

SHEA, PAIGE & ROGAL, INC.

547 S. LAGRANGE ROAD

LAGRANGE, ILLINOIS 60525

(708) 482-4820

FAX (708) 482-1091

SPRINGFIELD OFFICE
421 WEST EDWARDS
SPRINGFIELD, IL 62704
(217) 523-2550
FAX (217) 523-2560

RECEIVED

NOV 15 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

November 14, 2012

George Roate
Illinois Department of Public Health
Office of Health Systems Development
525 West Jefferson 2nd Floor
Springfield, Illinois 62761

Re: Project 12-076 - Chicago Surgical Clinic

Dear George:

Enclosed are revised application pages and additional and updated referral letters. The project cost has not been changed. The completion date has been extended. The number of specialties has been reduced to three. Charity care is estimated to be 3%. A safety net impact statement is included.

If you have any questions feel free to contact me.

Very truly yours,


Ira Rogal

IR:kh1

Chicago Surgical Clinic, Ltd.

November 12, 2012

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

**Re: Chicago Surgical Clinic, Ltd., 129 W. Rand Rd., Arlington Heights, IL
IHFSRB Project No. 12-076**

Dear Ms. Avery:

I am a board-certified surgeon and this letter is being provided in support of the establishment of the Chicago Surgical Clinic (ASTC). I am the president of a medical practice and the surgeons at our medical group performed 4,892 surgical procedures in the last twelve months.

I anticipate that the surgeons at our medical practice will refer at least 2,600 patients within the first year that the proposed ASTC is open and additional patients in the following years. The patients being referred will include at least 250 patients for endoscopies, 250 patients for general surgery, and 250 patients for oral/maxillofacial surgery. A minimum of 90% of all patients will reside within 30 minutes of the proposed ASTC.

Many of the patients seen in our practice are uninsured or underinsured. Some of them end up not scheduling their much-needed procedures due to financial constraints. Those patients often end up in the emergency rooms of area hospitals with more advanced stages of their diseases, becoming a financial burden to those institutions and society. They also continue to suffer unnecessarily to the detriment of their health because of their inability to afford higher prices at existing facilities.

The facilities to which the patients are currently being referred are as follows:

Hospital / ASTC	Referral Surgical Procedures			
	Previous 12 Months Class A Clinic Procedures	Previous 12 Months	Projected 12 Months	Projected 12 Months Surgical Clinic Procedures
Northwest Community Hospital	-	751	496	-
Holy Family Hospital	-	591	487	-
Our Lady of the Resurrection Medical Center	-	532	321	-
Resurrection Medical Center	-	61	53	-
Ascension (Alexian) Healthcare System	-	462	383	-
Advocate Condell Medical Center	-	246	231	-
TOTALS	2,249	2,643	1,971	3,124
TOTAL PROCEDURES		4,892		5,095

The information provided in this letter, to the best of my knowledge, is true and correct and the patients referenced above have not been used in the support of any other ASTC.

Sincerely,



Dr. Yelena Levitin
Chicago Surgical Clinic, Ltd.

Subscribed and Sworn to Before me
this 12th day of November, 2012.


Notary Public

201 E. Strong St., Suite 7, Wheeling, IL 60090
847-215-0530



CHICAGO SURGICAL CLINIC

<u>FACILITY</u>	<u>NUMBER OF PROCEDURES</u>
Northwest Community Hospital	751
Presence (Resurrection) Healthcare System	1,184
Holy Family Medical Center	
Our Lady of the Resurrection Medical Center	
Resurrection Medical Center	
Ascension (Alexian) Healthcare System	462
Advocate Condell Medical Center	246

CHARITY CARE

Applicant is not a health care facility. Projected charity care for the second year is listed in the table. The projected payor mix is:

Projected Patient Mix for Second Year

Private Ins: 65%
Medicare: 20%
Medicaid: 7%
Self paid: 5%
Charity Care 3%

CHARITY CARE			
	Year One	Year Two	Year Three
Net Patient Revenue	0	7309180	
Amount of Charity Care (charges)	0	219275	
Cost of Charity Care	0	198720	

SAFETY NET IMPACT STATEMENT

- 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.

