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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

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HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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 6 Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: Hispanic American Endoscopy Center, LLC
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

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ 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 M. 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:

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: rgarciamd@aol.com
Fax Number:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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

Exact Legal Name: Ramon Garcia, M.D.
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647
Name of Registered Agent:
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CEO Address:
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E-mail Address: rgarciamd@aol.com
Fax Number:

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: rgarciamd@aol.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Garcia Properties
Address of Site Owner: 3538 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, LLC
Address: 3536 West Fullerton Avenue, Chicago, Illinois 60647

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

[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** or **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

[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)]

Part 1110 Classification:

- ☒ Substantive
- ☐ Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- ☐ Part 1120 Not Applicable
- ☐ Category A Project
- ☒ Category B Project
- ☐ DHS or DVA Project

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.

Hispanic American Endoscopy Center, L.L.C. (the "Applicant") proposes to add pain management 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 in 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 these additional categories of surgeries. The ASTC will procure a small amount of additional medical equipment to accommodate the requirements of these procedures.

This constitutes a substantive, category B project because it involves the 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.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
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)	$50,500		$50,500
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$50,500**		**$50,500**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities*	$50,500		$50,500
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources (NBV of Existing Equipment)			
TOTAL SOURCES OF FUNDS	**$50,500**		**$50,500**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 ☐ Yes ☒ 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 $ 0.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2013

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

☐ Cancer Registry **NOT APPLICABLE**
☐ APORS **NOT APPLICABLE**
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

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.**

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

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**.

FACILITY NAME:		**CITY:**			
REPORTING PERIOD DATES:		**From:**		**to:**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
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)					
TOTALS:					

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- 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	SIGNATURE
Ramon Garcia, M.D.	
PRINTED NAME	PRINTED NAME
Manager	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 26th day of July	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal "OFFICIAL SEAL" Tara L Motley Notary Public, State of Illinois My Commission Expires 6/11/2013	Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- 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);
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- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Ramon Garcia, M.D.* **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	SIGNATURE
Ramon Garcia, M.D.	
PRINTED NAME	PRINTED NAME
President	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 22 day of July 2013	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL PATRICIA RAY Notary Public - State of Illinois My Commission Expires Aug 08, 2014	Seal

*Insert EXACT legal name 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 tot 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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved , read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

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:

_____Cardiovascular	_____Obstetrics/Gynecology	__X__Pain Management
_____Dermatology	_____Ophthalmology	_____Podiatry
__X__Gastroenterology	_____Oral/Maxillofacial	_____Thoracic
_____General/Other	_____Orthopedic	_____Otolaryngology
_____Neurology	_____Plastic	__X__Urology

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

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

   Read the criterion and provide the following:

   a. On a map (8 ½" x 11"), outline the intended geographic services area (GSA).

   b. Indicate the population within the GSA and how this number was obtained.

   c. 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:

   a. The number of referrals anticipated annually for each specialty.

   b. 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.

   c. A statement that the projected patient volume will come from within the proposed GSA.

   d. 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:

a. The number of procedure rooms proposed.

b. 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. 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:**

$50,500	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;
_____	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.
$50,500	**TOTAL FUNDS AVAILABLE**	

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
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			

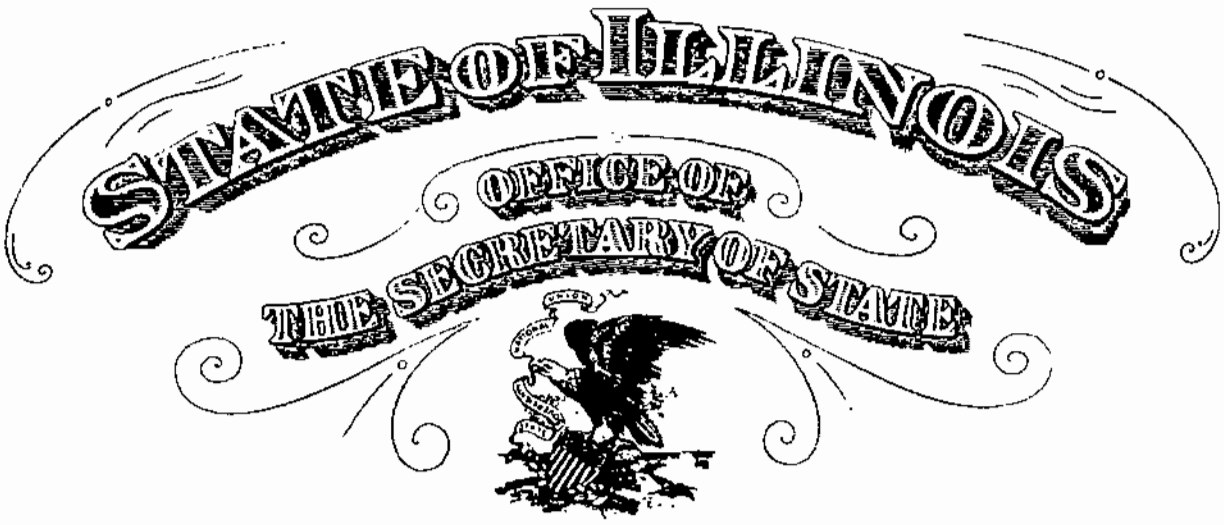
APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

Attachment – 1

File Number 0105909-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby 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.

Authentication #: 1220703234

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JULY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

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.

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

Attachment – 2

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)

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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)

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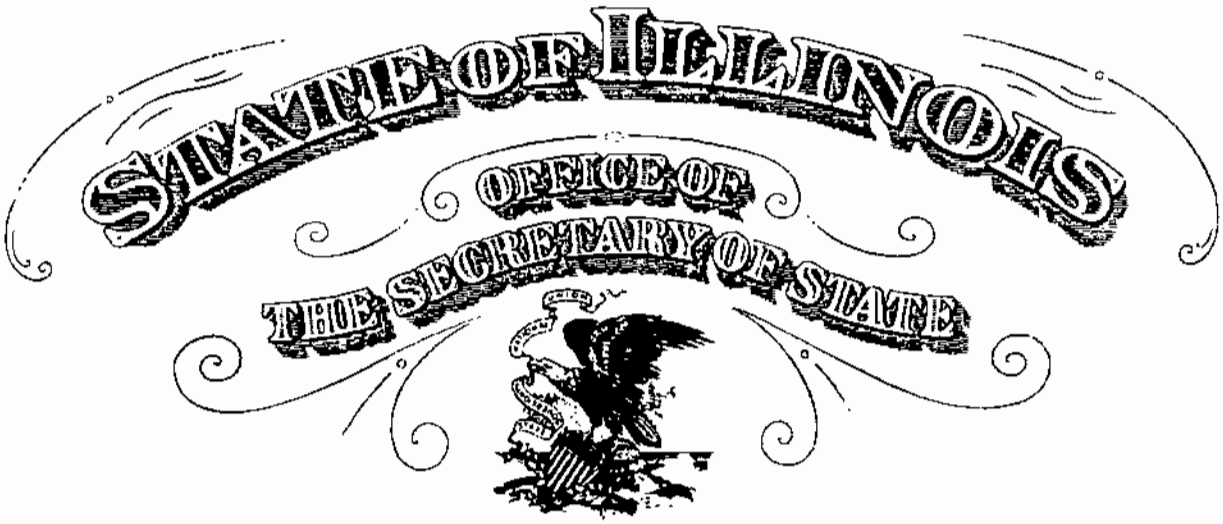
Section I, Identification, General Information, and Certification
Operating Identity/Licensee

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

Attachment – 3

File Number 0105909-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby 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.

Authentication #: 1220703234

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JULY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

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

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

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

Attachment – 4

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

The proposed project is for the addition of pain management 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 pain management 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 Costs and Sources of Funds

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
Moveable Equipment	$50,500		$50,500
C-Arm & Table	$50,500		$50,500
Total Project Costs	**$50,500**		**$50,500**

Attachment –7

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

Attachment – 8

Attachment – 8

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

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As is**	**Vacated Space**
CLINICAL							
ASTC	$50,500	3,445	0	0	0	3,445	0
Total Clinical	$50,500	3,445	0	0	0	3,445	0
NON CLINICAL							
Total Non-clinical	$0	0	0	0	0	0	0
TOTAL	**$50,500**	**3,445**	**0**	**0**	**0**	**3,445**	**0**

Attachment –9

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

Background of the Applicant

1. The Applicant operates Hispanic American Endoscopy Center. Copies of the current license and accreditation are attached at Attachment – 11A. Hispanic American Endoscopy Center's Medicare Certification Number is 14C0001136.

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 – 11B.

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 2051906
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

LARRY J. ANGELO, M.D.
DIRECTOR

Issued under the authority of the State of Illinois

EXPIRATION DATE	STATUS	ID NUMBER
10/11/12	[illegible]	7003126

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 10/12/11

BUSINESS ADDRESS

HISPANIC AMERICAN ENDOSCOPY CENTER, LLC
D/B/A CHICAGO ENDOSCOPY CENTER, ASTC
3536 N. FULLERTON AVENUE

CHICAGO IL 60647

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

11A

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2051906
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

HISPANIC AMERICAN ENDOSCOPY CENTER,

EXPIRATION DATE	STATUS	ID NUMBER
10/11/12	[illegible]	7003126

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 10/12/11

[illegible]

HISPANIC AMERICAN ENDOSCOPY CENTER
D/B/A CHICAGO ENDOSCOPY CENTER
3536 N. FULLERTON AVENUE
CHICAGO IL 60647

FEE RECEIPT NO. [illegible]

Hispanic American Endoscopy Center

Chicago, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Ambulatory Health Care Accreditation Program

August 5, 2011

Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #: 462063
Print Report Date: 11/05/11

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

May 17th, 2012

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

Dear Chairman 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.

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 17th day of May, 2012

Tara L. Motley
Notary Public

"OFFICIAL SEAL"
Tara L Motley
Notary Public, State of Illinois
My Commission Expires 6/11/2013

3536 West Fullerton Avenue . Chicago, Illinois 60647
773-772-1212 Fax: 773-772-8666

Attachment – 11B

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 expand 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. This is a low-cost option, which was discussed in detail in Project No. 10-088 last year. This is further evidenced in Illinois Health Facilities and Services Review Board Annual Questionnaire for 2011.

   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 para-professionals 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 pain management services will increase access to much needed health care services to the Hispanic community on the north side of the City of Chicago. Hispanic American Endoscopy Center primarily serves the Hispanic community in Chicago; approximately 95 percent of the surgery center's patients are Hispanic. Due to cultural and linguistic barriers, this patient population often lacks appropriate access to critical health care services. With Spanish-speaking staff, Hispanic American Endoscopy Center is uniquely positioned to serve this community. 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. With respect to pain management in particular, several studies have found that physicians with Spanish fluency and experience with Hispanic pain patients exert a strong effect on the use of established pain treatment practices.[1] The addition of Dr. Bayran, who is proficient in Spanish will improve care for Hispanic American Endoscopy Center's patient population. Accordingly, the addition of pain management will increase utilization of surgical services and increase access to health care to the Hispanic community on the north side of the Chicago.

   The addition of pain management services will also 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 (Attachment 12-A), ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes, and high levels 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 north side of the City of Chicago, particularly the Hispanic community.

   Furthermore, the Applicants have improved access to health care for low-income population groups by recently obtaining Medicaid certification. For patients with a demonstrated hardship who do not qualify for Medicaid, the Applicant will provide highly discounted rates. Those eligible for the discounted rates are any individual who demonstrates lack of financial coverage by third party insurer and income of less than 350% of the federal poverty line is eligible for financial assistance. See Attachment – 12B. Accordingly, the Applicant will be able to improve access to health care to low-income individuals.

[1] *See, e.g.*, Chiauzzi, E., Black, R. A., Frayjo, K., Reznikova, M., Grimes Serrano, J. M., Zacharoff, K. and Wood, M. (2011), Health Care Provider Perceptions of Pain Treatment in Hispanic Patients. Pain Practice, 11: 267–277.

