

ORIGINAL

14-002

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

JAN 24 2014

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &
SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Physicians' Surgical Center LLC		
Street Address:	311 W. Lincoln, Suite 300		
City and Zip Code:	Belleville, IL 62220		
County:	St. Clair County	Health Service Area	011
		Health Planning Area:	163

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Physicians' Surgical Center LLC
Address:	311 W Lincoln, Suite 300, Belleville, IL 62220
Name of Registered Agent:	Illinois Corporation Service
Name of Chief Executive Officer:	John C. Wilson, Jr.
CEO Address:	5141 Virginia Way, Suite 420, Brentwood, TN 37027
Telephone Number:	(615) 301-8144

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name:	Joe Ourth
Title:	Attorney
Company Name:	Arnstein & Lehr LLP
Address:	120 S. Riverside Plaza, Suite 1200
Telephone Number:	(312) 876-7815
E-mail Address:	jourth@arnstein.com
Fax Number:	(312)876-0288

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Catherine Kowalski
Title:	Executive Vice President & Chief Operating Officer
Company Name:	Meridian Surgical Partners
Address:	5141 Virginia Way, Suite 420, Brentwood, TN 37027
Telephone Number:	(615)301-8143
E-mail Address:	ckowalski@meridiansurg.com
Fax Number:	(615)301-8152

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

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Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name:	Catherine Kowalski
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Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	311 West Lincoln Building Association, LLC
Address of Site Owner:	311 West Lincoln Street, Belleville, IL 62220
Street Address or Legal Description of Site:	Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	Physicians' Surgical Center LLC		
Address:	311 W. Lincoln, Suite 300, Belleville, IL 62220		
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<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT 3 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

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Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
 Non-substantive

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DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
 Non-substantive

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Physicians' Surgical Center, LLC ("PSC") seeks a permit ("CON") from the Illinois Health Facilities and Services Review Board (the "Review Board") to discontinue its ambulatory surgical treatment services center located at 311 West Lincoln, Belleville, Illinois.

Upon discontinuation of services, PSC's physicians will become a part of the Belleville Surgical Center ("BSC") and provide surgical procedures at BSC's facility located at 28 North 64th Street, Belleville, Illinois 62223. Because PSC's physicians are moving their practice from PSC's existing facility to BSC's existing facility, the discontinuation of services at PSC's facility should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

The proposed discontinuation of services will be effective as of April 30, 2014.

The Project has been classified as substantive because it proposes a discontinuation of all services.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			0
Site Survey and Soil Investigation			0
Site Preparation			0
Off Site Work			0
New Construction Contracts			0
Modernization Contracts			0
Contingencies			0
Architectural/Engineering Fees			0
Consulting and Other Fees			0
Movable or Other Equipment (not in construction contracts)			0
Bond Issuance Expense (project related)			0
Net Interest Expense During Construction (project related)			0
Fair Market Value of Leased Space or Equipment			0
Other Costs To Be Capitalized			0
Acquisition of Building or Other Property (excluding land)			0
TOTAL USES OF FUNDS			0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			0
Pledges			0
Gifts and Bequests			0
Bond Issues (project related)			0
Mortgages			0
Leases (fair market value)			0
Governmental Appropriations			0
Grants			0
Other Funds and Sources			0
TOTAL SOURCES OF FUNDS			0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AS ATTACHMENT 7 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ _____.		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>November 1, 2014</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): N/A	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies <input type="checkbox"/> Project obligation will occur after permit issuance.	
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State Agency Submittals

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

FACILITY NAME: Physicians' Surgical Center LLC		CITY: Belleville, Illinois			
REPORTING PERIOD DATES: From: January 1, 2012 to: December 31, 2012					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify) Ambulatory Surgical Treatment Center	Operating Rooms:1 Recovery Stations Stage1:2	Total Patients: 1,904	N/A	N/A	N/A
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Meridian Surgical Partners, LLC *
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE
 John C. Wilson, Jr.

 PRINTED NAME
 Chief Executive Officer

 PRINTED TITLE



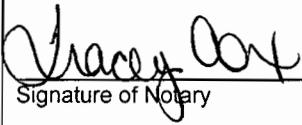
 SIGNATURE
 James L. Uden, Jr.

 PRINTED NAME
 Chief Financial Officer & Executive Vice President

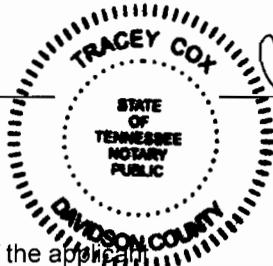
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Notarization:
 Subscribed and sworn to before me
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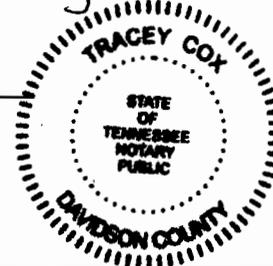


 Signature of Notary
 Seal





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*Insert EXACT legal name of the applicant

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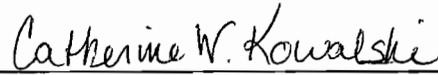
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 Chief Financial Officer & Secretary

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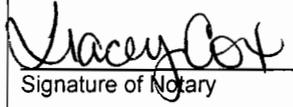
 SIGNATURE
 Catherine W. Kowalski

 PRINTED NAME
 Board Member

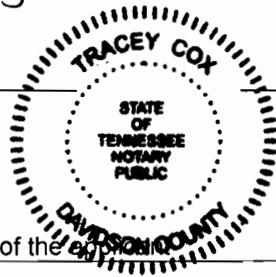
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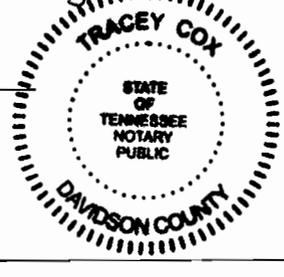


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Seal

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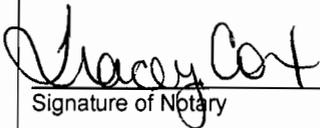
 SIGNATURE
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 PRINTED NAME
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 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
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Notarization:
 Subscribed and sworn to before me
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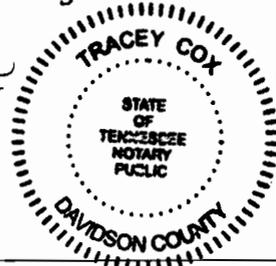
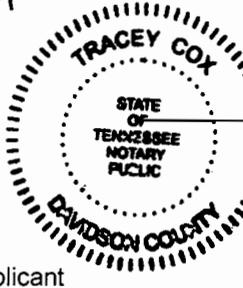
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Seal



*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 40 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 41 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	19-22
2	Site Ownership	23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	24-26
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	27-28
5	Flood Plain Requirements	29
6	Historic Preservation Act Requirements	30
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	31-37
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	
40	Safety Net Impact Statement	38
41	Charity Care Information	39

Appendix 1 - List of Facilities Receiving Impact Statement Request Letters	40-42
Appendix 2 - Copies of Impact Request Letters Sent	43-108
Appendix 3 - Copy of Impact Statement Letter Received from Belleville Surgery Center Ltd.	109-110
Appendix 4 - Map Quest Times and Distances	111-160

Section I, Identification, General Information and Certification
Attachment 1

Type of Ownership of Applicant/Co-Applicant

Good Standing Certificates from each of their respective States of incorporation are attached for the Applicant and Co-Applicants as follows:

1. Physicians' Surgical Center LLC, an Illinois limited liability company.
2. Meridian Surgical Partners-Illinois, LLC, an Illinois limited liability company.
3. Meridian Surgical Partners LLC, a Delaware limited liability company. Meridian Surgical Partners LLC does not operate in Illinois, except through its Illinois subsidiary Meridian Surgical Partners-Illinois, LLC and is not required to file in Illinois as a foreign corporation. It is in good standing in Delaware and that certificate is attached.

File Number 0239732-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PHYSICIANS' SURGICAL CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 27, 2007, UNDER THE ASSUMED NAME OF BELLEVILLE PHYSICIANS' SURGICAL CENTER LLC, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1401702334

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JANUARY A.D. 2014

Jesse White

SECRETARY OF STATE

000020



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MERIDIAN SURGICAL PARTNERS-ILLINOIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 27, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1401702342

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JANUARY A.D. 2014 .

Jesse White

SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERIDIAN SURGICAL PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2014.

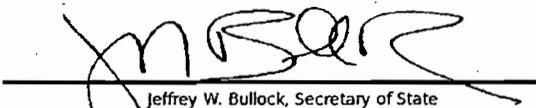


4120039 8300

140066328

You may verify this certificate online
at corp.delaware.gov/authver.shtml

000022


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1072596

DATE: 01-21-14

**Section I, Identification, General Information and Certification
Attachment 2**

Proof of Ownership or Control of the Site

Physicians' Surgical Center is located at 311 W Lincoln, Suite 300, Belleville, IL 62220 is subleased from 311 West Lincoln Building Association, LLC, an unrelated party, and that sublease expires April 30, 2014.

**Section I, Identification, General Information and Certification
Attachment 3**

Operating Identity/Licensee

A copy of Physicians' Surgical Center LLC's Good Standing Certificate from the Illinois Secretary of State is attached.

The Applicant is owned as depicted on the attached ownership chart.

File Number 0239732-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PHYSICIANS' SURGICAL CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 27, 2007, UNDER THE ASSUMED NAME OF BELLEVILLE PHYSICIANS' SURGICAL CENTER LLC, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JANUARY A.D. 2014 .