The project will improve safety net services to the community by increasing the access for patients needing charity care and reduced fee services. Additionally it will serve a higher level of Medicaid than other area surgery centers. For example Northwest Surgicare reported no charity care and no Medicaid revenue in 2011. Northwest Community Day Surgery reported 1.3% Medicaid, less than 1% charity care and 1.4% private pay. Applicant projects 3% charity care, 7% Medicaid and 5% private pay.

- 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.

The project will not have a substantial impact any of the area facilities.

- 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.

NOT APPLICABLE

Related Project Costs

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

Land acquisition is related to project	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price:	\$770,000.00	
Fair Market Value:	\$770,000.00	
The project involves the establishment of a new facility or a new category of service		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the dollar amount of all 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 \$490,000.00.		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:
<input type="checkbox"/> None or not applicable <input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): December, 2014
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
<input checked="" type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
<input type="checkbox"/> 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:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

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	11,000		11,000
Site Survey and Soil Investigation	1,000		1,000
Site Preparation	57,000		57,000
Off Site Work	0		0
New Construction Contracts	1,640,000		1,640,000
Modernization Contracts	0		0
Contingencies	160,000		160,000
Architectural/Engineering Fees	265,000		265,000
Consulting and Other Fees	165,000		165,000
Movable or Other Equipment (not in construction contracts)	250,000		250,000
New Equipment	206,157		206,157
Bond Issuance Expense (project related)	0		0
Net Interest Expense During Construction (project related)	60,000		60,000
Fair Market Value of Leased Space or Equipment	0		0
Other Costs To Be Capitalized	293,900		293,900
Acquisition of Building or Other Property (excluding land)	770,000		770,000
TOTAL USES OF FUNDS	3,879,057		3,879,057
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,629,057		1,629,057
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	2,000,000		2,000,000
Leases (fair market value)			
Governmental Appropriations			
Grants			
Existing Equipment	250,000		250,000
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	3,879,057		3,879,057

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

H. Non-Hospital Based Ambulatory Surgery

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

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

Read the criterion and complete the following:

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

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

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

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

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

3. Criterion 1110.1540(c), Projected Patient Volume

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

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

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

Read the criterion and provide:

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

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

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's imp

PROJECT SERVICES UTILIZATION

The proposed ASTC projects the following occupancy rates for the first two (2) years after project completion:

YEARS	PROJECTED CAPACITY	STATE STANDARD	STANDARD MET
2014	4,000	4,500	No
2015	4,500	4,500	Yes

REVISED
ATTACHMENT 15

CHICAGO SURGICAL CLINIC, LTD.

LIST OF PROCEDURES WITH ASSOCIATED CHARGES

ENDOSCOPY	FACILITY CHARGE
Upper endoscopy	1,100
Lower endoscopy	1,100
GENERAL PROCEDURES	
Lap hernia	2,800
Lap gallbladder	2,800
Lap band	2,800
Hemorrhoidectomy	1,400
Fistulectomy	1,400
Abscess drainage	1,300
Soft tissue tumor	1,500
Cutaneous lesion excision	1,200
Cutaneous lesion biopsy	1,200
Various breast procedures	600
Breast biopsy	500
Endocrine procedures	2,700
Various traumas	1,500
Various lacerations	1,250
Wound debridement	150
Foreign body removal	900
Perirectal abscess	1,300
Pilonidal cyst	1,400
Proctoscopy, anoscopy	600
IRC (infrared coagulation)	500
ORAL/MAXILLOFACIAL	
Oral/maxillofacial	3,000

**ATTACHMENT 27
APPENDIX 12**

REVISED – P. 205

Chicago Surgical Clinic, Ltd.

PHYSICIAN LETTERS PERTAINING TO PROJECTED PATIENT VOLUME

Following is a listing of doctors who have provided referral letters for this application. The total volume of surgical referrals represents 80% of the current and projected volume of procedures.

The enclosed list of doctor patient referrals represents 77% of all of the outside physician referrals.