Based upon the June 18, 2012 inventory data, there are currently 22 ASTC facilities and 57 operating rooms located in HSA 6 which encompasses the City of Chicago.[2] According to the U.S. Census Bureau, the 2010 population estimate for the City of Chicago was 2,695,598, which amounts to one ASTC operating room to every 47,291 people. As shown in the table on the following page, the City of Chicago has the highest ratio of residents to ASTC operating rooms in the Chicago metropolitan area, nearly 47% greater than the average of the remaining metropolitan Chicago HSAs. It is nearly 50% greater than the Statewide average, demonstrating a lack of access to this lower cost option to the Chicago community.

Planning Area	Geographic Area	ASTC Operating Rooms	2010 Population Estimate	Residents per OR
HSA 6	City of Chicago	57	2,695,598	1:47,291
HSA 7	Suburban Cook & DuPage Counties	152	3,416,001	1:22,622
HSA 8	Kane, Lake & McHenry Counties	43	1,527,491	1:35,523
HSA 9	Grundy, Kankakee, Kendall & Will Counties	25	955,808	1:38,232
Illinois Total		**407**	**12,910,409**	**1:31,721**

Importantly, the City of Chicago has the largest Hispanic population of any metropolitan Chicago HSA. Based upon the latest data available from the U.S. Census Bureau, approximately 28.9% of the population of the City of Chicago is Hispanic or Latino compared to 16.7% for the remainder of the metropolitan Chicago HSAs and 15.8% for the State.

Greater access to ambulatory surgical services is needed in the City of Chicago to put it on par with the rest of the State. However, within the past two years, only one CON application for ASTCs proposed to be located in the City of Chicago have been approved by the HFSRB. Swedish Covenant Surgery Center received a permit to establish a multi-specialty ASTC with 3 operating rooms on June 8, 2010. Because this was a conversion of a hospital outpatient department to freestanding ASTC, there was no increase in capacity. Accordingly, the proposed project will increase access to ASTC services to residents of the City of Chicago in general, and the Hispanic community in particular.

As shown in Table 1110.230(b) below, although the number of endoscopy and urological surgery procedures performed at the surgery center has steadily increased over the past four years, the center is still underutilized. Adding pain management will increase utilization at the surgery center. In fact, much of the same equipment will be used for all of the surgical specialties. The addition of pain management will compliment the surgical offerings by enabling patients to access both surgery and pain management within the same facility. Further, because much of the existing equipment will be used in the proposed new procedures, there will be minimal project costs to achieve greater utilization of this currently under-utilized facility.

Table 1110.230(b) Facility Utilization			
	2009	**2010**	**2011**
Total Procedures	660	688	710
Surgery Time (Hours)	178	190	198
Prep & Clean Up (Hours)	116	140	152
Total Surgery (Hours)	294.0	330	350
Average Case Time (Hours)	0.45	.48	.49

[2] Illinois Health Facilities and Services Review Board, Addendum to Inventory of Health Care Facilities, July 28, 2011 *available at* http://www.hfsrb.illinois.gov/pdf/Other%20Services%202011%20Inventory.pdf last visited Jan.. 27, 2012).

Note that while the surgery center was operational during 2007, based on survey and processing delays, its Medicare certification was procured in late 2008 resulting in lower volumes than anticipated.

Finally, the addition of pain management services 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. On May 10, 2011, the HFSRB approved a permit to add urological surgery as an additional specialty at Hispanic American Endoscopy Center.

2. Hispanic American Endoscopy Center primarily serves the Chicago 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 – 12C. 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 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 beneficial physician-patient relationships. Second, due to language and cultural barriers, limited information is available to the Hispanic community about health conditions and wellness.

    As a result, the Hispanic population is not as fully educated as other primarily English-speaking populations may be about these health conditions and wellness. The Applicant's believes the provision of care in a bicultural setting leads to improved patient knowledge, self-care behaviors and appropriate health care interventions. Finally, several studies have found that patients from minority populations are vulnerable to pain management and are more likely to have poor pain management experiences, to have less analgesia prescribed and to receive lower doses of medications for their pain as a result of both language and cultural barriers.[3] By providing pain management services in a Spanish-speaking environment that is sensitive to the cultural influences within its patient population, Hispanic-American will better address the needs of this underserved group.

4. Source Information

    Chiauzzi, E., Black, R. A., Frayjo, K., Reznikova, M., Grimes Serrano, J. M., Zacharoff, K. and Wood, M. (2011), Health Care Provider Perceptions of Pain Treatment in Hispanic Patients. Pain Practice, 11: 267–277.

[3] Epps, C., Ware, L., & Packard, A. (2008). Ethnic wait time differences in analgesic administration in the Emergency Department. *Pain Management Nursing, 9*, 26-32.

Illinois Health Facilities and Services Review Board, Addendum to Inventory of Health Care Facilities, July 28, 2011 available at http://www.hfsrb.illinois.gov/pdf/Other%20Services%202011%20Inventory.pdf last visited Jan.. 27, 2012).

Epps, C., Ware, L., & Packard, A. (2008). Ethnic wait time differences in analgesic administration in the Emergency Department. Pain Management Nursing, 9, 26-32.

5. Hispanic American Endoscopy Center will improve patient education to the Chicago Hispanic community about pain management, and the proposed project will provide a lower cost alternative to HOPDs for the residents of the City of Chicago.

6 The goal of this project is to increase access to low-cost pain management services to members of the Hispanic-American community. Additionally, by adding pain management 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.

Attachment – 12A

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

Comparison of 2010 ASC and HOPD beneficiary copayments

HCPCS	Description	ASC Copay	HOPD Copay	Difference
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%

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.

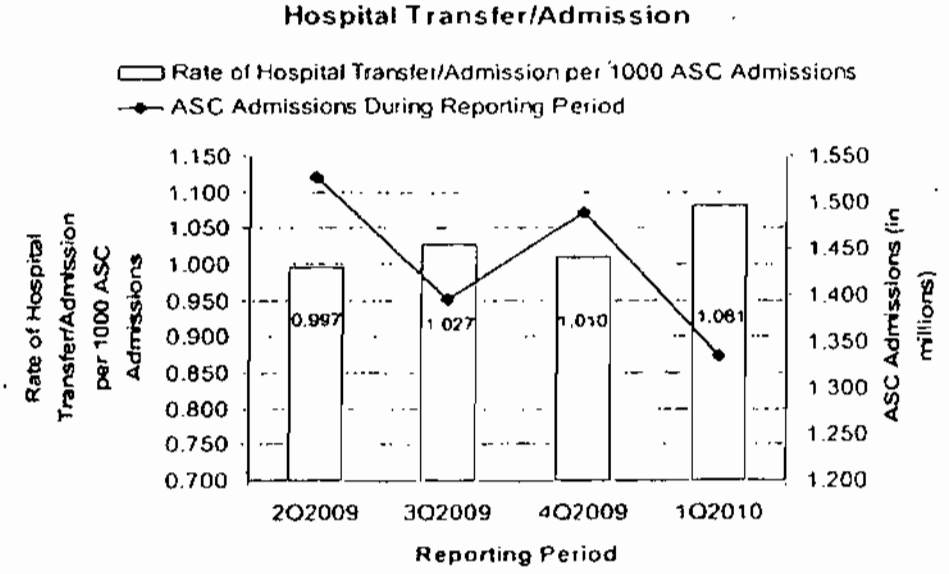
ASCs are efficient providers. Assessing the value of ASCs should include measures of the ways in which ASCs maximize health care resources and provide high quality surgical care and procedures in lean, well-managed facilities.

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

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

HISPANIC AMERICAN ENDOSCOPY CENTER
UNREIMBURSED CARE & SELF-PAY POLICY

I. PURPOSE

The Hispanic American Endoscopy Center ("Center") is an ambulatory surgical treatment center serving patients in and around the City of Chicago. This Unreimbursed Care and Self-Pay Policy defines Center's financial assistance program, criteria, application process, and procedures for determining financial assistance.

II. POLICY AND SCOPE

In order to enhance the scope of services available to Hispanic patients residing in and around Center's service area and to increase utilization at Center, Center provides its services in a financially responsible manner. Therefore, it is the policy of Center to maintain a system for proper identification of patients eligible for Unreimbursed Care and Discounted Care.

This policy covers only health care services provided by Center and does not include any services provided by outside vendors. Unless a global fee is provided hereunder, services provided by physicians and other services provided by outside vendors are not covered by this policy and patients seeking a discount for such services should be directed to call the physician or outside vendor directly.

It is the policy of Center to differentiate between uninsured patients who are unable to pay from those who are unwilling to pay for all or part of their care. Center will provide Unreimbursed Care to those uninsured patients who are unable to pay based upon the eligibility criteria set forth herein. In order to conserve scarce healthcare resources, Center will seek payment from uninsured patients who do not qualify for Unreimbursed Care. Qualification for Unreimbursed Care or Discounted Care will typically be determined at the time of service. In addition, Center will continue to review such determinations as potential insurers or other financial resources are discovered during the billing and collection process.

This policy does not apply to patients who are "underinsured" as opposed to uninsured. For example, it is not the intent of this policy to provide free or discounted care to patients who have health insurance with deductibles and/or coinsurance.

III. DEFINITION OF TERMS

Unreimbursed Care: Medical services provided at no cost to the patient when a patient lacks insurance and meets defined low-income requirements.

Discounted Care: Medical services provided at a discount to a patient who qualifies for such services pursuant to this policy.

Federal Poverty Level (FPL) guidelines: The poverty guidelines updated periodically by the United States Department of Health and Human Services used to establish the gross income and family size eligibility criteria for Unreimbursed Care and discounts as described in this policy.

Income: For purposes of applying for coverage under Center's Unreimbursed Care Policy, sources of income include but are not limited to: gross salary and wages, self-employment income, interest and dividends, real estate rentals and leases, Social Security, alimony, child support, unemployment and disability payments, and public assistance. Documentation of income will be limited to recent pay stubs and income tax returns.

Family:

- For persons 18 years of age and older, "Family" refers to a spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not.

- For persons under 18 years of age, "Family" refers to a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relatives.

Patient Participation Fee. Nominal fee of $5-10 to encourage personal responsibility and compliance with treatment plan recommended for patient.

Qualified Monetary Assets:

- Savings - Any cash or cash equivalents held by a member of the household excluding any amounts held in tax-exempt accounts, retirement, deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans such as a 401K savings account, 403B savings account or IRA savings account.

- Other - The estimated fair market value of any other real or tangible assets that are readily convertible to cash held by a member of the Patient's Family.

Self-Pay Patient. Those patients who are uninsured patients (as defined below) and who are not eligible for Unreimbursed Care. Self-pay patients are eligible for financial assistance at a discounted rate, in accordance with this policy, equal to a one-third reduction to reflect the reduced processing costs associated with self-pay.

Service Area: For the purposes of this policy, Center's service area is defined as those zip codes that comprise the primary and secondary service areas of the Center.

Uninsured Patient. A patient who does not have any third party health care coverage by either (a) a third-party insurer, (b) an ERISA plan, (c) a federal health care program (including without limitation Medicare and Medicaid), (d) Workers' Compensation, Medical Savings Account, or other coverage for all or any part of the bill, including

claims against third parties covered by insurance to which Center is subrogated, but only if payment is actually made by such insurance company.

IV. POLICY AND PROCEDURES

A. Eligibility and Qualification

Qualification for Unreimbursed Care or Discounted Care is dependent on providing accurate and timely patient financial information and a financial assistance application will be used to determine eligibility. Any patient who demonstrates lack of financial coverage by third party insurer will be offered an opportunity to complete the financial assistance application, and will also be offered information, assistance and referral as appropriate to government-sponsored programs for which he or she may be eligible. Any patient who requests financial assistance will be afforded the opportunity to apply and be considered.

Qualification for financial assistance shall be determined without discrimination based on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

While financial assistance shall not be provided on a discriminatory or arbitrary basis, Center retains full discretion, consistent with laws and regulations, to establish and revise objective eligibility criteria and determine when a patient qualifies for financial assistance using such objective criteria.

Center offers financial assistance based on the following:

- Patients whose family's Income is at or below 100% of the FPL guidelines are eligible to receive Unreimbursed Care. The entire patient liability portion of the bill for services may be written off, except for the nominal Patient Participation Fee.

- Patients whose family's Income is above 101% but not more than 200% of the FPL guidelines are eligible to receive Discounted Care.

- Patients whose family's Income exceeds 200% but is less than 350% of the FPL guidelines may be eligible to receive discounted rates on a case-by-case basis at the discretion of the Center and based on a review of both Income and Qualified Monetary Assets.

Patients may qualify for assistance under Center's Unreimbursed Care Policy by following application instructions and making every reasonable effort to provide Center with documentation and health benefits coverage information such that Center may make a determination of the patient's qualification for coverage under

the program. Annual recertification is required for patients to be continued to be considered for charity care.

B. Applying for Financial Assistance

Center utilizes a single, unified patient application for both Unreimbursed Care and Discounted Care. The process to obtain financial assistance is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify.

Patients seeking qualification for Unreimbursed Care and Discounted Care should do so before requesting non-emergency services. At the time of scheduling, pre-registration, or registration, patients will be asked for evidence of their insurance coverage and the patient will be informed of any co-payments that will be expected at the time of payment. If the patient is uninsured, the patient will be informed of the availability of Unreimbursed Care and Discounted Care. If the patient wishes to apply for Unreimbursed Care or Discounted Care, the patient will be given or mailed an application. The application should be completed as soon thereafter as possible and submitted to Center. If the patient does not wish to apply for Unreimbursed Care or Discounted Care, the patient will be informed of the self-pay fee schedule.

Direct assistance shall be provided to the patient as necessary to complete the application. Any patient who elects to complete the application on his or her own shall be told where to submit the application once complete, who to contact for questions or assistance, and what to expect in regard to follow-up and decision timeline.

Failure to complete the financial assistance application and submit all required supplemental information may deem the patient ineligible for consideration under this policy. In addition, patients who do not cooperate in efforts to secure governmentally funded health care coverage will not be eligible for Unreimbursed Care or Discounted Care.

C. Screening for Insurance Coverage

Center shall make a reasonable effort to determine if the patient requesting financial assistance has insurance that fully or partially covers the charges for care rendered. Any patient who demonstrates lack of financial coverage by third-party insurance will be offered information, assistance and referral as appropriate to government-sponsored programs.

D. Financial Assistance Calculation

Trained personnel will review submitted applications for completeness and accuracy. Based on the information provided, the reviewer will determine the level of assistance the patient qualifies for, if any.

1. If the patient's family income is 100% or less of the current FPL guidelines and the patient meets all other qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off.

2. If the patient's family income is between 101% and 200% of the current FPL established federal poverty income level and the patient meets all other qualification requirements, the patient's payment obligation will be discounted at graduated percentages.

E. Notification of Findings

Patients will receive notification within 60 days of submitting a completed application and supporting documentation of Center's determination of their qualification for financial assistance.

F. Payment Plan

A patient qualified for Discounted Care shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan on terms that may be negotiated between the patient and Center. Payment plans are established on a case-by-case basis with consideration of the total amount owed by the patient to Center and the patient's financial circumstances. Payment plans generally require a minimum monthly payment not to exceed 10% of gross monthly income and are free of any interest charges or set-up fees. Some situations may necessitate special payment plan arrangements based on negotiation between Center and the patient or their representative. Payment plans may be arranged by contacting a Center representative. Once a payment plan has been agreed upon, changes to it require the agreement of both parties.

Once a payment plan has been approved by Center, any failure to pay all consecutive payments due during a 90-day period will constitute a payment plan default. It is the patient/ guarantor's responsibility to contact Center if circumstances change and payment plan terms cannot be met. However, in the event of a payment plan default, Center will make a reasonable attempt to contact the patient or their representative by telephone and also give notice of the default in writing. The patient shall have an opportunity to renegotiate the payment plan and may do so by contacting Center within fourteen (14) days from the date of the written notice of payment plan default. If the patient fails to request renegotiation of an extended payment plan within fourteen (14) days, the payment plan will be deemed inoperative and the account will become subject to collection.

G. Automatic Classification for Unreimbursed Care

Any or all self-pay patients may be offered a financial assistance application. A patient may be deemed eligible for Unreimbursed Care without the absolute requirement for submission of a financial assistance application if the patient is determined to require Unreimbursed Care.

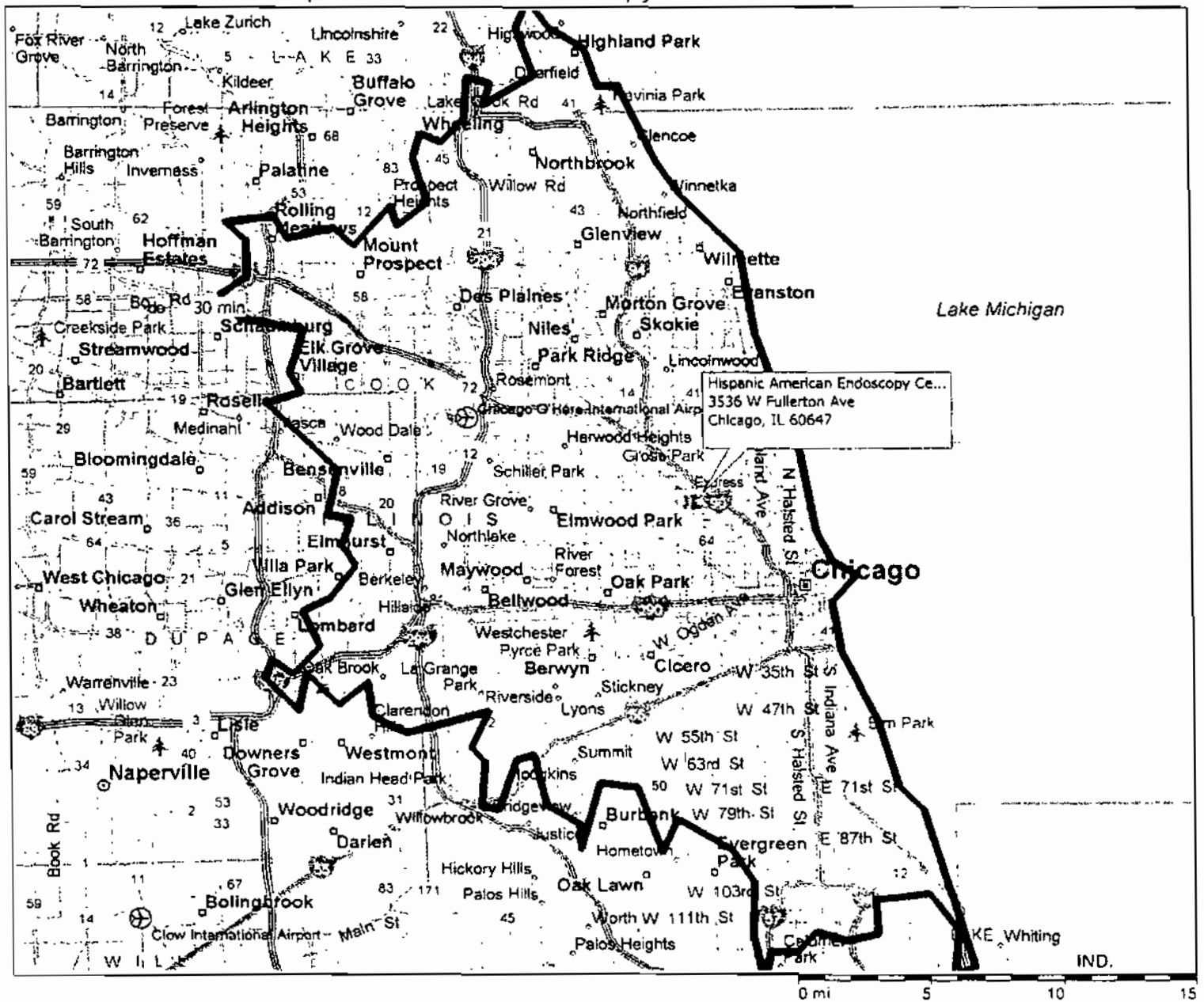
H. Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information, and funding will be maintained for all that seek or receive financial assistance from Center.

I. Good Faith Requirements

Center will make arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent or purposely inaccurate information has been provided by the patient or family representative. In addition, Center reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order qualify under this Unreimbursed Care Policy.

Hispanic American Endoscopy Center Service Area



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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 pain management procedures to its limited specialty ASTC. The options considered are as follows:

a. Utilize existing facilities;

b. Add pain management services to the existing ASTC.

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

Do Nothing and Utilize Other Health Care Facilities

The first alternative considered was to maintain the status quo, whereby the Applicant would continue to provide only gastroenterology and urology surgical procedures at the ASTC. As set forth in Criterion 1110.230(b), Hispanic American Endoscopy Center is operating below its capacity. While utilization has continued to increase since the facility opened in 2007, it is unlikely it will reach capacity without including additional surgical specialties because of recession.

Moreover, Hispanic American Endoscopy Center primarily serves the Hispanic community in Chicago. Due to language and cultural barriers, this patient population generally lacks access to health care services. Inclusion of pain management services will increase access to needed health care resources in 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 community, this alternative was rejected.

Hispanic American Endoscopy Center primarily serves the Hispanic 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 options for pain management. As a result, the Hispanic-American population is not as fully educated as other primarily English-speaking populations may be about these issues.

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

Add Pain Management Services to the Existing ASTC

As more fully discussed above, Hispanic American Endoscopy Center currently has surgical capacity. To increase utilization at the surgery center while at the same time increasing access to much needed lower-cost health care services to the Spanish speaking community, the Applicant decided to add pain management 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 of available capacity and increased access to health care services.

Table 1110.230(c)
Alternatives to Proposed Project
Cost Benefit Analysis

Alternative	Community Need	Access	Cost	Status
Utilize Existing Facilities	Not Met	Maintain	$0	Reject
Add Additional Services to Existing Facility	Met	Increased	$50,500	Accept

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 pain management services 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	0	Yes

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

The surgery center operates only one procedure room. 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 905 surgical procedures in 2012. Additionally, in Dr. Bayran's referral letter attached at Attachment – 15A, he projects 450 pain management procedures will be performed during the first year after project completion. These procedures will be in addition to the urology and gastroenterology procedures performed at the center. Based upon the current experience of the referring physicians, the estimated procedure time, including prep and cleanup, is approximately 40 minutes, or a total of 895 surgical hours in the first year after project completion. As a result, the surgical hours projected for the first year after project completion are sufficient to support the need for one procedure room.

THE PAIN CENTER OF ILLINOIS

830 North Ashland, Unit 1
Chicago, Illinois 60622
(312)624-8364 / Fax (312)929-3323

April 23, 2012

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

Dear Mr. Galassie:

I am a physician specializing in pain management. I am writing in support of the expansion of Hispanic-American Endoscopy Center from a limited specialty ASTC to a multi-specialty ASTC, by adding pain management to the surgery center's existing service specialties.

The addition of pain management services will increase access to much needed health care services to the Hispanic community in the City of Chicago. Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago and approximately 95 percent of the surgery center's patients are Hispanic. 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 and staff because they can better understand their condition and treatment options and make better informed health care decisions. Accordingly, the addition of pain management services will increase utilization of these services and increase access to health care to the Hispanic community in Chicago.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the expansion of Hispanic-American Endoscopy Center, I expect to refer my cases as noted below. Projected patient volume shall come from the proposed geographic service area of the Hispanic-American Endoscopy Center.

[illegible]	[illegible]	[illegible]
Grand Avenue Surgical Center	400	200
FSC – Fullerton Surgery Center	500	250

Hospital/Licensed ASTC (name)	Hospitalized Licensed ASTC (number of cases) Most recent 12 months	The number of referrals to Hispanic-American Endoscopy Center First Year After the Proposed Project Opens
Total	**900**	**450**

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 Hispanic-American Endoscopy Center.

