

ORLAND PARK

# SURGICAL CENTER

9550 West 167<sup>th</sup> Street • Orland Park, Illinois 60467 • Phone 708.478.7437

**RECEIVED**

JAN 23 2013

**VIA FEDERAL EXPRESS AND EMAIL**

Alexis Murono Kendrick  
Compliance and Legislative Affairs Manager  
Illinois Health Facilities and Services Review Board  
122 S. Michigan Ave., Ste. 700  
Chicago, IL 60603  
Alexis.Kendrick@Illinois.gov

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

Re: Notice of Completion  
Orland Park Surgical Center  
Project # 12-028

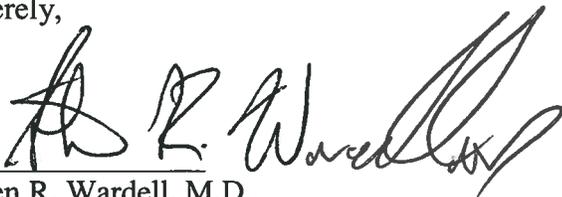
Dear Ms. Kendrick:

Please be advised that the above captioned project was consummated on January 31, 2012 (subject only to the approval of the Illinois health Facilities and Services Review Board (the "Board")) with final payment being made on August 1, 2012 and that it was completed consistent with all terms of the Permit, including the project's costs, sources of funds, and services as approved by the Board. The approved cost of this project was \$550,000 and the source of the funds was cash. The final cost for this project was also \$550,000 and it was funded in cash. There were no additional or unanticipated costs for the project. In lieu of setting forth a comparison of the approved costs and funding to those incurred, attached hereto is a true and correct copy of the wire transfer from McGuireWoods LLP to Midwest Physician Group in the amount of \$550,000 which constituted the final payment for the transaction. In addition, none of the project costs were submitted for reimbursement under Title XVIII and XIX of the Social Security Act. Accordingly, Orland Park Surgical Center has not enclosed an itemization of project costs that were submitted for reimbursement under Title XVIII and XIX.

In addition, please be advised that the undersigned hereby certifies that:

- The costs identified in this letter are the total costs that were required to complete the project; and
- There are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII and XIX.

Sincerely,



Steven R. Wardell, M.D.  
Orland Park Surgical Center, LLC

ORLAND PARK

# SURGICAL CENTER

9550 West 167<sup>th</sup> Street • Orland Park, Illinois 60467 • Phone 708.478.7437

Subscribed and sworn to before me  
this 18<sup>th</sup> day of January, 2013.



NOTARY PUBLIC

My Commission Expires: 12/16/13



CURRENCY: USD. AVERAGE RATES AS OF TRANSACTION PERIOD.

TRANSACTION DETAILS

PERIOD RANGE: 01/12 TO 06/12

*MATTER NUMBER*	CLIENT	DESCRIPTION	DEPOSITS	DISBURSEMENTS	CLEARED TRUST BALANCE	UNCLEARED TRUST BALANCE	TOTAL TRUST BALANCE
TRUST ACCOUNT: C13							
5032373-0002	Surgery Center Of O	Tenant Issues			.00	.00	
		01/27/12 #Wire In	550000.00		550000.00	.00	
		Wire received from: Parkview Orthopedic Group SC					
		Per: Scott Downing					
		08/01/12 #Wire Out		550000.00	.00	.00	
		Wire payable to: Midwest Physician Group					
		For: Transaction completed					
		Per: Drew McCormick					
TOTAL FOR: 5032373-0002			550000.00	550000.00	.00	.00	.00
Total for: C13			550000.00	550000.00	.00	.00	.00
GRAND TOTAL:			550000.00	550000.00	.00	.00	.00

# McGUIREWOODS

## TRUST ACCOUNT DISBURSEMENTS

Today's Date:	August 1, 2012	Office:	Chicago
Client Name:	Surgery Center of Orland Park	Type of Funds Requested:	Trust Account
Client Matter/Number:	5032373-0002	Date Needed:	8/1/12
Check Requestor:		Time Needed:	

### BY CHECK

\*\*SOME CHECK REQUESTS MAY REQUIRE COMPLETION OF A W-9 PRIOR TO DISBURSEMENT\*\*

Payable to: (name & address)	For:	Amount:
(Use additional requests as needed)		<b>Total:</b>
		0.00

### BY WIRE / INTERBANK TRANSFER

Wire/Transfer Amount:	\$650,000.00	
Receiving Account Name:	Midwest Physician Group	
Receiving Bank:	BMO Harris Bank	
Receiving Bank Account #:	343-508-8	
Receiving Bank ABA# / Swift Code:	071000288	
Receiving Location: (City & State)		
For: (ex Commission on real estate)		
Special Instructions:		
(Use additional requests as needed)		

#80  
Amf  
8-1-12

JMS  
8/1/12

### AUTHORIZATION

Additional Comments: \_\_\_\_\_

AUTHORIZING ATTORNEY & Date: (Please Print) Srew McCormick

AUTHORIZING ATTORNEY SIGNATURE: \_\_\_\_\_

(For Accounting Use Only)

Date W-9 Requested	Requested By
Second Notice Date	Requested By

Money Transfer Detail

MCGUIRE Money Transfer Detail  
-- 1 Approvers Aug 01, 2012 10:10 AM

Sender's Debit Information

Originating Party Name: MCGUIRE WOODS LLP  
Originating Party Account: 069273154 (USD)  
amount: 550,000.00  
currency: USD - US Dollar

Beneficiary's Information

account: 3435088 - Midwest Physican Group  
amount: 550,000.00  
currency: USD - US Dollar

Additional Information

send date: Aug 01, 2012  
value date: Aug 01, 2012

Bank Routing Information

beneficiary bank: 071000288 - BMO HARRIS BANK NA  
routing #: 071000288  
payment method: FED

Originator-to-Beneficiary Information

none

Bank-to-Bank Information

none

Control Information

bank trace no: 2012214000164  
customer trace no: 000075  
entry cust/user: MCGUIRE - slaughter  
entry date/time: Aug 01, 2012 - 10:00:36 AM  
approver 1 cust/user: MCGUIRE - MOORE  
approver 1 date/time: Aug 01, 2012 - 10:08:09 AM  
approver 2 cust/user: -  
approver 2 date/time: -  
status: Acknowledged  
entry method: Freeform  
report created: Aug 01, 2012 - 10:10:11 AM

Confirmation Information

line 1: 120801100620H100  
line 2: 20120801G1QX230C000108

Close