

E-080-17

# McDermott Will & Emery

Boston Brussels Chicago Dallas Düsseldorf Frankfurt Houston London Los Angeles Miami  
Milan Munich New York Orange County Paris Seoul Silicon Valley Washington, D.C.

Strategic alliance with MWE China Law Offices (Shanghai)

Clare E. Connor  
Attorney at Law  
cconnor@mwe.com  
+1 312 984 3365

December 22, 2017

VIA FEDERAL EXPRESS

Courtney Avery, Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL. 62761


RE: Certificate of Exemption Application/Change of Ownership/Eye Surgery Center of  
Hinsdale

Dear Ms. Avery:

Enclosed is a COE application as referenced above. This change of ownership involves solely a stock sale, and will not result in any change to the entity to be licensed. Also enclosed is the applicable filing fee. Feel free to contact me with any questions.

Thank you.

Sincerely,

  
Clare E. Connor

cc: Christopher Fusco, ESP  
Kara Friedman  
Jessica Sheridan

E-080-17

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR EXEMPTION PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DEC 26 2017

Facility/Project Identification

Facility Name: Eye Surgery Center of Hinsdale	HEALTH FACILITIES & SERVICES REVIEW BOARD		
Street Address: 950 N. York Road, Suite 203			
City and Zip Code: Hinsdale 60521			
County: Suburban Cook/DuPage      Health Service Area    007      Health Planning Area: 043			

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

Exact Legal Name: Eye Surgery Center of Hinsdale, LLC
Street Address: 950 N. York Road, Suite 203
City and Zip Code: Hinsdale 60521
Name of Registered Agent: Brian D. Smith
Registered Agent Street Address: 702 Burr Ridge Club Drive
Registered Agent City and Zip Code: Burr Ridge, IL 60527
Name of Chief Executive Officer: Brian D. Smith
CEO Street Address: 950 N. York Road, Suite 203
CEO City and Zip Code: Hinsdale 60521
CEO Telephone Number: 630-789-6700

Type of Ownership of Applicants

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

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Clare E. Connor
Title: Partner
Company Name: McDermott Will & Emery
Address: 444 W. Lake Street, Suite 4000, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cconnor@mwe.com
Fax Number: 312-277-2964

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

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR EXEMPTION PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Eye Surgery Center of Hinsdale			
Street Address: 950 N. York Road, Suite 203			
City and Zip Code: Hinsdale 60521			
County: Suburban Cook/DuPage	Health Service Area	007	Health Planning Area: 043

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

Exact Legal Name: EyeCare Services Partners Holdings, LLC	
Street Address: 2727 N. Harwood St., #350	
City and Zip Code: Dallas, TX 75201	
Name of Registered Agent: CT Corporation System	
Registered Agent Street Address: 208 S. LaSalle	
Registered Agent City and Zip Code: Chicago, IL 60604	
Name of Chief Executive Officer: Michael T. Fricke	
CEO Street Address: 2727 N. Harwood St., #350	
CEO City and Zip Code: Dallas, TX 75201	
CEO Telephone Number: 469-240-6738	

**Type of Ownership of Applicants**

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

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: Clare E. Connor
Title: Partner
Company Name: McDermott Will & Emery
Address: 444 W. Lake Street, Suite 4000, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cconnor@mwe.com
Fax Number: 312-277-2964

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

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Post Exemption Permit Contact**

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

Name: Christopher Fusco
Title: Chief Development Officer
Company Name: EyeCare Service Partners Management
Address: 2727 N. Harwood, #350, Dallas, TX 75201
Telephone Number: 844-377-6468
E-mail Address: cfusco@espmgmt.com
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: North York Road, LLC
Address of Site Owner: 702 Burr Ridge Club Dr., Burr Ridge, IL 60527
Street Address or Legal Description of the Site: 950 N. York Road, Hinsdale, IL
<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: The Eye Surgery Center of Illinois, LLC
Address: 950 N. York Road, Suite 203, Hinsdale, IL 60521
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**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.**

**Flood Plain Requirements**                      **NOT APPLICABLE – CHANGE OF OWNERSHIP**  
 [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 ([http:// www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb)).

**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Historic Resources Preservation Act Requirements – N/A – CHANGE OF OWNERSHIP**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Change of Ownership
- Discontinuation of an Existing Health Care Facility or of a category of service
- Establishment or expansion of a neonatal intensive care or beds

## 2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

EyeCare Services Partners Holdings, LLC ("ESP") intends to buy either directly or through affiliated entities all of the outstanding stock of The Eye Care Surgery Center of Hinsdale, LLC (the "ASC" or "Licensee") currently held by Brian D. Smith and Mark Benjamin in percentage amounts of 95% and 5% respectively. After the change of ownership ESP will be the entity with final control of the ASC. The change of ownership is contingent upon regulatory approvals including that of the Illinois Health Facilities and Services Review Board ("HFSRB").

