

Original 10-088

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 28 2010

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Hispanic American Endoscopy Center
Street Address: 3536 West Fullerton Avenue
City and Zip Code: Chicago, Illinois 60647
County: Cook Health Service Area 006 Health Planning Area:

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Hispanic American Endoscopy Center, L.L.C.
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Name of Registered Agent: Brian Morrow
Name of Chief Executive Officer: Ramon Garcia, M.D.
CEO Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Telephone Number: 773-772-1212

Type of Ownership of Applicant/Co-Applicant

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

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: 312-873-2939

Additional Contact

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

Name: Ramon Garcia, M.D.
Title: Medical Director
Company Name: Hispanic American Endoscopy Center
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Telephone Number: 773-772-1212
E-mail Address: N/A
Fax Number: 773-772-8666

**Post Permit Contact**

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

Name: Ramon Garcia, M.D.
Title: Medical Director
Company Name: Hispanic American Endoscopy Center
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Telephone Number: 773-772-1212
E-mail Address: N/A
Fax Number: 773-772-8666

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Garcia Properties
Address of Site Owner: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Street Address or Legal Description of Site: 3536 West Fullerton Avenue, Chicago, Illinois 60647 Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Operating Identity/Licensee**

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

Exact Legal Name: Hispanic American Endoscopy Center
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

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

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

**Flood Plain Requirements NOT APPLICABLE**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements NOT APPLICABLE**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

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

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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## 2. Narrative Description

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

The Applicant proposes to add urology surgical procedures to its current limited specialty ambulatory surgical treatment center ("ASTC") located at 3536 West Fullerton Avenue, Chicago, Illinois 60647. The ASTC includes one procedure room and two Stage 1 and two Stage 2 recovery stations, which are housed 3,445 gross square feet of clinical space. No construction or other alterations to the ASTC will be required in order to facilitate the provision of this second category of surgeries. The ASTC will procure a small amount of additional medical equipment to accommodate the requirements of these procedures.

Procedures proposed to be performed at the ASTC include gastroenterology, previously approved by the Health Facilities Planning Board under Project Permit No. 04-026, and urology procedures.

The project constitutes a substantive, category B project because it involves to addition of a new category of service.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$15,000	\$0	\$15,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$15,000</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$15,000	\$0	\$15,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$15,000</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			



**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area,	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization - NOT APPLICABLE**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>	<b>to:</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
<b>TOTALS:</b>					



**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Hispanic American Endoscopy Center, LLC \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

\_\_\_\_\_  
SIGNATURE

Ramon Garcia, M.D.  
\_\_\_\_\_  
PRINTED NAME

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

Notarization:  
Subscribed and sworn to before me  
this 23<sup>rd</sup> day of December

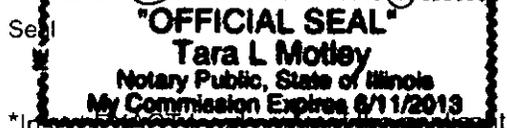
\_\_\_\_\_  
SIGNATURE

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

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

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

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



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

Seal

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

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

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**H. Non-Hospital Based Ambulatory Surgery**

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

**1. Criterion 1110.1540(a), Scope of Services Provided**

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Podiatry
<input checked="" type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input type="checkbox"/> General/Other	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Urology

**Note: GI services are already approved and operational.**

b. Indicate if the project will result in a  limited or  a multi-specialty ASTC.

**2. Criterion 1110.1540(b), Target Population**

Read the criterion and provide the following:

- On a map (8 ½" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

**3. Criterion 1110.1540(c), Projected Patient Volume**

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

**4. Criterion 1110.1540(d), Treatment Room Need Assessment**

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

**5. Criterion 1110.1540(e), Impact on Other Facilities**

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

**6. Criterion 1110.1540(f), Establishment of New Facilities**

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
- a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
  - b. The hospital's surgical utilization data for the latest 12 months, and
  - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
  - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

**7. Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

**8. Criterion 1110.1540(h), Change in Scope of Service**

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

**APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$15,000	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$15,000	<b>TOTAL FUNDS AVAILABLE</b>	

**APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

**2. Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 43.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS **ATTACHMENT-43**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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

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

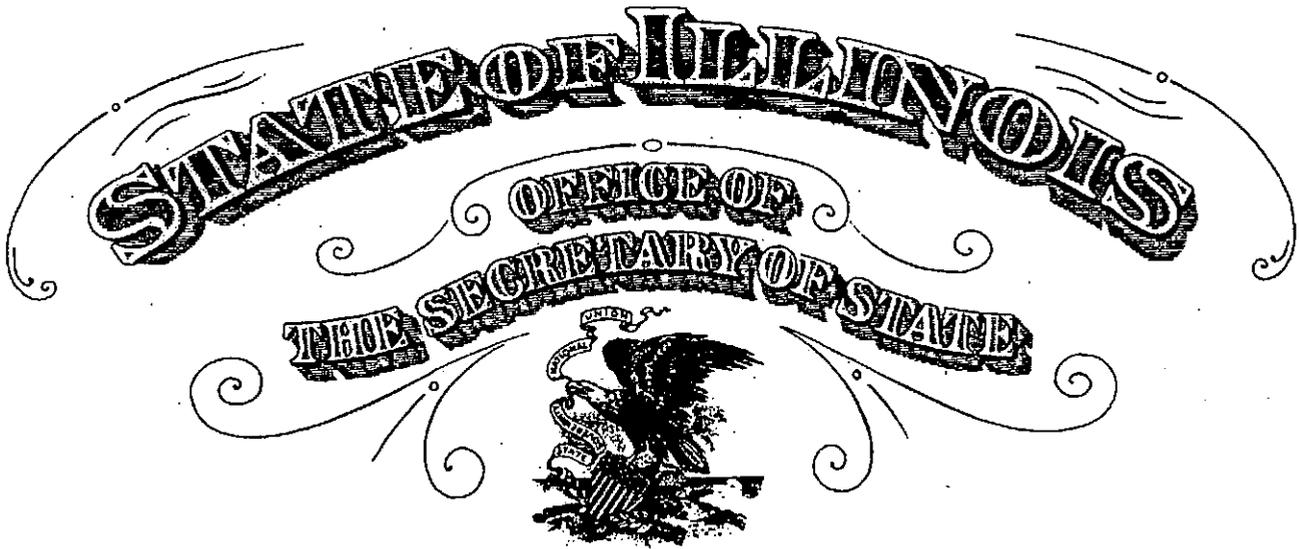
A table in the following format must be provided for all facilities as part of Attachment 44.

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

APPEND DOCUMENTATION AS **ATTACHMENT-44**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Section I, Identification, General Information, and Certification**  
**Applicants**

The Illinois Certificate of Good Standing for Hispanic-American Endoscopy Center, L.L.C. is attached at Attachment – 1.



**To all to whom these Presents Shall Come, Greeting:**  
*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

HISPANIC AMERICAN ENDOSCOPY CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 26, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH*  
*day of OCTOBER A.D. 2010*

*Jesse White*

SECRETARY OF STATE

Authentication #: 1028701499

Authenticate at: <http://www.cyberdriveillinois.com>

**Section I, Identification, General Information, and Certification**  
**Site Ownership**

A copy of the lease between Hispanic-American Endoscopy Center, L.L.C. and Garcia Properties, Inc. is attached at Attachment – 2.

**COMMERCIAL LEASE AGREEMENT**

**THIS LEASE (this "Lease") dated this 22nd day of March, 2010**

**BETWEEN:**

**GARCIA PROPERTIES INC of 3536 W Fullerton Avenue, Chicago, IL  
60647**

Telephone: 773-772-1212 Fax: \_\_\_\_\_  
(the "Landlord")

**OF THE FIRST PART**

**- AND -**

**Hispanic American Endoscopy Center of 3536 West Fullerton Avenue,  
Chicago, IL 60647**

Telephone: 773-772-1212 Fax: 773-772-8666  
(the "Tenant")

**OF THE SECOND PART**

**IN CONSIDERATION OF** the Landlord leasing certain premises to the Tenant, the Tenant leasing those premises from the Landlord and the mutual benefits and obligations set forth in this Lease, the receipt and sufficiency of which consideration is hereby acknowledged, the parties to this Lease agree as follows:

**1. Definitions**

1. When used in this Lease, the following expressions will have the meanings indicated:

- a. "Additional Rent" means all amounts payable by the Tenant under this Lease except Base Rent, whether or not specifically designated as Additional Rent elsewhere in this Lease;
- b. "Building" means all buildings, improvements, equipment, fixtures, property and facilities from time to time located at 3536 W FULLERTON AVE, CHICAGO, IL 60647, as from time to time altered, expanded or reduced by the Landlord in its sole discretion;
- c. "Common Areas and Facilities" mean:
  - i. those portions of the Building areas, buildings, improvements, facilities, utilities, equipment and installations in or forming part of the Building which from time to time are not designated or intended by the Landlord to be leased to tenants of the Building including, without limitation, exterior

weather walls, roofs, entrances and exits, parking areas, driveways, loading docks and area, storage, mechanical and electrical rooms, areas above and below leasable premises and not included within leasable premises, security and alarm equipment, grassed and landscaped areas, retaining walls and maintenance, cleaning and operating equipment serving the Building; and

- ii. those lands, areas, buildings, improvements, facilities, utilities, equipment and installations which serve or are for the useful benefit of the Building, the tenants of the Building or the Landlord and those having business with them, whether or not located within, adjacent to or near the Building and which are designated from time to time by the Landlord as part of the Common Areas and Facilities;
- d. "Leasable Area" means with respect to any rentable premises, the area expressed in square feet of all floor space including floor space of mezzanines, if any, determined, calculated and certified by the Landlord and measured from the exterior face of all exterior walls, doors and windows, including walls, doors and windows separating the rentable premises from enclosed Common Areas and Facilities, if any, and from the center line of all interior walls separating the rentable premises from adjoining rentable premises. There will be no deduction or exclusion for any space occupied by or used for columns, ducts or other structural elements;
- e. "Premises" means the building at 3536 W FULLERTON AVE, CHICAGO, IL 60647;
- f. "Proportionate Share" means a fraction, the numerator of which is the Leasable Area of the Premises and the denominator of which is the aggregate of the Leasable Area of all rentable premises in the Building.

## 2. Leased Premises

2. The Landlord agrees to rent to the Tenant the building municipally described as 3536 W FULLERTON AVE, CHICAGO, IL 60647, (the "Premises"). The Premises will be used for only the following permitted use (the "Permitted Use"): LICENSED AMBULATORY SURGICAL TREATMENT CENTER. Neither the Premises nor any part of the Premises will be used at any time during the term of this Lease by Tenant for any purpose other than the Permitted Use.
3. While the Tenant, or an assignee or subtenant approved by the Landlord, is using and occupying the Premises for the Permitted Use and is not in default under the Lease, the

Landlord agrees not to Lease space in the Building to any tenant who will be conducting in such premises as its principal business, the services of: LICENSED AMBULATORY SURGICAL TREATMENT CENTER.

4. **Term**

4. The term of the Lease commences at 12:00 noon on January 1, 2009 and ends at 12:00 noon on December 31, 2010.
5. Upon 30 DAYS notice, the Landlord may terminate the tenancy under this Lease if the Tenant has defaulted in the payment of any portion of the Rent when due.
6. Upon 30 DAYS notice, the Landlord may terminate the tenancy under this Lease if the Tenant fails to observe, perform and keep each and every of the covenants, agreements, stipulations, obligations, conditions and other provisions of this Lease to be observed, performed and kept by the Tenant and the Tenant persists in such default beyond the said 30 DAYS notice.
7. Should the Tenant remain in possession of the Premises with the consent of the Landlord after the natural expiration of this Lease, a new tenancy from month to month will be created between the Landlord and the Tenant which will be subject to all the terms and conditions of this Lease but will be terminable upon either party giving one month notice to the other party.

8. **Rent**

8. Subject to the provisions of this Lease, the Tenant will pay a base rent of \$16,000.00 per month for the Premises (the "Base Rent"). In addition to the Base Rent, the Tenant will pay the following taxes to the Landlord: REAL ESTATE TAXES.
9. The Tenant will pay the Base Rent on or before the TENTH of each and every month of the term of this Lease to the Landlord.
10. The Tenant will be charged an additional amount of \$700.00 for any late payment of Rent.

11. **Operating Costs**

11. In addition to the Base Rent, the Tenant will pay as Additional Rent, without setoff, abatement or deduction, its Proportionate Share of all of the Landlord's costs, charges and expenses of operating, maintaining, repairing, replacing and insuring the Building including the Common Areas and Facilities from time to time and the carrying out of all

obligations of the Landlord under this Lease and similar leases with respect to the Building ("Operating Costs").

12. Except as otherwise provided in this Lease, Operating Costs will not include debt service, depreciation, costs determined by the Landlord from time to time to be fairly allocable to the correction of construction faults or initial maladjustments in operating equipment, all management costs not allocable to the actual maintenance, repair or operation of the Building (such as in connection with leasing and rental advertising), work performed in connection with the initial construction of the Building and the Premises and improvements and modernization to the Building subsequent to the date of original construction which are not in the nature of a repair or replacement of an existing component, system or part of the Building.

13. Operating Costs will also not include the following:

- a. any increase in insurance premiums to the center as a result of business activities of other Tenants;
- b. the costs of any capital replacements;
- c. the costs incurred or accrued due to the willful act or negligence of the Landlord or anyone acting on behalf of the Landlord;
- d. structural repairs;
- e. costs for which the Landlord is reimbursed by insurers or covered by warranties;
- f. costs incurred for repairs or maintenance for the direct account of a specific Tenant or vacant space;
- g. costs recovered directly from any Tenant for separate charges such as heating, ventilating, and air conditioning relating to that Tenant's leased premises, and in respect of any act, omission, neglect or default of any Tenant of its obligations under its Lease; or
- h. any expenses incurred as a result of the Landlord generating revenues from common area facilities will be paid from those revenues generated.

14. The Tenant will pay:

- a. To the Landlord, the Tenant's Proportionate Share of all real property taxes, rates, duties, levies and assessments which are levied, rated, charged, imposed or assessed by any lawful taxing authority (whether federal, state, district, municipal,

school or otherwise) against the Building and the land or any part of the Building and land from time to time or any taxes payable by the Landlord which are charged in lieu of such taxes or in addition to such taxes, but excluding income tax upon the income of the Landlord to the extent that such taxes are not levied in lieu of real property taxes against the Building or upon the Landlord in respect of the Building.

- b. To the lawful taxing authorities, or to the Landlord, as it may direct, as and when the same become due and payable, all taxes, rates, use fees, duties, assessments and other charges that are levied, rated, charged or assessed against or in respect of all improvements, equipment and facilities of the Tenant on or in default by the Tenant and in respect of any business carried on in the Premises or in respect of the use or occupancy of the Premises by the Tenant and every subtenant, licensee, concessionaire or other person doing business on or from the Premises or occupying any portion of the Premises.

- 15. For any rent review negotiation, the basic rent will be calculated as being the higher of the Base Rent payable immediately before the date of review and the Open Market Rent on the date of review.

**16. Landlord's Estimate**

- 16. The Landlord may, in respect of all taxes and Operating Costs and any other items of Additional Rent referred to in this Lease compute bona fide estimates of the amounts which are anticipated to accrue in the next following lease year, calendar year or fiscal year, or portion of such year, as the Landlord may determine is most appropriate for each and of all items of Additional Rent, and the Landlord may provide the Tenant with written notice and a reasonable breakdown of the amount of any such estimate, and the Tenant, following receipt of such written notice of the estimated amount and breakdown will pay to the Landlord such amount, in equal consecutive monthly installments throughout the application period with the monthly installments of Base Rent. With respect to any item of Additional rent which the Landlord has not elected to estimate from time to time, the Tenant will pay to the Landlord the amount of such item of Additional Rent, determined under the applicable provisions of this Lease, immediately upon receipt of an invoice setting out such items of Additional Rent. Within one hundred and twenty (120) days of the conclusion of each year of the term or a portion of a year, as the case may be, calendar year or fiscal year, or portion of such year, as the case may be, for which the Landlord has estimated any item of Additional Rent, the Landlord will compute the actual amount of such item of Additional Rent, and make available to the Tenant for examination a statement providing the amount of such item of Additional Rent and the calculation of the Tenant's share of that Additional Rent for such year or portion

of such year. If the actual amount of such items of Additional Rent, as set out in the any such statement, exceeds the aggregate amount of the installments paid by the Tenant in respect of such item, the Tenant will pay to the Landlord the amount of excess within fifteen (15) days of receipt of any such statement. If the contrary is the case, any such statement will be accompanied by a refund to the Tenant of any such overpayment without interest, provided that the Landlord may first deduct from such refund any rent which is then in arrears.

**17. Use and Occupation**

17. The Tenant will use and occupy the Premises only for the Permitted Use and for no other purpose whatsoever. The Tenant will carry on business under the name of Chicago Endoscopy Center and will not change such name without the prior written consent of the Landlord, such consent not to be unreasonably withheld. The Tenant will open the whole of the Premises for business to the public fully fixtured, stocked and staffed on the date of commencement of the term and throughout the term, will continuously occupy and utilize the entire Premises in the active conduct of its business in a reputable manner on such days and during such hours of business as may be determined from time to time by the Landlord.

18. The Tenant covenants that the Tenant will carry on and conduct its business from time to time carried on upon the Premises in such manner as to comply with all statutes, bylaws, rules and regulations of any federal, provincial, municipal or other competent authority and will not do anything on or in the Premises in contravention of any of them.

**19. Quiet Enjoyment**

19. The Landlord covenants that on paying the Rent and performing the covenants contained in this Lease, the Tenant will peacefully and quietly have, hold, and enjoy the Premises for the agreed term.

**20. Distress**

20. If and whenever the Tenant is in default in payment of any money, whether hereby expressly reserved or deemed as rent, or any part of the rent, the Landlord may, without notice or any form of legal process, enter upon the Premises and seize, remove and sell the Tenant's goods, chattels and equipment from the Premises or seize, remove and sell any goods, chattels and equipment at any place to which the Tenant or any other person may have removed them, in the same manner as if they had remained and been distrained upon the Premises, all notwithstanding any rule of law or equity to the contrary, and the

Tenant hereby waives and renounces the benefit of any present or future statute or law limiting or eliminating the Landlord's right of distress.

**21. Overholding**

21. If the Tenant continues to occupy the Premises with the written consent of the Landlord after the expiration or other termination of the term, then, without any further written agreement, the Tenant will be a month-to-month tenant at a minimum monthly rental equal to twice the Base Rent and subject always to all of the other provisions of this Lease insofar as the same are applicable to a month-to-month tenancy and a tenancy from year to year will not be created by implication of law.

22. If the Tenant continues to occupy the Premises without the written consent of the Landlord at the expiration or other termination of the term, then the Tenant will be a tenant at will and will pay to the Landlord, as liquidated damages and not as rent, an amount equal to twice the Base Rent plus any Additional Rent during the period of such occupancy, accruing from day to day and adjusted pro rata accordingly, and subject always to all the other provisions of this Lease insofar as they are applicable to a tenancy at will and a tenancy from month to month or from year to year will not be created by implication of law; provided that nothing in this clause contained will preclude the Landlord from taking action for recovery of possession of the Premises.

**23. Additional Rights on Reentry**

23. If the Landlord reenters the Premises or terminates this Lease, then:

- a. notwithstanding any such termination or the term thereby becoming forfeited and void, the provisions of this Lease relating to the consequences of termination will survive;
- b. the Landlord may use such reasonable force as it may deem necessary for the purpose of gaining admittance to and retaking possession of the Premises and the Tenant hereby releases the Landlord from all actions, proceedings, claims and demands whatsoever for and in respect of any such forcible entry or any loss or damage in connection therewith or consequential thereupon;
- c. the Landlord may expel and remove, forcibly, if necessary, the Tenant, those claiming under the Tenant and their effects, as allowed by law, without being taken or deemed to be guilty of any manner of trespass;
- d. in the event that the Landlord has removed the property of the Tenant, the Landlord may store such property in a public warehouse or at a place selected by

the Landlord, at the expense of the Tenant. If the Landlord feels that it is not worth storing such property given its value and the cost to store it, then the Landlord may dispose of such property in its sole discretion and use such funds, if any, towards any indebtedness of the Tenant to the Landlord. The Landlord will not be responsible to the Tenant for the disposal of such property other than to provide any balance of the proceeds to the Tenant after paying any storage costs and any amounts owed by the Tenant to the Landlord;

- e. the Landlord may relet the Premises or any part of the Premises for a term or terms which may be less or greater than the balance of the term of this Lease remaining and may grant reasonable concessions in connection with such reletting including any alterations and improvements to the Premises;
- f. after reentry, the Landlord may procure the appointment of a receiver to take possession and collect rents and profits of the business of the Tenant, and, if necessary to collect the rents and profits the receiver may carry on the business of the Tenant and take possession of the personal property used in the business of the Tenant, including inventory, trade fixtures, and furnishings, and use them in the business without compensating the Tenant;
- g. after reentry, the Landlord may terminate the Lease on giving 5 days written notice of termination to the Tenant. Without this notice, reentry of the Premises by the Landlord or its agents will not terminate this Lease;
- h. the Tenant will pay to the Landlord on demand:
  - i. all rent, Additional Rent and other amounts payable under this Lease up to the time of reentry or termination, whichever is later;
  - ii. reasonable expenses as the Landlord incurs or has incurred in connection with the reentering, terminating, reletting, collecting sums due or payable by the Tenant, realizing upon assets seized; including without limitation, brokerage, fees and expenses and legal fees and disbursements and the expenses of keeping the Premises in good order, repairing the same and preparing them for reletting; and
  - iii. as liquidated damages for the loss of rent and other income of the Landlord expected to be derived from this Lease during the period which would have constituted the unexpired portion of the term had it not been terminated, at the option of the Landlord, either:

- i. an amount determined by reducing to present worth at an assumed interest rate of twelve percent (12%) per annum all Base Rent and estimated Additional Rent to become payable during the period which would have constituted the unexpired portion of the term, such determination to be made by the Landlord, who may make reasonable estimates of when any such other amounts would have become payable and may make such other assumptions of the facts as may be reasonable in the circumstances; or
- ii. an amount equal to the Base Rent and estimated Additional Rent for a period of six (6) months.

#### **24. Renewal of Lease**

24. Upon giving written notice no later than 60 days before the expiration of the term of this Lease, the Tenant may renew this Lease for an additional term. All terms of the renewed lease will be the same except for this renewal clause and the amount of the rent. If the Landlord and the Tenant can not agree as to the amount of the Rent, the amount of the Rent will be determined by mediation.

#### **25. Tenant Improvements**

25. The Tenant will obtain written permission from the Landlord before doing any of the following:
- a. applying adhesive materials, or inserting nails or hooks in walls or ceilings other than two small picture hooks per wall;
  - b. painting, wallpapering, redecorating or in any way significantly altering the appearance of the Premises;
  - c. removing or adding walls, or performing any structural alterations;
  - d. installing a waterbed(s);
  - e. changing the amount of heat or power normally used on the Premises as well as installing additional electrical wiring or heating units;
  - f. placing or exposing or allowing to be placed or exposed anywhere inside or outside the Premises any placard, notice or sign for advertising or any other purpose; or

- g. affixing to or erecting upon or near the Premises any radio or TV antenna or tower.

**26. Utilities and Other Costs**

- 26. The Tenant is responsible for the direct payment of the following utilities and other charges in relation to the Premises: electricity, natural gas, water, sewer, telephone, Internet and cable.

**27. Insurance**

- 27. The Tenant is hereby advised and understands that the personal property of the Tenant is not insured by the Landlord for either damage or loss, and the Landlord assumes no liability for any such loss. The Tenant is advised that, if insurance coverage is desired by the Tenant, the Tenant should inquire of Tenant's insurance agent regarding a Tenant's Policy of Insurance.
- 28. The Tenant is responsible for insuring the Landlord's contents and furnishings in or about the Premises for either damage and loss for the benefit of the Landlord.
- 29. The Tenant is responsible for insuring the Premises for damage or loss to the structure, mechanical or improvements to the Building on the Premises for the benefit of the Tenant and the Landlord. Such insurance should include such risks as fire, theft, vandalism, flood and disaster.
- 30. The Tenant is responsible for insuring the Premises for liability insurance for the benefit of the Tenant and the Landlord.
- 31. The Tenant will provide proof of such insurance to the Landlord upon request.

**32. Governing Law**

- 32. It is the intention of the parties to this Lease that the tenancy created by this Lease and the performance under this Lease, and all suits and special proceedings under this Lease, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Illinois, without regard to the jurisdiction in which any action or special proceeding may be instituted.

**33. Severability**

- 33. If there is a conflict between any provision of this Lease and the applicable legislation of the State of Illinois (the 'Act'), the Act will prevail and such provisions of the Lease will

be amended or deleted as necessary in order to comply with the Act. Further, any provisions that are required by the Act are incorporated into this Lease.

34. **Assignment and Subletting**

34. The Tenant will not assign this Lease, or sublet or grant any concession or license to use the Premises or any part of the Premises. An assignment, subletting, concession, or license, whether by operation of law or otherwise, will be void and will, at Landlord's option, terminate this Lease.

35. **Care and Use of Premises**

35. The Tenant will promptly notify the Landlord of any damage, or of any situation that may significantly interfere with the normal use of the Premises.

36. The Tenant will not make (or allow to be made) any noise or nuisance which, in the reasonable opinion of the Landlord, disturbs the comfort or convenience of other tenants.

37. The Tenant will not engage in any illegal trade or activity on or about the Premises.

38. The Landlord and Tenant will comply with standards of health, sanitation, fire, housing and safety as required by law.

39. At the expiration of the lease term, the Tenant will quit and surrender the Premises in as good a state and condition as they were at the commencement of this Lease, reasonable use and wear and damages by the elements excepted.

40. **Hazardous Materials**

40. The Tenant will not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might unreasonably increase the danger of fire on the Premises or that might be considered hazardous by any responsible insurance company.

41. **Rules and Regulations**

41. The Tenant will obey all rules and regulations posted by the Landlord regarding the use and care of the Building, parking lot, laundry room and other common facilities that are provided for the use of the Tenant in and around the Building on the Premises.

42. **General Provisions**

42. Any waiver by the Landlord of any failure by the Tenant to perform or observe the provisions of this Lease will not operate as a waiver of the Landlord's rights under this Lease in respect of any subsequent defaults, breaches or nonperformance and will not defeat or affect in any way the Landlord's rights in respect of any subsequent default or breach.
43. This Lease will extend to and be binding upon and inure to the benefit of the respective heirs, executors, administrators, successors and assigns, as the case may be, of each party to this Lease. All covenants are to be construed as conditions of this Lease.
44. All sums payable by the Tenant to the Landlord pursuant to any provision of this Lease will be deemed to be Additional Rent and will be recovered by the Landlord as rental arrears.
45. Where there is more than one Tenant executing this Lease, all Tenants are jointly and severally liable for each other's acts, omissions and liabilities pursuant to this Lease.

**IN WITNESS WHEREOF** the parties to this Agreement have duly affixed their signatures under hand and seal, or by a duly authorized officer under seal, on this 22nd day of March, 2010.

GARCIA PROPERTIES INC (Landlord)

RAMON A GARCIA MD  
(Witness)

Per: \_\_\_\_\_ (SEAL)

Hispanic American Endoscopy Center (Tenant)

Ramon A Garcia MD  
(Witness)

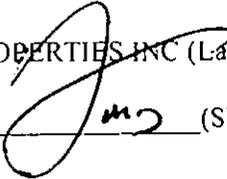
Per: \_\_\_\_\_ (SEAL)

42. Any waiver by the Landlord of any failure by the Tenant to perform or observe the provisions of this Lease will not operate as a waiver of the Landlord's rights under this Lease in respect of any subsequent defaults, breaches or nonperformance and will not defeat or affect in any way the Landlord's rights in respect of any subsequent default or breach.
43. This Lease will extend to and be binding upon and inure to the benefit of the respective heirs, executors, administrators, successors and assigns, as the case may be, of each party to this Lease. All covenants are to be construed as conditions of this Lease.
44. All sums payable by the Tenant to the Landlord pursuant to any provision of this Lease will be deemed to be Additional Rent and will be recovered by the Landlord as rental arrears.
45. Where there is more than one Tenant executing this Lease, all Tenants are jointly and severally liable for each other's acts, omissions and liabilities pursuant to this Lease.

**IN WITNESS WHEREOF** the parties to this Agreement have duly affixed their signatures under hand and seal, or by a duly authorized officer under seal, on this 22nd day of March, 2010.

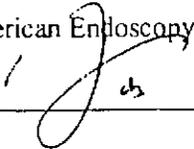
RAMON A GARCIA MD  
(Witness)

GARCIA PROPERTIES INC (Landlord)

Per:  (SEAL)

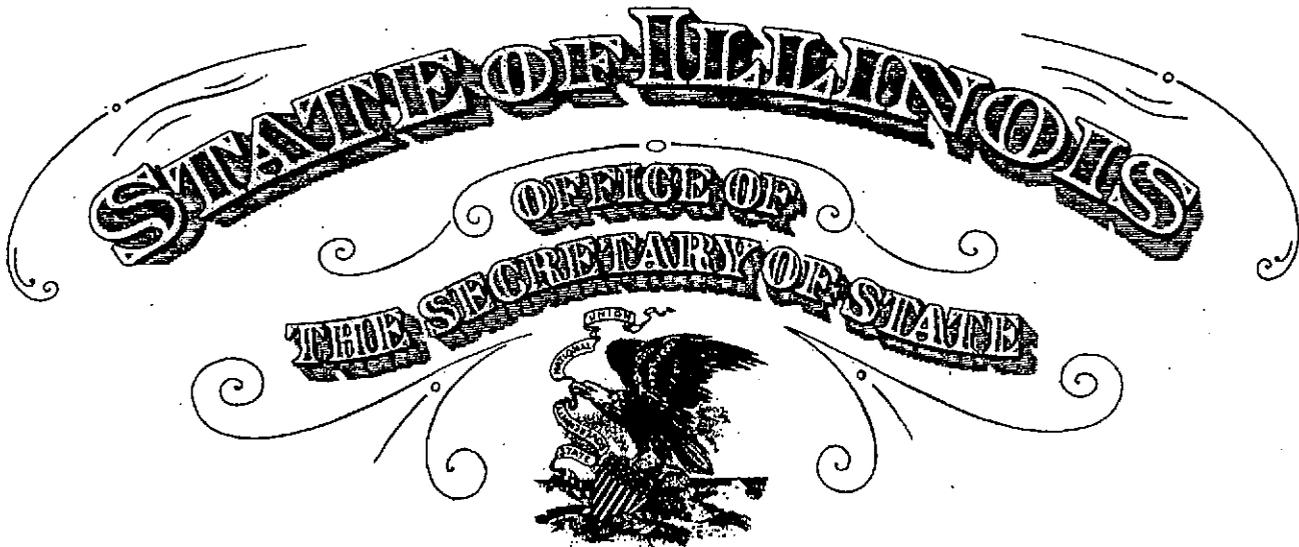
Ramon A Garcia MD  
(Witness)

Hispanic American Endoscopy Center (Tenant)

Per:  (SEAL)

**Section I, Identification, General Information, and Certification**  
**Operating Identity/Licensee**

The Illinois Certificate of Good Standing for Hispanic-American Endoscopy Center, L.L.C. is attached at Attachment – 3.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

HISPANIC AMERICAN ENDOSCOPY CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 26, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of OCTOBER A.D. 2010



*Jesse White*

SECRETARY OF STATE

Authentication #: 1028701499  
Authenticate at: <http://www.cyberdriveillinois.com>

**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organizational chart for Hispanic-American Endoscopy Center, LLC. is attached at Attachment – 4.

Organizational Relationships

Ramon A. Garcia M.D., P.C.  
d/b/a Garcia Medical Center

Hispanic-American Endoscopy Center, LLC  
d/b/a Chicago Endoscopy Center, LLC

Garcia Properties, Inc.

Ramon Garcia, M.D.  
Sole Owner

Ramon Garcia, M.D.  
Sole Manager and Member

Ramon Garcia, M.D.  
Sole Shareholder

**Section I, Identification, General Information, and Certification**  
**Flood Plain Requirements**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.

