

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
2006 AMBULATORY SURGICAL TREATMENT CENTER PROFILES  
PREFACE**

All ambulatory surgical treatment centers in Illinois are required to complete the annual Ambulatory Surgical Treatment Center Questionnaire in accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/). The questionnaire was sent by e-mail to all ambulatory surgical treatment centers in the Illinois Health Facilities Inventory by February 9, 2007 with a return date of March 26, 2007. Facilities that did not return their questionnaires by March 26, 2007 received a certified letter informing them that they had been put on our non-compliance list and that referrals would be made to the Health Facilities Planning Board for the issuance of fine, for those facilities who did not submit their complete questionnaires by April 30, 2007.

**Differences from Previous ASTC Questionnaires**

Part II of the questionnaire is different from past years, in asking for the most recent fiscal year information rather than calendar year data. In addition, financial questions have been standardized between the ASTC, Long Term Care and Hospital questionnaires.

A new section was added this year to collect surgical procedures performed in dedicated procedure rooms.

**Validation and Compilation of Data**

The submitted questionnaires are checked for data irregularities in regards to high surgical prep and clean-up times, staffing and matching of patients and surgeries. Facilities with irregularity in surgical times, staffing and matching numbers for patients and surgeries automatically received calls from staff. High surgical times are checked against the previous year profile to see if it is a trend. If not, the surgical center is then called by staff to verify the average surgical time for the procedure.

Summary reports are run to make sure data matches in the appropriate places and averages for any data are in acceptable ranges. If not, suspect data is identified and either verified or corrected by the appropriate facility.

Data for surgeries are for the entire calendar year. Staffing numbers are for all full time equivalent employee positions for the first pay period of December. All patient demographic information is for patients for the entire year calendar.

At the time of this posting, the financial data collection and data validation is not complete. Results of the Part-II will be posted at the later time.

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
AMBULATORY SURGICAL TREATMENT CENTER PROFILES  
MISSING DATA REPORT

**This current version of the 2006 Ambulatory Surgical Treatment Center Profiles does not include the following facility:**

CONCORD MEDICAL CENTER, CHICAGO -- Health Service Area 006

Reference Numbers 001 7001928 201

ROCKFORD AMBULATORY SURGERY CENTER

1016 FEATHERSTONE ROAD

ROCKFORD, IL 61107-5902

**Administrator**

Dr. Steven Gunderson, D.O.

Date

Completed

3/20/2007

Number of Operating Rooms

5

Procedure Rooms

2

Exam Rooms

0

Number of Recovery Stations Stage 1

8

Number of Recovery Stations Stage 2

13

**Registered Agent**

James Lyddon

Property Owner

**Type of Ownership**

Limited Liability Partnership (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
SwedishAmerican Hospital-Rockford IL	4
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	22.00
Certified Aides	1.00
Other Hlth. Profs.	8.00
Other Non-Hlth. Profs	11.00
<b>TOTAL</b>	<b>44.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	145	112	257
15-44	432	946	1,378
45-64	697	1,017	1,714
65-74	385	625	1,010
75+ Yea	479	798	1,277
<b>TOTAL</b>	<b>2,138</b>	<b>3,498</b>	<b>5,636</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	655	1,272	1,927
Other Public	0	0	0
Insurance	1,454	2,153	3,607
Private Pay	26	73	99
Charity Care	3	0	3
<b>TOTAL</b>	<b>2,138</b>	<b>3,498</b>	<b>5,636</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	7	3.00	3.75	6.75	0.96
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	59	32.00	32.00	64.00	1.08
General	840	460.00	44.00	504.00	0.60
Laser Eye Surgery	432	36.00	144.00	180.00	0.42
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	46	8.00	24.50	32.50	0.71
Ophthalmology	1586	528.00	792.00	1320.00	0.83
Oral/Maxillofacial	158	96.00	84.00	180.00	1.14
Orthopedic	397	238.00	211.00	449.00	1.13
Otolaryngology	133	112.00	71.00	183.00	1.38
Pain Management	793	422.00	198.00	620.00	0.78
Plastic Surgery	322	358.00	171.00	529.00	1.64
Podiatry	503	375.00	268.00	643.00	1.28
Thoracic	9	4.00	5.00	9.00	1.00
Urology	351	4.00	187.00	191.00	0.54
<b>TOTAL</b>	<b>5636</b>	<b>2,676.00</b>	<b>2,235.25</b>	<b>4911.25</b>	<b>0.87</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 001 7001761 201

ROCKFORD ENDOSCOPY CENTER

401 ROXBURY ROAD

ROCKFORD, IL 61107

**Administrator**

Nancy Garry

Date

Completed

2/21/2007

Number of Operating Rooms

1

Procedure Rooms

3

Exam Rooms

0

Number of Recovery Stations Stage 1

10

Number of Recovery Stations Stage 2

4

**Registered Agent**

Atty. Phil Frankfort

Property Owner

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

William N. Baskin

Steven O. Ikenberry

S. Christopher Moore

Roger L. Greenlaw

Robert L. Barclay

Michael J. Manley

Mark T. Shiels

Joseph J. Vicari

John J. DeGuide

John F. Johanson

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Anthony Hospital	8
SwedishAmerican Hospital	2
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.70
Physicians	2.80
Dir. of Nurses	1.07
Reg. Nurses	8.19
Certified Aides	5.85
Other Hlth. Profs.	1.06
Other Non-Hlth. Profs	13.52
<b>TOTAL</b>	<b>33.19</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	637	985	1,622
45-64	2,440	3,287	5,727
65-74	1,113	1,299	2,412
75+ Yea	617	902	1,519
<b>TOTAL</b>	<b>4,807</b>	<b>6,473</b>	<b>11,280</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	93	313	406
Medicare	1,720	2,312	4,032
Other Public	9	16	25
Insurance	2,900	3,642	6,542
Private Pay	56	137	193
Charity Care	29	53	82
<b>TOTAL</b>	<b>4,807</b>	<b>6,473</b>	<b>11,280</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2820	1,410.00	940.00	2350.00	0.83
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2820</b>	<b>1,410.00</b>	<b>940.00</b>	<b>2350.00</b>	<b>0.83</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	8460	4230	2820	7050	0.83
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>3</b>	<b>8460</b>	<b>4230</b>	<b>2820</b>	<b>7050</b>	<b>0.83</b>

**Reference Numbers** 001 7002835 201

ROCKFORD ORTHOPEDIC SURGERY CENTER

346 ROXBURY ROAD

ROCKFORD, IL 61107

**Administrator**

Don Schreiner

Date

Completed

3/22/2007

Number of Operating Rooms

2

Procedure Rooms

1

Exam Rooms

0

Number of Recovery Stations Stage 1

3

Number of Recovery Stations Stage 2

5

**Registered Agent**

Jan H. Ohlander

Property Owner

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Rockford Orthopedic Associates, Ltd

OSF, Inc.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Anthony Medical Center Rockford, IL	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	8.25
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	6.50
<b>TOTAL</b>	<b>15.75</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	23	20	43
15-44	361	241	602
45-64	318	389	707
65-74	71	142	213
75+ Yea	49	68	117
<b>TOTAL</b>	<b>822</b>	<b>860</b>	<b>1,682</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	11	7	18
Medicare	99	202	301
Other Public	0	0	0
Insurance	705	648	1,353
Private Pay	7	3	10
Charity Care	0	0	0
<b>TOTAL</b>	<b>822</b>	<b>860</b>	<b>1,682</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	909	670.00	376.00	1046.00	1.15
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	350	146.00	62.00	208.00	0.59
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	210	181.00	102.00	283.00	1.35
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1469</b>	<b>997.00</b>	<b>540.00</b>	<b>1537.00</b>	<b>1.05</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Orthopedic	1	213	143	80	223	1.05
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>213</b>	<b>143</b>	<b>80</b>	<b>223</b>	<b>1.05</b>

Reference Numbers 001 7002355 037

HAUSER-ROSS SURGICENTER, INC.

2240 GATEWAY DRIVE

SYCAMORE, IL 60115

**Administrator**

Chris Frankovich

Date

Completed

3/26/2007

Number of Operating Rooms

3

Procedure Rooms

1

Exam Rooms

0

Number of Recovery Stations Stage 1

4

Number of Recovery Stations Stage 2

8

**Registered Agent**

Property Owner

**Type of Ownership**

Other Not For Profit Ownership

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Kishwaukee Community Hospital DeKalb	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.40
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	4.50
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.30
<b>TOTAL</b>	<b>9.20</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	4
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	15	17	32
15-44	172	278	450
45-64	258	346	604
65-74	399	501	900
75+ Yea	165	184	349
<b>TOTAL</b>	<b>1,009</b>	<b>1,326</b>	<b>2,335</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	8	10	18
Medicare	564	685	1,249
Other Public	0	0	0
Insurance	250	424	674
Private Pay	182	206	388
Charity Care	5	1	6
<b>TOTAL</b>	<b>1,009</b>	<b>1,326</b>	<b>2,335</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	445	59.50	148.50	208.00	0.47
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1558	374.75	548.25	923.00	0.59
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	9	3.00	3.75	6.75	0.75
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	47	51.00	30.00	81.00	1.72
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2059</b>	<b>488.25</b>	<b>730.50</b>	<b>1218.75</b>	<b>0.59</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	276	23	138	161	0.58
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>276</b>	<b>23</b>	<b>138</b>	<b>161</b>	<b>0.58</b>

Reference Numbers 001 7003007 037

MIDLAND SURGICAL CENTER  
2120 MIDLANDS COURT  
SYCAMORE, IL 60178

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	10
Number of Recovery Stations Stage 2	0

**Administrator** Patricia Sulaver  
Date Completed 2/21/2007

**Registered Agent** Steven Glasgow MD

Property Owner Aberdeen Family Partnership

**Legal Owner**

**Type of Ownership**  
Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Kishwaukee Community Hospital	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.50
Dir. of Nurses	0.50
Reg. Nurses	3.50
Certified Aides	0.50
Other Hlth. Profs.	1.50
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>9.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	8
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	13	3	16
15-44	122	80	202
45-64	111	156	267
65-74	45	84	129
75+ Yea	34	86	120
<b>TOTAL</b>	<b>325</b>	<b>409</b>	<b>734</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	11	14	25
Medicare	87	163	250
Other Public	3	2	5
Insurance	210	225	435
Private Pay	11	4	15
Charity Care	3	1	4
<b>TOTAL</b>	<b>325</b>	<b>409</b>	<b>734</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	470	550.00	127.25	677.25	1.44
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	249	43.75	30.00	73.75	0.30
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	15	15.50	4.00	19.50	1.30
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>734</b>	<b>609.25</b>	<b>161.25</b>	<b>770.50</b>	<b>1.05</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers**      002      7002728      179

RENAL INTERVENTION CENTER, LLC.

430 MAXINE DRIVE

MORTON, IL 61550

**Administrator**

Patricia Harms

Date

Completed

3/26/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

4

Number of Recovery Stations Stage 2

4

**Registered Agent**

Husch Registered Agent, Inc.

Property Owner

Renal Care LLC

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

RENAL INTERVENTION CENTER, LLC

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Methodist Medical Center Peoria, IL	0
St. Francis Medical Center, Peoria, IL	4
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.50
Certified Aides	0.00
Other Hlth. Profs.	3.50
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>10.25</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	0	2
15-44	76	76	152
45-64	379	258	637
65-74	186	153	339
75+ Yea	265	230	495
<b>TOTAL</b>	<b>908</b>	<b>717</b>	<b>1,625</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	48	44	92
Medicare	711	563	1,274
Other Public	4	0	4
Insurance	135	110	245
Private Pay	10	0	10
Charity Care	0	0	0
<b>TOTAL</b>	<b>908</b>	<b>717</b>	<b>1,625</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1625	2,007.00	684.75	2691.75	1.66
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1625</b>	<b>2,007.00</b>	<b>684.75</b>	<b>2691.75</b>	<b>1.66</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 002 7001563 143

Musculoskeletal Surgery Center  
303 N. WM. KUMPF BOULEVARD  
PEORIA, IL 61605

**Administrator**

Christopher Shireman

Date

Completed  
3/23/2007

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	2
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	3

**Registered Agent**

Cassidy & Mueller

Property Owner

Orthopedic Associates of Peoria

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

RONALD E. PALMER

MARK R. PHILLIPS

GREGORY J. ADAMSON

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St. Francis Medical Center	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>11.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	3	5
15-44	200	76	276
45-64	278	195	473
65-74	17	19	36
75+ Yea	16	19	35
<b>TOTAL</b>	<b>513</b>	<b>312</b>	<b>825</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	2	3
Medicare	44	48	92
Other Public	0	0	0
Insurance	466	259	725
Private Pay	2	3	5
Charity Care	0	0	0
<b>TOTAL</b>	<b>513</b>	<b>312</b>	<b>825</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	825	704.41	714.50	1418.91	1.72
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>825</b>	<b>704.41</b>	<b>714.50</b>	<b>1418.91</b>	<b>1.72</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 002 7002454 143

OSF ST. FRANCIS OUTP SURG CTR

8800 NORTH ROUTE 91

PEORIA, IL 61615

**Administrator**

Richard Thomas

Date

Completed

4/17/2007

Number of Operating Rooms

6

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

7

Number of Recovery Stations Stage 2

17

**Registered Agent**

Sister Teresa Ann Brazeau

Property Owner

**Type of Ownership**

Church Related Not For Profit

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Transfer Agreement with Saint Francis Medical Cent	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	27.00
Certified Aides	0.00
Other Hlth. Profs.	19.00
Other Non-Hlth. Profs	11.00
<b>TOTAL</b>	<b>58.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	467	546	1,013
15-44	842	642	1,484
45-64	1,441	1,178	2,619
65-74	771	599	1,370
75+ Yea	607	396	1,003
<b>TOTAL</b>	<b>4,128</b>	<b>3,361</b>	<b>7,489</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	303	245	548
Medicare	1,411	1,013	2,424
Other Public	0	1	1
Insurance	2,308	2,031	4,339
Private Pay	93	66	159
Charity Care	13	5	18
<b>TOTAL</b>	<b>4,128</b>	<b>3,361</b>	<b>7,489</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	144	42.00	44.00	86.00	0.60
General	470	454.00	163.00	617.00	1.31
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	109	61.00	36.00	97.00	0.89
Ophthalmology	2170	1,062.00	440.00	1502.00	0.69
Oral/Maxillofacial	20	7.00	5.00	12.00	0.60
Orthopedic	1957	1,459.00	555.00	2014.00	1.03
Otolaryngology	923	410.00	180.00	590.00	0.64
Pain Management	589	130.00	119.00	249.00	0.42
Plastic Surgery	448	354.00	122.00	476.00	1.06
Podiatry	265	274.00	72.00	346.00	1.31
Thoracic	0	0.00	0.00	0.00	0.00
Urology	394	128.00	86.00	214.00	0.54
<b>TOTAL</b>	<b>7489</b>	<b>4,381.00</b>	<b>1,822.00</b>	<b>6203.00</b>	<b>0.83</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers**      002      7001530      143

PEORIA AMBULATORY SURGERY CENTER

4909 N. GLEN PARK PLACE

PEORIA, IL 61614

**Administrator**

Cynthia J. Leisinger, MBA, CAS

Date

Completed

3/23/2007

Number of Operating Rooms

1

Procedure Rooms

3

Exam Rooms

0

Number of Recovery Stations Stage 1

4

Number of Recovery Stations Stage 2

5

**Registered Agent**

Carl W. Soderstrom, MD

Property Owner

CWS Real Estate LLC

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

Carl W. Soderstrom, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Methodist Medical Center, Peoria, IL	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>9.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	18	14	32
15-44	98	259	357
45-64	117	159	276
65-74	114	72	186
75+ Yea	156	89	245
<b>TOTAL</b>	<b>503</b>	<b>593</b>	<b>1,096</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	8	20	28
Medicare	288	145	433
Other Public	0	0	0
Insurance	186	245	431
Private Pay	21	183	204
Charity Care	0	0	0
<b>TOTAL</b>	<b>503</b>	<b>593</b>	<b>1,096</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	14	25.54	5.60	31.14	2.22
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2	0.80	0.58	1.38	0.69
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	150	277.31	49.00	326.31	2.18
Podiatry	1	1.00	0.50	1.50	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>167</b>	<b>304.65</b>	<b>55.68</b>	<b>360.33</b>	<b>2.16</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Dermatologic Surger	2	912	413.1	259.1	0.74
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
Plastic Surgery	1	17	18.42	5.65	1.42
<b>TOTALS</b>	<b>3</b>	<b>929</b>	<b>431.52</b>	<b>264.75</b>	<b>0.75</b>

Reference Numbers 002 7001449 143

PEORIA DAY SURGERY CENTER  
7309 N. KNOXVILLE AVENUE  
PEORIA, IL 61614-2017

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	14

**Administrator** Wanda Spacht, RN  
Date Completed 3/24/2007

**Registered Agent**

Brent Gwillim  
Property Owner  
Peoria Urological Investment Partnership

**Type of Ownership**  
Corporation (RA required)

**Legal Owner**

Joseph Banno, MD  
Brent Parry, DPM  
Bruce Chien, MD  
Demaceo Howard, MD  
Fred Braastad, MD  
Gavish Patel, MD  
George Lane, MD  
Giovanni Colombo, MD  
Jacek Graczykowski, MD  
James Crane, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Proctor Hospital (Transfer Agreement)	2
OSF St. Francis Medical Center	1
Methodist Medical Center	1
Peoria Recovery Care Center	8
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	19.40
Certified Aides	0.00
Other Hlth. Profs.	7.00
Other Non-Hlth. Profs	5.90
<b>TOTAL</b>	<b>33.30</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	212	140	352
15-44	383	773	1,156
45-64	683	818	1,501
65-74	333	305	638
75+ Yea	425	359	784
<b>TOTAL</b>	<b>2,036</b>	<b>2,395</b>	<b>4,431</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	59	127	186
Medicare	790	703	1,493
Other Public	11	13	24
Insurance	1,144	1,450	2,594
Private Pay	32	100	132
Charity Care	0	2	2
<b>TOTAL</b>	<b>2,036</b>	<b>2,395</b>	<b>4,431</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	166	137.00	166.00	303.00	1.83
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	268	268.00	268.00	536.00	2.00
Ophthalmology	478	239.00	239.00	478.00	1.00
Oral/Maxillofacial	48	28.25	48.00	76.25	1.59
Orthopedic	231	231.00	231.00	462.00	2.00
Otolaryngology	569	569.00	284.50	853.50	1.50
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	120	480.00	120.00	600.00	5.00
Podiatry	295	313.50	295.00	608.50	2.06
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1296	685.00	648.00	1333.00	1.03
<b>TOTAL</b>	<b>3471</b>	<b>2,950.75</b>	<b>2,299.50</b>	<b>5250.25</b>	<b>1.51</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	960	480	960	1.00
<b>TOTALS</b>	<b>1</b>	<b>960</b>	<b>480</b>	<b>960</b>	<b>1.00</b>

Reference Numbers 003 7003120 001

SURGERY CENTER OF QUINCY  
 1118 HAMPSHIRE STREET  
 QUINCY, IL 62301

Number of Operating Rooms	3
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	4

**Administrator** Date  
 Maurenn Kahn Completed  
 217-223-8400.6897 4/30/2007

**Registered Agent**

Property Owner

**Type of Ownership**  
 Other Not For Profit Ownership

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	14.40
Certified Aides	0.20
Other Hlth. Profs.	6.30
Other Non-Hlth. Profs	4.20
<b>TOTAL</b>	<b>25.10</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	101	51	152
15-44	337	563	900
45-64	948	1,211	2,159
65-74	570	795	1,365
75+ Yea	664	894	1,558
<b>TOTAL</b>	<b>2,620</b>	<b>3,514</b>	<b>6,134</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	51	117	168
Medicare	1,237	1,751	2,988
Other Public	12	3	15
Insurance	1,301	1,614	2,915
Private Pay	19	29	48
Charity Care	0	0	0
<b>TOTAL</b>	<b>2,620</b>	<b>3,514</b>	<b>6,134</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	35	32.00	14.50	46.50	1.33
Dermatology	82	71.00	33.75	104.75	1.28
Gastroenterology	4	1.00	2.00	3.00	0.75
General	445	363.00	169.25	532.25	1.20
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	227	155.00	94.50	249.50	1.10
OB/Gynecology	48	36.00	13.50	49.50	1.03
Ophthalmology	1350	414.00	519.25	933.25	0.69
Oral/Maxillofacial	632	385.00	262.50	647.50	1.02
Orthopedic	372	226.00	136.25	362.25	0.97
Otolaryngology	183	64.00	66.00	130.00	0.71
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	2	2.00	0.50	2.50	1.25
Podiatry	58	56.00	20.25	76.25	1.31
Thoracic	5	2.00	2.00	4.00	0.80
Urology	10	5.00	3.00	8.00	0.80
<b>TOTAL</b>	<b>3453</b>	<b>1,812.00</b>	<b>1,337.25</b>	<b>3149.25</b>	<b>0.91</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	2681	627	782	0.29
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>3</b>	<b>2681</b>	<b>627</b>	<b>782</b>	<b>0.29</b>

Reference Numbers 003 7002306 167

ORTHOPAEDIC SURGERY CTR. OF IL.  
3136 OLD JACKSONVILLE ROAD, STE 250  
SPRINGFIELD, IL 62704

**Administrator**

LEO K. LUDWIG M.D.

**Date**

Completed  
3/5/2007

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	5

**Registered Agent**

ROBERT W. KAY

**Property Owner**

MEMORIAL HEALTH SYSTEM

**Legal Owner**

**Type of Ownership**

Limited Liability Partnership (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
MEMORIAL MEDICAL CENTER, SPRINGFIELD, IL	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.20
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.40
Certified Aides	0.00
Other Hlth. Profs.	2.80
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>13.40</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	10
Wednesday	10
Thursday	10
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**FACILITY NOTES**

P-04-012 3/31/2005

Completed project to add plastic surgery to an existing single specialty ambulatory surgical treatment center.

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	6	12	18
15-44	264	279	543
45-64	519	459	978
65-74	343	163	506
75+ Yea	308	124	432
<b>TOTAL</b>	<b>1,440</b>	<b>1,037</b>	<b>2,477</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	643	284	927
Other Public	3	0	3
Insurance	792	751	1,543
Private Pay	2	1	3
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,440</b>	<b>1,037</b>	<b>2,477</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1108	1,465.25	879.75	2345.00	2.12
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1369	203.00	169.50	372.50	0.27
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2477</b>	<b>1,668.25</b>	<b>1,049.25</b>	<b>2717.50</b>	<b>1.10</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers**      003      7002694      167

SPRINGFIELD CLINIC AMB. SURG.