Sincerely,

Neema Bayran, M.D.
Pain Management

The Pain Center of Illinois
830 North Ashland Ave.
Chicago, IL 60622

Subscribed and sworn to me
This 23rd day of May, 2012

Tara L. Motley
Notary Public

"OFFICIAL SEAL"
Tara L Motley
Notary Public, State of Illinois
My Commission Expires 6/11/2013

ATTACHMENT

Zip Code	Patient Referrals
60629	12
60619	9
60804	25
60618	20
60624	20
60617	10
60626	15
60651	20
60634	25
60628	10
60625	15
60647	25
60409	5
60608	10
60641	30
60609	15
60639	25
60630	15
60623	25
60621	35
60620	15
60609	10
60406	10
60632	10
60622	10

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

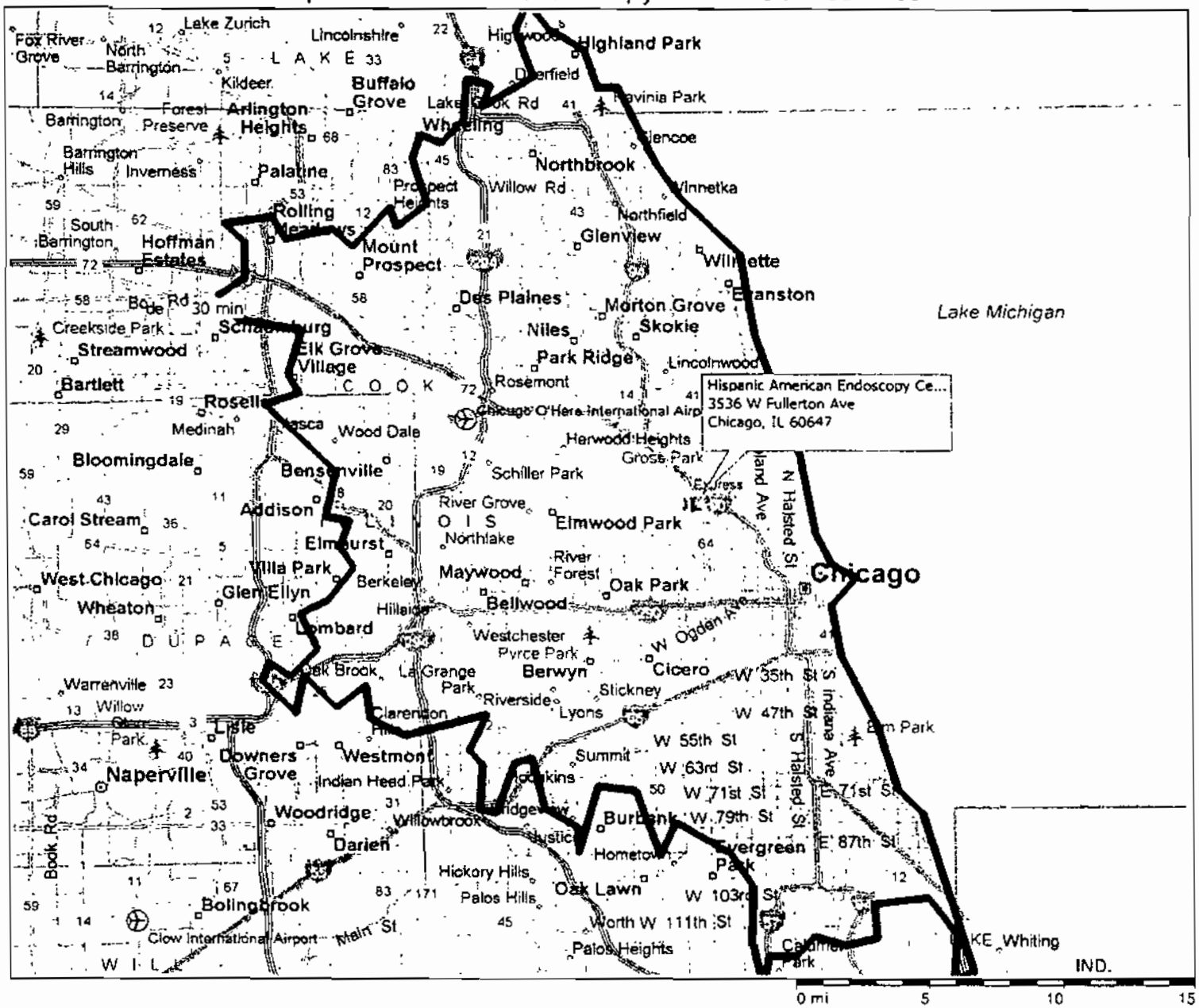
a. Attached at Attachment – 27A is a map outlining the intended geographic service area ("GSA") for Hispanic American Endoscopy Center. As set forth in Criterion 1110.230, the Proposed ASTC will serve the Chicago metropolitan area within 30 minutes normal travel time of the surgery center. Accordingly, 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. According to the US Census Bureau, the 2010 population of Cook County was 5,194,675.

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

Hispanic American Endoscopy Center Service Area



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

A physician referral letter from Dr. Bayran 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 is attached at Attachment – 27B. A summary of the letter is provided in Table 1110.150(c) below.

Table 1110.1540(c) Pain Management Procedures		
Hospital/ASTC	**Cases Performed in the Last 12 Months**	**Anticipated Referral to Proposed ASTC**
Grand Avenue Surgical Center	400	200
FSC – Fullerton Surgery Center	500	250
Total	**900**	**450**

Attachment – 27B

THE PAIN CENTER OF ILLINOIS

830 North Ashland, Unit 1
Chicago, Illinois 60622
(312)624-8364 / Fax (312)929-3323

April 23, 2012

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

Dear Mr. Galassie:

I am a physician specializing in pain management. I am writing in support of the expansion of Hispanic-American Endoscopy Center from a limited specialty ASTC to a multi-specialty ASTC, by adding pain management to the surgery center's existing service specialties.

The addition of pain management services will increase access to much needed health care services to the Hispanic community in the City of Chicago. Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago and approximately 95 percent of the surgery center's patients are Hispanic. 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 and staff because they can better understand their condition and treatment options and make better informed health care decisions. Accordingly, the addition of pain management services will increase utilization of these services and increase access to health care to the Hispanic community in Chicago.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the expansion of Hispanic-American Endoscopy Center, I expect to refer my cases as noted below. Projected patient volume shall come from the proposed geographic service area of the Hispanic-American Endoscopy Center.

Hospital/Licensed ASTC (name)	[illegible] (number of [illegible] months)	The number of referrals to Hispanic-American Endoscopy Center first year after the Proposed Project Opens
Grand Avenue Surgical Center	400	200
FSC – Fullerton Surgery Center	500	250

147910.1

Hospital/Licensed ASTC (name)	Hospital and Licensed ASTC (number of cases) [illegible]	The number of referrals to Hispanic-American Endoscopy Center First Year After the Proposed Project Open
Total	900	450

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 Hispanic-American Endoscopy Center.

Sincerely,

Neema Bayran, M.D.
Pain Management

The Pain Center of Illinois
830 North Ashland Ave.
Chicago, IL 60622

Subscribed and sworn to me
This 23rd day of May, 2012

Tara L. Motley
Notary Public

"OFFICIAL SEAL"
Tara L Motley
Notary Public, State of Illinois
My Commission Expires 6/11/2013

ATTACHMENT

Zip Code	Patient Referrals
60629	12
60619	9
60804	25
60618	20
60624	20
60617	10
60626	15
60651	20
60634	25
60628	10
60625	15
60647	25
60409	5
60608	10
60641	30
60609	15
60639	25
60630	15
60623	25
60621	35
60620	15
60609	10
60406	10
60632	10
60622	10

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 pain management 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 40 minutes. This estimate includes 10 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 pain management 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 pain management services 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.

Procedure Code	Description	Charge
11900	Injection into Skin Lesions	$193
20552	Inj trigger point 1/2 muscl	$518
20605	Arthrocentesis Aspir&/Injection Interm JT/Bursa	$3,650
20610	Arthrocentesis Aspir&/Injection Major JT/Bursa	$4,055
27096	Injection proc for sacriliac joint arthrography &/or anesthetics/steroid	$4,055
62290	Inject for spine disk x-ray	$3,142
62310	NJX C+-Dx/Ther SBST EDRL/Sarach CRV/THRC	$4,055
62311	NJX C+-Dx/Ther SBST EDRL/Sarach Lumbar Sac	$4,055
64415	Single Nerve Block Injection Arm Nerve	$3,650
64421	N block inj intercost mlt	$1,312
64425	N block inj ilio-ing/hypogi	$518
64450	NJX Anes OTH PRPH NRV/Branch	$3,560
64470	Injection, anestetics/steroid, paravertebral facet joint nerve; cervical/thoracic, single level	$2,914
64472	Injection, anestetics/steroid, paravertebral facet joint nerve; cervical/thoracic, add'l level	$1,312
64475	Injection, anestetics/steroid, paravertebral facet joint nerve; lumbar/sacral, single level	$2,914
64476	Injection, anestetics/steroid, paravertebral facet joint nerve; lumbar/sacral, single level	$1,312
64479	Inj foramen epidural c/t	$2,914
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	$3,855
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LVL	$3,650
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1	$4,055
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND	$4,055
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+	$4,055
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1	$4,055
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND	$4,055
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+	$4,055
64510	N block stellate ganglion	$2,914
64520	N block lumbar/thoracic	$2,914
64622	Destr paravertebrl nerve l/s	$2,788
64623	Destr paravertebral n add-on	$2,914
64626	Destr paravertebrl nerve c/t	$5,648
64627	Destr paravertebral n add-on	$2,914
64640	Injection treatment of nerve	$5,648
64721	Ctr	$6,815
72275	epidurography, radiological S & I	$585
72295	discography lumbar spine	$585
77002	fluoroscopic guidance needle placement	$291
77003	Fluor gid & loclzj ndl/cath SPI DX/THER NJX	$291

Attachment – 27F

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.

Attachment – 27F

Hispanic American Endoscopy Center

3538 W. Fullerton Ave.

Chicago, Illinois 60647

June 11, 2012

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 attached charge schedule will not be increased, at a minimum, for the first two years of operation following the approval to add pain management to Hispanic American Endoscopy Center unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1110.310(a).

Sincerely,

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

Subscribed and sworn to me
This 11 day of July, 2012

Notary Public

OFFICIAL SEAL
PATRICIA RAY
Notary Public - State of Illinois
My Commission Expires Aug 08, 2014

154850.1

Procedure Code	Description	Charge
11900	Injection into Skin Lesions	$193
20552	Inj trigger point 1/2 muscl	$518
20605	Arthrocentesis Aspir&/Injection Interm JT/Bursa	$3,650
20610	Arthrocentesis Aspir&/Injection Major JT/Bursa	$4,055
27096	Ijnection proc for sacriliac joint arthrography &/or anesthetics/steroid	$4,055
62290	Inject for spine disk x-ray	$3,142
62310	NJX C+-Dx/Ther SBST EDRL/Sarach CRV/THRC	$4,055
62311	NJX C+-Dx/Ther SBST EDRL/Sarach Lumbar Sac	$4,055
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64470	Injection, anestetics/steroid, paravertebral facet joint nerve; cervical/thoracic, single level	$2,914
64472	Injection, anestetics/steroid, paravertebral facet joint nerve; cervical/thoracic, add'l level	$1,312
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64479	Inj foramen epidural c/t	$2,914
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	$3,855
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LVL	$3,650
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1	$4,055
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND	$4,055
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+	$4,055
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1	$4,055
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND	$4,055
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+	$4,055
64510	N block stellate ganglion	$2,914
64520	N block lumbar/thoracic	$2,914
64622	Destr paravertebrl nerve l/s	$2,788
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64626	Destr paravertebrl nerve c/t	$5,648
64627	Destr paravertebral n add-on	$2,914
64640	Injection treatment of nerve	$5,648
64721	Ctr	$6,815
72275	epidurography, radiological S & I	$585
72295	discography lumbar spine	$585

77002	fluoroscopic guidance needle placement	$291
77003	Fluor gid & loclzj ndl/cath SPI DX/THER NJX	$291

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 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 community but also to educate them on various health issues. By including pain management services, 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 the purchase of medical equipment is attached at Attachment – 39.

Attachment – 39

BMO Financial Group

July 17, 2012

Mr. 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. Please contact me with any specific questions.

Sincerely,

Eileen Frank
Senior Vice President

Attachment – 39

96

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 the purchase of medical equipment is attached at Attachment – 40.