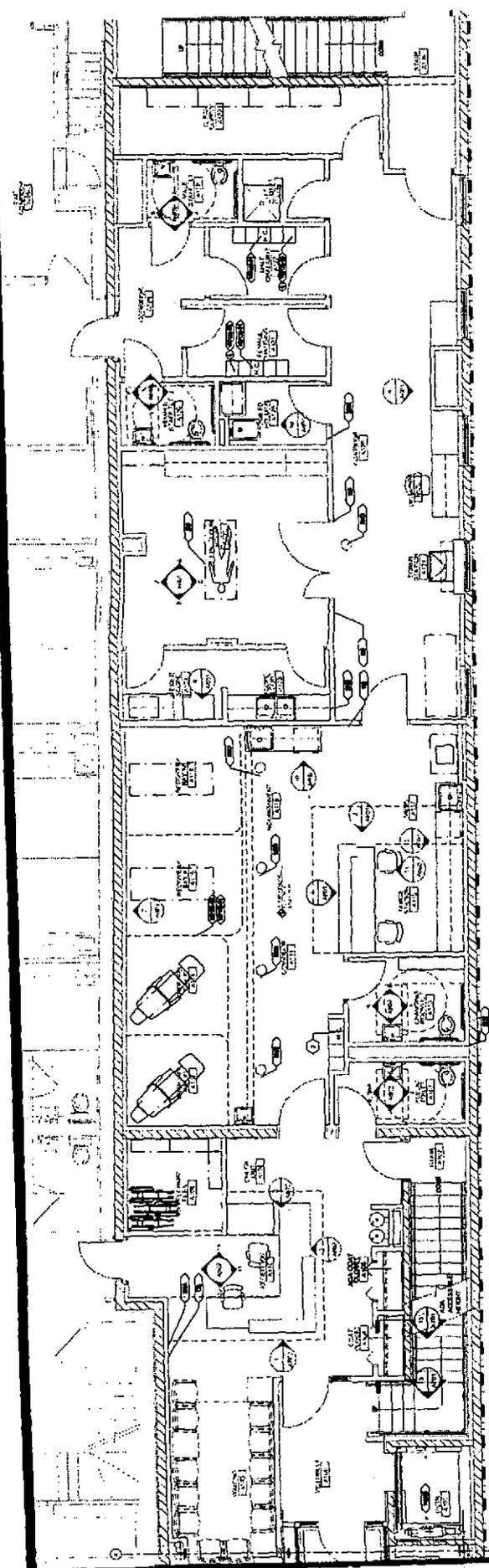
**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.

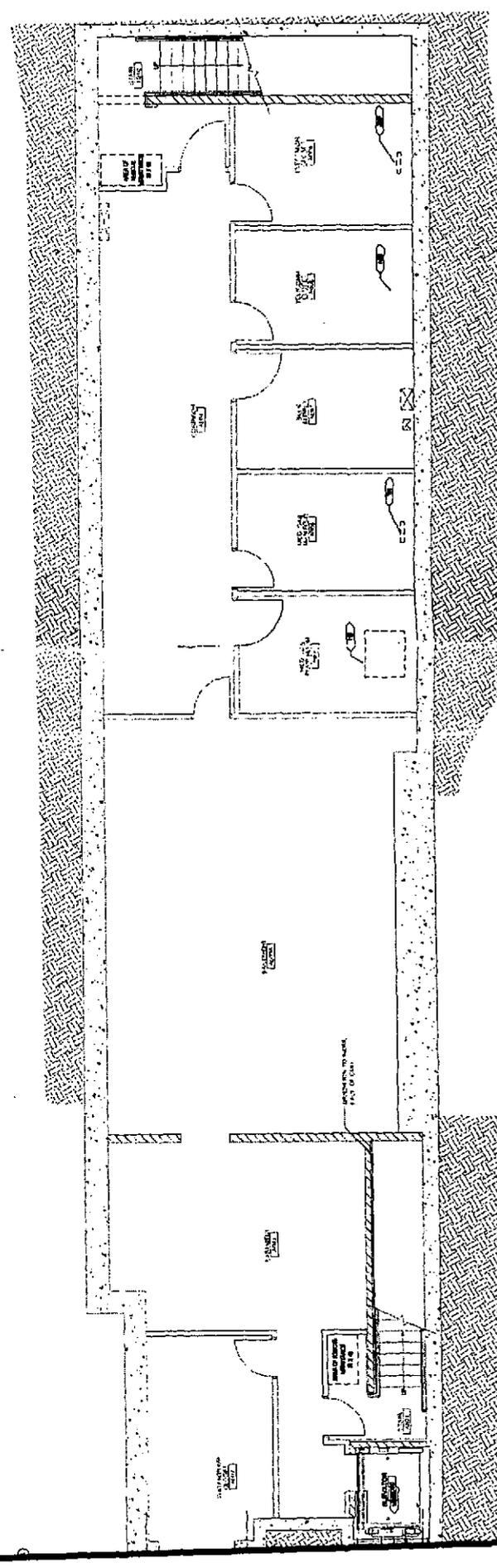


**Section I, Identification, General Information, and Certification  
Project Status and Completion Schedules**

A copy of the floor plan for the existing ASTC is attached at Attachment – 8.



2 FIRST FLOOR EQUIPMENT PLAN  
SCALE: 1/4" = 1'-0"



1 BASEMENT EQUIPMENT PLAN  
SCALE: 1/4" = 1'-0"

**LEGEND**

(C) EQUIPMENT NUMBER, SEE EQUIPMENT SCHEDULE, QTY.  
 (S) SEE INTERIOR ELEVATIONS ON PLANS SHEETS FOR ADDITIONAL EQUIPMENT LOCATIONS.  
 (QTY) QUANTITY OF EQUIPMENT.

**EQUIPMENT PLAN GENERAL NOTES**

1. SEE INTERIOR ELEVATIONS ON PLANS SHEETS FOR ADDITIONAL EQUIPMENT LOCATIONS.  
 2. PROVIDE THE PART, QTY, AND LOCATION OF ALL EQUIPMENT. SEE SHEETS FOR THE EQUIPMENT.

**EQUIPMENT PLAN KEY NOTE**

1. PROVIDE THE PART, QTY, AND LOCATION OF ALL EQUIPMENT. SEE SHEETS FOR THE EQUIPMENT.

**Section I, Identification, General Information, and Certification  
Cost Space Requirements**

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>							
ASTC	\$15,000	3,445	0	0	0	3,445	0
Total Clinical	\$15,000	3,445	0	0	0	3,445	0
<b>NON CLINICAL</b>							
Total Non-clinical	\$0	0	0	0	0	0	0
<b>TOTAL</b>	<b>\$15,000</b>	<b>3,445</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230, Project Purpose, Background and Alternatives**

**Background of the Applicant**

1. Applicant operates Hispanic-American Endoscopy Center, LLC. Copies of the current license and accreditation are attached at Attachment 11-A.
2. A letter from Ramon Garcia, M.D. certifying no adverse action has been taken against any facility owned and/or operated by the Applicant during the three years prior to filing this application is attached at Attachment 11-B.
3. An authorization permitting HFSRB and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.
4. The Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

**State of Illinois 2000709**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

Issued under the authority of  
 The State of Illinois  
 Department of Public Health

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

EXPIRATION DATE <b>10/11/11</b>	CATEGORY <b>BGBD</b>	ID. NUMBER <b>7003126</b>
<b>FULL LICENSE</b> <b>AMBUL SURGICAL TREAT CNTR</b> <b>EFFECTIVE: 10/12/10</b>		

**BUSINESS ADDRESS**

**HISPANIC AMERICAN ENDOSCOPY CENTER, LLC**  
**978/A CHICAGO ENDOSCOPY CENTER,**  
**3536 W. FULLERTON AVENUE**

**CHICAGO**

**IL 60647**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 497 •

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois 2000709**

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

**HISPANIC AMERICAN ENDOSCOPY CENTER**

EXPIRATION DATE <b>10/11/11</b>	CATEGORY <b>BGBD</b>	ID. NUMBER <b>7003126</b>
------------------------------------	-------------------------	------------------------------

**FULL LICENSE**

**AMBUL SURGICAL TREAT CNTR**

**EFFECTIVE: 10/12/10**

**08/28/10**

**HISPANIC AMERICAN ENDOSCOPY CENTER**  
**978/A CHICAGO ENDOSCOPY CENTER**  
**3536 W. FULLERTON AVENUE**  
**CHICAGO IL 60647**

FEE RECEIPT NO. 7052

December 21, 2010

Dale Galassie  
Acting Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Mr. Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by Hispanic-American Endoscopy Center, LLC during the three years prior to filing this application for permit.

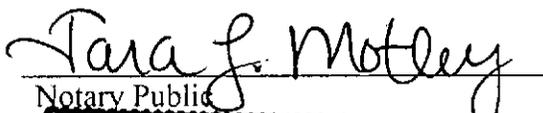
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Ramon Garcia  
Sole Member and Manager  
Hispanic-American Endoscopy Center, LLC

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010

  
Notary Public



**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230(b), Project Purpose, Background and Alternatives**

**Purpose of the Project**

1. The primary purpose of this project is to enhance the scope of services available to Hispanic patients residing in the service area of the surgery center and to increase utilization at Hispanic-American Endoscopy Center. One directive of the Office of Minority Health of the U.S. Department of Health and Human Services is to eliminate health disparities, achieve health equity and improve and expand the capacity for linguistic and cultural competence of health care professionals and paraprofessionals working with Limited-English-Proficient (LEP) minority communities and improve the accessibility and utilization of health care services among the LEP minority populations. In seeking to expand the scope of services at Hispanic-American Endoscopy Center, this project is consistent with those goals.

The addition of urological surgery procedures will increase access to much needed health care services to the Hispanic-American community. Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago, approximately, 95 percent of the surgery center's patients are Hispanic-American. Due to cultural and linguistic barriers, this patient population often lacks appropriate access to critical health care services. With Spanish-speaking physicians and staff, Hispanic-American Endoscopy Center is uniquely positioned to serve this community. In fact, Spanish-speaking patients are more likely to seek health care services from Spanish-speaking physicians because they can better understand their condition and treatment options and make better informed health care decisions. Accordingly, the addition of urological surgery procedures will increase utilization of surgical services and increase access to health care to the Hispanic-American community in Chicago.

Additionally, the addition of urological surgical procedures will provide a lower cost alternative to outpatient surgery to the residents of the City of Chicago. As set forth in the letter from the ASC Advocacy Committee to Secretary Sebelius regarding on implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services attached as Attachment – 12A. ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than hospital outpatient departments (“HOPD”). Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Accordingly, the Applicant seeks to provide a high-quality, lower cost option to residents of the City of Chicago, particularly the Hispanic-American community.

Based upon the December 17, 2010 inventory data, there are currently 22 ASTC facilities and 57 operating rooms located in HSA 6 which encompasses the City of Chicago.<sup>1</sup> According to the U.S. Census Bureau, the 2009 population estimate for the City of Chicago was 2,851,268, which amounts to one ASTC operating room to every 50,022 people. As shown in the table on the following page, the City of Chicago has the highest ratio of

<sup>1</sup> Illinois Health Facilities and Services Review Board, Addendum to Inventory of Health Care Facilities, October 1, 2008 – December 17, 2010 available at <http://www.hfsrb.illinois.gov/pdf/Other%20Services%20Update%2012-17-2010.pdf> (last visited Dec. 23, 2010).

residents to ASTC operating rooms in the Chicago metropolitan area, nearly 85% greater than the average of the remaining metropolitan Chicago HSAs. It is over 55% greater than the Statewide average.

Planning Area	Geographic Area	ASTC Operating Rooms	2009 Population Estimate	Residents per OR
HSA 6	City of Chicago	57	2,851,268	1:50,022
HSA 7	Suburban Cook & DuPage Counties	148	3,368,310	1:22,759
HSA 8	Kane, Lake & McHenry Counties	40	1,545,420	1:38,636
HSA 9	Grundy, Kankakee, Kendall & Will Counties	28	951,708	1:33,990
<b>Illinois Total</b>		<b>404</b>	<b>12,910,409</b>	<b>1:31,956</b>

Importantly, the City of Chicago has the largest Hispanic population of any planning area metropolitan Chicago HSA. Based upon the latest data available from the U.S. Census Bureau, approximately 27.41% of the population of the City of Chicago is Hispanic or Latino compared to 16.21% for the remainder of the metropolitan Chicago HSAs and 14.65% for the State.

Greater access to ambulatory surgical services is needed in the City of Chicago. However, within the past two years, only two CON applications for ASTCs proposed to be located in the City of Chicago have been approved by the HFSRB. South Loop Endoscopy & Wellness Center received a permit to establish a limited-specialty ASTC with 1 operating room on March 2, 2010; Swedish Covenant Surgery Center received a permit to establish a multi-specialty ASTC with 3 operating rooms on June 8, 2010. Accordingly, the proposed project will increase access to ASTC services to residents of the City of Chicago in general, and the Hispanic-American community in particular.

Finally, the addition of urological procedures will increase utilization at Hispanic-American endoscopy center. On October 20, 2004, the Illinois Health Facilities Planning Board approved the permit to establish a limited-specialty ambulatory surgical treatment center specializing in gastroenterology. The surgery center commenced operations on January 1, 2007.

As shown in Table 1110.230(b) below, in the first three years of operation, the number of endoscopy procedures performed at the surgery center has increased; however, it is still underutilized. Adding urology will increase utilization at the surgery center. The urological endoscopic procedures proposed to be performed are complementary to the gastroenterological procedures currently performed at the surgery center. In fact, much of the same equipment will be used for both specialties. As a result, there will be minimal project costs to achieve greater utilization of this currently under-utilized facility.

<b>Table 1110.230(b) Facility Utilization</b>			
	<b>2007</b>	<b>2008</b>	<b>2009</b>
Total Procedures	131	739	660
Surgery Time (Hours)	65.3	185	178
Prep & Clean Up (Hours)	65.5	124	116
Total Surgery (Hours)	130.8	309.0	294.0
Average Case Time (Hours)	1.0	0.42	0.45

Note that while the surgery center was operational during 2007, based on survey and processing delays, its Medicare certification was procured in late 2007 resulting in lower volumes than anticipated.

2. Hispanic-American Endoscopy Center serves the Chicago metropolitan area within 30 minutes normal travel time of the surgery center. A map of the market area of Hispanic-American Endoscopy Center is attached at Attachment – 12B. Travel times to from Hispanic-American Endoscopy Center to the geographic service area (“GSA”) borders are as follows:
  - East: Approximately 16 minutes normal travel time to Lincoln Park
  - Southeast: Approximately 30 minutes normal travel time to Jackson Park
  - South: Approximately 30 minutes normal travel time to Englewood
  - Southwest: Approximately 30 minutes normal travel time to Riverside
  - West: Approximately 30 minutes normal travel time to Maywood
  - Northwest: Approximately 30 minutes normal travel time to Arlington Heights
  - North: Approximately 30 minutes normal travel time to Winnetka
  - Northeast: Approximately 30 minutes normal travel time to Evanston
  
3. Hispanic-American Endoscopy Center primarily serves Chicago’s Hispanic-American community. In fact, approximately 95% of the patient population at Hispanic American Endoscopy Center is primarily Spanish-speaking, originating from Mexico, Central America and Puerto Rico. While there are 22 ASTCs and 30 hospitals within 30 minutes normal travel time of the surgery center, these other health care facilities do not consistently provide the most appropriate access for Hispanic patients. First, to improve access and reduce the health disparities that the Hispanic community faces when compared to the non-Hispanic population, it is imperative Spanish-speaking patients receive services from Spanish-speaking providers. When these patients receive services from non-Spanish speaking providers, it is difficult for them to understand their condition and treatment options and to form proper physician-patient relationships. Second, due to language and cultural barriers, limited information is available to the Hispanic-American community about diseases of the urinary tract, which can be easily treated. Accordingly, the Hispanic-American population is not as fully educated as other primarily English-speaking populations may be about these problems. The provision of care in a bicultural setting leads to improved patient knowledge, self-care behaviors and appropriate health care interventions.
  
4. Hispanic-American Endoscopy Center will more fully inform this patient population about diseases of the urinary tract and the services available at the surgery center. Physicians

affiliated with Hispanic-American will provide urology surgical procedures to this patient population in a more cost effective setting than an acute care hospital.

5. The goal of this project is to increase access to urology services to members of the Hispanic-American community. Additionally, by adding urology to this limited specialty surgery center, the Applicant intends to increase utilization of this currently underutilized surgery center to conform to the HFSRB utilization standards.

August 3, 2010

VIA HAND DELIVERY

Secretary Sebelius  
The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

**Re: Report on a Value-Based Purchasing System for Ambulatory Surgical Centers**

Dear Secretary Sebelius:

Please accept the following comments regarding the report on a value-based purchasing (VBP) program for ASCs, as outlined in the Patient Protection and Affordable Care Act (PL 111-148, PPACA) §3006(f). These comments are submitted by the ASC Advocacy Committee, a joint effort of the ASC Coalition and the ASC Association, representing all types of ASCs; and the ASC Quality Collaboration, a cooperative effort of organizations and companies interested in ensuring ASC quality data is appropriately developed and reported. Together, these organizations include single- and multi-specialty ASCs; physician-owned ASCs, joint ventures between hospitals and physicians, and joint ventures between physicians and management companies; professional societies; and accrediting bodies. Participating ASCs range from the very small to the very large and are located in all 50 states.

Progress towards a Medicare VBP program for ASCs should be incremental: beginning with building a reliable, voluntary quality reporting infrastructure for ASCs, and then measuring performance within the ASC setting. Indicators of quality should include measures such as efficiency, outcomes, patient experience of care, adherence to evidence-based processes. As the culmination of VBP, CMS should develop and implement comparisons of the quality and costs for outpatient surgery in ASCs and hospital outpatient departments (HOPDs). A VBP system for outpatient surgery in these settings could create competition based on quality and efficiency, drive improvement, recognize the highest quality and most efficient providers, and improve transparency.

Some patients in hospital outpatient departments are not comparable to patients who are treated in ASCs. For example, the current HOPD measures include a hospital's emergency room patients. Designing a VBP for ASCs which enables cross-setting comparisons should focus on patients who can be treated appropriately in both ASCs and HOPDs.

**Value-based purchasing includes financial and other incentives**

One tool of VBP is public disclosure of data on the quality of care and costs to payers. We strongly support increasing the transparency of Medicare rates, patients' out-of-pocket costs, and quality of surgeries and procedures. Confidential feedback to ASCs from quality measurement systems should be used in the first year of VBP. Data should not be publicly reported while a reliable reporting infrastructure is being created and implemented. Building quality measurement on a solid foundation with a high level of reliability may help increase participation and the value of the data for all stakeholders. The following principles should guide public reporting of the VBP measure set:

- Consumers should be able to directly compare providers of outpatient surgical services.
- ASCs should be given the opportunity to review, validate, and appeal measurements and scores prior to publishing.
- There should be a provider narrative section for each provider-specific item to allow the provider to advise the consumer of any concerns the provider has regarding the reliability or accuracy of the information presented.
- In addition to reporting quality measures, other useful information such as facility accreditation status, state licensure and Medicare certification should be made available.

Many private payers incentivize their enrollees to use higher value services by charging lower co-pays or coinsurance for them. The Medicare program already incorporates this VBP tool: because Medicare payments for the same service are lower in ASCs than HOPDs, the copayments for services provided in ASCs are generally lower than in an HOPD. This differential can function as a value incentive for beneficiaries. For example, a patient needing cataract surgery would be responsible for \$193 if it were performed in the ASC; the patient would owe \$496 if the service were provided in the hospital outpatient department, a difference of 61%. Table 1 below illustrates the payment differentials for some common surgeries and procedures for beneficiaries in 2010. VBP could help to build an awareness of these differences and help the Medicare program leverage the choices of its beneficiaries to increase value.

*Table 1. Co-payment savings for Medicare beneficiaries in ASCs for some typical procedures*

<b>Comparison of 2010 ASC and HOPD beneficiary copayments</b>				
<b>HCPCS</b>	<b>Description</b>	<b>ASC Copay</b>	<b>HOPD Copay</b>	<b>Difference</b>
66984	Cataract surg w/IOL, 1 stage	\$192.49	\$495.96	61%
43239	Upper GI endoscopy, biopsy	\$73.89	\$143.38	48%
45378	Diagnostic colonoscopy	\$76.05	\$186.06	59%
45380	Colonoscopy and biopsy	\$76.05	\$186.06	59%
45385	Lesion removal colonoscopy	\$76.05	\$186.06	59%
66821	After cataract laser surgery	\$46.81	\$104.31	55%
64483	Inj foramen epidural l/s	\$59.20	\$97.09	39%
66982	Cataract surgery, complex	\$192.49	\$495.96	61%
45384	Lesion remove colonoscopy	\$76.05	\$186.06	59%

## ASC Value-Based Purchasing

29881	Knee arthroscopy	\$209.92	\$403.36	48%
63650	Implant neuroelectrodes	\$699.19	\$885.85	21%
29827	Arthroscoop rotator cuff repr	\$327.64	\$804.74	59%

The chief tool of VBP is payment differentials for providers: paying more to high-performing providers and to those who have made significant improvements to the quality of care. Provider payment differentials are key pieces of CMS's Premier Hospital Quality Incentive Demonstration, Home Health Pay for Performance Demonstration, and Nursing Home Value Based Purchasing Demonstration. The ASC industry supports payment differentials in VBP for outpatient surgery.

Another VBP tool is shared savings which allows providers to recoup some of the efficiencies they create through lowering cost and improving quality. This VBP tool is used in the private sector and most recently by CMS in its design of the Home Health Pay for Performance Demonstration and the Medicare Physician Group Practice Demonstration. CMS has allowed high quality agencies and group practices to share the savings generated by decreasing hospital admissions and readmissions, and decreasing skilled nursing facility use and the use of other healthcare resources. We support the shared savings model for later phases of VBP for ASCs.

Medicare's VBP for ASCs should encourage widespread participation through incremental implementation. VBP should begin with voluntary data collection, followed by public disclosure of quality information. Improved transparency regarding Medicare's rates and patient co-payments at ASCs and HOPDs should be supplemented with comparable quality data as it becomes available. CMS should provide patients and physicians with a tool to enable apples-to-apples comparisons of outpatient surgery settings. Payment differentials for providers should be built upon a solid foundation of quality measurement. Shared savings should be the final stage of an incremental VBP implementation.

### **Rewarding ambulatory surgery centers**

A VBP for ASCs should acknowledge the role that the facility plays in providing high quality surgical care to patients. ASCs range in size and scope from small, single-specialty facilities focused on endoscopic procedures to large facilities offering a range of surgical sub-specialties in multiple operating rooms. The ASC VBP program will have the greatest impact when it is implemented incrementally and is designed to reach the full spectrum of ASCs in the industry. The Secretary should consider exemptions for ASCs with very low Medicare volume.

ASCs that attain high quality or make substantial improvements should be rewarded. It is important to acknowledge centers that have already applied evidence-based guidelines in their care, implemented structures of care that enhance quality, ensured patient safety, achieved good outcomes, and provided a valuable patient experience. It is also important to acknowledge that some centers may be continuing to progress toward the highest level of quality. VBP should reward ASCs that achieve a high rank or exceed a national threshold as well as ASCs that close the gap between their past performance and the national threshold.

### **ASC quality measurement**

The VBP system for ASCs should be based on quality measurements which capture many aspects of ASC patient services. These measures include processes, efficiency, outcomes, and patient experience.

Process measures can indicate that the ASC follows guidelines and uses evidence-based practices. The ASC Quality Collaboration has already developed two process measures for ASCs which have been endorsed for outpatient surgery by the National Quality Forum. These capture whether antibiotics given for prevention of surgical site infection were administered on time and the number of patients who have appropriate surgical site hair removal. We support the development of additional process measures which are similarly applicable across a wide range of surgical facilities, such as medication reconciliation.

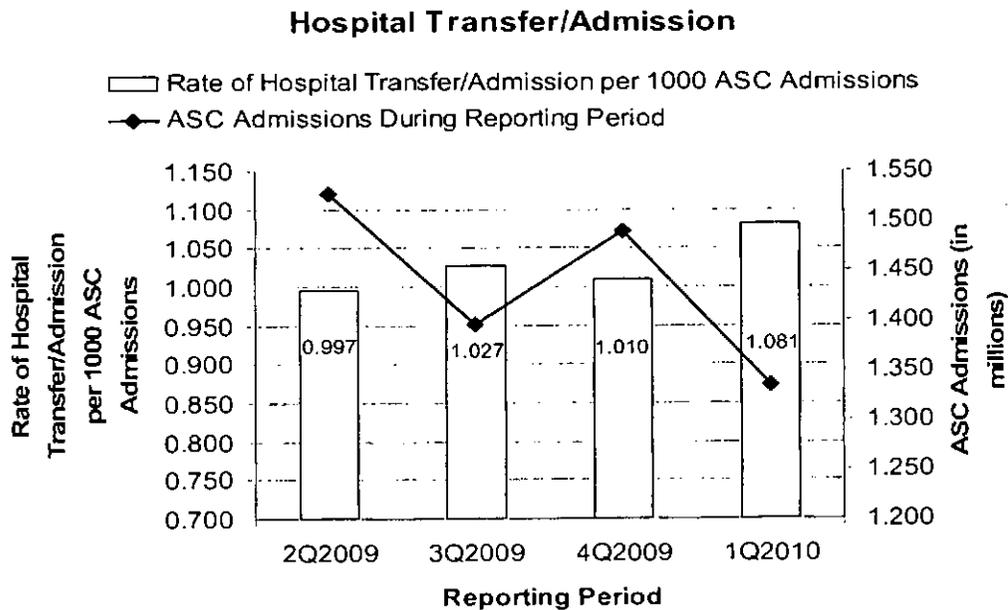
ASCs are efficient providers. Assessing the value of ASCs should include measures of the ways in which ASCs maximize health care resources and provide high quality surgical care and procedures in lean, well-managed facilities.

ASCs achieve excellent outcomes for patients and high levels of patient satisfaction. The ASC Quality Collaboration has already developed four measures of patient outcomes which have been endorsed by the National Quality Forum. These include patient safety indicators—patient burn; patient fall; and wrong site, side, patient, procedure or implant—and hospital transfers. Figure 1 below is an example of the voluntary outcome measure reporting in which many ASCs currently participate. A variety of patient satisfaction surveys are used throughout the industry to capture some aspects of patient experience.

Figure 1. Example of data available through ASC Quality Collaboration voluntary reporting

**Data Summary: Hospital Transfer/Admission**

Reporting Period	2Q2009	3Q2009	4Q2009	1Q2010
Number of Participating ASCs	1,294	1,177	1,266	1,185
Number of ASC Admissions Represented	1,528,402	1,396,179	1,490,427	1,334,614
Hospital Transfer/Admission Rate per 1000 ASC Admissions	0.997	1.027	1.010	1.081



Both outcome measures and patient experience measurement for ASCs deserve a greater investment by CMS, the Agency for Healthcare Research and Quality, and other entities. A tool such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) would be a useful way to measure patient experience and satisfaction and would give patients relevant and easy-to-understand information.

Additionally, new research is needed to support the development of measures that enable fair, valid, and reliable comparison for similar patients in ASCs and HOPDs. In some cases, HOPD patients are not comparable to patients treated in ASCs. Designing a VBP for ASCs which enables cross-setting comparisons is an opportunity to improve transparency. Developing sound, useful comparisons across settings will require an investment in understanding the patient populations which can be compared and identifying and measuring factors that influence

## ASC Value-Based Purchasing

outpatient surgical risks for patients. Improvements are also needed in post-surgical surveillance and case finding to support reliable outcome and patient safety measures.

The ASC Quality Collaboration should be included as a critical stakeholder in quality measurement for outpatient surgery. A role for the ASC Quality Collaboration similar to the role of the Hospital Quality Alliance would improve the VBP development process for all stakeholders. The following principles should guide measure development for VBP:

- Measure collection should minimize burden on ASCs and CMS. ASCs should be given more than one way to report quality data. For example, claims-based reporting should be an option, especially in the initial phases of VBP implementation. ASCs should be able to authorize an agent (e.g. a parent company or a registry) to report on their behalf.
- Where possible, measures should enable comparisons between ASCs and HOPDs. Patients who require care that could be provided in either ASCs or HOPDs should be enabled to identify and choose the setting with the best value through VBP.
- New measures must be credible: they must be based on evidence, broadly understood, and collected reliably across the variety of ASCs that serve Medicare beneficiaries.

We welcome opportunities to explore partnerships with agencies that can assist the industry in growing and enhancing the quality measurement tools for outpatient surgery in ASCs and HOPDs. New quality measurement infrastructure will be a key to evolving the most effective VBP and achieving the best value for Medicare and other payers.

### **Design a funding mechanism which strengthens VBP**

Linking a portion of Medicare's payments to quality will be a significant change in Medicare ASC payment policy. To ensure that all Medicare beneficiaries continue to have access to care, VBP incentives should begin as a small portion of total Medicare spending for ASC services.

Funding should progress in increments, consistent with the phases in other aspects of the program. Full updates should be given to all of the ASCs that make the investment of time and resources to participate in the initial phase of pay for reporting and report valid and reliable data to CMS. The Secretary should consider a bonus for the use of health information technology to gather and report quality data, similar to the bonus for physicians' EHR use in Medicare.

The structure of incentive payments linked to performance should recognize that Medicare's payments to ASCs have been under a payment freeze for many years, and in addition, some payments have been dropping due to transition from the previous grouper payment system. The VBP system may lose acceptance if it is applied as a cost-cutting measure.

In the final phase of VBP, the VBP bonuses should be funded through a shared-savings mechanism. ASCs have already saved the Medicare program billions of dollars by providing a lower-priced setting for outpatient surgeries which can be appropriately performed in an ASC rather than an HOPD. VBP can help to demonstrate the quality and value of ASC services and encourage the continued, appropriate migration of services to the lower-priced setting. We

## ASC Value-Based Purchasing

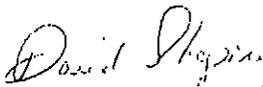
propose that later phases of the VBP for ASCs allow high-quality ASCs to share some of the savings they have produced for the Medicare program. A pool of ASC VBP bonus dollars could be generated from Medicare program's savings on the total amount spent for outpatient surgical services for Medicare beneficiaries that can be supplied in both HOPDs and ASCs. The shared-savings structure aligns the incentives of ASCs and the Medicare program to increase value.

- Building incentives across silos of care was a goal set by the Medicare Payment Advisory Commission in their recommendations for developing VBP.
- Decreasing the growth of Medicare spending on outpatient surgeries by encouraging continued migration to lower-priced settings could generate substantial savings for the Medicare program.
- A shared pool could create competition based on value between settings

\* \* \*

In summary, the report on value based purchasing required by PL 111-148, §3006(f), should map out a VBP system for ASCs which increases transparency and enables patients and physicians to choose the best surgical setting. We look forward to conversations with CMS as they consider the development of VBP. Thank you for providing this opportunity to comment. We appreciate the dialogue and look forward to continued participation in the development process.

Sincerely,

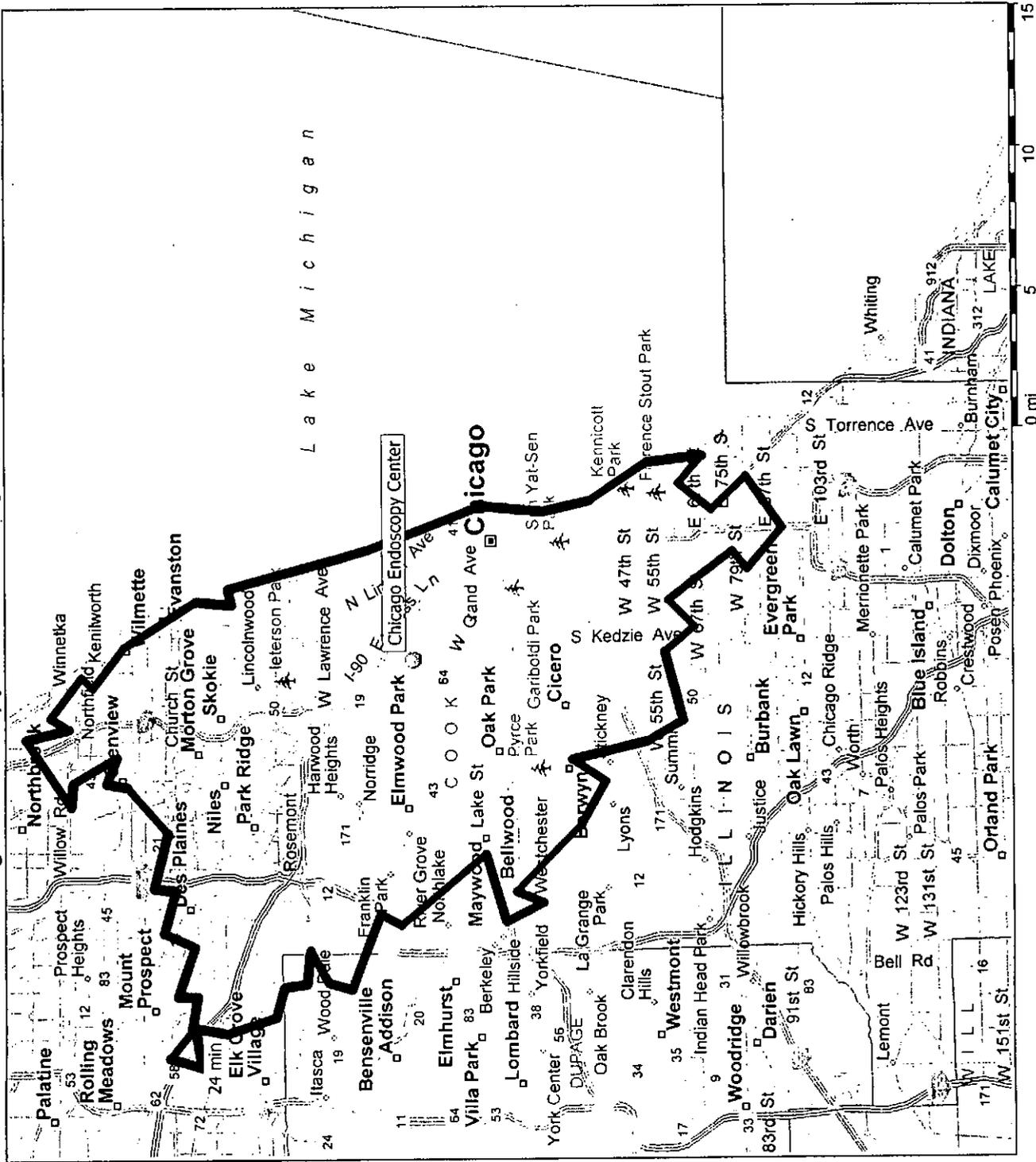


David Shapiro, M.D.  
Chairman  
ASC Association



Andrew Hayek  
Chairman  
ASC Advocacy Committee

# Chicago Endoscopy Center - Geographic Service Area



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 Certain mapping and direction data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario, NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2009 by Applied Geographic Systems. All rights reserved.

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230(c), Project Purpose, Background and Alternatives**

Alternatives

The Applicant explored several options prior to determining to add urology surgical procedures to its limited specialty ASTC. The options considered are as follows:

- a. Do nothing;
- b. Utilize existing facilities;
- c. Add urology surgical procedures to the existing ASTC.

After exploring these options, which are discussed in more detail below, the Applicant decided to add urology surgical procedures to its limited specialty ASTC. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

The first alternative considered was to maintain the status quo, whereby the Applicant would continue to provide only gastroenterology surgical procedures at the ASTC. As set forth in Criterion 1110.230(b), Hispanic-American Endoscopy Center is operating significantly below the HFSRB standard of 1,500 surgical hours. While utilization has continued to increase since the facility opened in 2007, it is unlikely it will achieve target utilization without including an additional surgical specialty.

Moreover, Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago. Due to language and cultural barriers, this patient population generally lacks access to health care services. Inclusion of a second surgical specialty will increase access to needed health care services to this patient population.

While this alternative would result in no cost to the Applicant (compared to the nominal cost of adding the service), due to underutilization of the surgery center and current access barriers faced by the Hispanic-American community, this alternative was rejected.

Utilize Other Health Care Facilities

Another alternative the Applicant considered was utilizing existing health care facilities to provide urological surgical procedures. As previously stated, Hispanic-American Endoscopy Center is currently operating below the HFSRB's standard of 1,500 surgical hours. As set forth in the referral letter attached at Attachment – 13A, Dr. Thomas Malvar is currently performing urological endoscopy procedures at various locations. The surgical equipment required for urology procedures performed is very similar to the equipment required for the procedures currently performed at Hispanic-American Endoscopy Center. Therefore, a minimal project costs would be incurred to add urologic endoscopy procedures to the ASTC.

Additionally, as discussed throughout this application, Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago in a bicultural setting. Utilizing existing providers is not a feasible alternative for this patient population because the majority of these patients are Spanish-speaking. To reduce health disparities, achieve health equity and improve and expand access to linguistically and culturally competent services, it is essential that Spanish-speaking patients receive services from Spanish-speaking clinicians so they can make informed treatment decisions and generally participate in their own care. When these patients receive services from non-Spanish speaking providers, it is difficult for them to understand their condition and treatment options. Additionally, due to language and cultural barriers, limited information is available to the Hispanic-American community about diseases of the urinary tract, which can be easily treated. As a result, the Hispanic-American population is not as fully educated as other primarily English-speaking populations may be about these problems.

Due to the underutilization of the surgery center and infeasibility of utilizing other providers, this alternative was rejected

Add Urological Surgery Procedures to the Existing ASTC

As more fully discussed above, Hispanic-American Endoscopy Center is currently underutilized. To increase utilization at the surgery center while at the same time increasing access to much needed health care services to the Spanish speaking community, the Applicant decided to add urological surgery procedures to the existing ASTC. After weighing this low cost option against others, it was determined that this alternative would provide the greatest benefit in terms of increased utilization and increased access to health care services.

<b>Alternative</b>	<b>Community Need</b>	<b>Access</b>	<b>Cost</b>	<b>Status</b>
Do Nothing	Not Met	Maintain	\$0	Reject
Utilize Existing Facilities	Not Met	Maintain	\$0	Reject
Establish Replacement Facility	Met	Increased	\$15,000	Accept

Thomas C. Malvar, M.D.  
 2800 N. Sheridan Road, Suite 602  
 Chicago, IL 60657

December 23, 2010

Dale Galassie  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

Mr. Dale Galassie

October 28, 2010

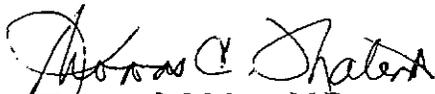
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



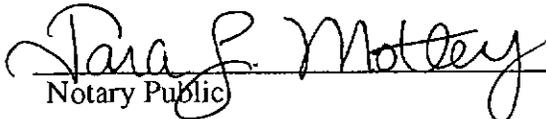
Thomas C. Malvar, M.D.

2800 North Sheridan Road, Suite 602

Chicago, Illinois 60657

Subscribed and sworn to me

This 23<sup>rd</sup> day of December, 2010

  
Notary Public

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(a), Size of the Project**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. The existing ASTC consists of one procedure room and four recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 2,750 gross square feet per operating room and 180 gross square feet per recovery station for a total of 3,470 gross square feet for one operating room and four recovery stations. The gross square footage of the ASTC is 3,445 gross square feet. Accordingly, the proposed project is consistent with the State standard.

TABLE 1110.234(a) SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	3,445 GSF	3,470 GSF	25 GSF	Yes

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space  
Criterion 1110.234(b), Project Services Utilization**

By the second year of operation, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ASTCs is based upon 1,500 surgery hours per procedure room. The Applicant projects that it will perform approximately 689 surgical procedures in 2010. Additionally, in the physician referral letter attached at Attachment 15-A, Dr. Thomas Malvar projects 300 urological procedures will be performed at the ASTC within the first year after project completion. Based upon the current experience of the referring physicians, the estimated procedure time, including prep and cleanup, is approximately 1.06 hours, or a total of 1,048 surgical hours in the first year after project completion. As a result, surgical hours projected for the first year after project completion are sufficient to support the need for one procedure room.

Based upon projected growth, 996 surgical procedures or approximately 1,056 hours of surgery will be performed at the surgery center by the end of the second year after project completion. Accordingly, the projected utilization is sufficient to justify the need for one procedure room by the second year after project completion.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	689	1,048	1,500 Hours	
YEAR 2	ASTC	689	1,056	1,500 Hours	

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(c), Unfinished or Shell Space**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(d), Assurances**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(b), Target Population**

- a. Attached at Attachment 27-A is a map outlining the intended geographic service area (“GSA”) for Hispanic-American Endoscopy Center. As set forth in Criterion 1110.230, the Proposed ASTC will serve the Chicago metropolitan area within 30 minutes normal travel time of the surgery center. Accordingly, the intended GSA consists of those areas within 30 minutes normal travel time from Proposed ASTC, or approximately 14 miles.
- b. Pursuant to Section 1110.1540(b) of the HFSRB’s rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. Hispanic-American Endoscopy Center serves the Chicago metropolitan area within 30 minutes normal travel time of the facility. Specifically, the GSA encompasses nearly all of Cook County. The Illinois Department of Commerce and Economic Opportunity’s 2010 population estimate for Cook County is 5,472,429.
- c. Pursuant to Section 1110.1540(b) of the HFSRB’s rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. As set forth throughout this application, the proposed ASTC will serve the Chicago metropolitan area within 30 minutes normal travel time of the proposed site. Travel times to and from the proposed ASTC to the GSA borders are as follows:
  - East: Approximately 16 minutes normal travel time to Lincoln Park
  - Southeast: Approximately 30 minutes normal travel time to Jackson Park
  - South: Approximately 30 minutes normal travel time to Englewood
  - Southwest: Approximately 30 minutes normal travel time to Riverside
  - West: Approximately 30 minutes normal travel time to Maywood
  - Northwest: Approximately 30 minutes normal travel time to Arlington Heights
  - North: Approximately 30 minutes normal travel time to Winnetka
  - Northeast: Approximately 30 minutes normal travel time to Evanston



**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(c), Projected Patient Volume**

Physician referral letters providing the name and number of patients referred to health care facilities within the past 12 months and the projected number of referrals to the surgery center are attached at Attachment – 27B. A summary of the physician referral letters is provided in Table 1110.150(c) below.

<b>Table 1110.1540(c)</b>		
<b>Hospital/ASTC</b>	<b>Cases Performed in the Last 12 Months</b>	<b>Anticipated Referral to Proposed ASTC</b>
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

Thomas C. Malvar, M.D.  
 2800 N. Sheridan Road, Suite 602  
 Chicago, IL 60657

December 23, 2010

Dale Galassie  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
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Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

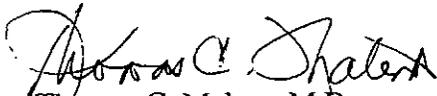
Mr. Dale Galassie  
October 28, 2010  
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

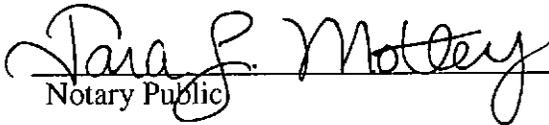
I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



Thomas C. Malvar, M.D.  
2800 North Sheridan Road, Suite 602  
Chicago, Illinois 60657

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010



Notary Public



**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(d), Treatment Room Need Assessment**

- a. As stated throughout this application, the Applicant proposes to add urology to its existing limited specialty ASTC. The ASTC currently has one procedure room and four recovery stations.
- b. The Applicant estimates the average length of time per procedure will be 1 hour 4 minutes. This estimate includes 20 minutes for prep and cleanup.

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(e), Impact on Other Facilities**

- a. A copy of the letter sent to area surgical facilities regarding the impact of adding urological procedures on their workload is attached at Appendix 1.
- b. The list of the facilities contacted is attached at Appendix 2.
- c. MapQuest printouts with the time and distance to each facility within 30 minutes normal travel time of Hispanic American Endoscopy Center are attached at Appendix 3.
- d. Copies of the registered mail receipts are attached at Appendix 4.

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(f), Establishment of New Facilities**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. Accordingly, this criterion is not applicable.

**Section VIII, Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgery  
 Criterion 1110.1540(g), Charge Commitment**

- a. A list of the procedures to be performed at the proposed facility with the proposed charge is provided in Table 1110.1540(g) below.

<b>Procedure Code</b>	<b>Description</b>	<b>Charge</b>
43235	Upper GI Endoscopy	\$2,071
43239	Upper GI Endoscopy w/ Biopsy	\$2,371
43239 & 43251	Upper GI Endo w/ Polyp Removal	\$3,080
45378	Colonoscopy Flexible	\$2,775
45380	Colonoscopy w/ Biopsy	\$3,075
45380 & 43251	Colonoscopy w/ Polyp Removal	\$3,350
31505	Laryngoscopy Indirect	\$1,011
31510	Laryngoscopy w/ Biopsy	\$1,511
31512	Laryngoscopy w/ Lesion Removal	\$2,060
45330	Sigmoidoscopy Flexible	\$1,354
45331	Sigmoidoscopy Flexible w/ Diagnosis	\$1,854
45333	Sigmoidoscopy Flexible w/ Polyp Removal	\$2,050
52000	Cystourethroscopy	\$1,850
52204	Cystourethroscopy with Biopsy	\$1,975
52214	Cystourethroscopy with Fulguration	\$1,975
52270	Cystourethroscopy with Internal Urethrotomy	\$1,950
52275	Cystourethroscopy with Internal Urethrotomy Male	\$1,950
53600	Dilatation of Urethral Stricture Male	\$1,850
53660	Dilatation of Urethral Stricture Female	\$1,850
54161	Circumcision	\$650
55700	Prostate Biopsy	\$1,250

- b. A letter from Ramon Garcia, M.D., committing to maintain the charges listed in Table 1110.1540(g) on the previous page is attached at Attachment – 27F.

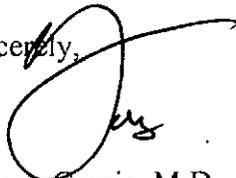
December 21, 2010

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Mr. Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1540(g), I hereby commit that the charges listed in the table attached hereto will not be increased, at a minimum, for the first two years of operation following approval to add urological surgical procedures at Hispanic-American Endoscopy Center unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramon Garcia', written over the word 'Sincerely,'.

Ramon Garcia, M.D.  
Sole Member and Manager  
Hispanic-American Endoscopy Center, L.L.C.

**ATTACHMENT A**

<b>Procedure Code</b>	<b>Description</b>	<b>Charge</b>
43235	Upper GI Endoscopy	\$2,071
43239	Upper GI Endoscopy w/ Biopsy	\$2,371
43239 & 43251	Upper GI Endo w/ Polyp Removal	\$3,080
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45380	Colonoscopy w/ Biopsy	\$3,075
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31505	Laryngoscopy Indirect	\$1,011
31510	Laryngoscopy w/ Biopsy	\$1,511
31512	Laryngoscopy w/ Lesion Removal	\$2,060
45330	Sigmoidoscopy Flexible	\$1,354
45331	Sigmoidoscopy Flexible w/ Diagnosis	\$1,854
45333	Sigmoidoscopy Flexible w/ Polyp Removal	\$2,050
52000	Cystourethroscopy	\$1,850
52204	Cystourethroscopy with Biopsy	\$1,975
52214	Cystourethroscopy with Fulguration	\$1,975
52270	Cystourethroscopy with Internal Urethrotomy	\$1,950
52275	Cystourethroscopy with Internal Urethrotomy Male	\$1,950
53600	Dilatation of Urethral Stricture Male	\$1,850
53660	Dilatation of Urethral Stricture Female	\$1,850
54161	Circumcision	\$650
55700	Prostate Biopsy	\$1,250

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(h), Change in Scope of Service**

As set forth throughout this application, Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago. Due to linguistic and cultural barriers, mainstream health care services are not widely accessible to this patient population. Hispanic-American Endoscopy Center seeks not only to make health care more accessible to members of the Hispanic-American community but also to educate them on various health issues. By including urological surgical procedures, Hispanic-American Endoscopy Center will be able to expand access to much needed health care to this patient population.

**Section IX, Availability of Funds**  
**Criterion 1120.120**

A letter from Harris Bank, N.A. attesting that Hispanic American Endoscopy Center has sufficient financial resources for repayment of a capital equipment lease or the purchase of medical equipment is attached at Attachment – 39.



**HARRIS**

Harris, N.A.  
520 Green Bay Rd.  
Winnetka, IL 60093

Eileen M. Frank  
Senior Vice President  
847-441-4829  
eileen.frank@harrisbank.com

Dale Galassie, Chairman  
Illinois Health Facilities and Services Review Board  
2nd Floor  
525 West Jefferson Street  
Springfield, Illinois 62761

Re: Hispanic American Endoscopy Center, LLC

Dear Mr. Galassie,

This letter is to confirm the liquidity of Hispanic American Endoscopy Center for the repayment of medical equipment leases, or the purchase of medical equipment in an amount in excess of \$100,000 and up to mid 6 figures. Please contact me with any specific questions.

Sincerely,

Eileen M. Frank  
Senior Vice President

**Section IX, Financial Feasibility**  
**Criterion 1120.130 – Financial Viability Waiver**

A letter from Harris Bank, N.A. attesting that Hispanic-American Endoscopy Center has sufficient financial resources for repayment of a capital equipment lease or the purchase of medical equipment is attached at Attachment – 40.



Harris, N.A.  
520 Green Bay Rd.  
Winnetka, IL 60093

**Eileen M. Frank**  
Senior Vice President  
847-441-4829  
eileen.frank@harrisbank.com

Dale Galassie, Chairman  
Illinois Health Facilities and Services Review Board  
2nd Floor  
525 West Jefferson Street  
Springfield, Illinois 62761

Re: Hispanic American Endoscopy Center, LLC

Dear Mr. Galassie,

This letter is to confirm the liquidity of Hispanic American Endoscopy Center for the repayment of medical equipment leases, or the purchase of medical equipment in an amount in excess of \$100,000 and up to mid 6 figures. Please contact me with any specific questions.

Sincerely,

Eileen M. Frank  
Senior Vice President

**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(A), Reasonableness of Financing Arrangements**

Attached at Attachment – 42A is a letter from the Applicant attesting that the total estimated project costs and related costs will be funded in total with cash and equivalents.

December 21, 2010

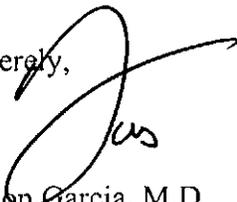
Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Reasonableness of Financing Arrangements**

Dear Mr. Galassie:

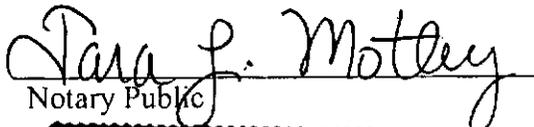
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.

Sincerely,



Ramon Garcia, M.D.  
Sole Member and Manager  
Hispanic American Endoscopy Center, LLC.

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010

  
Notary Public



**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(b), Conditions of Debt Financing**

This project will be funded with cash and equivalents. Accordingly, this criterion is not applicable.

**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(c), Reasonableness of Project and Related Costs**

1. The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.
2. The Proposed ASTC does not include the purchase of major medical equipment. Therefore this criterion is not applicable.
3. Table 1120.310(c) lists the equipment costs for the addition of urology surgical procedures.

<b>Table 1120.310(c)</b>			
	<b>ASTC</b>	<b>State Standard</b>	<b>Above/Below State Standard</b>
Equipment	\$15,000	\$361,743 per operating room (inflated at 3% per year until project achieves target utilization in 2011) $\$361,743 \times 1.03^{11} =$ $\$361,743 \times 1.3842 =$ \$500,737	Below State Standard

**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(d), Projected Operating Costs**

Operating Expenses (2014):	\$
Procedures (2014):	300
Operating Expense per Procedure:	per procedure

**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(e), Total Effect of Project on Capital Costs**

Capital Costs (2014): \$1,500 (amortization expenses)

Procedures (2014): 300 procedures

Capital Costs per Procedure: \$50 per procedure

Thomas C. Malvar, M.D.

2800 N. Sheridan Road, Suite 602

Chicago, IL 60657

December 23, 2010

Dale Galassie

Chair

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

<b>Hospital/Licensed ASTC (name)</b>	<b>Hospital and Licensed ASTC (number of cases) Most recent 12 months</b>	<b>The number of referrals First Year After the Proposed Project Opens</b>
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St. Joseph Hospital	102	68
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<b>Total</b>	<b>400</b>	<b>300</b>

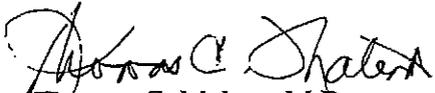
Mr. Dale Galassie  
October 28, 2010  
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



Thomas C. Malvar, M.D.  
2800 North Sheridan Road, Suite 602  
Chicago, Illinois 60657

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010

  
Notary Public

**Section XI, Safety Net Impact Statement**

1. The addition of urology surgical procedures will not have a material impact on essential safety net services in the community. Hispanic-American Endoscopy Center was established in 2007 to bring much-needed medical services to Chicago's Hispanic-American population, many of whom are faced with linguistic and cultural barriers to access healthcare services. Approximately 95% of the patients treated at Hispanic-American Endoscopy Center are Hispanic-American. The addition of urology services will expand access to much needed health services to this patient population, who otherwise may not seek medical assistance for critical problems. Accordingly, the proposed project will improve access to essential safety net services in the community.
  
2. The addition of urology surgical procedures will not impact the ability of another provider or health care system to cross-subsidize safety net services. As documented in the physician referral letter attached at Attachment 43-A, Dr. Malvar currently performs 400 urology procedures at various health care facilities. Approximately 96 of these procedures are currently performed at Garcia Medical Center while the remaining 300 procedures are performed in various licensed hospitals due to the lack of Medicaid certification at Garcia Medical Center. Hispanic-American Endoscopy Center is currently seeking Medicaid certification. Once certified, approximately two-thirds of the procedures currently performed in licensed acute care hospitals will be performed at the surgery center. Performing these surgical procedures in a licensed ASTC is more efficient and less costly than in a hospital setting. Accordingly, the addition of urology surgical procedures to Hispanic-American Endoscopy Center will allow hospitals and health systems to utilize their scarce resources on services that are more appropriate in a licensed hospital setting.
  
3. As stated throughout this application, the Applicant proposes to add urology surgical procedures to its current limited specialty ASTC. There will not be a discontinuation of a facility or any services. Accordingly, this criterion is not applicable.
  
4. The table below provides the amount of charity and Medicaid care provided in the three fiscal years prior to filing this application.

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Inpatient	N/A	N/A	N/A
Outpatient	0	0	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Charity (cost in dollars)</b>			
Inpatient	N/A	N/A	N/A
Outpatient	0	0	\$2,400
<b>Total</b>	<b>0</b>	<b>0</b>	<b>\$2,400</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Inpatient	N/A	N/A	N/A

Safety Net Information per PA 96-0031			
Outpatient	0	4	0
<b>Total</b>	<b>0</b>	<b>4</b>	<b>0</b>
<b>Medicaid (revenue)</b>			
Inpatient	N/A	N/A	N/A
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

Thomas C. Malvar, M.D.  
 2800 N. Sheridan Road, Suite 602  
 Chicago, IL 60657

December 23, 2010

Dale Galassie  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

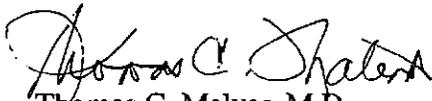
Mr. Dale Galassie  
October 28, 2010  
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



Thomas C. Malvar, M.D.  
2800 North Sheridan Road, Suite 602  
Chicago, Illinois 60657

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010



Notary Public



**Section XII, Charity Care Information**

The amount of charity care for the latest three audited fiscal years is provided in the table below:

CHARITY CARE			
	2007	2008	2009
Net Patient Revenue	15,396	905,543	1,170,058
Amount of Charity Care (charges)	0	0	2,400
Cost of Charity Care	0	0	2,400

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Janet Flojo  
Administrator  
CMP Surgicenter  
3412 West Fullerton Avenue  
Chicago, IL 60647

Dear Ms. Flojo:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on CMP Surgicenter. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramon Garcia', with a stylized flourish at the end.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Dr. Salam Okasha  
Administrator  
Fullerton Surgery Center, Inc.  
4849 West Fullerton Avenue  
Chicago, IL 60639

Dear Dr. Okasha:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

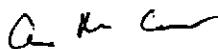
Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Fullerton Surgery Center, Inc. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramon Garcia', with a stylized flourish at the end.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Dr. Renlin Xia  
Administrator  
American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647

Dear Dr. Xia:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on American Women's Medical Group. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. John Engle  
CEO  
Kindred Chicago Central Hospital  
4058 West Melrose Street  
Chicago, IL 60641

Dear Mr. Engle:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Kindred Chicago Central Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramón M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Margaret McDermott  
CEO  
St. Elizabeth's Hospital  
1431 North Claremont Avenue  
Chicago, IL 60622

Dear Ms. McDermott:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Elizabeth's Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*A. M. Coon*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Michael O'Grady  
President & CEO  
Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622

Dear Mr. O'Grady:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Norwegian American Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ram. M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Margaret McDermott  
CEO  
St. Mary of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622

Dear Ms. McDermott:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Mary of Nazareth Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Steven Airhart  
CEO  
Garfield Park Hospital  
520 Ridgeway Avenue  
Chicago, IL 60624

Dear Mr. Airhart:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Garfield Park Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Edward Novak  
President & CEO  
Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624

Dear Mr. Novak:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

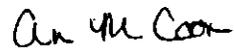
Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Sacred Heart Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read "Ramon Garcia".

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Dr. Sarmed Elias  
Administrator  
Six Corners Same Day Surgery  
4211 North Cicero Avenue, Ste. 400  
Chicago, IL 60641

Dear Dr. Elias:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Six Corners Same Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Diana Maracich  
Administrator  
Albany Medical Surgical Center  
5086 North Elston Avenue  
Chicago, IL 60630

Dear Ms. Maracich:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Albany Medical Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*A. M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Patrick Magoon  
President & CEO  
Children's Memorial Hospital  
2300 North Children's Plaza  
Chicago, IL 60614

Dear Mr. Magoon:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Children's Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Larry Foster  
CEO  
Kindred Hospital Chicago North  
2544 West Montrose Ave.  
Chicago, IL 60618

Dear Mr. Foster:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Kindred Hospital Chicago North. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Ivette Estrada  
CEO  
Our Lady of Resurrection Hospital  
5645 West Addison St.  
Chicago, IL 60634

Dear Ms. Estrada:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Our Lady of Resurrection Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramón M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Joe Jafari  
Administrator  
Grand Avenue Surgical Center  
17 West Grand Ave.  
Chicago, IL 60654

Dear Mr. Jafari:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Grand Avenue Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Patricia Wamsley  
Administrator  
River North Same Day Surgery Center  
One East Erie, Suite 300  
Chicago, IL 60611

Dear Ms. Wamsley:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on River North Same Day Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ram M. Corp*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Patricia Wamsley  
Administrator  
25 East Same Day Surgery  
25 East Washington Street, Suite 300  
Chicago, IL 60602

Dear Ms. Wamsley:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on 25 East Same Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Lena Dobbs-Johnson  
President  
Advocate Bethany Hospital  
3435 West Van Buren Street  
Chicago, IL 60624

Dear Ms. Dobbs-Johnson:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Bethany Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in cursive script, appearing to read 'R Garcia'.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Susan Nordstrom Lopez  
President  
Advocate Illinois Masonic Medical Center  
811 West Wellington Avenue  
Chicago, IL 60657

Dear Ms. Nordstrom Lopez:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Illinois Masonic Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Barbara Ramsey  
Administrator  
Rush Surgicenter – Professional Bldg.  
1725 West Harrison, Ste. 556  
Chicago, IL 60612

Dear Ms. Ramsey:

I am writing on behalf of Hispanic American Endoscopy Center, LLC (“Hispanic American”) to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (“HFSRB”) to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush Surgicenter. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read "Ramon Garcia".

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Larry Goodman  
President & CEO  
Rush University Medical Center  
1653 West Congress Parkway  
Chicago, IL 60612

Dear Mr. Goodman:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush University Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Mark Newton  
President & CEO  
Swedish Covenant Hospital  
5145 North California Ave.  
Chicago, IL 60625

Dear Mr. Newton:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Swedish Covenant Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be the initials 'R. Garcia'.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Original 10-088

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 28 2010

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Hispanic American Endoscopy Center		
Street Address: 3536 West Fullerton Avenue		
City and Zip Code: Chicago, Illinois 60647		
County: Cook	Health Service Area 006	Health Planning Area:

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Hispanic American Endoscopy Center, L.L.C.		
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647		
Name of Registered Agent: Brian Morrow		
Name of Chief Executive Officer: Ramon Garcia, M.D.		
CEO Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647		
Telephone Number: 773-772-1212		

Type of Ownership of Applicant/Co-Applicant

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

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: 312-873-2939

Additional Contact

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

Name: Ramon Garcia, M.D.
Title: Medical Director
Company Name: Hispanic American Endoscopy Center
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Telephone Number: 773-772-1212
E-mail Address: N/A
Fax Number: 773-772-8666

S

**Post Permit Contact**

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

Name: Ramon Garcia, M.D.
Title: Medical Director
Company Name: Hispanic American Endoscopy Center
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Telephone Number: 773-772-1212
E-mail Address: N/A
Fax Number: 773-772-8666

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Garcia Properties
Address of Site Owner: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Street Address or Legal Description of Site: 3536 West Fullerton Avenue, Chicago, Illinois 60647 Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Operating Identity/Licensee**

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

Exact Legal Name: Hispanic American Endoscopy Center
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

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

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

**Flood Plain Requirements NOT APPLICABLE**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements NOT APPLICABLE**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

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

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
---	--

## 2. Narrative Description

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

The Applicant proposes to add urology surgical procedures to its current limited specialty ambulatory surgical treatment center ("ASTC") located at 3536 West Fullerton Avenue, Chicago, Illinois 60647. The ASTC includes one procedure room and two Stage 1 and two Stage 2 recovery stations, which are housed 3,445 gross square feet of clinical space. No construction or other alterations to the ASTC will be required in order to facilitate the provision of this second category of surgeries. The ASTC will procure a small amount of additional medical equipment to accommodate the requirements of these procedures.

Procedures proposed to be performed at the ASTC include gastroenterology, previously approved by the Health Facilities Planning Board under Project Permit No. 04-026, and urology procedures.

The project constitutes a substantive, category B project because it involves to addition of a new category of service.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$15,000	\$0	\$15,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$15,000</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$15,000	\$0	\$15,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$15,000</b>	<b>\$0</b>	<b>\$15,000</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>0</u>		

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2011</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

**State Agency Submittals**

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry <b>NOT APPLICABLE</b>
<input type="checkbox"/> APORS <b>NOT APPLICABLE</b>
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization - NOT APPLICABLE**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>	<b>to:</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
<b>TOTALS:</b>					



**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Hispanic American Endoscopy Center, LLC \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

\_\_\_\_\_  
SIGNATURE

Ramon Garcia, M.D.  
\_\_\_\_\_  
PRINTED NAME

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

Notarization:  
Subscribed and sworn to before me  
this 23<sup>rd</sup> day of December

\_\_\_\_\_  
SIGNATURE

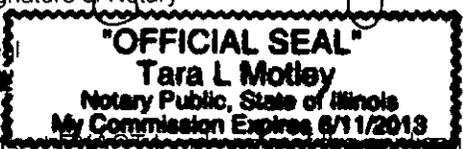
\_\_\_\_\_  
PRINTED NAME

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

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

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

Seal



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

Seal

\* If person is not a legal member of the applicant

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

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

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**H. Non-Hospital Based Ambulatory Surgery**

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

**1. Criterion 1110.1540(a), Scope of Services Provided**

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Podiatry
<input checked="" type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input type="checkbox"/> General/Other	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Urology

**Note: GI services are already approved and operational.**

b. Indicate if the project will result in a  limited or  a multi-specialty ASTC.

**2. Criterion 1110.1540(b), Target Population**

Read the criterion and provide the following:

- On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

**3. Criterion 1110.1540(c), Projected Patient Volume**

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

**4. Criterion 1110.1540(d), Treatment Room Need Assessment**

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

**5. Criterion 1110.1540(e), Impact on Other Facilities**

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. **NOTE:** This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

**6. Criterion 1110.1540(f), Establishment of New Facilities**

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
- a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
  - b. The hospital's surgical utilization data for the latest 12 months, and
  - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
  - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

**7. Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

**8. Criterion 1110.1540(h), Change in Scope of Service**

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$15,000	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$15,000	<b>TOTAL FUNDS AVAILABLE</b>	

**APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

**2. Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT** that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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

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

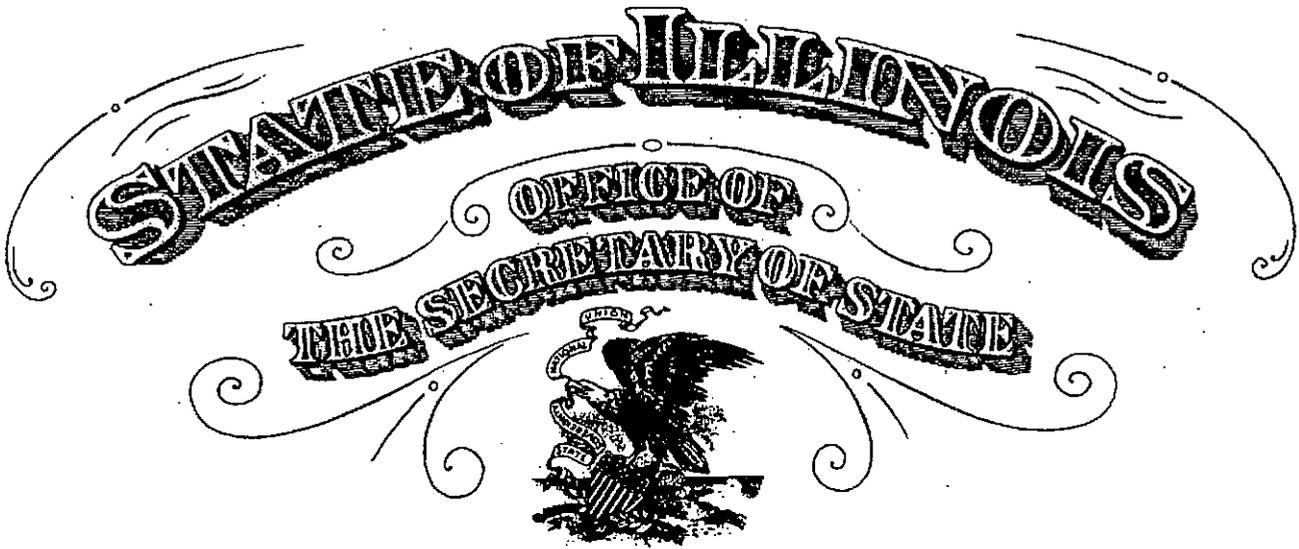
A table in the following format must be provided for all facilities as part of Attachment 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Section I, Identification, General Information, and Certification**  
**Applicants**

The Illinois Certificate of Good Standing for Hispanic-American Endoscopy Center, L.L.C. is attached at Attachment – 1.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

HISPANIC AMERICAN ENDOSCOPY CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 26, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of OCTOBER A.D. 2010**



*Jesse White*

SECRETARY OF STATE

Authentication #: 1028701499  
Authenticate at: <http://www.cyberdriveillinois.com>

**Section I, Identification, General Information, and Certification**  
**Site Ownership**

A copy of the lease between Hispanic-American Endoscopy Center, L.L.C. and Garcia Properties, Inc. is attached at Attachment – 2.

