?
   ___ Accident ___ Crime
6. Have you already applied for Medicaid? (we may apply that you do so) ___ yes-awaiting approval ___ yes – not eligible ___ no
   a. If no, please check all of the lines below that apply:
   - ___ You are 19 years or younger
   - ___ You are taking medication to control diabetes, high blood pressure, or epilepsy
   - ___ You are 65 Years or older
   - ___ You are disabled as determined by the Social Security Administration
   - ___ You are blind
   - ___ You are pregnant
   - ___ You have children under the age of 19 living with you

ASSETS

1. Property. Please provide information regarding any property (buildings and/or land) that you own other than your primary residence
   a. What is the value of all buildings and land minus the amount owed on the property? $ _____ ___ N/A
      i. Is this property used as income? ___ yes ___ no
   b. What is the value of the land (without buildings) minus the amount owed on the property? $ _____ ___ N/A
      i. Is this property used as income? ___ yes ___ no
2. Bank Accounts/Investments. Please list the total current balance for each of the following:
   a. Checking/Savings/Credit Union Accounts: $ _____ ___ N/A
   b. Other investments (bonds, stocks, etc. excluding IRA and/or retirement accounts): $ _____ ___ N/A

EXPENSES

3. Please provide estimated monthly expenses, including those for housing, utilities, food, transportation, child care, loans, medical expenses, and other expenses: $ _____

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by this hospital, and I authorize this hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, or if the application otherwise contains a material error or omission, I will be ineligible for financial assistance, and any financial assistance granted to me may be reversed and I will be responsible for the payment of the bill.

_____ Applicant Signature

_____ Spouse/Partner/Parent/Guarantor Signature (when applicable)

_____ Date

_____ Date

Please return completed application and supporting documents by mail, electronic mail, or hand-deliver to:

[Hospital address]

Attachment 7

[illegible]

[illegible] APPLICATION

Patient Name: _____

MRN: _____

Financial Assistance: Required Supporting Documents

Please provide the documents requested below. Your application will be delayed or denied in the event that any of the required documents are not included. If you cannot provide the document, please provide a letter of explanation.

Required:

- Tax Documents: Provide your most recent federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return.
- Valid Government-Issued Photo ID:
  - ☐ Driver's license, passport, etc.
- Proof of Illinois Residency: Provide at least one of the following documents:
  - ☐ Valid state-issued photo ID or driver's license
  - ☐ Recent utility bill with an Illinois address
  - ☐ IL Voter Registration card
  - ☐ Current mail addressed to applicant from a government or other credible source
  - ☐ Letter from homeless shelter
- Proof of Income: Provide all applicable documents listed below
  - ☐ Copies of your two most recent unemployment checks or stubs
  - ☐ Copies of your two most recent employer checks or stubs
  - ☐ Copies of your two most recent Social Security checks or stubs
- Proof of Assets: Provide your most recent statement for all checking, savings, and credit union accounts
- Proof of Expenses: Provide documentation of your monthly expenses, including those for housing, utilities, food, transportation, child care, loans, medical expenses, and other expenses
- Completed and signed application

Supplemental/Other:

- Proof of Non-Wage Income: Provide the following applicable documents, only if you have not submitted a tax return for the previous calendar year or if any of the following income sources will vary between this calendar year and the previous calendar year.
  - ☐ Statement of alimony income
  - ☐ Statement of business income
  - ☐ Statement of retirement or pension income
- If Married or in a Civil Union: Provide the following applicable documents regarding your spouse/partner.
  - ☐ Proof of income and non-wage income (as described above)
  - ☐ Federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return
  - ☐ Most recent statement for all checking, savings, and credit union accounts
- Supplemental/Other (if applicable):
  - ☐ If a foreign national, copy of your passport and United States Visa
  - ☐ Health insurance card (please copy front and back)
  - ☐ Medicaid approval/denial letter
  - ☐ Letter of support (i.e. if your living expenses are being paid by another party)

Attachment 7

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

General Information about _____ Hospital Financial Assistance. The Hospital is committed to meeting the health care needs of those within the hospital community who are unable to pay for medically necessary or emergency care, including the uninsured. When needed, the Hospital provides medically necessary care at free or discounted rates ("Financial Assistance"). To manage its resources and responsibilities, and to provide Financial Assistance to as many people as possible, the Hospital has established program guidelines for providing Financial Assistance. However, the Hospital will always provide emergency care, regardless of a patient's ability to pay. Payment plans are also available. To be considered for free or discounted care, you may need to fill out an Application and provide supporting documentation about you and your family's financial circumstances, such as your income and assets.