Attachment – 40

BMO Financial Group

526 Green Bay Road
Winnetka, IL 60093

July 17, 2012

Mr. 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. Please contact me with any specific questions.

Sincerely,

Eileen Frank
Senior Vice President

Attachment – 40

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.

Attachment – 42A

May 17th, 2012

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

Dear Chairman Galassie:

Re: Reasonableness of Financing Arrangements

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.

Sincerely,

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

Subscribed and sworn to me
This 17th day of May, 2012

Tara L Motley
Notary Public

"OFFICIAL SEAL"
Tara L Motley
Notary Public, State of Illinois
My Commission Expires 6/11/2013

5550 W. Fullerton Avenue . Chicago, Illinois 60647
773-772-1212 Fax: 773-772-8666

Attachment – 42A

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 pain management services 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 pain management procedures.

Table 1120.310(c)

	ASTC	State Standard	Above/Below State Standard
Equipment	$50,500	$353,802 per operating room $353,802 x 1 = $353,802	Below State Standard

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

Operating Expenses (2014):	$258,323 (Salaries & Benefits + Supplies)
Procedures (2014):	1,425
Operating Expense per Procedure:	$181.28 per procedure

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

Capital Costs (2014):	$10,100 (amortization expenses)
Procedures (2014):	1,425 procedures
Capital Costs per Procedure:	$7.09 per procedure

Section XI, Safety Net Impact Statement

1. Hispanic American Endoscopy Center was established in 2007 to bring critical 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. The addition of pain management 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.

   The addition of pain management procedures will not impact the ability of another provider or health care system to cross-subsidize safety net services. This is a small specialized ASTC the volumes of which are nominal compared to area hospitals. Furthermore, as documented in the physician referral letter attached at Attachment – 43A, Dr. Bayran does not perform pain management procedures at area hospitals. Thus, the addition of pain management will not negatively impact the ability to cross-subsidize safety net services.

2. As stated throughout this application, the Applicant proposes to add pain management 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.

3. The table below provides the amount of charity and Medicaid care provided in the three fiscal years prior to filing this application. The charity care figures below only include unreimbursed care, and do not take into account discounted care. The Applicant has historically provided significant amounts of discounted care to its patients on a case by case basis. The Applicant recently implemented its Unreimbursed Care & Self-Pay Policy that formalizes its discounted care policy. As demonstrated at Attachment – 43B, patients whose family income is below 350% of the Federal Poverty Line, or $80,675 for a family of four, are eligible for financial assistance at the center on a case by case basis. Furthermore, patients whose family income is less than 101% of the Federal Poverty Line, or $23,050 for a family of four, are eligible to have the entire bill written office except for a nominal patient participation fee of $5 to $10 to encourage personal responsibility and compliance with the treatment plan recommended for the patient.

   The center also offers a low global fee for services for many uninsured patients. A global fee includes both the physician and facility charges, which gives patients a low-cost alternative. In fact, the center has historically offered a $600 global fee for gastroenterology and urology services to many patients. The Applicant plans to offer a similar option for pain management patients following project completion.

   Lastly, by enrolling in Medicaid, the center will be able to expand services to a broad range of patients. The Applicant began trying to enroll in Medicaid in Spring 2011 and thus had no Medicaid experience. However, they encountered certain difficulties in successfully completing the process. After retaining legal counsel to work through this technicality, on June 6, 2012 the Applicant received notice that it successfully enrolled in Illinois Medicaid.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2009	2010	2011
Charity (# of patients)	2	4	5
Charity (revenue)	$2,400	$2,400	$3,600

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Section XI, Safety Net Impact Statement

1. Hispanic American Endoscopy Center was established in 2007 to bring critical 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. The addition of pain management 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.

   The addition of pain management procedures will not impact the ability of another provider or health care system to cross-subsidize safety net services. This is a small specialized ASTC the volumes of which are nominal compared to area hospitals. Furthermore, as documented in the physician referral letter attached at Attachment – 43A, Dr. Bayran does not perform pain management procedures at area hospitals. Thus, the addition of pain management will not negatively impact the ability to cross-subsidize safety net services.

2 As stated throughout this application, the Applicant proposes to add pain management 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.

3. The table below provides the amount of charity and Medicaid care provided in the three fiscal years prior to filing this application. The charity care figures below only include unreimbursed care, and do not take into account discounted care. The Applicant has historically provided significant amounts of discounted care to its patients on a case by case basis. The Applicant recently implemented its Unreimbursed Care & Self-Pay Policy that formalizes its discounted care policy. As demonstrated at Attachment – 43B, patients whose family income is below 350% of the Federal Poverty Line, or $80,675 for a family of four, are eligible for financial assistance at the center on a case by case basis. Furthermore, patients whose family income is less than 101% of the Federal Poverty Line, or $23,050 for a family of four, are eligible to have the entire bill written office except for a nominal patient participation fee of $5 to $10 to encourage personal responsibility and compliance with the treatment plan recommended for the patient.

   The center also offers a low global fee for services, which includes both the physician and facility charges, which gives patients a low-cost alternative. In fact, the center has historically offered a $600 global fee for gastroenterology and urology services to many patients. The Applicant plans to offer a similar option for pain management patients following project completion.

   Lastly, by enrolling in Medicaid, the center will be able to expand services to a broad range of patients. The Applicant began trying to enroll in Medicaid following its approval to add urology procedures in May 2011. However, they encountered certain difficulties in successfully completing the process. After retaining legal counsel to work through this technicality, on June 6, 2012 the Applicant received notice that it successfully enrolled in Illinois Medicaid effective February 7, 2012. Accordingly, although the Applicant did not report any Medicaid cases or revenue, it is anticipated that the number of Medicaid cases will increase in future years. Nevertheless, although the data does not demonstrate the Applicant's treatment of Medicaid-eligible patients, the Applicant provides care to these patients through substantial discounts in accordance with its Unreimbursed Care & Self-Pay Policy.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2009	**2010**	**2011**
Charity (# of patients)	2	4	5

Attachment – 43

Safety Net Information per PA 96-0031			
Charity (revenue)	$2,400	$2,400	$3,600

THE PAIN CENTER OF ILLINOIS

830 North Ashland, Unit 1
Chicago, Illinois 60622
(312)624-8364 / Fax (312)929-3323

April 23, 2012

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

Dear Mr. Galassie:

I am a physician specializing in pain management. I am writing in support of the expansion of Hispanic-American Endoscopy Center from a limited specialty ASTC to a multi-specialty ASTC, by adding pain management to the surgery center's existing service specialties.

The addition of pain management services will increase access to much needed health care services to the Hispanic community in the City of Chicago. Hispanic-American Endoscopy Center primarily serves the Hispanic-American community in Chicago and approximately 95 percent of the surgery center's patients are Hispanic. 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 and staff because they can better understand their condition and treatment options and make better informed health care decisions. Accordingly, the addition of pain management services will increase utilization of these services and increase access to health care to the Hispanic community in Chicago.

During the past twelve months, I referred cases to the following hospitals and surgery centers. With the expansion of Hispanic-American Endoscopy Center, I expect to refer my cases as noted below. Projected patient volume shall come from the proposed geographic service area of the Hispanic-American Endoscopy Center.

[illegible]	[illegible]	[illegible]
Grand Avenue Surgical Center	400	200
FSC – Fullerton Surgery Center	500	250

[illegible]	[illegible]	[illegible]
Total	900	450

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 Hispanic-American Endoscopy Center.

Sincerely,

Neema Bayran, M.D.
Pain Management

The Pain Center of Illinois
830 North Ashland Ave.
Chicago, IL 60622

Subscribed and sworn to me
This 23rd day of May, 2012

Notary Public

"OFFICIAL SEAL"
Tara L Motley
Notary Public, State of Illinois
My Commission Expires 6/11/2013

ATTACHMENT

Zip Code	Patient Referrals
60629	12
60619	9
60804	25
60618	20
60624	20
60617	10
60626	15
60651	20
60634	25
60628	10
60625	15
60647	25
60409	5
60608	10
60641	30
60609	15
60639	25
60630	15
60623	25
60621	35
60620	15
60609	10
60406	10
60632	10
60622	10

HISPANIC AMERICAN ENDOSCOPY CENTER
UNREIMBURSED CARE & SELF-PAY POLICY

I. PURPOSE

The Hispanic American Endoscopy Center ("Center") is an ambulatory surgical treatment center serving patients in and around the City of Chicago. This Unreimbursed Care and Self-Pay Policy defines Center's financial assistance program, criteria, application process, and procedures for determining financial assistance.

II. POLICY AND SCOPE

In order to enhance the scope of services available to Hispanic patients residing in and around Center's service area and to increase utilization at Center, Center provides its services in a financially responsible manner. Therefore, it is the policy of Center to maintain a system for proper identification of patients eligible for Unreimbursed Care and Discounted Care.

This policy covers only health care services provided by Center and does not include any services provided by outside vendors. Unless a global fee is provided hereunder, services provided by physicians and other services provided by outside vendors are not covered by this policy and patients seeking a discount for such services should be directed to call the physician or outside vendor directly.

It is the policy of Center to differentiate between uninsured patients who are unable to pay from those who are unwilling to pay for all or part of their care. Center will provide Unreimbursed Care to those uninsured patients who are unable to pay based upon the eligibility criteria set forth herein. In order to conserve scarce healthcare resources, Center will seek payment from uninsured patients who do not qualify for Unreimbursed Care. Qualification for Unreimbursed Care or Discounted Care will typically be determined at the time of service. In addition, Center will continue to review such determinations as potential insurers or other financial resources are discovered during the billing and collection process.

This policy does not apply to patients who are "underinsured" as opposed to uninsured. For example, it is not the intent of this policy to provide free or discounted care to patients who have health insurance with deductibles and/or coinsurance.

III. DEFINITION OF TERMS

Unreimbursed Care: Medical services provided at no cost to the patient when a patient lacks insurance and meets defined low-income requirements.

Discounted Care: Medical services provided at a discount to a patient who qualifies for such services pursuant to this policy.

Federal Poverty Level (FPL) guidelines: The poverty guidelines updated periodically by the United States Department of Health and Human Services used to establish the gross income and family size eligibility criteria for Unreimbursed Care and discounts as described in this policy.

Income: For purposes of applying for coverage under Center's Unreimbursed Care Policy, sources of income include but are not limited to: gross salary and wages, self-employment income, interest and dividends, real estate rentals and leases, Social Security, alimony, child support, unemployment and disability payments, and public assistance. Documentation of income will be limited to recent pay stubs and income tax returns.

Family:

- For persons 18 years of age and older, "Family" refers to a spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not.

- For persons under 18 years of age, "Family" refers to a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relatives.

Patient Participation Fee. Nominal fee of $5-10 to encourage personal responsibility and compliance with treatment plan recommended for patient.

Qualified Monetary Assets:

- Savings - Any cash or cash equivalents held by a member of the household excluding any amounts held in tax-exempt accounts, retirement, deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans such as a 401K savings account, 403B savings account or IRA savings account.

- Other - The estimated fair market value of any other real or tangible assets that are readily convertible to cash held by a member of the Patient's Family.

Self-Pay Patient. Those patients who are uninsured patients (as defined below) and who are not eligible for Unreimbursed Care. Self-pay patients are eligible for financial assistance at a discounted rate, in accordance with this policy, equal to a one-third reduction to reflect the reduced processing costs associated with self-pay.

Service Area: For the purposes of this policy, Center's service area is defined as those zip codes that comprise the primary and secondary service areas of the Center.

Uninsured Patient. A patient who does not have any third party health care coverage by either (a) a third-party insurer, (b) an ERISA plan, (c) a federal health care program (including without limitation Medicare and Medicaid), (d) Workers' Compensation, Medical Savings Account, or other coverage for all or any part of the bill, including

claims against third parties covered by insurance to which Center is subrogated, but only if payment is actually made by such insurance company.