1025 S. SEVENTH STREET

SPRINGFIELD, IL 62794-9248

Number of Operating Rooms      3

Procedure Rooms      4

Exam Rooms      10

Number of Recovery Stations Stage 1      8

Number of Recovery Stations Stage 2      9

**Administrator**

J. Michael Maynard

**Date**

Completed

3/20/2007

**Registered Agent**

J. Michael Maynard

Property Owner

Springfield Clinic, LLP

**Legal Owner**

**Type of Ownership**

Limited Liability Partnership (RA required)

Springfield Clinic, LLP

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. John's Hospital	2
Memorial Medical Center	12
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	46.00
Certified Aides	0.00
Other Hlth. Profs.	13.00
Other Non-Hlth. Profs	16.00
<b>TOTAL</b>	<b>77.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	326	255	581
15-44	835	1,135	1,970
45-64	2,718	3,387	6,105
65-74	1,312	1,687	2,999
75+ Yea	1,149	1,631	2,780
<b>TOTAL</b>	<b>6,340</b>	<b>8,095</b>	<b>14,435</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	2	2
Medicare	2,392	3,243	5,635
Other Public	175	135	310
Insurance	3,738	4,604	8,342
Private Pay	35	111	146
Charity Care	0	0	0
<b>TOTAL</b>	<b>6,340</b>	<b>8,095</b>	<b>14,435</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	764	942.00	191.50	1133.50	1.48
Laser Eye Surgery	621	33.00	21.00	54.00	0.09
Neurology	18	13.50	4.50	18.00	1.00
OB/Gynecology	169	137.25	42.50	179.75	1.06
Ophthalmology	2060	956.75	649.00	1605.75	0.78
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	982	1,024.00	245.50	1269.50	1.29
Otolaryngology	687	549.00	172.00	721.00	1.05
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	449	531.75	112.00	643.75	1.43
Podiatry	158	172.75	39.50	212.25	1.34
Thoracic	0	0.00	0.00	0.00	0.00
Urology	477	318.75	119.00	437.75	0.92
<b>TOTAL</b>	<b>6385</b>	<b>4,678.75</b>	<b>1,596.50</b>	<b>6275.25</b>	<b>0.98</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	4	8050	4307.5	6320	0.79
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>4</b>	<b>8050</b>	<b>4307.5</b>	<b>6320</b>	<b>0.79</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	19	24	43
15-44	14	22	36
45-64	266	356	622
65-74	557	850	1,407
75+ Yea	783	1,234	2,017
<b>TOTAL</b>	<b>1,639</b>	<b>2,486</b>	<b>4,125</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	18	22
Medicare	1,200	1,862	3,062
Other Public	0	0	0
Insurance	434	596	1,030
Private Pay	1	10	11
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,639</b>	<b>2,486</b>	<b>4,125</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	1737	42.25	58.00	100.25	0.06
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2388	515.50	477.75	993.25	0.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>4125</b>	<b>557.75</b>	<b>535.75</b>	<b>1093.50</b>	<b>0.27</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 004 7001506 113  
 EASTLAND MEDICAL PLAZA SURGICENTER LLC  
 1505 EASTLAND DRIVE  
 BLOOMINGTON, IL 61701

Number of Operating Rooms 4  
 Procedure Rooms 5  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 4  
 Number of Recovery Stations Stage 2 21

**Administrator** Brenda Cyrulik  
 Date Completed 3/19/2007

**Registered Agent** Stephen T. Moore  
 Property Owner St. Joseph Medical Center  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Partnership (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Joseph Medical Center Bloomington	32
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	20.70
Certified Aides	0.00
Other Hlth. Profs.	8.90
Other Non-Hlth. Profs	9.10
<b>TOTAL</b>	<b>39.70</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	264	224	488
15-44	835	1,198	2,033
45-64	1,361	1,846	3,207
65-74	468	613	1,081
75+ Yea	437	691	1,128
<b>TOTAL</b>	<b>3,365</b>	<b>4,572</b>	<b>7,937</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	132	246	378
Medicare	661	1,040	1,701
Other Public	21	34	55
Insurance	2,502	3,216	5,718
Private Pay	26	11	37
Charity Care	23	25	48
<b>TOTAL</b>	<b>3,365</b>	<b>4,572</b>	<b>7,937</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	24	14.00	4.80	18.80	0.78
Dermatology	245	127.00	49.00	176.00	0.72
Gastroenterology	0	0.00	0.00	0.00	0.00
General	730	300.00	146.00	446.00	0.61
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	10	1.00	2.00	3.00	0.30
Ophthalmology	785	228.00	157.00	385.00	0.49
Oral/Maxillofacial	1405	285.00	281.00	566.00	0.40
Orthopedic	1368	861.00	273.60	1134.60	0.83
Otolaryngology	548	311.00	109.60	420.60	0.77
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	57	51.00	11.40	62.40	1.09
Thoracic	11	6.00	2.20	8.20	0.75
Urology	130	6.00	26.00	32.00	0.25
<b>TOTAL</b>	<b>5313</b>	<b>2,190.00</b>	<b>1,062.60</b>	<b>3252.60</b>	<b>0.61</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	1729	525	813	0.47
Laser Eye	1	210	17.5	24.5	0.12
Pain Management	1	685	118	232	0.34
<b>TOTALS</b>	<b>5</b>	<b>2624</b>	<b>660.5</b>	<b>1069.5</b>	<b>0.41</b>

Reference Numbers 004 7002116 013

THE CENTER FOR ORTHOPEDIC MEDICINE  
2502 B. EAST EMPIRE STREET  
BLOOMINGTON, IL 61704

**Administrator**

Bryan Zowin

Date

Completed  
3/25/2007

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

**Registered Agent**

Merrick Hayes

Property Owner

McLean County Landtrust H-290

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

Willard Noyes, MD

Todd Snoeyink, DPM

Robert Seidl, MD

Micheal S. Young, MD

McLean County SurgiCenter

Lawrence Raines, MD

Lawrence Gratkins, MD

Joseph Novotny, MD

John G. Atwater, MD

Gerald Paul, DPM

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
BroMenn Healthcare	7
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	2.00
Dir. of Nurses	1.00
Reg. Nurses	25.00
Certified Aides	1.00
Other Hlth. Profs.	15.00
Other Non-Hlth. Profs	11.00
<b>TOTAL</b>	<b>55.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	260	218	478
15-44	696	805	1,501
45-64	773	1,058	1,831
65-74	187	315	502
75+ Yea	154	373	527
<b>TOTAL</b>	<b>2,070</b>	<b>2,769</b>	<b>4,839</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	661	876	1,537
Medicare	81	209	290
Other Public	9	8	17
Insurance	1,275	1,562	2,837
Private Pay	42	111	153
Charity Care	2	3	5
<b>TOTAL</b>	<b>2,070</b>	<b>2,769</b>	<b>4,839</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	227	170.25	113.50	283.75	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	137	102.75	68.50	171.25	1.25
Ophthalmology	63	31.50	31.50	63.00	1.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1891	1,418.25	945.50	2363.75	1.25
Otolaryngology	564	282.00	282.00	564.00	1.00
Pain Management	364	120.00	182.00	302.00	0.83
Plastic Surgery	153	114.75	76.50	191.25	1.25
Podiatry	352	264.00	176.00	440.00	1.25
Thoracic	0	0.00	0.00	0.00	0.00
Urology	46	34.50	22.50	57.00	1.24
<b>TOTAL</b>	<b>3797</b>	<b>2,538.00</b>	<b>1,898.00</b>	<b>4436.00</b>	<b>1.17</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	1042	344	866	0.83
<b>TOTALS</b>	<b>1</b>	<b>1042</b>	<b>344</b>	<b>866</b>	<b>0.83</b>

Reference Numbers 004 7002959 019

CHAMPAIGN SURGICENTER, LLC

1702 S. MATTIS AVENUE

CHAMPAIGN, IL 62821

**Administrator**

Julie Root

Date

Completed

3/20/2007

Number of Operating Rooms

5

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

14

Number of Recovery Stations Stage 2

6

**Registered Agent**

Dr James Leonard

Property Owner

Carle Foundation Hospital

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Carle Foundation Hospital	7
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	15.00
Certified Aides	1.00
Other Hlth. Profs.	7.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>26.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	355	257	612
15-44	625	1,037	1,662
45-64	908	1,458	2,366
65-74	272	419	691
75+ Yea	189	237	426
<b>TOTAL</b>	<b>2,349</b>	<b>3,408</b>	<b>5,757</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	174	255	429
Medicare	323	466	789
Other Public	10	13	23
Insurance	1,763	2,510	4,273
Private Pay	50	108	158
Charity Care	29	56	85
<b>TOTAL</b>	<b>2,349</b>	<b>3,408</b>	<b>5,757</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1048	960.00	350.00	1310.00	1.25
General	99	60.00	42.00	102.00	1.03
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	449	412.00	226.00	638.00	1.42
Ophthalmology	8	8.00	6.00	14.00	1.75
Oral/Maxillofacial	108	92.00	36.00	128.00	1.19
Orthopedic	2655	2,424.00	1,107.00	3531.00	1.33
Otolaryngology	451	414.00	150.00	564.00	1.25
Pain Management	311	285.00	104.00	389.00	1.25
Plastic Surgery	439	403.00	183.00	586.00	1.33
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	189	174.00	80.00	254.00	1.34
<b>TOTAL</b>	<b>5757</b>	<b>5,232.00</b>	<b>2,284.00</b>	<b>7516.00</b>	<b>1.31</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	4	4	8
15-44	154	367	521
45-64	456	616	1,072
65-74	245	375	620
75+ Yea	170	294	464
<b>TOTAL</b>	<b>1,029</b>	<b>1,656</b>	<b>2,685</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	53	201	254
Medicare	305	480	785
Other Public	4	5	9
Insurance	655	929	1,584
Private Pay	4	9	13
Charity Care	8	32	40
<b>TOTAL</b>	<b>1,029</b>	<b>1,656</b>	<b>2,685</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	8	4.00	3.00	7.00	0.88
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	447	223.50	149.00	372.50	0.83
General	763	381.50	254.00	635.50	0.83
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	133	66.50	44.00	110.50	0.83
Ophthalmology	6	3.00	6.00	9.00	1.50
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	277	207.50	92.00	299.50	1.08
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1003	501.50	334.00	835.50	0.83
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2637</b>	<b>1,387.50</b>	<b>882.00</b>	<b>2269.50</b>	<b>0.86</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	1	48	48	48	96	2.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>48</b>	<b>48</b>	<b>48</b>	<b>96</b>	<b>2.00</b>

**Reference Numbers**      004      7002363      183

DANVILLE HEALTHCARE, LLC.

26 W. NEWELL ROAD

DANVILLE, IL 61834-7488

Number of Operating Rooms      3

Procedure Rooms      0

Exam Rooms      0

Number of Recovery Stations Stage 1      7

Number of Recovery Stations Stage 2      6

**Administrator**

JoAnn Melton

Date

Completed

3/26/2007

**Registered Agent**

Thomas J. Pliura

Property Owner

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Thomas J. Pliura

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>19.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	6
Sunday	6

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	7	2	9
15-44	42	76	118
45-64	107	160	267
65-74	195	295	490
75+ Yea	191	389	580
<b>TOTAL</b>	<b>542</b>	<b>922</b>	<b>1,464</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	28	101	129
Medicare	408	714	1,122
Other Public	0	0	0
Insurance	95	94	189
Private Pay	11	13	24
Charity Care	0	0	0
<b>TOTAL</b>	<b>542</b>	<b>922</b>	<b>1,464</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	28	30.00	20.00	50.00	1.79
Dermatology	19	14.00	10.00	24.00	1.26
Gastroenterology	143	92.00	62.00	154.00	1.08
General	60	52.00	36.00	88.00	1.47
Laser Eye Surgery	194	39.00	26.00	65.00	0.34
Neurology	72	50.00	34.00	84.00	1.17
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	787	263.00	174.00	437.00	0.56
Oral/Maxillofacial	70	39.00	26.00	65.00	0.93
Orthopedic	9	7.00	6.00	13.00	1.44
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	24	32.00	22.00	54.00	2.25
Thoracic	3	2.00	4.00	6.00	2.00
Urology	55	48.00	32.00	80.00	1.45
<b>TOTAL</b>	<b>1464</b>	<b>668.00</b>	<b>452.00</b>	<b>1120.00</b>	<b>0.77</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 004 7002371 183

DANVILLE POLYCLINIC, LTD. ASTC

707 NORTH LOGAN AVENUE

DANVILLE, IL 61832-4360

**Administrator**

MELISSA A. EDINGTON

Date

Completed

3/19/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

4

Number of Recovery Stations Stage 2

4

**Registered Agent**

Melissa A Edington

Property Owner

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

Legett, John A, M.D.

Bavishi, Bipin, B. M.D.

Diokno, Rafael, M. M.D.

Fabrizio, Joseph, M., M.D.

Goel, Naresh, C., M.D.

Gotardo, Carlos, F. M.D.

Amin, Shailesh R, M.D.

Hsieh, Samuel H, M.D.

Sekar, Venkat

Lin, Wen-Hsin, M.D.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Provena United Samaritans Medical Center	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.50
Certified Aides	1.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>9.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	54	26	80
15-44	161	349	510
45-64	347	466	813
65-74	166	214	380
75+ Yea	156	220	376
<b>TOTAL</b>	<b>884</b>	<b>1,275</b>	<b>2,159</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	67	145	212
Medicare	356	461	817
Other Public	0	0	0
Insurance	445	661	1,106
Private Pay	16	8	24
Charity Care	0	0	0
<b>TOTAL</b>	<b>884</b>	<b>1,275</b>	<b>2,159</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	141	70.50	81.75	152.25	1.08
Gastroenterology	1161	580.50	673.25	1253.75	1.08
General	22	22.00	12.75	34.75	1.58
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	250	250.00	187.50	437.50	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	90	90.00	67.50	157.50	1.75
Otolaryngology	54	27.00	40.50	67.50	1.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	441	220.50	255.50	476.00	1.08
<b>TOTAL</b>	<b>2159</b>	<b>1,260.50</b>	<b>1,318.75</b>	<b>2579.25</b>	<b>1.19</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 004 7002819 115

CENTRAL ILLINOIS SURGERY CENTER

304 W. HAY STREET, SUITE 114

DECATUR, IL 62526

**Administrator**

Marsha Cordts

Date

Completed

3/23/2007

Number of Operating Rooms

3

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

9

Number of Recovery Stations Stage 2

4

**Registered Agent**

Gary Peacock

Property Owner

Decatur Memorial Health Foundation

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

Tyler Jones, MD

Terrence Graham, DPM

Stuart Baker, MD

Steven Weber, MD

Samuel Potts, DPM

Philip Alward, MD

Marshall Brustein, MD

Marie Long, MD

M. Stephen Huss, MD

Jeffery Smith, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Decatur Memorial Hospital Decatur IL	6
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	6.60
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>15.60</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	51	42	93
15-44	256	209	465
45-64	323	530	853
65-74	153	239	392
75+ Yea	157	245	402
<b>TOTAL</b>	<b>940</b>	<b>1,265</b>	<b>2,205</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	56	81	137
Medicare	312	501	813
Other Public	1	0	1
Insurance	566	676	1,242
Private Pay	4	7	11
Charity Care	1	0	1
<b>TOTAL</b>	<b>940</b>	<b>1,265</b>	<b>2,205</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	205	180.30	75.00	255.30	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	434	251.50	101.00	352.50	0.81
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1204	1,169.80	302.00	1471.80	1.22
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	31	23.00	11.00	34.00	1.10
Podiatry	331	309.70	100.00	409.70	1.24
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2205</b>	<b>1,934.30</b>	<b>589.00</b>	<b>2523.30</b>	<b>1.14</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	96	82	178
45-64	480	558	1,038
65-74	231	284	515
75+ Yea	183	251	434
<b>TOTAL</b>	<b>990</b>	<b>1,175</b>	<b>2,165</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	420	543	963
Other Public	4	2	6
Insurance	565	625	1,190
Private Pay	1	4	5
Charity Care	0	0	0
<b>TOTAL</b>	<b>990</b>	<b>1,175</b>	<b>2,165</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2165	443.75	542.00	985.75	0.46
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2165</b>	<b>443.75</b>	<b>542.00</b>	<b>985.75</b>	<b>0.46</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 004 7002637 115  
 DECATUR HEALTHCARE, LLC.  
 1770 EAST LAKE DRIVE  
 DECATUR, IL 62521

Number of Operating Rooms 3  
 Procedure Rooms 2  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 13  
 Number of Recovery Stations Stage 2 3

**Administrator** Date  
 D. Sue Cook, RN Completed  
 3/26/2007

**Registered Agent**  
 Thomas J. Pliura  
 Property Owner  
 St. Mary's Hospital  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

Timothy Bailey, MD  
 Thomas J. Pliura, MD  
 Robert Lee, MD  
 Marcus Deranian, MD  
 Kenneth Barba, MD  
 John White, MD  
 John Kefalas, MD  
 Jeffrey Trachtenberg, MD  
 Douglas Maibenco, MD  
 And Others

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Mary's Hospital, Decatur	3
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>13.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	0	2
15-44	43	66	109
45-64	198	244	442
65-74	200	289	489
75+ Yea	204	359	563
<b>TOTAL</b>	<b>647</b>	<b>958</b>	<b>1,605</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	17	21	38
Medicare	397	631	1,028
Other Public	0	3	3
Insurance	215	248	463
Private Pay	8	22	30
Charity Care	10	33	43
<b>TOTAL</b>	<b>647</b>	<b>958</b>	<b>1,605</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	46	53.00	32.00	85.00	1.85
Dermatology	33	22.00	22.00	44.00	1.33
Gastroenterology	0	0.00	0.00	0.00	0.00
General	20	23.00	14.00	37.00	1.85
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	17	18.00	12.00	30.00	1.76
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	761	256.00	380.00	636.00	0.84
Oral/Maxillofacial	31	17.00	22.00	39.00	1.26
Orthopedic	31	32.00	22.00	54.00	1.74
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	12	15.00	8.00	23.00	1.92
Podiatry	1	1.00	2.00	3.00	3.00
Thoracic	1	1.00	2.00	3.00	3.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>953</b>	<b>438.00</b>	<b>516.00</b>	<b>954.00</b>	<b>1.00</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	167	91	112	203	1.22
Laser Eye	1	485	97	98	195	0.40
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>2</b>	<b>652</b>	<b>188</b>	<b>210</b>	<b>398</b>	<b>0.61</b>

**Reference Numbers** 004 7002512 113  
 BLOOMINGTON/NORMAL HEALTHCARE SURGERY CENTER  
 2100 FORT JESSE ROAD  
 NORMAL, IL 61761

Number of Operating Rooms 4  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 8  
 Number of Recovery Stations Stage 2 5

**Administrator** Date  
 Dr. Edward Colloton Completed  
 2/22/2007

**Registered Agent**  
 Thomas J. Pliura  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

Dr Mike Emmerson  
 Dr Bennett Scaglia  
 Dr David Koch  
 Dr Edmund Ligman  
 Dr George O'Neil  
 Dr Jeffery Poulter  
 Dr John Han  
 Dr John Wieland  
 Dr Joseph Newcomer  
 Dr Larry Nord

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Joseph Medical Center	2
BroMenn Healthcare	1
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>21.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	271	150	421
15-44	280	636	916
45-64	347	484	831
65-74	92	98	190
75+ Yea	80	81	161
<b>TOTAL</b>	<b>1,070</b>	<b>1,449</b>	<b>2,519</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	82	126	208
Medicare	156	196	352
Other Public	0	0	0
Insurance	795	1,068	1,863
Private Pay	37	59	96
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,070</b>	<b>1,449</b>	<b>2,519</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	32	28.00	8.75	36.75	1.15
Dermatology	213	101.00	58.50	159.50	0.75
Gastroenterology	31	12.00	8.50	20.50	0.66
General	673	279.00	185.25	464.25	0.69
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	81	11.00	22.50	33.50	0.41
OB/Gynecology	25	3.00	7.00	10.00	0.40
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	152	43.00	41.50	84.50	0.56
Orthopedic	186	81.00	51.50	132.50	0.71
Otolaryngology	350	130.00	96.25	226.25	0.65
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	71	75.00	19.50	94.50	1.33
Thoracic	9	4.00	2.25	6.25	0.69
Urology	696	208.00	191.50	399.50	0.57
<b>TOTAL</b>	<b>2519</b>	<b>975.00</b>	<b>693.00</b>	<b>1668.00</b>	<b>0.66</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 004 7003056 113

GASTROINTESTINAL INSTITUTE, LLC  
 2200 JACOBSEN DRIVE, SUITE A  
 NORMAL, IL 61761

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 8  
 Number of Recovery Stations Stage 2 0

**Administrator** Date  
 Dixie Schoonover Completed  
 4/3/2007

**Registered Agent**  
 Stephen S. Matter  
 Property Owner  
 Halstead Drive, LLC  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Joseph Medical Center - Bloomington	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>9.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	0	2
15-44	177	282	459
45-64	383	585	968
65-74	161	222	383
75+ Yea	135	236	371
<b>TOTAL</b>	<b>858</b>	<b>1,325</b>	<b>2,183</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	22	50	72
Medicare	279	441	720
Other Public	5	8	13
Insurance	514	774	1,288
Private Pay	35	46	81
Charity Care	3	6	9
<b>TOTAL</b>	<b>858</b>	<b>1,325</b>	<b>2,183</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2183	494.00	696.00	1190.00	0.55
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2183</b>	<b>494.00</b>	<b>696.00</b>	<b>1190.00</b>	<b>0.55</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 004 7002710 113  
 Prairieland Outpt. Diagnostic Ctr., dba: Digestive  
 1302 Franklin Ave., Suite 1000  
 NORMAL, IL 61761

Number of Operating Rooms 3  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 0  
 Number of Recovery Stations Stage 2 10

**Administrator** Date  
 Kenneth Schoenig, M.D. Completed  
 3/26/2007

**Registered Agent**

Atty. Scott Becker  
 Property Owner  
 BroMenn Physicians Mgmt. Corp.

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Thomas DeWeert, M.D.  
 Philip Koszyk, M.D.  
 Kenneth Schoenig, M.D.  
 Herbert Wiser, M.D.  
 BroMenn Healthcare

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
BroMenn Regional Medical Center, Normal	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.65
Certified Aides	0.00
Other Hlth. Profs.	3.60
Other Non-Hlth. Profs	4.50
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	1	3
15-44	238	405	643
45-64	861	1,000	1,861
65-74	310	371	681
75+ Yea	234	275	509
<b>TOTAL</b>	<b>1,645</b>	<b>2,052</b>	<b>3,697</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	21	52	73
Medicare	471	584	1,055
Other Public	4	2	6
Insurance	1,143	1,410	2,553
Private Pay	2	1	3
Charity Care	4	3	7
<b>TOTAL</b>	<b>1,645</b>	<b>2,052</b>	<b>3,697</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	3697	2,189.75	1,232.00	3421.75	0.93
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3697</b>	<b>2,189.75</b>	<b>1,232.00</b>	<b>3421.75</b>	<b>0.93</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 005 7001852 003  
 COMMUNITY HEALTH AND EMERGENCY SVCS  
 13245 KESSLER RD P O BOX 233  
 CAIRO, IL 62914-0233

Number of Operating Rooms 1  
 Procedure Rooms 1  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 2  
 Number of Recovery Stations Stage 2 2

**Administrator** Frederick Bernstein  
 Date Completed 3/5/2007

**Registered Agent** Frederick L. Bernstein  
 Property Owner

**Type of Ownership**  
 Corporation (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Missouri Delta Hospital, Sikeston, MO	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	4.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>10.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	0	5	5
45-64	0	0	0
65-74	0	0	0
75+ Yea	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>5</b>	<b>5</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	5	5
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	0	0
Private Pay	0	0	0
Charity Care	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>5</b>	<b>5</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	1	0.15	0.30	0.45	0.45
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1</b>	<b>0.15</b>	<b>0.30</b>	<b>0.45</b>	<b>0.45</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
OB/GYN	1	4	1.3	2.6	3.9	0.98
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>4</b>	<b>1.3</b>	<b>2.6</b>	<b>3.9</b>	<b>0.98</b>

**Reference Numbers** 005 7001019 077  
 CARBONDALE CLINIC AMB. SURG. TREATMENT CTR.  
 2601 W. MAIN STREET  
 CARBONDALE, IL 62901-1034

Number of Operating Rooms 1  
 Procedure Rooms 2  
 Exam Rooms 2  
 Number of Recovery Stations Stage 1 5  
 Number of Recovery Stations Stage 2 5

**Administrator** Date  
 Allan Norman Completed  
 3/26/2007

**Registered Agent**

Allan Norman  
 Property Owner  
 Clinic Land Trust

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

Travis, Edward  
 Strack, Karen  
 Rami Abdo  
 Pfalzgraf, Frederick  
 Pavlovich, James  
 Mings, William  
 Migone, Ana  
 Martin, Kurt  
 Korte, Tandy  
 Harrison, Gregory

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Memorial Hospital of Carbondale	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>10.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	26	0	26	Medicaid	68	188	256
15-44	105	311	416	Medicare	322	403	725
45-64	355	470	825	Other Public	25	49	74
65-74	194	245	439	Insurance	391	560	951
75+ Yea	140	185	325	Private Pay	14	11	25
TOTAL	820	1,211	2,031	Charity Care	0	0	0
				TOTAL	820	1,211	2,031

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	55	411.00	23.00	434.00	7.89
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	108	73.00	54.00	127.00	1.18
Ophthalmology	398	132.00	166.00	298.00	0.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	3	4.00	1.75	5.75	1.92
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	564	620.00	244.75	864.75	1.53

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	1061	610	1141	1.08
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
Urology	1	406	118	288	0.71
TOTALS	2	1467	728	1429	0.97

**Reference Numbers** 005 7002298 121

SURGERY CENTER OF CENTRALIA  
1045 MARTIN LUTHER KING DRIVE  
CENTRALIA, IL 62801

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	0

**Administrator** Jason Fischer RN BSN  
Date Completed 3/7/2007

**Registered Agent**  
National Registered Agents, In  
Property Owner

**Type of Ownership**  
Limited Partnership (RA required)

**Legal Owner**

Shah, Prashant  
Reagan, Gary  
Merchant, Ghulam  
Lakshmanan, Shanmugam  
Klinge, Terence  
Gupta, Narendra  
Community Care  
Bernard, Harry

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. marys GoodSam Regional Hospital in Centralia	0
Public Hospital of town of Salem	0
Crossroads Community Hospital, Mt. Vernon	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>8.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	21	15	36
15-44	51	107	158
45-64	138	148	286
65-74	131	203	334
75+ Yea	165	219	384
<b>TOTAL</b>	<b>506</b>	<b>692</b>	<b>1,198</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	27	69	96
Medicare	313	434	747
Other Public	0	4	4
Insurance	164	178	342
Private Pay	2	7	9
Charity Care	0	0	0
<b>TOTAL</b>	<b>506</b>	<b>692</b>	<b>1,198</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	4	2.00	3.00	5.00	1.25
Dermatology	111	44.00	38.00	82.00	0.74
Gastroenterology	194	96.00	54.00	150.00	0.77
General	102	46.00	60.00	106.00	1.04
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	38	9.00	16.00	25.00	0.66
OB/Gynecology	7	2.00	2.00	4.00	0.57
Ophthalmology	539	120.00	103.00	223.00	0.41
Oral/Maxillofacial	38	9.00	6.00	15.00	0.39
Orthopedic	76	45.00	46.00	91.00	1.20
Otolaryngology	33	5.00	6.00	11.00	0.33
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	50	39.00	32.00	71.00	1.42
Thoracic	2	1.00	2.00	3.00	1.50
Urology	4	1.00	2.00	3.00	0.75
<b>TOTAL</b>	<b>1198</b>	<b>419.00</b>	<b>370.00</b>	<b>789.00</b>	<b>0.66</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 005 7001936 049  
 EFFINGHAM AMB. SURG. CTR.  
 904 W. TEMPLE STREET  
 EFFINGHAM, IL 62401

