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HEALTH FACILITIES &  
SERVICES REVIEW BOARD

January 15, 2015

Via Federal Express

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

**Re: Notice of Project Completion and Final Realized Cost Report –  
Metroeast Endoscopic Surgery Center (Proj. No. 12-105)**

Dear Mr. Constantino:

On behalf of Metroeast Endoscopic Surgery Center (the "Permit Holder"), I am writing to submit the final realized cost report for Project No. 12-105. On March 23, 2013, the Illinois Health Facilities and Services Review Board (the "State Board") approved the Permit Holders' application for a certificate of need ("CON") permit to establish a limited-specialty ambulatory surgical treatment center to be located at 5023 North Illinois, Fairview Heights Illinois (the "Project"). The permit provided for a December 31, 2014 project completion date. On March 10, 2014, the Illinois Department of Public Health issued an ambulatory surgical treatment center license to Metroeast Endoscopic Surgery Center. A notice of project completion was submitted to the State Board on April 16, 2014.

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

**1. Final Realized Project Costs**

<b>Project Costs &amp; Sources of Funds</b>		
	<b>Approved</b>	<b>Actual</b>
Architectural/Engineering Fees		9647.50
Consulting and Other Fees	47,164.00	12,500.00
Movable or Other Equipment (not in construction contracts)	64,188.00	64,188.00
Fair Market Value of Leased Space or Equipment	1,002,290.00	1,002,290.00
<b>TOTAL PROJECT COSTS</b>	<b>1,113,642.00</b>	<b>1,088,625.50</b>

Project Costs & Sources of Funds		
	Approved	Actual
Cash and Securities	111,352.00	86,335.50
Leases (Fair Market Value)	1,002,290.00	1,002,290.00
<b>TOTAL FUNDS</b>	<b>1,113,642.00</b>	<b>1,088,625.50</b>

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

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

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

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

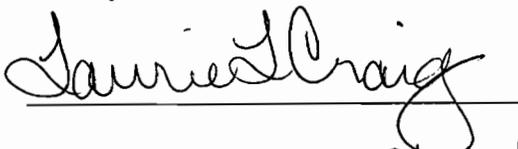
If you have any questions or need any additional information related to the Project, please feel free to contact me.

Sincerely,



Subscribed and sworn

to before me this 15 day of  
January, 2015




My commission expires: 9/26/18