**COMMERCIAL LEASE AGREEMENT**

**THIS LEASE (this "Lease") dated this 22nd day of March, 2010**

**BETWEEN:**

**GARCIA PROPERTIES INC of 3536 W Fullerton Avenue, Chicago, IL  
60647**

Telephone: 773-772-1212 Fax: \_\_\_\_\_  
(the "Landlord")

OF THE FIRST PART

**- AND -**

**Hispanic American Endoscopy Center of 3536 West Fullerton Avenue,  
Chicago, IL 60647**

Telephone: 773-772-1212 Fax: 773-772-8666  
(the "Tenant")

OF THE SECOND PART

**IN CONSIDERATION OF** the Landlord leasing certain premises to the Tenant, the Tenant leasing those premises from the Landlord and the mutual benefits and obligations set forth in this Lease, the receipt and sufficiency of which consideration is hereby acknowledged, the parties to this Lease agree as follows:

**1. Definitions**

1. When used in this Lease, the following expressions will have the meanings indicated:

- a. "Additional Rent" means all amounts payable by the Tenant under this Lease except Base Rent, whether or not specifically designated as Additional Rent elsewhere in this Lease;
- b. "Building" means all buildings, improvements, equipment, fixtures, property and facilities from time to time located at 3536 W FULLERTON AVE, CHICAGO, IL 60647, as from time to time altered, expanded or reduced by the Landlord in its sole discretion;
- c. "Common Areas and Facilities" mean:
  - i. those portions of the Building areas, buildings, improvements, facilities, utilities, equipment and installations in or forming part of the Building which from time to time are not designated or intended by the Landlord to be leased to tenants of the Building including, without limitation, exterior

weather walls, roofs, entrances and exits, parking areas, driveways, loading docks and area, storage, mechanical and electrical rooms, areas above and below leasable premises and not included within leasable premises, security and alarm equipment, grassed and landscaped areas, retaining walls and maintenance, cleaning and operating equipment serving the Building; and

- ii. those lands, areas, buildings, improvements, facilities, utilities, equipment and installations which serve or are for the useful benefit of the Building, the tenants of the Building or the Landlord and those having business with them, whether or not located within, adjacent to or near the Building and which are designated from time to time by the Landlord as part of the Common Areas and Facilities;
- d. "Leasable Area" means with respect to any rentable premises, the area expressed in square feet of all floor space including floor space of mezzanines, if any, determined, calculated and certified by the Landlord and measured from the exterior face of all exterior walls, doors and windows, including walls, doors and windows separating the rentable premises from enclosed Common Areas and Facilities, if any, and from the center line of all interior walls separating the rentable premises from adjoining rentable premises. There will be no deduction or exclusion for any space occupied by or used for columns, ducts or other structural elements;
- e. "Premises" means the building at 3536 W FULLERTON AVE, CHICAGO, IL 60647;
- f. "Proportionate Share" means a fraction, the numerator of which is the Leasable Area of the Premises and the denominator of which is the aggregate of the Leasable Area of all rentable premises in the Building.

## 2. **Leased Premises**

2. The Landlord agrees to rent to the Tenant the building municipally described as 3536 W FULLERTON AVE, CHICAGO, IL 60647, (the "Premises"). The Premises will be used for only the following permitted use (the "Permitted Use"): LICENSED AMBULATORY SURGICAL TREATMENT CENTER. Neither the Premises nor any part of the Premises will be used at any time during the term of this Lease by Tenant for any purpose other than the Permitted Use.
3. While the Tenant, or an assignee or subtenant approved by the Landlord, is using and occupying the Premises for the Permitted Use and is not in default under the Lease, the

Landlord agrees not to Lease space in the Building to any tenant who will be conducting in such premises as its principal business, the services of: LICENSED AMBULATORY SURGICAL TREATMENT CENTER.

4. **Term**

4. The term of the Lease commences at 12:00 noon on January 1, 2009 and ends at 12:00 noon on December 31, 2010.
5. Upon 30 DAYS notice, the Landlord may terminate the tenancy under this Lease if the Tenant has defaulted in the payment of any portion of the Rent when due.
6. Upon 30 DAYS notice, the Landlord may terminate the tenancy under this Lease if the Tenant fails to observe, perform and keep each and every of the covenants, agreements, stipulations, obligations, conditions and other provisions of this Lease to be observed, performed and kept by the Tenant and the Tenant persists in such default beyond the said 30 DAYS notice.
7. Should the Tenant remain in possession of the Premises with the consent of the Landlord after the natural expiration of this Lease, a new tenancy from month to month will be created between the Landlord and the Tenant which will be subject to all the terms and conditions of this Lease but will be terminable upon either party giving one month notice to the other party.

8. **Rent**

8. Subject to the provisions of this Lease, the Tenant will pay a base rent of \$16,000.00 per month for the Premises (the "Base Rent"). In addition to the Base Rent, the Tenant will pay the following taxes to the Landlord: REAL ESTATE TAXES.
9. The Tenant will pay the Base Rent on or before the TENTH of each and every month of the term of this Lease to the Landlord.
10. The Tenant will be charged an additional amount of \$700.00 for any late payment of Rent.

11. **Operating Costs**

11. In addition to the Base Rent, the Tenant will pay as Additional Rent, without setoff, abatement or deduction, its Proportionate Share of all of the Landlord's costs, charges and expenses of operating, maintaining, repairing, replacing and insuring the Building including the Common Areas and Facilities from time to time and the carrying out of all

obligations of the Landlord under this Lease and similar leases with respect to the Building ("Operating Costs").

12. Except as otherwise provided in this Lease, Operating Costs will not include debt service, depreciation, costs determined by the Landlord from time to time to be fairly allocable to the correction of construction faults or initial maladjustments in operating equipment, all management costs not allocable to the actual maintenance, repair or operation of the Building (such as in connection with leasing and rental advertising), work performed in connection with the initial construction of the Building and the Premises and improvements and modernization to the Building subsequent to the date of original construction which are not in the nature of a repair or replacement of an existing component, system or part of the Building.

13. Operating Costs will also not include the following:

- a. any increase in insurance premiums to the center as a result of business activities of other Tenants;
- b. the costs of any capital replacements;
- c. the costs incurred or accrued due to the willful act or negligence of the Landlord or anyone acting on behalf of the Landlord;
- d. structural repairs;
- e. costs for which the Landlord is reimbursed by insurers or covered by warranties;
- f. costs incurred for repairs or maintenance for the direct account of a specific Tenant or vacant space;
- g. costs recovered directly from any Tenant for separate charges such as heating, ventilating, and air conditioning relating to that Tenant's leased premises, and in respect of any act, omission, neglect or default of any Tenant of its obligations under its Lease; or
- h. any expenses incurred as a result of the Landlord generating revenues from common area facilities will be paid from those revenues generated.

14. The Tenant will pay:

- a. To the Landlord, the Tenant's Proportionate Share of all real property taxes, rates, duties, levies and assessments which are levied, rated, charged, imposed or assessed by any lawful taxing authority (whether federal, state, district, municipal,

school or otherwise) against the Building and the land or any part of the Building and land from time to time or any taxes payable by the Landlord which are charged in lieu of such taxes or in addition to such taxes, but excluding income tax upon the income of the Landlord to the extent that such taxes are not levied in lieu of real property taxes against the Building or upon the Landlord in respect of the Building.

- b. To the lawful taxing authorities, or to the Landlord, as it may direct, as and when the same become due and payable, all taxes, rates, use fees, duties, assessments and other charges that are levied, rated, charged or assessed against or in respect of all improvements, equipment and facilities of the Tenant on or in default by the Tenant and in respect of any business carried on in the Premises or in respect of the use or occupancy of the Premises by the Tenant and every subtenant, licensee, concessionaire or other person doing business on or from the Premises or occupying any portion of the Premises.

- 15. For any rent review negotiation, the basic rent will be calculated as being the higher of the Base Rent payable immediately before the date of review and the Open Market Rent on the date of review.

**16. Landlord's Estimate**

- 16. The Landlord may, in respect of all taxes and Operating Costs and any other items of Additional Rent referred to in this Lease compute bona fide estimates of the amounts which are anticipated to accrue in the next following lease year, calendar year or fiscal year, or portion of such year, as the Landlord may determine is most appropriate for each and of all items of Additional Rent, and the Landlord may provide the Tenant with written notice and a reasonable breakdown of the amount of any such estimate, and the Tenant, following receipt of such written notice of the estimated amount and breakdown will pay to the Landlord such amount, in equal consecutive monthly installments throughout the application period with the monthly installments of Base Rent. With respect to any item of Additional rent which the Landlord has not elected to estimate from time to time, the Tenant will pay to the Landlord the amount of such item of Additional Rent, determined under the applicable provisions of this Lease, immediately upon receipt of an invoice setting out such items of Additional Rent. Within one hundred and twenty (120) days of the conclusion of each year of the term or a portion of a year, as the case may be, calendar year or fiscal year, or portion of such year, as the case may be, for which the Landlord has estimated any item of Additional Rent, the Landlord will compute the actual amount of such item of Additional Rent, and make available to the Tenant for examination a statement providing the amount of such item of Additional Rent and the calculation of the Tenant's share of that Additional Rent for such year or portion

of such year. If the actual amount of such items of Additional Rent, as set out in the any such statement, exceeds the aggregate amount of the installments paid by the Tenant in respect of such item, the Tenant will pay to the Landlord the amount of excess within fifteen (15) days of receipt of any such statement. If the contrary is the case, any such statement will be accompanied by a refund to the Tenant of any such overpayment without interest, provided that the Landlord may first deduct from such refund any rent which is then in arrears.

**17. Use and Occupation**

17. The Tenant will use and occupy the Premises only for the Permitted Use and for no other purpose whatsoever. The Tenant will carry on business under the name of Chicago Endoscopy Center and will not change such name without the prior written consent of the Landlord, such consent not to be unreasonably withheld. The Tenant will open the whole of the Premises for business to the public fully fixtured, stocked and staffed on the date of commencement of the term and throughout the term, will continuously occupy and utilize the entire Premises in the active conduct of its business in a reputable manner on such days and during such hours of business as may be determined from time to time by the Landlord.

18. The Tenant covenants that the Tenant will carry on and conduct its business from time to time carried on upon the Premises in such manner as to comply with all statutes, bylaws, rules and regulations of any federal, provincial, municipal or other competent authority and will not do anything on or in the Premises in contravention of any of them.

**19. Quiet Enjoyment**

19. The Landlord covenants that on paying the Rent and performing the covenants contained in this Lease, the Tenant will peacefully and quietly have, hold, and enjoy the Premises for the agreed term.

**20. Distress**

20. If and whenever the Tenant is in default in payment of any money, whether hereby expressly reserved or deemed as rent, or any part of the rent, the Landlord may, without notice or any form of legal process, enter upon the Premises and seize, remove and sell the Tenant's goods, chattels and equipment from the Premises or seize, remove and sell any goods, chattels and equipment at any place to which the Tenant or any other person may have removed them, in the same manner as if they had remained and been distrained upon the Premises, all notwithstanding any rule of law or equity to the contrary, and the

Tenant hereby waives and renounces the benefit of any present or future statute or law limiting or eliminating the Landlord's right of distress.

**21. Overholding**

21. If the Tenant continues to occupy the Premises with the written consent of the Landlord after the expiration or other termination of the term, then, without any further written agreement, the Tenant will be a month-to-month tenant at a minimum monthly rental equal to twice the Base Rent and subject always to all of the other provisions of this Lease insofar as the same are applicable to a month-to-month tenancy and a tenancy from year to year will not be created by implication of law.

22. If the Tenant continues to occupy the Premises without the written consent of the Landlord at the expiration or other termination of the term, then the Tenant will be a tenant at will and will pay to the Landlord, as liquidated damages and not as rent, an amount equal to twice the Base Rent plus any Additional Rent during the period of such occupancy, accruing from day to day and adjusted pro rata accordingly, and subject always to all the other provisions of this Lease insofar as they are applicable to a tenancy at will and a tenancy from month to month or from year to year will not be created by implication of law; provided that nothing in this clause contained will preclude the Landlord from taking action for recovery of possession of the Premises.

**23. Additional Rights on Reentry**

23. If the Landlord reenters the Premises or terminates this Lease, then:

- a. notwithstanding any such termination or the term thereby becoming forfeited and void, the provisions of this Lease relating to the consequences of termination will survive;
- b. the Landlord may use such reasonable force as it may deem necessary for the purpose of gaining admittance to and retaking possession of the Premises and the Tenant hereby releases the Landlord from all actions, proceedings, claims and demands whatsoever for and in respect of any such forcible entry or any loss or damage in connection therewith or consequential thereupon;
- c. the Landlord may expel and remove, forcibly, if necessary, the Tenant, those claiming under the Tenant and their effects, as allowed by law, without being taken or deemed to be guilty of any manner of trespass;
- d. in the event that the Landlord has removed the property of the Tenant, the Landlord may store such property in a public warehouse or at a place selected by

the Landlord, at the expense of the Tenant. If the Landlord feels that it is not worth storing such property given its value and the cost to store it, then the Landlord may dispose of such property in its sole discretion and use such funds, if any, towards any indebtedness of the Tenant to the Landlord. The Landlord will not be responsible to the Tenant for the disposal of such property other than to provide any balance of the proceeds to the Tenant after paying any storage costs and any amounts owed by the Tenant to the Landlord;

- e. the Landlord may relet the Premises or any part of the Premises for a term or terms which may be less or greater than the balance of the term of this Lease remaining and may grant reasonable concessions in connection with such reletting including any alterations and improvements to the Premises;
- f. after reentry, the Landlord may procure the appointment of a receiver to take possession and collect rents and profits of the business of the Tenant, and, if necessary to collect the rents and profits the receiver may carry on the business of the Tenant and take possession of the personal property used in the business of the Tenant, including inventory, trade fixtures, and furnishings, and use them in the business without compensating the Tenant;
- g. after reentry, the Landlord may terminate the Lease on giving 5 days written notice of termination to the Tenant. Without this notice, reentry of the Premises by the Landlord or its agents will not terminate this Lease;
- h. the Tenant will pay to the Landlord on demand:
  - i. all rent, Additional Rent and other amounts payable under this Lease up to the time of reentry or termination, whichever is later;
  - ii. reasonable expenses as the Landlord incurs or has incurred in connection with the reentering, terminating, reletting, collecting sums due or payable by the Tenant, realizing upon assets seized; including without limitation, brokerage, fees and expenses and legal fees and disbursements and the expenses of keeping the Premises in good order, repairing the same and preparing them for reletting; and
  - iii. as liquidated damages for the loss of rent and other income of the Landlord expected to be derived from this Lease during the period which would have constituted the unexpired portion of the term had it not been terminated, at the option of the Landlord, either:

- i. an amount determined by reducing to present worth at an assumed interest rate of twelve percent (12%) per annum all Base Rent and estimated Additional Rent to become payable during the period which would have constituted the unexpired portion of the term, such determination to be made by the Landlord, who may make reasonable estimates of when any such other amounts would have become payable and may make such other assumptions of the facts as may be reasonable in the circumstances; or
- ii. an amount equal to the Base Rent and estimated Additional Rent for a period of six (6) months.

#### **24. Renewal of Lease**

24. Upon giving written notice no later than 60 days before the expiration of the term of this Lease, the Tenant may renew this Lease for an additional term. All terms of the renewed lease will be the same except for this renewal clause and the amount of the rent. If the Landlord and the Tenant can not agree as to the amount of the Rent, the amount of the Rent will be determined by mediation.

#### **25. Tenant Improvements**

25. The Tenant will obtain written permission from the Landlord before doing any of the following:
- a. applying adhesive materials, or inserting nails or hooks in walls or ceilings other than two small picture hooks per wall;
  - b. painting, wallpapering, redecorating or in any way significantly altering the appearance of the Premises;
  - c. removing or adding walls, or performing any structural alterations;
  - d. installing a waterbed(s);
  - e. changing the amount of heat or power normally used on the Premises as well as installing additional electrical wiring or heating units;
  - f. placing or exposing or allowing to be placed or exposed anywhere inside or outside the Premises any placard, notice or sign for advertising or any other purpose; or

- g. affixing to or erecting upon or near the Premises any radio or TV antenna or tower.

**26. Utilities and Other Costs**

- 26. The Tenant is responsible for the direct payment of the following utilities and other charges in relation to the Premises: electricity, natural gas, water, sewer, telephone, Internet and cable.

**27. Insurance**

- 27. The Tenant is hereby advised and understands that the personal property of the Tenant is not insured by the Landlord for either damage or loss, and the Landlord assumes no liability for any such loss. The Tenant is advised that, if insurance coverage is desired by the Tenant, the Tenant should inquire of Tenant's insurance agent regarding a Tenant's Policy of Insurance.
- 28. The Tenant is responsible for insuring the Landlord's contents and furnishings in or about the Premises for either damage and loss for the benefit of the Landlord.
- 29. The Tenant is responsible for insuring the Premises for damage or loss to the structure, mechanical or improvements to the Building on the Premises for the benefit of the Tenant and the Landlord. Such insurance should include such risks as fire, theft, vandalism, flood and disaster.
- 30. The Tenant is responsible for insuring the Premises for liability insurance for the benefit of the Tenant and the Landlord.
- 31. The Tenant will provide proof of such insurance to the Landlord upon request.

**32. Governing Law**

- 32. It is the intention of the parties to this Lease that the tenancy created by this Lease and the performance under this Lease, and all suits and special proceedings under this Lease, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Illinois, without regard to the jurisdiction in which any action or special proceeding may be instituted.

**33. Severability**

- 33. If there is a conflict between any provision of this Lease and the applicable legislation of the State of Illinois (the 'Act'), the Act will prevail and such provisions of the Lease will

be amended or deleted as necessary in order to comply with the Act. Further, any provisions that are required by the Act are incorporated into this Lease.

34. **Assignment and Subletting**

34. The Tenant will not assign this Lease, or sublet or grant any concession or license to use the Premises or any part of the Premises. An assignment, subletting, concession, or license, whether by operation of law or otherwise, will be void and will, at Landlord's option, terminate this Lease.

35. **Care and Use of Premises**

35. The Tenant will promptly notify the Landlord of any damage, or of any situation that may significantly interfere with the normal use of the Premises.

36. The Tenant will not make (or allow to be made) any noise or nuisance which, in the reasonable opinion of the Landlord, disturbs the comfort or convenience of other tenants.

37. The Tenant will not engage in any illegal trade or activity on or about the Premises.

38. The Landlord and Tenant will comply with standards of health, sanitation, fire, housing and safety as required by law.

39. At the expiration of the lease term, the Tenant will quit and surrender the Premises in as good a state and condition as they were at the commencement of this Lease, reasonable use and wear and damages by the elements excepted.

40. **Hazardous Materials**

40. The Tenant will not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might unreasonably increase the danger of fire on the Premises or that might be considered hazardous by any responsible insurance company.

41. **Rules and Regulations**

41. The Tenant will obey all rules and regulations posted by the Landlord regarding the use and care of the Building, parking lot, laundry room and other common facilities that are provided for the use of the Tenant in and around the Building on the Premises.

42. **General Provisions**

42. Any waiver by the Landlord of any failure by the Tenant to perform or observe the provisions of this Lease will not operate as a waiver of the Landlord's rights under this Lease in respect of any subsequent defaults, breaches or nonperformance and will not defeat or affect in any way the Landlord's rights in respect of any subsequent default or breach.
43. This Lease will extend to and be binding upon and inure to the benefit of the respective heirs, executors, administrators, successors and assigns, as the case may be, of each party to this Lease. All covenants are to be construed as conditions of this Lease.
44. All sums payable by the Tenant to the Landlord pursuant to any provision of this Lease will be deemed to be Additional Rent and will be recovered by the Landlord as rental arrears.
45. Where there is more than one Tenant executing this Lease, all Tenants are jointly and severally liable for each other's acts, omissions and liabilities pursuant to this Lease.

**IN WITNESS WHEREOF** the parties to this Agreement have duly affixed their signatures under hand and seal, or by a duly authorized officer under seal, on this 22nd day of March, 2010.

RAMON A GARCIA MD  
(Witness)

GARCIA PROPERTIES INC (Landlord)  
Per: \_\_\_\_\_ (SEAL)

Ramon A Garcia MD  
(Witness)

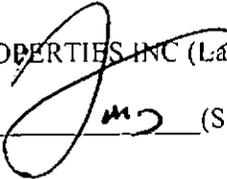
Hispanic American Endoscopy Center (Tenant)  
Per: \_\_\_\_\_ (SEAL)

42. Any waiver by the Landlord of any failure by the Tenant to perform or observe the provisions of this Lease will not operate as a waiver of the Landlord's rights under this Lease in respect of any subsequent defaults, breaches or nonperformance and will not defeat or affect in any way the Landlord's rights in respect of any subsequent default or breach.
43. This Lease will extend to and be binding upon and inure to the benefit of the respective heirs, executors, administrators, successors and assigns, as the case may be, of each party to this Lease. All covenants are to be construed as conditions of this Lease.
44. All sums payable by the Tenant to the Landlord pursuant to any provision of this Lease will be deemed to be Additional Rent and will be recovered by the Landlord as rental arrears.
45. Where there is more than one Tenant executing this Lease, all Tenants are jointly and severally liable for each other's acts, omissions and liabilities pursuant to this Lease.

**IN WITNESS WHEREOF** the parties to this Agreement have duly affixed their signatures under hand and seal, or by a duly authorized officer under seal, on this 22nd day of March, 2010.

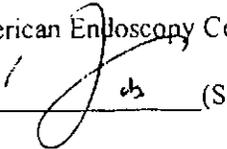
RAMON A GARCIA MD  
(Witness)

GARCIA PROPERTIES INC (Landlord)

Per:  (SEAL)

Ramon A Garcia MD  
(Witness)

Hispanic American Endoscopy Center (Tenant)

Per:  (SEAL)

**Section I, Identification, General Information, and Certification**  
**Operating Identity/Licensee**

The Illinois Certificate of Good Standing for Hispanic-American Endoscopy Center, L.L.C. is attached at Attachment – 3.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

HISPANIC AMERICAN ENDOSCOPY CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 26, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of OCTOBER A.D. 2010

*Jesse White*

Authentication #: 1028701499

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organizational chart for Hispanic-American Endoscopy Center, LLC. is attached at Attachment – 4.

Organizational Relationships

Ramon A. Garcia M.D., P.C.  
d/b/a Garcia Medical Center

Hispanic-American Endoscopy Center, LLC  
d/b/a Chicago Endoscopy Center, LLC

Garcia Properties, Inc.

Ramon Garcia, M.D.  
Sole Owner

Ramon Garcia, M.D.  
Sole Manager and Member

Ramon Garcia, M.D.  
Sole Shareholder

**Section I, Identification, General Information, and Certification**  
**Flood Plain Requirements**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.

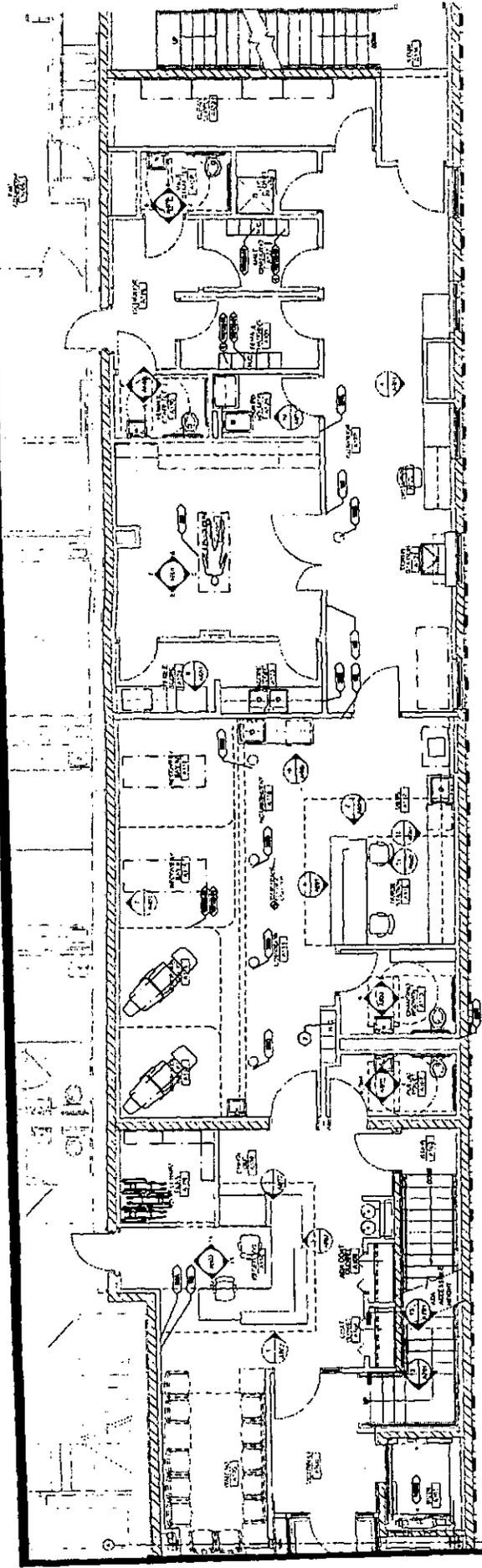
**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.

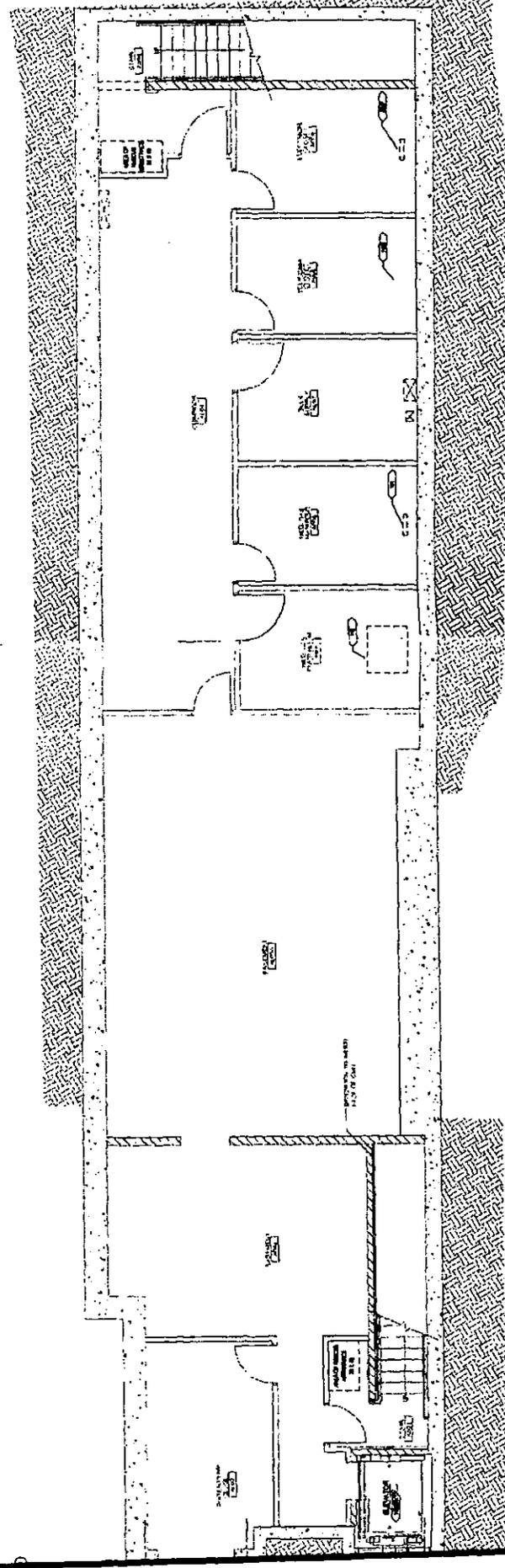


**Section I, Identification, General Information, and Certification  
Project Status and Completion Schedules**

A copy of the floor plan for the existing ASTC is attached at Attachment – 8.



2 FIRST FLOOR EQUIPMENT PLAN  
SCALE: 1/4" = 1'-0"



1 BASEMENT EQUIPMENT PLAN  
SCALE: 1/4" = 1'-0"

LEGEND  
 (Symbol) EQUIPMENT LOCATION  
 (Symbol) EQUIPMENT LOCATION

EQUIPMENT PLAN GENERAL NOTES  
 1. SEE GENERAL NOTES ON ALL SHEETS FOR EQUIPMENT PLAN KEY NOTE

EQUIPMENT PLAN KEY NOTE  
 1. SEE GENERAL NOTES ON ALL SHEETS FOR EQUIPMENT PLAN KEY NOTE

**Section I, Identification, General Information, and Certification  
Cost Space Requirements**

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>							
ASTC	\$15,000	3,445	0	0	0	3,445	0
Total Clinical	\$15,000	3,445	0	0	0	3,445	0
<b>NON CLINICAL</b>							
Total Non-clinical	\$0	0	0	0	0	0	0
<b>TOTAL</b>	<b>\$15,000</b>	<b>3,445</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230, Project Purpose, Background and Alternatives**

**Background of the Applicant**

1. Applicant operates Hispanic-American Endoscopy Center, LLC. Copies of the current license and accreditation are attached at Attachment 11-A.
2. A letter from Ramon Garcia, M.D. certifying no adverse action has been taken against any facility owned and/or operated by the Applicant during the three years prior to filing this application is attached at Attachment 11-B.
3. An authorization permitting HFSRB and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.
4. The Applicant has not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

**State of Illinois 2000709**  
**Department of Public Health**



**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**DAMON J. ARNOLD, M.D.**  
**DIRECTOR**

Issued under the authority of  
 The State of Illinois  
 Department of Public Health

EXPIRATION DATE <b>10/11/11</b>	CATEGORY <b>868D</b>	ID. NUMBER <b>7003126</b>
<b>FULL LICENSE</b>		
<b>AMBUL SURGICAL TREAT CNTR</b>		
<b>EFFECTIVE: 10/12/10</b>		

**BUSINESS ADDRESS**

**HISPANIC AMERICAN ENDOSCOPY CENTER, LLC**  
**878/A CHICAGO ENDOSCOPY CENTER, ASIC**  
**3536 W. FULLERTON AVENUE**  
**CHICAGO IL 60647**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



**State of Illinois 2000709**  
**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

**HISPANIC AMERICAN ENDOSCOPY CENTER,**

EXPIRATION DATE <b>10/11/11</b>	CATEGORY <b>868D</b>	ID. NUMBER <b>7003126</b>
------------------------------------	-------------------------	------------------------------

**FULL LICENSE**

**AMBUL SURGICAL TREAT CNTR**

**EFFECTIVE: 10/12/10**

**08/28/10**

**HISPANIC AMERICAN ENDOSCOPY CENTER**  
**878/A CHICAGO ENDOSCOPY CENTER**  
**3536 W. FULLERTON AVENUE**  
**CHICAGO IL 60647**

FEE RECEIPT NO. 7352

December 21, 2010

Dale Galassie  
Acting Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Mr. Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by Hispanic-American Endoscopy Center, LLC during the three years prior to filing this application for permit.

