



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

February 25, 2015

Dr. Naser Rustom, President
Preferred SurgiCenter
10 Orland Square Drive
Orland Park, Illinois 60462

Re: Final Cost Permit #13-007 – Preferred SurgiCenter

Dear Dr. Rustom:

We are in receipt of your notification of the final project costs for Permit #13-007. We require that a notarized attestation be provided that includes the following attestation:

- 1) an itemization of those project costs that have been or will be submitted for reimbursement under Titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act; *if no costs are to be submitted please state that.*
- 2) an attestation that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX;
- 3) an attestation to compliance with the requirements of Section 77 IAC 1130.770 of the State Board's rules in the form of a notarized statement signed by an authorized representative of the permit holder.

If you should have any questions or concerns please contact either Mike Constantino or George Roate of my staff at 217.782.3516 or mike.constantino@illinois.gov or george.roate@illinois.gov

Sincerely,

A handwritten signature in black ink that reads "Courtney Avery". The signature is written in a cursive, flowing style.

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board

cc: Kathy Olson, Chairman