Name	Address	Type of Surgical Referral	Number of Referrals Per 12 Months	Zip Codes for the Majority of Referrals
Dr. Alexander Galperin	200 N Milwaukee Ave. Ste 100 Buffalo Grove IL 60089	General Surgery or Endoscopy Consultation	102	60089, 60090, 60070, 60004
Dr. Tatyana Galperin	20570 N. Milwaukee Ave. Deerfield, IL 60015	General Surgery or Endoscopy Consultation	48	60089, 60090, 60070, 60004
Dr. Michael Galperin	20570 N. Milwaukee Ave. Deerfield, IL 60015	General Surgery or Endoscopy Consultation	140	60015, 60062, 60035, 60040, 60065
Dr. Tatyana Scolin	201 E. Strong St., Ste. 6 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	84	60090, 60089, 60056
Dr. Luis Gonzalez Orozco	494 Lee St. Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	105	60017, 60018, 60016, 60056
Dr. Taiya Shevelev	201 E. Strong St., Ste. 9 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	79	60089, 60049, 60061, 60090
Dr. Veronika Kroin	201 E. Strong St., Ste. 6 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	99	60090, 60089, 60055, 60074, 60070
Dr. Yakov Ryabov	201 E. Strong St., Ste. 9 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	193	60055, 60074, 60011, 60010
Dr. Equert Nagaj	333 W. Dundee Rd. Buffalo Grove, IL 60089	General Surgery or Endoscopy Consultation	112	60089, 60007, 60009, 60195, 60274, 60194, 60196, 60193, 60192
Dr. Ramon A. Gonzalez	1635 N Arlington Hts Rd # 203 Arlington Hts, IL 60004	General Surgery or Endoscopy Consultation	73	60107, 60004, 60007, 60074, 60179
Dr. Raymond Gomez	410 E Northwest Hwy. Mt. Prospect, IL 60056	General Surgery or Endoscopy Consultation	82	60056, 60016, 60018, 60007, 60009
Dr. Ghodrat Sarrafi	380 E Northwest Hwy Ste 300 Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	104	60018, 60016, 60007, 60009, 60056, 60068
Dr. Jesus Antonio Manteca-Elias	494 Lee St. Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	100	60016, 60025, 60053
Dr. Maria Gonzalez	794 W Dundee Rd Wheeling, IL 60090	General Surgery or Endoscopy Consultation	178	60090, 60089, 60074, 60005, 60004, 60056

Chicago Surgical Clinic, Ltd.

Dr. Valeria Levitin	1460 Market St., Ste. 300 Des Plaines, IL 60016	General Surgery or Endoscopy Consultation	62	60056, 60016, 60018
Dr. Boris Lelchuk	201 E Strong St., Ste 6 Wheeling, IL 60090	General Surgery or Endoscopy Consultation	64	60089, 60090, 60049
Dr. Sam Akmakjian	4160 McHenry Rd., Suite 102 Long Grove, IL 60047	General Surgery Consultation	40	60047, 60090, 60089, 60005, 60074, 60076, 60010
Dr. Elena Edwards	3295 N Arlington Hts Rd., Ste 102 Arlington Hts., IL 60004	General Surgery or Endoscopy Consultation	210	60060, 60004, 60005, 60069
Dr. Bella Goland	8937 W. Golf Rd. Niles, IL 60714	General Surgery or Endoscopy Consultation	50	60714, 60090
Dr. Flora Katsnelson	414 Dundee Rd. Northbrook, IL 60062	General Surgery or Endoscopy Consultation		60007, 60062, 60028, 60090
Dr. Irina K. Harag	150 Half Day Rd., Ste. 101 Buffalo Grove, IL 60089	General Surgery or Endoscopy Consultation		
Dr. Alexander Garibashvily	200 N. Milwaukee Ave., Ste. 100 Buffalo Grove, IL 60089	General Surgery or Endoscopy Consultation		
Dr. Mikhail Khordarkovskiy	333 E. IL Rte. 83, Ste. 105 Mundelein, IL 60060	General Surgery or Endoscopy Consultation		
Dr. Bela Glantsman	333 E. IL Rte. 83, Ste. 105 Mundelein, IL 60060	General Surgery or Endoscopy Consultation		
Dr. Leonard Ginzburg	19 W. Rollins Rd. Round Lake Beach, IL 60073	General Surgery or Endoscopy Consultation		
Dr. Dina Kaner	3385 N. Arlington Heights Rd., Ste. A Arlington Heights, IL 60004	General Surgery or Endoscopy Consultation		
Dr. Heyer Devarapalli	1635 N. Arlington Heights Rd., Ste. 203 Arlington Heights, IL 60004	General Surgery or Endoscopy Consultation		
Dr. Alex Kostiv	19 W. Rollins Rd. Round Lake Beach, IL 60073	General Surgery or Endoscopy Consultation		
Dr. Bino Oommen	350 W. Kensington Rd., Ste. 120 Mt. Prospect, IL 60056	General Surgery or Endoscopy Consultation		
Dr. Bella Zarubinsky	8937 W. Golf Rd. Niles, IL 60714	General Surgery or Endoscopy Consultation		
Dr. Milena Jguenti	1247 Milwaukee Ave., #100 Glenview, IL 60025	General Surgery or Endoscopy Consultation		