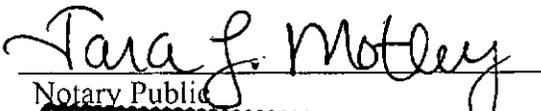
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Ramon Garcia  
Sole Member and Manager  
Hispanic-American Endoscopy Center, LLC

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010

  
Notary Public



**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230(b), Project Purpose, Background and Alternatives**

Purpose of the Project

1. The primary purpose of this project is to enhance the scope of services available to Hispanic patients residing in the service area of the surgery center and to increase utilization at Hispanic-American Endoscopy Center. One directive of the Office of Minority Health of the U.S. Department of Health and Human Services is to eliminate health disparities, achieve health equity and improve and expand the capacity for linguistic and cultural competence of health care professionals and paraprofessionals working with Limited-English-Proficient (LEP) minority communities and improve the accessibility and utilization of health care services among the LEP minority populations. In seeking to expand the scope of services at Hispanic-American Endoscopy Center, this project is consistent with those goals.

The addition of urological surgery procedures will increase access to much needed health care services to the Hispanic-American community. Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago, approximately, 95 percent of the surgery center's patients are Hispanic-American. Due to cultural and linguistic barriers, this patient population often lacks appropriate access to critical health care services. With Spanish-speaking physicians and staff, Hispanic-American Endoscopy Center is uniquely positioned to serve this community. In fact, Spanish-speaking patients are more likely to seek health care services from Spanish-speaking physicians because they can better understand their condition and treatment options and make better informed health care decisions. Accordingly, the addition of urological surgery procedures will increase utilization of surgical services and increase access to health care to the Hispanic-American community in Chicago.

Additionally, the addition of urological surgical procedures will provide a lower cost alternative to outpatient surgery to the residents of the City of Chicago. As set forth in the letter from the ASC Advocacy Committee to Secretary Sebelius regarding on implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services attached as Attachment – 12A. ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than hospital outpatient departments (“HOPD”). Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Accordingly, the Applicant seeks to provide a high-quality, lower cost option to residents of the City of Chicago, particularly the Hispanic-American community.

Based upon the December 17, 2010 inventory data, there are currently 22 ASTC facilities and 57 operating rooms located in HSA 6 which encompasses the City of Chicago.<sup>1</sup> According to the U.S. Census Bureau, the 2009 population estimate for the City of Chicago was 2,851,268, which amounts to one ASTC operating room to every 50,022 people. As shown in the table on the following page, the City of Chicago has the highest ratio of

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<sup>1</sup> Illinois Health Facilities and Services Review Board, Addendum to Inventory of Health Care Facilities, October 1, 2008 – December 17, 2010 available at <http://www.hfsrb.illinois.gov/pdf/Other%20Services%20Update%2012-17-2010.pdf> (last visited Dec. 23, 2010).

residents to ASTC operating rooms in the Chicago metropolitan area, nearly 85% greater than the average of the remaining metropolitan Chicago HSAs. It is over 55% greater than the Statewide average.

Planning Area	Geographic Area	ASTC Operating Rooms	2009 Population Estimate	Residents per OR
HSA 6	City of Chicago	57	2,851,268	1:50,022
HSA 7	Suburban Cook & DuPage Counties	148	3,368,310	1:22,759
HSA 8	Kane, Lake & McHenry Counties	40	1,545,420	1:38,636
HSA 9	Grundy, Kankakee, Kendall & Will Counties	28	951,708	1:33,990
<b>Illinois Total</b>		<b>404</b>	<b>12,910,409</b>	<b>1:31,956</b>

Importantly, the City of Chicago has the largest Hispanic population of any planning area metropolitan Chicago HSA. Based upon the latest data available from the U.S. Census Bureau, approximately 27.41% of the population of the City of Chicago is Hispanic or Latino compared to 16.21% for the remainder of the metropolitan Chicago HSAs and 14.65% for the State.

Greater access to ambulatory surgical services is needed in the City of Chicago. However, within the past two years, only two CON applications for ASTCs proposed to be located in the City of Chicago have been approved by the HFSRB. South Loop Endoscopy & Wellness Center received a permit to establish a limited-specialty ASTC with 1 operating room on March 2, 2010; Swedish Covenant Surgery Center received a permit to establish a multi-specialty ASTC with 3 operating rooms on June 8, 2010. Accordingly, the proposed project will increase access to ASTC services to residents of the City of Chicago in general, and the Hispanic-American community in particular.

Finally, the addition of urological procedures will increase utilization at Hispanic-American endoscopy center. On October 20, 2004, the Illinois Health Facilities Planning Board approved the permit to establish a limited-specialty ambulatory surgical treatment center specializing in gastroenterology. The surgery center commenced operations on January 1, 2007.

As shown in Table 1110.230(b) below, in the first three years of operation, the number of endoscopy procedures performed at the surgery center has increased; however, it is still underutilized. Adding urology will increase utilization at the surgery center. The urological endoscopic procedures proposed to be performed are complementary to the gastroenterological procedures currently performed at the surgery center. In fact, much of the same equipment will be used for both specialties. As a result, there will be minimal project costs to achieve greater utilization of this currently under-utilized facility.

<b>Table 1110.230(b) Facility Utilization</b>			
	<b>2007</b>	<b>2008</b>	<b>2009</b>
Total Procedures	131	739	660
Surgery Time (Hours)	65.3	185	178
Prep & Clean Up (Hours)	65.5	124	116
Total Surgery (Hours)	130.8	309.0	294.0
Average Case Time (Hours)	1.0	0.42	0.45

Note that while the surgery center was operational during 2007, based on survey and processing delays, its Medicare certification was procured in late 2007 resulting in lower volumes than anticipated.

2. Hispanic-American Endoscopy Center serves the Chicago metropolitan area within 30 minutes normal travel time of the surgery center. A map of the market area of Hispanic-American Endoscopy Center is attached at Attachment – 12B. Travel times to from Hispanic-American Endoscopy Center to the geographic service area (“GSA”) borders are as follows:

- East: Approximately 16 minutes normal travel time to Lincoln Park
- Southeast: Approximately 30 minutes normal travel time to Jackson Park
- South: Approximately 30 minutes normal travel time to Englewood
- Southwest: Approximately 30 minutes normal travel time to Riverside
- West: Approximately 30 minutes normal travel time to Maywood
- Northwest: Approximately 30 minutes normal travel time to Arlington Heights
- North: Approximately 30 minutes normal travel time to Winnetka
- Northeast: Approximately 30 minutes normal travel time to Evanston

3. Hispanic-American Endoscopy Center primarily serves Chicago’s Hispanic-American community. In fact, approximately 95% of the patient population at Hispanic American Endoscopy Center is primarily Spanish-speaking, originating from Mexico, Central America and Puerto Rico. While there are 22 ASTCs and 30 hospitals within 30 minutes normal travel time of the surgery center, these other health care facilities do not consistently provide the most appropriate access for Hispanic patients. First, to improve access and reduce the health disparities that the Hispanic community faces when compared to the non-Hispanic population, it is imperative Spanish-speaking patients receive services from Spanish-speaking providers. When these patients receive services from non-Spanish speaking providers, it is difficult for them to understand their condition and treatment options and to form proper physician-patient relationships. Second, due to language and cultural barriers, limited information is available to the Hispanic-American community about diseases of the urinary tract, which can be easily treated. Accordingly, the Hispanic-American population is not as fully educated as other primarily English-speaking populations may be about these problems. The provision of care in a bicultural setting leads to improved patient knowledge, self-care behaviors and appropriate health care interventions.

4. Hispanic-American Endoscopy Center will more fully inform this patient population about diseases of the urinary tract and the services available at the surgery center. Physicians

affiliated with Hispanic-American will provide urology surgical procedures to this patient population in a more cost effective setting than an acute care hospital.

5. The goal of this project is to increase access to urology services to members of the Hispanic-American community. Additionally, by adding urology to this limited specialty surgery center, the Applicant intends to increase utilization of this currently underutilized surgery center to conform to the HFSRB utilization standards.

August 3, 2010

VIA HAND DELIVERY

Secretary Sebelius  
The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

**Re: Report on a Value-Based Purchasing System for Ambulatory Surgical Centers**

Dear Secretary Sebelius:

Please accept the following comments regarding the report on a value-based purchasing (VBP) program for ASCs, as outlined in the Patient Protection and Affordable Care Act (PL 111-148, PPACA) §3006(f). These comments are submitted by the ASC Advocacy Committee, a joint effort of the ASC Coalition and the ASC Association, representing all types of ASCs; and the ASC Quality Collaboration, a cooperative effort of organizations and companies interested in ensuring ASC quality data is appropriately developed and reported. Together, these organizations include single- and multi-specialty ASCs; physician-owned ASCs, joint ventures between hospitals and physicians, and joint ventures between physicians and management companies; professional societies; and accrediting bodies. Participating ASCs range from the very small to the very large and are located in all 50 states.

Progress towards a Medicare VBP program for ASCs should be incremental: beginning with building a reliable, voluntary quality reporting infrastructure for ASCs, and then measuring performance within the ASC setting. Indicators of quality should include measures such as efficiency, outcomes, patient experience of care, adherence to evidence-based processes. As the culmination of VBP, CMS should develop and implement comparisons of the quality and costs for outpatient surgery in ASCs and hospital outpatient departments (HOPDs). A VBP system for outpatient surgery in these settings could create competition based on quality and efficiency, drive improvement, recognize the highest quality and most efficient providers, and improve transparency.

Some patients in hospital outpatient departments are not comparable to patients who are treated in ASCs. For example, the current HOPD measures include a hospital's emergency room patients. Designing a VBP for ASCs which enables cross-setting comparisons should focus on patients who can be treated appropriately in both ASCs and HOPDs.

**Value-based purchasing includes financial and other incentives**

One tool of VBP is public disclosure of data on the quality of care and costs to payers. We strongly support increasing the transparency of Medicare rates, patients' out-of-pocket costs, and quality of surgeries and procedures. Confidential feedback to ASCs from quality measurement systems should be used in the first year of VBP. Data should not be publicly reported while a reliable reporting infrastructure is being created and implemented. Building quality measurement on a solid foundation with a high level of reliability may help increase participation and the value of the data for all stakeholders. The following principles should guide public reporting of the VBP measure set:

- Consumers should be able to directly compare providers of outpatient surgical services.
- ASCs should be given the opportunity to review, validate, and appeal measurements and scores prior to publishing.
- There should be a provider narrative section for each provider-specific item to allow the provider to advise the consumer of any concerns the provider has regarding the reliability or accuracy of the information presented.
- In addition to reporting quality measures, other useful information such as facility accreditation status, state licensure and Medicare certification should be made available.

Many private payers incentivize their enrollees to use higher value services by charging lower co-pays or coinsurance for them. The Medicare program already incorporates this VBP tool: because Medicare payments for the same service are lower in ASCs than HOPDs, the copayments for services provided in ASCs are generally lower than in an HOPD. This differential can function as a value incentive for beneficiaries. For example, a patient needing cataract surgery would be responsible for \$193 if it were performed in the ASC; the patient would owe \$496 if the service were provided in the hospital outpatient department, a difference of 61%. Table 1 below illustrates the payment differentials for some common surgeries and procedures for beneficiaries in 2010. VBP could help to build an awareness of these differences and help the Medicare program leverage the choices of its beneficiaries to increase value.

*Table 1. Co-payment savings for Medicare beneficiaries in ASCs for some typical procedures*

<b>Comparison of 2010 ASC and HOPD beneficiary copayments</b>				
<i>HCPCS</i>	<i>Description</i>	<i>ASC Copay</i>	<i>HOPD Copay</i>	<i>Difference</i>
66984	Cataract surg w/IOL, 1 stage	\$192.49	\$495.96	61%
43239	Upper GI endoscopy, biopsy	\$73.89	\$143.38	48%
45378	Diagnostic colonoscopy	\$76.05	\$186.06	59%
45380	Colonoscopy and biopsy	\$76.05	\$186.06	59%
45385	Lesion removal colonoscopy	\$76.05	\$186.06	59%
66821	After cataract laser surgery	\$46.81	\$104.31	55%
64483	Inj foramen epidural l/s	\$59.20	\$97.09	39%
66982	Cataract surgery, complex	\$192.49	\$495.96	61%
45384	Lesion remove colonoscopy	\$76.05	\$186.06	59%

## ASC Value-Based Purchasing

29881	Knee arthroscopy	\$209.92	\$403.36	48%
63650	Implant neuroelectrodes	\$699.19	\$885.85	21%
29827	Arthroscop rotator cuff repr	\$327.64	\$804.74	59%

The chief tool of VBP is payment differentials for providers: paying more to high-performing providers and to those who have made significant improvements to the quality of care. Provider payment differentials are key pieces of CMS's Premier Hospital Quality Incentive Demonstration, Home Health Pay for Performance Demonstration, and Nursing Home Value Based Purchasing Demonstration. The ASC industry supports payment differentials in VBP for outpatient surgery.

Another VBP tool is shared savings which allows providers to recoup some of the efficiencies they create through lowering cost and improving quality. This VBP tool is used in the private sector and most recently by CMS in its design of the Home Health Pay for Performance Demonstration and the Medicare Physician Group Practice Demonstration. CMS has allowed high quality agencies and group practices to share the savings generated by decreasing hospital admissions and readmissions, and decreasing skilled nursing facility use and the use of other healthcare resources. We support the shared savings model for later phases of VBP for ASCs.

Medicare's VBP for ASCs should encourage widespread participation through incremental implementation. VBP should begin with voluntary data collection, followed by public disclosure of quality information. Improved transparency regarding Medicare's rates and patient co-payments at ASCs and HOPDs should be supplemented with comparable quality data as it becomes available. CMS should provide patients and physicians with a tool to enable apples-to-apples comparisons of outpatient surgery settings. Payment differentials for providers should be built upon a solid foundation of quality measurement. Shared savings should be the final stage of an incremental VBP implementation.

### **Rewarding ambulatory surgery centers**

A VBP for ASCs should acknowledge the role that the facility plays in providing high quality surgical care to patients. ASCs range in size and scope from small, single-specialty facilities focused on endoscopic procedures to large facilities offering a range of surgical sub-specialties in multiple operating rooms. The ASC VBP program will have the greatest impact when it is implemented incrementally and is designed to reach the full spectrum of ASCs in the industry. The Secretary should consider exemptions for ASCs with very low Medicare volume.

ASCs that attain high quality or make substantial improvements should be rewarded. It is important to acknowledge centers that have already applied evidence-based guidelines in their care, implemented structures of care that enhance quality, ensured patient safety, achieved good outcomes, and provided a valuable patient experience. It is also important to acknowledge that some centers may be continuing to progress toward the highest level of quality. VBP should reward ASCs that achieve a high rank or exceed a national threshold as well as ASCs that close the gap between their past performance and the national threshold.

### **ASC quality measurement**

The VBP system for ASCs should be based on quality measurements which capture many aspects of ASC patient services. These measures include processes, efficiency, outcomes, and patient experience.

Process measures can indicate that the ASC follows guidelines and uses evidence-based practices. The ASC Quality Collaboration has already developed two process measures for ASCs which have been endorsed for outpatient surgery by the National Quality Forum. These capture whether antibiotics given for prevention of surgical site infection were administered on time and the number of patients who have appropriate surgical site hair removal. We support the development of additional process measures which are similarly applicable across a wide range of surgical facilities, such as medication reconciliation.

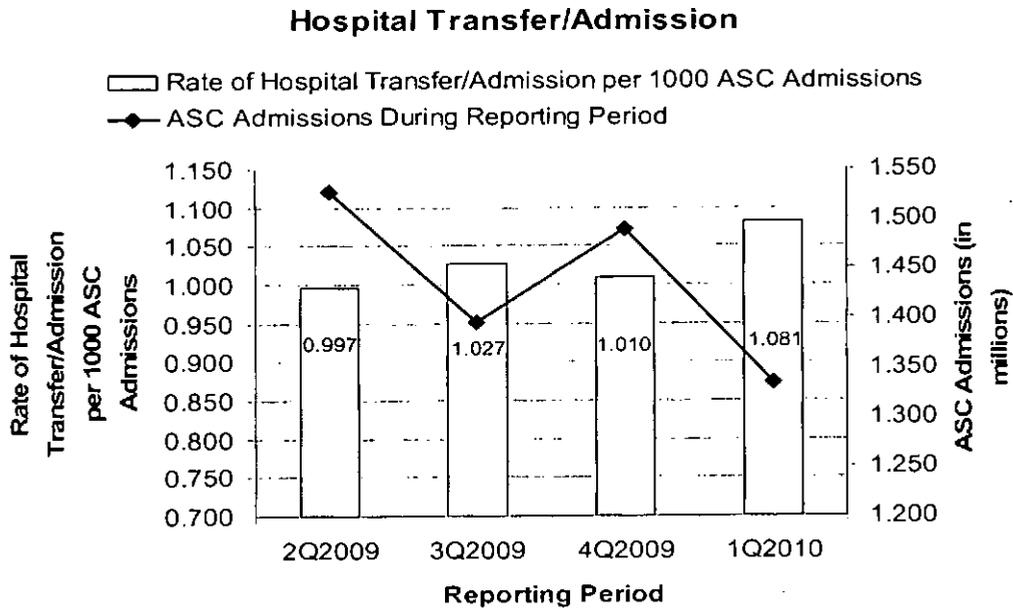
ASCs are efficient providers. Assessing the value of ASCs should include measures of the ways in which ASCs maximize health care resources and provide high quality surgical care and procedures in lean, well-managed facilities.

ASCs achieve excellent outcomes for patients and high levels of patient satisfaction. The ASC Quality Collaboration has already developed four measures of patient outcomes which have been endorsed by the National Quality Forum. These include patient safety indicators—patient burn; patient fall; and wrong site, side, patient, procedure or implant—and hospital transfers. Figure 1 below is an example of the voluntary outcome measure reporting in which many ASCs currently participate. A variety of patient satisfaction surveys are used throughout the industry to capture some aspects of patient experience.

Figure 1. Example of data available through ASC Quality Collaboration voluntary reporting

**Data Summary: Hospital Transfer/Admission**

Reporting Period	2Q2009	3Q2009	4Q2009	1Q2010
Number of Participating ASCs	1,294	1,177	1,266	1,185
Number of ASC Admissions Represented	1,528,402	1,396,179	1,490,427	1,334,614
Hospital Transfer/Admission Rate per 1000 ASC Admissions	0.997	1.027	1.010	1.081



Both outcome measures and patient experience measurement for ASCs deserve a greater investment by CMS, the Agency for Healthcare Research and Quality, and other entities. A tool such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) would be a useful way to measure patient experience and satisfaction and would give patients relevant and easy-to-understand information.

Additionally, new research is needed to support the development of measures that enable fair, valid, and reliable comparison for similar patients in ASCs and HOPDs. In some cases, HOPD patients are not comparable to patients treated in ASCs. Designing a VBP for ASCs which enables cross-setting comparisons is an opportunity to improve transparency. Developing sound, useful comparisons across settings will require an investment in understanding the patient populations which can be compared and identifying and measuring factors that influence

## ASC Value-Based Purchasing

outpatient surgical risks for patients. Improvements are also needed in post-surgical surveillance and case finding to support reliable outcome and patient safety measures.

The ASC Quality Collaboration should be included as a critical stakeholder in quality measurement for outpatient surgery. A role for the ASC Quality Collaboration similar to the role of the Hospital Quality Alliance would improve the VBP development process for all stakeholders. The following principles should guide measure development for VBP:

- Measure collection should minimize burden on ASCs and CMS. ASCs should be given more than one way to report quality data. For example, claims-based reporting should be an option, especially in the initial phases of VBP implementation. ASCs should be able to authorize an agent (e.g. a parent company or a registry) to report on their behalf.
- Where possible, measures should enable comparisons between ASCs and HOPDs. Patients who require care that could be provided in either ASCs or HOPDs should be enabled to identify and choose the setting with the best value through VBP.
- New measures must be credible: they must be based on evidence, broadly understood, and collected reliably across the variety of ASCs that serve Medicare beneficiaries.

We welcome opportunities to explore partnerships with agencies that can assist the industry in growing and enhancing the quality measurement tools for outpatient surgery in ASCs and HOPDs. New quality measurement infrastructure will be a key to evolving the most effective VBP and achieving the best value for Medicare and other payers.

### **Design a funding mechanism which strengthens VBP**

Linking a portion of Medicare's payments to quality will be a significant change in Medicare ASC payment policy. To ensure that all Medicare beneficiaries continue to have access to care, VBP incentives should begin as a small portion of total Medicare spending for ASC services.

Funding should progress in increments, consistent with the phases in other aspects of the program. Full updates should be given to all of the ASCs that make the investment of time and resources to participate in the initial phase of pay for reporting and report valid and reliable data to CMS. The Secretary should consider a bonus for the use of health information technology to gather and report quality data, similar to the bonus for physicians' EHR use in Medicare.

The structure of incentive payments linked to performance should recognize that Medicare's payments to ASCs have been under a payment freeze for many years, and in addition, some payments have been dropping due to transition from the previous grouper payment system. The VBP system may lose acceptance if it is applied as a cost-cutting measure.

In the final phase of VBP, the VBP bonuses should be funded through a shared-savings mechanism. ASCs have already saved the Medicare program billions of dollars by providing a lower-priced setting for outpatient surgeries which can be appropriately performed in an ASC rather than an HOPD. VBP can help to demonstrate the quality and value of ASC services and encourage the continued, appropriate migration of services to the lower-priced setting. We

## ASC Value-Based Purchasing

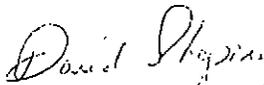
propose that later phases of the VBP for ASCs allow high-quality ASCs to share some of the savings they have produced for the Medicare program. A pool of ASC VBP bonus dollars could be generated from Medicare program's savings on the total amount spent for outpatient surgical services for Medicare beneficiaries that can be supplied in both HOPDs and ASCs. The shared-savings structure aligns the incentives of ASCs and the Medicare program to increase value.

- Building incentives across silos of care was a goal set by the Medicare Payment Advisory Commission in their recommendations for developing VBP.
- Decreasing the growth of Medicare spending on outpatient surgeries by encouraging continued migration to lower-priced settings could generate substantial savings for the Medicare program.
- A shared pool could create competition based on value between settings

\* \* \*

In summary, the report on value based purchasing required by PL 111-148, §3006(f), should map out a VBP system for ASCs which increases transparency and enables patients and physicians to choose the best surgical setting. We look forward to conversations with CMS as they consider the development of VBP. Thank you for providing this opportunity to comment. We appreciate the dialogue and look forward to continued participation in the development process.

Sincerely,



David Shapiro, M.D.  
Chairman  
ASC Association



Andrew Hayek  
Chairman  
ASC Advocacy Committee



**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230(c), Project Purpose, Background and Alternatives**

Alternatives

The Applicant explored several options prior to determining to add urology surgical procedures to its limited specialty ASTC. The options considered are as follows:

- a. Do nothing;
- b. Utilize existing facilities;
- c. Add urology surgical procedures to the existing ASTC.

After exploring these options, which are discussed in more detail below, the Applicant decided to add urology surgical procedures to its limited specialty ASTC. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

The first alternative considered was to maintain the status quo, whereby the Applicant would continue to provide only gastroenterology surgical procedures at the ASTC. As set forth in Criterion 1110.230(b), Hispanic-American Endoscopy Center is operating significantly below the HFSRB standard of 1,500 surgical hours. While utilization has continued to increase since the facility opened in 2007, it is unlikely it will achieve target utilization without including an additional surgical specialty.

Moreover, Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago. Due to language and cultural barriers, this patient population generally lacks access to health care services. Inclusion of a second surgical specialty will increase access to needed health care services to this patient population.

While this alternative would result in no cost to the Applicant (compared to the nominal cost of adding the service), due to underutilization of the surgery center and current access barriers faced by the Hispanic-American community, this alternative was rejected.

Utilize Other Health Care Facilities

Another alternative the Applicant considered was utilizing existing health care facilities to provide urological surgical procedures. As previously stated, Hispanic-American Endoscopy Center is currently operating below the HFSRB's standard of 1,500 surgical hours. As set forth in the referral letter attached at Attachment – 13A, Dr. Thomas Malvar is currently performing urological endoscopy procedures at various locations. The surgical equipment required for urology procedures performed is very similar to the equipment required for the procedures currently performed at Hispanic-American Endoscopy Center. Therefore, a minimal project costs would be incurred to add urologic endoscopy procedures to the ASTC.

Additionally, as discussed throughout this application, Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago in a bicultural setting. Utilizing existing providers is not a feasible alternative for this patient population because the majority of these patients are Spanish-speaking. To reduce health disparities, achieve health equity and improve and expand access to linguistically and culturally competent services, it is essential that Spanish-speaking patients receive services from Spanish-speaking clinicians so they can make informed treatment decisions and generally participate in their own care. When these patients receive services from non-Spanish speaking providers, it is difficult for them to understand their condition and treatment options. Additionally, due to language and cultural barriers, limited information is available to the Hispanic-American community about diseases of the urinary tract, which can be easily treated. As a result, the Hispanic-American population is not as fully educated as other primarily English-speaking populations may be about these problems.

Due to the underutilization of the surgery center and infeasibility of utilizing other providers, this alternative was rejected

Add Urological Surgery Procedures to the Existing ASTC

As more fully discussed above, Hispanic-American Endoscopy Center is currently underutilized. To increase utilization at the surgery center while at the same time increasing access to much needed health care services to the Spanish speaking community, the Applicant decided to add urological surgery procedures to the existing ASTC. After weighing this low cost option against others, it was determined that this alternative would provide the greatest benefit in terms of increased utilization and increased access to health care services.

Table 1110.230(c) Alternatives to Proposed Project Cost Benefit Analysis				
Alternative	Community Need	Access	Cost	Status
Do Nothing	Not Met	Maintain	\$0	Reject
Utilize Existing Facilities	Not Met	Maintain	\$0	Reject
Establish Replacement Facility	Met	Increased	\$15,000	Accept

Thomas C. Malvar, M.D.  
 2800 N. Sheridan Road, Suite 602  
 Chicago, IL 60657

December 23, 2010

Dale Galassie  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

Mr. Dale Galassie

October 28, 2010

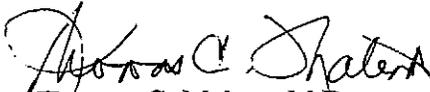
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These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



Thomas C. Malvar, M.D.

2800 North Sheridan Road, Suite 602  
Chicago, Illinois 60657

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December 2010

  
Notary Public

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space  
 Criterion 1110.234(a), Size of the Project**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. The existing ASTC consists of one procedure room and four recovery stations. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 2,750 gross square feet per operating room and 180 gross square feet per recovery station for a total of 3,470 gross square feet for one operating room and four recovery stations. The gross square footage of the ASTC is 3,445 gross square feet. Accordingly, the proposed project is consistent with the State standard.

TABLE 1110.234(a) SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	3,445 GSF	3,470 GSF	25 GSF	Yes

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(b), Project Services Utilization**

By the second year of operation, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Pursuant to Section 1110, Appendix B of the HFSRB's rules, utilization for ASTCs is based upon 1,500 surgery hours per procedure room. The Applicant projects that it will perform approximately 689 surgical procedures in 2010. Additionally, in the physician referral letter attached at Attachment 15-A, Dr. Thomas Malvar projects 300 urological procedures will be performed at the ASTC within the first year after project completion. Based upon the current experience of the referring physicians, the estimated procedure time, including prep and cleanup, is approximately 1.06 hours, or a total of 1,048 surgical hours in the first year after project completion. As a result, surgical hours projected for the first year after project completion are sufficient to support the need for one procedure room.

Based upon projected growth, 996 surgical procedures or approximately 1,056 hours of surgery will be performed at the surgery center by the end of the second year after project completion. Accordingly, the projected utilization is sufficient to justify the need for one procedure room by the second year after project completion.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	689	1,048	1,500 Hours	
YEAR 2	ASTC	689	1,056	1,500 Hours	

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(c), Unfinished or Shell Space**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

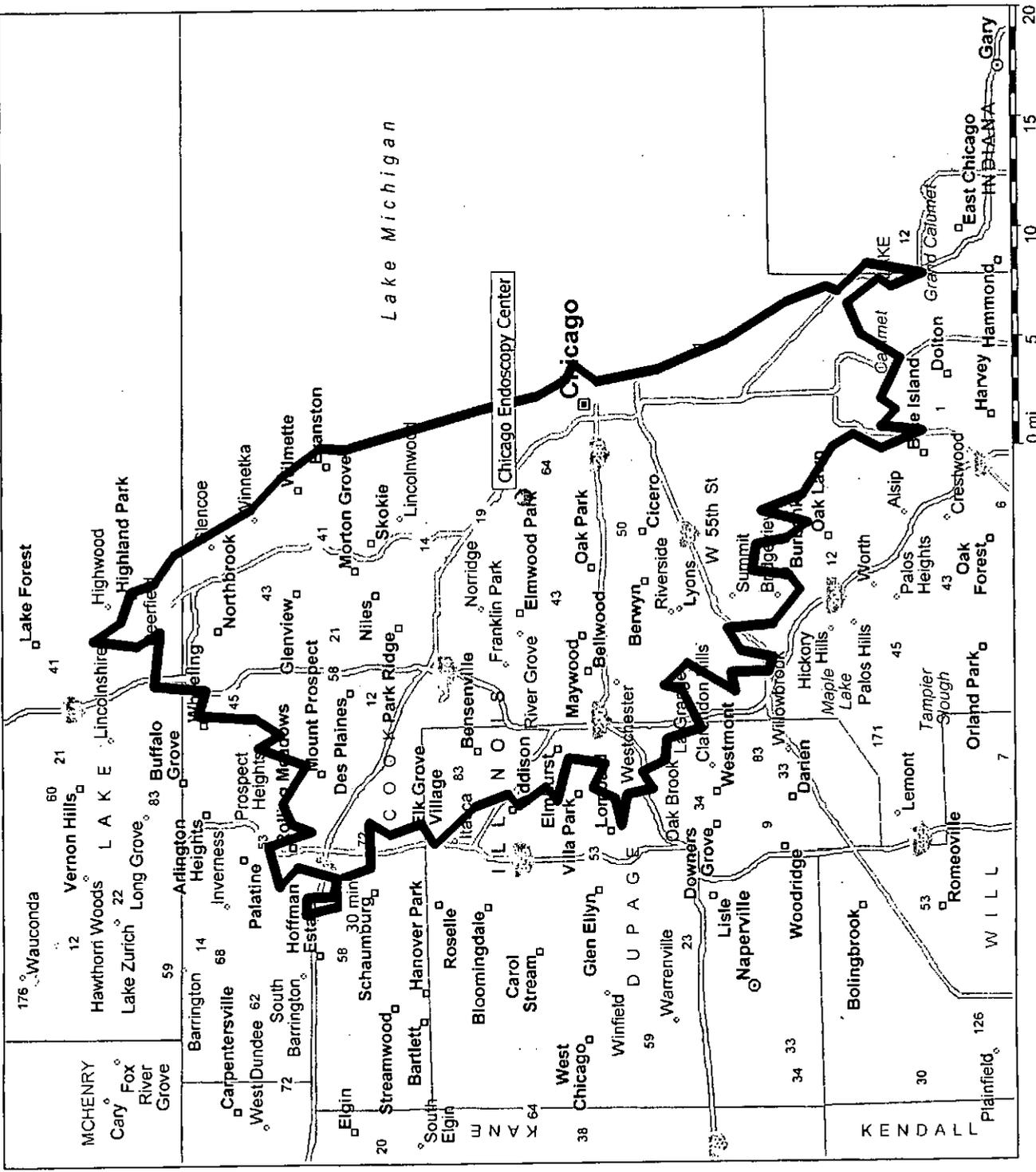
**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(d), Assurances**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(b), Target Population**

- a. Attached at Attachment 27-A is a map outlining the intended geographic service area (“GSA”) for Hispanic-American Endoscopy Center. As set forth in Criterion 1110.230, the Proposed ASTC will serve the Chicago metropolitan area within 30 minutes normal travel time of the surgery center. Accordingly, the intended GSA consists of those areas within 30 minutes normal travel time from Proposed ASTC, or approximately 14 miles.
- b. Pursuant to Section 1110.1540(b) of the HFSRB’s rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. Hispanic-American Endoscopy Center serves the Chicago metropolitan area within 30 minutes normal travel time of the facility. Specifically, the GSA encompasses nearly all of Cook County. The Illinois Department of Commerce and Economic Opportunity’s 2010 population estimate for Cook County is 5,472,429.
- c. Pursuant to Section 1110.1540(b) of the HFSRB’s rules, the intended GSA can be no less than 30 minutes and no greater than 60 minutes normal travel time from the proposed ASTC. As set forth throughout this application, the proposed ASTC will serve the Chicago metropolitan area within 30 minutes normal travel time of the proposed site. Travel times to and from the proposed ASTC to the GSA borders are as follows:
  - East: Approximately 16 minutes normal travel time to Lincoln Park
  - Southeast: Approximately 30 minutes normal travel time to Jackson Park
  - South: Approximately 30 minutes normal travel time to Englewood
  - Southwest: Approximately 30 minutes normal travel time to Riverside
  - West: Approximately 30 minutes normal travel time to Maywood
  - Northwest: Approximately 30 minutes normal travel time to Arlington Heights
  - North: Approximately 30 minutes normal travel time to Winnetka
  - Northeast: Approximately 30 minutes normal travel time to Evanston

# Chicago Endoscopy Center - Geographic Service Area



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 Certain mapping and direction data © 2009 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario, NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2009 by Applied Geographic Systems. All rights reserved.

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(c), Projected Patient Volume**

Physician referral letters providing the name and number of patients referred to health care facilities within the past 12 months and the projected number of referrals to the surgery center are attached at Attachment – 27B. A summary of the physician referral letters is provided in Table 1110.150(c) below.

<b>Table 1110.1540(c)</b>		
<b>Hospital/ASTC</b>	<b>Cases Performed in the Last 12 Months</b>	<b>Anticipated Referral to Proposed ASTC</b>
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

Thomas C. Malvar, M.D.  
 2800 N. Sheridan Road, Suite 602  
 Chicago, IL 60657

December 23, 2010

Dale Galassie  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

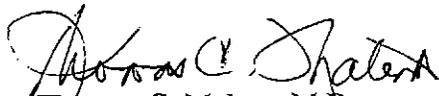
Mr. Dale Galassie  
October 28, 2010  
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



Thomas C. Malvar, M.D.  
2800 North Sheridan Road, Suite 602  
Chicago, Illinois 60657

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010



Notary Public



**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(d), Treatment Room Need Assessment**

- a. As stated throughout this application, the Applicant proposes to add urology to its existing limited specialty ASTC. The ASTC currently has one procedure room and four recovery stations.
- b. The Applicant estimates the average length of time per procedure will be 1 hour 4 minutes. This estimate includes 20 minutes for prep and cleanup.

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(e), Impact on Other Facilities**

- a. A copy of the letter sent to area surgical facilities regarding the impact of adding urological procedures on their workload is attached at Appendix 1.
- b. The list of the facilities contacted is attached at Appendix 2.
- c. MapQuest printouts with the time and distance to each facility within 30 minutes normal travel time of Hispanic American Endoscopy Center are attached at Appendix 3.
- d. Copies of the registered mail receipts are attached at Appendix 4.

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(f), Establishment of New Facilities**

The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. Accordingly, this criterion is not applicable.

**Section VIII, Service Specific Review Criteria  
 Non-Hospital Based Ambulatory Surgery  
 Criterion 1110.1540(g), Charge Commitment**

- a. A list of the procedures to be performed at the proposed facility with the proposed charge is provided in Table 1110.1540(g) below.

<b>Procedure Code</b>	<b>Description</b>	<b>Charge</b>
43235	Upper GI Endoscopy	\$2,071
43239	Upper GI Endoscopy w/ Biopsy	\$2,371
43239 & 43251	Upper GI Endo w/ Polyp Removal	\$3,080
45378	Colonoscopy Flexible	\$2,775
45380	Colonoscopy w/ Biopsy	\$3,075
45380 & 43251	Colonoscopy w/ Polyp Removal	\$3,350
31505	Laryngoscopy Indirect	\$1,011
31510	Laryngoscopy w/ Biopsy	\$1,511
31512	Laryngoscopy w/ Lesion Removal	\$2,060
45330	Sigmoidoscopy Flexible	\$1,354
45331	Sigmoidoscopy Flexible w/ Diagnosis	\$1,854
45333	Sigmoidoscopy Flexible w/ Polyp Removal	\$2,050
52000	Cystourethroscopy	\$1,850
52204	Cystourethroscopy with Biopsy	\$1,975
52214	Cystourethroscopy with Fulguration	\$1,975
52270	Cystourethroscopy with Internal Urethrotomy	\$1,950
52275	Cystourethroscopy with Internal Urethrotomy Male	\$1,950
53600	Dilatation of Urethral Stricture Male	\$1,850
53660	Dilatation of Urethral Stricture Female	\$1,850
54161	Circumcision	\$650
55700	Prostate Biopsy	\$1,250

- b. A letter from Ramon Garcia, M.D., committing to maintain the charges listed in Table 1110.1540(g) on the previous page is attached at Attachment – 27F.

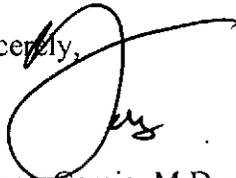
December 21, 2010

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Mr. Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1540(g), I hereby commit that the charges listed in the table attached hereto will not be increased, at a minimum, for the first two years of operation following approval to add urological surgical procedures at Hispanic-American Endoscopy Center unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).

Sincerely,



Ramon Garcia, M.D.  
Sole Member and Manager  
Hispanic-American Endoscopy Center, L.L.C.

**ATTACHMENT A**

<b>Procedure Code</b>	<b>Description</b>	<b>Charge</b>
43235	Upper GI Endoscopy	\$2,071
43239	Upper GI Endoscopy w/ Biopsy	\$2,371
43239 & 43251	Upper GI Endo w/ Polyp Removal	\$3,080
45378	Colonoscopy Flexible	\$2,775
45380	Colonoscopy w/ Biopsy	\$3,075
45380 & 43251	Colonoscopy w/ Polyp Removal	\$3,350
31505	Laryngoscopy Indirect	\$1,011
31510	Laryngoscopy w/ Biopsy	\$1,511
31512	Laryngoscopy w/ Lesion Removal	\$2,060
45330	Sigmoidoscopy Flexible	\$1,354
45331	Sigmoidoscopy Flexible w/ Diagnosis	\$1,854
45333	Sigmoidoscopy Flexible w/ Polyp Removal	\$2,050
52000	Cystourethroscopy	\$1,850
52204	Cystourethroscopy with Biopsy	\$1,975
52214	Cystourethroscopy with Fulguration	\$1,975
52270	Cystourethroscopy with Internal Urethrotomy	\$1,950
52275	Cystourethroscopy with Internal Urethrotomy Male	\$1,950
53600	Dilatation of Urethral Stricture Male	\$1,850
53660	Dilatation of Urethral Stricture Female	\$1,850
54161	Circumcision	\$650
55700	Prostate Biopsy	\$1,250

**Section VIII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.1540(h), Change in Scope of Service**

As set forth throughout this application, Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago. Due to linguistic and cultural barriers, mainstream health care services are not widely accessible to this patient population. Hispanic-American Endoscopy Center seeks not only to make health care more accessible to members of the Hispanic-American community but also to educate them on various health issues. By including urological surgical procedures, Hispanic-American Endoscopy Center will be able expand access to much needed health care to this patient population.

**Section IX, Availability of Funds**  
**Criterion 1120.120**

A letter from Harris Bank, N.A. attesting that Hispanic American Endoscopy Center has sufficient financial resources for repayment of a capital equipment lease or the purchase of medical equipment is attached at Attachment – 39.



**HARRIS**

**Harris, N.A.**  
520 Green Bay Rd.  
Winnetka, IL 60093

**Eileen M. Frank**  
Senior Vice President  
847-441-4829  
eileen.frank@harrisbank.com

Dale Galassie, Chairman  
Illinois Health Facilities and Services Review Board  
2nd Floor  
525 West Jefferson Street  
Springfield, Illinois 62761

Re: Hispanic American Endoscopy Center, LLC

Dear Mr. Galassie,

This letter is to confirm the liquidity of Hispanic American Endoscopy Center for the repayment of medical equipment leases, or the purchase of medical equipment in an amount in excess of \$100,000 and up to mid 6 figures. Please contact me with any specific questions.

Sincerely,

Eileen M. Frank  
Senior Vice President

**Section IX, Financial Feasibility**  
**Criterion 1120.130 – Financial Viability Waiver**

A letter from Harris Bank, N.A. attesting that Hispanic-American Endoscopy Center has sufficient financial resources for repayment of a capital equipment lease or the purchase of medical equipment is attached at Attachment – 40.



Harris, N.A.  
520 Green Bay Rd.  
Winnetka, IL 60093

**Eileen M. Frank**  
Senior Vice President  
847-441-4829  
eileen.frank@harrisbank.com

Dale Galassie, Chairman  
Illinois Health Facilities and Services Review Board  
2nd Floor  
525 West Jefferson Street  
Springfield, Illinois 62761

Re: Hispanic American Endoscopy Center, LLC

Dear Mr. Galassie,

This letter is to confirm the liquidity of Hispanic American Endoscopy Center for the repayment of medical equipment leases, or the purchase of medical equipment in an amount in excess of \$100,000 and up to mid 6 figures. Please contact me with any specific questions.

Sincerely,

Eileen M. Frank  
Senior Vice President

**Section XXVI, Economic Feasibility Review Criteria**

**Criterion 1120.310(A), Reasonableness of Financing Arrangements**

Attached at Attachment – 42A is a letter from the Applicant attesting that the total estimated project costs and related costs will be funded in total with cash and equivalents.

December 21, 2010

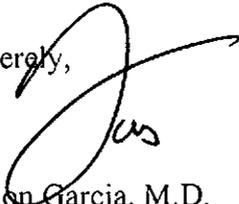
Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Reasonableness of Financing Arrangements**

Dear Mr. Galassie:

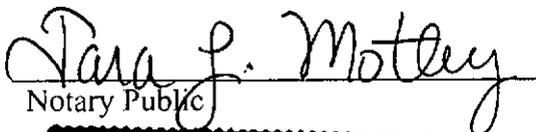
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.

Sincerely,



Ramon Garcia, M.D.  
Sole Member and Manager  
Hispanic American Endoscopy Center, LLC.

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010

  
Notary Public



**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(b), Conditions of Debt Financing**

This project will be funded with cash and equivalents. Accordingly, this criterion is not applicable.

**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(c), Reasonableness of Project and Related Costs**

1. The proposed project is for the addition of one surgical specialty to an existing limited specialty ASTC. There will be no construction or modernization associated with the proposed project. Accordingly, this criterion is not applicable.
2. The Proposed ASTC does not include the purchase of major medical equipment. Therefore this criterion is not applicable.
3. Table 1120.310(c) lists the equipment costs for the addition of urology surgical procedures.

<b>Table 1120.310(c)</b>			
	<b>ASTC</b>	<b>State Standard</b>	<b>Above/Below State Standard</b>
Equipment	\$15,000	\$361,743 per operating room (inflated at 3% per year until project achieves target utilization in 2011) $\$361,743 \times 1.03^{11} =$ $\$361,743 \times 1.3842 =$ \$500,737	Below State Standard

**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(d), Projected Operating Costs**

Operating Expenses (2014):	\$
Procedures (2014):	300
Operating Expense per Procedure:	per procedure

**Section XXVI, Economic Feasibility Review Criteria**  
**Criterion 1120.310(e), Total Effect of Project on Capital Costs**

Capital Costs (2014): \$1,500 (amortization expenses)

Procedures (2014): 300 procedures

Capital Costs per Procedure: \$50 per procedure

Thomas C. Malvar, M.D.

2800 N. Sheridan Road, Suite 602

Chicago, IL 60657

December 23, 2010

Dale Galassie

Chair

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

Hospital / Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) Most recent 12 months	The number of referrals First Year After the Proposed Project Opens
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

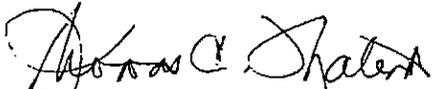
Mr. Dale Galassie  
October 28, 2010  
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



Thomas C. Malvar, M.D.  
2800 North Sheridan Road, Suite 602  
Chicago, Illinois 60657

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010



Notary Public



**Section XI, Safety Net Impact Statement**

1. The addition of urology surgical procedures will not have a material impact on essential safety net services in the community. Hispanic-American Endoscopy Center was established in 2007 to bring much-needed medical services to Chicago's Hispanic-American population, many of whom are faced with linguistic and cultural barriers to access healthcare services. Approximately 95% of the patients treated at Hispanic-American Endoscopy Center are Hispanic-American. The addition of urology services will expand access to much needed health services to this patient population, who otherwise may not seek medical assistance for critical problems. Accordingly, the proposed project will improve access to essential safety net services in the community.
  
2. The addition of urology surgical procedures will not impact the ability of another provider or health care system to cross-subsidize safety net services. As documented in the physician referral letter attached at Attachment 43-A, Dr. Malvar currently performs 400 urology procedures at various health care facilities. Approximately 96 of these procedures are currently performed at Garcia Medical Center while the remaining 300 procedures are performed in various licensed hospitals due to the lack of Medicaid certification at Garcia Medical Center. Hispanic-American Endoscopy Center is currently seeking Medicaid certification. Once certified, approximately two-thirds of the procedures currently performed in licensed acute care hospitals will be performed at the surgery center. Performing these surgical procedures in a licensed ASTC is more efficient and less costly than in a hospital setting. Accordingly, the addition of urology surgical procedures to Hispanic-American Endoscopy Center will allow hospitals and health systems to utilize their scarce resources on services that are more appropriate in a licensed hospital setting.
  
3. As stated throughout this application, the Applicant proposes to add urology surgical procedures to its current limited specialty ASTC. There will not be a discontinuation of a facility or any services. Accordingly, this criterion is not applicable.
  
4. The table below provides the amount of charity and Medicaid care provided in the three fiscal years prior to filing this application.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2007	2008	2009
Inpatient	N/A	N/A	N/A
Outpatient	0	0	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>
Charity (cost in dollars)			
Inpatient	N/A	N/A	N/A
Outpatient	0	0	\$2,400
<b>Total</b>	<b>0</b>	<b>0</b>	<b>\$2,400</b>
MEDICAID			
Medicaid (# of patients)	2007	2008	2009
Inpatient	N/A	N/A	N/A

Safety Net Information per PA 96-0031			
Outpatient	0	4	0
<b>Total</b>	<b>0</b>	<b>4</b>	<b>0</b>
<b>Medicald (revenue)</b>			
Inpatient	N/A	N/A	N/A
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

Thomas C. Malvar, M.D.  
 2800 N. Sheridan Road, Suite 602  
 Chicago, IL 60657

December 23, 2010

Dale Galassie  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Mr. Galassie:

I am a urologist. Over the past twelve months, I performed a total of 400 outpatient surgery cases. Outpatient urology cases will constitute the majority of my work in the future.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With addition of urological procedures at Chicago Endoscopy Center, I expect to refer my cases as noted below. Of the total cases, 95% percent will reside within the proposed geographic service area of the Chicago Endoscopy Center.

<b>Hospital/Licensed ASTC (name)</b>	<b>Hospital and Licensed ASTC (number of cases) Most recent 12 months</b>	<b>The number of referrals First Year After the Proposed Project Opens</b>
Garcia Medical Center (Medical Office)	96	96
St. Joseph Hospital	102	68
Saints Mary and Elizabeth Medical Center	102	68
Sacred Heart Hospital	100	68
<b>Total</b>	<b>400</b>	<b>300</b>

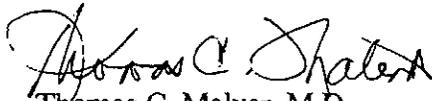
Mr. Dale Galassie  
October 28, 2010  
Page 2

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

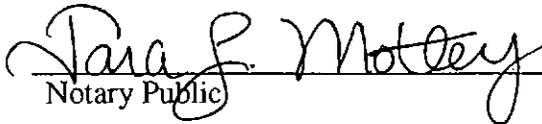
I support the proposed expansion of Chicago Endoscopy Center to include urological procedures.

Sincerely,



Thomas C. Malvar, M.D.  
2800 North Sheridan Road, Suite 602  
Chicago, Illinois 60657

Subscribed and sworn to me  
This 23<sup>rd</sup> day of December, 2010



Notary Public



**Section XII, Charity Care Information**

The amount of charity care for the latest three audited fiscal years is provided in the table below:

CHARITY CARE			
	2007	2008	2009
Net Patient Revenue	15,396	905,543	1,170,058
Amount of Charity Care (charges)	0	0	2,400
Cost of Charity Care	0	0	2,400

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Janet Flojo  
Administrator  
CMP Surgicenter  
3412 West Fullerton Avenue  
Chicago, IL 60647

Dear Ms. Flojo:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

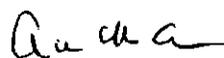
Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on CMP Surgicenter. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in cursive script, appearing to read 'R. Garcia'.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Dr. Salam Okasha  
Administrator  
Fullerton Surgery Center, Inc.  
4849 West Fullerton Avenue  
Chicago, IL 60639

Dear Dr. Okasha:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Fullerton Surgery Center, Inc. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramon Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Dr. Renlin Xia  
Administrator  
American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647

Dear Dr. Xia:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on American Women's Medical Group. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. John Engle  
CEO  
Kindred Chicago Central Hospital  
4058 West Melrose Street  
Chicago, IL 60641

Dear Mr. Engle:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Kindred Chicago Central Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ram M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Margaret McDermott  
CEO  
St. Elizabeth's Hospital  
1431 North Claremont Avenue  
Chicago, IL 60622

Dear Ms. McDermott:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Elizabeth's Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*A. M. Coon*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Michael O'Grady  
President & CEO  
Norwegian American Hospital  
1044 North Francisco Avenue  
Chicago, IL 60622

Dear Mr. O'Grady:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Norwegian American Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Alm M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Margaret McDermott  
CEO  
St. Mary of Nazareth Hospital  
2233 West Division Street  
Chicago, IL 60622

Dear Ms. McDermott:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Mary of Nazareth Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Steven Airhart  
CEO  
Garfield Park Hospital  
520 Ridgeway Avenue  
Chicago, IL 60624

Dear Mr. Airhart:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Garfield Park Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Edward Novak  
President & CEO  
Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624

Dear Mr. Novak:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

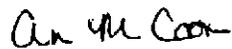
Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Sacred Heart Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read "Ramon Garcia".

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Dr. Sarmed Elias  
Administrator  
Six Corners Same Day Surgery  
4211 North Cicero Avenue, Ste. 400  
Chicago, IL 60641

Dear Dr. Elias:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Six Corners Same Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Diana Maracich  
Administrator  
Albany Medical Surgical Center  
5086 North Elston Avenue  
Chicago, IL 60630

Dear Ms. Maracich:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Albany Medical Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*A. M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Patrick Magoon  
President & CEO  
Children's Memorial Hospital  
2300 North Children's Plaza  
Chicago, IL 60614

Dear Mr. Magoon:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Children's Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Larry Foster  
CEO  
Kindred Hospital Chicago North  
2544 West Montrose Ave.  
Chicago, IL 60618

Dear Mr. Foster:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Kindred Hospital Chicago North. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Ivette Estrada  
CEO  
Our Lady of Resurrection Hospital  
5645 West Addison St.  
Chicago, IL 60634

Dear Ms. Estrada:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Our Lady of Resurrection Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*R. M. Cooper*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Joe Jafari  
Administrator  
Grand Avenue Surgical Center  
17 West Grand Ave.  
Chicago, IL 60654

Dear Mr. Jafari:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Grand Avenue Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Patricia Wamsley  
Administrator  
River North Same Day Surgery Center  
One East Erie, Suite 300  
Chicago, IL 60611

Dear Ms. Wamsley:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on River North Same Day Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ram M. Corp*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Patricia Wamsley  
Administrator  
25 East Same Day Surgery  
25 East Washington Street, Suite 300  
Chicago, IL 60602

Dear Ms. Wamsley:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on 25 East Same Day Surgery. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

*Ramon Garcia*

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Lena Dobbs-Johnson  
President  
Advocate Bethany Hospital  
3435 West Van Buren Street  
Chicago, IL 60624

Dear Ms. Dobbs-Johnson:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Bethany Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in cursive script, appearing to read 'R Garcia'.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Susan Nordstrom Lopez  
President  
Advocate Illinois Masonic Medical Center  
811 West Wellington Avenue  
Chicago, IL 60657

Dear Ms. Nordstrom Lopez:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advocate Illinois Masonic Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Barbara Ramsey  
Administrator  
Rush Surgicenter – Professional Bldg.  
1725 West Harrison, Ste. 556  
Chicago, IL 60612

Dear Ms. Ramsey:

I am writing on behalf of Hispanic American Endoscopy Center, LLC (“Hispanic American”) to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board (“HFSRB”) to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush Surgicenter. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. M. Coon".

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Larry Goodman  
President & CEO  
Rush University Medical Center  
1653 West Congress Parkway  
Chicago, IL 60612

Dear Mr. Goodman:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush University Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

Handwritten signature of Ramon Garcia, consisting of the letters 'R', 'A', and 'C' in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Mark Newton  
President & CEO  
Swedish Covenant Hospital  
5145 North California Ave.  
Chicago, IL 60625

Dear Mr. Newton:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Swedish Covenant Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Gary Krugel  
Vice President of Operations & CFO  
Swedish Covenant Surgery Center  
5145 North California Ave.  
Chicago, IL 60625

Dear Mr. Krugel:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Swedish Covenant Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Dr. Severko Hrywnak  
Administrator  
Advanced Ambulatory Surgical Center  
2333 Harlem Avenue  
Chicago, IL 60707

Dear Mr. Hrywnak:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Advanced Ambulatory Surgical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Wendy Luxenburg  
Administrator  
John Stroger Hospital of Cook County  
1901 West Harrison Street  
Chicago, Illinois 60612

Dear Ms. Luxenburg:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on John Stroger Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Dean Harrison  
President  
Northwestern Memorial Hospital  
240 East Ontario  
Chicago, Illinois 60611

Dear Mr. Harrison:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Northwestern Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Peggy Kirk  
Senior Vice President, Clinical Operations  
Rehabilitation Institute of Chicago  
345 East Superior Street  
Chicago, Illinois 60611

Dear Ms. Kirk:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rehabilitation Institute of Chicago. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Garcia', with a stylized flourish at the end.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Guita Griffiths  
Administrator  
The Surgery Center at 900 North Michigan  
60 East Delaware Avenue, 15<sup>th</sup> Floor  
Chicago, Illinois 60611

Dear Ms. Griffiths:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on The Surgery Center at 900 North Michigan. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read "Ramon Garcia".

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Paul Madison  
Administrator  
Watertower Surgicenter  
845 North Michigan Avenue, Suite 930 E  
Chicago, Illinois 60611

Dear Mr. Madison:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Watertower Surgicenter. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Sr. Donna Marie Wolowicki  
Executive Vice President  
Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, Illinois 60631

Dear Sr. Wolowicki:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Resurrection Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Garcia'.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Ronald Struxness  
CEO  
Saint Joseph Health Centers & Hospital  
2900 North Lake Shore Drive  
Chicago, Illinois 60657

Dear Mr. Struxness:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Saint Joseph Health Centers & Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

Handwritten signature of Ramon Garcia in black ink.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. John DeNardo  
Executive Director  
University of Illinois Medical Center  
1740 West Taylor Street  
Chicago, Illinois 60612

Dear Mr. DeNardo:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on University of Illinois Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Steve Drucker  
President & CEO  
Loretto Hospital  
645 South Central Avenue  
Chicago, Illinois 60644

Dear Mr. Drucker:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Loretto Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

Handwritten signature of Ramon Garcia, consisting of the letters 'R', 'A', and 'C' in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. John Calta  
Administrator  
Novamed Surgery Center of Chicago North  
3034 West Peterson Avenue  
Chicago, Illinois 60659

Dear Mr. Calta:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Novamed Surgery Center of Chicago North. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

Handwritten signature of Ramon Garcia, consisting of stylized initials 'RGC'.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Frank Solare  
President & CEO  
Thorek Hospital & Medical Center  
850 West Irving Park Road  
Chicago, Illinois 60613

Dear Mr. Solare:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Thorek Hospital & Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Pat Shehorn  
Chief Executive Officer  
West Suburban Medical Center  
3 Erie Court  
Chicago, Illinois 60302

Dear Ms. Shehorn:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on West Suburban Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 21, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Sr. Sheila Lyne  
President  
Mercy Medical Center  
2525 South Michigan Avenue  
Chicago, Illinois 60616

Dear Sr. Lyne:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Mercy Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Alan Channing  
President & CEO  
Mount Sinai Hospital Medical Center  
1500 South California Avenue  
Chicago, Illinois 60608

Dear Mr. Channing:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Mount Sinai Hospital Medical Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Faith McHale  
Administrator  
Resurrection Health Care Surgery Center  
1500 South California Avenue  
Chicago, Illinois 60634

Dear Ms. McHale:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Resurrection Health Care Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Frank Molinaro  
CEO  
Louis A. Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, Illinois 60640

Dear Mr. Molinaro:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Louis A. Weiss Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

Handwritten signature of Ramon Garcia, consisting of the letters 'R', 'M', and 'C' in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. David Chua  
Manager  
South Loop Endoscopy & Wellness Center  
2336-40 South Wabash Avenue  
Chicago, Illinois 60161

Dear Mr. Chua:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on South Loop Endoscopy & Wellness Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Guy Medaglia  
President and Chief Executive Officer  
St. Anthony Hospital  
2875 West 19<sup>th</sup> Street  
Chicago, Illinois 60623

Dear Mr. Medaglia:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Anthony Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be the name 'Ramon Garcia' in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Joseph Chandy  
Methodist Hospital of Chicago  
5025 North Paulina  
Chicago, Illinois 60640

Dear Mr. Chandy:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Methodist Hospital of Chicago. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be 'R Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Tess Sagaidoro  
Administrator  
Peterson Surgery Center  
2300 West Peterson Avenue  
Chicago, Illinois 60659

Dear Ms. Sagaidoro:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Peterson Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be 'R Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Bruce Elegant  
President & Chief Executive Officer  
Rush Oak Park Hospital  
520 South Maple Street  
Chicago, Illinois 60304

Dear Mr. Elegant:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Rush Oak Park Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Elizabeth Van Straten  
President & CEO  
St. Bernard Hospital & Health  
326 West 64<sup>th</sup> Street  
Chicago, Illinois 60621

Dear Ms. Straten:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on St. Bernard Hospital & Health. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Fortunee Massuda  
Administrator  
Foot & Ankle Clinics of America  
1644 East 53<sup>rd</sup> Street  
Chicago, Illinois 60615

Dear Ms. Massuda:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

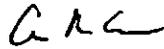
Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Foot & Ankle Clinics of America. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be 'R Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Kenneth Fishbain  
Chief Operating Officer  
Gottlieb Memorial Hospital  
701 West North Avenue  
Chicago, Illinois 60160

Dear Mr. Fishbain:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Gottlieb Memorial Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramón Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to be the initials 'RAG' or similar, written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010.

**CERTIFIED MAIL/RETURN RECEIPT**

Ms. Yvette Barnabás  
Administrator  
Lakeshore Physicians & Surgery Center  
7200 North Western Avenue  
Chicago, Illinois 60645

Dear Ms. Barnabas:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Lakeshore Physicians & Surgery Center. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. John Fairman  
COO  
Provident Hospital  
500 East 51<sup>st</sup> Street  
Chicago, Illinois 60615

Dear Mr. Fairman:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Provident Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramon Garcia', written in a cursive style.

On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue  
Chicago, Illinois 60647

December 22, 2010

**CERTIFIED MAIL/RETURN RECEIPT**

Mr. Alan Eaks  
Chief Executive Officer  
Aurora Chicago Lakeshore Hospital  
4840 North Marine Drive  
Chicago, Illinois 60640

Dear Mr. Eaks:

I am writing on behalf of Hispanic American Endoscopy Center, LLC ("Hispanic American") to inform you of our intent to file a certificate of need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to add urological procedures to our current limited-specialty ambulatory surgical treatment center.

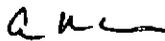
Hispanic America is currently licensed to provide gastroenterology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of urological procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately \$15,000. Hispanic America projects the urology caseload for the first year after project completion will be approximately 300 cases.

Pursuant to Section 1110.1540(e) of the HFSRB rules, we request that you advise us of any impact that this proposal will have on Aurora Chicago Lakeshore Hospital. If you elect to respond to our request, identify the impact, in terms of patient loss, the proposed project will have on utilization at your facility. Given our historical practice, we believe the project will not have an adverse impact on your operations.

Please send your response by email, if possible, to Ramon Garcia, M.D. at [rgarciamd@aol.com](mailto:rgarciamd@aol.com). Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

If you have any questions about this letter, please feel free to contact Ramon Garcia, M.D. at 773-772-8666.

Sincerely,



On behalf of  
Hispanic-American Endoscopy Center, L.L.C.