Number of Operating Rooms 5  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 5  
 Number of Recovery Stations Stage 2 13

**Administrator** Leanne Bales  
 Date Completed 3/23/2007

**Registered Agent** Kevin McDermott  
 Property Owner Effingham Medical Properties

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

Lawrence Leventhal, MD  
 David Nayak, MD  
 James Graham, DPM  
 Jay Swanson, DDS, MD  
 Jeffrey Whightsel, MD  
 John Kay, MD  
 Joseph Spraul, MD  
 Behrooz Heshmatpour, MD  
 Kevin Malone, MD  
 William Rezabeck, DPM

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Anthony Memorial Hospital	3
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	14.70
Certified Aides	1.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	6.80
<b>TOTAL</b>	<b>29.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	35	15	50
15-44	426	493	919
45-64	610	783	1,393
65-74	335	532	867
75+ Yea	323	563	886
<b>TOTAL</b>	<b>1,729</b>	<b>2,386</b>	<b>4,115</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	39	90	129
Medicare	673	1,096	1,769
Other Public	19	12	31
Insurance	990	1,169	2,159
Private Pay	8	18	26
Charity Care	0	1	1
<b>TOTAL</b>	<b>1,729</b>	<b>2,386</b>	<b>4,115</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1480	861.50	777.00	1638.50	1.11
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	248	165.00	147.00	312.00	1.26
Ophthalmology	614	307.25	326.75	634.00	1.03
Oral/Maxillofacial	66	63.75	42.50	106.25	1.61
Orthopedic	912	655.25	544.50	1199.75	1.32
Otolaryngology	25	12.50	13.25	25.75	1.03
Pain Management	548	73.25	137.00	210.25	0.38
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	80	73.25	23.75	97.00	1.21
Thoracic	0	0.00	0.00	0.00	0.00
Urology	142	60.50	42.75	103.25	0.73
<b>TOTAL</b>	<b>4115</b>	<b>2,272.25</b>	<b>2,054.50</b>	<b>4326.75</b>	<b>1.05</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 005 7002421 199  
 SOUTHERN ILLINOIS ORTHOPEDIC CENTER, L.L.C  
 510 LINCOLN DRIVE  
 HERRIN, IL 62948-3738

Number of Operating Rooms 3  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 4  
 Number of Recovery Stations Stage 2 6

**Administrator** Date  
 Greg Thompson Completed  
 3/27/2007

**Registered Agent**  
 Richard Morgan, MD  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Herrin Hospital	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	16.50
Certified Aides	0.00
Other Hlth. Profs.	8.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>33.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	40	34	74
15-44	603	422	1,025
45-64	566	688	1,254
65-74	143	240	383
75+ Yea	67	134	201
<b>TOTAL</b>	<b>1,419</b>	<b>1,518</b>	<b>2,937</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	105	113	218
Medicare	78	84	162
Other Public	0	0	0
Insurance	1,166	1,246	2,412
Private Pay	68	72	140
Charity Care	2	3	5
<b>TOTAL</b>	<b>1,419</b>	<b>1,518</b>	<b>2,937</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2937	2,105.00	1,371.00	3476.00	1.18
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2937</b>	<b>2,105.00</b>	<b>1,371.00</b>	<b>3476.00</b>	<b>1.18</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	4	6
15-44	67	54	121
45-64	358	427	785
65-74	405	674	1,079
75+ Yea	386	723	1,109
<b>TOTAL</b>	<b>1,218</b>	<b>1,882</b>	<b>3,100</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	71	99	170
Medicare	874	1,478	2,352
Other Public	0	0	0
Insurance	255	293	548
Private Pay	18	12	30
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,218</b>	<b>1,882</b>	<b>3,100</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	99	100.00	122.00	222.00	2.24
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2909	1,094.00	1,252.00	2346.00	0.81
Oral/Maxillofacial	6	5.00	9.00	14.00	2.33
Orthopedic	12	11.00	17.00	28.00	2.33
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	40	27.00	48.00	75.00	1.88
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	34	33.00	49.00	82.00	2.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3100</b>	<b>1,270.00</b>	<b>1,497.00</b>	<b>2767.00</b>	<b>0.89</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 005 7002801 199

MARION HEALTHCARE  
3003 CIVIC CIRCLE BOULEVARD  
MARION, IL 62959

Number of Operating Rooms	3
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	5

**Administrator** Date  
Jose 'Tony' Yong Completed  
3/5/2007

**Registered Agent**  
Thomas Pliura M.D.  
Property Owner

**Type of Ownership**  
Limited Liability Company (RA required)

**Legal Owner**

Jeffery Deacon, D.P.M.  
Charles Voss, M.D.  
Christopher C. Moore, D.P.M.  
Clay Demattei, M.D.  
David Mann, M.D.  
David R. Sullivan, D.P.M.  
Dennon Davis, M.D.  
Alberto D. Cuartas, M.D.  
Jack Thomas Sandford, M.D.  
William R. Adams, D.P.M.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Heartland Regional Medical Center	7
Carbondale Memorial	3
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.00
Certified Aides	0.00
Other Hlth. Profs.	10.00
Other Non-Hlth. Profs	5.00
<b>TOTAL</b>	<b>27.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	8
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	209	147	356
15-44	265	565	830
45-64	428	668	1,096
65-74	319	468	787
75+ Yea	217	361	578
<b>TOTAL</b>	<b>1,438</b>	<b>2,209</b>	<b>3,647</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	199	498	697
Medicare	589	905	1,494
Other Public	3	16	19
Insurance	635	781	1,416
Private Pay	12	9	21
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,438</b>	<b>2,209</b>	<b>3,647</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	45	22.00	15.00	37.00	0.82
Dermatology	65	39.00	21.60	60.60	0.93
Gastroenterology	1202	452.00	400.00	852.00	0.71
General	278	165.00	92.00	257.00	0.92
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	54	36.00	18.00	54.00	1.00
OB/Gynecology	10	5.00	3.40	8.40	0.84
Ophthalmology	453	125.00	151.00	276.00	0.61
Oral/Maxillofacial	652	217.00	217.20	434.20	0.67
Orthopedic	92	64.00	30.60	94.60	1.03
Otolaryngology	338	126.00	112.60	238.60	0.71
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	300	376.00	100.00	476.00	1.59
Thoracic	15	8.00	5.00	13.00	0.87
Urology	143	8.00	48.50	56.50	0.40
<b>TOTAL</b>	<b>3647</b>	<b>1,643.00</b>	<b>1,214.90</b>	<b>2857.90</b>	<b>0.78</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 005 7002900 199  
 PAIN CARE SURGERY  
 108 AIRWAY DRIVE  
 MARION, IL 62959  
**Administrator**  
 Laxmaiah Manchikanti MD  
**Date**  
 Completed  
 3/27/2007

Number of Operating Rooms 1  
 Procedure Rooms 0  
 Exam Rooms 3  
 Number of Recovery Stations Stage 1 4  
 Number of Recovery Stations Stage 2 0

**Registered Agent**

Property Owner  
 NA

**Legal Owner**

**Type of Ownership**  
 Corporation (RA required)

Laxmaiah Manchikanti, M.D.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
HEARTLAND	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>7.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	0
Thursday	0
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	191	400	591
45-64	285	422	707
65-74	66	69	135
75+ Yea	11	49	60
<b>TOTAL</b>	<b>553</b>	<b>940</b>	<b>1,493</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	187	468	655
Medicare	213	298	511
Other Public	1	6	7
Insurance	128	150	278
Private Pay	24	18	42
Charity Care	0	0	0
<b>TOTAL</b>	<b>553</b>	<b>940</b>	<b>1,493</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1493	395.00	80.00	475.00	0.32
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1493</b>	<b>395.00</b>	<b>80.00</b>	<b>475.00</b>	<b>0.32</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	10	8	18
15-44	363	525	888
45-64	313	640	953
65-74	150	271	421
75+ Yea	125	292	417
<b>TOTAL</b>	<b>961</b>	<b>1,736</b>	<b>2,697</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	3	12	15
Medicare	243	556	799
Other Public	0	0	0
Insurance	681	926	1,607
Private Pay	34	242	276
Charity Care	0	0	0
<b>TOTAL</b>	<b>961</b>	<b>1,736</b>	<b>2,697</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	30	15.00	6.00	21.00	0.70
Laser Eye Surgery	119	12.00	12.00	24.00	0.20
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	44	22.00	9.00	31.00	0.70
Ophthalmology	653	323.50	130.50	454.00	0.70
Oral/Maxillofacial	1	1.00	0.20	1.20	1.20
Orthopedic	298	298.00	60.00	358.00	1.20
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	791	198.00	158.00	356.00	0.45
Plastic Surgery	341	511.50	68.50	580.00	1.70
Podiatry	414	414.00	83.00	497.00	1.20
Thoracic	0	0.00	0.00	0.00	0.00
Urology	6	3.00	1.50	4.50	0.75
<b>TOTAL</b>	<b>2697</b>	<b>1,798.00</b>	<b>528.70</b>	<b>2326.70</b>	<b>0.86</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7002256 030

ADVANCED AMBULATORY SURGICAL CENTER

2333 NORTH HARLEM AVENUE

CHICAGO, IL 60707

**Administrator**

SEVERKO HRYWNAK

Date

Completed

3/28/2007

Number of Operating Rooms

3

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

5

Number of Recovery Stations Stage 2

2

**Registered Agent**

ROBERT POLOVIN

Property Owner

2333 N. HARLEM LIMITED PARTNERSHIP

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

advanced Ambulatory

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
GOTTLIEB MEMORIAL HOSPITAL, MELROSE PARK, IL	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	8.00
<b>TOTAL</b>	<b>19.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	8
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	18	12	30
15-44	233	478	711
45-64	283	503	786
65-74	12	20	32
75+ Yea	4	12	16
<b>TOTAL</b>	<b>550</b>	<b>1,025</b>	<b>1,575</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	17	30	47
Other Public	0	0	0
Insurance	515	983	1,498
Private Pay	18	12	30
Charity Care	0	0	0
<b>TOTAL</b>	<b>550</b>	<b>1,025</b>	<b>1,575</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	162	103.00	59.00	162.00	1.00
Gastroenterology	75	47.00	29.00	76.00	1.01
General	27	31.00	17.00	48.00	1.78
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	20	7.00	7.00	14.00	0.70
Orthopedic	229	224.00	155.00	379.00	1.66
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	364	143.00	119.00	262.00	0.72
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	698	901.00	283.00	1184.00	1.70
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1575</b>	<b>1,456.00</b>	<b>669.00</b>	<b>2125.00</b>	<b>1.35</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 006 7000789 030

ALBANY MEDICAL SURGICAL CENTER

5086 N. ELSTON AVENUE

CHICAGO, IL 60630

**Administrator**

Diana Maracich

Date

Completed

3/21/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

4

Number of Recovery Stations Stage 1

1

Number of Recovery Stations Stage 2

1

**Registered Agent**

Richard Kates

Property Owner

Walter Dragosz

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

Albany Medical Corporation

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	31.00
<b>TOTAL</b>	<b>42.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	7
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	545	545
15-44	0	4,798	4,798
45-64	0	109	109
65-74	0	0	0
75+ Yea	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>5,452</b>	<b>5,452</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	2,290	2,290
Private Pay	0	3,162	3,162
Charity Care	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>5,452</b>	<b>5,452</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	5452	1,363.00	1,854.00	3217.00	0.59
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>5452</b>	<b>1,363.00</b>	<b>1,854.00</b>	<b>3217.00</b>	<b>0.59</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 006 7000037 030

AMERICAN WOMEN'S MEDICAL GROUP

2744 N. WESTERN AVENUE

CHICAGO, IL 60647

**Administrator**

JAN BARTON M.D.

Date

Completed

3/26/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

2

Number of Recovery Stations Stage 1

8

Number of Recovery Stations Stage 2

2

**Registered Agent**

VEDDER PRICE

Property Owner

JAN BARTON M.D.

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

Jan Barton M.D.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
ILLINOIS MASONIC	0
LINCOLN PARK	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	3.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	8.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	0
Friday	9
Saturday	8
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	23	23
15-44	0	2,979	2,979
45-64	0	7	7
65-74	0	0	0
75+ Yea	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>3,009</b>	<b>3,009</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	443	443
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	321	321
Private Pay	0	2,245	2,245
Charity Care	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>3,009</b>	<b>3,009</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	3009	752.25	1,504.50	2256.75	0.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3009</b>	<b>752.25</b>	<b>1,504.50</b>	<b>2256.75</b>	<b>0.75</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 006 7001720 030

CMP SURGICENTER  
3412 W. FULLERTON AVENUE  
CHICAGO, IL 60647-2416

**Administrator**

Carlos Baldoceca, MD

Date

Completed  
3/23/2007

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	0

**Registered Agent**

RENLIN SHAW  
Property Owner

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

FULLERTON-KIMBALL MEDICAL AND SURGICAL

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	3.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	4
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health

525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	4	2	6	Medicaid	123	174	297
15-44	401	282	683	Medicare	227	211	438
45-64	353	371	724	Other Public	0	0	0
65-74	81	138	219	Insurance	488	434	922
75+ Yea	48	61	109	Private Pay	41	29	70
TOTAL	887	854	1,741	Charity Care	8	6	14
				TOTAL	887	854	1,741

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	15	15.50	6.75	22.25	1.48
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	90	39.25	13.75	53.00	0.59
General	116	95.75	45.25	141.00	1.22
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	51	30.50	11.50	42.00	0.82
Ophthalmology	1	0.50	0.50	1.00	1.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	105	129.75	51.50	181.25	1.73
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1319	683.50	69.25	752.75	0.57
Plastic Surgery	2	4.50	1.75	6.25	3.13
Podiatry	24	31.25	21.00	52.25	2.18
Thoracic	1	0.50	0.50	1.00	1.00
Urology	17	12.25	6.25	18.50	1.09
TOTAL	1741	1,043.25	228.00	1271.25	0.73

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

**Reference Numbers** 006 7002884 030  
 FOOT & ANKLE CLINICS OF AMERICA SURGERY CENTER, LL  
 1644 E. 53RD STREET  
 CHICAGO, IL 60615

Number of Operating Rooms 1  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 1  
 Number of Recovery Stations Stage 2 2

**Administrator** Fortunee Massuda, DPM  
 Date Completed 3/28/2007

**Registered Agent** David B. Sosin  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Michael Reese Hospital, Chicago, IL	0
Provident Hospital, Chicago, IL	1
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	0.00
<b>TOTAL</b>	<b>3.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	0
Tuesday	0
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	1	3
15-44	21	133	154
45-64	14	100	114
65-74	9	25	34
75+ Yea	6	14	20
<b>TOTAL</b>	<b>52</b>	<b>273</b>	<b>325</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	13	44	57
Other Public	0	0	0
Insurance	34	223	257
Private Pay	0	0	0
Charity Care	5	6	11
<b>TOTAL</b>	<b>52</b>	<b>273</b>	<b>325</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	325	488.00	488.00	976.00	3.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>325</b>	<b>488.00</b>	<b>488.00</b>	<b>976.00</b>	<b>3.00</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 006 7002827 030

FULLERTON SURGERY CENTER  
4849 WEST FULLERTON  
CHICAGO, IL 60639

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	3

**Administrator** ABDELSALAM OKASHA  
Date Completed 3/23/2007

**Registered Agent**  
NORMAN P. JEDDELOH

Property Owner  
RUSTOM, NASER

**Legal Owner**

**Type of Ownership**  
Corporation (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
ST. MARY HOSPITAL, CHICAGO, IL	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	1.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>11.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	11
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1	1	2
15-44	281	143	424
45-64	217	201	418
65-74	39	40	79
75+ Yea	10	16	26
<b>TOTAL</b>	<b>548</b>	<b>401</b>	<b>949</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	48	60	108
Other Public	0	0	0
Insurance	470	328	798
Private Pay	29	11	40
Charity Care	1	2	3
<b>TOTAL</b>	<b>548</b>	<b>401</b>	<b>949</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	352	180.00	200.00	380.00	1.08
General	41	41.00	26.00	67.00	1.63
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	1	1.00	1.00	2.00	2.00
Ophthalmology	12	7.00	3.00	10.00	0.83
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	74	60.00	40.00	100.00	1.35
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	429	214.00	110.00	324.00	0.76
Plastic Surgery	3	4.00	2.00	6.00	2.00
Podiatry	15	8.00	4.00	12.00	0.80
Thoracic	0	0.00	0.00	0.00	0.00
Urology	22	15.00	5.00	20.00	0.91
<b>TOTAL</b>	<b>949</b>	<b>530.00</b>	<b>391.00</b>	<b>921.00</b>	<b>0.97</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 006 7001365 030

LAKESHORE SURGERY CENTER.  
7200 N. WESTERN AVENUE  
CHICAGO, IL 60645-1812

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	2
Number of Recovery Stations Stage 2	0

**Administrator** YVETTE BARNABAS  
Date Completed 3/15/2007

**Registered Agent**  
THOMAS CONLEY

Property Owner  
RAGHU NAYAK

**Legal Owner**

**Type of Ownership**  
Limited Liability Company (RA required)

Michael P. Lipsich  
Howard J. Reinlgass

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
ST.FRANCIS, EVANSTON	3
ILLINOIS MASONIC, CHICAGO	0
SWEDISH CIVENANT HOSPITAL, CHICAGO	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	1.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>13.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Suammary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, illinois Phone: 217/782-3516

**FACILITY NOTES**

E-006-05 3/21/2005  
Change of ownership exemption completed.

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	1	3
15-44	434	267	701
45-64	460	355	815
65-74	20	6	26
75+ Yea	1	2	3
<b>TOTAL</b>	<b>917</b>	<b>631</b>	<b>1,548</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	735	562	1,297
Private Pay	182	69	251
Charity Care	0	0	0
<b>TOTAL</b>	<b>917</b>	<b>631</b>	<b>1,548</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	386	193.00	192.00	385.00	1.00
General	261	130.00	130.00	260.00	1.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	2	1.00	1.00	2.00	1.00
Ophthalmology	83	63.00	42.00	105.00	1.27
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	314	471.00	156.00	627.00	2.00
Otolaryngology	69	69.00	34.00	103.00	1.49
Pain Management	244	122.00	122.00	244.00	1.00
Plastic Surgery	15	15.00	6.00	21.00	1.40
Podiatry	174	97.00	86.00	183.00	1.05
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1548</b>	<b>1,161.00</b>	<b>769.00</b>	<b>1930.00</b>	<b>1.25</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7002678 030  
 NOVAMED SURGERY CENTER OF CHICAGO NORTSHORE  
 3034 WEST PETERSON AVE.  
 CHICAGO, IL 60659-3729

Number of Operating Rooms 1  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 1  
 Number of Recovery Stations Stage 2 0

**Administrator** Date  
 Troy Litch, RN Completed  
 3/26/2007

**Registered Agent**  
 CT Corporation  
 Property Owner  
 JCB Partners  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
SWEDISH CONVENANT, Chicago	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	2.00
Certified Aides	3.00
Other Hlth. Profs.	2.50
Other Non-Hlth. Profs	0.00
<b>TOTAL</b>	<b>8.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	4
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	17	21	38
45-64	158	237	395
65-74	217	392	609
75+ Yea	323	572	895
<b>TOTAL</b>	<b>715</b>	<b>1,222</b>	<b>1,937</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	30	57	87
Medicare	462	862	1,324
Other Public	3	2	5
Insurance	190	274	464
Private Pay	30	27	57
Charity Care	0	0	0
<b>TOTAL</b>	<b>715</b>	<b>1,222</b>	<b>1,937</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	196	39.00	0.00	39.00	0.20
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1741	1,741.00	290.00	2031.00	1.17
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1937</b>	<b>1,780.00</b>	<b>290.00</b>	<b>2070.00</b>	<b>1.07</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 006 7002918 030

PETERSON MEDICAL SURGI-CENTER  
2300 WEST PETERSON AVENUE  
CHICAGO, IL 60659

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	0

**Administrator** Roger I Gomez  
**Date Completed** 4/6/2007

**Registered Agent**

Aref Senno MD  
Property Owner

**Type of Ownership**

Corporation (RA required)

Aref Senno MD

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	0.00
Certified Aides	3.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	0.00
<b>TOTAL</b>	<b>7.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	11
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health

525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	6	3	9
15-44	216	137	353
45-64	260	232	492
65-74	71	79	150
75+ Yea	45	117	162
<b>TOTAL</b>	<b>598</b>	<b>568</b>	<b>1,166</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	43	49	92
Medicare	96	181	277
Other Public	0	0	0
Insurance	425	311	736
Private Pay	34	27	61
Charity Care	0	0	0
<b>TOTAL</b>	<b>598</b>	<b>568</b>	<b>1,166</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	313	340.55	156.50	497.05	1.59
General	67	103.48	67.00	170.48	2.54
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	8	12.50	8.00	20.50	2.56
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	316	393.27	316.00	709.27	2.24
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	239	230.42	239.00	469.42	1.96
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	137	261.25	71.00	332.25	2.43
Plastic Surgery	2	9.15	2.00	11.15	5.58
Podiatry	84	142.35	84.00	226.35	2.69
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1166</b>	<b>1,492.97</b>	<b>943.50</b>	<b>2436.47</b>	<b>2.09</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7002058 030  
 RESURRECTION HEALTH CARE SURGERY CENTER  
 3101 NORTH HARLEM AVENUE  
 CHICAGO, IL 60634

Number of Operating Rooms 4  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 4  
 Number of Recovery Stations Stage 2 12

**Administrator** Starr M. Novak  
 Date Completed 3/26/2007

**Registered Agent**

Property Owner

**Type of Ownership**  
 Church Related Not For Profit

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Resurrection Medical Center, Chicago	0
Our Lady of the Resurrection Medical Center, Chica	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.50
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>6.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	6
Tuesday	10
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	1	1
15-44	22	50	72
45-64	55	91	146
65-74	78	112	190
75+ Yea	142	209	351
<b>TOTAL</b>	<b>297</b>	<b>463</b>	<b>760</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	8	9
Medicare	213	308	521
Other Public	0	0	0
Insurance	74	136	210
Private Pay	9	11	20
Charity Care	0	0	0
<b>TOTAL</b>	<b>297</b>	<b>463</b>	<b>760</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	5	5.00	7.00	12.00	2.40
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	7	3.00	2.00	5.00	0.71
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	596	447.00	269.00	716.00	1.20
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	152	304.00	84.00	388.00	2.55
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>760</b>	<b>759.00</b>	<b>362.00</b>	<b>1121.00</b>	<b>1.48</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7002090 030

RIVER NORTH SAME DAY SURGERY CENTER

ONE E. ERIE ST., #300

CHICAGO, IL 60611-2737

**Administrator**

Judith Courtney, RN

Date

Completed

3/26/2007

Number of Operating Rooms

4

Procedure Rooms

0

Exam Rooms

2

Number of Recovery Stations Stage 1

0

Number of Recovery Stations Stage 2

0

**Registered Agent**

CT Corporation

Property Owner

FT Onterio Properties

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

Richard Makowiec, MD

Northwestern Surgical Group LLC

Michael Epstein, MD

Joel Brasch, MD

Gordon Siegel, MD

Charles Carroll, MD

Brian Hartigan, MD

Alicia Stovell, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital, Chicago, IL 60611	1
Children's Memorial Hospital, Chicago, IL 60614	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	1.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	2	6	8
15-44	548	912	1,460
45-64	539	586	1,125
65-74	52	107	159
75+ Yea	35	56	91
<b>TOTAL</b>	<b>1,176</b>	<b>1,667</b>	<b>2,843</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	6	7
Medicare	85	132	217
Other Public	0	0	0
Insurance	1,033	1,049	2,082
Private Pay	57	480	537
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,176</b>	<b>1,667</b>	<b>2,843</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	514	771.00	514.00	1285.00	2.50
Ophthalmology	79	59.25	42.00	101.25	1.28
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1556	2,334.00	1,556.00	3890.00	2.50
Otolaryngology	51	63.75	26.00	89.75	1.76
Pain Management	229	114.50	114.50	229.00	1.00
Plastic Surgery	407	3,022.50	447.50	3470.00	8.53
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	7	31.50	7.00	38.50	5.50
<b>TOTAL</b>	<b>2843</b>	<b>6,396.50</b>	<b>2,707.00</b>	<b>9103.50</b>	<b>3.20</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7002280 030  
 ROGERS PARK ONE DAY SURGERY CENTER  
 7616 NORTH PAULINA  
 CHICAGO, IL 60626

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 9  
 Number of Recovery Stations Stage 2 0

**Administrator** Date  
 MICHAEL CASTRO Completed  
 3/15/2007

**Registered Agent**  
 THOMAS CONLEY

Property Owner  
 RAGHU NAYAK

**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

Raghu Nayak

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
ST.FRANCIS HOSPITAL, EVANSTON	0
METHODIST HOSPITAL, CHICAGO	0
ILLINOIS MASONIC HOSPITAL, CHICAGO	1
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	1.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>12.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	3	5	8
15-44	473	472	945
45-64	415	506	921
65-74	13	19	32
75+ Yea	0	0	0
<b>TOTAL</b>	<b>904</b>	<b>1,002</b>	<b>1,906</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	604	835	1,439
Private Pay	300	167	467
Charity Care	0	0	0
<b>TOTAL</b>	<b>904</b>	<b>1,002</b>	<b>1,906</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	418	209.00	208.00	417.00	1.00
General	340	170.00	170.00	340.00	1.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	82	61.00	40.00	101.00	1.23
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	142	213.00	70.00	283.00	1.99
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	346	173.00	172.00	345.00	1.00
Plastic Surgery	137	137.00	68.00	205.00	1.50
Podiatry	296	222.00	148.00	370.00	1.25
Thoracic	0	0.00	0.00	0.00	0.00
Urology	145	145.00	72.00	217.00	1.50
<b>TOTAL</b>	<b>1906</b>	<b>1,330.00</b>	<b>948.00</b>	<b>2278.00</b>	<b>1.20</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 006 7001753 030

RUSH SURGICENTER - PROF. BLDG.