Jesse White

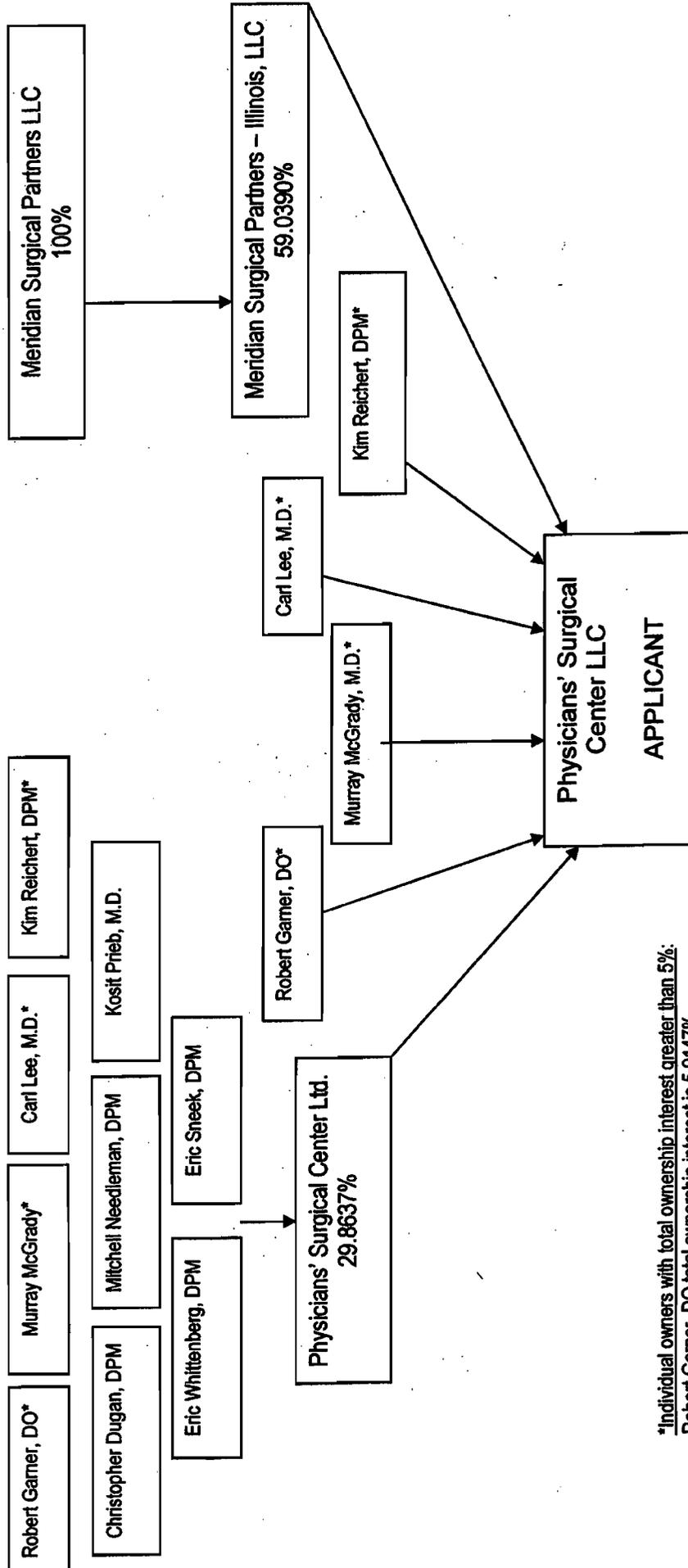
Authentication #: 1401702334

Authenticate at: <http://www.cyberdriveillinois.com>

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SECRETARY OF STATE

**PHYSICIANS' SURGICAL CENTER LLC
OWNERSHIP STRUCTURE**



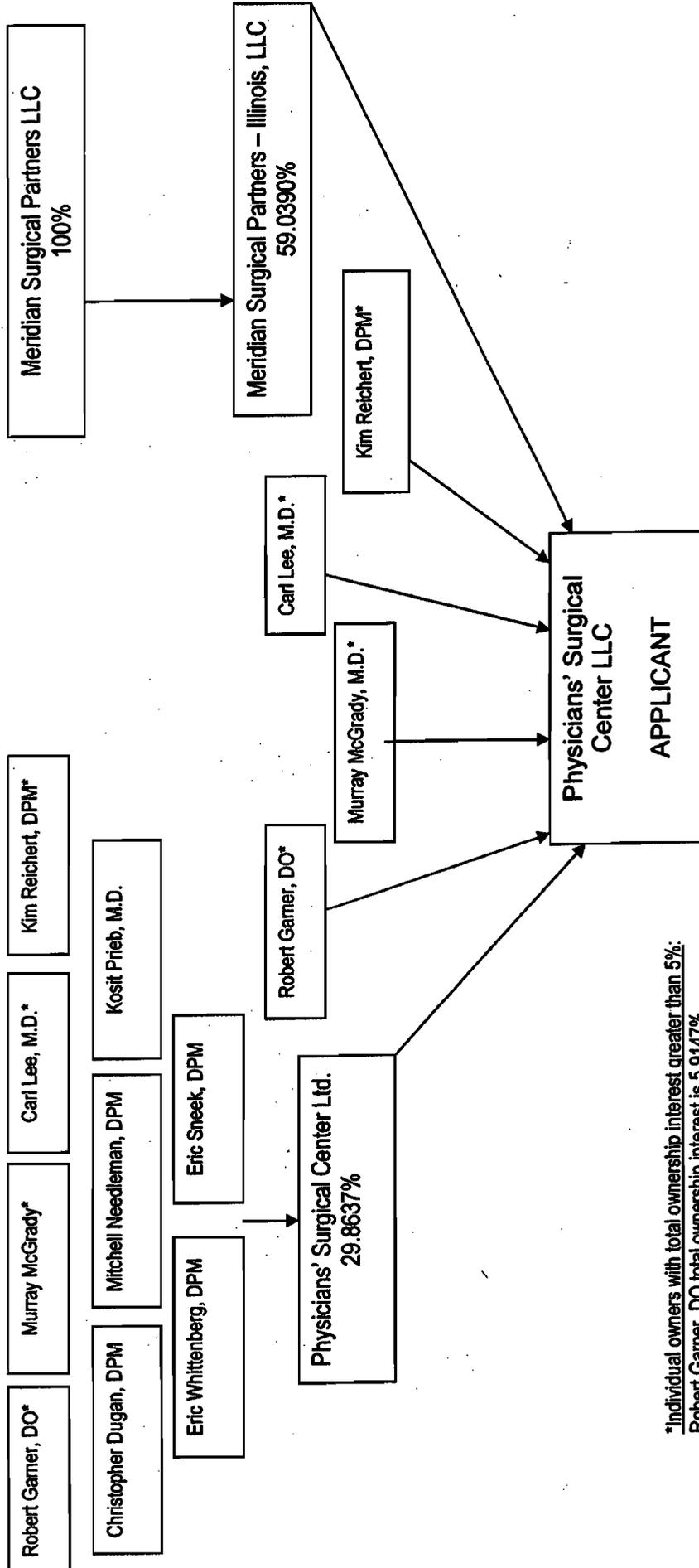
*Individual owners with total ownership interest greater than 5%:
 Robert Garner, DO total ownership interest is 5.9147%
 Murray McGrady, M.D. total ownership interest is 8.3881%
 Carl Lee, M.D. total ownership interest is 8.3881%
 Kim Reichert, DPM total ownership interest is 5.4848%

**Section I, Identification, General Information and Certification
Attachment 4**

Organizational Relationship Chart

The Applicant is owned as depicted on the attached ownership chart.

**PHYSICIANS' SURGICAL CENTER LLC
OWNERSHIP STRUCTURE**



*Individual owners with total ownership interest greater than 5%:
 Robert Garner, DO total ownership interest is 5.9147%
 Murray McGrady, M.D. total ownership interest is 8.3881%
 Carl Lee, M.D. total ownership interest is 8.3881%
 Kim Reichert, DPM total ownership interest is 5.4848%

**Section I, Identification, General Information and Certification
Attachment 5**

Flood Plain Requirement

This Project involves a discontinuation of services. This Project does not involve any construction or modernization. Accordingly, this criterion is not applicable.

**Section I, Identification, General Information and Certification
Attachment 6**

Historic Resources Preservation Act Requirements

This Project involves a discontinuation of services. This Project does not involve any construction or modernization. Accordingly, this criterion is not applicable.

**Section II, Discontinuation
Attachment 10**

1. Identify the categories of services and the number of beds, if any, that is to be discontinued.

The Applicant proposes to discontinue all services at the facility effective as of April 30, 2014.

2. Identify all of the other clinical services that are to be discontinued.

The Applicant proposes to discontinue all clinical services at the facility effective as of April 30, 2014.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The Applicant proposes to discontinue all services at the facility effective as of April 30, 2014.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

The owners of Belleville Surgical Center LLC intend to purchase the equipment and all other assets of the Applicant. The physical plant is leased from an unrelated third party and will presumably be repurposed for some other tenant.

The tangible assets will be relocated to Belleville Surgical Center's facility located at the 28 North 64th Street, Belleville, Illinois 62223 and used as part of that facility's operations. There will be no transfer of the license. The sale of the assets will be conditioned upon the Review Board's approval of the Applicant's discontinuation of services and will not occur until after the Applicant has actually discontinued its services.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

As part of the anticipated acquisition by Belleville Surgical Center, Ltd. of the assets of the Applicant, all of the facility's medical records will be transferred to Belleville Surgical Center, Ltd and will be used in connection with the treatment of patients will be transferred to Belleville Surgical Center, Ltd. These medical records will be maintained in accordance with Belleville Surgical Center's medical records retention and use policies.

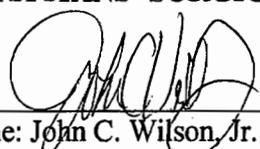
**Section II, Discontinuation
Attachment 10**

6. **Certification that all questionnaires and data will be submitted through the date of the discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.**

The undersigned, a duly authorized representative of the applicant, hereby certifies, pursuant to 77 Ill. Adm. Code §1110.130(a)(6), that all questionnaires and data required by the Illinois Facilities Services and Review Board or the Illinois Department of Public Health (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

IN WITNESS WHEREOF, the undersigned has executed this certification as of January 21, 2014.

PHYSICIANS' SURGICAL CENTER LLC:

By: 

Name: John C. Wilson, Jr.

Its: Chief Financial Officer and Secretary

Section II, Discontinuation
Attachment 10
Reasons for Discontinuation

The Applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action.

The Applicant, Physician's Surgical Center ("PSC"), is a one operating room multi-specialty surgical center that has served Belleville patients for a number of years. PSC is owned by nine physicians and Meridian Surgical Partners, which provides management services. The facility is located in leased space that is part of a former hospital office building owned by an unrelated party. This lease expires on April 30, 2014.

PSC's current space is in need of various improvements. Although PSC explored the possibility of making capital improvements in its current location, because of space constraints and other building limitations, suitable improvements cannot be achieved at this location.

For example, the small post-acute care recovery units make HIPPA compliance difficult and physicians lack a dedicated changing room (curtains only). There is no additional adjoining space available in the building to accommodate these changes and others necessary to meet state and CMS expectations. Due to changes in other of the building tenants there is also insufficient parking available for patients.

In addition to capital improvements, PSC also explored other alternatives to address its facility concerns. Although PSC searched for other suitable space to lease in Belleville, it was unable to identify any appropriate space for lease. It also investigated constructing a new ambulatory surgical facility; however, Belleville only has a population of slightly less than 45,000 and already has six licensed surgical centers.

Ultimately, rather than seeking to construct a new surgical center, PSC and Belleville Surgical Center ("Belleville SC") entered into discussions to merge the two operations. Belleville SC is a well-respected four operating room multi-specialty surgical center also located in Belleville. In 2012 Belleville SC recorded 1148 hours of total surgery time. PSC performed a similar 1011 hours of total surgery time in 2012. Thus, Belleville SC has adequate capacity to accommodate all PSC patients.

Belleville SC and PSC intend to enter into a transaction in which, upon PSC's discontinuation of its operations, the owners of Belleville SC will acquire all of the equipment and other assets of PSC, as well as acquire and maintain all of PSC's medical records. Because PSC's operations will be discontinued prior to purchase of the assets there is no change of ownership of an ongoing licensed facility. Similarly, the value of the assets to be acquired is less than the capital threshold amount for surgical centers. Finally, PSC's physicians who will buy into Belleville SC will only acquire a minority interest.

Because all of PSC's physicians will move their surgical practice to Belleville SC, patients will retain the same access of care that they have currently. As part of this application Belleville SC has confirmed that it will accept all of PSC's patients, "without any conditions, limitations or restrictions."

In summary, the proposed discontinuation and subsequent transfer of cases to Belleville SC provides the best alternative for the patients and the parties involved. This alternative also best fulfills the intent of the Planning Act to reduce health care capital cost by reducing duplication and avoiding unnecessary capital costs.

**Section II, Discontinuation
Attachment 10
Impact on Access**

1. **Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.**

Upon the discontinuation of PSC, the Applicant's physicians will become part of Belleville Surgical Center, Ltd. and will continue to provide surgical services at Belleville Surgical Center's facility located at 28 North 64th Street, Belleville, Illinois 62223. Because the Applicant's physicians are merely moving their practice to Belleville Surgical Center, patients will continue to have access to their same physicians and be able to receive care in the same community. The Applicant's discontinuation of services should, therefore, not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

2. **Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same service as those being discontinued) located within 45 minutes of travel time of the applicant facility.**

A list of the existing health care facilities within 45 minutes travel time to whom letters requesting impact statements were sent is attached as Appendix 1.

These letters were sent on December 20, 2013 by certified mail to all hospitals and surgical centers located within 45 minutes travel time. Copies of these letters are attached as Appendix 2.

3. **Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.**

The only impact statement which was received by the Applicant was from Belleville Surgical Center, Ltd. supporting the discontinuation a copy of which is attached as Appendix 3.