Total referral (77%) of outside physician patient referral = 1,925

October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 102 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:
Family Medicine ✓
Internal Medicine
Pediatrics
Other

Most of the patients referred are residing in the following zip codes:
60089, 60090, 60070, 60004

I, the undersigned, Dr. ALEKSANDR GALPERIN, M.D.

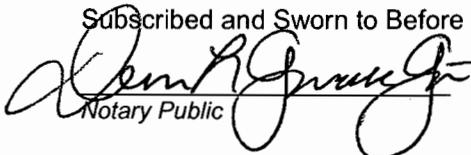
verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



Aleksandr Galperin, M.D.
200 Milwaukee Ave.
Suite 100
Buffalo Grove, IL 60089
Phone: (847) 850-5377
Fax: (847) 850-5378



Subscribed and Sworn to Before me this 25th day of Oct., 2012

Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 48 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine
Internal Medicine
Pediatrics
Other

Most of the patients referred are residing in the following zip codes:

60089, 60090, 60070, 60004

I, the undersigned, Dr. T. GALPERIN

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

T. Galperin

FAMILY MEDICAL CLINIC
20570 N. Milwaukee Ave.
Deerfield, IL 60015
Tel.: 847-215-9200, Fax: 847-215-9250

Subscribed and Sworn to Before me this 25th day of Oct, 2012

Donna L. Gamache Guth
Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 140 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine
Internal Medicine
Pediatrics
Other

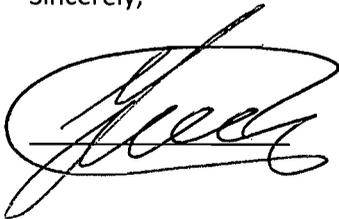
Most of the patients referred are residing in the following zip codes:

60015, 60062, 60035, 60040, 60065

I, the undersigned, Dr. M. GALPERIN

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



FAMILY MEDICAL CLINIC
20570 N. Milwaukee Ave.
Deerfield, IL 60015
Tel.: 847-215-9200, Fax: 847-215-9250

Subscribed and Sworn to Before me this 25th day of Oct, 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 84 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

Most of the patients referred are residing in the following zip codes:

60090, 60089, 60090

I, the undersigned, Dr. TATIANA B. SCOLIN

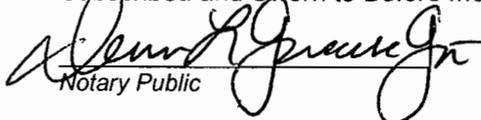
verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



CHILDREN'S HEALTH CARE, LTD.
DRS. V. KROIN, B. LEICHUK, T. SCOLIN
201 E. STRONG ST., SUITE 6
WHEELING, IL 60090
847-215-5222 / FAX 847-215-5142

Subscribed and Sworn to Before me this 25th day of Oct., 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 105 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

60017, 60018, 60016, 60056

I, the undersigned, Dr. Luis Gonzalez Orozco MD

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



Luis Gonzalez Orozco MD
494 Lee St.
Des Plaines, IL 60016

Subscribed and Sworn to Before me this 25th day of Oct., 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 79 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

60089, 60049, 60061, 60090

I, the undersigned, Dr. TAIYA SHEVELEV DO

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

Northwest ObGyn Consulting
Dr. Taiya Shevelev
201 East Strong Ave., Suite 9
Wheeling, IL 60090

Subscribed and Sworn to Before me this 25th day of Oct, 2012

Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 99 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

60090, 60089, 60055, 60074, 60070

I, the undersigned, Dr. VERONIKA V. KROIN

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

CHILDREN'S HEALTH CARE, LTD.
DRS. V. KROIN, B. LEICHUK, T. SCOLIN
201 E. STRONG ST., SUITE 6
WHEELING, IL 60090
847-215-5222 / FAX 847-215-5142

Subscribed and Sworn to Before me this 25th day of Oct, 2012

Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 193 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

Most of the patients referred are residing in the following zip codes:

60055, 60074, 60011, 60010

I, the undersigned, Dr. YAKOV RYABOV MD

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



**YAKOV RYABOV MD
201 E. STRONG AVE SUITE #9
WHEELING, IL 60090**

Subscribed and Sworn to Before me this 25th day of Oct, 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 112 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

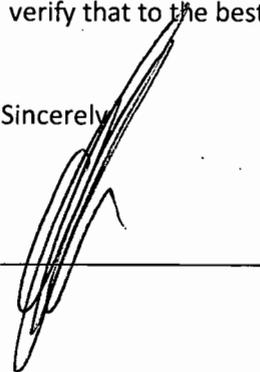
Most of the patients referred are residing in the following zip codes:

60089, 60007, 60009, 60195, 60174, 60194, 60190, 60193, 60192

I, the undersigned, Dr. Egbert Nazaj M.D.

verify that to the best of my knowledge, the statement above is true and correct.

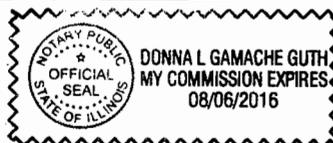
Sincerely,



**Advanced Arlington
Medical Center
333 W. Dundee Rd. Ste.102
Buffalo Grove, IL 60089**

Subscribed and Sworn to Before me this 25th day of Oct., 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 73 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine
Internal Medicine
Pediatrics
Other

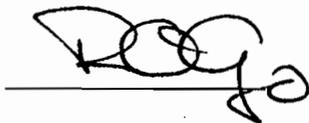
Most of the patients referred are residing in the following zip codes:

60107, 60004, 60007, 60074, 60179

I, the undersigned, Dr. RAMON A. GONZALEZ

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



ASSOCIATED FAMILY
PHYSICIANS SC^D
1635 N. ARLINGTON HTS. RD.
SUITE 203 60004
ARLINGTON HTS., IL 60004

Subscribed and Sworn to Before me this 25th day of October, 2012

Donna L. Gamache Guth
Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 92 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

60090, 60014, 60018, 60007, 60009

I, the undersigned, Dr. RAYMOND GOMEZ

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

**FAMILY WELLNESS CLINIC
RAYMOND GOMEZ, M.D.
410 E. Northwest Hwy.
Mount Prospect, IL 60056**

Subscribed and Sworn to Before me this 25th day of Oct., 2012

Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 104 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine
 Internal Medicine
 Pediatrics
 Other

Most of the patients referred are residing in the following zip codes:

60018, 60016, 60007, 60009, 60056, 60068

I, the undersigned, Dr. G. Sarrafi M.D. Ghodrat Sarrafi

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



G. Sarrafi, M.D.
380 E. NORTHWEST HWY.
SUITE 310
DES PLAINES, IL 60016

Subscribed and Sworn to Before me this 25th day of Oct., 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 100 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

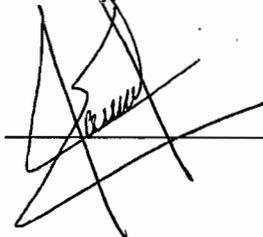
Most of the patients referred are residing in the following zip codes:

60016, 60025, 60053

I, the undersigned, Dr. JESUS ANTONIO MANTECA-ELIAS, MD

verify that to the best of my knowledge, the statement above is true and correct.

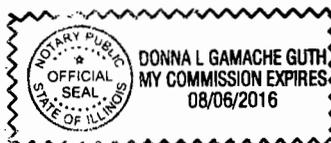
Sincerely,



Jesus A. Manteca - Elias, M.D.
194 Lee St.
Des Plaines, IL 60016

Subscribed and Sworn to Before me this 25th day of Oct, 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 178 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

Most of the patients referred are residing in the following zip codes:

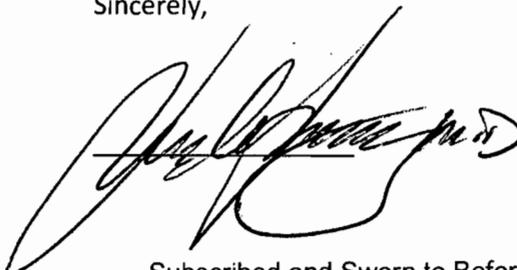
60090, 60089, 60074, 60005, 60004, 60030