1725 W. HARRISON, SUITE 556

CHICAGO, IL 60612

**Administrator**

Barbara L Ramsey

Date

Completed

3/20/2007

Number of Operating Rooms

4

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

16

Number of Recovery Stations Stage 2

0

**Registered Agent**

Max D Brown JD

Property Owner

RUMC

**Legal Owner**

**Type of Ownership**

Limited Partnership (RA required)

H Najafi

A Ivankovich

A Shoelson

C Bradley

C Podromos

C Serry

D Monson

D Pessis

Dentaid

A Chaviano

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
RUMC Chicago IL 60612	8
	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	17.00
Certified Aides	0.00
Other Hlth. Profs.	10.00
Other Non-Hlth. Profs	13.00
<b>TOTAL</b>	<b>42.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	30	28	58
15-44	1,057	1,003	2,060
45-64	883	1,229	2,112
65-74	185	361	546
75+ Yea	134	242	376
<b>TOTAL</b>	<b>2,289</b>	<b>2,863</b>	<b>5,152</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	346	639	985
Other Public	0	0	0
Insurance	1,910	2,138	4,048
Private Pay	33	85	118
Charity Care	0	1	1
<b>TOTAL</b>	<b>2,289</b>	<b>2,863</b>	<b>5,152</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	257	295.00	192.75	487.75	1.90
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	71	57.00	53.50	110.50	1.56
Ophthalmology	118	87.00	88.50	175.50	1.49
Oral/Maxillofacial	3	9.00	2.25	11.25	3.75
Orthopedic	2630	3,539.00	1,971.00	5510.00	2.10
Otolaryngology	1	1.00	0.75	1.75	1.75
Pain Management	1717	429.00	170.00	599.00	0.35
Plastic Surgery	209	402.00	157.00	559.00	2.67
Podiatry	54	89.00	40.50	129.50	2.40
Thoracic	0	0.00	0.00	0.00	0.00
Urology	92	132.00	69.00	201.00	2.18
<b>TOTAL</b>	<b>5152</b>	<b>5,040.00</b>	<b>2,745.25</b>	<b>7785.25</b>	<b>1.51</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7000862 030  
 SIX CORNERS SAME DAY SURGERY, LLC  
 4211 NORTH CICERO AVENUE #400  
 CHICAGO, IL 60647-1699

Number of Operating Rooms 4  
 Procedure Rooms 1  
 Exam Rooms 3  
 Number of Recovery Stations Stage 1 0  
 Number of Recovery Stations Stage 2 12

**Administrator** Dr. S. Elias  
 Date Completed 3/23/2007

**Registered Agent**  
 Norman P. Jeddelloh  
 Property Owner  
 4211 N. Cicero, LLC  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

Sameday Surgery, LLC

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Lincoln Park Hospital	0
Swedish Covenant Hospital	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>7.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1	0	1
15-44	197	142	339
45-64	139	165	304
65-74	22	23	45
75+ Yea	21	32	53
<b>TOTAL</b>	<b>380</b>	<b>362</b>	<b>742</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	94	123	217
Other Public	5	0	5
Insurance	274	239	513
Private Pay	7	0	7
Charity Care	0	0	0
<b>TOTAL</b>	<b>380</b>	<b>362</b>	<b>742</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	1	2.00	1.00	3.00	3.00
Dermatology	5	5.00	5.00	10.00	2.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	3	5.00	3.50	8.50	2.83
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	5	7.25	10.50	17.75	3.55
OB/Gynecology	1	1.50	1.00	2.50	2.50
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	160	396.50	203.50	600.00	3.75
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	538	108.75	155.50	264.25	0.49
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	19	38.00	24.75	62.75	3.30
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>732</b>	<b>564.00</b>	<b>404.75</b>	<b>968.75</b>	<b>1.32</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	10	3.75	4.5	0.83
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>10</b>	<b>3.75</b>	<b>4.5</b>	<b>0.83</b>

**Reference Numbers** 006 7002264 030  
 SOUTHWESTERN MEDICAL CENTER, L.L.C.  
 9831 SOUTH WESTERN AVENUE  
 CHICAGO, IL 60643-1740

Number of Operating Rooms 3  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 6  
 Number of Recovery Stations Stage 2 3

**Administrator** Teri Kerns  
 Date Completed 3/26/2007

**Registered Agent** McGuireWoods LLP  
 Property Owner Humana, Inc.  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

Wadah Atassi, M.D.  
 Southwestern Medical Center, Inc.  
 Richard Foulkes, M.D.  
 John Sonnenberg, M.D.  
 John McClellan, M.D.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary Hospital	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	7.00
Other Non-Hlth. Profs	7.00
<b>TOTAL</b>	<b>21.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding  
 Note: Summary data are based on figures supplied by individual ASTC's  
 Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	10	2	12
15-44	192	170	362
45-64	336	472	808
65-74	263	465	728
75+ Yea	302	760	1,062
<b>TOTAL</b>	<b>1,103</b>	<b>1,869</b>	<b>2,972</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	547	1,140	1,687
Other Public	19	59	78
Insurance	532	666	1,198
Private Pay	3	3	6
Charity Care	2	1	3
<b>TOTAL</b>	<b>1,103</b>	<b>1,869</b>	<b>2,972</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	80	68.25	44.00	112.25	1.40
Ophthalmology	1565	879.00	678.25	1557.25	1.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	319	241.25	175.50	416.75	1.31
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	897	231.00	299.00	530.00	0.59
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	34	49.75	18.75	68.50	2.01
Thoracic	0	0.00	0.00	0.00	0.00
Urology	77	45.00	42.50	87.50	1.14
<b>TOTAL</b>	<b>2972</b>	<b>1,514.25</b>	<b>1,258.00</b>	<b>2772.25</b>	<b>0.93</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7001373 030  
 SURGICORE  
 10547 S. EWING AVENUE  
 CHICAGO, IL 60617

Number of Operating Rooms 1  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 1  
 Number of Recovery Stations Stage 2 0

**Administrator** Dr. Michael A. Wood  
 Date Completed 3/27/2007

**Registered Agent**

John Roberts  
 Property Owner  
 Michael A. Wood

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

William A. Wood  
 Robert I. Steinberg  
 Michael A. Wood

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Margaret Mercy Healthcare Center, 5454 Hohman	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	2.50
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	0.00
<b>TOTAL</b>	<b>8.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	6
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	16	16	32
15-44	199	400	599
45-64	184	457	641
65-74	3	12	15
75+ Yea	0	1	1
<b>TOTAL</b>	<b>402</b>	<b>886</b>	<b>1,288</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	402	886	1,288
Private Pay	0	0	0
Charity Care	0	0	0
<b>TOTAL</b>	<b>402</b>	<b>886</b>	<b>1,288</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	1288	1,953.50	321.99	2275.49	1.77
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1288</b>	<b>1,953.50</b>	<b>321.99</b>	<b>2275.49</b>	<b>1.77</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7002272 030  
 THE SURGERY CENTER AT 900 N. MICHIGAN AVENUE, LLC  
 60 E. DELAWARE PLACE, 15TH FLOOR  
 CHICAGO, IL 60611-1425

Number of Operating Rooms 4  
 Procedure Rooms 0  
 Exam Rooms 2  
 Number of Recovery Stations Stage 1 6  
 Number of Recovery Stations Stage 2 6

**Administrator** Guita Griffiths  
 Date Completed 3/28/2007

**Registered Agent** Scott Becker Esq., McGuire Wo  
 Property Owner  
 JMB Urban Realty  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

Steven Stryker, M.D.  
 Robert Kelsey, M.D.  
 Nanette Rumsey, M.D.  
 Lauren Streicher, M.D.  
 Karen Kramer, M.D.  
 900 N Equity Holdings LLC

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	3
Childrens Memorial Hospital	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.00
Certified Aides	0.00
Other Hlth. Profs.	12.00
Other Non-Hlth. Profs	19.00
<b>TOTAL</b>	<b>44.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	4
Sunday	2

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	6	4	10
15-44	467	2,410	2,877
45-64	380	1,122	1,502
65-74	73	160	233
75+ Yea	46	127	173
<b>TOTAL</b>	<b>972</b>	<b>3,823</b>	<b>4,795</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	100	257	357
Other Public	0	0	0
Insurance	618	1,566	2,184
Private Pay	254	1,947	2,201
Charity Care	0	53	53
<b>TOTAL</b>	<b>972</b>	<b>3,823</b>	<b>4,795</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	1	1.50	0.50	2.00	2.00
Gastroenterology	90	31.00	39.00	70.00	0.78
General	1630	404.75	896.50	1301.25	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	866	374.00	476.50	850.50	0.98
Ophthalmology	333	449.75	145.25	595.00	1.79
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	4	5.00	2.00	7.00	1.75
Otolaryngology	84	110.50	42.00	152.50	1.82
Pain Management	561	158.75	187.00	345.75	0.62
Plastic Surgery	1059	2,984.75	529.50	3514.25	3.32
Podiatry	99	136.75	54.50	191.25	1.93
Thoracic	0	0.00	0.00	0.00	0.00
Urology	68	187.75	37.75	225.50	3.32
<b>TOTAL</b>	<b>4795</b>	<b>4,844.50</b>	<b>2,410.50</b>	<b>7255.00</b>	<b>1.51</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 006 7002348 030

WATERTOWER SURGICENTER  
845 N. MICHIGAN AVE., #948E  
CHICAGO, IL 60611-2201

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	3

**Administrator** Paul Madison, M.D.  
**Date** Completed 1/16/2007

**Registered Agent**

Edward Green  
Property Owner  
General Growth Properties

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Paul Madison, MD  
Jan Friberg, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Michael Reese Hospital, Chicago	0
Sacred Heart Hospital	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	4.00
Physicians	2.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	1.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	30.00
<b>TOTAL</b>	<b>43.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	8
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	7	3	10
15-44	200	478	678
45-64	125	369	494
65-74	3	9	12
75+ Yea	0	0	0
<b>TOTAL</b>	<b>335</b>	<b>859</b>	<b>1,194</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	335	859	1,194
Private Pay	0	0	0
Charity Care	0	0	0
<b>TOTAL</b>	<b>335</b>	<b>859</b>	<b>1,194</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	38	19.00	8.00	27.00	0.71
General	61	91.50	17.50	109.00	1.79
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	161	161.00	45.50	206.50	1.28
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	490	245.00	98.00	343.00	0.70
Plastic Surgery	295	885.00	98.50	983.50	3.33
Podiatry	149	149.00	42.50	191.50	1.29
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1194</b>	<b>1,550.50</b>	<b>310.00</b>	<b>1860.50</b>	<b>1.56</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002496 043  
 NORTHEAST DUPAGE SURGERY CENTER, LLC  
 1580 WEST LAKE STREET  
 ADDISON, IL 60101

Number of Operating Rooms 4  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 4  
 Number of Recovery Stations Stage 2 16

**Administrator** Date  
 Anthony Fato Completed  
 3/21/2007

**Registered Agent**  
 Raymond Dieter, Jr. MD  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

Northeast DuPage Surgery Center, LLC

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	9.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>12.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	15	22	37
15-44	294	311	605
45-64	429	462	891
65-74	18	26	44
75+ Yea	9	7	16
<b>TOTAL</b>	<b>765</b>	<b>828</b>	<b>1,593</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	11	12	23
Medicare	257	278	535
Other Public	0	0	0
Insurance	494	535	1,029
Private Pay	3	3	6
Charity Care	0	0	0
<b>TOTAL</b>	<b>765</b>	<b>828</b>	<b>1,593</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	389	209.00	169.00	378.00	0.97
General	348	259.00	157.00	416.00	1.20
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	103	61.00	49.00	110.00	1.07
Ophthalmology	491	222.00	181.00	403.00	0.82
Oral/Maxillofacial	2	2.00	2.00	4.00	2.00
Orthopedic	1	2.00	2.00	4.00	4.00
Otolaryngology	8	7.00	3.00	10.00	1.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	102	143.00	39.00	182.00	1.78
Podiatry	133	143.00	65.00	208.00	1.56
Thoracic	4	2.00	2.00	4.00	1.00
Urology	12	7.00	4.00	11.00	0.92
<b>TOTAL</b>	<b>1593</b>	<b>1,057.00</b>	<b>673.00</b>	<b>1730.00</b>	<b>1.09</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7001209 031  
 NORTHWEST COMMUNITY DAY SURGERY CENTER.  
 675 W. KIRCHOFF ROAD  
 ARLINGTON HEIGHTS, IL 60005-2392

Number of Operating Rooms 9  
 Procedure Rooms 2  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 11  
 Number of Recovery Stations Stage 2 10

**Administrator** Meaghan Reshoft  
 Date Completed 3/23/2007

**Registered Agent**  
 Bruce Crowther

Property Owner  
 N/A

**Legal Owner**

**Type of Ownership**  
 Corporation (RA required)

Northwest Community Healthcare

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital, Arlington Heights, I	71
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	4.00
Reg. Nurses	37.39
Certified Aides	4.00
Other Hlth. Profs.	11.03
Other Non-Hlth. Profs	11.32
<b>TOTAL</b>	<b>68.74</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	297	159	456
15-44	910	1,797	2,707
45-64	1,109	1,923	3,032
65-74	470	711	1,181
75+ Yea	539	874	1,413
<b>TOTAL</b>	<b>3,325</b>	<b>5,464</b>	<b>8,789</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	58	181	239
Medicare	888	1,508	2,396
Other Public	7	2	9
Insurance	2,318	3,717	6,035
Private Pay	48	45	93
Charity Care	6	11	17
<b>TOTAL</b>	<b>3,325</b>	<b>5,464</b>	<b>8,789</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	1	1.00	0.00	1.00	1.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1644	1,728.00	566.00	2294.00	1.40
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	1763	1,391.00	691.00	2082.00	1.18
Ophthalmology	1862	1,291.00	592.00	1883.00	1.01
Oral/Maxillofacial	7	10.00	4.00	14.00	2.00
Orthopedic	2273	3,244.00	1,121.00	4365.00	1.92
Otolaryngology	459	661.00	188.00	849.00	1.85
Pain Management	155	121.00	52.00	173.00	1.12
Plastic Surgery	162	326.00	60.00	386.00	2.38
Podiatry	223	312.00	72.00	384.00	1.72
Thoracic	0	0.00	0.00	0.00	0.00
Urology	121	155.00	46.00	201.00	1.66
<b>TOTAL</b>	<b>8670</b>	<b>9,240.00</b>	<b>3,392.00</b>	<b>12632.00</b>	<b>1.46</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	21	5	2	7	0.33
Pain Management	0	0	0	0	0	0.00
Special Procedure	1	98	48	27	75	0.77
<b>TOTALS</b>	<b>2</b>	<b>119</b>	<b>53</b>	<b>29</b>	<b>82</b>	<b>0.69</b>

**Reference Numbers** 007 7000920 031  
 NORTHWEST SURGICARE HEALTHSOUTH  
 1100 W. CENTRAL ROAD  
 ARLINGTON HEIGHTS, IL 60005-2493

Number of Operating Rooms 5  
 Procedure Rooms 2  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 13  
 Number of Recovery Stations Stage 2 5

**Administrator** Karolynn Welu-Kuecker  
 Date Completed 2/21/2007

**Registered Agent** CT Corporation System  
 Property Owner GREF  
**Legal Owner**

**Type of Ownership**  
 Limited Partnership (RA required)

Northwest Surgicare Ltd.  
 HealthSouth Corporation

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital	5
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	13.10
Certified Aides	0.00
Other Hlth. Profs.	2.20
Other Non-Hlth. Profs	7.60
<b>TOTAL</b>	<b>24.90</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	79	79	158
15-44	282	549	831
45-64	507	647	1,154
65-74	404	588	992
75+ Yea	373	669	1,042
<b>TOTAL</b>	<b>1,645</b>	<b>2,532</b>	<b>4,177</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	693	1,176	1,869
Other Public	0	0	0
Insurance	772	1,115	1,887
Private Pay	180	241	421
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,645</b>	<b>2,532</b>	<b>4,177</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	97	146.00	194.00	340.00	3.51
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	293	440.00	586.00	1026.00	3.50
Ophthalmology	1345	675.00	1,009.00	1684.00	1.25
Oral/Maxillofacial	11	11.00	12.00	23.00	2.09
Orthopedic	61	92.00	122.00	214.00	3.51
Otolaryngology	133	200.00	134.00	334.00	2.51
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	261	653.00	522.00	1175.00	4.50
Podiatry	195	293.00	390.00	683.00	3.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	79	59.00	80.00	139.00	1.76
<b>TOTAL</b>	<b>2475</b>	<b>2,569.00</b>	<b>3,049.00</b>	<b>5618.00</b>	<b>2.27</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	1384	692	1384	2076	1.50
Laser Eye	1	318	159	318	477	1.50
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>2</b>	<b>1702</b>	<b>851</b>	<b>1702</b>	<b>2553</b>	<b>1.50</b>

Reference Numbers 007 7001399 031

MIDWEST EYE CENTER, S.C.  
1700 E. WEST ROAD  
CALUMET CITY, IL 60409

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	1
Number of Recovery Stations Stage 1	1
Number of Recovery Stations Stage 2	4

**Administrator** Date  
Dianne L. Coyer Completed  
3/14/2007

**Registered Agent**  
Alan Wischhover  
Property Owner  
Midwest Property Enterprises  
**Legal Owner**

**Type of Ownership**  
Corporation (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Trinity Hospital Chicago	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	3.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	0.00
<b>TOTAL</b>	<b>10.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	3	3	6
15-44	61	68	129
45-64	218	303	521
65-74	203	343	546
75+ Yea	195	423	618
<b>TOTAL</b>	<b>680</b>	<b>1,140</b>	<b>1,820</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	69	130	199
Medicare	409	730	1,139
Other Public	0	0	0
Insurance	192	251	443
Private Pay	10	29	39
Charity Care	0	0	0
<b>TOTAL</b>	<b>680</b>	<b>1,140</b>	<b>1,820</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	967	345.50	569.75	915.25	0.95
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	29	19.25	14.50	33.75	1.16
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>996</b>	<b>364.75</b>	<b>584.25</b>	<b>949.00</b>	<b>0.95</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	824	206	343.25	549.25	0.67
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>824</b>	<b>206</b>	<b>343.25</b>	<b>549.25</b>	<b>0.67</b>

**Reference Numbers** 007 7001092 031  
 SURGICARE CENTER, INC.  
 333 DIXIE HIGHWAY  
 CHICAGO HEIGHTS, IL 60411

Number of Operating Rooms 3  
 Procedure Rooms 2  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 8  
 Number of Recovery Stations Stage 2 10

**Administrator**  
 Daniel McCormick  
 Date Completed  
 3/22/2007

**Registered Agent**  
 Sister Marlene Shapley  
 Property Owner  
 HealthCare Reality Trust  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. James Hospital and Health Centers	5
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	12.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>22.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	98	68	166
15-44	369	527	896
45-64	980	1,545	2,525
65-74	505	540	1,045
75+ Yea	343	405	748
<b>TOTAL</b>	<b>2,295</b>	<b>3,085</b>	<b>5,380</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	848	945	1,793
Other Public	0	0	0
Insurance	1,412	2,115	3,527
Private Pay	35	25	60
Charity Care	0	0	0
<b>TOTAL</b>	<b>2,295</b>	<b>3,085</b>	<b>5,380</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	430	430.00	35.00	465.00	1.08
Gastroenterology	0	0.00	0.00	0.00	0.00
General	413	413.00	206.00	619.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	207	207.00	104.00	311.00	1.50
Ophthalmology	275	275.00	137.50	412.50	1.50
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	593	889.50	297.00	1186.50	2.00
Otolaryngology	272	272.00	136.00	408.00	1.50
Pain Management	325	162.00	162.00	324.00	1.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	139	139.00	69.50	208.50	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	285	285.00	142.00	427.00	1.50
<b>TOTAL</b>	<b>2939</b>	<b>3,072.50</b>	<b>1,289.00</b>	<b>4361.50</b>	<b>1.48</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	2441	1220.5	2441	1.00
Laser Eye	1	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>2</b>	<b>2441</b>	<b>1220.5</b>	<b>2441</b>	<b>1.00</b>

Reference Numbers 007 7001357 031

DIMENSIONS MEDICAL CENTER, LTD.

1455 GOLF ROAD, SUITE 108

DES PLAINES, IL 60016-2237

**Administrator**

VERA SCHMIDT

Date

Completed

3/22/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

5

Number of Recovery Stations Stage 2

3

**Registered Agent**

JOSEPH HOROWITZ

Property Owner

LEVIN ASSOCIATES ARCHITECTS

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

Dimensions Medical Ctr. Ltd.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
GOTTLIEB MEMORIAL HOSPITAL, MELROSE PARK IL	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	8.00
<b>TOTAL</b>	<b>19.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	8
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	7	7	Medicaid	0	0	0
15-44	88	2,368	2,456	Medicare	0	0	0
45-64	9	0	9	Other Public	0	0	0
65-74	0	0	0	Insurance	73	1,802	1,875
75+ Yea	0	0	0	Private Pay	22	535	557
TOTAL	97	2,375	2,472	Charity Care	2	38	40
				TOTAL	97	2,375	2,472

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	11	11.00	11.00	22.00	2.00
General	1	1.00	1.00	2.00	2.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	2368	2,368.00	2,368.00	4736.00	2.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	92	92.00	92.00	184.00	2.00
TOTAL	2472	2,472.00	2,472.00	4944.00	2.00

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers 007 7001803 031

FOOT & ANKLE SURGICAL CENTER

1455 GOLF ROAD, SUITE 134

DES PLAINES, IL 60016-1253

**Administrator**

Lowell Weil, Sr.

Date

Completed

3/26/2007

Number of Operating Rooms

3

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

5

Number of Recovery Stations Stage 2

4

**Registered Agent**

Lowell Scott Weil Sr.

Property Owner

Kerry Levin

**Legal Owner**

**Type of Ownership**

Limited Partnership (RA required)

Wendy Benton-Weil

Lowell Weil Jr., DPM

Lowell Scott Weil, DPM

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	1.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	5
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	16	19	35
15-44	122	237	359
45-64	110	440	550
65-74	34	85	119
75+ Yea	12	46	58
<b>TOTAL</b>	<b>294</b>	<b>827</b>	<b>1,121</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	35	126	161
Other Public	0	0	0
Insurance	257	685	942
Private Pay	2	16	18
Charity Care	0	0	0
<b>TOTAL</b>	<b>294</b>	<b>827</b>	<b>1,121</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	32	51.75	13.00	64.75	2.02
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	1089	863.00	364.00	1227.00	1.13
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1121</b>	<b>914.75</b>	<b>377.00</b>	<b>1291.75</b>	<b>1.15</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7002231 031

GOLF SURGICAL CENTER  
8901 GOLF ROAD  
DES PLAINES, IL 60016-1425

Number of Operating Rooms	5
Procedure Rooms	3
Exam Rooms	0
Number of Recovery Stations Stage 1	7
Number of Recovery Stations Stage 2	19

**Administrator** Nicholas Lygizos, MD  
**Date** Completed 3/28/2007

**Registered Agent**  
ELIAS MATSAKIS

Property Owner  
ACC GOLF

**Legal Owner**

**Type of Ownership**  
Limited Liability Company (RA required)

ASTC SERVICES, LTD  
ADVOCATE NETWORK SERVICES

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
ADOVCATE LUTHERAN GENERAL	4
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.20
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	19.50
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	10.00
<b>TOTAL</b>	<b>35.70</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	427	324	751
15-44	763	701	1,464
45-64	920	1,123	2,043
65-74	382	533	915
75+ Yea	585	895	1,480
<b>TOTAL</b>	<b>3,077</b>	<b>3,576</b>	<b>6,653</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	22	18	40
Medicare	855	1,311	2,166
Other Public	159	59	218
Insurance	2,039	2,186	4,225
Private Pay	0	0	0
Charity Care	2	2	4
<b>TOTAL</b>	<b>3,077</b>	<b>3,576</b>	<b>6,653</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	7	3.00	2.00	5.00	0.71
General	96	107.00	26.00	133.00	1.39
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	11	8.00	2.00	10.00	0.91
Ophthalmology	1763	1,177.00	440.00	1617.00	0.92
Oral/Maxillofacial	58	98.00	14.00	112.00	1.93
Orthopedic	1945	1,882.00	420.00	2302.00	1.18
Otolaryngology	1182	927.00	296.00	1223.00	1.03
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	96	87.00	24.00	111.00	1.16
Podiatry	169	206.00	42.00	248.00	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	40	21.00	10.00	31.00	0.78
<b>TOTAL</b>	<b>5367</b>	<b>4,516.00</b>	<b>1,276.00</b>	<b>5792.00</b>	<b>1.08</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	260	152	282	1.08
Laser Eye	1	469	82	160	0.34
MINI	1	557	326	466	0.84
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>3</b>	<b>1286</b>	<b>560</b>	<b>908</b>	<b>0.71</b>

**Reference Numbers** 007 7002082 043

AMBUL. SURGICENTER OF DOWNERS GROVE

4333 MAIN STREET

DOWNERS GROVE, IL 60515

**Administrator**

Inga Ferdkoff

**Date**

Completed

3/23/2007

Number of Operating Rooms

3

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

6

Number of Recovery Stations Stage 2

4

**Registered Agent**

AMOS E. MADANES M.D.