**Section XI, Safety Net Impact Statement
Attachment 40**

Discontinuation of Physicians Surgical Center should have no material impact upon the safety net services in the area. Upon discontinuation, all current PSC physicians will become part of Belleville Surgical Center. Patients will have access to their same physicians and in the same community that they have presently. Belleville Surgical Center has provided the Review Board with a letter showing that it will accept all PSC patients without conditions, limitations or restrictions. Belleville Surgical Center is Medicaid certified and has a history of care for both Medicaid and charity care patients.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of Patients)	Year 2010	Year 2011	Year 2012
Inpatient			
Outpatient	0	0	0
Total	0	0	0
Charity (cost in dollars)			
Inpatient			
Outpatient	0	0	0
Total	0	0	0
MEDCAID			
Medicaid (# of patients)			
Inpatient			
Outpatient	94	28	126

**Section XII, Charity Care Information
Attachment 41**

CHARITY CARE			
	2010 Year	2011 Year	2012 Year
Net Patient Revenue	13,363,903	11,451,203	9,305,728
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

Appendix 1

**List of Facilities Receiving Request for Impact Statement Letter within
45 Minutes Travel Time**

000040

11432833.1

Appendix 1

List of Facilities Receiving Impact Statement Request Letter
Within Forty-Five (45) Minutes Travel Time of Physicians' Surgical Center LLC

#	HOSPITAL FACILITY	ADDRESS	CITY	ZIP	MINUTES	MILES	# ORs	SURGERY HOURS	# OF ORs JUSTIFIED	STATE STANDARD	
										Yes	No
1	Touquette Regional Hospital	5900 Bond Avenue	Centreville	62207	14	9.11	7	1611	1		NO
2	Memorial Hospital	4500 Memorial Drive	Belleville	62226	11	5.26	20	15949	10.6		NO
3	Gateway Regional Medical Center	2100 Madison Avenue	Granite City	62040	33	22.53	9	2762	1.8		NO
4	Saint Anthony's Hospital	5666 East State Street	Rockford	61108	4 hours 54 mins	295.74	15	20671	13.7		NO
5	Alton Memorial Hospital	One Memorial Drive	Alton	62002	47	38.5	8	5104	3.4		NO
6	Red Bud Regional Hospital	325 Spring Street	Red Bug	62278	32	21.61	2	803	0		NO
7	St. Elizabeth's Hospital	211 South 3rd Street	Belleville	62220	<1	.03	16	12794	8.5		NO
8	St. Joseph Memorial Hospital	2 South Hospital Drive	Murphysboro	62966	1 hour 43 mins	74.01	2	804	.5		NO
9	Washington County Hospital	705 South Grand Avenue	Nashville	62263	55	39.42	1	305	.2		NO
10	Anderson Hospital	6800 State Route 162	Maryville	62062	31	24.11	10	9754	6.5		NO
11	St. Joseph's Hospital	1515 Main Street	Highland	62249	48	40.36	5	1968	1		NO
12	Community Memorial Hospital	400 Caldwell Street	Staunton	62088	55	46.18	2	971	.6		NO
13	Greenville Regional Hospital	200 Healthcare Drive	Greenville	62246	1 hour 6 mins	57.82	4	2098	1.4		NO
	AMBULATORY SURGICAL CENTERS	ADDRESS	CITY	ZIP	MINUTES	MILES	# ORs	SUGERY HOURS	# ORs JUSTIFIED	STATE STANDARD	YES NO
1	Monroe County Surgical Center LLC	501 Hamacher Street	Waterloo	62298	30	19.13	2	57.27	0		NO
2	The Hope Clinic For Women Ltd	1602-21st Street	Granite City	62040	36	25.81	3	1123	0		NO
3	Bel-Clair Ambulatory Surgery Treatment Center	325 West Lincoln	Belleville	62220	<1	.01	2	1412.50	0		NO
4	Illinois Eye Surgeons Cataract Surgery Center	3990 N. Illinois Street	Belleville	62226	9	3.78	2	2495	1		NO

5	Novamed Eye Surgery Center of Maryville	#12 Maryville Professional Center	Maryville	62062	30	23.11	1	883.05	0	NO
6	Edwardsville Ambulatory Surgical Center LLC	12 Ginger Creek Parkway	Glen Carbon	62034	35	26.74	2	2750.75	1.8	NO
7	Belleville Surgical Center Ltd.	28 North 64th Street	Belleville	62223	11	5.43	3	1247.50	0	NO
8	MetroEast Endoscopy Surgery Center LLC	5023 North Illinois, Suite 1	Fairview Heights	62208	10	4.67	1	N/A	N/A	N/A

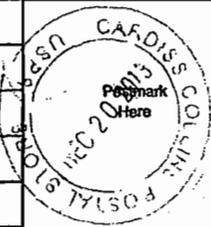
Appendix 2

Copies of Impact Statement Request Letters Sent

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Mr. Thomas Mikkelson Touchette Regional Hospital 5900 Bond Avenue Centerville, Illinois 62207</p>	<p>A. Signature <i>x Brenda Cullto</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0000 0963 9967</p>
<p>PS Form 3801, February 2004</p>	<p>Domestic Return Receipt 102595</p>

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	 <p>Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
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<table border="1"> <tr> <td>Sent To</td> <td>Mr. Thomas Mikkelson</td> </tr> <tr> <td>Street, Apt. No., or PO Box No.</td> <td>Touchette Regional Hospital 5900 Bond Avenue</td> </tr> <tr> <td>City, State, ZIP+4</td> <td>Centerville, Illinois 62207</td> </tr> </table>		Sent To	Mr. Thomas Mikkelson	Street, Apt. No., or PO Box No.	Touchette Regional Hospital 5900 Bond Avenue	City, State, ZIP+4	Centerville, Illinois 62207				
Sent To	Mr. Thomas Mikkelson										
Street, Apt. No., or PO Box No.	Touchette Regional Hospital 5900 Bond Avenue										
City, State, ZIP+4	Centerville, Illinois 62207										
PS Form 3800, June 2002 See Reverse for Instructions											

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Joe Ourth
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jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Thomas Mikkelson
Touchette Regional Hospital
5900 Bond Avenue
Centreville, Illinois 62207

Re: Physicians' Surgical Center, Belleville

Dear Mr. Mikkelson:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

As part of this notice, we are to provide information as to the number of patients Physicians' Surgical Center served in the last two calendar years, which is shown below:

<u>Year</u>	<u>No. of Patients</u>
2011	2,075
2012	1,904

000045

CHICAGO HOFFMAN ESTATES SPRINGFIELD MILWAUKEE
FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON

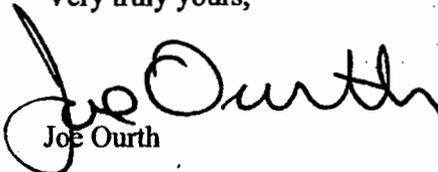
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December 20, 2013
Page 2

Although it is anticipated that all procedures currently being performed at Physicians' Surgical Center will be consolidated at Belleville Surgical Center, the Review Board rules invite your written response as to whether your facility has capacity available to accommodate all or a portion of the patients Physicians' Surgical Center serves and whether you would be willing to accept those patients without conditions, limitations or discrimination.

If you wish to submit a response, Review Board rules specify that you do so within 15 days of receipt of this letter and that not responding within that time creates a non-rebuttable presentation that the proposed discontinuation will not adversely impact your facility. We will include any timely responses received with our CON application to the Review Board. Please address your response to my attention at the address above.

Very truly yours,



Joe Ourth

11388852.2

000046

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Mark J. Furner Memorial Hospital 4500 Memorial Drive Belleveille, Illinois 62226		B. Received by (Printed Name) _____ C. Date of Delivery _____	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 3110 0000 0963 9974	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	
---	--

Sent To **Mr. Mark J. Furner**
Memorial Hospital
Street, Apt. No., or PO Box No. **4500 Memorial Drive**
City, State, ZIP+4 **Belleveille, Illinois 62226**

PS Form 3800, June 2002 See Reverse for Instructions



December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Mark J. Turner
Memorial Hospital
4500 Memorial Drive
Belleville, Illinois 62226

Re: Physicians' Surgical Center, Belleville

Dear Mr. Turner:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

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2012	1,904

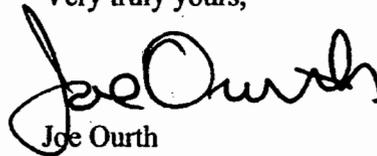
December 20, 2013

Page 2

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Very truly yours,



Joe Ourth

1138852.2

000049

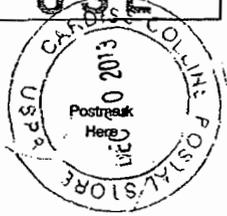
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Stephanie Bailey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Mr. Ronald W. Leazer Gateway Regional Medical Center 2100 Madison Avenue Granite City, Illinois 62040</p> </div>	<p>B. Received by (Printed Name) C. Date of Delivery <i>Stephanie Bailey</i> <i>11/16/03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7012 1010 0002 0248 2565</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	



<i>Sent To</i>	Mr. Ronald W. Leazer
<i>Street, Apt. No., or PO Box No.</i>	Gateway Regional Medical Center
<i>City, State, ZIP+4</i>	2100 Madison Avenue Granite City, Illinois 62040

PS Form 3800, August 2006 See Reverse for Instructions

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Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Ronald W. Leazer
Gateway Regional Medical Center
2100 Madison Avenue
Granite City, Illinois 62040

Re: Physicians' Surgical Center, Belleville

Dear Mr. Leazer:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

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2012	1,904

000051

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FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON

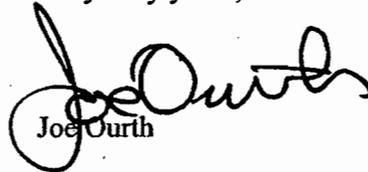
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December 20, 2013
Page 2

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Very truly yours,



Joe Ourth

113888522

000052

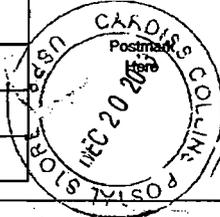
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Postage	\$
Certified Fee	
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To **Mr. David Schertz**
 Street, Apt. No., Saint Anthony's Hospital
 or PO Box No. **5666 East State Street**
 City, State, ZIP+4 **Rockford, Illinois 61108**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>W.R.T. Edwards</i> C. Date of Delivery <i>12-24-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. David Schertz Saint Anthony's Hospital 5666 East State Street Rockford, Illinois 61108</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7012 1010 0002 0248 2572</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. David Schertz
Saint Anthony's Hospital
5666 East State Street
Rockford, Illinois 61108

Re: Physicians' Surgical Center, Belleville

Dear Mr. Schertz:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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2011	2,075
2012	1,904

000054

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FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON
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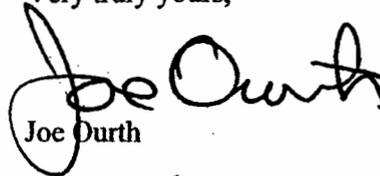
December 20, 2013

Page 2

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Very truly yours,

A handwritten signature in black ink, appearing to read "Joe Ourth". The signature is stylized with a large initial "J" and a cursive "O".

Joe Ourth

11388852.2

000055

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Sent To **Mr. David Braasch**
 Street, Apt. No., or PO Box No. **Alton Memorial Hospital**
One Memorial Drive
 City, State, ZIP+4 **Alton, Illinois 62002**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Paul J Keller</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to</p> <p>Mr. David Braasch Alton Memorial Hospital One Memorial Drive Alton, Illinois 62002</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7012 1010 0002 0248 2602</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. David Braasch
Alton Memorial Hospital
One Memorial Drive
Alton, Illinois 62002

Re: Physicians' Surgical Center, Belleville

Dear Mr. Braasch:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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000057

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FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON
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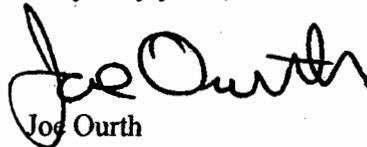
December 20, 2013

Page 2

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Very truly yours,

A handwritten signature in black ink, appearing to read "Joe Ourth". The signature is written in a cursive style with a large initial "J".

Joe Ourth

11388522

000058

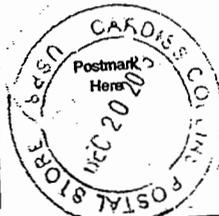
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Certified Fee	
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To **Mr. Shane Walton**
Red Bud Regional Hospital
 Street, Apt. No., or PO Box No. **325 Spring Street**
 City, State, ZIP+4 **Red Bud, Illinois 62278**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 12/26/13</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Mr. Shane Walton Red Bud Regional Hospital 325 Spring Street Red Bud, Illinois 62278</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p> <p>7012 1010 0002 0248 2619</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Shane Walton
Red Bud Regional Hospital
325 Spring Street
Red Bud, Illinois 62278

Re: Physicians' Surgical Center, Belleville

Dear Mr. Walton:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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000060

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FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON

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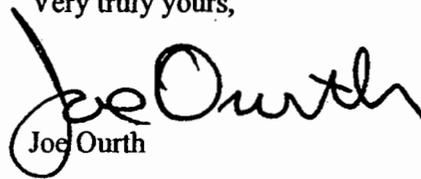
December 20, 2013

Page 2

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Very truly yours,



Joe Ourth

11388852.2

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To	Ms. Maryann Reese
Street, Apt. No., or PO Box No.	St. Elizabeth's Hospital
City, State, ZIP+4	211 South 3rd Street Belleville, Illinois 62220

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x C. Playter</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. Playter</i></p> <p>C. Date of Delivery <i>12-24-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ms. Maryann Reese St. Elizabeth's Hospital 211 South 3rd Street Belleville, Illinois 62220</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7012 1010 0002 0248 2626</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Maryann Reese
St. Elizabeth's Hospital
211 South 3rd Street
Belleville, Illinois 62220

Re: Physicians' Surgical Center, Belleville

Dear Ms. Reese:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

As part of this notice, we are to provide information as to the number of patients Physicians' Surgical Center served in the last two calendar years, which is shown below:

<u>Year</u>	<u>No. of Patients</u>
2011	2,075
2012	1,904

000063

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December 20, 2013

Page 2

Although it is anticipated that all procedures currently being performed at Physicians' Surgical Center will be consolidated at Belleville Surgical Center, the Review Board rules invite your written response as to whether your facility has capacity available to accommodate all or a portion of the patients Physicians' Surgical Center serves and whether you would be willing to accept those patients without conditions, limitations or discrimination.

If you wish to submit a response, Review Board rules specify that you do so within 15 days of receipt of this letter and that not responding within that time creates a non-rebuttable presentation that the proposed discontinuation will not adversely impact your facility. We will include any timely responses received with our CON application to the Review Board. Please address your response to my attention at the address above.

Very truly yours,



Joe Ourth

11388852.2

000064

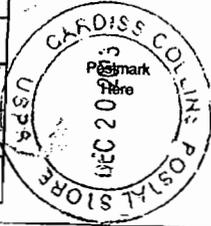
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Total Postage & Fees	\$



Sent To **Mr. John Brothers**
St. Joseph Memorial Hospital
 Street, Apt. No. or PO Box No. **2 South Hospital Drive**
 City, State, ZIP+4 **Murphysboro, Illinois 62966**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Alexandra Ripley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Alexandra Ripley</p> <p>C. Date of Delivery 12/26/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Mr. John Brothers St. Joseph Memorial Hospital 2 South Hospital Drive Murphysboro, Illinois 62966</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		7012 1010 0002 0248 2633	
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Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. John Brothers
St. Joseph Memorial Hospital
2 South Hospital Drive
Murphysboro, Illinois 62966

Re: Physicians' Surgical Center, Belleville

Dear Mr. Brothers:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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As part of this notice, we are to provide information as to the number of patients Physicians' Surgical Center served in the last two calendar years, which is shown below:

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2012	1,904

000066

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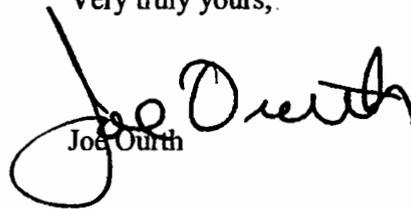
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December 20, 2013
Page 2

Although it is anticipated that all procedures currently being performed at Physicians' Surgical Center will be consolidated at Belleville Surgical Center, the Review Board rules invite your written response as to whether your facility has capacity available to accommodate all or a portion of the patients Physicians' Surgical Center serves and whether you would be willing to accept those patients without conditions, limitations or discrimination.

If you wish to submit a response, Review Board rules specify that you do so within 15 days of receipt of this letter and that not responding within that time creates a non-rebuttable presentation that the proposed discontinuation will not adversely impact your facility. We will include any timely responses received with our CON application to the Review Board. Please address your response to my attention at the address above.

Very truly yours,


Joe Ourth

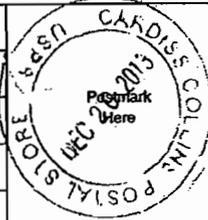
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KKK
Sent To **Ms. Nancy M. Newby**
Washington County Hospital
Street, Apt. No., or PO Box No. **705 South Grand Avenue**
City, State, ZIP+4 **Nashville, Illinois 62263**

PS Form 3800, August 2006 See Reverse for Instructions

7012 1010 0002 0248 2640



December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Nancy M. Newby
Washington County Hospital
705 South Grand Avenue
Nashville, Illinois 62263

Re: Physicians' Surgical Center, Belleville

Dear Ms. Newby:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

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2011	2,075
2012	1,904

December 20, 2013

Page 2

Although it is anticipated that all procedures currently being performed at Physicians' Surgical Center will be consolidated at Belleville Surgical Center, the Review Board rules invite your written response as to whether your facility has capacity available to accommodate all or a portion of the patients Physicians' Surgical Center serves and whether you would be willing to accept those patients without conditions, limitations or discrimination.

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Very truly yours,



Joe Ourth

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Certified Mail™

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Email Updates

DATE/TIME	STATUS/EVENT	LOCATION
December 26, 2013, 10:30 am	Available for Pickup	NASHVILLE, IL 62263
December 26, 2013, 8:05 am	Out for Delivery	NASHVILLE, IL 62263
December 26, 2013, 7:55 am	Sorting Complete	NASHVILLE, IL 62263
December 26, 2013, 7:53 am	Arrival at Unit	NASHVILLE, IL 62263
December 25, 2013	Depart USPS Sort Facility	SAINT LOUIS, MO 63155
December 25, 2013, 5:10 am	Processed through USPS Sort Facility	SAINT LOUIS, MO 63155
December 22, 2013	Depart USPS Sort Facility	BEDFORD PARK, IL 60499
December 21, 2013, 6:28 pm	Processed through USPS Sort Facility	BEDFORD PARK, IL 60499
December 20, 2013, 7:17 pm	Processed through USPS Sort Facility	CHICAGO, IL 60699

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Total Postage & Fees	\$
Sent To Mr. Keith A. Page	
Street, Apt. No., or PO Box No. Anderson Hospital	
City, State, ZIP+4 6800 State Route 162 Maryville, Illinois 62062	

Postmark: CASO, ILLINOIS, DEC 20 2013

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Keith A. Page
Anderson Hospital
6800 State Route 162
Maryville, Illinois 62062

2. Article Number
 (Transfer from service label)

7012 1010 0002 0248 2657

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Linda Matt**
 C. Date of Delivery **12-26-13**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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4. Restricted Delivery? (Extra Fee) Yes

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Joe Ourth
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jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Keith A. Page
Anderson Hospital
6800 State Route 162
Maryville, Illinois 62062

Re: Physicians' Surgical Center, Belleville

Dear Mr. Page:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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<u>Year</u>	<u>No. of Patients</u>
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2012	1,904

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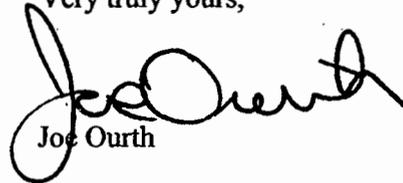
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December 20, 2013
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Although it is anticipated that all procedures currently being performed at Physicians' Surgical Center will be consolidated at Belleville Surgical Center, the Review Board rules invite your written response as to whether your facility has capacity available to accommodate all or a portion of the patients Physicians' Surgical Center serves and whether you would be willing to accept those patients without conditions, limitations or discrimination.

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Very truly yours,



Joe Ourth

11388852.2

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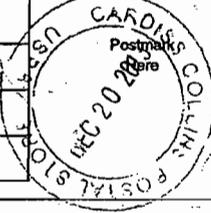
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<input checked="" type="checkbox"/> Return Receipt Fee (Endorsement Required)	
<input type="checkbox"/> Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To **Ms. Peggy Sebastian**
 Street, Apt. No.; or PO Box No. **St. Joseph's Hospital**
1515 Main Street
 City, State, ZIP+4 **Highland, Illinois 62249**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Peggy Sebastian
St. Joseph's Hospital
1515 Main Street
Highland, Illinois 62249

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Debra Hartzog Addressee

B. Received by (Printed Name) *Debra Hartzog* C. Date of Delivery *12-26-06*

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:
12866 TROVLER AVE

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 Certified Mail Express Mail
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4. Restricted Delivery? (Extra Fee) Yes

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www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Peggy Sebastian
St. Joseph's Hospital
1515 Main Street
Highland, Illinois 62249

Re: Physicians' Surgical Center, Belleville

Dear Ms. Sebastian:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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2012	1,904

000077

CHICAGO HOFFMAN ESTATES SPRINGFIELD MILWAUKEE
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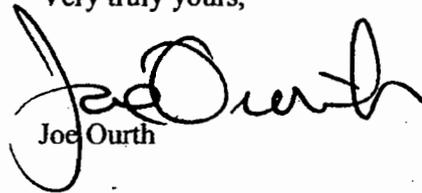
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December 20, 2013
Page 2

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Very truly yours,



Joe Ourth

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Total Postage & Fees	\$



Sent To **Ms. Susie Campbell**
Community Memorial Hospital
 Street, Apt. No., or PO Box No. **400 Caldwell Street**
 City, State, ZIP+4 **Stanton, Illinois 62088**

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>x Susie Campbell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 12-23-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Ms. Susie Campbell Community Memorial Hospital 400 Caldwell Street Stanton, Illinois 62088</p>		<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
<p>2. Article Number (Transfer from service label)</p> <p>7012 1010 0002 0248 2671</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
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www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Susie Campbell
Community Memorial Hospital
400 Caldwell Street
Staunton, Illinois 62088

Re: Physicians' Surgical Center, Belleville

Dear Ms. Campbell:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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000080

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FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON

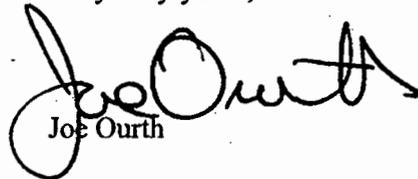
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December 20, 2013
Page 2

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If you wish to submit a response, Review Board rules specify that you do so within 15 days of receipt of this letter and that not responding within that time creates a non-rebuttable presentation that the proposed discontinuation will not adversely impact your facility. We will include any timely responses received with our CON application to the Review Board. Please address your response to my attention at the address above.

Very truly yours,



Joe Ourth

11388852.2

000081

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To **Mr. Brian Nail**
Greenville Regional Hospital
 Street, Apt. No., or PO Box No. **200 Healthcare Drive**
 City, State, ZIP+4 **Greenville, Illinois 62246**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Ted Albers</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ted Albers</i> C. Date of Delivery 12-23-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Brian Nail Greenville Regional Hospital 200 Healthcare Drive Greenville, Illinois 62246</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7012 1010 0002 0248 2695</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Brian Nall
Greenville Regional Hospital
200 Healthcare Drive
Greenville, Illinois 62246

Re: Physicians' Surgical Center, Belleville

Dear Mr. Nall:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

As part of this notice, we are to provide information as to the number of patients Physicians' Surgical Center served in the last two calendar years, which is shown below:

<u>Year</u>	<u>No. of Patients</u>
2011	2,075
2012	1,904

000083

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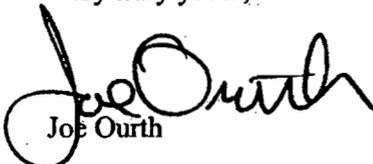
December 20, 2013

Page 2

Although it is anticipated that all procedures currently being performed at Physicians' Surgical Center will be consolidated at Belleville Surgical Center, the Review Board rules invite your written response as to whether your facility has capacity available to accommodate all or a portion of the patients Physicians' Surgical Center serves and whether you would be willing to accept those patients without conditions, limitations or discrimination.

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Very truly yours,



Joe Ourth

11388852.2

000084

PS Form 3800, August 2006 See Reverse for Instructions

City, State, ZIP+4
 Waterloo, Illinois 62298

Street, Apt. No.,
 or PO Box No.
 501 Hamacher Street
 Monroe County Surgical Center LLC

Sent to
 Mr. Brad Deutch

Total Postage & Fees \$

Restricted Delivery Fee (Endorsement Required)

Return Receipt Fee (Endorsement Required)

Certified Fee

Postage \$

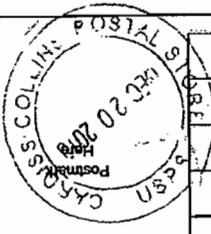
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<p>1. Article Addressed to:</p> <p>Mr. Brad Deutch Monroe County Surgical Center LLC 501 Hamacher Street Waterloo, IL 62298</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Brad Deutch</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12-23</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number: (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Brad Deutch
Monroe County Surgical Center LLC
501 Hamacher Street
Waterloo, Illinois 62298

Re: Physicians' Surgical Center, Belleville

Dear Mr. Deutch:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

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2012	1,904

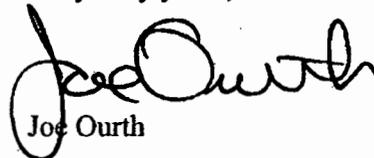
December 20, 2013

Page 2

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Very truly yours,



Joe Ourth

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Sent To
Ms. Tarmara Threlkeld
 Street, Apt. No., or PO Box No. **The Hope Clinic For Women Ltd**
1602-21st Street
 City, State, ZIP+4 **Granite City, Illinois 62040**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Ms. Tarmara Threlkeld The Hope Clinic For Women Ltd 1602-21st Street Granite City, Illinois 62040</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p>(Transfer from service label)</p> <p>7011 2000 0001 0817 8167</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Tarmara Threlkeld
The Hope Clinic For Women Ltd
1602-21st Street
Granite City, Illinois 62040

Re: Physicians' Surgical Center, Belleville

Dear Ms. Threlkeld:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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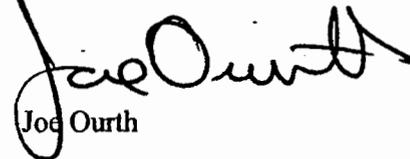
December 20, 2013

Page 2

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Very truly yours,

A handwritten signature in black ink, appearing to read "Joe Ourth". The signature is written in a cursive style with a large initial "J" and "O".

Joe Ourth

1138852.2

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Chicago, Illinois 60606
Phone 312.876.7100 · Fax 312.876.0288
www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. David Horace
Bel-Clair Ambulatory Surgery Treatment Center
325 West Lincoln
Belleville, Illinois 62220

Re: Physicians' Surgical Center, Belleville

Dear Mr. Horace:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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000092

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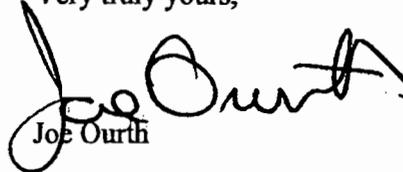
December 20, 2013

Page 2

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Very truly yours,



Joe Ourth

113888522

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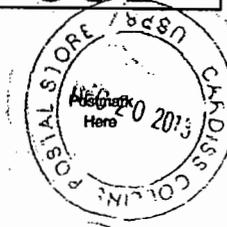
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Certified Fee	
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To **Ms. Nancy A. Mueth**
 Street, Apt. No., or PO Box No. **Illinois Eye Surgeons**
Cataract Surgery Center
 City, State, ZIP+4 **3990 N. Illinois Street**
 PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Amanda Outland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Amanda Outland</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ms. Nancy A. Mueth Illinois Eye Surgeons Cataract Surgery Center 3990 N. Illinois Street Belleville, Illinois 62226</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7011 2000 0001 0817 8198</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1590</p>	

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Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Nancy A. Mueth
Illinois Eye Surgeons Cataract Surgery Center
3990 N. Illinois Street
Belleville, Illinois 62226

Re: Physicians' Surgical Center, Belleville

Dear Ms. Mueth:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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000095

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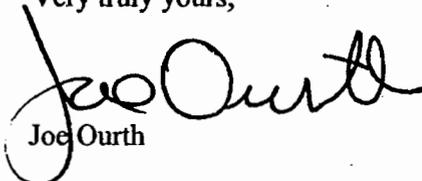
December 20, 2013

Page 2

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Very truly yours,



Joe Ourth

1138852.2

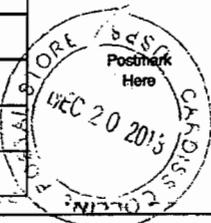
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 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____



Sent To **Ms. Nicole Will**
Novamed Eye Surgery
 Street, Apt. No. or PO Box No. **Center of Maryville**
 City, State, ZIP+4 **#12 Maryville Professional Center**
Maryville, Illinois 62062

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Nebbie Chapmald</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 12/26/15</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Ms. Nicole Will Novamed Eye Surgery Center of Maryville #12 Maryville Professional Center Maryville, Illinois 62062</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7011 2000 0001 0817 8204</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Nicole Will
Novamed Eye Surgery Center of Maryville
#12 Maryville Professional Center
Maryville, Illinois 62062

Re: Physicians' Surgical Center, Belleville

Dear Ms. Will:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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000098

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FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON
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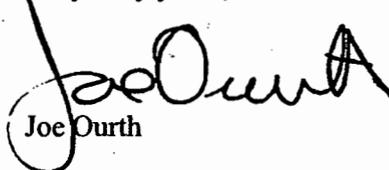
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Page 2

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If you wish to submit a response, Review Board rules specify that you do so within 15 days of receipt of this letter and that not responding within that time creates a non-rebuttable presentation that the proposed discontinuation will not adversely impact your facility. We will include any timely responses received with our CON application to the Review Board. Please address your response to my attention at the address above.

Very truly yours,

A handwritten signature in black ink, appearing to read "Joe Ourth". The signature is stylized with a large initial "J" and "O".

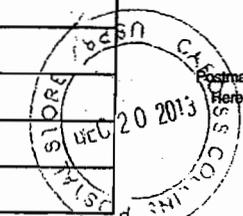
Joe Ourth

1138852.2

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7011 2000 0001 0817 8211

Sent To	Ms. Michelle Looney
Street, Apt. No., or PO Box No.	Edwardsville Ambulatory Surgical Center LLC
City, State, ZIP+4	12 Ginger Creek Parkway Glen Carbon, Illinois 62034

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Donna Slemmer</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Donna Slemmer</i> <i>12-26-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Ms. Michelle Looney Edwardsville Ambulatory Surgical Center LLC 12 Ginger Creek Parkway Glen Carbon, Illinois 62034</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(transfer from service label)</small></p>	<p style="font-size: large; font-weight: bold;">7011 2000 0001 0817 8211</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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Chicago, Illinois 60606
Phone 312.876.7100 - Fax 312.876.0288
www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Michelle Looney
Edwardsville Amubulatory Surgical Center LLC
12 Ginger Creek Parkway
Glen Carbon, Illinois 62034

Re: Physicians' Surgical Center, Belleville

Dear Ms. Looney:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

As part of the CON application, Physicians' Surgical Center is required to notify existing facilities that perform surgical services and to invite response as to whether the proposed discontinuation would impact your facility. Upon discontinuation of the Physicians' Surgical Center, the physicians at Physicians' Surgical Center anticipate becoming part of the Belleville Surgical Center at 28 North 64th Street, in Belleville and performing their surgical procedures at that facility. Because the physicians would move their practice from their existing facility to Belleville Surgical Center, the discontinuation should not significantly impact access to the health delivery system for residents in the area or significantly impact other area facilities.

As part of this notice, we are to provide information as to the number of patients Physicians' Surgical Center served in the last two calendar years, which is shown below:

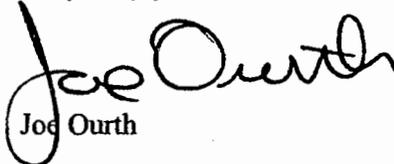
<u>Year</u>	<u>No. of Patients</u>
2011	2,075
2012	1,904

December 20, 2013
Page 2

Although it is anticipated that all procedures currently being performed at Physicians' Surgical Center will be consolidated at Belleville Surgical Center, the Review Board rules invite your written response as to whether your facility has capacity available to accommodate all or a portion of the patients Physicians' Surgical Center serves and whether you would be willing to accept those patients without conditions, limitations or discrimination.

If you wish to submit a response, Review Board rules specify that you do so within 15 days of receipt of this letter and that not responding within that time creates a non-rebuttable presentation that the proposed discontinuation will not adversely impact your facility. We will include any timely responses received with our CON application to the Review Board. Please address your response to my attention at the address above.

Very truly yours,


Joe Ourth

11388852.2

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

KKH

Postmark: REC 20 2013
 BELLEVILLE, ILLINOIS

Sent To
Ms. Diana Geoghegan
Belleville Surgical Center Ltd.
 Street, Apt. No.; 28 North 64th Street
 or PO Box No. Belleville, Illinois 62223
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>X Julie Schaefer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Julie Schaefer</i></p> <p>C. Date of Delivery <i>12/23/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ms. Diana Geoghegan Belleville Surgical Center Ltd. 28 North 64th Street Belleville, Illinois 62223</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7011 2000 0001 0817 8235</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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www.arnstein.com

Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ms. Diana Geoghegan
Belleville Surgical Center Ltd.
28 North 64th Street
Belleville, Illinois 62223

Re: Physicians' Surgical Center, Belleville

Dear Ms. Geoghegan:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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<u>Year</u>	<u>No. of Patients</u>
2011	2,075
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CHICAGO HOFFMAN ESTATES SPRINGFIELD MILWAUKEE
FORT LAUDERDALE MIAMI TAMPA 104 WEST PALM BEACH BOCA RATON
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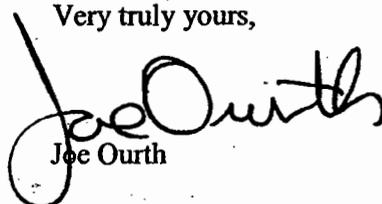
December 20, 2013

Page 2

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Very truly yours,



Joe Ourth

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 ST. LOUIS MO 63103
 DEC 20 2013

Sent To **Ms. Tina Lippert**
MetroEast Endoscopy
 Street, Apt. No., or PO Box No. **Surgery Center LLC**
 City, State, ZIP+4 **5023 North Illinois, Suite 1**
Fairview Heights, Illinois 62208

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Ms. Tina Lippert MetroEast Endoscopy Surgery Center LLC 5023 North Illinois, Suite 1 Fairview Heights, Illinois 62208</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Brittany Skidmore</i></p> <p>B. Received by (Printed Name) <i>Brittany Skidmore</i> C. Date of Delivery <i>12-26-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7011 2000 0001 0817 8242
PS Form 3811, February 2004	Domestic Return Receipt 102-95-02-MF-540

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Joe Ourth
312.876.7815
jourth@arnstein.com

December 20, 2013

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Ms. Tina Lippert
MetroEast Endoscopy Surgery Center LLC
5023 North Illinois
Suite 1
Fairview Heights, Illinois 62208

Re: Physicians' Surgical Center, Belleville

Dear Ms. Lippert:

I am writing on behalf of Physicians' Surgical Center, LLC to inform you of the proposed discontinuation of its ambulatory surgical treatment center at 311 West Lincoln, Belleville, Illinois ("Physicians' Surgical Center"). Physicians' Surgical Center anticipates filing an application for a permit ("Certificate of Need" or "CON") for discontinuation with the Illinois Health Facilities and Services Review Board ("Review Board") and if approved, discontinuing operations by April 30, 2014.

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000107

CHICAGO HOFFMAN ESTATES SPRINGFIELD MILWAUKEE
FORT LAUDERDALE MIAMI TAMPA WEST PALM BEACH BOCA RATON

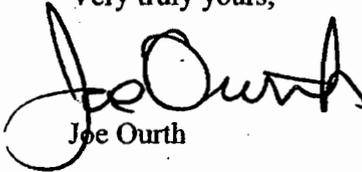
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December 20, 2013
Page 2

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Very truly yours,



Joe Ourth

11388852.2

000108

Appendix 3

**Copy of Impact Statement Received from Belleville
Surgery Center, Ltd.**

000109

11432833.1

BELLEVILLE SURGICAL CENTER

an affiliate of **SCA**

January 21, 2014

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

Re: Physicians' Surgical Center ("PSC")
Commitment to Accept Patients

Dear Ms. Avery:

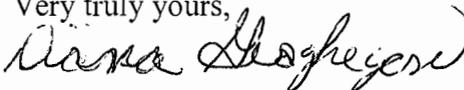
In support of Physicians' Surgical Center's Application for Discontinuation, Belleville Surgical Center ("Belleville SC") will agree to accept all of Physicians' Surgical Center's patients upon its discontinuation without conditions, limitations or restrictions.

