



# Parkview Orthopaedic Group, S.C.

12-028

James B. Boscardin, M.D.  
Spine Surgery & Sports Medicine

William J. Ferretti, M.D.  
General Orthopaedics

Scott P. Price, M.D.  
Sports Medicine & Arthroscopy

Robert T. Semba, M.D.  
Trauma & General Orthopaedics

Kevin W. Luke, M.D.  
Trauma & General Orthopaedics

William J. Baylis, D.O.  
Hand, Wrist, & Elbow Surgery

Mark E. Moran, M.D.  
Pediatric Orthopaedics

Steven R. Wardell, M.D.  
Adult Joint Reconstruction

Paul F. DeFrino, M.D.  
Foot, Ankle & General Orthopaedics

Anis Melchali, M.D.  
Spine Surgery

Henry J. Fuentes, M.D.  
Sports Medicine & General Orthopaedics

Russell H. Glantz, M.D.  
Neurological Consultant

Chintan Sampat, M.D.  
Spine Surgery

Nirav Shah, M.D.  
Sports Medicine & Arthroscopy

Neemah Bayrati, M.D.  
Pain Management

Stacy L. Purcell, PA-C

Susan C. Ruda, NP-C

James Hanna, NP-C

Jason J. Weisch, PA-C

Nathan Bell, PA-C

Brian Amundson, PA-C

TO: *MIKE COSTANTINO*  
COMPANY: *IL DEPT. PUBLIC HEALTH*  
FAX NUMBER: *217-785-4111*

**RECEIVED**

MAY 23 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

FROM: CATHY  
SECRETARY TO:

DRS. SCOTT P. PRICE, ROBERT T. SEMBA,  
MARK E. MORAN, STEVEN R. WARDELL,  
HENRY J. FUENTES, & PAUL F. DEFRINO

PHONE: 708-361-0600 EXT 515

FAX: 708-361-8710

Pages Including *2*  
The Cover Page:

Comments: *PER YOUR REQUEST*

Note: If all pages mentioned above are not received please call 708-361-0600 ext 515.

[www.parkviewortho.com](http://www.parkviewortho.com)

Main Office  
7600 West College Drive  
Park Heights, IL 60463  
Phone: 708.361.0600  
Fax: 708.361.8710

Little Company of Mary  
2850 West 95th Street, Suite 101  
Evergreen Park, IL 60805  
Phone: 708.422.7207  
Fax: 708.422.7396

Joliet East  
1300 Copperfield Avenue, Suite 4040  
Joliet, IL 60432  
Phone: 815.727.3030  
Fax: 815.740.4964

Mokena  
10060 West 191st Street  
Mokena, IL 60448  
Phone: 708.478.3200  
Fax: 708.478.2719

Joliet West  
2201 Glenwood Avenue  
Joliet, IL 60435  
Phone: 815.729.3939  
Fax: 815.729.3936

**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  
 Yes  No

If yes, provide the dollar amount of all non-capitalized 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 \$ \_\_\_\_\_.

**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): SEPTEMBER 1, 2012

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 ATTACHMENT-B, 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 checked="" type="checkbox"/> Cancer Registry  |
| <input type="checkbox"/> APORS - NOT APPLICABLE  |
| <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  |

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.