IV. POLICY AND PROCEDURES

A. Eligibility and Qualification

Qualification for Unreimbursed Care or Discounted Care is dependent on providing accurate and timely patient financial information and a financial assistance application will be used to determine eligibility. Any patient who demonstrates lack of financial coverage by third party insurer will be offered an opportunity to complete the financial assistance application, and will also be offered information, assistance and referral as appropriate to government-sponsored programs for which he or she may be eligible. Any patient who requests financial assistance will be afforded the opportunity to apply and be considered.

Qualification for financial assistance shall be determined without discrimination based on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

While financial assistance shall not be provided on a discriminatory or arbitrary basis, Center retains full discretion, consistent with laws and regulations, to establish and revise objective eligibility criteria and determine when a patient qualifies for financial assistance using such objective criteria.

Center offers financial assistance based on the following:

- Patients whose family's Income is at or below 100% of the FPL guidelines are eligible to receive Unreimbursed Care. The entire patient liability portion of the bill for services may be written off, except for the nominal Patient Participation Fee.

- Patients whose family's Income is above 101% but not more than 200% of the FPL guidelines are eligible to receive Discounted Care.

- Patients whose family's Income exceeds 200% but is less than 350% of the FPL guidelines may be eligible to receive discounted rates on a case-by-case basis at the discretion of the Center and based on a review of both Income and Qualified Monetary Assets.

Patients may qualify for assistance under Center's Unreimbursed Care Policy by following application instructions and making every reasonable effort to provide Center with documentation and health benefits coverage information such that Center may make a determination of the patient's qualification for coverage under

the program. Annual recertification is required for patients to be continued to be considered for charity care.

B. Applying for Financial Assistance

Center utilizes a single, unified patient application for both Unreimbursed Care and Discounted Care. The process to obtain financial assistance is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify.

Patients seeking qualification for Unreimbursed Care and Discounted Care should do so before requesting non-emergency services. At the time of scheduling, pre-registration, or registration, patients will be asked for evidence of their insurance coverage and the patient will be informed of any co-payments that will be expected at the time of payment. If the patient is uninsured, the patient will be informed of the availability of Unreimbursed Care and Discounted Care. If the patient wishes to apply for Unreimbursed Care or Discounted Care, the patient will be given or mailed an application. The application should be completed as soon thereafter as possible and submitted to Center. If the patient does not wish to apply for Unreimbursed Care or Discounted Care, the patient will be informed of the self-pay fee schedule.

Direct assistance shall be provided to the patient as necessary to complete the application. Any patient who elects to complete the application on his or her own shall be told where to submit the application once complete, who to contact for questions or assistance, and what to expect in regard to follow-up and decision timeline.

Failure to complete the financial assistance application and submit all required supplemental information may deem the patient ineligible for consideration under this policy. In addition, patients who do not cooperate in efforts to secure governmentally funded health care coverage will not be eligible for Unreimbursed Care or Discounted Care.

C. Screening for Insurance Coverage

Center shall make a reasonable effort to determine if the patient requesting financial assistance has insurance that fully or partially covers the charges for care rendered. Any patient who demonstrates lack of financial coverage by third-party insurance will be offered information, assistance and referral as appropriate to government-sponsored programs.

D. Financial Assistance Calculation

Trained personnel will review submitted applications for completeness and accuracy. Based on the information provided, the reviewer will determine the level of assistance the patient qualifies for, if any.

1. If the patient's family income is 100% or less of the current FPL guidelines and the patient meets all other qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off.

2. If the patient's family income is between 101% and 200% of the current FPL established federal poverty income level and the patient meets all other qualification requirements, the patient's payment obligation will be discounted at graduated percentages.

E. Notification of Findings

Patients will receive notification within 60 days of submitting a completed application and supporting documentation of Center's determination of their qualification for financial assistance.

F. Payment Plan

A patient qualified for Discounted Care shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan on terms that may be negotiated between the patient and Center. Payment plans are established on a case-by-case basis with consideration of the total amount owed by the patient to Center and the patient's financial circumstances. Payment plans generally require a minimum monthly payment not to exceed 10% of gross monthly income and are free of any interest charges or set-up fees. Some situations may necessitate special payment plan arrangements based on negotiation between Center and the patient or their representative. Payment plans may be arranged by contacting a Center representative. Once a payment plan has been agreed upon, changes to it require the agreement of both parties.

Once a payment plan has been approved by Center, any failure to pay all consecutive payments due during a 90-day period will constitute a payment plan default. It is the patient/ guarantor's responsibility to contact Center if circumstances change and payment plan terms cannot be met. However, in the event of a payment plan default, Center will make a reasonable attempt to contact the patient or their representative by telephone and also give notice of the default in writing. The patient shall have an opportunity to renegotiate the payment plan and may do so by contacting Center within fourteen (14) days from the date of the written notice of payment plan default. If the patient fails to request renegotiation of an extended payment plan within fourteen (14) days, the payment plan will be deemed inoperative and the account will become subject to collection.

G. Automatic Classification for Unreimbursed Care

Any or all self-pay patients may be offered a financial assistance application. A patient may be deemed eligible for Unreimbursed Care without the absolute requirement for submission of a financial assistance application if the patient is determined to require Unreimbursed Care.

H. Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information, and funding will be maintained for all that seek or receive financial assistance from Center.

I. Good Faith Requirements

Center will make arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent or purposely inaccurate information has been provided by the patient or family representative. In addition, Center reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order qualify under this Unreimbursed Care Policy.

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			
	2009	**2010**	**2011**
Net Patient Revenue	**$1,170,058**	**$540,413**	**$540,576**
Amount of Charity Care (charges)	$2,400	$0	$3,600
Cost of Charity Care	$2,400	$0	$3,600

Appendix 1 – Request for Impact Statement

Copies of the letters sent to area surgical facilities regarding the project's impact on their workload is attached as Appendix – 1.

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Janet Flojo
Administrator
CMP Surgicenter
3412 West Fullerton Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

150608

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

Sincerely,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Dr. Salam Okasha
Administrator
Fullerton Surgery Center, Inc.
4849 West Fullerton Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Dr. Renlin Xia
Administrator
American Women's Medical Group
2744 North Western Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. John Engle
Chief Executive Officer
Kindred Chicago Central Hospital
4058 West Melrose Street
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Margaret McDermott
CEO
St. Elizabeth's Hospital
1431 North Claremont Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Michael O'Grady
President & CEO
Norwegian American Hospital
1044 North Francisco Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Margaret McDermott
CEO
St. Mary of Nazareth Hospital
2233 West Division Street
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

150608

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

Sincerely,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Steven Airhart
Chief Executive Officer
Garfield Park Hospital
520 Ridgeway Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Edward Novak
President & CEO
Sacred Heart Hospital
3240 West Franklin Boulevard
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Dr. Sarmed Elias
Administrator
Six Corners Same Day Surgery
4211 North Cicero Avenue, Suite 400
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Diana Maracich
Administrator
Albany Medical Surgical Center
5086 North Elston Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Patrick Magoon
President & CEO
Children's Memorial Hospital
2300 North Children's Plaza
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Lara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Larry Foster
Chief Executive Officer
Kindred Hospital Chicago North
2544 West Montrose Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Ivette Estrada
CEO
Our Lady of Resurrection Hospital
5645 West Addison Street
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Joe Jafari
Administrator
Grand Avenue Surgical Center
17 West Grand Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Patricia Wamsley
Administrator
River North Same Day Surgery Center
One East Erie, Suite 300
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

150608

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

Sincerely,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Patricia Wamsley
Administrator
25 East Same Day Surgery
25 East Washington Street, Suite 300
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Lena Dobbs-Johnson
President
Advocate Bethany Hospital
3435 West Van Buren Street
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Susan Nordstrom Lopez
President
Advocate Illinois Masonic Medical Center
811 West Wellington Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Jana Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Barbara Ramsey
Administrator
Rush Surgicenter - Professional Building
1725 West Harrison, Suite 556
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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 - Professional Building. 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Larry Goodman
President & CEO
Rush University Medical Center
1653 West Congress Parkway
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Mark Newton
President & CEO
Swedish Covenant Hospital
5145 North California Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

150608

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

Sincerely,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Gary Krugel
Vice President of Operations & Chief Financial Officer
Swedish Covenant Surgery Center
5145 North California Avenue
Chicago, Illinois 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Dr. Severko Hrywnak
Administrator
Advanced Ambulatory Surgical Center
2333 Harlem Avenue
Chicago, Illinois 60707

Dear Dr. 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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 of Cook County. 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Dean Harrison
President & CEO
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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Guita Griffiths
Administrator
The Surgery Center at 900 North Michigan
60 East Delaware Avenue, 15th 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Lara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Dana Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Pat Shehorn
Chief Executive Officer
West Suburban Medical Center
3 Erie Court
Oak Park, 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Faith McHale
Administrator
Resurrection Health Care Surgery Center
3101 North Harlem 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Sara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Guy Medaglia
President & Chief Executive Officer
St. Anthony Hospital
2875 West 19th 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Steven Airhart
Chief Executive Officer
Hartgrove Hospital
5730 West Roosevelt Road
Chicago. Illinois 60804

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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 Hartgrove 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. 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.

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

150608

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

Sincerely,

Kara Freedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

150608

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

Sincerely,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. Bruce Elegant
President & Chief Executive Officer
Rush Oak Park Hospital
520 South Maple Street
Oak Park, 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 cases.

Pursuant to Section 1110.1540(c) 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Elizabeth Van Straten
President & CEO
St. Bernard Hospital & Health
326 West 64th Street
Chicago, Illinois 60621

Dear Ms. Van 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

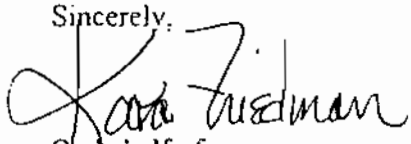
Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Fortunee Massuda
Administrator
Foot & Ankle Clinics of America
1644 East 53rd 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago. Illinois 60647

July 27, 2012

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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Ms. Yvette Barnabas
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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. Otherwise, you can mail it to his attention at Hispanic-American Endoscopy Center at 515 West 3536 West Fullerton Avenue, Chicago, Illinois 60647.

150608

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

Sincerely,

Lara Trustman

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

Hispanic-American Endoscopy Center

3536 West Fullerton Avenue
Chicago, Illinois 60647

July 27, 2012

CERTIFIED MAIL/RETURN RECEIPT

Mr. John Fairman
COO
Provident Hospital
500 East 51st 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 pain management procedures to our current limited-specialty ambulatory surgical treatment center.

Hispanic America is currently licensed to provide gastroenterology and urology surgical procedures. Our surgery center consists on one procedure room and four recovery stations in 3,445 gross square feet. The addition of pain management and general surgery procedures will not result in any expansion or modernization of the existing surgery center. The cost of the Proposed Project will be approximately $39,500. Hispanic America projects the pain management caseload for the first year after project completion will be approximately 450 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. 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,

Kara Friedman

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

Appendix 2 – Request for Impact Statement

A list of the facilities contacted is provided as Appendix 2.

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	Norwegian 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	Airhart	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	Magoon	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.	Severko	Hrywnak	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	Watertower 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	Struxness	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	Shehorn	Chief Executive Officer	West Suburban Medical Center	3 Erie Court	Oak Park	Illinois	60302
Sr.	Sheila	Lyne	President	Mercy 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	2336-40 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	Airhart	Chief Executive Officer	Hartgrove Hospital	5730 West Roosevelt Road	Chicago	Illinois	60804
Mr.	Joseph	Chandy		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	4646 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	1644 East 53rd Street	Chicago	Illinois	60615
Mr.	Kenneth	Fishbein	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

Appendix 3 – Time and Distance

Attached as Appendix 3 are the distance and normal travel time from the proposed facility to all existing surgical facilities in the GSA, as determined by MapQuest.