Eligibility Requirements. Financial Assistance is only applied to your personal balances, after all other third party benefits (such as insurance benefits, government programs, proceeds from legal actions, or private fundraising) have been used. In addition, the Hospital will screen you to see if you are eligible for other payment assistance programs such as Medicaid. You are expected to cooperate by applying for such payment assistance. To be eligible for Financial Assistance, your annual household income ordinarily must be less than or equal to 600% of the Federal Poverty Income Level ("FPL") for your family size. The Hospital may also consider your assets in determining your eligibility and, in some situations, apply additional screening requirements. If you are approved for Financial Assistance, you must notify the Hospital within 30 days if your financial situation changes. Finally, to be fair to other patients, if you intentionally withhold information or provide false information, you may be disqualified for Financial Assistance.

Financial Assistance Programs

Program	Eligibility Requirements	Assistance
Uninsured Patients	Uninsured IL residents receiving medically necessary care* & any uninsured patient receiving emergency care	Free care for patients earning 200% or less of the applicable FPL; discounted care for those earning between 200% and 600% of applicable FPL; free care if Hospital bills exceed a specified percentage of Family Income
Presumptive Eligibility	Uninsured IL residents who qualify under certain federal and state assistance programs	Free care

* Not all services are covered by Financial Assistance, and Financial Assistance is not available for out-of-network services. In addition, your physician or non-Hospital provider may not participate in the Hospital's Financial Assistance program.

If you receive discounted care and are responsible for paying a portion of your bill, the Hospital will not charge you more than the amount we generally bill patients who have insurance covering such care.

When to apply for Financial Assistance. When you call to make an appointment, you may be asked to make financial arrangements. If you cannot apply for Financial Assistance before your visit, you should do so as early as possible and within 60 days following Hospital discharge or outpatient treatment. The Hospital will then decide if you are eligible for Financial Assistance and how much you can receive. If you disagree with our determination, you can contact the Financial Counseling Department.

How to Get Copies of the Hospital's Financial Assistance Policy & Application or Further Assistance. You can obtain a free copy of the Hospital's Policy and Application: i) on the Hospital's website at (_____), ii) in our Financial Counseling Departments, Patient Services Departments, and our Emergency Rooms at Admitting and Registration; or iii) by mail if you call the respective Financial Counseling Department.

Copies of our Financial Assistance Policy, Application, and this summary are available in English & Spanish.

Copias de nuestra Póliza de Asistencia Financiera, la Aplicación y este resumen están disponibles en Inglés y Español.

Attachment 7

Hospital Profile - CY 2018 **Weiss Memorial Hospital** **Chicago** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Mary Shehan, RN
ADMINSTRATOR PHONE:	773-564-7288
OWNERSHIP:	Tenet Healthcare
OPERATOR:	Tenet Healthcare
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	4646 North Marine Drive **CITY:** Chicago **COUNTY:** Suburban Cook (Chicago)

Patients by Race

White	61.2%
Black	29.7%
American Indian	0.2%
Asian	6.5%
Hawaiian/ Pacific	0.1%
Unknown	2.2%

Patients by Ethnicity

Hispanic or Latino:	7.4%
Not Hispanic or Latino:	90.4%
Unknown:	2.2%

IDPH Number:	5249
HPA	A-01
HSA	6

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2018	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	184	168	0	4,111	20,835	1,311	5.4	60.7	33.0	36.1
0-14 Years				*0*	*0*					
15-44 Years				*395*	*1,490*					
45-64 Years				*1,282*	*7,088*					
65-74 Years				*924*	*4,802*					
75 Years +				*1,510*	*7,455*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	16	16	0	888	3,110	0	3.5	8.5	53.3	53.3
Direct Admission				*675*	*2,309*					
Transfers				*213*	*801*					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				*0*	*0*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	11			276	3,375	0	12.2	9.2	84.1	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		11	0	276	3,375	0	12.2	9.2		84.1
Rehabilitation	26	26	0	140	1,802	0	12.9	4.9	19.0	19.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**237**			**5,202**	**29,122**	**1,311**	**5.9**	**83.4**	**35.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**61.7%**	**29.0%**	**1.2%**	**3.2%**	**2.7%**	**2.1%**	
	3280	1543	66	170	143	110	5,312
Outpatients	**39.4%**	**31.5%**	**2.4%**	**18.8%**	**6.0%**	**1.9%**	
	25180	20118	1540	12020	3855	1245	63,958

