

St. Mary's Good Samaritan

Incorporated

Cosponsored by Felician Services, Inc.
and SSM Health Care

November 11, 2009

RECEIVED

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**



Mr. Mike Cosentino
Director of Project review
Illinois Health Facilities Planning Board
525 W. Jefferson Street - 2nd Floor
Springfield, IL 62702

Subject: Alteration to Project #08-051, Level II Nursery Status

Project: Good Samaritan Regional Health Center Replacement Hospital

Dear Mr. Cosentino:

On behalf of Good Samaritan Regional Health Center, I am requesting an alteration to the permit for project #08-051 in accordance with section 1130.750 of the Administrative Code. This alteration will not have an impact on the number of beds, the square feet, or the cost of our project.

During the planning process for our replacement hospital, Good Samaritan was operating with a Level I nursery. However, in the fourth quarter of 2008, two area hospitals discontinued providing obstetric services (Fairfield Memorial and Washington County Hospital). Since this time, Good Samaritan has experienced an increase in obstetrical volume due to the change in the market.

On October 8, 2009, representatives of Good Samaritan Regional Health Center attended the Illinois Department of Public Health Perinatal Advisory Committee. At this meeting, we proposed to convert Good Samaritan's current nursery to a Level II status in order to better meet the needs of our patients. The Level II status will provide Good Samaritan with the official qualifications to provide necessary care to infants who require a Level II nursery due to illness or pre-maturity.

IDPH has recently made a site visit to our facility. It is our hope that the official letter from the Perinatal Advisory Committee approving our recommendation will be received within the next few months. We want to inform the Planning Board of our intentions to offer this program in our new facility when it is completed.

We appreciate your time and consideration of this alteration request. As noted above, it will not have an impact on the bed count, size, or cost of our replacement hospital project. Enclosed is the required processing fee of \$1,000 for the alteration to our permit. If you require any further information about this request, please contact me at 618-241-2201.

Sincerely,

A handwritten signature in black ink that reads "Michael Warren".

Michael Warren, FACHE
President
Good Samaritan Regional Health Center

605 North 12th Street
Mt. Vernon, IL 62864
618.242.4600

www.smsgsi.com

ILLINOIS HEALTH FACILITIES PLANNING
 BOARD
 525 W. JEFFERSON ST- 2ND FLOOR
 SPRINGFIELD IL 62702

REORDER 805 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000
 ST. MARY'S GOOD SAMARITAN, INC.
 400 NORTH PLEASANT
 CENTRALIA, IL 62801
 (618)436-8000

Vendor No: 134013

Check Date: 11/04/2009

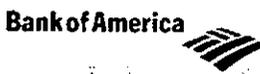
Check No: 0460105159

Invoice Number	Invoice Date	Account#	Hosp CD	Reference Doc	Amount	Discount	Net Amount
PROJECT # 08-051	10/20/2009		GSRHC	1900117770	1,000.00	0.00	1,000.00
	Check Total						1,000.00

*** Pursuant to the 2005 Deficit Reduction Act, we are informing vendors and contractors about Federal and State False Claims Acts and the related SSM Health Care policies. Please visit www.ssmhc.com and type False Claims Act into the search field for more information. ***

DETACH FROM CHECK AND KEEP FOR YOUR RECORDS

THIS CHECK IS VOID WITHOUT A PURPLE & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

 St. Mary's Hospital Centralia Medical Services Building Association Centralia, IL	 Bank of America Tax ID 43-0653587	64-1278/611 Good Samaritan Regional Health Center St. Mary's Good Samaritan Physicians Mt. Vernon, IL	<table border="1"> <tr> <th>DATE</th> <th>CHECK NO</th> </tr> <tr> <td>11/04/2009</td> <td>0460105159</td> </tr> </table>	DATE	CHECK NO	11/04/2009	0460105159
DATE	CHECK NO						
11/04/2009	0460105159						

AMOUNT
*****1,000.00*

VOID AFTER 90 DAYS

Pay ONE THOUSAND

Pay to the order of
 ILLINOIS HEALTH FACILITIES PLANNING BOARD
 525 W. JEFFERSON ST- 2ND FLOOR
 SPRINGFIELD IL 62702

08-051 Good Samaritan Reg. Health Center

St. Mary Jean Ryan, fpm
 AUTHORIZED SIGNATURE

SIGNATURE AREA CONTAINS A KNIGHT & FINGERPRINT CHECK WORDING
 U.S. PATENTS 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

⑈0460105159⑈ ⑆061112788⑆ 003359802520⑈