Property Owner

CHESTNUT MNGMT

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
GOODSAMARITAN HOSPITAL DOWNERS GROVE	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	1.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	3	78	81
45-64	3	1,498	1,501
65-74	0	79	79
75+ Yea	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>1,655</b>	<b>1,661</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	5	1,470	1,475
Private Pay	1	185	186
Charity Care	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>1,655</b>	<b>1,661</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	1655	2,069.15	579.65	2648.80	1.60
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	6	7.50	2.50	10.00	1.67
<b>TOTAL</b>	<b>1661</b>	<b>2,076.65</b>	<b>582.15</b>	<b>2658.80</b>	<b>1.60</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7001076 043

MIDWEST CENTER FOR DAY SURGERY

3811 HIGHLAND AVENUE

DOWNERS GROVE, IL 60515-9901

**Administrator**

Ronald Ladniak

Date

Completed

3/21/2007

Number of Operating Rooms

5

Procedure Rooms

0

Exam Rooms

5

Number of Recovery Stations Stage 1

8

Number of Recovery Stations Stage 2

8

**Registered Agent**

Ronald Ladniak

Property Owner

Downers Grove Surgery Center

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

Midwest Center for Day Surgery

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Good Samaritan	38
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	10.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>20.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	139	85	224
15-44	346	673	1,019
45-64	362	650	1,012
65-74	107	192	299
75+ Yea	127	235	362
<b>TOTAL</b>	<b>1,081</b>	<b>1,835</b>	<b>2,916</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	210	401	611
Other Public	0	0	0
Insurance	820	1,199	2,019
Private Pay	51	235	286
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,081</b>	<b>1,835</b>	<b>2,916</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	24	30.00	12.00	42.00	1.75
Dermatology	656	1,143.00	328.00	1471.00	2.24
Gastroenterology	19	23.00	10.00	33.00	1.74
General	423	450.00	212.00	662.00	1.57
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	132	51.00	66.00	117.00	0.89
OB/Gynecology	56	29.00	28.00	57.00	1.02
Ophthalmology	578	349.00	288.00	637.00	1.10
Oral/Maxillofacial	185	176.00	92.00	268.00	1.45
Orthopedic	267	307.00	134.00	441.00	1.65
Otolaryngology	470	590.00	234.00	824.00	1.75
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	74	106.00	38.00	144.00	1.95
Thoracic	16	16.00	8.00	24.00	1.50
Urology	16	16.00	8.00	24.00	1.50
<b>TOTAL</b>	<b>2916</b>	<b>3,286.00</b>	<b>1,458.00</b>	<b>4744.00</b>	<b>1.63</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002330 043

ELMHURST OUTPATIENT SURGERY CENTER  
 1200 S. YORK ROAD, SUITE 1400  
 ELMHURST, IL 60126-6533

Number of Operating Rooms	4
Procedure Rooms	4
Exam Rooms	0
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	7

**Administrator** Tina Mentz  
 Date Completed 3/26/2007

**Registered Agent**

Jeffrey M. Teske  
 Property Owner  
 Elmhurst Memorial Hospital

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Flood, DPM, Michael T.  
 Arenson, DPM, Donald J.  
 Kondelis, M.D. Nicholas P.  
 Kisielius, M. D., Petras V.  
 Kinzler, M.D., Gordon  
 Keen, M. D., Richard R.  
 Kassa, M.D., Christine  
 Kalsi, M. D., Charanjit K.  
 Kaczor, M.D., Janet M.  
 Hui, M. D., Peter W.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Elmhurst Memorial Hospital, Elmhurst IL	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	21.30
Certified Aides	0.00
Other Hlth. Profs.	9.22
Other Non-Hlth. Profs	12.40
<b>TOTAL</b>	<b>43.92</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	179	142	321
15-44	895	1,021	1,916
45-64	1,138	1,467	2,605
65-74	444	675	1,119
75+ Yea	513	941	1,454
<b>TOTAL</b>	<b>3,169</b>	<b>4,246</b>	<b>7,415</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	906	1,599	2,505
Other Public	0	0	0
Insurance	2,227	2,525	4,752
Private Pay	36	122	158
Charity Care	0	0	0
<b>TOTAL</b>	<b>3,169</b>	<b>4,246</b>	<b>7,415</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	93	85.50	54.25	139.75	1.50
Dermatology	613	529.75	357.75	887.50	1.45
Gastroenterology	0	0.00	0.00	0.00	0.00
General	433	434.50	252.75	687.25	1.59
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	1	0.50	0.75	1.25	1.25
Ophthalmology	762	190.00	444.50	634.50	0.83
Oral/Maxillofacial	366	118.75	213.50	332.25	0.91
Orthopedic	657	441.00	383.25	824.25	1.25
Otolaryngology	261	168.75	152.25	321.00	1.23
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	485	358.25	283.00	641.25	1.32
Thoracic	20	12.00	11.75	23.75	1.19
Urology	167	38.75	97.50	136.25	0.82
<b>TOTAL</b>	<b>3858</b>	<b>2,377.75</b>	<b>2,251.25</b>	<b>4629.00</b>	<b>1.20</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Cataract - local ane	2	823	190	670.25	0.81
Gastro-Intestinal	1	572	313	646.75	1.13
Laser Eye	0	0	0	0	0.00
Pain Management	1	2162	407.75	1669	0.77
<b>TOTALS</b>	<b>4</b>	<b>3557</b>	<b>910.75</b>	<b>2986</b>	<b>0.84</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	5	5	10
15-44	79	194	273
45-64	122	205	327
65-74	83	189	272
75+ Yea	126	303	429
<b>TOTAL</b>	<b>415</b>	<b>896</b>	<b>1,311</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	16	74	90
Medicare	199	435	634
Other Public	0	0	0
Insurance	175	293	468
Private Pay	25	94	119
Charity Care	0	0	0
<b>TOTAL</b>	<b>415</b>	<b>896</b>	<b>1,311</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	55	53.00	11.00	64.00	1.16
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	65	70.00	13.00	83.00	1.28
Ophthalmology	860	701.00	172.00	873.00	1.02
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	26	35.00	5.00	40.00	1.54
Otolaryngology	7	13.00	1.50	14.50	2.07
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	138	219.00	28.00	247.00	1.79
Podiatry	160	186.00	32.00	218.00	1.36
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1311</b>	<b>1,277.00</b>	<b>262.50</b>	<b>1539.50</b>	<b>1.17</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002199 031

NORTH SHORE SAME DAY SURGERY CENTER  
 815 HOWARD STREET  
 EVANSTON, IL 60202-3916

Number of Operating Rooms	2
Procedure Rooms	1
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	4

**Administrator** Cathy McCue  
 Date Completed 3/22/2007

**Registered Agent**  
 CT Corporation System  
 Property Owner  
 Healthsouth Corp  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

William G. Myers, MD  
 RSES, Inc.  
 North Shore Same Day Surgery, LLC  
 Neil R. Friedman, MD  
 Mark J. Schacht, MD  
 Leon Lome, MD  
 John Vainder, MD  
 James F. Boffa, MD  
 Ira Kornblatt, MD  
 Harsh Gupta, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Francis Hospital Evanston IL (transfer agreeme	0
Evanston Northwestern Healthcare	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.30
Certified Aides	0.00
Other Hlth. Profs.	1.30
Other Non-Hlth. Profs	1.50
<b>TOTAL</b>	<b>7.10</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	6	3	9
15-44	84	214	298
45-64	171	215	386
65-74	89	131	220
75+ Yea	131	197	328
<b>TOTAL</b>	<b>481</b>	<b>760</b>	<b>1,241</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	3	7
Medicare	199	298	497
Other Public	0	0	0
Insurance	253	320	573
Private Pay	23	135	158
Charity Care	2	4	6
<b>TOTAL</b>	<b>481</b>	<b>760</b>	<b>1,241</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	5	7.00	5.00	12.00	2.40
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	68	79.00	67.80	146.80	2.16
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	5	6.00	7.80	13.80	2.76
Ophthalmology	541	354.00	352.00	706.00	1.30
Oral/Maxillofacial	26	19.00	19.80	38.80	1.49
Orthopedic	129	142.00	164.60	306.60	2.38
Otolaryngology	7	8.00	8.00	16.00	2.29
Pain Management	9	6.00	5.80	11.80	1.31
Plastic Surgery	197	184.00	182.20	366.20	1.86
Podiatry	118	120.00	104.00	224.00	1.90
Thoracic	0	0.00	0.00	0.00	0.00
Urology	9	6.00	8.90	14.90	1.66
<b>TOTAL</b>	<b>1114</b>	<b>931.00</b>	<b>925.90</b>	<b>1856.90</b>	<b>1.67</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	127	95	87.8	182.8	1.44
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>127</b>	<b>95</b>	<b>87.8</b>	<b>182.8</b>	<b>1.44</b>

**Reference Numbers**      007      7003080      031

RAVINE WAY SURGERY CENTER, LLC

2350 RAVINE WAY, Suite 500

GLENVIEW, IL 60025

Number of Operating Rooms      3

Procedure Rooms      1

Exam Rooms      6

Number of Recovery Stations Stage 1      8

Number of Recovery Stations Stage 2      0

**Administrator**

Melody Winter-Jabeck

**Date**

Completed

3/23/2007

**Registered Agent**

Scott Becker

**Property Owner**

Glenview Ravine Way, LLC

**Legal Owner**

**Type of Ownership**

Limited Liability Partnership (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Evanston Northwestern Healthcare, Glenbrook Hospit	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	8.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	5.00
<b>TOTAL</b>	<b>20.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1	4	5
15-44	107	50	157
45-64	110	102	212
65-74	20	19	39
75+ Yea	13	38	51
<b>TOTAL</b>	<b>251</b>	<b>213</b>	<b>464</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	33	50	83
Other Public	0	0	0
Insurance	218	163	381
Private Pay	0	0	0
Charity Care	0	0	0
<b>TOTAL</b>	<b>251</b>	<b>213</b>	<b>464</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	385	437.50	96.25	533.75	1.39
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>385</b>	<b>437.50</b>	<b>96.25</b>	<b>533.75</b>	<b>1.39</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	79	89.5	102.5	1.30
<b>TOTALS</b>	<b>1</b>	<b>79</b>	<b>89.5</b>	<b>102.5</b>	<b>1.30</b>

Reference Numbers 007 7002892 031

THE GLEN ENDOSCOPY CENTER  
2551 COMPASS ROAD, SUITE 115  
GLENVIEW, IL 60026

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	6
Number of Recovery Stations Stage 2	0

**Administrator** Date  
Tammy Ham Completed  
3/14/2007

**Registered Agent**

Jeffrey M. Jacobs, MD  
Property Owner  
auG Five, L.P C/O Titan Development

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

W. Reid Glaws  
Ronald Bloom  
Leela Prasad  
Karen Sable  
John Vainder  
Jeffrey Jacobs  
Jan Faibisoff  
Douglas Adler  
Alan Shapiro  
And Others

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Rush North Shore Medical Center 9600 Gross Point R	4
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>13.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**FACILITY NOTES**

P-03-003 3/28/2005  
Completed project to establish a single-specialty ambulatory surgery treatment center with 2 operating rooms.

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	210	300	510
45-64	816	867	1,683
65-74	241	299	540
75+ Yea	181	173	354
<b>TOTAL</b>	<b>1,448</b>	<b>1,639</b>	<b>3,087</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	12	17
Medicare	395	455	850
Other Public	0	0	0
Insurance	1,042	1,166	2,208
Private Pay	6	6	12
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,448</b>	<b>1,639</b>	<b>3,087</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	3087	2,020.00	1,543.50	3563.50	1.15
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3087</b>	<b>2,020.00</b>	<b>1,543.50</b>	<b>3563.50</b>	<b>1.15</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002942 043  
 EYE SURGERY CENTER OF HINSDALE, LLC.  
 950 NORTH YORK ROAD, STE 203  
 HINSDALE, IL 60521

Number of Operating Rooms 2  
 Procedure Rooms 1  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 0  
 Number of Recovery Stations Stage 2 4

**Administrator** Brian D. Smith M. D.  
 Date Completed 3/22/2007

**Registered Agent**  
 Brian D. Smith  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Hinsdale Hospital, Hinsdale	0
Good Samaritan Hospital, Downers Grove	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.50
Dir. of Nurses	1.00
Reg. Nurses	0.50
Certified Aides	0.00
Other Hlth. Profs.	0.40
Other Non-Hlth. Profs	0.00
<b>TOTAL</b>	<b>2.90</b>

**DAYS AND HOURS OF OPERATION**

Monday	1
Tuesday	8
Wednesday	10
Thursday	1
Friday	1
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**FACILITY NOTES**

P-03-048 1/13/2005  
 Completed project to establish a single-specialty ambulatory surgery treatment center with 2 operating rooms.

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	9	8	17
45-64	58	100	158
65-74	103	205	308
75+ Yea	214	429	643
<b>TOTAL</b>	<b>384</b>	<b>742</b>	<b>1,126</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	0	2
Medicare	291	544	835
Other Public	4	8	12
Insurance	86	186	272
Private Pay	1	4	5
Charity Care	0	0	0
<b>TOTAL</b>	<b>384</b>	<b>742</b>	<b>1,126</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	866	270.50	150.50	421.00	0.49
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>866</b>	<b>270.50</b>	<b>150.50</b>	<b>421.00</b>	<b>0.49</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	260	21.75	39.25	0.15
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>260</b>	<b>21.75</b>	<b>39.25</b>	<b>0.15</b>

**Reference Numbers** 007 7002314 043

HINSDALE SURGICAL CENTER  
 908 N. ELM STREET, SUITE 401  
 HINSDALE, IL 60521

Number of Operating Rooms	4
Procedure Rooms	4
Exam Rooms	0
Number of Recovery Stations Stage 1	10
Number of Recovery Stations Stage 2	10

**Administrator** Shirley E. Zemansky  
 Date Completed 4/4/2007

**Registered Agent** Shirley E. Zemansky  
 Property Owner Foxford LLC  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

THERE ARE NO OTHER OWNER WHO OWN MORE

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Hinsdale Hospital	9
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	22.72
Certified Aides	1.00
Other Hlth. Profs.	10.13
Other Non-Hlth. Profs	8.80
<b>TOTAL</b>	<b>44.65</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	82	85	167
15-44	465	730	1,195
45-64	758	1,055	1,813
65-74	373	485	858
75+ Yea	550	843	1,393
<b>TOTAL</b>	<b>2,228</b>	<b>3,198</b>	<b>5,426</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	25	34	59
Medicare	354	587	941
Other Public	30	26	56
Insurance	1,660	2,299	3,959
Private Pay	151	242	393
Charity Care	8	10	18
<b>TOTAL</b>	<b>2,228</b>	<b>3,198</b>	<b>5,426</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	283	212.25	141.50	353.75	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	223	167.25	93.00	260.25	1.17
Ophthalmology	1801	1,350.75	750.50	2101.25	1.17
Oral/Maxillofacial	21	21.00	10.50	31.50	1.50
Orthopedic	204	221.00	153.00	374.00	1.83
Otolaryngology	244	244.00	142.50	386.50	1.58
Pain Management	108	45.00	36.00	81.00	0.75
Plastic Surgery	415	518.75	276.75	795.50	1.92
Podiatry	253	253.00	105.50	358.50	1.42
Thoracic	0	0.00	0.00	0.00	0.00
Urology	55	41.25	32.25	73.50	1.34
<b>TOTAL</b>	<b>3607</b>	<b>3,074.25</b>	<b>1,741.50</b>	<b>4815.75</b>	<b>1.34</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	2	562	234.25	421.75	0.75
Lithotripsy	1	855	926.25	1282.5	1.50
Pain Management	1	402	167.5	268	0.67
<b>TOTALS</b>	<b>4</b>	<b>1819</b>	<b>1328</b>	<b>1972.25</b>	<b>1.08</b>

Reference Numbers 007 7002215 031

POPLAR CREEK SURGICAL CENTER

1800 MCDONOUGH RD., STE . 100

HOFFMAN ESTATES, IL 60192

Number of Operating Rooms 4

Procedure Rooms 1

Exam Rooms 11

Number of Recovery Stations Stage 1 7

Number of Recovery Stations Stage 2 0

**Administrator**

John T Girardi

Date

Completed

3/26/2007

**Registered Agent**

David Hochman

Property Owner

Oakwood Properties (also owned by John Girardi)

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Alexius Medical Center	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	2.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	0.00
Certified Aides	2.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>11.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1	1	2
15-44	67	65	132
45-64	28	48	76
65-74	5	2	7
75+ Yea	3	0	3
<b>TOTAL</b>	<b>104</b>	<b>116</b>	<b>220</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	5	0	5
Other Public	0	1	1
Insurance	97	112	209
Private Pay	2	3	5
Charity Care	0	0	0
<b>TOTAL</b>	<b>104</b>	<b>116</b>	<b>220</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	22	9.25	22.00	31.25	1.42
General	7	4.50	6.50	11.00	1.57
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	27	27.25	26.75	54.00	2.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	29	42.25	29.00	71.25	2.46
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	67	16.75	38.50	55.25	0.82
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	68	55.50	68.00	123.50	1.82
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>220</b>	<b>155.50</b>	<b>190.75</b>	<b>346.25</b>	<b>1.57</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Cysto Room	1	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002744 031

JUSTICE MED-SURG CENTER

9050 WEST 81ST STREET

JUSTICE, IL 60458

**Administrator**

Theodore Christou M.D.

Date

Completed

3/23/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

8

Number of Recovery Stations Stage 2

0

**Registered Agent**

Michael Collins

Property Owner

AIC Ventures

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Palos Community Hospital	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	3.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	3.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>12.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	99	141	240
45-64	183	256	439
65-74	86	126	212
75+ Yea	54	74	128
<b>TOTAL</b>	<b>422</b>	<b>597</b>	<b>1,019</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	140	200	340
Other Public	0	0	0
Insurance	267	374	641
Private Pay	12	17	29
Charity Care	3	6	9
<b>TOTAL</b>	<b>422</b>	<b>597</b>	<b>1,019</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	660	220.00	220.00	440.00	0.67
General	4	3.00	1.75	4.75	1.19
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	73	42.55	30.42	72.97	1.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	255	191.25	106.25	297.50	1.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	27	13.50	9.00	22.50	0.83
<b>TOTAL</b>	<b>1019</b>	<b>470.30</b>	<b>367.42</b>	<b>837.72</b>	<b>0.82</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7003023 043

DMG SURGICAL CENTER, LLC.  
2725 S. TECHNOLOGY DRIVE  
LOMBARD, IL 60148

Number of Operating Rooms	5
Procedure Rooms	0
Exam Rooms	6
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	7

**Administrator**  
Julius Wesley Becton III

Date  
Completed  
3/22/2007

**Registered Agent**

Terri Panek  
Property Owner  
DuPage Medical Group

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan	1
Edward	2
Central DuPage	1
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	28.00
Certified Aides	7.00
Other Hlth. Profs.	9.00
Other Non-Hlth. Profs	7.00
<b>TOTAL</b>	<b>53.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	204	94	298
15-44	751	819	1,570
45-64	1,433	1,561	2,994
65-74	220	272	492
75+ Yea	124	182	306
<b>TOTAL</b>	<b>2,732</b>	<b>2,928</b>	<b>5,660</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	333	350	683
Other Public	0	0	0
Insurance	2,373	2,517	4,890
Private Pay	24	54	78
Charity Care	2	7	9
<b>TOTAL</b>	<b>2,732</b>	<b>2,928</b>	<b>5,660</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2458	599.20	546.00	1145.20	0.47
General	576	246.00	161.50	407.50	0.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	47	16.60	13.90	30.50	0.65
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	362	172.25	129.60	301.85	0.83
Otolaryngology	325	197.30	106.00	303.30	0.93
Pain Management	853	125.25	102.30	227.55	0.27
Plastic Surgery	539	423.80	156.00	579.80	1.08
Podiatry	200	183.50	65.00	248.50	1.24
Thoracic	0	0.00	0.00	0.00	0.00
Urology	300	195.20	98.80	294.00	0.98
<b>TOTAL</b>	<b>5660</b>	<b>2,159.10</b>	<b>1,379.10</b>	<b>3538.20</b>	<b>0.63</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002017 031

LOYOLA UNIVERSITY AMB. SURG. CTR.