I, the undersigned, Dr. Maria E Gonzalez M.D

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

MARIA E. GONZALEZ, M.D.
794 W. Dundee Road
Wheeling, Illinois 60090
Ph. 847-229-0505

 10/4/2012

Subscribed and Sworn to Before me this 25th day of Oct., 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 67 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

60056, 60016, 60018

I, the undersigned, Dr. Valeria Levitin

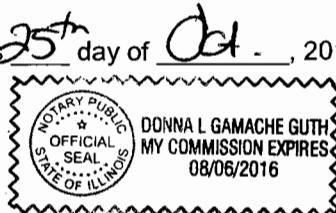
verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

1460 Market St Ste 300
Des Plaines IL 60016
pk 847-813-0700
Fax 847-813-0798

Subscribed and Sworn to Before me this 25th day of Oct., 2012

Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 64 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

Most of the patients referred are residing in the following zip codes:

60089, 60090, 60049

I, the undersigned, Dr. BORIS LELCHUK

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

Boris Lechuk M.D.

Subscribed and Sworn to Before me this 25th day of Oct., 2012

Dorina L. Gamache Guth
Notary Public



CHILDREN'S HEALTH CARE, LTD.
DRS. V. KROIN, B. LEICHUK, T. SCOLIN
201 E. STRONG ST., SUITE 6
WHEELING, IL 60090
847-215-5222 / FAX 847-215-5142

October 25, 2012

Dr. Yelena Levitin, MD., FACS
201 E. Strong Ave., Suite #7
Wheeling, IL 60090

RE: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

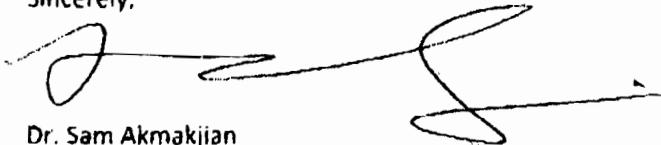
This communication is intended to certify that I have referred at least _____ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the past 12 months.

My patients and I have been satisfied with the care provided and I intend to continue my referrals in the foreseeable future.

Most of the patients referred are residing in the following zip code areas: _____

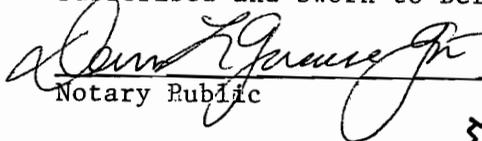
I, Dr. Sam Akmakjian, verify that to the best of my belief, the statement above is true and correct.

Sincerely,



Dr. Sam Akmakjian
4160 McHenry Rd., Suite 102
Long Grove, IL 60047
847.634.0808

Subscribed and Sworn to Before Me this 29th day of October, 2012


Notary Public



ATTACHMENT 27
APPENDIX 4

October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 210 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

Most of the patients referred are residing in the following zip codes:

60069, 60004, 60005, 60069

I, the undersigned, Dr. Elena Edwards

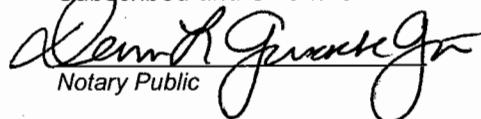
verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



Family Medical, LTD
Dr. Elena Edwards
3295 N. Arlington Heights Rd. Suite 102
Arlington Heights, IL 60004
Phone: (847) 392-7400
Fax: (847) 392-0036

Subscribed and Sworn to Before me this 25th day of Oct, 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least 50 patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

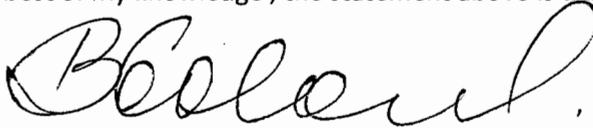
Most of the patients referred are residing in the following zip codes:

60714, 60090

I, the undersigned, Dr. B. GOLAND . M

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



10/8/12

GOLF MILL FAMILY CLINIC
8937 W. Golf Rd.
Niles, IL 60714
(847) 375-9711

Subscribed and Sworn to Before me this 25th day of Oct., 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

60007 → 60062, 60028, 60090

I, the undersigned, Dr. Flora Katsoulou

verify that to the best of my knowledge, the statement above is true and correct.