Financial Year Reported: 1/1/2018 *to* 12/31/2018

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**60.4%**	**22.7%**	**1.6%**	**15.1%**	**0.1%**	**100.0%**	
	44,834,985	16,843,310	1,201,054	11,238,055	76,170	74,193,574	1,681,874
Outpatient Revenue ($)	**38.6%**	**13.5%**	**3.4%**	**44.3%**	**0.2%**	**100.0%**	
	12,118,190	4,238,386	1,072,263	13,915,064	76,170	31,420,073	654,222

Total Charity Care Expense
2,336,096

Total Charity Care as % of Net Revenue
2.2%

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
CSections Performed:	0

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	0	0	0
Total Newborn Patient Days			0

Laboratory Studies

Inpatient Studies	267,941
Outpatient Studies	103,979
Studies Performed Under Contract	44,101

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	1177	1735	4530.4	3674.4	8204.8	3.8	2.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	0	0	0	0	0	0.0	0.0
Totals	**0**	**0**	**9**	**9**	**1177**	**1735**	**4530.4**	**3674.4**	**8204.8**	**3.8**	**2.1**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 15 Stage 2 Recovery Stations 10

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

	0	0.0	0.0
	0	0.0	0.0
	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	**Level 1**	**Level 2**
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		14
Persons Treated by Emergency Services:		20,894
Patients Admitted from Emergency:		3,994
Total ED Visits (Emergency+Trauma):		**20,894**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**62,713**
Outpatient Visits at the Hospital/ Campus:	62,713
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**1**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**424**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	339
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	85
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**1**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	1
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment / Examinations

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	6	0	10,568	17,557	0
Nuclear Medicine	1	0	424	771	0
Mammography	1	0	0	1,975	0
Ultrasound	1	0	923	1,046	0
Angiography	1	0			
Diagnostic Angiography			1,154	2,064	0
Interventional Angiography					0
Positron Emission Tomography (PET)	0	1	0	77	0
Computerized Axial Tomography (CAT)	1	0	4,050	6,365	0
Magnetic Resonance Imaging	1	0	343	1,106	0

Therapeutic Equipment / Therapies/ Treatments

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	2
Linear Accelerator	1	0	3,103
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2018 Annual Hospital Questionnaire, Illinois Department of Public Health. Health Systems Development.

Hospital Profile - CY 2017 **Louis A Weiss Memorial Hospital** **Chicago** Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME:	Mary Shehan
ADMINSTRATOR PHONE	773-564-7288
OWNERSHIP:	VHS Acquisition Subsidiary #3
OPERATOR:	VHS Acquisition Subsidiary #3
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	4646 N Marine Drive **CITY:** Chicago **COUNTY:** Suburban Cook (Chicago)

Patients by Race

White	49.0%
Black	31.8%
American Indian	0.0%
Asian	6.3%
Hawaiian/ Pacific	0.1%
Unknown	12.7%

Patients by Ethnicity

Hispanic or Latino:	9.0%
Not Hispanic or Latino:	88.8%
Unknown:	2.3%

IDPH Number:	5249
HPA	A-01
HSA	6

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	184	110	100	4,609	22,898	2,505	5.5	69.6	37.8	63.3
0-14 Years				*0*	*0*					
15-44 Years				*522*	*2,306*					
45-64 Years				*1,526*	*7,127*					
65-74 Years				*999*	*5,253*					
75 Years +				*1,562*	*8,212*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	16	16	16	917	3,116	1	3.4	8.5	53.4	53.4
Direct Admission				*692*	*2,247*					
Transfers				*225*	*869*					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				*0*	*0*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	11			283	3,337	0	11.8	9.1	83.1	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		11	11	283	3,337	0	11.8	9.1		83.1
Rehabilitation	26	16	12	170	2,197	0	12.9	6.0	23.2	37.6
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**237**			**5,754**	**31,548**	**2,506**	**5.9**	**93.3**	**39.4**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**42.9%**	**12.3%**	**0.0%**	**41.5%**	**1.5%**	**1.9%**	
	2470	705	0	2387	85	107	5,754
Outpatients	**30.3%**	**4.9%**	**0.0%**	**56.6%**	**6.5%**	**1.6%**	
	20559	3354	0	38379	4434	1106	67,832

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**55.0%**	**12.9%**	**0.0%**	**25.1%**	**7.0%**	**100.0%**	
	39,811,746	9,340,730	0	18,206,128	5,049,316	72,407,920	666,349
Outpatient Revenue ($)	**25.5%**	**11.5%**	**0.0%**	**50.4%**	**12.6%**	**100.0%**	
	8,847,109	3,976,878	0	17,498,596	4,389,280	34,711,863	527,198

Total Charity Care Expense **1,193,547**

Total Charity Care as % of Net Revenue **1.1%**

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
CSections Performed:	0

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	0	0	0
Total Newborn Patient Days			**0**

Laboratory Studies

Inpatient Studies	294,456
Outpatient Studies	95,387
Studies Performed Under Contract	9,095

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	87	121	223	321	544	2.6	2.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	333	416	938	547	1485	2.8	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	43	26	72	41	113	1.7	1.6
OB/Gynecology	0	0	1	1	39	134	110	157	267	2.8	1.2
Oral/Maxillofacial	0	0	1	1	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	1	1	2	237	2	335	337	1.0	1.4
Orthopedic	0	0	2	2	538	666	1453	1631	3084	2.7	2.4
Otolaryngology	0	0	0	0	7	42	21	69	90	3.0	1.6
Plastic Surgery	0	0	1	1	96	112	511	311	822	5.3	2.8
Podiatry	0	0	0	0	66	181	119	358	477	1.8	2.0
Thoracic	0	0	0	0	11	0	29	0	29	2.6	0.0
Urology	0	0	1	1	58	223	76	284	360	1.3	1.3
Totals	**0**	**0**	**10**	**10**	**1280**	**2158**	**3554**	**4054**	**7608**	**2.8**	**1.9**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 12

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	690	908	786	1042	1828	1.1	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	85	264	92	269	361	1.1	1.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	**Level 1**	**Level 2**
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		17
Persons Treated by Emergency Services:		21,940
Patients Admitted from Emergency:		4,381
Total ED Visits (Emergency+Trauma):		**21,940**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**67,832**
Outpatient Visits at the Hospital/ Campus:	67,832
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**1**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**616**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	469
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	147
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**10**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	10
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	10

Diagnostic/Interventional Equipment / Examinations

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	17	0	11,398	16,510	0
Nuclear Medicine	3	0	531	705	0
Mammography	2	0	7	2,062	0
Ultrasound	3	0	958	2,248	0
Angiography	1	0			
Diagnostic Angiography			29	39	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	1	0	0	104
Computerized Axial Tomography (CAT)	3	0	4,407	6,069	0
Magnetic Resonance Imaging	1	0	506	1,230	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	1	0	2,451
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			1,393
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2016 Louis A. Weiss Memorial Hospital Chicago Page 1

Hospital Management and General Information

ADMINISTRATOR NAME:	Jeff Wiggs
ADMINISTRATOR PHONE:	773-878-7000
OWNERSHIP:	VHS Acquisition Subsidiary Number 2
OPERATOR:	VHS Acquisition Subsidiary Number 2
MANAGEMENT:	For Profit Corporation
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	(Not Answered)
ADDRESS:	4646 North Marine Drive CITY: Chicago COUNTY: Suburban Cook (Chicago)

Patients by Race

White	49.8%
Black	38.7%
American Indian	0.1%
Asian	0.7%
Hawaiian Pacific	0.1%
Unknown	11.2%

Patients by Ethnicity

Hispanic or Latino:	0.4%
Not Hispanic or Latino:	87.7%
Unknown:	2.0%

IDPH Number:	0249
HSA	A-01
HSA	6

Facility Utilization Rate for Delivery of Service

Patient Service	Authorized CCU Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CCU Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	184	110	105	4,537	23,230	2,453	5.7	70.2	38.2	63.8
0-44 Years				0	0					
18-44 Years				820	2,235					
45-64 Years				1,886	7,741					
65-74 Years				1,014	5,562					
75 Years +				1,409	7,652					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	16	16	16	637	3,723	2	3.8	10.2	63.7	63.7
Direct Admissions				712	2,557					
Transfers - Not Included in Facility Admissions				275	1,177					
Obstetrics/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Other Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	10			300	3,297	0	10.7	9.0	90.1	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		11	11	300	3,297	0	10.7	9.0		81.9
Rehabilitation	20	16	15	200	2,491	0	12.1	8.8	53.2	42.5
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	230			5,765	32,766	2,455	6.1	91.2	43.8	

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	49.5% 2,853	15.0% 727	0.0% 0	41.9% 2,416	0.5% 37	1.0% 83	5,763
Outpatients	51.2% 21,954	8.0% 3,745	0.0% 0	35.7% 30,006	5.3% 4,207	1.8% 884	60,796

