

MAR 15 2013

Constantino, Mike**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

From: Joseph.Hylak-Reinholtz@hkllaw.com
Sent: Thursday, March 14, 2013 8:09 PM
To: Constantino, Mike
Cc: Joseph.Hylak-Reinholtz@hkllaw.com; mrsillinois2000@aol.com
Subject: Notice of Type B Modification to Project 13-007 (Preferred SurgiCenter, LLC)
Attachments: LETTER to M. Constantino re Type B Modification Due to Replacement Physician Referrals [15 MAR 2013].PDF

Mike:

Please find attached a letter that informs the State Board of a Type B modification related to CON Project 13-007 (Preferred SurgiCenter, LLC), which is necessary because one of the referring physicians is withdrawing from the project. In addition, replacement physicians are/will be named to make up for the caseload attributed to the withdrawing physician in the CON permit application. If you have questions, please let me know.

Respectfully submitted,

Joseph J. Hylak-Reinholtz
Associate
Holland & Knight LLP
131 South Dearborn Street
30th Floor
Chicago, Illinois 60603
Direct: (312) 715-5885
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March 14, 2013

Via Electronic Mail to "mike.constantino@illinois.gov"

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

Re: Preferred SurgiCenter, LLC (CON Project No. 13-007)

Dear Mr. Constantino:

This letter provides notice to the Illinois Health Facilities and Services Review Board (the "State Board") of a Type B modification as specified in Section 1130.650(b) of the State Board's rules. Specifically, this letter provides written notice of a modification being made by Preferred SurgiCenter, LLC (the "Applicant") to its certificate of need ("CON") permit application (CON Project No. 13-007). A Type B modification is necessary because Dr. Mihir Majmundar, one of the referring physicians who specializes in gastroenterology, is withdrawing from the project. In addition, new referring physicians are replacing Dr. Majmundar's anticipated caseload.

In his referral letter, Dr. Majmundar stated that he performed 2,420 gastroenterology surgical cases over the 12 month period immediately preceding the filing of the CON permit application. Dr. Majmundar also indicated that he would refer 1,645 gastroenterology surgical cases to the surgery center proposed by the Applicant.

As of the date of this notice letter, the Applicant has received patient referral letters from two new physicians that will replace the anticipated surgical caseload that was lost as a result of Dr. Majmundar's withdrawal. Duplicate copies of these two replacement letters are enclosed with this letter. The original copies of these letters will be sent to the State Board in a separate mailing from the Applicant. The two physicians, Dr. Bashar Hamad and Dr. Richard Rotnicki, will collectively refer 1,200 gastroenterology surgical cases to the proposed surgery center. Dr. Hamad will refer 700 cases to the proposed surgery center and Dr. Rotnicki will refer 500 cases to the proposed surgery center.

The Applicant will submit additional physician referral letters to the State Board soon, which will address the remaining 445 case shortfall created by the withdrawal of Dr. Majmundar. It is my understanding that these physicians will also specialize in gastroenterology, and if not,

March 14, 2013

Replacement Physician Referral Letters, Project 13-007.

Page 2 of 2

will specialize in one of the other two categories of surgery being sought by the Applicant in its CON permit application.

If you have questions about this notice letter, or need additional information, please do not hesitate to contact me at (312) 715-5885. Thank you for your consideration.

Sincerely yours,

HOLLAND & KNIGHT, LLP

A handwritten signature in black ink, appearing to read 'J. Hylak-Reinholtz', written in a cursive style.

Joseph Hylak-Reinholtz

JHR/jhr

enclosures

3/7/13, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Physician Referral Letter for Project No. 13-007, Preferred SurgiCenter, LLC

Dear Ms. Avery:

I am a surgeon who specializes in gastroenterology ("Specialty"). Over the past twelve months, I have performed a total of 616 outpatient surgery cases in this Specialty. My surgical caseload in this Specialty will constitute the majority of my surgical work in the future.

During the past twelve months, I referred my surgical cases in this Specialty to the following health care facilities, which includes hospitals and ambulatory surgical treatment centers ("ASTC"). I expect to refer a certain number of these surgical cases to the multi-specialty ASTC that will be operated by Preferred SurgiCenter, LLC (the "CON Permit Applicant"). The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

Name & Address of Healthcare Facility	Type of Healthcare Facility: ASTC, Hospital or Other	Number of Surgical Cases Referred to HCF: Most Recent 12 Month Period
Name: Silver Cross Hospital Address: Joliet IL	hospital	0
Name: Surgery Center of Joliet Address: Joliet IL	surrg cntr	552
Name: St Joseph med Cntr Address: Joliet IL	hosp.	64
Name: Address:		
TOTALS		<u>616</u>

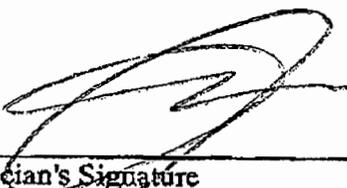
Based on my prior surgical caseload, I anticipate that I will refer 500 surgical cases in my Specialty to the proposed ASTC.

Physician Referral Letter
Preferred SurgiCenter, LLC (Project No. 13-007)
Page 2

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

In addition to the referral information provided herein, please also note my strong support for the proposed ASTC.

Respectfully submitted,



Physician's Signature

Richard Rotnicki DO

Physician's Printed Name

1715 N Division St, Ste A

Street Address

Morris IL 60450

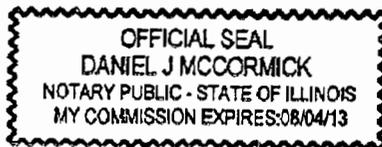
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 14th day of March, 2013.

Notary Public

Seal:



3/7/13, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Physician Referral Letter for Project No. 13-007, Preferred SurgiCenter, LLC

Dear Ms. Avery:

I am a surgeon who specializes in gastroenterology. ("Specialty"). Over the past twelve months, I have performed a total of 1202 outpatient surgery cases in this Specialty. My surgical caseload in this Specialty will constitute the majority of my surgical work in the future.

During the past twelve months, I referred my surgical cases in this Specialty to the following health care facilities, which includes hospitals and ambulatory surgical treatment centers ("ASTC"). I expect to refer a certain number of these surgical cases to the multi-specialty ASTC that will be operated by Preferred SurgiCenter, LLC (the "CON Permit Applicant"). The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

Name & Address of Healthcare Facility	Type of Healthcare Facility: ASTC, Hospital or Other	Number of Surgical Cases Referred to HCF: Most Recent 12 Month Period
Name: Silver Cross Hospital Address: Joliet IL	Hosp	235
Name: Surgery Center of Joliet Address: Joliet IL	Surg cntr	547
Name: St Joseph Med Cntr Address: Joliet IL	hosp.	420
Name: Address:		
TOTALS		1202

Based on my prior surgical caseload, I anticipate that I will refer 700 surgical cases in my Specialty to the proposed ASTC.

Physician Referral Letter
Preferred SurgiCenter, LLC (Project No. 13-007)
Page 2

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

In addition to the referral information provided herein, please also note my strong support for the proposed ASTC.

Respectfully submitted,

B. Hamad

Physician's Signature

Bashar Hamad MD

Physician's Printed Name

1100 Howbolt Rd

Street Address

Juliet IL 60431

City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 7th day of March, 2013.

Toni Durhan

Notary Public

Seal:

