

Constantino, Mike

From: Joseph.Hylak-Reinholtz@hklaw.com
Sent: Thursday, March 28, 2013 4:02 PM
To: Constantino, Mike
Cc: Joseph.Hylak-Reinholtz@hklaw.com; elias.matsakis@hklaw.com; mrsillinois2000@aol.com
Subject: Additional Information re: Type B Modification (CON Project 13-007)
Attachments: PDF LETTER to M. Constantino at HFSRB re Final Two Replacement Physician Referral Letters [28 MAR 20.PDF

March 28, 2013

Mike:

Please find attached a letter that provides the State Board with additional information related to CON Project 13-007, an application wherein Preferred SurgiCenter, LLC ("Applicant") is seeking approval for the establishment of an ambulatory surgical treatment center ("ASTC"). Specifically, the attached letter provides additional information regarding a Type B modification, which was first reported to the State Board in a prior letter dated March 14, 2013. In the prior letter, the Applicant promised to submit additional physician referral letters to replace a number of physician referrals lost due to the unexpected withdrawal of an initial referring physician.

The Applicant's submission of the attached letter completes the submission of replacement physician referral letters, making up for all of the referrals lost by the withdrawal of the physician (original letters will be mailed separately, to your attention).

In addition, the Applicant submits a page intended to replace page 182 in the CON permit application. Page 182 includes a chart summarizing the number and types of physician referrals that will be made to the proposed ASTC. The replacement page takes into account the current list of referring physicians and the number/types of referrals that these physicians have certified to refer to the proposed ASTC.

If you have any questions, please let me know. Thank you very much.

Respectfully submitted,

Joseph J. Hylak-Reinholtz, Esq.
Holland & Knight LLP
131 South Dearborn Street
30th Floor
Chicago, Illinois 60603
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Joseph Hylak-Reinholtz
(312) 715-5885
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March 28, 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 additional information related to the letter, dated March 14, 2013, which notified the Illinois Health Facilities and Services Review Board (the "State Board") of a Type B modification affecting the certificate of need ("CON") permit application submitted by Preferred SurgiCenter, LLC (the "Applicant"). Specifically, this letter provides the final two replacement physician referral letters, which replace the referral volume lost when the Applicant was notified by a referring physician that he was no longer able to participate in the project.

Since March 14, the Applicant has received a total of four physician referral letters that are intended to replace the surgical volume lost due to the original physician's withdrawal. The Applicant sent copies of the first two replacement referral letters with the March 14 notice sent to the State Board, with the original letters being submitted shortly thereafter. The remaining two replacement physician referral letters (original versions) are also being mailed directly to the State Board, to your attention.

In the meantime, duplicate copies of the final two replacement letters are enclosed with this letter. The final two replacement physician referral letters are from the following physicians: (1) Ramon Mangano, M.D. (300 gastroenterology referrals) and (2) Sami Bittar, M.D. (150 general surgery referrals). Taken together with the March 14 replacement physician referral letters (i.e., the letters from Bashar Hamad, M.D. and Richard Rotnicki, M.D.), the Applicant has fully replaced the procedures lost by the withdrawal of the original referring physician.

In addition to the replacement letters attached hereto, the Applicant also submits a page to replace Page 182 of the CON permit application. In particular, the new page presents a revised chart detailing the number and type of physician referrals to be made to the proposed surgery center and is based upon the most current list of referring physicians. The chart is provided for Attachment 27, Criterion 1110.1540(c), Projected Patient Volume.

March 28, 2013
Replacement Physician Referral Letters, Project 13-007.
Page 2 of 2

If you have questions about this 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 'JHR', followed by a long horizontal line extending to the right.

Joseph Hylak-Reinholtz

JHR/jhr

enclosures

ATTACHMENT 27

**Criterion 1110.1540(c)
Projected Patient Volume**

The physician referral letters supporting the proposed ASTC provide the number of patients referred to health care facilities (ASTCs and Hospitals) within the past 12 months and the project referrals to the proposed ASTC during the first full year of operation. The following chart also identifies the facilities to which the referring physicians sent patients to during calendar year 2012 and the number of referrals that each physician anticipates referring to the ASTC once it becomes operational.

Specialty	Physician Name	Hospital/ASTC	# Cases Performed in Past 12 Months	Anticipated # Cases Referred to New ASTC	
Gastroenterology	R. Rotnicki, M.D.	Silver Cross Hospital, Joliet, IL	0	500	
		Surgery Center of Joliet, Joliet, IL	552		
		St. Joseph Medical Center, Joliet, IL	64		
		SUBTOTALS	616		500
	B. Hamad, M.D.	Silver Cross Hospital, Joliet, IL	235	700	
		Surgery Center of Joliet, Joliet, IL	547		
		St. Joseph Medical Center, Joliet, IL	420		
		SUBTOTALS	1,202		700
	R. Manglano, M.D.	MetroSouth Medical Center, Blue Island, IL	208	300	
		Pronger Smith, Tinley Park, IL	360		
		SUBTOTALS	568		300
	E. Vargas, M.D.	St. Mary's Hospital, Chicago, IL	360	295	
		Fullerton Surgery Center, Chicago, IL	176		
		SUBTOTALS	536		295
	General Surgery	R. Manglano, M.D.	Palos Community Hospital, Palos Heights, IL	50	100
			Metro South Medical Center, Blue Island, IL	816	
Pronger Smith Center, Blue Island, IL			48		
Pronger Smith Center, Tinley Park, IL			336		
SUBTOTALS			1,250	100	
T. Diniotis, M.D.		Our Lady of Resurrection Hospital, Chicago, IL	550	350	
		Thorek Memorial Hospital, Chicago, IL	200		
		Fullerton Surgery Center, Chicago, IL	79		
		SUBTOTALS	829		350
S. Bittar, M.D.		Tinley Woods Surgical Center, Tinley Park, IL	80	150	
		Hinsdale Surgery Center, Hinsdale, IL	150		
		LaGrange Memorial Hospital, LaGrange, IL	400		
		Hinsdale Hospital, Hinsdale, IL	150		
		Ingalls Memorial Hospital, Harvey, IL	320		
		SUBTOTALS	1,100		150
Pain Management	Y. Hussein, M.D.	AmSurg Surgery Center, Joliet, IL	150	525	
		Fullerton Surgery Center, Chicago, IL	240		
		Orland Park Surgery Center, Orland Park, IL	150		
		SUBTOTALS	540		525
	F. Rahman, M.D. & T. King, M.D.	Tinley Woods Surgical Center, Tinley Park, IL	500	1,685	
		Physician Office, Orland Park, IL	960		
		SUBTOTALS	1,460		2,100
TOTALS			8,101	5,020	