Financial Year Summary 1/1/2016 to 12/31/2016

Inpatient and Outpatient Net Revenues by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	57.5% 47,853,371	12.6% 10,494,802	0.0% 0	30.1% 25,028,234	0.0% 0	100.0% 83,117,407	708,830
Outpatient Revenue ($)	68.5% 19,108,895	9.3% 1,303,839	0.0% 0	24.8% 23,601,634	1.3% 478,505	100.0% 38,448,673	471,204

Total Charity Care Expense
1,179,934
Total Charity Care as % of Net Revenue
1.0%

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
C-Sections Performed:	0

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	0	0	0
Patient Days	0	0	0
Total Newborn Patient Days			0

Laboratory Studies

Inpatient Studies	272,035
Outpatient Studies	100,215
Studies Performed Under Contract	8,705

Organ Transplantation

Kidney:	
Heart:	
Lung:	
Heart/Lung:	
Pancreas:	
Liver:	
Total:	

ATTACHMENT 7

Operating Rooms Utilization

Surgical Specialty	Operating Rooms Inpatient	Operating Rooms Outpatient	Operating Rooms Combined	Operating Rooms Total	Surgical Cases Inpatient	Surgical Cases Outpatient	Surgical Hours Inpatient	Surgical Hours Outpatient	Surgical Hours Total Hours	Hours per Case Inpatient	Hours per Case Outpatient
Cardiovascular	0	0	1	1	149	109	309	213	722	3.4	2.1
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	810	462	818	454	1272	2.8	1.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	20	20	66	43	89	2.2	2.2
Obt/Gynecology	0	0	1	1	58	322	180	593	773	3.2	1.8
Ophthalmologist	0	0	1	1	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	318	0	351	351	0.0	1.1
Orthopedic	0	0	1	1	623	740	1632	1672	3304	2.6	2.3
Otolaryngology	0	0	0	0	3	18	4	16	20	1.3	0.8
Plastic Surgery	0	0	1	1	69	116	371	310	681	4.2	2.7
Podiatry	0	0	0	0	41	194	89	225	314	2.2	1.2
Thoracic	0	0	0	0	50	0	101	0	101	2.0	0.0
Urology	0	0	1	1	79	212	117	254	371	1.5	1.2
Totals	0	0	10	10	1376	2433	3077	4131	8003	2.2	1.7

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 14 Stage 2 Recovery Stations 14

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms Inpatient	Procedure Rooms Outpatient	Procedure Rooms Combined	Procedure Rooms Total	Surgical Cases Inpatient	Surgical Cases Outpatient	Surgical Hours Inpatient	Surgical Hours Outpatient	Surgical Hours Total Hours	Hours per Case Inpatient	Hours per Case Outpatient
Gastrointestinal	0	0	3	3	717	992	675	1002	1677	1.2	1.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	92	213	115	268	381	1.3	1.2

Multipurpose Non-Dedicated Rooms

	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Data

Certified Trauma Center	No
Level of Trauma Service	Level 1 (Not Answered) / Level 2 Not Answered
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	17
Persons Treated by Emergency Services:	23,139
Patients Admitted from Emergency:	4,204
Total ED Visits (Emergency+Trauma):	23,139

Free-Standing Emergency Center

Beds in Free-Standing Center	
Patient Visits in Free-Standing Center	
Hospital Admissions from Free-Standing Center	

Outpatient Service Data

Total Outpatient Visits	60,294
Outpatient Visits at the Hospital/ Campus:	60,294
Outpatient Visits Off-site/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	1
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	624
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	624
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	134
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	19
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	19
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	15

Diagnostic/Interventional Equipment

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	17	0	10,841	16,817	0
Nuclear Medicine	3	0	866	785	0
Mammography	2	0	2	2,137	0
Ultrasound	3	0	1,280	2,108	0
Angiography	1	0			
Diagnostic Angiography			41	31	0
Interventional Angiography			8	0	0
Positron Emission Tomography (PET)	0	1	0	0	81
Computerized Axial Tomography (CAT)	3	0	4,307	6,619	0
Magnetic Resonance Imaging	1	0	435	1,403	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	1	0	2,016
Image Guided Rad Therapy			0
Intensity Modulated Rad Therp			684
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Section IV

Attachment 7

Charity Care

CHARITY CARE			
	2016	**2017**	**2018**
Ratio of Charity Care to Net Patient Revenue	**1.0%**	**1.1%**	**2.2%**
Net Patient Revenue	$119,567,280	$107,119,783	$105,613,647
Cost of Charity Care	$1,179,864	$1,193,547	$2,336,096