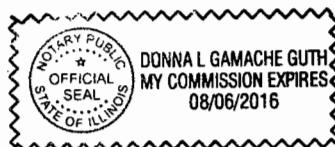
Sincerely,

Flora Katsoulou, MD

NWHLI - Flora Katsoulou, MD
4141 Dundee Rd
Northbrook, IL 60062

Subscribed and Sworn to Before me this 25th day of Oct., 2012

Donna L. Gamache Guth
Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

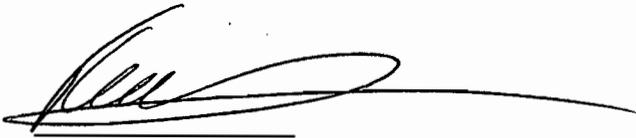
Other

Most of the patients referred are residing in the following zip codes:

I, the undersigned, Dr. I. HARAG

verify that to the best of my knowledge, the statement above is true and correct.

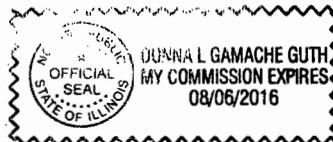
Sincerely,



IRINA K. HARAG, M.D., LTD.
150 HALF DAY RD., STE. 101
BUFFALO GROVE, IL 60089-6547

Subscribed and Sworn to Before me this 25th day of Oct, 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

~~Internal Medicine~~

Pediatrics

Other

Most of the patients referred are residing in the following zip codes:

I, the undersigned, Dr. Alexander Garibashvili, MD

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

Alexander Garibashvili

Subscribed and Sworn to Before me this 23rd day of Oct, 2012

Donna L. Gamache Guth
Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine ✓
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

I, the undersigned, Dr. Mikhail Khodarkoveriy

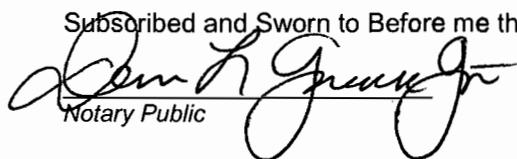
verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



Cordial Medical Center, S.C.
333 East IL Route 83, Ste 105
Mundelein, IL 60060
Ph: (847) 970-9922
Fax: (847) 970-9955

Subscribed and Sworn to Before me this 25th day of Oct., 2012



Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine ✓
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

I, the undersigned, Dr. Bela Plautsman

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

[Signature]

Cordial Medical Center, S.C.
333 East IL Route 83, Ste 105
Mundelein, IL 60060
Ph: (847) 970-9922
Fax: (847) 970-9955

Subscribed and Sworn to Before me this 25th day of Oct, 2012

[Signature]
Notary Public



MIDWESTERN INSTITUTE OF HEALTH, LTD

Leonard Ginzburg, M.D.
Clinical Assistant Professor,
Family Medicine
19 W. Rollins Road
Round Lake Beach, IL 60073
Phone: (847) 740-7260
Fax: (847) 740-7262

October 8, 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago
Surgical Clinic, LTD
ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.
My patients and I have been satisfied with the exceptional, cost effective care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is Family Medicine

Most of the patients referred are residing in the following zip codes:

I, the undersigned, verify that to the best of my knowledge, the statement above is true and correct.

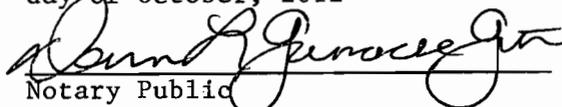
Respectfully,



Leonard Ginzburg, MD, ABFM, DABMA
Clinical Assistant Professor,
SIU
Medical Director,
Midwestern Institute of Health, LTD
LG/ig

Midwestern Institute of Health
19 W. Rollins Rd.
Round Lake Beach IL 60073
(847) 740-7260

Subscribed and Sworn to Before me this 25th
day of October, 2012


Notary Public

October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ____ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics ✓
- Other

Most of the patients referred are residing in the following zip codes:

I, the undersigned, Dr. DINA KANER

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,

Dina Kaner

DINA KANER, M.D.
3385 N. ARLINGTON HEIGHTS RD.
SUITE A
ARLINGTON HEIGHTS, IL 60004
(847) 632-0600



Subscribed and Sworn to Before me this 25th
day of October, 2012.