NOTE: Copies of the physician referral letters immediately follow this page; however, the original physician referral letters (original, signed copies) are attached to this application as Appendix 1.

March 27, 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 (endoscopy) surgery ("Specialty"). Over the past twelve months, I have performed a total of 568 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/or ambulatory surgical treatment centers ("ASTCs"). I expect to refer a certain number 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
MetroSouth Medical Center 12935 South Gregory Street Blue Island, Illinois 60406	Hospital	208
Pronger Smith 17495 South LaGrange Road Tinley Park, Illinois 60487	Office	360
TOTALS		568

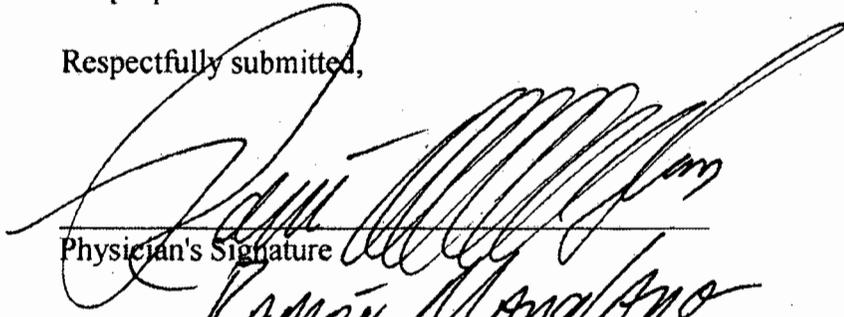
Based on my prior surgical caseload, I anticipate that I will refer 300 surgical cases in my Specialty to the proposed ASTC.

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. I further certify that 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 support for the proposed ASTC.

Respectfully submitted,



Physician's Signature

Physician's Name

2320 W. High St.

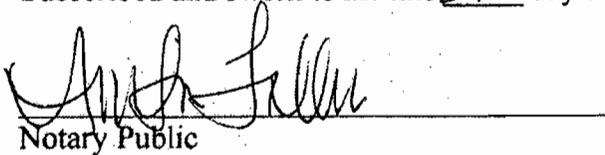
Street Address

Blue Island, IL

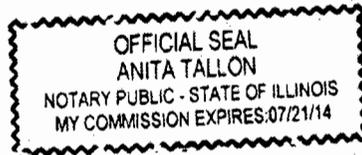
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 27th day of MARCH, 2013.



Notary Public



Seal:

March 22, 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 general surgery ("Specialty"). Over the past twelve months, I have performed a total of 1100 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 outpatient surgical cases to the following health care facilities, which includes hospitals and/or ambulatory surgical treatment centers ("ASTCs"). I expect to refer a certain number 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.

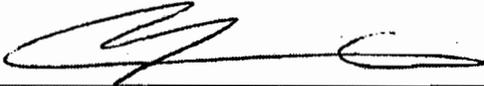
Name & Address of Healthcare Facility	Type of Healthcare Facility (ASTC, Hospital or Other)	Number of Surgical Cases Referred to HCF Most Recent 12 Month Period
Tinley Woods Surgery Center 18200 LaGrange Road Tinley Park, Illinois 60487	ASTC	80
Hinsdale Surgery Center 908 North Elm Street Hinsdale, Illinois 60521	ASTC	150
LaGrange Memorial Hospital 5101 Willow Springs Road LaGrange, Illinois 60525	Hospital	400
Hinsdale Hospital 120 North Oak Street Hinsdale, Illinois 60521	Hospital	150
Ingalls Memorial Hospital 1 Ingalls Drive Harvey, Illinois 60426	Hospital	320
TOTALS		1100

Based on my prior surgical caseload, I anticipate that I will refer 150 surgical cases in my Specialty to the proposed ASTC.

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. I further certify that 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 support for the proposed ASTC.

Respectfully submitted,



Physician's Signature

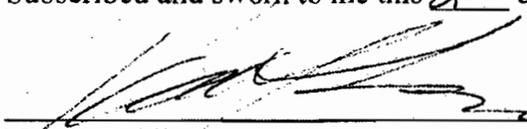
Dr. Sami M. Bittar

5201 S. Willow Springs Rd
Street Address

Suite 440 La Grange IL 60525
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 25th day of MARCH, 2013.


Notary Public

Seal:

