



March 6, 2015

State of Illinois  
Health Facilities and Services Review Board  
525 West Jefferson St  
Springfield IL 62761

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**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

Re: Project Completion and Final Realized Costs  
Project Number: #13-007  
Facility Name: Preferred SurgiCenter, LLC  
Facility Address: 10 Orland Park Square Drive, Orland Park, IL  
Permit Holder: Preferred SurgiCenter, LLC  
Permit Amount: \$3,770,000

Ladies and Gentlemen:

The above noted project was completed on February 13, 2015. The following sets forth the final realized costs:

	Final Realized Costs	HFSRB Approved Costs
Preplanning Costs	\$25,000	\$30,000
Site Preparation	included in Modernization Contracts	\$65,000
Modernization Contracts	\$1,661,150	\$1,700,000
Contingencies	included in Modernization Contracts	\$100,000
Architectural/Engineering Fees	\$150,000	\$257,000
Consulting and Other Fees	\$20,000	\$20,000
Movable and Other Equipment	\$785,000	\$1,000,000
FMV of Leased Space and Equipment	\$675,000	\$675,000
Total	\$3,316,150	\$3,770,000



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Page 2 of 2

Please find the required attestations below.

If you require any additional information please notify us at your convenience.

Respectfully,

Dr Naser Rustom  
President

I, Naser Rustom MD, an authorized representative of Preferred SurgiCenter, LLC, hereby swears and attests that:

1. Preferred SurgiCenter, LLC has complied with all of the requirements of the HFSRB Permit for the above noted project as set forth in the letter from Ms. Courtney Avery dated October 15, 2013, including the project cost, square footage, and services, and that
2. Preferred SurgiCenter has complied with the requirements of Section 11 IAC 1130.770 of the State Board's rules, and that
3. there are no costs associated with this project that will be submitted for reimbursement under Title XVIII (Medicare) and Title XIX (Medicaid), and that
4. the final realized costs are the total costs required to complete the project and there are no additional costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

DATED this 6<sup>th</sup> day of March, 2015.

Name/ Signature

N. Rustom

SUBSCRIBED AND SWORN to before me this 6<sup>th</sup> day of March, 2015  
by EDINA MUMINOVIC.

Witness my hand and official seal.  
My Commission Expires: 10/2/2018  
Notary Public: Edina Muminovic