Title	First Name	Last Name	Position	Facility	Address	City	State	Zip Code
Ms.	Janet	Flojo	Administrator	CMP Surgicenter	3412 West Fullerton Avenue	Chicago	Illinois	60647
Dr.	Salam	Okasha	Administrator	Fullerton Surgery Center, Inc.	4849 West Fullerton Avenue	Chicago	Illinois	60639
Dr.	Renlin	Xia	Administrator	American Women's Medical Group	2744 North Western Avenue	Chicago	Illinois	60647
Mr.	John	Engle	Chief Executive Officer	Kindred Chicago Central Hospital	4058 West Melrose Street	Chicago	Illinois	60641
Ms.	Margaret	McDermott	CEO	St. Elizabeth's Hospital	1431 North Claremont Avenue	Chicago	Illinois	60622
Mr.	Michael	O'Grady	President & CEO	Northwestern American Hospital	1044 North Francisco Avenue	Chicago	Illinois	60622
Ms.	Margaret	McDermott	CEO	St. Mary of Nazareth Hospital	2233 West Division Street	Chicago	Illinois	60622
Mr.	Steven	Aihart	Chief Executive Officer	Garfield Park Hospital	520 Ridgeway Avenue	Chicago	Illinois	60624
Mr.	Edward	Novak	President & CEO	Sacred Heart Hospital	3240 West Franklin Boulevard	Chicago	Illinois	60624
Dr.	Samed	Elias	Administrator	Six Corners Same Day Surgery	4211 North Cicero Avenue, Suite 400	Chicago	Illinois	60641
Ms.	Diana	Maracich	Administrator	Albany Medical Surgical Center	5086 North Elston Avenue	Chicago	Illinois	60630
Mr.	Patrick	Maqoon	President & CEO	Children's Memorial Hospital	2300 North Children's Plaza	Chicago	Illinois	60614
Mr.	Larry	Foster	Chief Executive Officer	Kindred Hospital Chicago North	2544 West Montrose Avenue	Chicago	Illinois	60618
Ms.	Ivette	Estrada	CEO	Our Lady of Resurrection Hospital	5645 West Addison Street	Chicago	Illinois	60634
Mr.	Joe	Jafari	Administrator	Grand Avenue Surgical Center	17 West Grand Avenue	Chicago	Illinois	60654
Ms.	Patricia	Wamsley	Administrator	River North Same Day Surgery Center	One East Erie, Suite 300	Chicago	Illinois	60611
Ms.	Patricia	Wamsley	Administrator	25 East Same Day Surgery	25 East Washington Street, Suite 300	Chicago	Illinois	60602
Ms.	Lena	Dobbs-Johnson	President	Advocate Bethany Hospital	3435 West Van Buren Street	Chicago	Illinois	60624
Ms.	Susan	Nordstrom Lopez	President	Advocate Illinois Masonic Medical Center	811 West Wellington Avenue	Chicago	Illinois	60657
Ms.	Barbara	Ramsey	Administrator	Rush Surgicenter - Professional Building	1725 West Harrison, Suite 556	Chicago	Illinois	60612
Mr.	Larry	Goodman	President & CEO	Rush University Medical Center	1653 West Congress Parkway	Chicago	Illinois	60612
Mr.	Mark	Newton	President & CEO	Swedish Covenant Hospital	5145 North California Avenue	Chicago	Illinois	60625
Mr.	Gary	Krugel	Vice President of Operations & Chief Financial Officer	Swedish Covenant Surgery Center	5145 North California Avenue	Chicago	Illinois	60625
Dr.	Saverko	Hrynwak	Administrator	Advanced Ambulatory Surgical Center	2333 Harlem Avenue	Chicago	Illinois	60707
Ms.	Wendy	Luxenburg	Administrator	John Stroger Hospital of Cook County	1901 West Harrison Street	Chicago	Illinois	60612
Mr.	Dean	Harrison	President & CEO	Northwestern Memorial Hospital	240 East Ontario	Chicago	Illinois	60611
Ms.	Peggy	Kirk	Senior Vice President, Clinical Operations	Rehabilitation Institute of Chicago	345 East Superior Street	Chicago	Illinois	60611
Ms.	Guita	Griffiths	Administrator	The Surgery Center at 900 North Michigan	60 East Delaware Avenue, 15th Floor	Chicago	Illinois	60611
Mr.	Paul	Madison	Administrator	Water tower Surgicenter	845 North Michigan Avenue, Suite 930 E	Chicago	Illinois	60611
Sr.	Donna Marie	Wolowicki	Executive Vice President	Resurrection Medical Center	7435 West Talcott Avenue	Chicago	Illinois	60631
Mr.	Ronald	Stuxness	CEO	Saint Joseph Health Centers & Hospital	2900 North Lake Shore Drive	Chicago	Illinois	60657
Mr.	John	DeNardo	Executive Director	University of Illinois Medical Center	1740 West Taylor Street	Chicago	Illinois	60612
Mr.	Steve	Drucker	President & CEO	Loretto Hospital	645 South Central Avenue	Chicago	Illinois	60644
Mr.	John	Calta	Administrator	Novamed Surgery Center of Chicago North	3034 West Peterson Avenue	Chicago	Illinois	60659
Mr.	Frank	Solare	President & CEO	Thorek Hospital & Medical Center	850 West Irving Park Road	Chicago	Illinois	60613
Ms.	Pat	Shehom	Chief Executive Officer	West Suburban Medical Center	3 Erie Court	Oak Park	Illinois	60302
Sr.	Sheila	Lyne	President	Mery Medical Center	2525 South Michigan Avenue	Chicago	Illinois	60616
Mr.	Alan	Channing	President & CEO	Mount Sinai Hospital Medical Center	1500 South California Avenue	Chicago	Illinois	60608
Ms.	Faith	McHale	Administrator	Resurrection Health Care Surgery Center	3101 North Harlem Avenue	Chicago	Illinois	60634
Mr.	David	Chua	Manager	South Loop Endoscopy & Wellness Center	2338-40 South Wabash Avenue	Chicago	Illinois	60161
Mr.	Guy	Medaglia	President & Chief Executive Officer	St. Anthony Hospital	2875 West 19th Street	Chicago	Illinois	60623
Mr.	Steven	Aihart	Chief Executive Officer	Hartgrove Hospital	5730 West Roosevelt Road	Chicago	Illinois	60804
Mr.	Joseph	Chandy	Chief Executive Officer	Methodist Hospital of Chicago	5025 North Paulina	Chicago	Illinois	60640
Ms.	Tess	Sagaidoro	Administrator	Peterson Surgery Center	2300 West Peterson Avenue	Chicago	Illinois	60659
Mr.	Alan	Eaks	Chief Executive Officer	Aurora Chicago Lakeshore Hospital	4840 North Marine Drive	Chicago	Illinois	60640
Mr.	Frank	Molinaro	CEO	Louis A. Weiss Memorial Hospital	4846 North Marine Drive	Chicago	Illinois	60640
Mr.	Bruce	Elegant	President & Chief Executive Officer	Rush Oak Park Hospital	520 South Maple Street	Oak Park	Illinois	60304
Ms.	Elizabeth	Van Straten	President & CEO	St. Bernard Hospital & Health	326 West 64th Street	Chicago	Illinois	60621
Ms.	Fortunee	Massuda	Administrator	Foot & Ankle Clinics of America	1844 East 53rd Street	Chicago	Illinois	60615
Mr.	Kenneth	Fishbain	Chief Operating Officer	Gottlieb Memorial Hospital	701 West North Avenue	Chicago	Illinois	60160
Ms.	Yvette	Barnabas	Administrator	Lakeshore Physicians & Surgery Center	7200 North Western Avenue	Chicago	Illinois	60645
Mr.	John	Fairman	COO	Provident Hospital	500 East 51st Street	Chicago	Illinois	60615



# MAPQUEST

Notes *CMP Surgicenter*

Trip to 3412 W Fullerton Ave  
Chicago, IL 60647-2416  
0.17 miles

**A** 3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 0.2 mi



2. 3412 W FULLERTON AVE is on the LEFT.

go 0.0 mi

**B** 3412 W Fullerton Ave, Chicago, IL 60647-2416  
Total Travel Estimate : 0.17 miles

Route Map Hide



# MAPQUEST

Notes

## Trip to Fullerton Surgery Center

4849 W Fullerton Ave, Chicago, IL 60639 -  
 (773) 237-2900  
 1.62 miles - about 5 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **WEST** on **W FULLERTON AVE** toward **N CENTRAL PARK AVE.**

go 1.6 mi



2. **4849 W FULLERTON AVE** is on the **LEFT.**

go 0.0 mi



**Fullerton Surgery Center - (773) 237-2900**  
**4849 W Fullerton Ave, Chicago, IL 60639**

Total Travel Estimate : 1.62 miles - about 5 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to American Womens Medical

2744 N Western Ave, Chicago, IL 60647 -

(773) 772-7726

1.90 miles - about 6 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 1.5 mi

2. Turn **LEFT** onto **N WESTERN AVE.**

go 0.4 mi

3. 2744 N WESTERN AVE is on the **LEFT.**

go 0.0 mi

**American Womens Medical - (773) 772-7726****2744 N Western Ave, Chicago, IL 60647**

Total Travel Estimate : 1.90 miles - about 6 minutes

**Route Map** Hide



# MAPQUEST

Notes

## Trip to Kindred-Chicago-Cntrl Hospital

4058 W Melrose St, Chicago, IL 60641 -  
(773) 283-0186  
1.93 miles - about 6 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **WEST** on **W FULLERTON AVE** toward **N CENTRAL PARK AVE**.

go 0.6 mi



2. Turn **RIGHT** onto **N PULASKI RD**.

go 1.1 mi



3. Turn **LEFT** onto **W SCHOOL ST**.

go 0.1 mi



4. Turn **LEFT** onto **N KARLOV AVE**.

go 0.0 mi



5. Turn **LEFT** onto **W MELROSE ST**.

go 0.0 mi



6. 4058 W MELROSE ST is on the **LEFT**.

go 0.0 mi



Kindred-Chicago-Cntrl Hospital - (773) 283-0186  
4058 W Melrose St, Chicago, IL 60641

Total Travel Estimate : 1.93 miles - about 6 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to St Elizabeth's Hospital

1431 N Claremont Ave, Chicago, IL 60622 -

(773) 278-2000

2.37 miles - about 8 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 0.8 mi

2. Turn **SLIGHT RIGHT** onto **N MILWAUKEE AVE.**

go 0.9 mi

3. Turn **RIGHT** onto **N WESTERN AVE.**

go 0.6 mi

4. Turn **LEFT** onto **W LE MOYNE ST.**

go 0.0 mi

5. Turn **RIGHT** onto **N CLAREMONT AVE.**

go 0.0 mi

6. **1431 N CLAREMONT AVE** is on the **LEFT.**

go 0.0 mi

**St Elizabeth's Hospital - (773) 278-2000****1431 N Claremont Ave, Chicago, IL 60622**

Total Travel Estimate : 2.37 miles - about 8 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Norwegian American Hospital

1044 N Francisco Ave, Chicago, IL 60622 -

(773) 292-8200

2.64 miles - about 9 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 0.5 mi



2. Turn **RIGHT** onto **N KEDZIE AVE.**

go 1.8 mi



3. Turn **LEFT** onto **W AUGUSTA BLVD.**

go 0.4 mi



4. Turn **LEFT** onto **N FRANCISCO AVE.**

go 0.0 mi



5. **1044 N FRANCISCO AVE** is on the **LEFT.**

go 0.0 mi



**Norwegian American Hospital - (773) 292-8200**

**1044 N Francisco Ave, Chicago, IL 60622**

Total Travel Estimate : 2.64 miles - about 9 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to St Mary of Nazareth Hospital

2233 W Division St, Chicago, IL 60622 -  
 (312) 770-2000  
 2.84 miles - about 9 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 0.8 mi



2. Turn **SLIGHT RIGHT** onto **N MILWAUKEE AVE.**

go 0.9 mi



3. Turn **RIGHT** onto **N WESTERN AVE.**

go 1.0 mi



4. Turn **LEFT** onto **W DIVISION ST.**

go 0.2 mi



5. **2233 W DIVISION ST** is on the **RIGHT.**

go 0.0 mi



**St Mary of Nazareth Hospital - (312) 770-2000**  
**2233 W Division St, Chicago, IL 60622**

Total Travel Estimate : 2.84 miles - about 9 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Sacred Heart Hospital

3240 W Franklin Blvd, Chicago, IL 60624 -

(773) 722-3020

2.98 miles - about 10 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 0.5 mi



2. Turn **RIGHT** onto **N KEDZIE AVE.**

go 2.4 mi



3. Turn **RIGHT** onto **W FRANKLIN BLVD.**

go 0.1 mi



4. 3240 **W FRANKLIN BLVD** is on the **RIGHT.**

go 0.0 mi



**Sacred Heart Hospital - (773) 722-3020**

**3240 W Franklin Blvd, Chicago, IL 60624**

Total Travel Estimate : 2.98 miles - about 10 minutes

Route Map [Hide](#)



# MAPQUEST

Notes *Garfield Park Hospital*

Trip to 520 N Ridgeway Ave  
Chicago, IL 60624-1232  
3.21 miles - about 10 minutes



# MAPQUEST

Notes

## Trip to Six Corners Same Day Surgery

4211 N Cicero Ave # 400, Chicago,  
IL 60641 - (773) 794-3100  
3.33 miles - about 11 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going WEST on W FULLERTON AVE toward N CENTRAL PARK AVE.

go 0.6 mi



2. Turn RIGHT onto N PULASKI RD.

go 1.2 mi



3. Turn LEFT onto N MILWAUKEE AVE.

go 1.3 mi



4. Turn RIGHT onto N CICERO AVE / IL-50.

go 0.3 mi



5. 4211 N CICERO AVE # 400 is on the RIGHT.

go 0.0 mi



Six Corners Same Day Surgery - (773) 794-3100  
4211 N Cicero Ave # 400, Chicago, IL 60641

Total Travel Estimate : 3.33 miles - about 11 minutes

Route Map [Hide](#)



# MAPQUEST

Notes

## Trip to Children's Memorial Hospital

2300 N Childrens Plz, Chicago, IL 60614 -  
 (773) 880-4000  
 3.63 miles - about 12 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 3.5 mi



2. **W FULLERTON AVE** becomes **W FULLERTON PKWY**.

go 0.0 mi



3. Turn **RIGHT** onto **N CHILDRENS PLZ**.

go 0.0 mi



4. **2300 N CHILDRENS PLZ** is on the **RIGHT**.

go 0.0 mi



**Children's Memorial Hospital - (773) 880-4000**  
**2300 N Childrens Plz, Chicago, IL 60614**

Total Travel Estimate : 3.63 miles - about 12 minutes

Route Map [Hide](#)



# MAPQUEST

Notes

## Trip to Kindred Hospital-Chicago-North

2544 W Montrose Ave, Chicago, IL 60618 -  
(773) 267-2622

3.75 miles - about 12 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 1.0 mi



2. Turn **LEFT** onto **N CALIFORNIA AVE.**

go 2.5 mi



3. Turn **RIGHT** onto **W MONTROSE AVE.**

go 0.3 mi



4. **2544 W MONTROSE AVE** is on the **LEFT.**

go 0.0 mi



**Kindred Hospital-Chicago-North - (773) 267-2622**  
**2544 W Montrose Ave, Chicago, IL 60618**

Total Travel Estimate : 3.75 miles - about 12 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Our Lady-Resurrection Hospital

5645 W Addison St, Chicago, IL 60634 -  
(773) 282-7000  
3.92 miles - about 12 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **WEST** on **W FULLERTON AVE** toward **N CENTRAL PARK AVE.**

go 0.6 mi



2. Turn **RIGHT** onto **N PULASKI RD.**

go 1.2 mi



3. Turn **LEFT** onto **N MILWAUKEE AVE.**

go 0.6 mi



4. Turn **SLIGHT LEFT** onto **W ADDISON ST.**

go 1.7 mi



5. **5645 W ADDISON ST** is on the **LEFT.**

go 0.0 mi



**Our Lady-Resurrection Hospital - (773) 282-7000**  
**5645 W Addison St, Chicago, IL 60634**

Total Travel Estimate : 3.92 miles - about 12 minutes

Route Map Hide



Notes

# MAPQUEST

## Trip to Albany Medical Surgical Center

5086 N Elston Ave, Chicago, IL 60630 -  
 (773) 725-6665  
 5.66 miles - about 12 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 1.0 mi



2. Turn **LEFT** onto **N CALIFORNIA AVE.**

go 0.6 mi



3. Merge onto **I-94 W** via the ramp on the **LEFT.**

go 3.1 mi



4. Take the **WILSON AVE** exit, **EXIT 43A.**

go 0.2 mi



5. Turn **LEFT** onto **W WILSON AVE.**

go 0.1 mi



6. Turn **RIGHT** onto **N CICERO AVE / IL-50.**

go 0.6 mi



7. Turn **SLIGHT LEFT** onto **N ELSTON AVE.**

go 0.0 mi



8. **5086 N ELSTON AVE** is on the **LEFT.**

go 0.0 mi



**Albany Medical Surgical Center - (773) 725-6665**  
**5086 N Elston Ave, Chicago, IL 60630**

Total Travel Estimate : 5.66 miles - about 12 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Grand Avenue Surgical Center Ltd

17 W Grand Ave, Chicago, IL 60654 - (312)  
222-5610  
5.98 miles - about 13 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi



2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E**.

go 2.7 mi



3. Take **EXIT 50B** toward **EAST OHIO ST**.

go 1.1 mi



4. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.5 mi



5. Turn **RIGHT** onto **N STATE ST**.

go 0.0 mi



6. Turn **RIGHT** onto **W GRAND AVE**.

go 0.0 mi



7. **17 W GRAND AVE** is on the **LEFT**.

go 0.0 mi



Grand Avenue Surgical Center Ltd - (312) 222-5610  
17 W Grand Ave, Chicago, IL 60654

Total Travel Estimate : 5.98 miles - about 13 minutes

Route Map Hide



# MAPQUEST

Notes *River North Same Day Surgery Center*

## Trip to 1 E Erie St

Chicago, IL 60611-2740

6.00 miles - about 13 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 1.7 mi



2. Merge onto I-90 E / I-94 E / KENNEDY EXPY E.

go 2.7 mi



3. Take EXIT 50B toward EAST OHIO ST.

go 1.1 mi



4. Stay STRAIGHT to go onto W OHIO ST.

go 0.5 mi



5. Turn LEFT onto N STATE ST.

go 0.1 mi



6. Turn RIGHT onto E ERIE ST.

go 0.0 mi



7. 1 E ERIE ST is on the RIGHT.

go 0.0 mi



1 E Erie St, Chicago, IL 60611-2740

Total Travel Estimate : 6.00 miles - about 13 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Advocate Bethany Hospital

3435 W Van Buren St # 1, Chicago,

IL 60624 - (773) 265-7700

4.17 miles - about 14 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 0.5 mi

2. Turn **RIGHT** onto **N KEDZIE AVE**.

go 3.4 mi

3. Turn **RIGHT** onto **W VAN BUREN ST**.

go 0.3 mi

4. **3435 W VAN BUREN ST # 1** is on the **LEFT**.

go 0.0 mi

**Advocate Bethany Hospital - (773) 265-7700****3435 W Van Buren St # 1, Chicago, IL 60624**

Total Travel Estimate : 4.17 miles - about 14 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Advocate IL Masonic Med Center

811 W Wellington Ave, Chicago, IL 60657 -  
 (773) 871-1461  
 4.25 miles - about 14 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 3.5 mi



2. Turn **LEFT** onto **N HALSTED ST.**

go 0.8 mi



3. Turn **LEFT** onto **W WELLINGTON AVE.**

go 0.0 mi



4. **811 W WELLINGTON AVE** is on the **LEFT.**

go 0.0 mi



**Advocate IL Masonic Med Center - (773) 871-1461**  
**811 W Wellington Ave, Chicago, IL 60657**

Total Travel Estimate : 4.25 miles - about 14 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Swedish Covenant Hospital

5145 N California Ave # 370, Chicago,  
IL 60625 - (773) 878-8200  
4.52 miles - about 14 minutes

3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE. go 0.5 mi



2. Turn LEFT onto N KEDZIE AVE. go 0.2 mi



3. Turn SLIGHT RIGHT onto W LOGAN BLVD. go 0.0 mi



4. Turn LEFT onto N MILWAUKEE AVE. go 0.1 mi



5. Turn SLIGHT RIGHT onto N KEDZIE AVE. go 2.7 mi



6. Turn RIGHT onto W LAWRENCE AVE. go 0.5 mi



7. Turn LEFT onto N CALIFORNIA AVE. go 0.4 mi



8. 5145 N CALIFORNIA AVE # 370 is on the RIGHT. go 0.0 mi

Swedish Covenant Hospital - (773) 878-8200  
5145 N California Ave # 370, Chicago, IL 60625  
Total Travel Estimate : 4.52 miles - about 14 minutes

Route Map Hide



-  AVE.
-  5. Turn **SLIGHT RIGHT** onto **N KEDZIE AVE.** 3.2 mi
-  6. Turn **RIGHT** onto **W FOSTER AVE.** 0.5 mi
-  7. **N CALIFORNIA AVE & W FOSTER AVE.**

 **N California Ave & W Foster Ave** Edit  
Chicago, IL 60625

Total Travel Estimate: 14 minutes / 4.59 miles Fuel Cost: Calculate

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***nfogroup***

x

**MAPQUEST**

Notes

**Trip to 25 East Same Day Surgery**

25 E Washington St # 300, Chicago,  
 IL 60602 - (312) 781-9048  
 6.33 miles - about 14 minutes

**A** 3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 1.7 mi



2. Merge onto I-90 E / I-94 E / KENNEDY EXPY E.

go 3.5 mi



3. Take EXIT 51C toward EAST WASHINGTON BLVD.

go 0.1 mi



4. Turn LEFT onto W WASHINGTON BLVD.

go 0.3 mi



5. W WASHINGTON BLVD becomes W WASHINGTON ST.

go 0.7 mi



6. 25 E WASHINGTON ST # 300 is on the RIGHT.

go 0.0 mi



**25 East Same Day Surgery - (312) 781-9048**  
 25 E Washington St # 300, Chicago, IL 60602

Total Travel Estimate : 6.33 miles - about 14 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Rush University Medical Center

1653 W Congress Pkwy # 622, Chicago,  
IL 60612 - (312) 942-5000  
7.12 miles - about 14 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi



2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E**.

go 4.0 mi



3. Merge onto **I-290 W / EISENHOWER EXPY W** via **EXIT 51H** toward **WEST SUBURBS**.

go 1.0 mi



4. Take **EXIT 28B** toward **ASHLAND AVE / PAULINA ST**.

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W VAN BUREN ST**.

go 0.2 mi



6. Turn **LEFT** onto **S PAULINA ST**.

go 0.0 mi



7. Turn **LEFT** onto **W CONGRESS PKWY**.

go 0.0 mi



8. **1653 W CONGRESS PKWY # 622** is on the **RIGHT**.

go 0.0 mi



**Rush University Medical Center - (312) 942-5000**  
**1653 W Congress Pkwy # 622, Chicago, IL 60612**

Total Travel Estimate : 7.12 miles - about 14 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Rush Surgicenter

1725 W Harrison St # 556, Chicago,  
IL 60612 - (312) 563-2880  
7.16 miles - about 14 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi



2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E**.

go 4.0 mi



3. Merge onto **I-290 W / EISENHOWER EXPY W** via **EXIT 51H** toward **WEST SUBURBS**.

go 1.0 mi



4. Take **EXIT 28B** toward **ASHLAND AVE / PAULINA ST**.

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W VAN BUREN ST**.

go 0.0 mi



6. Turn **LEFT** onto **S ASHLAND AVE**.

go 0.1 mi



7. Turn **RIGHT** onto **W HARRISON ST**.

go 0.2 mi



8. **1725 W HARRISON ST # 556** is on the **LEFT**.

go 0.0 mi



**Rush Surgicenter - (312) 563-2880**  
**1725 W Harrison St # 556, Chicago, IL 60612**  
Total Travel Estimate : 7.16 miles - about 14 minutes

Route Map [Hide](#)



# MAPQUEST

Notes

## Trip to Advanced Ambulatory

2333 N Harlem Ave, Chicago, IL 60707 -  
(773) 637-1700  
4.79 miles - about 15 minutes

**A** 3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going WEST on W FULLERTON AVE toward N CENTRAL PARK AVE.

go 3.9 mi



2. W FULLERTON AVE becomes W GRAND AVE.

go 0.8 mi



3. Turn LEFT onto IL-43 / N HARLEM AVE.

go 0.1 mi



4. 2333 N HARLEM AVE is on the LEFT.

go 0.0 mi

**B** Advanced Ambulatory - (773) 637-1700  
2333 N Harlem Ave, Chicago, IL 60707

Total Travel Estimate : 4.79 miles - about 15 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Watertower Surgicenter

845 N Michigan Ave # 948W, Chicago,  
 IL 60611 - (312) 944-2929  
 6.48 miles - about 15 minutes

### 3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi



2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E**.

go 2.7 mi



3. Take **EXIT 50B** toward **EAST OHIO ST**.

go 1.1 mi



4. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.7 mi



5. Turn **LEFT** onto **N MICHIGAN AVE**.

go 0.4 mi



6. **845 N MICHIGAN AVE # 948W** is on the **RIGHT**.

go 0.0 mi



**Watertower Surgicenter - (312) 944-2929**  
**845 N Michigan Ave # 948W, Chicago, IL 60611**

Total Travel Estimate : 6.48 miles - about 15 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Northwestern Memorial HOSPITAL

251 E Huron St, Chicago, IL 60611 - (312) 926-2000  
6.52 miles - about 15 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi



2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E**.

go 2.7 mi



3. Take **EXIT 50B** toward **EAST OHIO ST**.

go 1.1 mi



4. Stay **STRAIGHT** to go onto **W OHIO ST**.

go 0.9 mi



5. Turn **LEFT** onto **N FAIRBANKS CT**.

go 0.2 mi



6. Turn **LEFT** onto **E HURON ST**.

go 0.0 mi



7. **251 E HURON ST** is on the **LEFT**.

go 0.0 mi



**Northwestern Memorial HOSPITAL - (312) 926-2000**  
**251 E Huron St, Chicago, IL 60611**

Total Travel Estimate : 6.52 miles - about 15 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Rehab Institute of Chicago

345 E Superior St # 1130, Chicago,  
 IL 60611 - (312) 238-1149  
 6.56 miles - about 15 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 1.7 mi



2. Merge onto I-90 E / I-94 E / KENNEDY EXPY E.

go 2.7 mi



3. Take EXIT 50B toward EAST OHIO ST.

go 1.1 mi



4. Stay STRAIGHT to go onto W OHIO ST.

go 0.7 mi



5. Turn LEFT onto N MICHIGAN AVE.

go 0.2 mi



6. Turn RIGHT onto E SUPERIOR ST.

go 0.2 mi



7. 345 E SUPERIOR ST # 1130 is on the RIGHT.

go 0.0 mi



Rehab Institute of Chicago - (312) 238-1149  
 345 E Superior St # 1130, Chicago, IL 60611  
 Total Travel Estimate : 6.56 miles - about 15 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to 900 N Michigan Ave

Chicago, IL 60611-1542

6.56 miles - about 15 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 1.7 mi



2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E.**

go 2.7 mi



3. Take **EXIT 50B** toward **EAST OHIO ST.**

go 1.1 mi



4. Stay **STRAIGHT** to go onto **W OHIO ST.**

go 0.7 mi



5. Turn **LEFT** onto **N MICHIGAN AVE.**

go 0.5 mi



6. **900 N MICHIGAN AVE** is on the **LEFT.**

go 0.0 mi



**900 N Michigan Ave, Chicago, IL 60611-1542**

Total Travel Estimate : 6.56 miles - about 15 minutes

Route Map Hide

x

**MAPQUEST**

Notes

**Trip to John Stroger Hospital-Cook**

1901 W Harrison St, Chicago, IL 60612 -

(312) 864-4589

7.63 miles - about 15 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi

2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E**.

go 4.0 mi

3. Merge onto **I-290 W / EISENHOWER EXPY W** via **EXIT 51H** toward **WEST SUBURBS**.

go 1.5 mi

4. Take **EXIT 28A** toward **DAMEN AVE**.

go 0.1 mi

5. Stay **STRAIGHT** to go onto **W VAN BUREN ST**.

go 0.0 mi

6. Turn **LEFT** onto **S DAMEN AVE**.

go 0.2 mi

7. Turn **LEFT** onto **W HARRISON ST**.

go 0.1 mi

8. 1901 W HARRISON ST is on the **RIGHT**.

go 0.0 mi

**John Stroger Hospital-Cook - (312) 864-4589****1901 W Harrison St, Chicago, IL 60612**

Total Travel Estimate : 7.63 miles - about 15 minutes

Route Map Hide

[x]

**MAPQUEST**

Notes

*St. Joseph Health Centers & Hospital*

Trip to 2900 N Lake Shore Dr

Chicago, IL 60657-5640

4.94 miles - about 16 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**

1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 3.5 mi



2. W FULLERTON AVE becomes W FULLERTON PKWY.

go 0.8 mi



3. Turn LEFT onto N CANNON DR.

go 0.4 mi



4. Turn SLIGHT RIGHT onto N LAKE SHORE DR W / N LAKE SHORE DR.

go 0.3 mi



5. 2900 N LAKE SHORE DR is on the LEFT.

go 0.0 mi

**2900 N Lake Shore Dr, Chicago, IL 60657-5640**

Total Travel Estimate : 4.94 miles - about 16 minutes

Route Map [Hide](#)



# MAPQUEST

Notes

## Trip to University of Illinois Medical Center

1740 W Taylor St # 1, Chicago, IL 60612 -  
(312) 996-7000

7.53 miles - about 16 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 1.7 mi



2. Merge onto **I-90 E / I-94 E / KENNEDY EXPY E.**

go 4.0 mi



3. Merge onto **I-290 W / EISENHOWER EXPY W** via **EXIT 51H** toward **WEST SUBURBS.**

go 1.0 mi



4. Take **EXIT 28B** toward **ASHLAND AVE / PAULINA ST.**

go 0.2 mi



5. Turn **SLIGHT LEFT** onto **W VAN BUREN ST.**

go 0.0 mi



6. Turn **LEFT** onto **S ASHLAND AVE.**

go 0.5 mi



7. Turn **RIGHT** onto **W TAYLOR ST.**

go 0.2 mi



8. **1740 W TAYLOR ST # 1** is on the **RIGHT.**

go 0.0 mi



**University of Illinois Medical Center - (312) 996-7000**  
**1740 W Taylor St # 1, Chicago, IL 60612**

Total Travel Estimate : 7.53 miles - about 16 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Resurrection Medical Center

7435 W Talcott Ave, Chicago, IL 60631 -

(773) 774-8000

8.85 miles - about 16 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.0 mi

2. Turn **LEFT** onto **N CALIFORNIA AVE**.

go 0.6 mi

3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** via the ramp on the **LEFT**.

go 3.0 mi

4. Keep **LEFT** to take **I-90 W / KENNEDY EXPY W** via **EXIT 43B** toward **O'HARE-ROCKFORD**.

go 3.2 mi

5. Take **EXIT 81B** toward **SAYRE AVE**.

go 0.2 mi

6. Stay **STRAIGHT** to go onto **W TALCOTT AVE**.

go 0.8 mi

7. **7435 W TALCOTT AVE** is on the **LEFT**.

go 0.0 mi

**Resurrection Medical Center - (773) 774-8000****7435 W Talcott Ave, Chicago, IL 60631**

Total Travel Estimate : 8.85 miles - about 16 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to West Suburban Medical Center

3 Erie Ct, Oak Park, IL 60302 - (708) 383-6200

5.29 miles - about 17 minutes



**3536 W Fullerton Ave, Chicago, IL 60647-2443**



1. Start out going WEST on W FULLERTON AVE toward N CENTRAL PARK AVE.

go 3.1 mi



2. Turn LEFT onto N AUSTIN AVE.

go 0.9 mi



3. N AUSTIN AVE becomes N AUSTIN BLVD.

go 1.3 mi



4. Turn RIGHT onto ERIE ST.

go 0.0 mi



5. 3 ERIE CT.

go 0.0 mi



**West Suburban Medical Center - (708) 383-6200**

**3 Erie Ct, Oak Park, IL 60302**

Total Travel Estimate : 5.29 miles - about 17 minutes

Route Map [Hide](#)



# MAPQUEST

Notes *Navamed Surgery Center of Chicago North*

Trip to 3034 W Peterson Ave

Chicago, IL 60659-3729

5.39 miles - about 17 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 0.5 mi



2. Turn LEFT onto N KEDZIE AVE.

go 0.2 mi



3. Turn SLIGHT RIGHT onto W LOGAN BLVD.

go 0.0 mi



4. Turn LEFT onto N MILWAUKEE AVE.

go 0.1 mi



5. Turn SLIGHT RIGHT onto N KEDZIE AVE.

go 3.7 mi



6. N KEDZIE AVE becomes N JERSEY AVE.

go 0.5 mi



7. Turn RIGHT onto W PETERSON AVE / US-14.

go 0.3 mi



8. 3034 W PETERSON AVE is on the LEFT.

go 0.0 mi



3034 W Peterson Ave, Chicago, IL 60659-3729

Total Travel Estimate : 5.39 miles - about 17 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Thorek Memorial Hospital

850 W Irving Park Rd, Chicago, IL 60613 -

(773) 525-6780

5.41 miles - about 17 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 2.5 mi

2. Turn **LEFT** onto **N ASHLAND AVE.**

go 2.0 mi

3. Turn **RIGHT** onto **W IRVING PARK RD / IL-19.**

go 0.9 mi

4. **850 W IRVING PARK RD** is on the **LEFT.**

go 0.0 mi

**Thorek Memorial Hospital - (773) 525-6780****850 W Irving Park Rd, Chicago, IL 60613**

Total Travel Estimate : 5.41 miles - about 17 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Loretto Hospital

645 S Central Ave, Chicago, IL 60644 -

(773) 626-4300

6.64 miles - about 17 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443

1. Start out going **WEST** on **W FULLERTON AVE** toward **N CENTRAL PARK AVE**.

go 0.6 mi

2. Turn **LEFT** onto **N PULASKI RD**.

go 0.1 mi

3. Turn **RIGHT** onto **W BELDEN AVE**.

go 0.0 mi

4. **W BELDEN AVE** becomes **W BELDEN ST**.

go 0.0 mi

5. Turn **LEFT** onto **N PULASKI RD**.

go 2.8 mi

6. Turn **LEFT** onto **W WASHINGTON BLVD**.

go 0.3 mi

7. Turn **RIGHT** onto **N HAMLIN AVE / N HAMLIN BLVD**.  
Continue to follow **N HAMLIN BLVD**.

go 0.5 mi

8. Turn **RIGHT** onto **W CONGRESS PKWY**.

go 0.0 mi

9. Merge onto **I-290 W / EISENHOWER EXPY W** via the ramp on the **LEFT**.

go 2.0 mi

10. Take **EXIT 23B** toward **CENTRAL AVE**.

go 0.2 mi

11. Stay **STRAIGHT** to go onto **W FLOURNOY ST**.

go 0.0 mi





# MAPQUEST

Notes

## Trip to Mt Sinai Hospital Medical

1500 S California Ave, Chicago, IL 60608 -  
 (773) 257-6464  
 5.37 miles - about 18 minutes

 3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 0.5 mi



2. Turn RIGHT onto N KEDZIE AVE.

go 4.0 mi



3. Turn LEFT onto W ROOSEVELT RD.

go 0.5 mi



4. Turn RIGHT onto S CALIFORNIA AVE.

go 0.4 mi



5. 1500 S CALIFORNIA AVE is on the RIGHT.

go 0.0 mi

 Mt Sinai Hospital Medical - (773) 257-6464  
 1500 S California Ave, Chicago, IL 60608  
 Total Travel Estimate : 5.37 miles - about 18 minutes

Route Map Hide



# MAPQUEST

Notes Resurrection Health Care Surgery Center

Trip to 3101 N Harlem Ave  
Chicago, IL 60634-4532  
5.51 miles - about 18 minutes

3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going WEST on W FULLERTON AVE toward N CENTRAL PARK AVE. go 3.9 mi



2. W FULLERTON AVE becomes W GRAND AVE. go 0.8 mi



3. Turn RIGHT onto N HARLEM AVE / IL-43. go 0.9 mi



4. 3101 N HARLEM AVE is on the RIGHT. go 0.0 mi

3101 N Harlem Ave, Chicago, IL 60634-4532  
Total Travel Estimate : 5.51 miles - about 18 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Saint Anthony Hospital

2875 W 19TH St, Chicago, IL 60623 - (773)

932-9548

5.55 miles - about 18 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 0.5 mi

2. Turn **RIGHT** onto **N KEDZIE AVE.**

go 4.3 mi

3. Turn **LEFT** onto **W DOUGLAS BLVD.**

go 0.2 mi

4. Turn **SLIGHT RIGHT** onto **S SACRAMENTO DR.**

go 0.5 mi

5. Turn **RIGHT** onto **S MARSHALL BLVD.**

go 0.0 mi

6. Turn **LEFT** onto **W 19TH ST.**

go 0.0 mi

7. 2875 W 19TH ST is on the **RIGHT.**

go 0.0 mi

**Saint Anthony Hospital - (773) 932-9548****2875 W 19TH St, Chicago, IL 60623**

Total Travel Estimate : 5.55 miles - about 18 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Mercy Medical Center