Donna L. Gamache Guth
Notary Public

October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ____ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

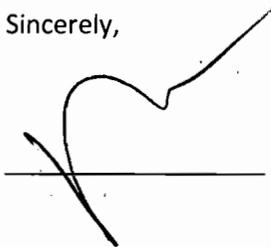
Other

Most of the patients referred are residing in the following zip codes:

I, the undersigned, Dr. HEYER DEVARAPALLI M.D

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



Subscribed and Sworn to Before me this 25th day of October, 2012


Notary Public



MIDWESTERN INSTITUTE OF HEALTH, LTD

Round Lake Beach, IL 60073

Phone: (847) 740-7260

Fax: (847) 740-7262

October 6, 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago
Surgical Clinic, LTD
ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the exceptional, cost effective care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is Family Medicine

Most of the patients referred are residing in the following zip codes:

I, the undersigned, verify that to the best of my knowledge, the statement above is true and correct.

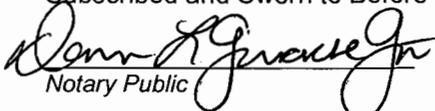
Respectfully,



Alex Kostiv, MD
Midwestern Institute of Health, LTD
LG/ig

Midwestern Institute of Health
19 W. Rollins Rd.
Round Lake Beach IL 60073
(847) 740-7260

Subscribed and Sworn to Before me this 25th day of October, 2012


Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine ✓

Pediatrics

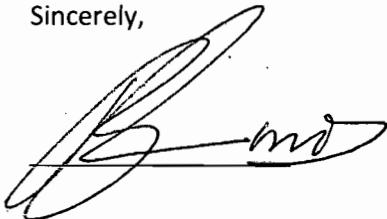
Other

Most of the patients referred are residing in the following zip codes:

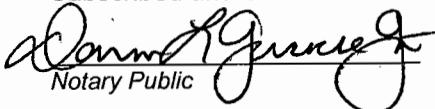
I, the undersigned, Dr. Bino Oommen, MD

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



Subscribed and Sworn to Before me this 25th day of Oct., 2012


Notary Public



Lifespan Medical Associates
Bino Oommen, M.D.
350 West Kensington Road
Suite 120
Mount Prospect, IL 60056

October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

My medical specialty is:

Family Medicine

Internal Medicine

Pediatrics

Other

General practice

Most of the patients referred are residing in the following zip codes:

I, the undersigned, Dr. Bella Zarubinsky, MD

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,



Bella Zarubinsky M.D
8937 W. Golf Road
Niles, IL 60714
847-375-9711

Subscribed and Sworn to Before me this 27th day of Oct., 2012

Donna L Gamache Guth
Notary Public



October 2012

Dr. Yelena Levitin, MD, FACS
201 E. Strong Ave., Suite 7
Wheeling, IL 60090

Re: Procedural Patient Referral to Proposed Chicago Surgical Clinic, LTD ASTC

Dear Dr. Levitin:

This communication is intended to certify that I have referred at least ___ patients to Dr. Levitin's practice (Chicago Surgical Clinic, LTD) for surgical consultation and management in the last 12 months.

My patients and I have been satisfied with the care provided, and I intend to continue my referrals in the foreseeable future.

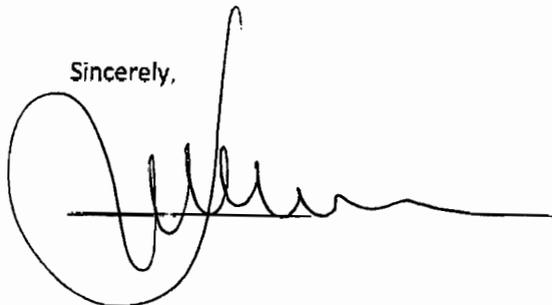
My medical specialty is:

- Family Medicine
- Internal Medicine
- Pediatrics
- Other

Most of the patients referred are residing in the following zip codes:

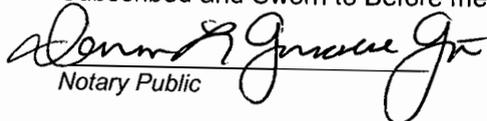
I, the undersigned, Dr. Milena Jguenti

verify that to the best of my knowledge, the statement above is true and correct.

Sincerely,


MILENA JGUENTI, M.D.
1247 Milwaukee Avenue, Suite 100
Glenview, IL 60025
phone: (847) 827-3700
fax: (847) 827-3733

Subscribed and Sworn to Before me this 5th day of Oct., 2012


Notary Public