The HFSRB will be notified within thirty days of the change of ownership occurring.

**Related Project Costs**

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$ _____		
Fair Market Value: \$ _____		
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ _____ N/A _____.		

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): _____ N/A _____	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <b>NOT APPLICABLE – CHANGE OF OWNERSHIP</b>	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies	
<input type="checkbox"/> Financial Commitment will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**CERTIFICATION**

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of EyeCare Services Partners Holdings, 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.

*M.T. Fricke*  
 SIGNATURE  
Michael T. Fricke  
 PRINTED NAME  
CEO  
 PRINTED TITLE

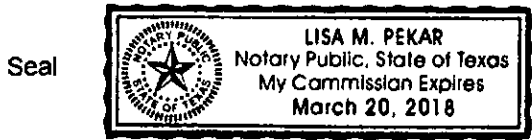
*CF*  
 SIGNATURE  
Christopher Fusco  
 PRINTED NAME  
Chief Development Officer  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 20 day of December, 20 17

Notarization:  
 Subscribed and sworn to before me  
 this 20 day of December, 20 17

*Lisa M. Pekar*  
 Signature of Notary

*Lisa M. Pekar*  
 Signature of Notary



\*Insert the EXACT legal name of the applicant



**CERTIFICATION**

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Eye Surgery Center of Hinsdale, 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

N/A – No other Officer  
 \_\_\_\_\_  
 SIGNATURE

Brian D. Smith, M.D.  
 \_\_\_\_\_  
 PRINTED NAME

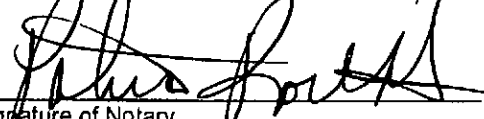
\_\_\_\_\_  
 PRINTED NAME

Manager  
 \_\_\_\_\_  
 PRINTED TITLE

\_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 21<sup>st</sup> day of Dec, 20 17

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 Signature of Notary



Seal

\*Insert the EXACT legal name of the applicant

### **SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES** **- INFORMATION REQUIREMENTS**

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### **Background**

READ THE REVIEW CRITERION and provide the following required information:

#### **BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

#### **Criterion 1110.230 – Purpose of the Project, and Alternatives (Not applicable to Change of Ownership)**

#### **PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to

achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

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

**APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

#### ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION V. CHANGE OF OWNERSHIP (CHOW)****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:**

<b>APPLICABLE REVIEW CRITERIA</b>	<b>CHOW</b>
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)(2) - 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)(2) - A statement as to the anticipated benefits of	X

the proposed changes in ownership to the community	
1130.520(b)(2) - 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)(2) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(2) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(2) - 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)(2)- 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

### **Application for Change of Ownership Among Related Persons**

*When a change of ownership is among related persons, and there are no other changes being proposed at the health care facility that would otherwise require a permit or exemption under the Act, the applicant shall submit an application consisting of a standard notice in a form set forth by the Board briefly explaining the reasons for the proposed change of ownership. [20 ILCS 3960/8.5(a)]*

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

**SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)**

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

**Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.**

**A table in the following format must be provided for all facilities as part of Attachment 41.**

<b>CHARITY CARE</b>			
	<b>Year</b>	<b>Year</b>	<b>Year</b>
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
	<b>Service Specific:</b>	
14	Neonatal Intensive Care Services	
15	Change of Ownership	
	<b>Financial and Economic Feasibility:</b>	
16	Availability of Funds	
17	Financial Waiver	
18	Financial Viability	
19	Economic Feasibility	
20	Safety Net Impact Statement	
21	Charity Care Information	

**Certificates of Good Standing – Applicants**





**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*

EYE SURGERY CENTER OF HINSDALE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 05, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of DECEMBER A.D. 2017 .***



Authentication #: 1734503022 verifiable until 12/11/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EYECARE SERVICES PARTNERS HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5520263 8300

SR# 20165934029

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)


Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Jeffrey W. Bullock, Secretary of State

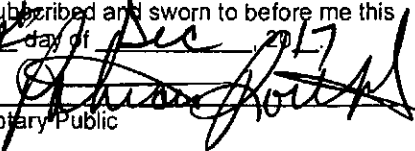
Authentication: 203055233

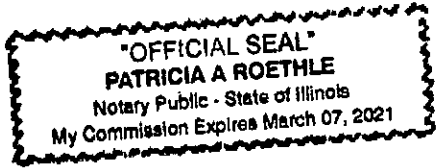
Date: 09-26-16

Eye Surgery Center of Hinsdale has a lease for the space at 950 York Road (Suite 203) and ESP or one of its affiliates will, pursuant to the terms of the change of ownership, either assume the lease or enter into a new lease with the owner of the building, New York Road, LLC.