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

START	1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.	go 0.2 mi
END	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

Appendix 3

MAPQUEST

Notes

Trip to Fullerton Surgery Center

4849 W Fullerton Ave, Chicago, IL 60639 -
(773) 237-2900
1.62 miles - about 5 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	1. Start out going WEST on W FULLERTON AVE toward N CENTRAL PARK AVE.	go 1.6 mi
END	2. 4849 W FULLERTON AVE is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	3. 2744 N WESTERN AVE is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	6. 4058 W MELROSE ST is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	6. 1431 N CLAREMONT AVE is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	5. 1044 N FRANCISCO AVE is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	5. 2233 W DIVISION ST is on the RIGHT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	4. 3240 W FRANKLIN BLVD is on the RIGHT.	go 0.0 mi

B 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

Noles

MAPQUEST

Trip to Six Corners Same Day Surgery

4211 N Cicero Ave # 400, Chicago, IL 60641 - (773) 794-3100
3.33 miles - about 11 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
↱ 50	4. Turn RIGHT onto N CICERO AVE / IL-50.	go 0.3 mi
END	5. 4211 N CICERO AVE # 400 is on the RIGHT.	go 0.0 mi

B 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

START	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
END	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

START	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
END	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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	5. 5645 W ADDISON ST is on the LEFT.	go 0.0 mi

B 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

MAPQUEST

Notes

Trip to Albany Medical Surgical Center

5086 N Elston Ave, Chicago, IL 60630 -
(773) 725-6665
5.66 miles - about 12 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
50	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
END	8. 5086 N ELSTON AVE is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.	go 1.7 mi
90	2. Merge onto I-90 E / I-94 E / KENNEDY EXPY E.	go 2.7 mi
EXIT	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
END	7. 17 W GRAND AVE is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE	go 1.7 mi
90	2. Merge onto I-90 E / I-94 E / KENNEDY EXPY E	go 2.7 mi
EXIT 50B	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
END	7. 1 E ERIE ST is on the RIGHT.	go 0.0 mi

B 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

START	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
END	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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	4. 811 W WELLINGTON AVE is on the LEFT	go 0.0 mi

B 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

[x]

MAPQUEST

Notes

Trip to Swedish Covenant Hospital

5145 N California Ave # 370, Chicago, IL 60625 - (773) 878-8200
4.52 miles - about 14 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	8. 5145 N CALIFORNIA AVE # 370 is on the RIGHT.	go 0.0 mi

B 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

There's a new MapQuest - come try it out!

MAPQUEST

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

Swedish Covenant Surgery Center

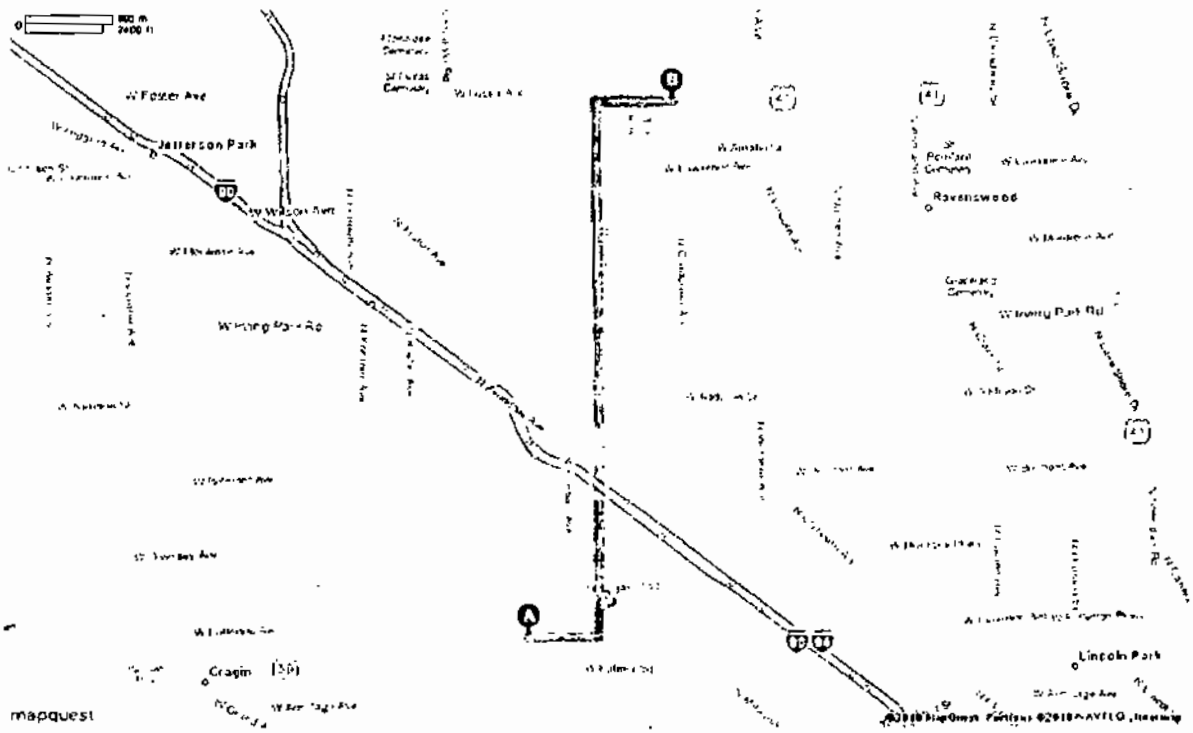
Starting Location

3536 W Fullerton Ave
Chicago, IL 60647-2443

Ending Location

N California Ave & W Foster Ave
Chicago, IL 60625

Total Travel Estimate 14 minutes / 4.59 miles Fuel Cost, Calculate



3536 W Fullerton Ave Edit
Chicago, IL 60647-2443

START	1. Start out going **EAST** on W **FULLERTON AVE** toward N **DRAKE AVE.**	0.5 mi
↰	2. Turn **LEFT** onto N **KEDZIE AVE.**	0.2 mi
↱	3. Turn **SLIGHT RIGHT** onto W **LOGAN BLVD.**	0.1 mi
	4. Turn **LEFT** onto N **MILWAUKEE**	0.1 mi

		AVE.	
	5.	Turn **SLIGHT RIGHT** onto N KEDZIE AVE.	3.2 mi
	6:	Turn **RIGHT** onto W FOSTER AVE.	0.5 mi
END	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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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

START	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
END	6. 25 E WASHINGTON ST # 300 is on the RIGHT.	go 0.0 mi

B 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

Notes

MAPQUEST

Trip to Rush University Medical Center

1653 W Congress Pkwy # 622, Chicago, IL 60612 - (312) 942-5000
7.12 miles - about 14 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.	go 1.7 mi
90	2. Merge onto I-90 E / I-94 E / KENNEDY EXPY E.	go 4.0 mi
290	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
END	8. 1653 W CONGRESS PKWY # 622 is on the RIGHT.	go 0.0 mi

B 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

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 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

B 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

START	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
↰ 43	3. Turn LEFT onto IL-43 / N HARLEM AVE.	go 0.1 mi
END	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

Notes

MAPQUEST

Trip to Watertower Surgicenter

845 N Michigan Ave # 948W, Chicago, IL 60611 - (312) 944-2929
6.48 miles - about 15 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	6. 845 N MICHIGAN AVE # 948W is on the RIGHT.	go 0.0 mi

B 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

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 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

B 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

START	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
END	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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	6. **900 N MICHIGAN AVE** is on the **LEFT**	go 0.0 mi

B 900 N Michigan Ave, Chicago, IL 60611-1542

Total Travel Estimate : 6.56 miles - about 15 minutes

Route Map Hide

MAPQUEST

Notes

Trip to John Stroger Hospital-Cook

1901 W Harrison St, Chicago, IL 60612 -
(312) 864-4589
7.63 miles - about 15 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	8. 1901 W HARRISON ST is on the RIGHT.	go 0.0 mi

B 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

MAPQUEST

Notes

St. Joseph Health Centers & Hospital

Trip to 2900 N Lake Shore Dr
Chicago, IL 60657-5640
4.94 miles - about 16 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	5. 2900 N LAKE SHORE DR is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	8. 1740 W TAYLOR ST # 1 is on the RIGHT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
↰ 90	3. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** via the ramp on the **LEFT.**	go 3.0 mi
43B 90	4. Keep **LEFT** to take **I-90 W / KENNEDY EXPY W** via **EXIT 43B** toward **O'HARE-ROCKFORD.**	go 3.2 mi
81B	5. Take **EXIT 81B** toward **SAYRE AVE.**	go 0.2 mi
↑	6. Stay **STRAIGHT** to go onto **W TALCOTT AVE.**	go 0.8 mi
END	7. 7435 W TALCOTT AVE is on the LEFT.	go 0.0 mi

B 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

START	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
END	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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
↱ 14	7. Turn RIGHT onto W PETERSON AVE / US-14.	go 0.3 mi
END	8. 3034 W PETERSON AVE is on the LEFT.	go 0.0 mi

B 3034 W Peterson Ave, Chicago, IL 60659-3729
Total Travel Estimate : 5.39 miles - about 17 minutes

Route Map Hide

[x]

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

START	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
↱ 19	3. Turn RIGHT onto W IRVING PARK RD / IL-19.	go 0.9 mi
END	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

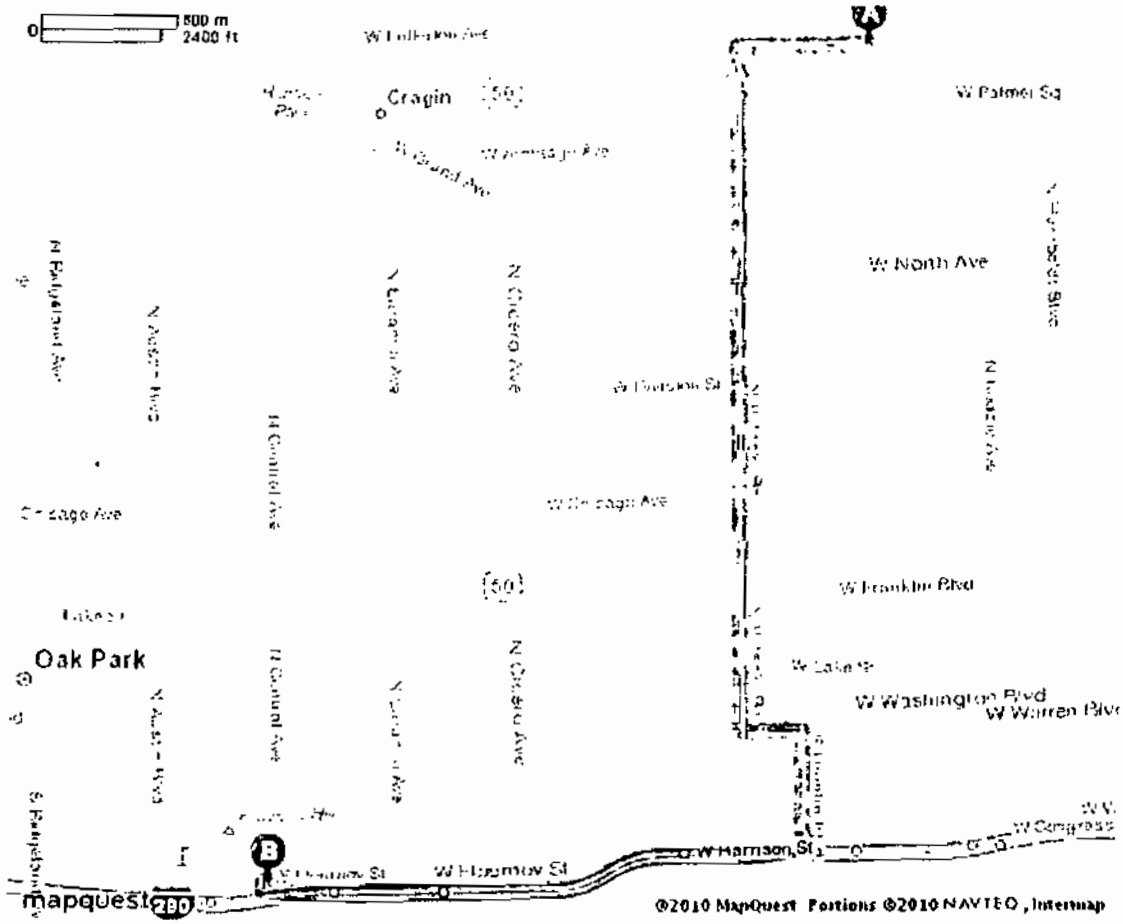
3536 W Fullerton Ave, Chicago, IL 60647-2443