2160 S. FIRST AVENUE

MAYWOOD, IL 60153-3304

**Administrator**

Daniel Post

Date

Completed

3/26/2007

Number of Operating Rooms

8

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

9

Number of Recovery Stations Stage 2

23

**Registered Agent**

Charles E. Reiter, III

Property Owner

**Type of Ownership**

Other Not For Profit Ownership

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola University Hospital, Maywood	57
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	25.00
Certified Aides	3.00
Other Hlth. Profs.	9.00
Other Non-Hlth. Profs	7.00
<b>TOTAL</b>	<b>45.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	14
Tuesday	14
Wednesday	14
Thursday	14
Friday	14
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1,033	670	1,703
15-44	588	936	1,524
45-64	666	895	1,561
65-74	294	320	614
75+ Yea	297	331	628
<b>TOTAL</b>	<b>2,878</b>	<b>3,152</b>	<b>6,030</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	412	475	887
Medicare	599	694	1,293
Other Public	428	438	866
Insurance	1,408	1,521	2,929
Private Pay	25	16	41
Charity Care	6	8	14
<b>TOTAL</b>	<b>2,878</b>	<b>3,152</b>	<b>6,030</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	228	137.00	57.00	194.00	0.85
General	883	1,252.00	221.00	1473.00	1.67
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	25	39.00	6.00	45.00	1.80
OB/Gynecology	635	626.00	159.00	785.00	1.24
Ophthalmology	993	1,003.00	248.00	1251.00	1.26
Oral/Maxillofacial	41	95.00	10.00	105.00	2.56
Orthopedic	551	943.00	138.00	1081.00	1.96
Otolaryngology	1416	1,400.00	354.00	1754.00	1.24
Pain Management	15	32.00	4.00	36.00	2.40
Plastic Surgery	346	451.00	87.00	538.00	1.55
Podiatry	94	62.00	24.00	86.00	0.91
Thoracic	0	0.00	0.00	0.00	0.00
Urology	803	973.00	201.00	1174.00	1.46
<b>TOTAL</b>	<b>6030</b>	<b>7,013.00</b>	<b>1,509.00</b>	<b>8522.00</b>	<b>1.41</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7001787 043

NAPERVILLE SURGICAL CENTRE  
1263 RICKERT DRIVE  
NAPERVILLE, IL 60540-0954

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	6
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

**Administrator** Ronald Ladniak  
**Date** Completed 3/21/2007

**Registered Agent** Ronald Ladniak  
Property Owner

**Type of Ownership**  
Limited Liability Company (RA required)

**Legal Owner**

Naperville Surgical Centre

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville, IL	4
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	8.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	5.00
<b>TOTAL</b>	<b>14.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	99	76	175
15-44	366	420	786
45-64	411	571	982
65-74	115	157	272
75+ Yea	113	167	280
<b>TOTAL</b>	<b>1,104</b>	<b>1,391</b>	<b>2,495</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	211	312	523
Other Public	0	0	0
Insurance	875	994	1,869
Private Pay	18	85	103
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,104</b>	<b>1,391</b>	<b>2,495</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	174	280.00	86.00	366.00	2.10
Gastroenterology	0	0.00	0.00	0.00	0.00
General	45	55.00	22.00	77.00	1.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	172	131.00	86.00	217.00	1.26
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	445	348.00	222.00	570.00	1.28
Oral/Maxillofacial	95	34.00	48.00	82.00	0.86
Orthopedic	1005	1,062.00	502.00	1564.00	1.56
Otolaryngology	13	15.00	6.00	21.00	1.62
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	280	358.00	140.00	498.00	1.78
Thoracic	0	0.00	0.00	0.00	0.00
Urology	14	11.00	6.00	17.00	1.21
<b>TOTAL</b>	<b>2243</b>	<b>2,294.00</b>	<b>1,118.00</b>	<b>3412.00</b>	<b>1.52</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	252	124	250	0.99
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>252</b>	<b>124</b>	<b>250</b>	<b>0.99</b>

**Reference Numbers** 007 7001860 043  
 THE CENTER FOR SURGERY  
 475 E. DIEHL ROAD  
 NAPERVILLE, IL 60563-1253

Number of Operating Rooms 8  
 Procedure Rooms 4  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 8  
 Number of Recovery Stations Stage 2 31

**Administrator**  
 Anthony J. Fato  
 Date Completed  
 3/21/2007

**Registered Agent**  
 Raymond Dieter, Jr. M.D.  
 Property Owner

**Type of Ownership**  
 Limited Partnership (RA required)

**Legal Owner**

Edward Hospital  
 DuPage Doctors Limited Partnership  
 Central DuPage Hospital

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Central DuPage Hospital	0
Edward Hospital	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	2.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	20.00
Certified Aides	0.00
Other Hlth. Profs.	15.00
Other Non-Hlth. Profs	15.00
<b>TOTAL</b>	<b>52.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	281	264	545
15-44	1,971	1,983	3,954
45-64	2,083	2,842	4,925
65-74	788	859	1,647
75+ Yea	507	661	1,168
<b>TOTAL</b>	<b>5,630</b>	<b>6,609</b>	<b>12,239</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	28	33	61
Medicare	1,802	2,115	3,917
Other Public	0	0	0
Insurance	3,710	4,355	8,065
Private Pay	90	106	196
Charity Care	0	0	0
<b>TOTAL</b>	<b>5,630</b>	<b>6,609</b>	<b>12,239</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	745	554.00	336.00	890.00	1.19
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	249	148.00	119.00	267.00	1.07
Ophthalmology	3867	1,751.00	1,425.00	3176.00	0.82
Oral/Maxillofacial	2	2.00	2.00	4.00	2.00
Orthopedic	1017	1,034.00	512.00	1546.00	1.52
Otolaryngology	944	784.00	356.00	1140.00	1.21
Pain Management	1640	556.00	486.00	1042.00	0.64
Plastic Surgery	194	272.00	75.00	347.00	1.79
Podiatry	408	440.00	200.00	640.00	1.57
Thoracic	0	0.00	0.00	0.00	0.00
Urology	174	104.00	67.00	171.00	0.98
<b>TOTAL</b>	<b>9240</b>	<b>5,645.00</b>	<b>3,578.00</b>	<b>9223.00</b>	<b>1.00</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	2503	1343	2430	0.97
Laser Eye	1	496	82	169	0.34
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>4</b>	<b>2999</b>	<b>1425</b>	<b>2599</b>	<b>0.87</b>

**Reference Numbers** 007 7002660 031

IL CENTER FOR FOOT & ANKLE SURGERY,  
4650 SOUTHWEST HIGHWAY  
OAK LAWN, IL 60453

Number of Operating Rooms	1
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	0

**Administrator** Tina Heffernan RN, BSN  
**Date** Completed 3/23/2007

**Registered Agent**  
CATHERINE A . BOYLE  
Property Owner

**Type of Ownership**  
Corporation (RA required)

**Legal Owner**

John F. Grady

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Medical Center, Oak Lawn	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	1.00
Certified Aides	1.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>4.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	0
Tuesday	0
Wednesday	10
Thursday	0
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	8	1	9
15-44	27	55	82
45-64	41	59	100
65-74	10	28	38
75+ Yea	3	6	9
<b>TOTAL</b>	<b>89</b>	<b>149</b>	<b>238</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	17	31	48
Other Public	0	1	1
Insurance	72	117	189
Private Pay	0	0	0
Charity Care	0	0	0
<b>TOTAL</b>	<b>89</b>	<b>149</b>	<b>238</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	238	282.50	64.50	347.00	1.46
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>238</b>	<b>282.50</b>	<b>64.50</b>	<b>347.00</b>	<b>1.46</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002843 031  
 NOVAMED CENTER FOR RECONSTRUCTIVE SURGERY  
 6309 WEST 95TH STREET  
 OAK LAWN, IL 60453

Number of Operating Rooms 4  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 12  
 Number of Recovery Stations Stage 2 0

**Administrator** Date  
 Jo Ann Depergola Completed  
 3/16/2007

**Registered Agent**  
 John W. Lawrence  
 Property Owner  
 JDS Management Services

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

NovaMed Acquisition Company, Inc.  
 Dr. James Schlenker

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary Hospital	3
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>7.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	8
Wednesday	8
Thursday	8
Friday	10
Saturday	6
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	25	24	49
15-44	230	290	520
45-64	209	301	510
65-74	78	122	200
75+ Yea	99	170	269
<b>TOTAL</b>	<b>641</b>	<b>907</b>	<b>1,548</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	24	34
Medicare	179	306	485
Other Public	0	0	0
Insurance	434	451	885
Private Pay	18	126	144
Charity Care	0	0	0
<b>TOTAL</b>	<b>641</b>	<b>907</b>	<b>1,548</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	3	2.50	1.50	4.00	1.33
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	50	39.00	25.00	64.00	1.28
Ophthalmology	316	197.25	105.50	302.75	0.96
Oral/Maxillofacial	2	2.00	1.00	3.00	1.50
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	155	50.00	21.00	71.00	0.46
Plastic Surgery	981	1,567.50	196.25	1763.75	1.80
Podiatry	41	63.50	15.00	78.50	1.91
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1548</b>	<b>1,921.75</b>	<b>365.25</b>	<b>2287.00</b>	<b>1.48</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002603 031  
 OAK LAWN ENDOSCOPY  
 9921 SOUTHWEST HIGHWAY  
 OAK LAWN, IL 60453-3767

Number of Operating Rooms 1  
 Procedure Rooms 1  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 9  
 Number of Recovery Stations Stage 2 0

**Administrator** Date  
 Constance L. Wilkinson Completed  
 3/13/2007

**Registered Agent**  
 Steven Harris  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

Vincent Muscarello,MD  
 Thomas Arndt,MD  
 Stephen Sittler,MD  
 Samir Patel,MD  
 Jeffrey Port,MD  
 Douglas Lee,MD  
 Charles Berkelhammer,MD  
 Brian Blumenstein,MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Hospital & Medical Ctr, Oak Lawn	4
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	9.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>14.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	286	402	688
45-64	1,076	1,482	2,558
65-74	383	504	887
75+ Yea	135	239	374
<b>TOTAL</b>	<b>1,880</b>	<b>2,627</b>	<b>4,507</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	518	743	1,261
Other Public	0	0	0
Insurance	1,348	1,868	3,216
Private Pay	0	0	0
Charity Care	14	16	30
<b>TOTAL</b>	<b>1,880</b>	<b>2,627</b>	<b>4,507</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2361	1,584.00	1,584.00	3168.00	1.34
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2361</b>	<b>1,584.00</b>	<b>1,584.00</b>	<b>3168.00</b>	<b>1.34</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	2146	1584	1584	3168	1.48
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>2146</b>	<b>1584</b>	<b>1584</b>	<b>3168</b>	<b>1.48</b>

**Reference Numbers** 007 7001910 031  
 OAK PARK EYE CENTER, S.C.  
 7055-61 W. NORTH AVENUE  
 OAK PARK, IL 60302

Number of Operating Rooms 2  
 Procedure Rooms 1  
 Exam Rooms 8  
 Number of Recovery Stations Stage 1 6  
 Number of Recovery Stations Stage 2 4

**Administrator** James L. McCarthy, M.D.  
 Date Completed 3/23/2007

**Registered Agent** John Lawrence Kienlen  
 Property Owner  
 McCarthy Family Partnership  
**Legal Owner**

**Type of Ownership**  
 Corporation (RA required)

McCarthy Family Partnership

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Gottlieb Memorial Hospital	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	2.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>8.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	10
Wednesday	8
Thursday	11
Friday	8
Saturday	4
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	36	39	75
45-64	49	51	100
65-74	44	86	130
75+ Yea	59	118	177
<b>TOTAL</b>	<b>188</b>	<b>294</b>	<b>482</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	6	20	26
Medicare	92	178	270
Other Public	0	0	0
Insurance	80	82	162
Private Pay	10	14	24
Charity Care	0	0	0
<b>TOTAL</b>	<b>188</b>	<b>294</b>	<b>482</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	398	183.00	200.00	383.00	0.96
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	41	29.00	20.00	49.00	1.20
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>439</b>	<b>212.00</b>	<b>220.00</b>	<b>432.00</b>	<b>0.98</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	43	7	15	0.35
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>43</b>	<b>7</b>	<b>15</b>	<b>0.35</b>

Reference Numbers 007 7001548 043

OAK BROOK SURGICAL CENTRE, THE  
2425 W. 22ND STREET, STE. 101  
OAKBROOK, IL 60523

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	1
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

**Administrator** Kamran Salehi  
**Date** Completed 3/23/2007

**Registered Agent**

Dr. Kianoosh Jafari  
Property Owner  
LaSall Bank National As

**Type of Ownership**  
Corporation (RA required)

**Legal Owner**

Dr. K. Jafari, MD.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan Hospital, Downers Grove, IL Transfe	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	4.00
Other Hlth. Profs.	9.00
Other Non-Hlth. Profs	10.00
<b>TOTAL</b>	<b>32.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	12
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	23	22	45
15-44	231	1,447	1,678
45-64	243	721	964
65-74	52	136	188
75+ Yea	35	137	172
<b>TOTAL</b>	<b>584</b>	<b>2,463</b>	<b>3,047</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	106	110
Medicare	83	262	345
Other Public	264	1,104	1,368
Insurance	213	902	1,115
Private Pay	20	89	109
Charity Care	0	0	0
<b>TOTAL</b>	<b>584</b>	<b>2,463</b>	<b>3,047</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	27	19.00	18.00	37.00	1.37
Dermatology	240	212.00	212.00	424.00	1.77
Gastroenterology	128	119.00	120.00	239.00	1.87
General	1830	1,815.00	1,800.00	3615.00	1.98
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	73	38.00	38.00	76.00	1.04
OB/Gynecology	31	23.00	24.00	47.00	1.52
Ophthalmology	174	130.00	130.00	260.00	1.49
Oral/Maxillofacial	62	53.00	52.00	105.00	1.69
Orthopedic	159	172.00	170.00	342.00	2.15
Otolaryngology	4	7.00	6.00	13.00	3.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	253	296.00	300.00	596.00	2.36
Thoracic	2	2.00	2.00	4.00	2.00
Urology	64	64.00	64.00	128.00	2.00
<b>TOTAL</b>	<b>3047</b>	<b>2,950.00</b>	<b>2,936.00</b>	<b>5886.00</b>	<b>1.93</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002181 043

LOYOLA AMB. SURG. CTR. AT OAKBROOK

1 SO. 224 SUMMIT, SUITE 201

OAKBROOK TERRACE, IL 60181

**Administrator**

Geoffrey J. Abbott

Date

Completed

2/15/2007

Number of Operating Rooms

3

Procedure Rooms

0

Exam Rooms

4

Number of Recovery Stations Stage 1

6

Number of Recovery Stations Stage 2

3

**Registered Agent**

CT Corporation System

Property Owner

CNL Reti.Oakbrook,IL,LP

**Legal Owner**

**Type of Ownership**

Limited Partnership (RA required)

Loyola Ambulatory Surgery

Center at Oakbrook, L.P.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola University Medical Center	
Transfer agreements:	
Loyola University Medical Center	4
Gottlieb Memorial Hospital	0
Good Samaritan Hospital	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.00
Certified Aides	0.00
Other Hlth. Profs.	7.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>25.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	104	52	156
15-44	431	541	972
45-64	436	607	1,043
65-74	78	153	231
75+ Yea	49	96	145
<b>TOTAL</b>	<b>1,098</b>	<b>1,449</b>	<b>2,547</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	67	82	149
Medicare	128	267	395
Other Public	2	0	2
Insurance	887	1,067	1,954
Private Pay	14	33	47
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,098</b>	<b>1,449</b>	<b>2,547</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	153	191.25	127.50	318.75	2.08
Ophthalmology	2	3.00	1.75	4.75	2.38
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1071	1,606.50	803.25	2409.75	2.25
Otolaryngology	97	194.00	80.75	274.75	2.83
Pain Management	674	337.00	337.00	674.00	1.00
Plastic Surgery	101	252.50	84.25	336.75	3.33
Podiatry	403	604.50	335.75	940.25	2.33
Thoracic	0	0.00	0.00	0.00	0.00
Urology	46	46.00	38.25	84.25	1.83
<b>TOTAL</b>	<b>2547</b>	<b>3,234.75</b>	<b>1,808.50</b>	<b>5043.25</b>	<b>1.98</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002553 031

ORLAND PARK SURGICAL CENTER, LLC  
 9550 WEST 167TH STREET  
 ORLAND PARK, IL 60467

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	3
Number of Recovery Stations Stage 2	5

**Administrator** Erika Horstmann  
 Date Completed 3/19/2007

**Registered Agent**

Deborah Nelson  
 Property Owner  
 Midwest Physician Group

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Silver Cross Hospital  
 Scott Glaser MD  
 Phillip Kooiker MD  
 Parkview Musculoskel  
 Neeraj Jain MD  
 Midwest Physicians Group  
 Kevin O'Connor DPM  
 Jerry Chow MD  
 Henry Fuentes  
 Eligius Lelis MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Silver Cross Hospital	1
Olympia Filed Hospital	7
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	2.00
Reg. Nurses	13.00
Certified Aides	1.00
Other Hlth. Profs.	2.50
Other Non-Hlth. Profs	4.50
<b>TOTAL</b>	<b>24.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	71	53	124
15-44	679	579	1,258
45-64	905	1,205	2,110
65-74	216	412	628
75+ Yea	157	338	495
<b>TOTAL</b>	<b>2,028</b>	<b>2,587</b>	<b>4,615</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	26	57	83
Medicare	394	793	1,187
Other Public	0	0	0
Insurance	1,600	1,734	3,334
Private Pay	8	3	11
Charity Care	0	0	0
<b>TOTAL</b>	<b>2,028</b>	<b>2,587</b>	<b>4,615</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	78	32.00	26.00	58.00	0.74
Gastroenterology	719	360.00	240.00	600.00	0.83
General	79	105.00	40.00	145.00	1.84
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	63	84.00	31.50	115.50	1.83
Ophthalmology	242	121.00	121.00	242.00	1.00
Oral/Maxillofacial	19	19.00	9.50	28.50	1.50
Orthopedic	918	1,224.00	459.00	1683.00	1.83
Otolaryngology	76	101.00	38.00	139.00	1.83
Pain Management	2290	572.50	382.00	954.50	0.42
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	25	33.50	12.50	46.00	1.84
Thoracic	0	0.00	0.00	0.00	0.00
Urology	106	106.00	53.00	159.00	1.50
<b>TOTAL</b>	<b>4615</b>	<b>2,758.00</b>	<b>1,412.50</b>	<b>4170.50</b>	<b>0.90</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002470 031  
 PALOS SURGICENTER, LLC  
 7340 W. COLLEGE DRIVE  
 PALOS HEIGHTS, IL 60463

Number of Operating Rooms 4  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 4  
 Number of Recovery Stations Stage 2 11

**Administrator** Paul Skowron  
 Date Completed 3/23/2007

**Registered Agent** SR. MARGARET WRIGHT  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

ST. GEORGE CORP

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
PALOS COMMUNITY HOSPITAL	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	8.70
Certified Aides	5.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	8.00
<b>TOTAL</b>	<b>24.70</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	33	21	54
15-44	145	159	304
45-64	417	454	871
65-74	305	476	781
75+ Yea	469	1,015	1,484
<b>TOTAL</b>	<b>1,369</b>	<b>2,125</b>	<b>3,494</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	744	1,451	2,195
Other Public	0	0	0
Insurance	606	608	1,214
Private Pay	19	66	85
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,369</b>	<b>2,125</b>	<b>3,494</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	6	4.50	1.25	5.75	0.96
Laser Eye Surgery	34	2.25	3.50	5.75	0.17
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2077	519.25	415.25	934.50	0.45
Oral/Maxillofacial	16	12.00	3.25	15.25	0.95
Orthopedic	203	304.50	107.25	411.75	2.03
Otolaryngology	24	12.00	4.00	16.00	0.67
Pain Management	950	237.50	126.75	364.25	0.38
Plastic Surgery	157	157.00	31.25	188.25	1.20
Podiatry	23	23.00	4.75	27.75	1.21
Thoracic	0	0.00	0.00	0.00	0.00
Urology	4	2.00	0.75	2.75	0.69
<b>TOTAL</b>	<b>3494</b>	<b>1,274.00</b>	<b>698.00</b>	<b>1972.00</b>	<b>0.56</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002561 031  
 NOVAMED SURGERY CENTER OF RIVER FOREST  
 7427 WEST LAKE STREET  
 RIVER FOREST, IL 60305

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 1  
 Number of Recovery Stations Stage 2 0

**Administrator** Susan Guastella, RN  
 Date Completed 3/26/2007

**Registered Agent** CT Corporation  
 Property Owner Scott & Kent Kirk, M.D.  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Oak Park Hospital, Oak Park	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>6.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	0
Tuesday	0
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1	0	1
15-44	58	77	135
45-64	149	195	344
65-74	126	192	318
75+ Yea	284	538	822
<b>TOTAL</b>	<b>618</b>	<b>1,002</b>	<b>1,620</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	3	7	10
Medicare	386	667	1,053
Other Public	1	1	2
Insurance	111	146	257
Private Pay	117	181	298
Charity Care	0	0	0
<b>TOTAL</b>	<b>618</b>	<b>1,002</b>	<b>1,620</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	471	48.00	58.50	106.50	0.23
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1118	1,101.00	146.75	1247.75	1.12
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	31	10.00	5.50	15.50	0.50
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1620</b>	<b>1,159.00</b>	<b>210.75</b>	<b>1369.75</b>	<b>0.85</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7001043 031

INGALLS SAME DAY SURGERY

6701 W. 159TH STREET

TINLEY PARK, IL 60477

**Administrator**

Anne Cole

Date

Completed

3/23/2007

Number of Operating Rooms

4

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

12

Number of Recovery Stations Stage 2

4

**Registered Agent**

Dorothy Grzadzinski

Property Owner

Ingalls Health Ventures

**Legal Owner**

**Type of Ownership**

Limited Partnership (RA required)

Ingalls Health System

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Ingalls Memorial Hospital, Harvey, IL	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.00
Certified Aides	1.00
Other Hlth. Profs.	2.60
Other Non-Hlth. Profs	7.20
<b>TOTAL</b>	<b>23.80</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	75	63	138
15-44	630	674	1,304
45-64	683	839	1,522
65-74	253	288	541
75+ Yea	248	338	586
<b>TOTAL</b>	<b>1,889</b>	<b>2,202</b>	<b>4,091</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	386	551	937
Other Public	0	0	0
Insurance	1,475	1,504	2,979
Private Pay	25	145	170
Charity Care	3	2	5
<b>TOTAL</b>	<b>1,889</b>	<b>2,202</b>	<b>4,091</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	40	27.50	18.75	46.25	1.16
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	229	180.00	106.75	286.75	1.25
Ophthalmology	835	491.15	389.75	880.90	1.05
Oral/Maxillofacial	36	38.75	16.65	55.40	1.54
Orthopedic	627	590.15	501.50	1091.65	1.74
Otolaryngology	453	390.50	211.25	601.75	1.33
Pain Management	19	8.00	6.30	14.30	0.75
Plastic Surgery	251	407.15	117.15	524.30	2.09
Podiatry	427	464.00	199.30	663.30	1.55
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1174	795.75	391.50	1187.25	1.01
<b>TOTAL</b>	<b>4091</b>	<b>3,392.95</b>	<b>1,958.90</b>	<b>5351.85</b>	<b>1.31</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7002652 031

TINLEY WOODS SURGERY CENTER  
18200 S. LAGRANGE ROAD  
TINLEY PARK, IL 60477

Number of Operating Rooms	4
Procedure Rooms	1
Exam Rooms	6
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

**Administrator** Ronald Ladniak  
**Date** Completed 3/21/2007

**Registered Agent** Midwest Surgical Management  
**Property Owner** N/A

**Type of Ownership**  
Limited Liability Company (RA required)

**Legal Owner**

Advocate Southwest Ambulatory Surgery Center

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Hospital, Oak Lawn IL	0
Advocate South Suburban Hospital, Hazelcrest, IL	1
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	15.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	6.00
<b>TOTAL</b>	<b>26.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	312	242	554
15-44	453	742	1,195
45-64	776	989	1,765
65-74	271	344	615
75+ Yea	190	280	470
<b>TOTAL</b>	<b>2,002</b>	<b>2,597</b>	<b>4,599</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	402	562	964
Other Public	7	4	11
Insurance	1,582	1,978	3,560
Private Pay	11	53	64
Charity Care	0	0	0
<b>TOTAL</b>	<b>2,002</b>	<b>2,597</b>	<b>4,599</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	17	11.00	8.00	19.00	1.12
Dermatology	315	272.00	158.00	430.00	1.37
Gastroenterology	0	0.00	0.00	0.00	0.00
General	575	490.00	288.00	778.00	1.35
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	535	213.00	268.00	481.00	0.90
OB/Gynecology	26	14.00	12.00	26.00	1.00
Ophthalmology	894	591.00	448.00	1039.00	1.16
Oral/Maxillofacial	428	275.00	214.00	489.00	1.14
Orthopedic	468	433.00	234.00	667.00	1.43
Otolaryngology	213	125.00	106.00	231.00	1.08
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	148	192.00	74.00	266.00	1.80
Thoracic	5	5.00	2.00	7.00	1.40
Urology	37	5.00	18.00	23.00	0.62
<b>TOTAL</b>	<b>3661</b>	<b>2,626.00</b>	<b>1,830.00</b>	<b>4456.00</b>	<b>1.22</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	938	490	958	1.02
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>938</b>	<b>490</b>	<b>958</b>	<b>1.02</b>

Reference Numbers 007 7003064 043

DUPAGE ORTHOPAEDIC SURGERY CENTER

27650 FERRY ROAD SUITE 140

WARRENVILLE, IL 60555

**Administrator**

Barbara J. Kiel

Date

Completed

3/23/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

4

Number of Recovery Stations Stage 2

4

**Registered Agent**

Kara Friedman

Property Owner

Cornerstone Medical Development

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Central DuPage Hospital	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	28	15	43
15-44	299	184	483
45-64	202	280	482
65-74	51	73	124
75+ Yea	27	49	76
<b>TOTAL</b>	<b>607</b>	<b>601</b>	<b>1,208</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	4	5
Medicare	65	114	179
Other Public	0	0	0
Insurance	531	473	1,004
Private Pay	10	10	20
Charity Care	0	0	0
<b>TOTAL</b>	<b>607</b>	<b>601</b>	<b>1,208</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1122	1,880.00	261.50	2141.50	1.91
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	86	20.00	158.00	178.00	2.07
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1208</b>	<b>1,900.00</b>	<b>419.50</b>	<b>2319.50</b>	<b>1.92</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7001555 031

CHILDREN'S MEM. SPEC. PED.  
2301 ENTERPRISE DRIVE  
WESTCHESTER, IL 60154

Number of Operating Rooms	3
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	4
Number of Recovery Stations Stage 2	8

**Administrator** Tom Schubnell  
Date Completed 3/19/2007

**Registered Agent**

Donna Wetzler

Property Owner

N/A

**Legal Owner**

**Type of Ownership**

Other Not For Profit Ownership

Park West Realty

Children's Memorial Medical Center

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
LaGrange	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	14.10
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>19.10</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	4
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1,121	714	1,835
15-44	60	56	116
45-64	0	2	2
65-74	0	0	0
75+ Yea	0	0	0
<b>TOTAL</b>	<b>1,181</b>	<b>772</b>	<b>1,953</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	46	66	112
Medicare	1	2	3
Other Public	3	7	10
Insurance	1,124	693	1,817
Private Pay	6	2	8
Charity Care	1	2	3
<b>TOTAL</b>	<b>1,181</b>	<b>772</b>	<b>1,953</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	515	282.00	70.00	352.00	0.68
Gastroenterology	77	35.00	10.00	45.00	0.58
General	15	8.00	2.00	10.00	0.67
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	19	16.00	4.00	20.00	1.05
Oral/Maxillofacial	17	28.00	6.00	34.00	2.00
Orthopedic	5	3.00	2.00	5.00	1.00
Otolaryngology	711	468.00	94.00	562.00	0.79
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	195	242.00	48.00	290.00	1.49
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	399	641.00	128.00	769.00	1.93
<b>TOTAL</b>	<b>1953</b>	<b>1,723.00</b>	<b>364.00</b>	<b>2087.00</b>	<b>1.07</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 007 7002546 043  
 CHICAGO PROSTATE CANCER SURGERY CENTER  
 815 PASQUEINELLI DRIVE  
 WESTMONT, IL 60559

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 2  
 Number of Recovery Stations Stage 2 6

**Administrator** Jennifer Cichon  
 Date Completed 3/9/2007

**Registered Agent** Jennifer T. Cichon  
 Property Owner Quasar, LLC  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Hinsdale Hospital	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	2.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>9.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	2	0	2
45-64	165	0	165
65-74	247	0	247
75+ Yea	113	0	113
<b>TOTAL</b>	<b>527</b>	<b>0</b>	<b>527</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	304	0	304
Other Public	0	0	0
Insurance	217	0	217
Private Pay	6	0	6
Charity Care	0	0	0
<b>TOTAL</b>	<b>527</b>	<b>0</b>	<b>527</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	527	263.50	263.50	527.00	1.00
<b>TOTAL</b>	<b>527</b>	<b>263.50</b>	<b>263.50</b>	<b>527.00</b>	<b>1.00</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7002587 043

WESTMONT SURGERY CENTER  
530 NORTH CASS AVENUE  
WESTMONT, IL 60559-9952

Number of Operating Rooms	4
Procedure Rooms	0
Exam Rooms	6
Number of Recovery Stations Stage 1	8
Number of Recovery Stations Stage 2	8

**Administrator** Ronald Ladniak  
**Date** Completed 3/21/2007

**Registered Agent** Ronald Ladniak  
**Property Owner** GM Property  
**Legal Owner**

**Type of Ownership**  
Limited Liability Company (RA required)

Westmont Surgery Center dba Salt Creek Surgery Cen

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Hinsdale Hospital, Hinsdale IL	9
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	14.00
Certified Aides	1.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	5.00
<b>TOTAL</b>	<b>25.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	43	40	83
15-44	762	545	1,307
45-64	824	1,054	1,878
65-74	194	296	490
75+ Yea	139	312	451
<b>TOTAL</b>	<b>1,962</b>	<b>2,247</b>	<b>4,209</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	326	630	956
Other Public	1	0	1
Insurance	1,630	1,614	3,244
Private Pay	5	3	8
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,962</b>	<b>2,247</b>	<b>4,209</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	69	35.00	34.00	69.00	1.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	28	8.00	14.00	22.00	0.79
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	1620	607.00	810.00	1417.00	0.87
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2215	2,288.00	1,108.00	3396.00	1.53
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	277	261.00	138.00	399.00	1.44
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>4209</b>	<b>3,199.00</b>	<b>2,104.00</b>	<b>5303.00</b>	<b>1.26</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 007 7002140 043

ADVANTAGE HEALTH CARE, LTD.