2525 S Michigan Ave, Chicago, IL 60616 -

(312) 567-2433

9.73 miles - about 18 minutes



# MAPQUEST

Notes

*South Loop Endoscopy & Wellness Center*

Trip to 2336 S Wabash Ave

Chicago, IL 60616-2112

9.75 miles - about 18 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**

1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 1.7 mi



2. Merge onto I-90 E / I-94 E.

go 5.4 mi



3. Merge onto I-55 N / STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR.

go 1.9 mi



4. Take EXIT 293D toward MARTIN L KING DR.

go 0.1 mi

RAMP

5. Take the ramp toward MCCORMICK PLACE / I-55 S / WEST BUILDING / PARKING LOT A / CORP CTR.

go 0.2 mi



6. Turn LEFT onto E 24TH PL.

go 0.4 mi



7. Turn RIGHT onto S WABASH AVE.

go 0.1 mi



8. 2336 S WABASH AVE is on the LEFT.

go 0.0 mi

**2336 S Wabash Ave, Chicago, IL 60616-2112**

Total Travel Estimate : 9.75 miles - about 18 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Methodist Hospital of Chicago

5025 N Paulina St, Chicago, IL 60640 -  
 (773) 271-9040  
 5.93 miles - about 19 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 2.5 mi



2. Turn **LEFT** onto **N ASHLAND AVE.**

go 3.3 mi



3. Turn **LEFT** onto **W WINNEMAC AVE.**

go 0.0 mi



4. Turn **LEFT** onto **N PAULINA ST.**

go 0.0 mi



5. **5025 N PAULINA ST** is on the **LEFT.**

go 0.0 mi



**Methodist Hospital of Chicago - (773) 271-9040**  
**5025 N Paulina St, Chicago, IL 60640**

Total Travel Estimate : 5.93 miles - about 19 minutes

Route Map [Hide](#)



# MAPQUEST

Notes

*Hortgrave Hospital*

Trip to 5730 W Roosevelt Rd

Chicago, IL 60804

7.23 miles - about 19 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going WEST on W FULLERTON AVE toward N CENTRAL PARK AVE.

go 0.6 mi



2. Turn LEFT onto N PULASKI RD.

go 0.1 mi



3. Turn RIGHT onto W BELDEN AVE.

go 0.0 mi



4. W BELDEN AVE becomes W BELDEN ST.

go 0.0 mi



5. Turn LEFT onto N PULASKI RD.

go 2.8 mi



6. Turn LEFT onto W WASHINGTON BLVD.

go 0.3 mi

7. Turn RIGHT onto N HAMLIN AVE / N HAMLIN BLVD.  
Continue to follow N HAMLIN BLVD.

go 0.5 mi



8. Turn RIGHT onto W CONGRESS PKWY.

go 0.0 mi



9. Merge onto I-290 W / EISENHOWER EXPY W via the ramp on the LEFT.

go 2.0 mi



10. Take EXIT 23B toward CENTRAL AVE.

go 0.2 mi



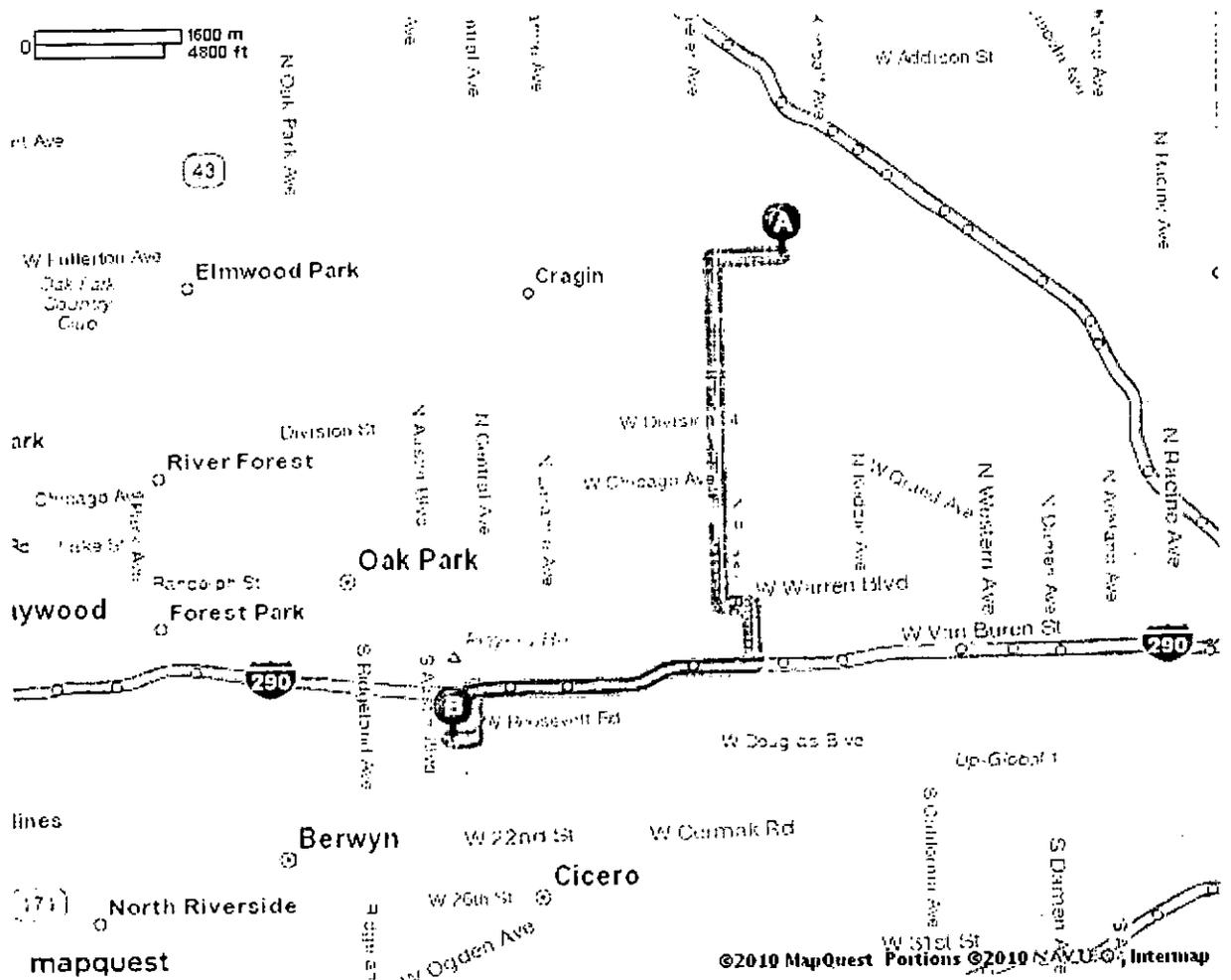
11. Stay STRAIGHT to go onto W FLOURNOY ST.

go 0.0 mi

- 
12. Turn LEFT onto S CENTRAL AVE.
go 0.4 mi
- 
13. Turn RIGHT onto W ROOSEVELT RD.
go 0.2 mi
- 
14. 5730 W ROOSEVELT RD is on the RIGHT.
go 0.0 mi

**B** 5730 W Roosevelt Rd, Chicago, IL 60804  
 Total Travel Estimate : 7.23 miles - about 19 minutes

Route Map Hide



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# MAPQUEST

Notes

## Trip to Peterson Surgery Center

2300 W Peterson Ave, Chicago, IL 60659 -  
(773) 508-9000  
6.11 miles - about 20 minutes

3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 1.5 mi



2. Turn LEFT onto N WESTERN AVE.

go 4.5 mi



3. Turn RIGHT onto W PETERSON AVE / US-14.

go 0.1 mi



4. 2300 W PETERSON AVE is on the LEFT.

go 0.0 mi

Peterson Surgery Center - (773) 508-9000  
2300 W Peterson Ave, Chicago, IL 60659  
Total Travel Estimate : 6.11 miles - about 20 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Louis A Weiss Memorial Hospital

4646 N Marine Dr, Chicago, IL 60640 -  
(773) 878-8700  
6.47 miles - about 21 minutes

**A** 3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.

go 2.5 mi



2. Turn LEFT onto N ASHLAND AVE.

go 2.5 mi



3. Turn RIGHT onto W MONTROSE AVE.

go 1.2 mi



4. Turn LEFT onto N MARINE DR.

go 0.3 mi



5. 4646 N MARINE DR is on the LEFT.

go 0.0 mi

**B** Louis A Weiss Memorial Hospital - (773) 878-8700  
4646 N Marine Dr, Chicago, IL 60640  
Total Travel Estimate : 6.47 miles - about 21 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Chicago Lakeshore Hospital

4840 N Marine Dr, Chicago, IL 60640 -  
(773) 878-9700  
6.60 miles - about 21 minutes

3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.** go 2.5 mi



2. Turn **LEFT** onto **N ASHLAND AVE.** go 3.0 mi



3. Turn **RIGHT** onto **W LAWRENCE AVE.** go 1.0 mi



4. Turn **LEFT** onto **N MARINE DR.** go 0.0 mi



5. 4840 N MARINE DR is on the **LEFT.** go 0.0 mi

**Chicago Lakeshore Hospital - (773) 878-9700**  
4840 N Marine Dr, Chicago, IL 60640  
Total Travel Estimate : 6.60 miles - about 21 minutes

Route Map Hide

x

**MAPQUEST**

Notes

**Trip to Rush Oak Park Hospital**

520 S Maple Ave, Oak Park, IL 60304 -

(708) 383-9300

9.16 miles - about 21 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **WEST** on **W FULLERTON AVE** toward **N CENTRAL PARK AVE**.

go 0.6 mi

2. Turn **LEFT** onto **N PULASKI RD**.

go 0.1 mi

3. Turn **RIGHT** onto **W BELDEN AVE**.

go 0.0 mi

4. **W BELDEN AVE** becomes **W BELDEN ST**.

go 0.0 mi

5. Turn **LEFT** onto **N PULASKI RD**.

go 2.8 mi

6. Turn **LEFT** onto **W WASHINGTON BLVD**.

go 0.3 mi

7. Turn **RIGHT** onto **N HAMLIN AVE / N HAMLIN BLVD**.  
Continue to follow **N HAMLIN BLVD**.

go 0.5 mi

8. Turn **RIGHT** onto **W CONGRESS PKWY**.

go 0.0 mi

9. Merge onto **I-290 W / EISENHOWER EXPY W** via the ramp on the **LEFT**.

go 4.1 mi

10. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT**.

go 0.3 mi

11. Turn **RIGHT** onto **IL-43 / HARLEM AVE / S HARLEM AVE**.

go 0.4 mi



# MAPQUEST

Notes

## Trip to St Bernard Hospital & Health

326 W 64th St, Chicago, IL 60621 - (773)

962-3900

13.13 miles - about 22 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE.**

go 1.7 mi

2. Merge onto **I-90 E / I-94 E.**

go 6.6 mi

3. Keep **LEFT** to take **DAN RYAN EXPRESS LN E / I-90 EXPRESS LN E / I-94 EXPRESS LN E** toward **GARFIELD BLVD.**

go 3.9 mi

4. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E** toward **SKYWAY / INDIANA TOLL RD.**

go 0.5 mi

5. Take **EXIT 58B** toward **63RD ST.**

go 0.2 mi

6. Turn **SLIGHT LEFT** onto **S YALE AVE.**

go 0.2 mi

7. Turn **RIGHT** onto **W 64TH ST.**

go 0.0 mi

8. **326 W 64TH ST** is on the **RIGHT.**

go 0.0 mi

**St Bernard Hospital & Health - (773) 962-3900****326 W 64th St, Chicago, IL 60621**

Total Travel Estimate : 13.13 miles - about 22 minutes

Route Map [Hide](#)

[x]

**MAPQUEST**

Notes

**Trip to Gottlieb Memorial Hospital**

701 W North Ave, Melrose Park, IL 60160 -  
 (708) 681-3200  
 7.64 miles - about 23 minutes

**A** 3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **WEST** on **W FULLERTON AVE** toward **N CENTRAL PARK AVE**.

go 3.9 mi



2. **W FULLERTON AVE** becomes **W GRAND AVE**.

go 0.8 mi



3. Turn **LEFT** onto **IL-43 / N HARLEM AVE**.

go 0.0 mi



4. Turn **RIGHT** onto **W FULLERTON AVE**.

go 1.5 mi



5. Turn **LEFT** onto **IL-171 / N 1ST AVE**.

go 1.0 mi



6. Turn **RIGHT** onto **W NORTH AVE / IL-64 W**.

go 0.4 mi



7. **701 W NORTH AVE** is on the **RIGHT**.

go 0.0 mi

**B** **Gottlieb Memorial Hospital - (708) 681-3200**  
**701 W North Ave, Melrose Park, IL 60160**  
 Total Travel Estimate : 7.64 miles - about 23 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Lakeshore Physicians & Surgery

7200 N Western Ave, Chicago, IL 60645 -  
 (773) 743-6700  
 11.30 miles - about 23 minutes



3536 W Fullerton Ave, Chicago, IL 60647-2443



1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.0 mi



2. Turn **LEFT** onto **N CALIFORNIA AVE**.

go 0.6 mi



3. Merge onto **I-94 W** via the ramp on the **LEFT**.

go 6.3 mi



4. Take **EXIT 39B** toward **EAST TOUHY AVE**.

go 0.3 mi



5. Keep **LEFT** at the fork to go on **N CICERO AVE / IL-50**.

go 0.1 mi



6. Turn **RIGHT** onto **W TOUHY AVE**.

go 3.0 mi



7. Turn **LEFT** onto **N WESTERN AVE**.

go 0.0 mi



8. **7200 N WESTERN AVE** is on the **LEFT**.

go 0.0 mi



**Lakeshore Physicians & Surgery - (773) 743-6700**  
**7200 N Western Ave, Chicago, IL 60645**

Total Travel Estimate : 11.30 miles - about 23 minutes

Route Map Hide



# MAPQUEST

Notes *Foot & Ankle Clinics of America*

## Trip to 1644 E 53rd St

Chicago, IL 60615-4210

13.42 miles - about 23 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi

2. Merge onto **I-90 E / I-94 E**.

go 5.4 mi

3. Merge onto **I-55 N / STEVENSON EXPY N** via **EXIT 53** toward **LAKE SHORE DR**.

go 2.2 mi

4. Merge onto **S LAKE SHORE DR / US-41 S**.

go 3.9 mi

RAMP

5. Take the **53RD ST** ramp.

go 0.0 mi

6. Turn **SLIGHT RIGHT** onto **E 53RD ST**.

go 0.2 mi

7. **1644 E 53RD ST** is on the **RIGHT**.

go 0.0 mi

**1644 E 53rd St, Chicago, IL 60615-4210**

Total Travel Estimate : 13.42 miles - about 23 minutes

Route Map Hide



# MAPQUEST

Notes

## Trip to Provident Hospital

500 E 51st St, Chicago, IL 60615 - (773)

572-2000

12.32 miles - about 24 minutes

**3536 W Fullerton Ave, Chicago, IL 60647-2443**1. Start out going **EAST** on **W FULLERTON AVE** toward **N DRAKE AVE**.

go 1.7 mi

2. Merge onto **I-90 E / I-94 E**.

go 8.9 mi

3. Take **EXIT 56B** toward **47TH ST**.

go 0.2 mi

4. Turn **SLIGHT LEFT** onto **S WENTWORTH AVE**.

go 0.0 mi

5. Turn **LEFT** onto **W 47TH ST**.

go 0.8 mi

6. Turn **RIGHT** onto **S DR MARTIN L KING JR DR**.

go 0.5 mi

7. Turn **LEFT** onto **E 51ST ST**.

go 0.1 mi

8. **500 E 51ST ST** is on the **LEFT**.

go 0.0 mi

**Provident Hospital - (773) 572-2000****500 E 51st St, Chicago, IL 60615**

Total Travel Estimate : 12.32 miles - about 24 minutes

Route Map Hide

7160 3901 9848 6328 6591

**TO:** Dr. Salam Okasha  
Administrator  
Fullerton Surgery Center, Inc.  
4849 West Fullerton Avenue  
Chicago, IL 60639

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

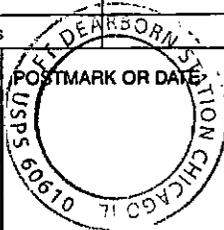
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7160 3901 9848 6328 6423

**TO:** Sr. Sheila Lyne  
President  
Mercy Medical Center  
2525 South Michigan Avenue  
Chicago, IL 60616

**SENDER:** AMCOO

**REFERENCE:** 064474-418169 12/23/2010

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7160 3901 9848 6328 6607

**TO:** Dr. Renlin Xia  
Administrator  
American Women's Medical Group  
2744 North Western Ave.  
Chicago, IL 60647

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

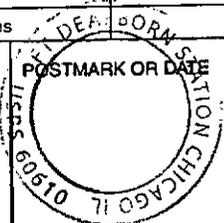
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7160 3901 9848 6328 6577

**TO:** Ms. Janet Flojo  
Administrator  
CMP Surgicenter  
3412 West Fullerton Avenue  
Chicago, IL 60647

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6638

**TO:** Mr. Michael O'Grady  
President & CEO  
Norwegian American Hospital  
1044 N. Francisco Ave.  
Chicago, IL 60622

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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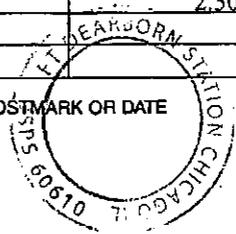
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7160 3901 9848 6328 6614

**TO:** Mr. John Engle  
CEO  
Kindred Chicago Central Hospital  
4058 West Melrose Street  
Chicago, IL 60641

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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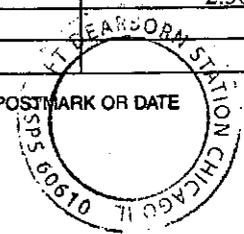
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7160 3901 9848 6328 6645

**TO:** Ms. Margaret McDermott  
CEO  
St. Mary of Nazareth Hospital  
2233 West Division St.  
Chicago, IL 60622

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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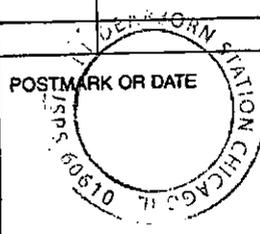
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7160 3901 9848 6328 6621

**TO:** Ms. Margaret McDermott  
CEO  
St. Elizabeth's Hospital  
1431 North Claremont Ave.  
Chicago, IL 60622

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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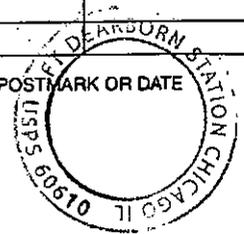
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7160 3901 9848 6328 6676

**TO:** Dr. Sarmed Elias  
Administrator  
Six Corners Same Day Surgery  
4211 North Cicero Avenue, Ste. 400  
Chicago, IL 60641

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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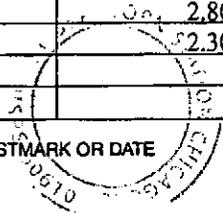
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7160 3901 9848 6328 6652

**TO:** Mr. Steven Airhart  
CEO  
Garfield Park Hospital  
520 Ridgeway Avenue  
Chicago, IL 60624

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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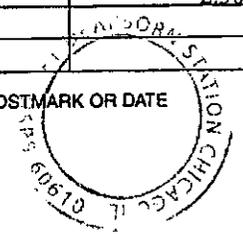
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7160 3901 9848 6328 6683

**TO:** Ms. Diana Maracich  
Administrator  
Albany Medical Surgical Center  
5086 North Elston Ave.  
Chicago, IL 60630

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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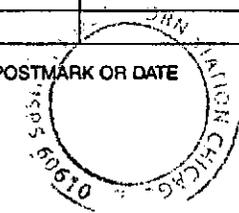
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7160 3901 9848 6328 6669

**TO:** Mr. Edward Novak  
President & CEO  
Sacred Heart Hospital  
3240 West Franklin Blvd.  
Chicago, IL 60624

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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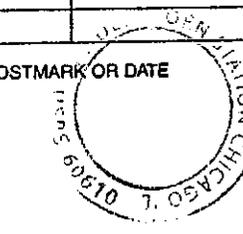
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7160 3901 9848 6328 6713

**TO:** Ms. Ivette Estrada  
CEO  
Our Lady of Resurrection Hospital  
5645 West Addison St.  
Chicago, IL 60634

**SENDER:** AMCOO

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7160 3901 9848 6328 6690

**TO:** Mr. Patrick Magoon  
President & CEO  
Children's Memorial Hospital  
2300 North Children's Plaza  
Chicago, IL 60614

**SENDER:** AMCOO

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7160 3901 9848 6328 6720

**TO:** Mr. Joe Jafari  
Administrator  
Grand Avenue Surgical Center  
17 West Grand Ave.  
Chicago, IL 60654

**SENDER:** AMCOO

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7160 3901 9848 6328 6706

**TO:** Mr. Larry Foster  
CEO  
Kindred Hospital Chicago North  
2544 West Montrose Ave.  
Chicago, IL 60618

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6744

**TO:** Ms. Patricia Wamsley  
Administrator  
25 East Same Day Surgery  
25 East Washington Street, Ste. 300  
Chicago, IL 60602

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

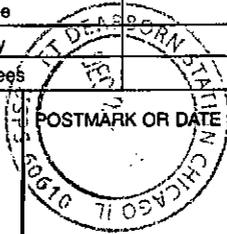
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7160 3901 9848 6328 6737

**TO:** Ms. Patricia Wamsley  
Administrator  
River North Same Day Surgery Center  
One East Erie, Suite 300  
Chicago, IL 60611

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

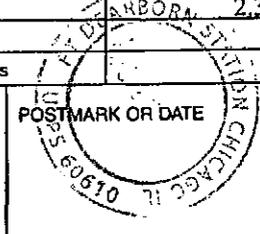
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7160 3901 9848 6328 6768

**TO:** Ms. Susan Nordstrom-Lopez  
President  
Advocate Illinois Masonic Medical  
Center  
811 West Wellington Avenue  
Chicago, IL 60657

**SENDER:** 064474-418169

**REFERENCE:** AMCOO

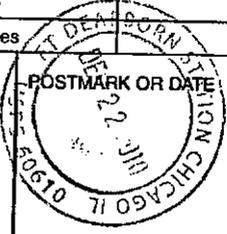
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7160 3901 9848 6328 6751

**TO:** Ms. Lena Dobbs-Johnson  
President  
Advocate Bethany Hospital  
3435 West Van Buren Street  
Chicago, IL 60624

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

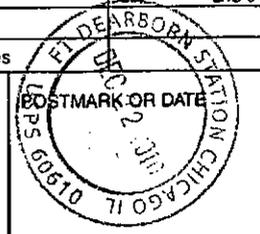
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7160 3901 9848 6328 6799

**TO:** Mr. Mark Newton  
President & CEO  
Swedish Covenant Hospital  
5145 North California Ave.  
Chicago, IL 60625

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6775

**TO:** Ms. Barbara Ramsey  
Administrator  
Rush Surgicenter - Professional Bldg.  
1725 West Harrison, Ste. 556  
Chicago, IL 60612

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6805

**TO:** Mr. Gary Krugel  
V.P. Operations & CFO  
Swedish Covenant Surgery Center  
5145 North California Ave.  
Chicago, IL 60625

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

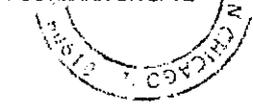
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7160 3901 9848 6328 6782

**TO:** Mr. Larry Goodman  
President & CEO  
Rush University Medical Center  
1653 West Congress Parkway  
Chicago, IL 60612

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

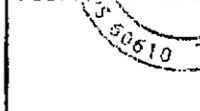
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7160 3901 9848 6328 6867

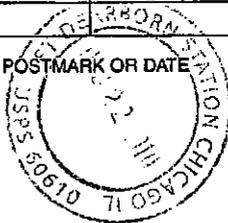
**TO:** Mr. Dean Harrison  
President & CEO  
Northwestern Memorial Hospital  
240 East Ontario  
Chicago, IL 60611

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6812

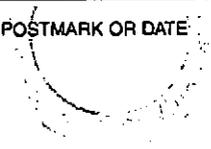
**TO:** Dr. Severko Hrywnak  
Administrator  
Advanced Ambulatory Surgical Center  
2333 Harlem Avenue  
Chicago, IL 60707

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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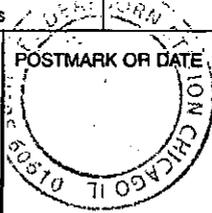
**TO:** Ms. Peggy Kirk  
Senior Vice President, Clinical  
Operations  
Rehabilitation Institute of Chicago  
345 East Superior Street  
Chicago, Illinois 60611

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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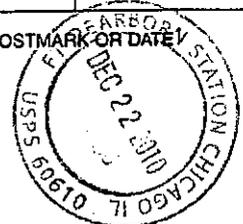
**TO:** Ms. Wendy Luxenberg  
Administrator  
John Stroger Hospital of Cook County  
1901 West Harrison St.  
Chicago, Illinois 60612

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6904

**TO:** Sr. Donna Marie Wolowicki  
Executive Vice President  
Resurrection Health Care Surgery Center  
3101 North Harlem Avenue  
Chicago, Illinois 60631

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6881

**TO:** Ms. Guita Griffiths  
Administrator  
The Surgery Center at 900 North Michigan  
60 East Delaware Avenue, 15th Floor  
Chicago, Illinois 60011

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6911

**TO:** Mr. Ronald Struxness  
CEO  
Saint Joseph Health Centers & Hospital  
2900 North Lake Shore Drive  
Chicago, Illinois 60657

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6898

**TO:** Mr. Paul Madison  
Administrator  
The Watertown Surgicenter  
845 North Michigan Avenue, Ste. 930 E  
Chicago, Illinois 60611

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6942

**TO:** Mr. John Calta  
Administrator  
Novamed Surgery Center of Chicago N  
3034 West Peterson Avenue  
Chicago, Illinois 60659

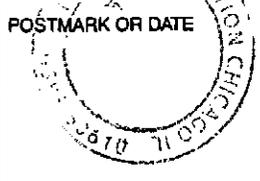
**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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**TO:** Mr. John DeNardo  
Executive Director  
University of Illinois Medical Center  
1740 West Taylor St.  
Chicago, Illinois 60612

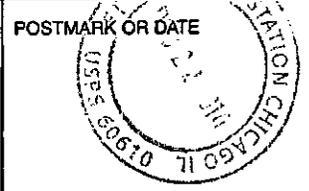
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**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6959

**TO:** Mr. Frank Solare  
President & CEO  
Thorek Hospital & Medical Center  
850 West Irving Park Road  
Chicago, Illinois 60613

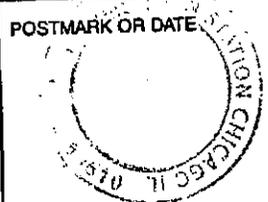
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**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6935

**TO:** Mr. Steve Drucker  
President & CEO  
Loretto Hospital  
645 South Central Avenue  
Chicago, Illinois 60644

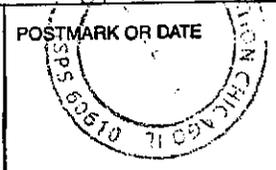
**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6829

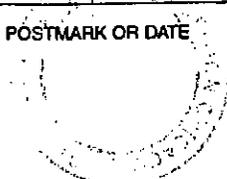
**TO:** Mr. Alan Channing  
President & CEO  
Mount Sinai Hospital Medical Center  
1500 South California Avenue  
Chicago, IL 60608

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6966

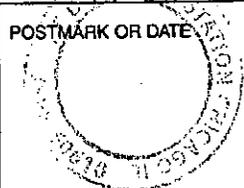
**TO:** Ms. Pat Shehorn  
Chief Executive Officer  
West Suburban Medical Center  
3 Erie Court  
Oak Park, Illinois 60302

**SENDER:** Anne Cooper

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6836

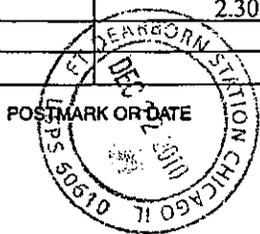
**TO:** Ms. Faith McHale  
Administrator  
Resurrection Health Care Surgery Center  
3101 North Harlem Ave.  
Chicago, IL 60634

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6348

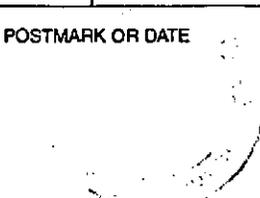
**TO:** Mr. Frank Molinaro  
CEO  
Louis A. Weiss Memorial Hospital  
4646 Marine Drive  
Chicago, IL 60640

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6102

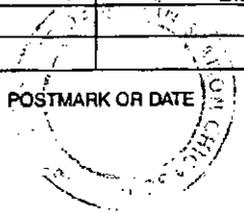
**TO:** Mr. Steven Airhart  
CEO  
Hartgrove Hospital  
5730 West Roosevelt Road  
Chicago, IL 60804

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6843

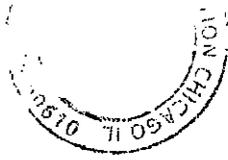
**TO:** Mr. David Chua  
Manager  
South Loop Endoscopy & Wellness Center  
2336-40 South Wabash Ave.  
Chicago, IL 60161

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6119

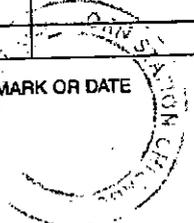
**TO:** Mr. Joseph Chandy  
Methodist Hospital of Chicago  
5025 North Paulina  
Chicago, IL 60640

**SENDER:** AMCOO

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7160 3901 9848 6328 6072

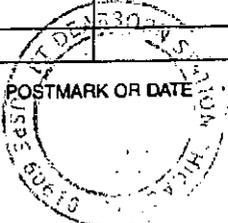
**TO:** Mr. Guy Medaglia  
President & CEO  
St. Anthony Hospital  
2875 West 19th Street  
Chicago, IL 60623

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7160 3901 9848 6328 6362

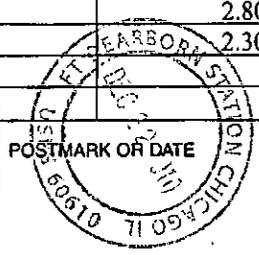
**TO:** Ms. Elizabeth Van Straten  
President & CEO  
St. Bernard Hospital & Health  
326 West 64th Street  
Chicago, IL 60621

**SENDER:** AMCOO

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7160 3901 9848 6328 6326

**TO:** Ms. Tess Sagaidoro  
Administrator  
Peterson Surgery Center  
2300 West Peterson Avenue  
Chicago, IL 60659

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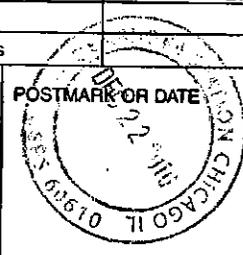
**TO:** Ms. Fortunee Massuda  
Administrator  
Foot & Ankle Clinics of America  
1644 East 53rd Street  
Chicago, IL 60615

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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7160 3901 9848 6328 6355

**TO:** Mr. Bruce Elegant  
President & CEO  
Rush Oak Park Hospital  
520 South Maple Street  
Oak Park, Illinois 60304

**SENDER:** AMCOO

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7160 3901 9848 6328 6409

**TO:** Mr. John Fairman  
COO  
Provident Hospital  
500 East 51st Street  
Chicago, IL 60615

**SENDER:** AMCOO

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7160 3901 9848 6328 6386

**TO:** Mr. Kenneth Fishbain  
COO  
Gottlieb Memorial Hospital  
701 West North Avenue  
Chicago, IL 60160

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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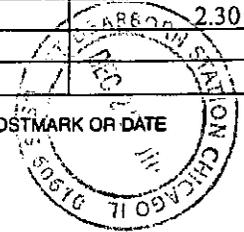
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7160 3901 9848 6328 6133

**TO:** Mr. Alan Eaks  
CEO  
Aurora Chicago Lakeshore Hospital  
4840 North Marine Drive  
Chicago, IL 60640

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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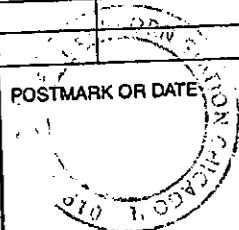
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7160 3901 9848 6328 6393

**TO:** Ms. Yvette Barnabas  
Administrator  
Lakeshore Physicians & Surgery Center  
7200 North Western Avenue  
Chicago, IL 60645

**SENDER:** AMCOO

**REFERENCE:** 064474-418169

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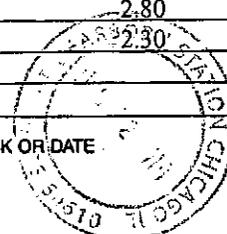
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