  
Title: Managing Member  
Eye Surgery Center of Hinsdale, LLC

\_\_\_\_\_  
Title: \_\_\_\_\_  
EyeCare Services Partners Holdings, LLC

Subscribed and sworn to before me this  
21<sup>st</sup> day of Dec, 2017  
  
Notary Public



Eye Surgery Center of Hinsdale has a lease for the space at 950 York Road (Suite 203) and ESP or one of its affiliates will, pursuant to the terms of the change of ownership, either assume the lease or enter into a new lease with the owner of the building, New York Road, LLC.

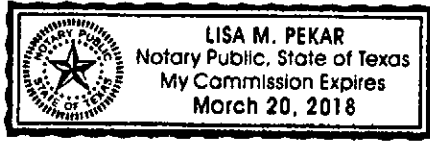
\_\_\_\_\_  
Title: \_\_\_\_\_  
Eye Surgery Center of Hinsdale, LLC

*M.T. Finkle*

\_\_\_\_\_  
Title: CEO  
EyeCare Services Partners Holdings, LLC

Subscribed and sworn to before me this  
20 day of December 2017

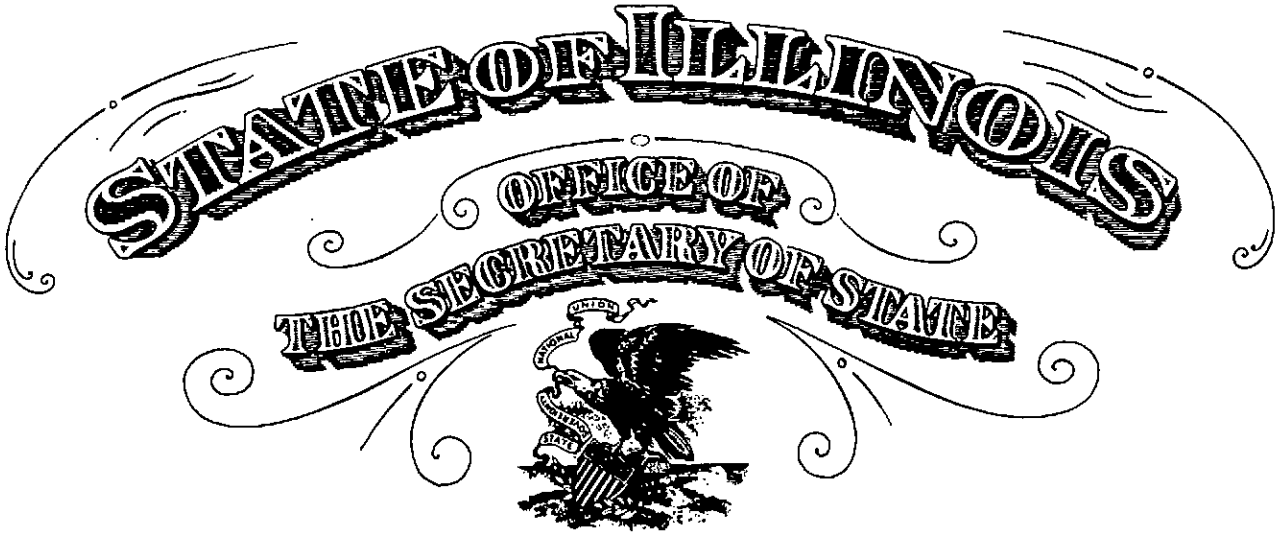
*Lisa M. Pekar*  
\_\_\_\_\_  
Notary Public



**Certificate of Good Standing  
Licensee**

File Number

0087472-8



**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*

EYE SURGERY CENTER OF HINSDALE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 05, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of DECEMBER A.D. 2017 .***

