



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX:(217)785-4111

August 29, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael Warren, FACHE
Good Samaritan Regional Health Center
605 North 12th Street
Mt. Vernon, Illinois 62864

ALTERATION TO PERMIT
Illinois Health Facilities Planning Act
PROJECT: #08-051
APPLICANT: Good Samaritan Regional Health Center

Dear Mr. Warren:

We have received your request for the alteration to permit #08-051. A fee of **\$1,248.95** is being assessed for this alteration request. This fee must be received before we can submit your alteration request for approval.

Section 1130.750 of Part 1130 indicates that if an applicant *submits a request for an alteration shall be assessed an application processing fee of \$1,000 or .02% of the dollar amount in excess of the approved permit amount, whichever is greater, and is subject to the requirements of Section 1130.230.*

If you should have any questions, please contact Mike Constantino or George Roate at our office at (217) 782-3516 (TDD # 800-547-0466 for hearing impaired only).

Sincerely,

A handwritten signature in cursive script that reads "Courtney R. Avery".

Courtney Avery
Illinois Health Facilities and Services Review Board

cc: Dale Galassie,