203 E. IRVING PARK ROAD

WOOD DALE, IL 60191

**Administrator**

Lisa L. Shyne

Date

Completed

3/22/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

6

Number of Recovery Stations Stage 2

0

**Registered Agent**

Joe Horwitz

Property Owner

Arizona-Illinois, L.P.

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

AMUCARE HEALTH CENTER, LTD.

ACCLAIM HEALTH CENTER, LTD.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital, Arlington Heights	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Dir. of Nurses	0.50
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>13.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	4
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	8
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	1	1
15-44	0	376	376
45-64	0	471	471
65-74	0	5	5
75+ Yea	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>853</b>	<b>853</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	163	163
Private Pay	0	672	672
Charity Care	0	18	18
<b>TOTAL</b>	<b>0</b>	<b>853</b>	<b>853</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	853	853.00	853.00	1706.00	2.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>853</b>	<b>853.00</b>	<b>853.00</b>	<b>1706.00</b>	<b>2.00</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 008 7002611 089  
 CASTLE SURGICENTER, LLC  
 2111 OGDEN AVENUE  
 AURORA, IL 60504-7597

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 3  
 Number of Recovery Stations Stage 2 7

**Administrator** Donna Wilson  
 Date Completed 3/5/2007

**Registered Agent** Thomas R. Huberty M.D.  
 Property Owner TPSS  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

Thomas R. Huberty M.D.  
 Thomas J. McGivney M.D.  
 Suresh Velagapudi M.D.  
 Steven A. Marciniak M.D.  
 Scott M. O'Connor M.D.  
 Paul F. Witt M.D.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Rush-Copley Hospital	2
Provena Mercy Medical Center	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.50
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.50
<b>TOTAL</b>	<b>8.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	7	2	9
15-44	223	104	327
45-64	235	194	429
65-74	84	107	191
75+ Yea	85	150	235
<b>TOTAL</b>	<b>634</b>	<b>557</b>	<b>1,191</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	157	276	433
Other Public	0	0	0
Insurance	475	280	755
Private Pay	0	0	0
Charity Care	2	0	2
<b>TOTAL</b>	<b>634</b>	<b>557</b>	<b>1,191</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	562	740.00	219.00	959.00	1.71
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	597	304.00	111.00	415.00	0.70
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	32	41.00	13.00	54.00	1.69
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1191</b>	<b>1,085.00</b>	<b>343.00</b>	<b>1428.00</b>	<b>1.20</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 008 7001779 089  
 DREYER AMBULATORY SURGERY CENTER  
 1221 N. HIGHLAND AVENUE  
 AURORA, IL 60506

Number of Operating Rooms 4  
 Procedure Rooms 4  
 Exam Rooms 2  
 Number of Recovery Stations Stage 1 5  
 Number of Recovery Stations Stage 2 24

**Administrator** John Potter  
 Date Completed 3/20/2007

**Registered Agent**

Property Owner

**Type of Ownership**

Partnership (registered with county)

**Legal Owner**

Provena Medical Center  
 Dreyer Clinic, Inc.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Mercy Medical Center	0
Rush Copley Medical Center	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	24.60
Certified Aides	9.40
Other Hlth. Profs.	12.20
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>50.20</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	287	217	504
15-44	667	755	1,422
45-64	1,571	1,948	3,519
65-74	661	753	1,414
75+ Yea	600	776	1,376
<b>TOTAL</b>	<b>3,786</b>	<b>4,449</b>	<b>8,235</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	747	853	1,600
Other Public	0	0	0
Insurance	3,036	3,593	6,629
Private Pay	3	3	6
Charity Care	0	0	0
<b>TOTAL</b>	<b>3,786</b>	<b>4,449</b>	<b>8,235</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	42	21.00	10.50	31.50	0.75
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	663	569.50	165.75	735.25	1.11
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	114	74.50	28.50	103.00	0.90
Ophthalmology	802	332.50	80.50	413.00	0.51
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	432	321.25	108.00	429.25	0.99
Otolaryngology	715	289.50	178.50	468.00	0.65
Pain Management	929	142.00	232.25	374.25	0.40
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	128	79.00	31.75	110.75	0.87
Thoracic	0	0.00	0.00	0.00	0.00
Urology	183	133.50	45.75	179.25	0.98
<b>TOTAL</b>	<b>4008</b>	<b>1,962.75</b>	<b>881.50</b>	<b>2844.25</b>	<b>0.71</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	4	4227	1537	705	2242	0.53
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>4</b>	<b>4227</b>	<b>1537</b>	<b>705</b>	<b>2242</b>	<b>0.53</b>

**Reference Numbers** 008 7003015 089  
 ELGIN GASTROENTEROLOGY ENDOSCOPY CTR., LLC.  
 745 FLETCHER DRIVE, 2ND FLR.  
 ELGIN, IL 60123

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 8  
 Number of Recovery Stations Stage 2 0

**Administrator** JoAnn Demuth  
 Date Completed 3/23/2007

**Registered Agent** Lawrence R Kosinski  
 Property Owner Elgin Gastroenterology Investments  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Sherman Hospital Elgin, Illinois 60123-2125	3
Provena Saint Joseph Elgin, Illinois 60123-4912	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>19.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	8
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	103	115	218
45-64	542	546	1,088
65-74	250	244	494
75+ Yea	93	102	195
<b>TOTAL</b>	<b>988</b>	<b>1,007</b>	<b>1,995</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	291	302	593
Other Public	0	0	0
Insurance	673	685	1,358
Private Pay	22	19	41
Charity Care	2	1	3
<b>TOTAL</b>	<b>988</b>	<b>1,007</b>	<b>1,995</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1995	1,496.25	665.00	2161.25	1.08
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1995</b>	<b>1,496.25</b>	<b>665.00</b>	<b>2161.25</b>	<b>1.08</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 008 7002165 089  
 FOX VALLEY ORTHOPAEDIC ASSOCIATES  
 2525 KANEVILLE ROAD  
 GENEVA, IL 60134-2578

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 6  
 Number of Recovery Stations Stage 2 5

**Administrator** Mary O'Brien  
 Date Completed 3/21/2007

**Registered Agent**

Fox Valley Orthopaedic Associa  
 Property Owner Kaneville Road Joint Venture

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

Timothy S. Petsche, MD  
 Thomas A. Atkins, MD  
 Rodney W. Rieger, MD  
 Laura M. Lemke, MD  
 Kevan E. Ketterling, MD  
 Jeffrey W. Grosskopf, MD  
 Eric K. Bartel, MD  
 David R. Morawski, MD  
 Craig M. Torosian, MD  
 Craig A. Popp, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor-Community Hospital-Geneva, IL	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	21.00
Certified Aides	0.00
Other Hlth. Profs.	2.50
Other Non-Hlth. Profs	7.50
<b>TOTAL</b>	<b>32.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	39	32	71
15-44	461	348	809
45-64	556	636	1,192
65-74	104	144	248
75+ Yea	93	107	200
<b>TOTAL</b>	<b>1,253</b>	<b>1,267</b>	<b>2,520</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	98	165	263
Other Public	0	0	0
Insurance	1,125	1,075	2,200
Private Pay	29	25	54
Charity Care	1	1	2
<b>TOTAL</b>	<b>1,253</b>	<b>1,267</b>	<b>2,520</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1700	2,550.00	623.00	3173.00	1.87
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	820	273.00	136.00	409.00	0.50
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2520</b>	<b>2,823.00</b>	<b>759.00</b>	<b>3582.00</b>	<b>1.42</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 008 7002926 097

NORTH SHORE ENDOSCOPY CENTER

101 S. WAUKEGAN ROAD, STE 980

LAKE BLUFF, IL 60044-1687

**Administrator**

Dr. Kirch

Date

Completed

4/5/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

0

Number of Recovery Stations Stage 2

0

**Registered Agent**

Property Owner

Carriage Point Limited Partnership

**Legal Owner**

**Type of Ownership**

Limited Liability Partnership (RA required)

Robert Hadesman, MD

North Shore Suburban Associates, Inc.

North Shore Endoscopy Venture, LLC

John Matseshe, MD

Fred Rosenberg, MD

E.P. Kirch, MD

Cynthia Wait, MD

AMSURG HOLDINGS, INC.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Lake Forest Hospital	1
Condell HOSPital	2
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	8.00
Certified Aides	3.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>15.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	232	297	529
45-64	877	1,144	2,021
65-74	328	346	674
75+ Yea	164	227	391
<b>TOTAL</b>	<b>1,601</b>	<b>2,014</b>	<b>3,615</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	492	573	1,065
Other Public	0	0	0
Insurance	1,102	1,441	2,543
Private Pay	7	0	7
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,601</b>	<b>2,014</b>	<b>3,615</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	3615	1,807.50	1,807.50	3615.00	1.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3615</b>	<b>1,807.50</b>	<b>1,807.50</b>	<b>3615.00</b>	<b>1.00</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 008 7002579 111  
 ALGONQUIN ROAD SURGERY CENTER, LLC  
 2550 ALGONQUIN ROAD  
 LAKE IN THE HILLS, IL 60156

Number of Operating Rooms 3  
 Procedure Rooms 1  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 6  
 Number of Recovery Stations Stage 2 6

**Administrator** Dana McGrath  
 Date Completed 3/23/2007

**Registered Agent**  
 LEXIS DOCUMENT SERVICE  
 Property Owner  
 ARSC REAL ESTATE HOLDINGS, LLC  
**Legal Owner**

**Type of Ownership**  
 Limited Liability Company (RA required)

SHERMAN HOSPITAL  
 CENTEGRA HEALTH  
 ARSC PHYSICIAN HOLDINGS

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
MEMORIAL HOSPITAL/WOODSTOCK	1
GOOD SHEPHERD/BARRINGTON	2
NIMC/CRYSTAL LAKE	1
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.50
Certified Aides	0.00
Other Hlth. Profs.	2.30
Other Non-Hlth. Profs	4.80
<b>TOTAL</b>	<b>16.60</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	119	105	224
15-44	284	399	683
45-64	392	494	886
65-74	126	144	270
75+ Yea	50	79	129
<b>TOTAL</b>	<b>971</b>	<b>1,221</b>	<b>2,192</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	9	7	16
Medicare	154	215	369
Other Public	0	1	1
Insurance	801	961	1,762
Private Pay	7	37	44
Charity Care	0	0	0
<b>TOTAL</b>	<b>971</b>	<b>1,221</b>	<b>2,192</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	25	20.00	8.00	28.00	1.12
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	131	102.00	66.00	168.00	1.28
Ophthalmology	56	49.00	24.00	73.00	1.30
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	418	480.00	208.00	688.00	1.65
Otolaryngology	355	281.00	148.00	429.00	1.21
Pain Management	115	58.00	29.00	87.00	0.76
Plastic Surgery	64	133.00	32.00	165.00	2.58
Podiatry	207	242.00	86.00	328.00	1.58
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1371</b>	<b>1,365.00</b>	<b>601.00</b>	<b>1966.00</b>	<b>1.43</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	821	433.75	775.75	0.94
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>821</b>	<b>433.75</b>	<b>775.75</b>	<b>0.94</b>

**Reference Numbers** 008 7001795 097  
 HEALTHSOUTH SURG. CNTR OF HAWTHORNE  
 1900 HOLLISTER DRIVE, STE. 100  
 LIBERTYVILLE, IL 60048

Number of Operating Rooms 3  
 Procedure Rooms 1  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 8  
 Number of Recovery Stations Stage 2 4

**Administrator** Gary Rippberger, DPM  
 Date Completed 3/23/2007

**Registered Agent**

CT Corp  
 Property Owner  
 Hollister / LJ Sheridan

**Type of Ownership**

Limited Partnership (RA required)

**Legal Owner**

OrthoPod, LLC.  
 HealthSouth Corporation

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Condell Hospital Libertyville, IL. 60048	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	5.00
<b>TOTAL</b>	<b>18.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	27	18	45
15-44	401	314	715
45-64	485	513	998
65-74	49	64	113
75+ Yea	17	22	39
<b>TOTAL</b>	<b>979</b>	<b>931</b>	<b>1,910</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	57	98	155
Other Public	0	0	0
Insurance	913	823	1,736
Private Pay	9	10	19
Charity Care	0	0	0
<b>TOTAL</b>	<b>979</b>	<b>931</b>	<b>1,910</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	33	7.00	11.00	18.00	0.55
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	102	18.00	51.00	69.00	0.68
Ophthalmology	1	1.00	0.50	1.50	1.50
Oral/Maxillofacial	12	13.00	6.00	19.00	1.58
Orthopedic	1287	931.00	750.75	1681.75	1.31
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	101	27.50	42.00	69.50	0.69
Plastic Surgery	7	9.00	5.00	14.00	2.00
Podiatry	124	81.50	62.00	143.50	1.16
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1667</b>	<b>1,088.00</b>	<b>928.25</b>	<b>2016.25</b>	<b>1.21</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	243	75.5	197	0.81
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>243</b>	<b>75.5</b>	<b>197</b>	<b>0.81</b>

**Reference Numbers** 008 7003115 097  
 VISTA SURGERY CENTER  
 1050 RED OAK LANE  
 LINDENHURST, IL 60046

Number of Operating Rooms 3  
 Procedure Rooms 3  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 18  
 Number of Recovery Stations Stage 2 0

**Administrator** Jack Fahey  
 Date Completed 3/23/2007

**Registered Agent**  
 National Registered Agents, In  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Vista Medical Center East	0
Vista Medical Center West	0
Condell Medical Center	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	2.50
<b>TOTAL</b>	<b>13.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	17	9	26
15-44	186	281	467
45-64	242	357	599
65-74	143	218	361
75+ Yea	129	215	344
<b>TOTAL</b>	<b>717</b>	<b>1,080</b>	<b>1,797</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	58	152	210
Medicare	261	429	690
Other Public	2	0	2
Insurance	367	485	852
Private Pay	15	7	22
Charity Care	14	7	21
<b>TOTAL</b>	<b>717</b>	<b>1,080</b>	<b>1,797</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	40	17.00	23.25	40.25	1.01
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	74	60.50	43.00	103.50	1.40
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	10	4.20	5.80	10.00	1.00
OB/Gynecology	1	0.75	0.50	1.25	1.25
Ophthalmology	555	579.50	298.75	878.25	1.58
Oral/Maxillofacial	153	158.00	76.50	234.50	1.53
Orthopedic	143	220.50	83.00	303.50	2.12
Otolaryngology	4	1.75	2.00	3.75	0.94
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	12	13.50	6.25	19.75	1.65
Podiatry	166	155.00	109.50	264.50	1.59
Thoracic	1	1.00	0.50	1.50	1.50
Urology	17	40.00	8.50	48.50	2.85
<b>TOTAL</b>	<b>1176</b>	<b>1,251.70</b>	<b>657.55</b>	<b>1909.25</b>	<b>1.62</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	515	237.25	257.5	494.75	0.96
Laser Eye	1	55	4.5	9	13.5	0.25
Pain Management	1	51	22.5	29.5	52	1.02
<b>TOTALS</b>	<b>3</b>	<b>621</b>	<b>264.25</b>	<b>296</b>	<b>560.25</b>	<b>0.90</b>

**Reference Numbers** 008 7001217 089  
 VALLEY AMBULATORY SURGERY CENTER  
 2210 DEAN STREET  
 ST. CHARLES, IL 60175-1059

**Administrator**  
 Deborah Lee Crook

Date  
 Completed  
 2/23/2007

Number of Operating Rooms 6  
 Procedure Rooms 1  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 9  
 Number of Recovery Stations Stage 2 19

**Registered Agent**  
 CT Corporation System  
 Property Owner  
 Valley Medical Building Corp

**Legal Owner**

**Type of Ownership**  
 Limited Partnership (RA required)

VALLEY AMBULATORY SURGERY CENTER, LP.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor-Community Hospital, Geneva	2
Saint Joseph Hospital, Elgin	0
Rush Copley Hospital, Aurora	0
Sherman Hospital, Elgin	1
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	23.00
Certified Aides	0.00
Other Hlth. Profs.	6.60
Other Non-Hlth. Profs	18.50
<b>TOTAL</b>	<b>50.10</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	316	237	553
15-44	557	1,228	1,785
45-64	592	1,269	1,861
65-74	136	203	339
75+ Yea	83	172	255
<b>TOTAL</b>	<b>1,684</b>	<b>3,109</b>	<b>4,793</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	199	364	563
Other Public	0	0	0
Insurance	1,456	2,607	4,063
Private Pay	21	123	144
Charity Care	8	15	23
<b>TOTAL</b>	<b>1,684</b>	<b>3,109</b>	<b>4,793</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	35	35.00	5.00	40.00	1.14
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1018	1,018.00	142.00	1160.00	1.14
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	24	64.00	5.50	69.50	2.90
OB/Gynecology	934	934.00	130.00	1064.00	1.14
Ophthalmology	386	544.00	54.00	598.00	1.55
Oral/Maxillofacial	33	60.00	4.60	64.60	1.96
Orthopedic	181	244.00	25.50	269.50	1.49
Otolaryngology	690	690.00	96.50	786.50	1.14
Pain Management	119	119.00	11.50	130.50	1.10
Plastic Surgery	138	195.00	19.25	214.25	1.55
Podiatry	800	907.00	112.00	1019.00	1.27
Thoracic	0	0.00	0.00	0.00	0.00
Urology	223	283.00	31.00	314.00	1.41
<b>TOTAL</b>	<b>4581</b>	<b>5,093.00</b>	<b>636.85</b>	<b>5729.85</b>	<b>1.25</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	212	106	177	0.83
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>212</b>	<b>106</b>	<b>177</b>	<b>0.83</b>

**Reference Numbers** 009 7002876 091

CENTER FOR DIGESTIVE HEALTH  
1615 N. CONVENT ST., SUITE 2  
BOURBONNAIS, IL 60914

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	0
Number of Recovery Stations Stage 2	6

**Administrator** Christina O'Connor  
**Date** Completed 3/23/2007

**Registered Agent** Edward J. Jurkovic  
**Property Owner** Agita, LLC  
**Legal Owner**

**Type of Ownership**  
Limited Liability Company (RA required)

Thomas O'Connor  
Syed Bokhari  
Riverside Medical Center  
Provena St. Mary's Hospital  
Edward Jurkovic  
David Sutherland

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center	3
Provena St. Mary's	2
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>11.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	1	0	1
15-44	189	253	442
45-64	638	906	1,544
65-74	318	341	659
75+ Yea	204	258	462
<b>TOTAL</b>	<b>1,350</b>	<b>1,758</b>	<b>3,108</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	13	20	33
Medicare	474	673	1,147
Other Public	1	5	6
Insurance	845	1,047	1,892
Private Pay	10	3	13
Charity Care	7	10	17
<b>TOTAL</b>	<b>1,350</b>	<b>1,758</b>	<b>3,108</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	3108	3,885.00	1,554.00	5439.00	1.75
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3108</b>	<b>3,885.00</b>	<b>1,554.00</b>	<b>5439.00</b>	<b>1.75</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 009 7003049 091  
 RIVERSIDE AMBULATORY SURGERY CENTER, LLC  
 300 RIVERSIDE DRIVE STE 1100  
 BOURBONNAIS, IL 60914

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 2  
 Number of Recovery Stations Stage 2 4

**Administrator** Teresa Bockover  
 Date Completed 3/23/2007

**Registered Agent** Bell Boyd and Lloyd, LLC  
 Property Owner  
 Riverside Medical Center

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center	2
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.75
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>8.75</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	10	5	15	Medicaid	0	0	0
15-44	29	56	85	Medicare	181	252	433
45-64	68	96	164	Other Public	0	0	0
65-74	88	102	190	Insurance	110	154	264
75+ Yea	97	150	247	Private Pay	1	3	4
TOTAL	292	409	701	Charity Care	0	0	0
				TOTAL	292	409	701

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	144	122.00	50.50	172.50	1.20
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	15	11.00	5.25	16.25	1.08
Ophthalmology	258	160.00	90.50	250.50	0.97
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	15	9.25	5.25	14.50	0.97
Pain Management	63	27.00	22.00	49.00	0.78
Plastic Surgery	200	251.00	70.00	321.00	1.61
Podiatry	6	5.00	2.50	7.50	1.25
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	701	585.25	246.00	831.25	1.19

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers 009 7002702 091

OAK SURGICAL INSTITUTE  
403 SOUTH KENNEDY BLVD.  
BRADLEY, IL 60915

Number of Operating Rooms	2
Procedure Rooms	0
Exam Rooms	0
Number of Recovery Stations Stage 1	5
Number of Recovery Stations Stage 2	5

**Administrator** Jan Bower  
**Date Completed** 3/12/2007

**Registered Agent**

Rick Sevik  
Property Owner  
Riverside Med Center

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Valley Investments  
Oaksid Corporation

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center	3
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	8.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>16.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	0
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	25	19	44
15-44	370	258	628
45-64	308	353	661
65-74	225	203	428
75+ Yea	44	80	124
<b>TOTAL</b>	<b>972</b>	<b>913</b>	<b>1,885</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	36	39	75
Medicare	257	301	558
Other Public	4	1	5
Insurance	671	571	1,242
Private Pay	1	1	2
Charity Care	3	0	3
<b>TOTAL</b>	<b>972</b>	<b>913</b>	<b>1,885</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1059	1,945.50	635.50	2581.00	2.44
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	826	624.50	187.50	812.00	0.98
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1885</b>	<b>2,570.00</b>	<b>823.00</b>	<b>3393.00</b>	<b>1.80</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 009 7000987 197

HEALTHSOUTH AMSURG SURGERY CENTER

330 N. MADISON STREET

JOLIET, IL 60435

**Administrator**

Sue Sorg

Date

Completed

3/26/2007

Number of Operating Rooms

4

Procedure Rooms

1

Exam Rooms

2

Number of Recovery Stations Stage 1

6

Number of Recovery Stations Stage 2

10

**Registered Agent**

CT Corporation

Property Owner

Lliron Investment

**Legal Owner**

**Type of Ownership**

Limited Partnership (RA required)