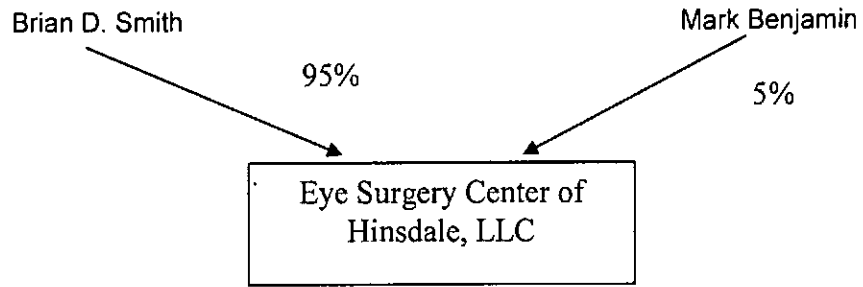


Authentication #: 1734503022 verifiable until 12/11/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

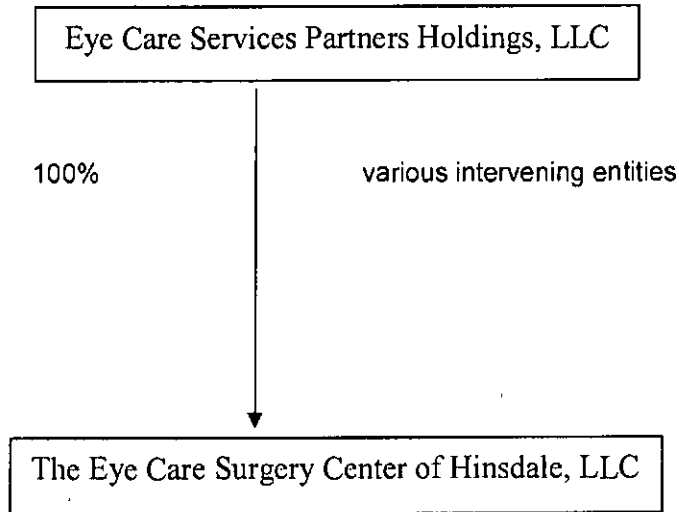
*Jesse White*

SECRETARY OF STATE

**Organizational Relationships**



**Post CHOW**



Eye Surgery Center of Hinsdale, LLC is the only facility owned by this applicant.

ESP owns Hauser-Ross Ambulatory Surgical Center located in DeKalb, Illinois.

See attached copies of licenses and certifications.





**Illinois Department of  
PUBLIC HEALTH**

HE 112187

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

EXPIRATION DATE	CATEGORY	LIC. NUMBER
1/1/2018		7002942

**Ambulatory Surgery Treatment Center**  
Effective: 01/02/2017

Eye Surgery Center of Hinsdale, LLC  
950 North York Road, Suite 203  
Hinsdale, IL 60521

The face of this license has a colored background printed by authority of the State of Illinois, Public Health Department.

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp. Date 1/1/2018

Lic Number 7002942

Date Printed 11/23/2016

Eye Surgery Center of Hinsdale, LLC

950 North York Road, Suite 203  
Hinsdale, IL 60521

**FEE RECEIPT NO.**

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS  
EYE SURGERY CENTER OF HINSDALE LLC  
950 N YORK RD - SUITE 203  
HINSDALE, IL 60521

CLIA ID NUMBER  
14D1029192

EFFECTIVE DATE  
08/11/2016

LABORATORY DIRECTOR  
BRIAN D SMITH

EXPIRATION DATE  
08/10/2018

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.  
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Karen W. Dyer*  
Karen W. Dyer, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

1332 Certs1\_071216

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

STAPLES



## ACCREDITATION NOTIFICATION

August 25, 2017

Organization #	65837		
Organization Name	Eye Surgery Center of Hinsdale, LLC		
Address	950 N York Road, Suite 203		
City   State   Zip	Hinsdale	IL	60521-8609
Decision Recipient	Ms. Nanci LaBracio		
Survey Date	7/26/2017-7/27/2017	Type of Survey	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	8/4/2017	Accreditation Term Expires	8/3/2020
Accreditation Renewal Code	D47D965565837		
Complimentary AAAHC Institute study participation code	65837FREEIQI		

As an ambulatory health care organization that has undergone the AAAHC Accreditation Survey, your organization has demonstrated its substantial compliance with AAAHC Standards. The AAAHC Accreditation Committee recommends your organization for accreditation.

### Next Steps

- Members of your organization should take time to thoroughly review your Survey Report.
  - Any Standard marked "PC" (Partially Compliant) or "NC" (Non-compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
  - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
- AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
- Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, [www.aaahc.org](http://www.aaahc.org).



**Illinois Department of  
PUBLIC HEALTH**

HF112599

**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

2/7/2018	CATEGORY	7003197
<b>Ambulatory Surgery Treatment Center</b>		
Effective: 02/08/2017		

**Dekalb Surgical Services, LLC**  
dba Hauser Ross Ambulatory Surgical Center  
2515 Klein Road

Sycamore, IL 60178

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

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 2/7/2018

Lic Number 7003197

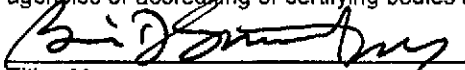
Date Printed 1/23/2017

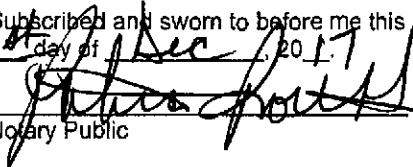
Dekalb Surgical Services, LLC  
dba Hauser Ross Ambulatory Surgical  
2515 Klein Road  
Sycamore, IL 60178

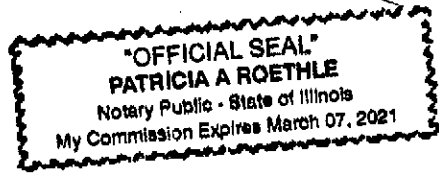
FEE RECEIPT NO.

I, Brian D. Smith, M.D., do hereby certify that no adverse action, as that term is defined by the Illinois Health Facilities and Services Review Board, has been taken against Eye Surgery Center of Hinsdale in the past three (3) years.

I authorize the HFSRB to access information the Illinois Department of Public Health or other state agencies or accrediting or certifying bodies to confirm this information.

  
Title: Manager

Subscribed and sworn to before me this  
21<sup>st</sup> day of Dec, 2017  
  
Notary Public



I, Michael T. Fricke, do hereby certify that no adverse action, as that term is defined by the Illinois Health Facilities and Services Review Board, has been taken against EyeCare Services Partners Holdings, LLC in the past three (3) years.

I authorize the HFSRB to access information the Illinois Department of Public Health or other state agencies or accrediting or certifying bodies to confirm this information.

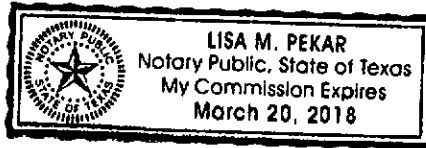
*M. T. Fricke*

Title: CEO

Subscribed and sworn to before me this  
20 day of December, 2017

*Lisa M. Pekar*

Notary Public



1130.520(b)(1)(A) - Names of the parties

**EyeCare Services Partners Holdings LLC  
Eye Surgery Center of Hinsdale, LLC**

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.

**See Attachment 11.**

1130.520(b)(1)(C) - Structure of the transaction

**ESP either directly or through affiliates is acquiring all of the outstanding stock of Eye Surgery Center of Hinsdale, and will become the entity with final control of the ASC. There will be no change in the licensed entity licensee.**

1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction

**Eye Surgery Center of Hinsdale, LLC**

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.

**See Attachment 4.**

1130.520(b)(1)(F) - Fair market value of assets to be transferred.

**The purchase price of \$4,000,000.00 is based on an arms length transaction and represents the FMV of the assets (stock) being transferred.**

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)]

**\$4,000,000.00**

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

**Not applicable – no outstanding permits and not a hospital transaction.**

1130.520(b)(2) - A statement as to the anticipated benefits of the proposed changes in ownership to the community

**The benefits to the community will be the continued operation of the surgery center. In addition, ESP is a national eye care service provider that will bring its broad experience and resources to the operations of the surgery center.**

1130.520(b)(2) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;

**It is not anticipated the change of ownership will bring cost savings to the community directly, but the continued operation of the surgery center will save consumers and payers money with the provision of outpatient eye surgery services in a less costly setting than a hospital.**

1130.520(b)(2) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;

**The surgery center's quality improvement program will remain in place and will be enhanced by ESP's experience in the provision of eye care services.**

1130.520(b)(2) - A description of the selection process that the acquiring entity will use to select the facility's governing body;

**The governing board will be appointed by the ASC's member.**

1130.520(b)(2) - 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

**A written statement addressing 1110.240 is available for review at the surgery center.**

1130.520(b)(2)- 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.

**There will be no changes in the services provided by the surgery center as a result of the change in ownership, or changes in employment. There will be no changes to or restrictions to access to services.**



Eye Surgery Center of Hinsdale

<b>CHARITY CARE</b>			
	<b>Year 2014</b>	<b>Year 2015</b>	<b>Year 2016</b>
<b>Net Patient Revenue</b>	\$2,413,165	\$2,272,786	\$2,867,293
Amount of Charity Care (charges)	\$42,000	\$45,810	\$6,900
Cost of Charity Care	\$42,000	\$45,810	\$6,900