



# APOLLO Surgical Center

2750 South River Road  
Des Plaines, IL 60018

May 2, 2014

**RECEIVED**

MAY 05 2014

Via UPS Express

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

Mr. Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: Notice of Project Completion and Final Realized Cost Report – Apollo Health Center, Ltd. (Proj. No. 11-002)**

Dear Mr. Constantino:

On behalf of Apollo Health Center, Ltd. (the "Permit Holder"), I am writing to notify the Illinois Health Facilities and Services Review Board (the "State Board") of the completion of Project No. 11-002 on March 17, 2014 and to submit the final realized cost report. On July 21, 2011, the State Board approved the Permit Holders' application for a certificate of need ("CON") permit to establish a multi-specialty ambulatory surgical treatment center to be located at 2750 South River Road, Des Plaines, Illinois (the "Project"). On February 20, 2014, HFSRB approved a renewal of the permit and a project completion date of July 31, 2014. On March 17, 2014, the Illinois Department of Public Health issued an ambulatory surgical treatment center license to Apollo Health Center.

For your review, the Permit Holder submits the following information as its final realized cost report for the Project:

**1. Final Realized Project Costs**

Project Costs & Sources of Funds – Apollo Health Center		
	Approved	Actual
Consulting and Other Fees	\$0	\$7,707
Movable or Other Equipment (not in construction contracts)	\$296,751	\$197,235

<b>Project Costs &amp; Sources of Funds –Apollo Health Center</b>		
	<b>Approved</b>	<b>Actual</b>
Fair Market Value of Leased Space or Equipment	\$2,240,000	\$2,240,000
<b>TOTAL PROJECT COSTS</b>	<b>\$2,536,751</b>	<b>\$2,444,942</b>
Cash and Securities	\$296,751	\$204,942
Leases (Fair Market Value)	\$2,240,000	\$2,240,000
Other Funds and Sources (Book Value of Transferred Equipment)	\$0	\$0
<b>TOTAL FUNDS</b>	<b>\$2,536,751</b>	<b>\$2,444,942</b>

**2. Medicare and Medicaid Cost Reports and Certification of Compliance**

Surgery centers do not submit costs reports. Therefore, pursuant to 77 Ill. Admin. Code §1130.770, I hereby certify that no additional or associated costs or capital expenditures related to the Project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify the Permit Holder has complied with all of the terms of the permit to date and all information submitted in this cost report for the Project is true and correct and meets the requirements of 77 Ill. Admin. Code §1130.770.

**3. Final Application and Certification for Payment**

The Permit Holder will lease space that will house the surgery center and does not own it. It does not have a final Application and Certification for Payment (G702) to present.

If you have any questions or need any additional information related to the Project, please feel free to contact me.

Sincerely,



Vera Schmidt  
Administrator  
Apollo Health Center, Ltd.

SUBSCRIBED AND SWORN  
to before me this 2<sup>nd</sup> day of  
May, 2014

  
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My commission expires: 4/15/14