	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

↱	12. Turn RIGHT onto S CENTRAL AVE	go 0.0 mi
END	13. 645 S CENTRAL AVE is on the RIGHT.	go 0.0 mi

Loretto Hospital - (773) 626-4300
645 S Central Ave, Chicago, IL 60644
Total Travel Estimate : 6.64 miles - about 17 minutes

Route Map Hide



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MAPQUEST

Notes

Trip to Mt Sinai Hospital Medical

1500 S California Ave, Chicago, IL 60608 -
(773) 257-6464
5.37 miles - about 18 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	5. 1500 S CALIFORNIA AVE is on the **RIGHT**	go 0.0 mi

B 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

Notes Resurrection Health Care Surgery Center

MAPQUEST

Trip to 3101 N Harlem Ave

Chicago, IL 60634-4532
5.51 miles - about 18 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
↱ 43	3. Turn RIGHT onto N HARLEM AVE / IL-43.	go 0.9 mi
END	4. 3101 N HARLEM AVE is on the RIGHT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	7. 2875 W 19TH ST is on the RIGHT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	8. 2336 S WABASH AVE is on the LEFT.	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	5. 5025 N PAULINA ST is on the LEFT.	go 0.0 mi

B 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 Hartgrave Hospital

Trip to 5730 W Roosevelt Rd
Chicago, IL 60804
7.23 miles - about 19 minutes

3536 W Fullerton Ave, Chicago, IL 60647-2443

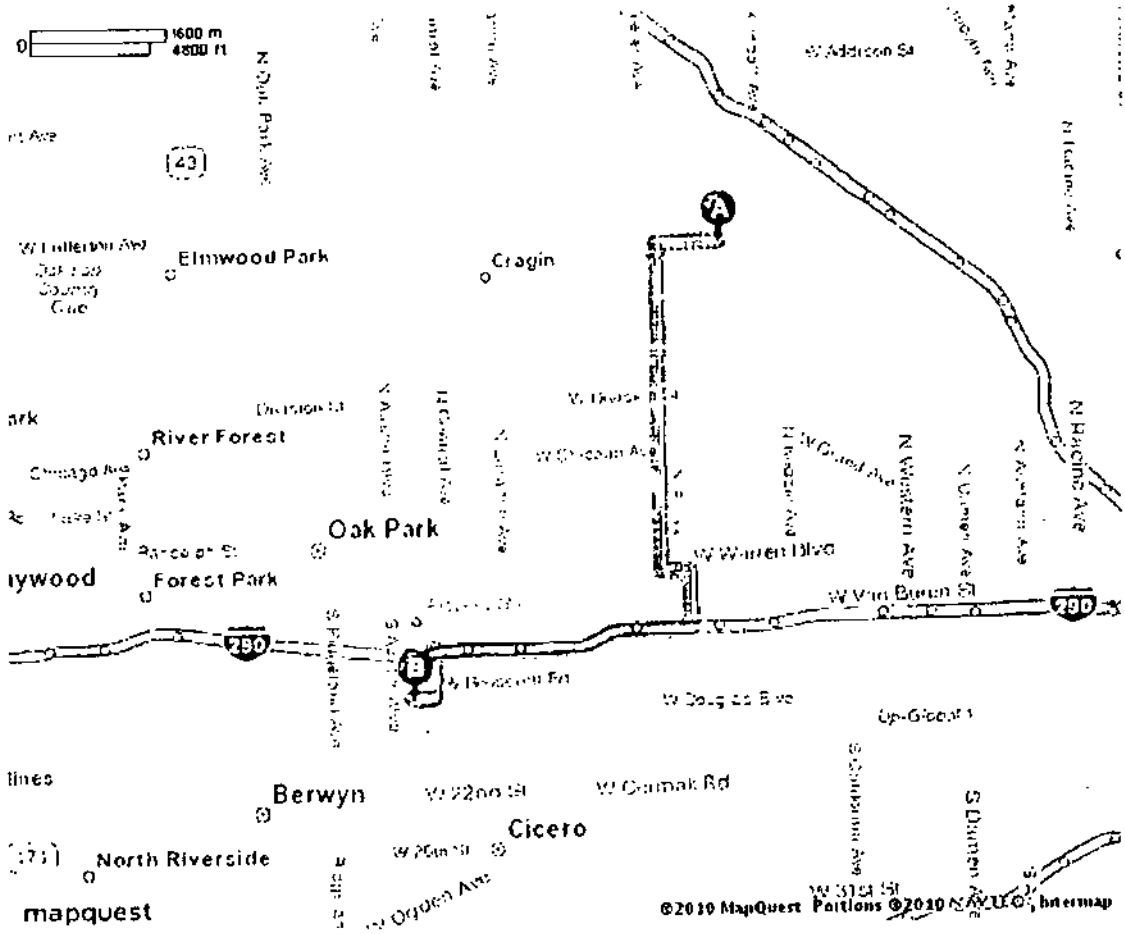
	1. Start out going WEST on W FULLERTON AVE toward N CENTRAL PARK AVE.	go 0.6 mi
	2. Turn LEFT onto N PULASKI RD	go 0.1 mi
	3. Turn RIGHT onto W BELDEN AVE.	go 0.0 mi
	4. W BELDEN AVE becomes W BELDEN ST.	go 0.0 mi
	5. Turn LEFT onto N PULASKI RD.	go 2.8 mi
	6. Turn LEFT onto W WASHINGTON BLVD.	go 0.3 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
END	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

START		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
↱	14	3. Turn RIGHT onto W PETERSON AVE / US-14.	go 0.1 mi
END		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

START	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
END	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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
END	5. 4840 N MARINE DR is on the LEFT.	go 0.0 mi

B 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

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

START	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
290	9. Merge onto I-290 W / EISENHOWER EXPY W via the ramp on the LEFT	go 4.1 mi
EXIT 21B	10. Take the IL-43 / HARLEM AVE exit, EXIT 21B, on the LEFT.	go 0.3 mi
43	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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.	go 1.7 mi
90	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
90	4. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward SKYWAY / INDIANA TOLL RD.	go 0.5 mi
58B	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
END	8. 326 W 64TH ST is on the RIGHT.	go 0.0 mi

B 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

START	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
↰ 43	3. Turn LEFT onto IL-43 / N HARLEM AVE.	go 0.0 mi
↱	4. Turn RIGHT onto W FULLERTON AVE.	go 1.5 mi
↰ 171	5. Turn LEFT onto IL-171 / N 1ST AVE.	go 1.0 mi
↱ MAY 64	6. Turn RIGHT onto W NORTH AVE / IL-64 W.	go 0.4 mi
END	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

Notes

MAPQUEST

Trip to Lakeshore Physicians & Surgery

7200 N Western Ave, Chicago, IL 60645 -
(773) 743-6700
11.30 miles - about 23 minutes

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	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
EXIT 39B	4. Take EXIT 39B toward EAST TOUHY AVE	go 0.3 mi
50	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
END	8. 7200 N WESTERN AVE is on the LEFT	go 0.0 mi

B 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

A 3536 W Fullerton Ave, Chicago, IL 60647-2443

START	1. Start out going EAST on W FULLERTON AVE toward N DRAKE AVE.	go 1.7 mi
90	2. Merge onto I-90 E / I-94 E.	go 5.4 mi
55	3. Merge onto I-55 N / STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR.	go 2.2 mi
South 41	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
END	7. 1644 E 53RD ST is on the RIGHT.	go 0.0 mi

B 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

Appendix 4 – Registered Mail Receipts

Attached as Appendix 4 are copies of the registered mail receipts for the impact letters sent to the surgical facilities within the GSA.

TO:

Mr. Dean Harrison President & CEO
Northwestern Memorial Hospital
240 East Ontario
Chicago, Illinois 60611

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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Receipt for Certified Mail™
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TO:

Ms. Guita Griffiths Administrator
The Surgery Center at 900 North Michigan
60 East Delaware Avenue, 15th Floor
Chicago, Illinois 60611

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
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7196 9008 9111 1499 6823

TO:

Ms. Wendy Luxenburg Administrator
John Stroger Hospital of Cook County
1901 West Harrison Street
Chicago, Illinois 60612

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
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7196 9008 9111 1499 6809

TO:

Ms. Peggy Kirk Senior Vice President, Clinical Operations
Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, Illinois 60611

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.60
	Certified Fee	2.85
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TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6892

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	60
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7196 9008 9111 1499 6908

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	60
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7196 9008 9111 1499 6630

TO:

Dr. Severko Hrywnak Administrator
Advanced Ambulatory Surgical Center
2333 Harlem Avenue
Chicago, Illinois 60707

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6647

TO:

Mr. Gary Krugel Vice President of
Operations & Chief Financial Officer
Swedish Covenant Surgery Center
5145 North California Avenue
Chicago, Illinois 60625

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6678

TO:

Ms. Barbara Ramsey Administrator
Rush Surgicenter - Professional Building
1725 West Harrison, Suite 556
Chicago, Illinois 60612

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	60
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7196 9008 9111 1499 6654

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6784

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 7011

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6991

TO:

Mr. Steven Airhart Chief Executive Officer
Garfield Park Hospital
520 Ridgeway Avenue
Chicago, Illinois 60624

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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TO:

Mr. Larry Foster Chief Executive Officer
Kindred Hospital Chicago North
2544 West Montrose Avenue
Chicago, Illinois 60618

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6977

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6960

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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7196 9008 9111 1499 6953

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
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7196 9008 9111 1499 6946

TO:

Mr. Frank Molinaro CEO
Louis A. Weiss Memorial Hospital
4646 North Marine Drive
Chicago, Illinois 60640

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.60
	Certified Fee	2.85
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	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6939

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
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7196 9008 9111 1499 6922

TO:

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

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
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	Restricted Delivery	
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TO:

Ms. Tess Sagaidoro Administrator
Peterson Surgery Center
2300 West Peterson Avenue
Chicago, Illinois 60659

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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TO:

Mr. Joseph Chandy
Methodist Hospital of Chicago
5025 North Paulina
Chicago, Illinois 60640

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6625

TO:

Mr. Alan Eaks Chief Executive Officer
Aurora Chicago Lakeshore Hospital
4840 North Marine Drive
Chicago, Illinois 60640

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6601

TO:

Mr. Bruce Elegant President & Chief Executive Officer
Rush Oak Park Hospital
520 South Maple Street
Oak Park, Illinois 60304

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6670

TO:

Mr. David Chua Manager
South Loop Endoscopy & Wellness Center
2336-40 South Wabash Avenue
Chicago, Illinois 60616

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6687

TO:

Ms. Faith McHale Administrator
Resurrection Health Care Surgery Center
3101 North Harlem Avenue.
Chicago, Illinois 60634

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	$0.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6663

TO:

Mr. Guy Medaglia President & Chief Executive Officer
St. Anthony Hospital
2875 West 19th Street
Chicago, Illinois 60623

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	$0.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6656

TO:

Mr. Steven Airhart Chief Executive Officer
Hartgrove Hospital
5730 West Roosevelt Road
Chicago, Illinois 60804

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	$0.60
	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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TO:
Sr. Sheila Lyne President
Mercy Medical Center
2525 South Michigan Avenue
Chicago, Illinois 60616

SENDER: J. Van Leer

REFERENCE:

S Form 3800, January 2005

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	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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TO:
Mr. Frank Solare President & CEO
Thorek Hospital & Medical Center
850 West Irving Park Road
Chicago, Illinois 60613

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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7196 9008 9111 1499 6694

TO:
Mr. Alan Channing President & CEO
Mount Sinai Hospital Medical Center
1500 South California Avenue
Chicago, Illinois 60608

SENDER: J. Van Leer

REFERENCE:

PS Form 3800, January 2005

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	Certified Fee	2.85
	Return Receipt Fee	2.30
	Restricted Delivery	
	Total Postage & Fees	5.75

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Chicago, Illinois 60611

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St. Bernard Hospital & Health
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CMP Surgicenter
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Chicago, Illinois 60160

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Chicago, Illinois 60615

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St. Elizabeth's Hospital
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Dr. Salam Okasha Administrator
Fullerton Surgery Center, Inc.
4849 West Fullerton Avenue
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American Women's Medical Group
2744 North Western Avenue
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