Khursheed Mallick

B.K. Jhwar

David Morimoto

Dwight Woiteshek

Eligius Lelis

Ernesto Tan

George Schuster

Gregory Lewis

Hans DeBartolo

Henry Tyler

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Saint Joseph Medical Center	3
Silver Cross Hospital	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	14.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	5.00
<b>TOTAL</b>	<b>25.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	265	188	453
15-44	430	449	879
45-64	739	747	1,486
65-74	394	555	949
75+ Yea	403	723	1,126
<b>TOTAL</b>	<b>2,231</b>	<b>2,662</b>	<b>4,893</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	31	41	72
Medicare	779	1,283	2,062
Other Public	2	0	2
Insurance	1,400	1,322	2,722
Private Pay	18	15	33
Charity Care	1	1	2
<b>TOTAL</b>	<b>2,231</b>	<b>2,662</b>	<b>4,893</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	10	7.50	12.50	20.00	2.00
Dermatology	132	66.00	59.40	125.40	0.95
Gastroenterology	750	375.00	337.50	712.50	0.95
General	274	137.00	191.80	328.80	1.20
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	401	200.50	140.35	340.85	0.85
OB/Gynecology	10	7.50	7.50	15.00	1.50
Ophthalmology	1467	733.50	733.50	1467.00	1.00
Oral/Maxillofacial	400	200.00	300.00	500.00	1.25
Orthopedic	830	913.00	415.00	1328.00	1.60
Otolaryngology	152	76.00	76.00	152.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	130	97.50	58.50	156.00	1.20
Thoracic	8	6.00	3.60	9.60	1.20
Urology	32	24.00	16.00	40.00	1.25
<b>TOTAL</b>	<b>4596</b>	<b>2,843.50</b>	<b>2,351.65</b>	<b>5195.15</b>	<b>1.13</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	297	29.7	59.4	89.1	0.30
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>297</b>	<b>29.7</b>	<b>59.4</b>	<b>89.1</b>	<b>0.30</b>

**Reference Numbers** 009 7002751 197

SILVER CROSS HOSP. CARDIO. INSTITUT

1200 MAPLE AVENUE

JOLIET, IL 60432

**Administrator**

Marybeth Antone

Date

Completed

3/26/2007

Number of Operating Rooms

0

Procedure Rooms

1

Exam Rooms

0

Number of Recovery Stations Stage 1

8

Number of Recovery Stations Stage 2

0

**Registered Agent**

William Brownlow

Property Owner

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

Silver Cross Hospital

Mohammad Toor

Heartland Cardiovascular

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Silver Cross Hospital, Joliet, IL	6
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.50
Certified Aides	0.00
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>19.50</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	16	9	25
45-64	115	78	193
65-74	61	59	120
75+ Yea	57	55	112
<b>TOTAL</b>	<b>249</b>	<b>201</b>	<b>450</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	7	12
Medicare	117	119	236
Other Public	0	0	0
Insurance	127	74	201
Private Pay	0	1	1
Charity Care	0	0	0
<b>TOTAL</b>	<b>249</b>	<b>201</b>	<b>450</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	450	675.00	226.00	901.00	2.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>450</b>	<b>675.00</b>	<b>226.00</b>	<b>901.00</b>	<b>2.00</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	1	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 009 7003106 197

SURGERY CENTER OF JOLIET LLC  
 301 NORTH MADISON ST., SUITE 100  
 JOLIET, IL 60435

Number of Operating Rooms	3
Procedure Rooms	2
Exam Rooms	1
Number of Recovery Stations Stage 1	12
Number of Recovery Stations Stage 2	2

**Administrator** MARGARET SCHILLACI  
 Date Completed 3/26/2007

**Registered Agent**  
 Margaret Schillaci RN, MSN

Property Owner  
 Alter+Group

**Legal Owner**

**Type of Ownership**  
 Limited Partnership (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Provena St. Joseph Hospital	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>15.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	4	5	9
15-44	12	26	38
45-64	28	23	51
65-74	12	35	47
75+ Yea	17	42	59
<b>TOTAL</b>	<b>73</b>	<b>131</b>	<b>204</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	29	77	106
Other Public	0	0	0
Insurance	40	36	76
Private Pay	0	12	12
Charity Care	4	6	10
<b>TOTAL</b>	<b>73</b>	<b>131</b>	<b>204</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	8	10.00	4.00	14.00	1.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	1	1.00	0.50	1.50	1.50
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	3	6.50	2.04	8.54	2.85
Otolaryngology	23	24.00	11.50	35.50	1.54
Pain Management	19	4.00	9.50	13.50	0.71
Plastic Surgery	14	21.00	7.50	28.50	2.04
Podiatry	9	11.00	4.50	15.50	1.72
Thoracic	0	0.00	0.00	0.00	0.00
Urology	2	2.50	1.00	3.50	1.75
<b>TOTAL</b>	<b>79</b>	<b>80.00</b>	<b>40.54</b>	<b>120.54</b>	<b>1.53</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	125	61	61	0.49
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>2</b>	<b>125</b>	<b>61</b>	<b>61</b>	<b>0.49</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	9	4	13
15-44	188	176	364
45-64	235	262	497
65-74	120	223	343
75+ Yea	127	259	386
<b>TOTAL</b>	<b>679</b>	<b>924</b>	<b>1,603</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	12	16	28
Medicare	234	485	719
Other Public	4	5	9
Insurance	417	342	759
Private Pay	12	76	88
Charity Care	0	0	0
<b>TOTAL</b>	<b>679</b>	<b>924</b>	<b>1,603</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	128	157.00	42.66	199.66	1.56
Gastroenterology	0	0.00	0.00	0.00	0.00
General	22	16.50	7.32	23.82	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	290	68.00	145.00	213.00	0.73
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	776	185.00	181.00	366.00	0.47
Oral/Maxillofacial	15	6.00	4.00	10.00	0.67
Orthopedic	211	195.00	105.50	300.50	1.42
Otolaryngology	7	3.50	1.60	5.10	0.73
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	130	116.00	52.00	168.00	1.29
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1579</b>	<b>747.00</b>	<b>539.08</b>	<b>1286.08</b>	<b>0.81</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	24	14	19.6	0.82
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>24</b>	<b>14</b>	<b>19.6</b>	<b>0.82</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	21	9	30
15-44	219	165	384
45-64	175	216	391
65-74	30	41	71
75+ Yea	20	18	38
<b>TOTAL</b>	<b>465</b>	<b>449</b>	<b>914</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	8	20	28
Medicare	48	63	111
Other Public	1	1	2
Insurance	399	360	759
Private Pay	8	4	12
Charity Care	1	1	2
<b>TOTAL</b>	<b>465</b>	<b>449</b>	<b>914</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	792	802.00	200.50	1002.50	1.27
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	122	125.75	31.50	157.25	1.29
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>914</b>	<b>927.75</b>	<b>232.00</b>	<b>1159.75</b>	<b>1.27</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 009 7002538 093  
 KENDALL POINTE SURGERY CENTER, LLC  
 100 WEST FIFTH STREET  
 OSWEGO, IL 60543-8314

Number of Operating Rooms 3  
 Procedure Rooms 1  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 4  
 Number of Recovery Stations Stage 2 5

**Administrator** Angie Burns  
 Date Completed 3/20/2007

**Registered Agent** Carlos Rodriguez, M.D.  
 Property Owner

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

Kendall Pointe Surgery Center, LLC

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Mercy Medical Center	0
Edward Hospital	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	1.00
Other Hlth. Profs.	7.00
Other Non-Hlth. Profs	4.00
<b>TOTAL</b>	<b>17.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	7
Tuesday	7
Wednesday	7
Thursday	7
Friday	7
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	10	4	14
15-44	163	307	470
45-64	179	261	440
65-74	103	113	216
75+ Yea	70	140	210
<b>TOTAL</b>	<b>525</b>	<b>825</b>	<b>1,350</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	166	255	421
Other Public	0	0	0
Insurance	343	532	875
Private Pay	16	38	54
Charity Care	0	0	0
<b>TOTAL</b>	<b>525</b>	<b>825</b>	<b>1,350</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	6	2.00	1.00	3.00	0.50
Dermatology	137	71.00	36.50	107.50	0.78
Gastroenterology	0	0.00	0.00	0.00	0.00
General	196	90.00	52.00	142.00	0.72
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	184	57.00	49.00	106.00	0.58
OB/Gynecology	5	1.00	1.00	2.00	0.40
Ophthalmology	238	50.00	63.50	113.50	0.48
Oral/Maxillofacial	173	60.00	46.50	106.50	0.62
Orthopedic	47	17.00	12.50	29.50	0.63
Otolaryngology	7	4.00	1.00	5.00	0.71
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	60	48.00	16.00	64.00	1.07
Thoracic	4	1.00	1.00	2.00	0.50
Urology	4	1.00	1.00	2.00	0.50
<b>TOTAL</b>	<b>1061</b>	<b>402.00</b>	<b>281.00</b>	<b>683.00</b>	<b>0.64</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	289	97	174	0.60
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>289</b>	<b>97</b>	<b>174</b>	<b>0.60</b>

**Reference Numbers** 010 7002520 161

QUAD CITY AMB. SURGERY CENTER, LLC

520 VALLEY VIEW DR., #300

MOLINE, IL 61265

**Administrator**

Gloria Catlett, RN, BS

Date

Completed

3/16/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

4

Number of Recovery Stations Stage 2

4

**Registered Agent**

Peter J. Benson with Lane & Wa

Property Owner

MB Partnership

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

Trinity Medical Center

Thomas VonGillern, MD

Peter Alward, MD

Pamela Davis, MD

Michael Turner, MD

Michael Gerdes, MD

John Baker, MD

Edward Connolly, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Medical Center Rock Island, IL	1
Genesis Medical Center - Illini Campus Silvis, IL	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	14.05
Certified Aides	0.00
Other Hlth. Profs.	1.30
Other Non-Hlth. Profs	2.90
<b>TOTAL</b>	<b>20.25</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	32	24	56
15-44	287	280	567
45-64	588	737	1,325
65-74	166	298	464
75+ Yea	152	271	423
<b>TOTAL</b>	<b>1,225</b>	<b>1,610</b>	<b>2,835</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	49	105	154
Medicare	231	471	702
Other Public	0	0	0
Insurance	941	1,030	1,971
Private Pay	4	4	8
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,225</b>	<b>1,610</b>	<b>2,835</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	18	18.00	18.00	36.00	2.00
Orthopedic	1926	1,926.00	1,926.00	3852.00	2.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	891	222.75	445.50	668.25	0.75
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2835</b>	<b>2,166.75</b>	<b>2,389.50</b>	<b>4556.25</b>	<b>1.61</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 010 7001878 161

REGIONAL SURGICENTER, LTD.

545 VALLEY VIEW DRIVE

MOLINE, IL 61265-6138

**Administrator**

Kay Wynn, RN

Date

Completed

3/16/2007

Number of Operating Rooms

8

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

0

Number of Recovery Stations Stage 2

0

**Registered Agent**

Dr Rao and Vedavathi Movva

Property Owner

Rao V. Movva, M.D.

**Type of Ownership**

Corporation (RA required)

**Legal Owner**

Vedavathi Movva

Rao V Movva MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Medical Center	31
Genesis Illini Campus	5
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	8.00
Certified Aides	2.00
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>20.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	76	63	139
15-44	694	1,115	1,809
45-64	2,755	3,253	6,008
65-74	1,145	1,302	2,447
75+ Yea	821	1,140	1,961
<b>TOTAL</b>	<b>5,491</b>	<b>6,873</b>	<b>12,364</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	149	398	547
Medicare	1,278	1,763	3,041
Other Public	8	17	25
Insurance	3,715	4,301	8,016
Private Pay	331	389	720
Charity Care	10	5	15
<b>TOTAL</b>	<b>5,491</b>	<b>6,873</b>	<b>12,364</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	12364	6,182.00	9,273.00	15455.00	1.25
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>12364</b>	<b>6,182.00</b>	<b>9,273.00</b>	<b>15455.00</b>	<b>1.25</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 010 7001233 161  
 QUAD CITY ENDOSCOPY, L.L.C.  
 2525 24TH STREET, SUITE 104  
 ROCK ISLAND, IL 61201-5395

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 2  
 Number of Recovery Stations Stage 2 0

**Administrator** Sreenivas Chintalapani  
 Date Completed 3/5/2007

**Registered Agent** Sreenivas Chintalapani  
 Property Owner Golden Hill Enterprises

**Type of Ownership**  
 Limited Liability Company (RA required)

**Legal Owner**

Sreenivas Chintalapani  
 Bavikatte Shivakumar  
 Ahmad Bayrakdar

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity West Campus Rock Island, IL	1
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>7.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	129	149	278
45-64	621	601	1,222
65-74	327	385	712
75+ Yea	267	349	616
<b>TOTAL</b>	<b>1,344</b>	<b>1,484</b>	<b>2,828</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	535	702	1,237
Other Public	0	0	0
Insurance	807	779	1,586
Private Pay	2	3	5
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,344</b>	<b>1,484</b>	<b>2,828</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2828	583.50	1,414.00	1997.50	0.71
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2828</b>	<b>583.50</b>	<b>1,414.00</b>	<b>1997.50</b>	<b>0.71</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 011 7002223 119

ST. ANTHONY'S HEALTH CENTER

4325 ALBY STREET

ALTON, IL 62002-0340

**Administrator**

Mark F. Weber

Date

Completed

3/5/2007

Number of Operating Rooms

2

Procedure Rooms

0

Exam Rooms

0

Number of Recovery Stations Stage 1

2

Number of Recovery Stations Stage 2

0

**Registered Agent**

n/a

Property Owner

Saint Anthony's Health Center

**Legal Owner**

**Type of Ownership**

Church Related Not For Profit

Saint Anthony's Health Center d/b/a Surgery Center

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Saint Anthony's Health Center	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	0.00
<b>TOTAL</b>	<b>6.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	0
Tuesday	6
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	0	0	0
45-64	1	2	3
65-74	1	1	2
75+ Yea	2	2	4
<b>TOTAL</b>	<b>4</b>	<b>5</b>	<b>9</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	2	3	5
Other Public	0	0	0
Insurance	2	2	4
Private Pay	0	0	0
Charity Care	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>5</b>	<b>9</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	9	5.00	5.00	10.00	1.11
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>9</b>	<b>5.00</b>	<b>5.00</b>	<b>10.00</b>	<b>1.11</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 011 7001811 163  
 BEL-CLAIR AMB. SURGICAL CTR. TREATMENT CENTER  
 325 WEST LINCOLN  
 BELLEVILLE, IL 62220-1921

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 1  
 Number of Recovery Stations Stage 1 2  
 Number of Recovery Stations Stage 2 6

**Administrator** Date  
 DAVID R. HORACE Completed  
 3/19/2007

**Registered Agent**  
 DAVID HORACE  
 Property Owner  
 325 W. LINCOLN BLDG

**Type of Ownership**  
 Corporation (RA required)

**Legal Owner**

BEL-CLAIR AMBULATORY SURGICAL TREATMEN

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
ST. ELIZABETH'S HOSPITAL, BELLEVILLE, IL.	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>7.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	109	164	273
45-64	476	612	1,088
65-74	190	270	460
75+ Yea	132	190	322
<b>TOTAL</b>	<b>907</b>	<b>1,236</b>	<b>2,143</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	245	363	608
Other Public	0	0	0
Insurance	656	855	1,511
Private Pay	5	17	22
Charity Care	1	1	2
<b>TOTAL</b>	<b>907</b>	<b>1,236</b>	<b>2,143</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2039	501.50	611.50	1113.00	0.55
General	19	7.00	6.50	13.50	0.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1	0.25	0.50	0.75	0.75
Plastic Surgery	84	30.00	30.00	60.00	0.71
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2143</b>	<b>538.75</b>	<b>648.50</b>	<b>1187.25</b>	<b>0.55</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	14	15	29
15-44	29	64	93
45-64	47	150	197
65-74	59	106	165
75+ Yea	100	149	249
<b>TOTAL</b>	<b>249</b>	<b>484</b>	<b>733</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	5	20	25
Medicare	147	240	387
Other Public	0	0	0
Insurance	96	206	302
Private Pay	1	18	19
Charity Care	0	0	0
<b>TOTAL</b>	<b>249</b>	<b>484</b>	<b>733</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	2	1.00	0.75	1.75	0.88
Dermatology	59	38.00	12.00	50.00	0.85
Gastroenterology	0	0.00	0.00	0.00	0.00
General	2	1.00	1.50	2.50	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	11	3.00	3.51	6.51	0.59
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	446	232.00	104.29	336.29	0.75
Oral/Maxillofacial	34	23.00	6.81	29.81	0.88
Orthopedic	23	12.00	11.99	23.99	1.04
Otolaryngology	1	1.00	0.75	1.75	1.75
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	155	83.00	51.15	134.15	0.87
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>733</b>	<b>394.00</b>	<b>192.75</b>	<b>586.75</b>	<b>0.80</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 011 7001316 163  
 ILLINOIS EYE SURGEONS CATARACT SUR  
 3990 N. ILLINOIS STREET  
 BELLEVILLE, IL 62226-1962

Number of Operating Rooms 2  
 Procedure Rooms 0  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 3  
 Number of Recovery Stations Stage 2 0

**Administrator** Nancy Mueth, R.N.  
 Date Completed 3/23/2007

**Registered Agent**

N/A

Property Owner T&H Properties

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

TERENCE KLINGELE MD  
 HOMER FERGUSON MD  
 BART JONES, MD

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St Elizabeth's Hospital, Belleville IL	0
Memorial Hospital, Belleville IL	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
<b>TOTAL</b>	<b>12.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	6
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are base on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	55	66	121
45-64	280	306	586
65-74	329	542	871
75+ Yea	625	943	1,568
<b>TOTAL</b>	<b>1,289</b>	<b>1,857</b>	<b>3,146</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	27	37
Medicare	878	1,329	2,207
Other Public	2	2	4
Insurance	280	318	598
Private Pay	119	181	300
Charity Care	0	0	0
<b>TOTAL</b>	<b>1,289</b>	<b>1,857</b>	<b>3,146</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	742	313.00	73.00	386.00	0.52
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2404	971.00	600.00	1571.00	0.65
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3146</b>	<b>1,284.00</b>	<b>673.00</b>	<b>1957.00</b>	<b>0.62</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

Reference Numbers 011 7001605 163

PHYSICIAN'S SURGICAL CENTER, LTD

311 W. LINCOLN, SUITE 300

BELLEVILLE, IL 62220

**Administrator**

Linda R. Soteropoulos

Date

Completed

4/2/2007

Number of Operating Rooms

1

Procedure Rooms

1

Exam Rooms

0

Number of Recovery Stations Stage 1

2

Number of Recovery Stations Stage 2

0

**Registered Agent**

William Gueck, M.D.

Property Owner

St. Elizabeth's Hospital

**Legal Owner**

**Type of Ownership**

Corporation (RA required)

Kosit Prieb, M.D.

Christopher Dugan, DPM

David Kee, DPM

David Kinscherff, DPM

Eric Whittenburg, DPM

Gregory George, M.D.

Jeffrey Boberg, DPM

Carl Lee, M.D.

Kim Reichert, DPM

William Gueck, M.D.

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Elizabeth's Hospital, Belleville	0
	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	2.00
<b>TOTAL</b>	<b>11.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	77	55	132
15-44	157	233	390
45-64	321	479	800
65-74	92	160	252
75+ Yea	81	117	198
<b>TOTAL</b>	<b>728</b>	<b>1,044</b>	<b>1,772</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	3	14	17
Medicare	175	250	425
Other Public	6	9	15
Insurance	542	768	1,310
Private Pay	2	3	5
Charity Care	0	0	0
<b>TOTAL</b>	<b>728</b>	<b>1,044</b>	<b>1,772</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	230	172.50	115.00	287.50	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1	0.75	0.50	1.25	1.25
Otolaryngology	243	252.75	121.50	374.25	1.54
Pain Management	224	56.00	37.50	93.50	0.42
Plastic Surgery	1	0.50	0.50	1.00	1.00
Podiatry	544	680.00	218.00	898.00	1.65
Thoracic	0	0.00	0.00	0.00	0.00
Urology	28	21.00	14.00	35.00	1.25
<b>TOTAL</b>	<b>1271</b>	<b>1,183.50</b>	<b>507.00</b>	<b>1690.50</b>	<b>1.33</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	501	375.75	626.25	1.25
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>501</b>	<b>375.75</b>	<b>626.25</b>	<b>1.25</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	6	2	8
15-44	181	173	354
45-64	325	374	699
65-74	89	175	264
75+ Yea	97	216	313
<b>TOTAL</b>	<b>698</b>	<b>940</b>	<b>1,638</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	19	60	79
Medicare	156	314	470
Other Public	0	0	0
Insurance	516	543	1,059
Private Pay	7	23	30
Charity Care	0	0	0
<b>TOTAL</b>	<b>698</b>	<b>940</b>	<b>1,638</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	297	148.50	121.00	269.50	0.91
General	2	2.00	1.00	3.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	2	1.50	0.50	2.00	1.00
Ophthalmology	163	163.00	81.50	244.50	1.50
Oral/Maxillofacial	2	2.00	1.00	3.00	1.50
Orthopedic	493	369.75	246.50	616.25	1.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	387	193.50	124.00	317.50	0.82
Plastic Surgery	191	143.25	95.50	238.75	1.25
Podiatry	8	6.00	4.00	10.00	1.25
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1545</b>	<b>1,029.50</b>	<b>675.00</b>	<b>1704.50</b>	<b>1.10</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	93	7.75	24.25	0.26
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>93</b>	<b>7.75</b>	<b>24.25</b>	<b>0.26</b>



**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	23	23
15-44	0	5,833	5,833
45-64	0	16	16
65-74	0	0	0
75+ Yea	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>5,872</b>	<b>5,872</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	0	0
Private Pay	0	5,872	5,872
Charity Care	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>5,872</b>	<b>5,872</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	5872	1,468.00	2,936.00	4404.00	0.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>5872</b>	<b>1,468.00</b>	<b>2,936.00</b>	<b>4404.00</b>	<b>0.75</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers**      011      7002868      119

HIGHLAND AMBULATORY SURGICAL CENTER

1212 BROADWAY, SUITE C

HIGHLAND, IL 62249

**Administrator**

Keith R. Thomae

Date

Completed

3/14/2007

Number of Operating Rooms

1

Procedure Rooms

0

Exam Rooms

1

Number of Recovery Stations Stage 1

4

Number of Recovery Stations Stage 2

0

**Registered Agent**

Keith R. Thomae

Property Owner

Downtown Medical

**Legal Owner**

**Type of Ownership**

Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
St. Joseph's Hospital, Highland, IL	0
	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.00
<b>TOTAL</b>	<b>6.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	0
Tuesday	8
Wednesday	8
Thursday	4
Friday	0
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development

Illinois Department of Public Health

525 West Jefferson

Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	18	32	50
45-64	30	52	82
65-74	5	20	25
75+ Yea	18	19	37
<b>TOTAL</b>	<b>71</b>	<b>123</b>	<b>194</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	2	1	3
Medicare	24	42	66
Other Public	0	0	0
Insurance	43	79	122
Private Pay	2	1	3
Charity Care	0	0	0
<b>TOTAL</b>	<b>71</b>	<b>123</b>	<b>194</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	194	132.25	84.75	217.00	1.12
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>194</b>	<b>132.25</b>	<b>84.75</b>	<b>217.00</b>	<b>1.12</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

**Reference Numbers** 011 7002132 119  
 NOVAMED EYE SURGERY CTR OF MARYVILLE  
 #12 MARYVILLE PROFESSIONAL CTR  
 MARYVILLE, IL 62062

Number of Operating Rooms 1  
 Procedure Rooms 1  
 Exam Rooms 0  
 Number of Recovery Stations Stage 1 1  
 Number of Recovery Stations Stage 2 1

**Administrator** Sarah Davis  
 Date Completed 3/23/2007

**Registered Agent**

John W. Lawrence Jr.  
 Property Owner  
 S & D Limited Partnership

**Type of Ownership**

Limited Liability Company (RA required)

**Legal Owner**

NovaMed Eye Surgery Center of Maryville

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
Oliver Anderson Hospital, Maryville IL	0
Gateway Regional Hospital, Granite City IL	0
	0
	0
	0

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Dir. of Nurses	0.00
Reg. Nurses	3.50
Certified Aides	0.00
Other Hlth. Profs.	1.70
Other Non-Hlth. Profs	1.80
<b>TOTAL</b>	<b>8.00</b>

**DAYS AND HOURS OF OPERATION**

Monday	8
Tuesday	10
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

Note: Percentages when added may not total 100% because of rounding

Note: Summary data are based on figures supplied by individual ASTC's

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	10	7	17
45-64	136	146	282
65-74	174	337	511
75+ Yea	329	711	1,040
<b>TOTAL</b>	<b>649</b>	<b>1,201</b>	<b>1,850</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	18	33	51
Medicare	381	839	1,220
Other Public	57	129	186
Insurance	182	190	372
Private Pay	10	9	19
Charity Care	1	1	2
<b>TOTAL</b>	<b>649</b>	<b>1,201</b>	<b>1,850</b>

**SURGICAL UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1449	362.25	265.65	627.90	0.43
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	3	2.25	1.00	3.25	1.08
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1452</b>	<b>364.50</b>	<b>266.65</b>	<b>631.15</b>	<b>0.43</b>

**PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR**

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	398	33.16	59.68	0.15
Pain Management	0	0	0	0	0.00
<b>TOTALS</b>	<b>1</b>	<b>398</b>	<b>33.16</b>	<b>59.68</b>	<b>0.15</b>