Belleville SC is a four operating room multi-purpose ambulatory surgical center that, like PSC, is located in Belleville. PSC had 1,011 hours of surgical time in 2012 and we have the capacity to accommodate all of those procedures. Our facility is also Medicaid certified and we serve Medicaid recipients as part of the care we provide.

PSC's lease will expire on April 30, 2014 and we are finalizing an agreement with PSC to acquire substantially all of its equipment and other assets after its discontinuation. As part of this proposed transaction, PSC's physicians will become partial owners of Belleville SC, however, because the physicians will not be acquiring a controlling interest this will not constitute a change of ownership or control. Through this transaction we would also acquire and maintain all of the medical records of PSC's patients.

We understand that PSC explored several alternatives to discontinuing its services, including moving to a new location. This would have involved the establishment of a new surgery center, however. Because our facility has sufficient capacity to accommodate all of PSC's patients, including PSC's practice within our facility eliminates the unnecessary capital expense of creating a new facility, assists our facility in achieving its target utilization rates and appears to be the alternative most consistent with the Planning Act and the purpose of the Review Board.

We support PSC's CON Application and look forward to working with PSC's physicians and their patients.

Very truly yours,


11439286.2

000110

Appendix 4

Map Quest Times and Distances

000111

11432833.1

TOUCHETTE REGIONAL HOSPITAL



Trip to:
5900 Bond Ave
 East Saint Louis, IL 62207-2326
 9.11 miles / 14 minutes
 Notes



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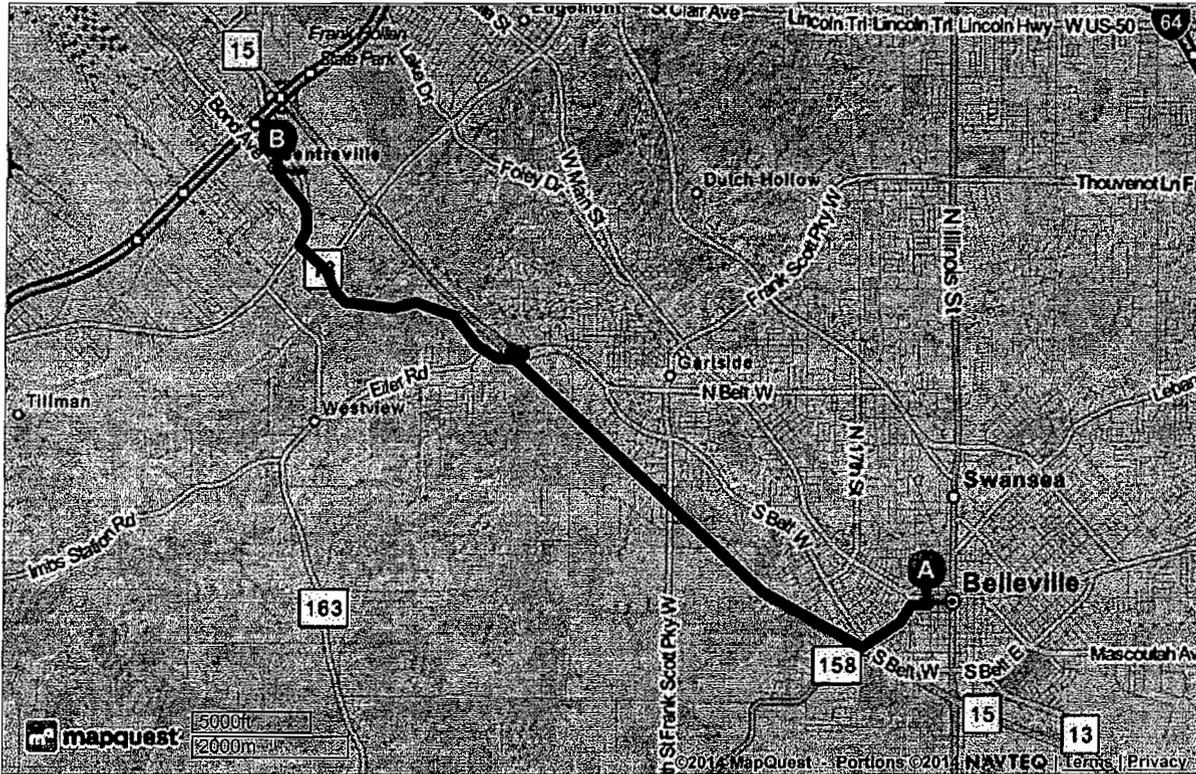
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
↙	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
↗	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	4.5 Mi 5.3 Mi Total
↗	4. Merge onto IL-13 E / Old St Louis Rd toward Centreville. Map	2.6 Mi 7.9 Mi Total
↗	5. Enter next roundabout and take the 2nd exit onto IL-13 W / Old St Louis Rd. Map	0.4 Mi 8.3 Mi Total
↘	6. Turn right onto IL-163 / Old Missouri Ave. Map	0.3 Mi 8.6 Mi Total
↑	7. Stay straight to go onto Bond Ave. Map	0.5 Mi 9.1 Mi Total
■	8. 5900 BOND AVE is on the left. Map <i>If you reach S 57th St you've gone about 0.1 miles too far</i>	
B	5900 Bond Ave, East Saint Louis, IL 62207-2326	

000112

Total Travel Estimate: 9.11 miles - about 14 minutes

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000113

MEMORIAL HOSPITAL



Trip to:
4500 Memorial Dr
 Belleville, IL 62226-5360
 5.26 miles / 11 minutes
 Notes



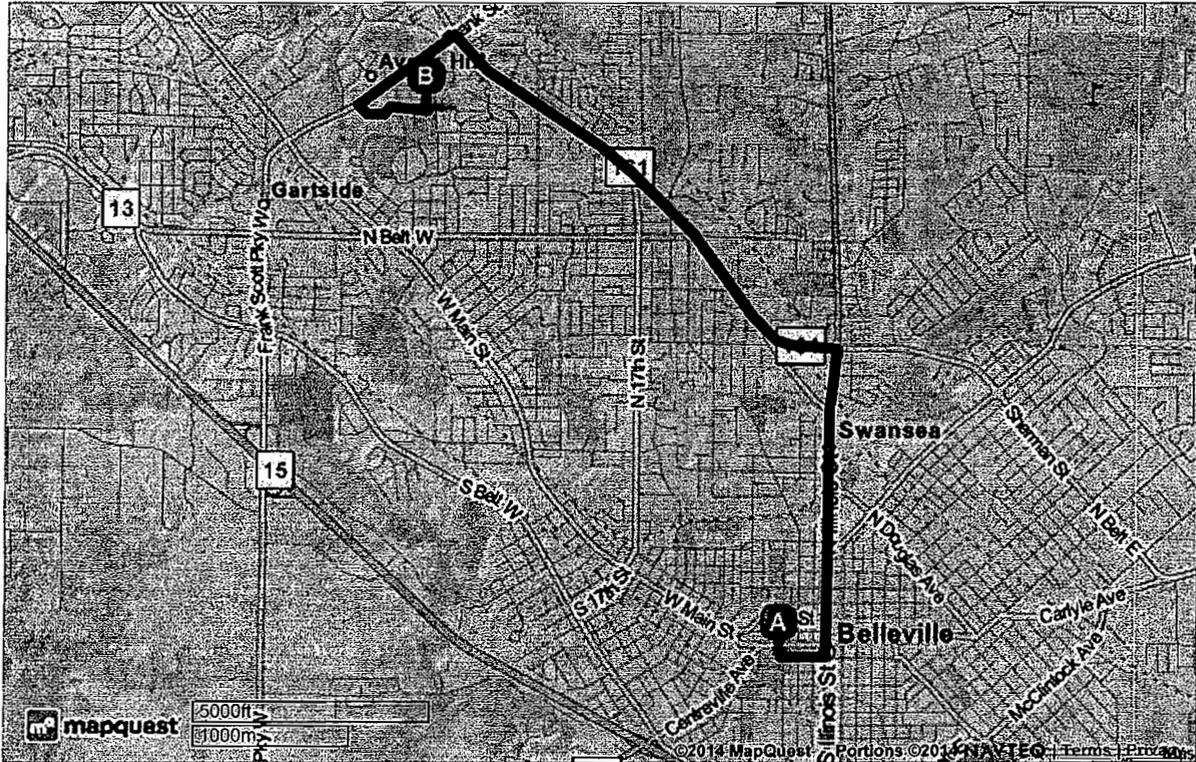
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going east on W Lincoln St toward S 3rd St . Map	0.2 Mi 0.2 Mi Total
↩	<div style="border: 1px solid black; padding: 2px; display: inline-block;">159</div> 2. Turn left onto S Illinois St / IL-159 . Map <i>S Illinois St is just past S 1st St If you are on E Lincoln St and reach S High St you've gone a little too far</i>	0.1 Mi 0.3 Mi Total
↗	<div style="border: 1px solid black; padding: 2px; display: inline-block;">159</div> 3. Enter next roundabout and take the 2nd exit onto N Illinois St / IL-159 . Map	1.4 Mi 1.8 Mi Total
↩	<div style="border: 1px solid black; padding: 2px; display: inline-block;">WEST 161</div> 4. Turn left onto IL-161 W . Map <i>Bank of America is on the corner If you reach Alexa Dr you've gone about 0.1 miles too far</i>	2.5 Mi 4.3 Mi Total
↩	5. Turn left onto Frank Scott Pky W . Map <i>Frank Scott Pky W is 0.5 miles past Royal Heights Rd If you reach Dutch Hollow Rd you've gone about 0.7 miles too far</i>	0.6 Mi 4.9 Mi Total
↩	6. Take the 2nd left onto Dapron Dr . Map <i>Dapron Dr is 0.5 miles past Gettysburg Rd If you reach Dutch Hollow Rd you've gone a little too far</i>	0.2 Mi 5.0 Mi Total
↩	7. Take the 1st left onto Memorial Dr . Map <i>If you reach Bellevue Park Dr you've gone about 0.1 miles too far</i>	0.2 Mi 5.3 Mi Total
■	8. 4500 MEMORIAL DR is on the right. Map <i>If you reach Oak Shadows you've gone a little too far</i>	
B	4500 Memorial Dr, Belleville, IL 62226-5360	

000114

Total Travel Estimate: **5.26 miles - about 11 minutes**

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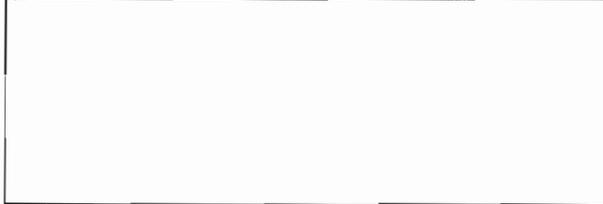
GATEWAY REGIONAL MEDICAL
CENTER



Trip to:

2100 Madison Ave
Granite City, IL 62040-4701
22.53 miles / 33 minutes

Notes



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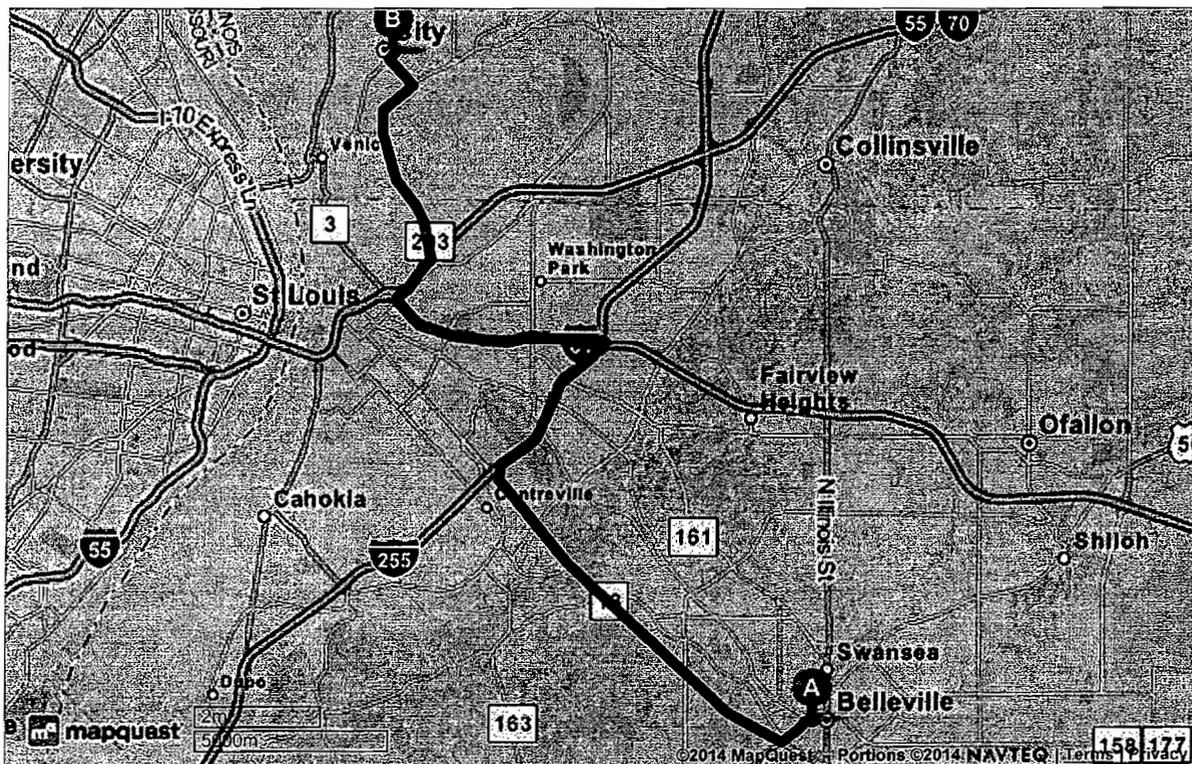
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
↙	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
↗	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
↗	4. Merge onto I-255 N / US-50 E toward Chicago. Map	3.1 Mi 11.4 Mi Total
↗	5. Merge onto I-64 W via EXIT 20. Map	5.2 Mi 16.6 Mi Total
↗	6. Merge onto I-55 N / I-70 E / US-40 E via EXIT 3 toward Chicago / Indianapolis. Map	0.9 Mi 17.5 Mi Total
↗	7. Merge onto IL-203 N via EXIT 4 toward Granite City. Map	4.2 Mi 21.7 Mi Total
↙	8. Turn left onto E 20th St. Map <i>E 20th St is 0.2 miles past 14th St If you reach E 21st St you've gone about 0.1 miles too far</i>	0.7 Mi 22.4 Mi Total
↘	9. Turn right onto Madison Ave. Map <i>Madison Ave is just past Iowa St Walgreens is on the corner If you reach Grand Ave you've gone a little too far</i>	0.2 Mi 22.5 Mi Total
■	10. 2100 MADISON AVE is on the right. Map <i>Your destination is just past 21st St If you reach Niedringhaus Ave you've gone a little too far</i>	

000116

Total Travel Estimate: **22.53 miles - about 33 minutes**

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000117

SAINT ANTHONY'S HOSPITAL



Trip to:

5666 E State St

Rockford, IL 61108-2425

295.74 miles / 4 hours 54 minutes

Notes

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		Download Free App
	311 W Lincoln St, Belleville, IL 62220-1902	
	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
 	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
 	4. Merge onto I-255 N toward Chicago. Map	7.9 Mi 16.2 Mi Total
	5. Merge onto I-55 N / I-70 E via EXIT 25A toward Chicago / Indianapolis. Map	9.1 Mi 25.3 Mi Total
 	6. Keep left to take I-55 N toward Chicago / Springfield. Map	108.1 Mi 133.4 Mi Total
 	7. Keep right to take I-55 N toward Chicago. Map	37.0 Mi 170.4 Mi Total
	8. Merge onto I-39 N / US-51 N via EXIT 164 toward Rockford. Map	116.3 Mi 286.8 Mi Total
	9. Take the Baxter Road exit, EXIT 115. Map	0.4 Mi 287.1 Mi Total
	10. Turn right onto Baxter Rd. Map <i>EXPRESS LANE #34 is on the corner</i> <i>If you reach I-39 N you've gone about 0.3 miles too far</i>	1.2 Mi 288.3 Mi Total
	11. Turn left onto S Mulford Rd. Map <i>If you reach CR-11 you've gone about 0.9 miles too far</i>	1.9 Mi 290.2 Mi Total

000118

-
-  12. Turn left onto **Blackhawk Rd.** [Map](#) **0.1 Mi**
290.3 Mi Total
-
-  13. Take the 1st right onto **S Mulford Rd.** [Map](#) **5.0 Mi**
295.3 Mi Total
If you reach Heatherwood Ln you've gone about 0.6 miles too far
-
-   14. Turn left onto **E State St / US-20-BR.** [Map](#) **0.4 Mi**
295.7 Mi Total
E State St is 0.1 miles past Fincham Dr
Chase Bank is on the corner
If you are on N Mulford Rd and reach Mulford Village Dr you've gone about 0.1 miles too far
-
-  15. **5666 E STATE ST** is on the right. [Map](#)
Your destination is just past Justin Ct
If you reach Arnold Ave you've gone a little too far
-
-  **5666 E State St, Rockford, IL 61108-2425**
-

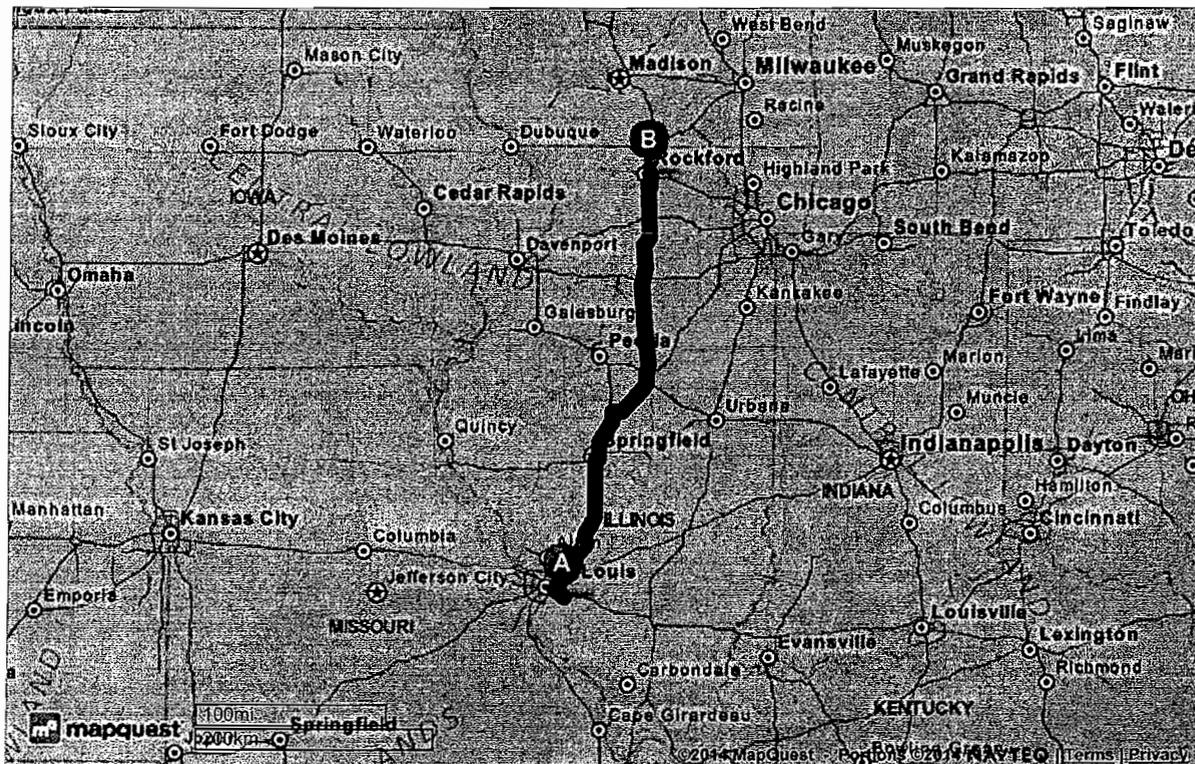
000119

Total Travel Estimate: **295.74 miles - about 4 hours 54 minutes**

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000120

ALTON MEMORIAL HOSPITAL



Trip to:

1 Memorial Dr

Alton, IL 62002-6722

38.50 miles / 47 minutes

Notes

Assisted Living Costs



12 Facilities Near You

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Carma.com

 311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
 1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
 2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
  3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
  4. Merge onto I-255 N toward Chicago. Map	14.9 Mi 23.2 Mi Total
  5. I-255 N becomes IL-255 N. Map	9.7 Mi 32.8 Mi Total
 6. Take the IL-111 / IL-140 exit, EXIT 10 , toward Alton / Bethalto. Map	0.3 Mi 33.1 Mi Total
 7. Keep left to take the ramp toward Alton. Map	0.06 Mi 33.2 Mi Total
  8. Turn left onto E MacArthur Dr / IL-111 / IL-140. Continue to follow IL-140 W. Map	4.7 Mi 37.9 Mi Total
 9. Stay straight to go onto College Ave. Map	0.4 Mi 38.3 Mi Total
 10. Take the 2nd left onto Rock Springs Dr. Map <i>Rock Springs Dr is 0.2 miles past Humbert St</i> <i>If you reach Monterey Pl you've gone about 0.1 miles too far</i>	0.2 Mi 38.5 Mi Total
 11. Take the 1st right onto Memorial Dr. Map <i>Memorial Dr is just past Edwards St</i> <i>If you reach Brown St you've gone about 0.2 miles too far</i>	

000121



12. 1 MEMORIAL DR is on the left. [Map](#)

If you reach Brown St you've gone about 0.5 miles too far



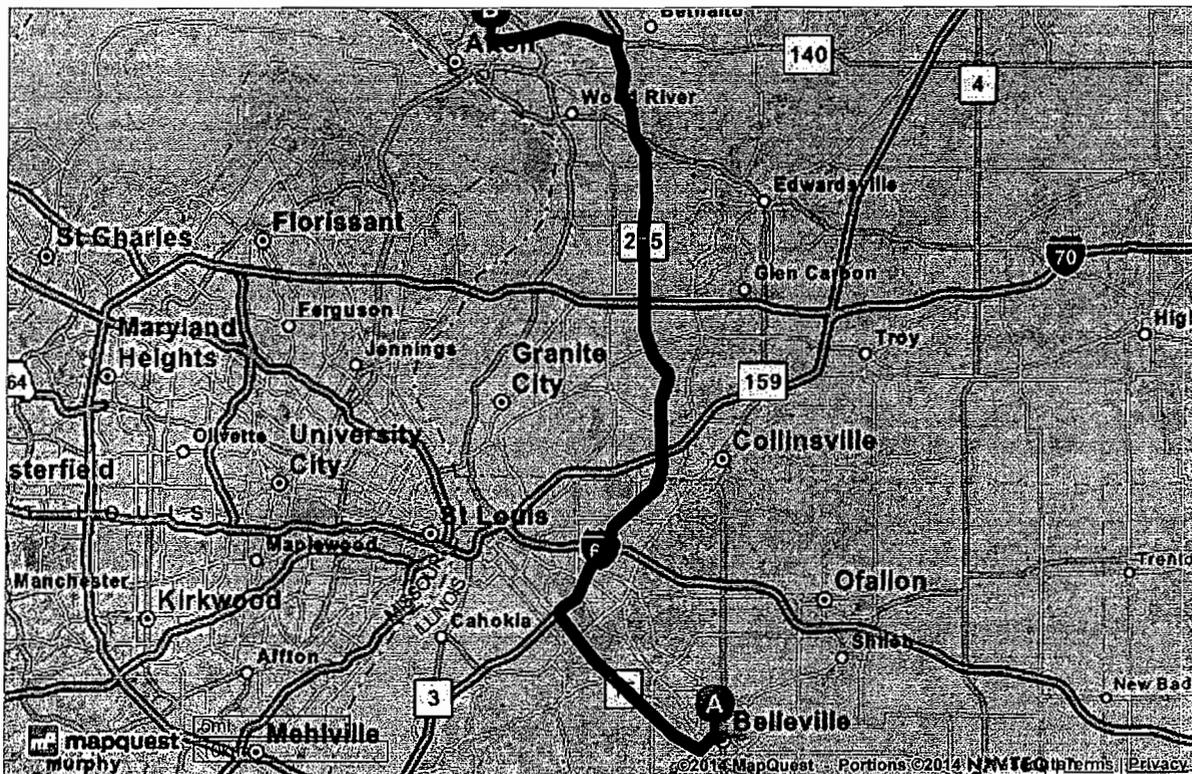
1 Memorial Dr, Alton, IL 62002-6722

000122

Total Travel Estimate: 38.50 miles - about 47 minutes

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RED BUD REGIONAL HOSPITAL

AdChoices 



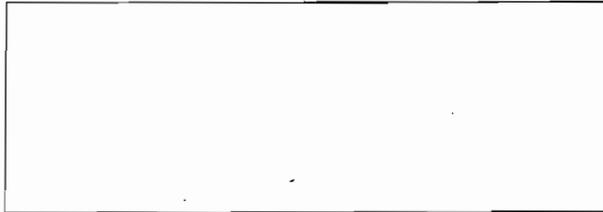
Trip to:

325 Spring St

Red Bud, IL 62278-1105

21.61 miles / 32 minutes

Notes



A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going east on W Lincoln St toward S 3rd St. Map	0.2 Mi 0.2 Mi Total
➔	 2. Turn right onto S Illinois St / IL-159 S. Continue to follow IL-159 S. Map IL-159 S is just past S 1st St If you are on E Lincoln St and reach S High St you've gone a little too far	21.1 Mi 21.4 Mi Total
➔	 3. Turn right onto W Market St / IL-3. Map W Market St is just past W Red Bud St First State Bank is on the right If you are on S Main St and reach E South 1st St you've gone a little too far	0.1 Mi 21.5 Mi Total
↶	4. Take the 3rd left onto Spring St. Map Spring St is just past Locust St If you reach Park Plz you've gone a little too far	0.1 Mi 21.6 Mi Total
■	5. 325 SPRING ST. Map Your destination is just past W South 1st St If you reach W South 2nd St you've gone a little too far	
B	325 Spring St, Red Bud, IL 62278-1105	

000124

ST. ELIZABETH'S HOSPITAL



mapquest

Trip to:

211 S 3rd St

Belleville, IL 62220-1915

0.03 miles /

Notes



Are you comfortable in your retirement?

If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

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FISHER INVESTMENTS*

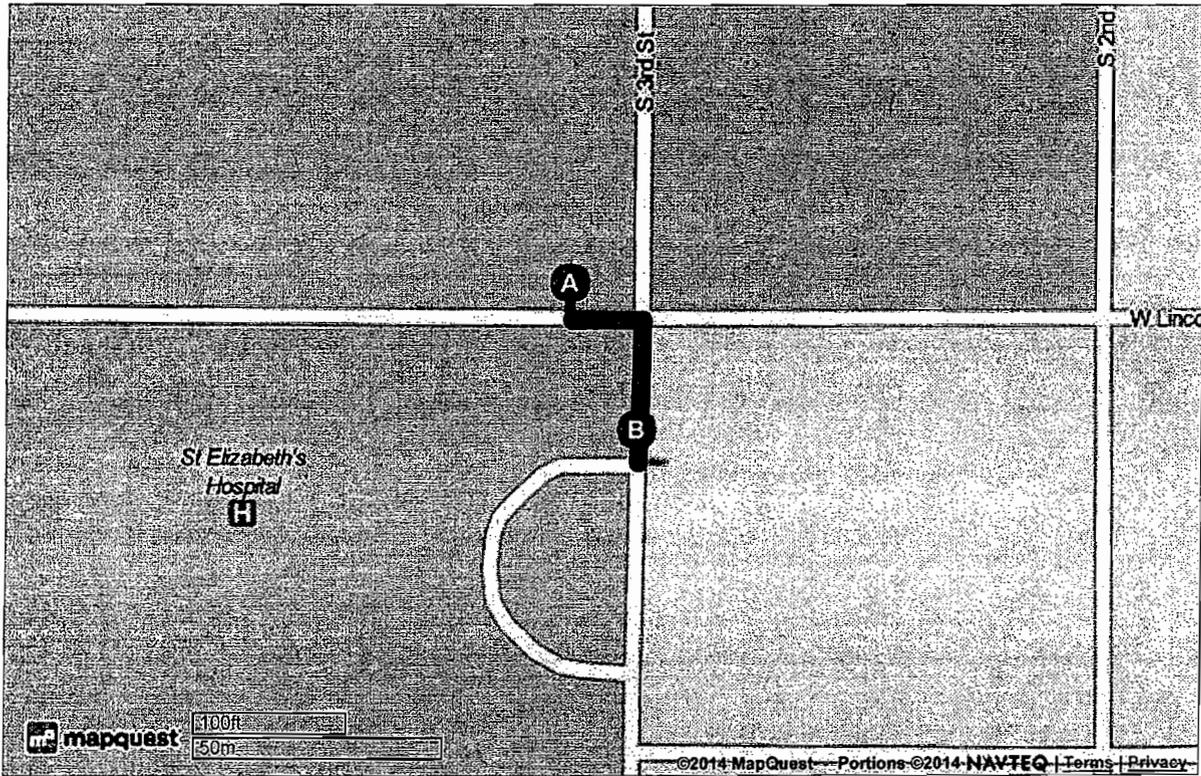
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going east on W Lincoln St toward S 3rd St . Map	0.01 Mi <i>0.01 Mi Total</i>
➤	2. Take the 1st right onto S 3rd St . Map <i>St Louis University School for Professional Studies is on the corner If you reach S 2nd St you've gone a little too far</i>	0.02 Mi <i>0.03 Mi Total</i>
■	3. 211 S 3RD ST is on the right . Map <i>If you reach W Harrison St you've gone a little too far</i>	
B	211 S 3rd St, Belleville, IL 62220-1915	

000126

Total Travel Estimate: **0.03 miles - about**

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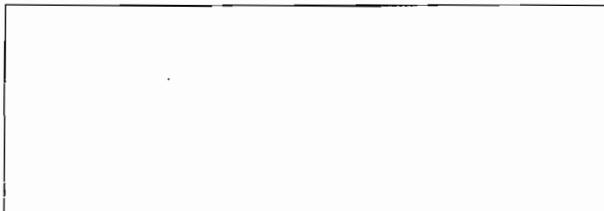
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000127

ST. JOSEPH MEMORIAL



Trip to:
2 S Hospital Dr
 Murphysboro, IL 62966-3333
 74.01 miles / 1 hour 43 minutes
 Notes



Are you comfortable in your retirement?
 If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."
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FISHER INVESTMENTS*

A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going east on W Lincoln St toward S 3rd St . Map	0.2 Mi 0.2 Mi Total
➔	 2. Turn right onto S Illinois St / IL-159 S . Map <i>S Illinois St is just past S 1st St</i> <i>If you are on E Lincoln St and reach S High St you've gone a little too far</i>	1.0 Mi 1.2 Mi Total
⬆	 3. Merge onto IL-15 E via the ramp on the left toward Mt Vernon . Map <i>If you are on IL-159 S and reach IL-159 N you've gone a little too far</i>	7.8 Mi 9.0 Mi Total
↑	 4. Stay straight to go onto S State St / IL-13 . Continue to follow IL-13 E . Map	16.0 Mi 25.0 Mi Total
⬅	5. Turn sharp left onto Schoolview Dr . Map <i>Marissa Junior-Senior High School is on the corner</i> <i>If you reach W Marissa St you've gone a little too far</i>	1.2 Mi 26.2 Mi Total
➔	6. Turn right onto IL-4 . Map	0.9 Mi 27.1 Mi Total
⬅	 7. Turn left onto IL-13 E / IL-4 S . Map	3.5 Mi 30.6 Mi Total
⬅	 8. Turn left onto IL-13 E . Map <i>IL-13 E is 0.2 miles past Randolph County Line Rd</i> <i>If you are on IL-4 S and reach IL-4 N you've gone about 0.1 miles too far</i>	20.4 Mi 51.0 Mi Total
➔	 9. Turn right onto IL-127 / IL-13 / S Main St . Continue to follow IL-127 S / IL-13 E . Map <i>IL-127 S is just past N Main St</i> <i>McDonald's is on the right</i> <i>If you reach N Locust St you've gone a little too far</i>	23.0 Mi 73.9 Mi Total
⬅	10. Turn left onto S Hospital Dr . Map <i>S Hospital Dr is 0.3 miles past IL-149</i> <i>If you reach Mobile Ranch Rd you've gone about 0.1 miles too far</i>	0.07 Mi 74.0 Mi Total

000128



11. **2 S HOSPITAL DR** is on the left. [Map](#)

If you reach the end of S Hospital Dr you've gone about 0.1 miles too far



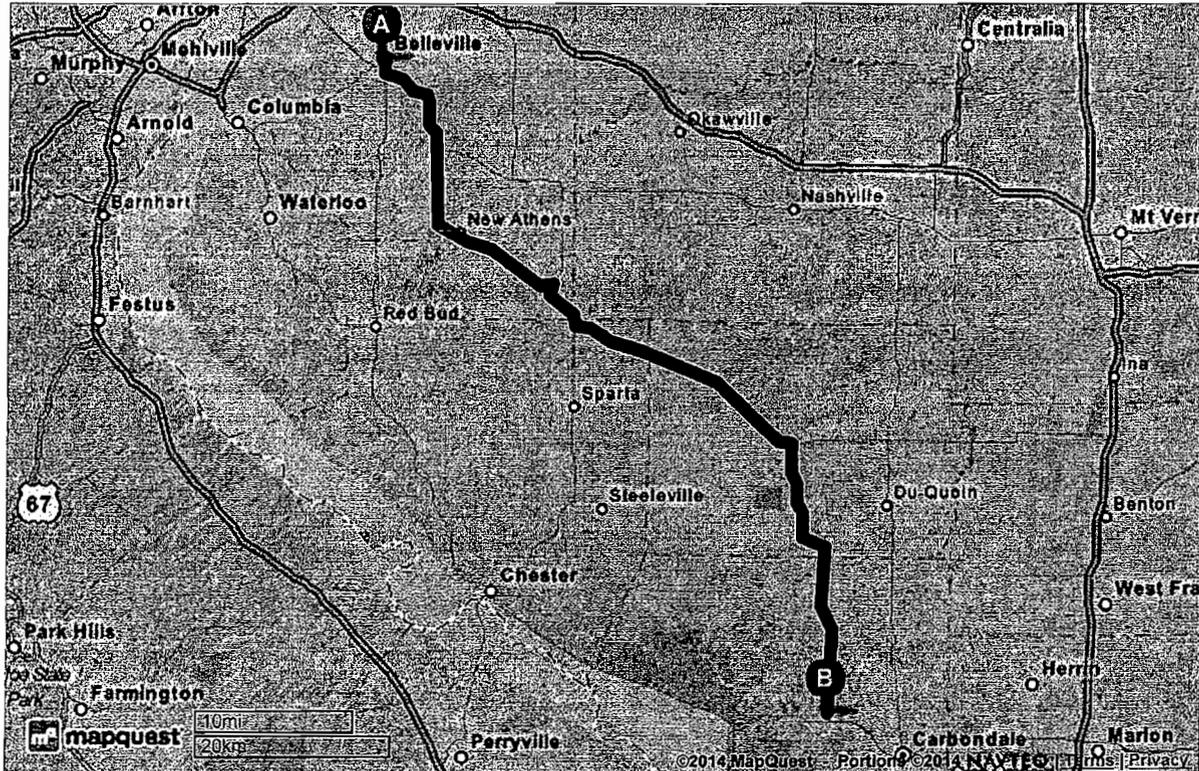
2 S Hospital Dr, Murphysboro, IL 62966-3333

000129

Total Travel Estimate: **74.01 miles - about 1 hour 43 minutes**

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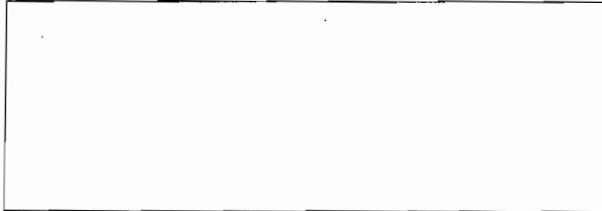
000130

WASHINGTON COUNTY HOSPITAL



Trip to:

705 S Grand St
 Nashville, IL 62263-1534
 39.42 miles / 55 minutes
 Notes



Are you comfortable in your retirement?
 If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."
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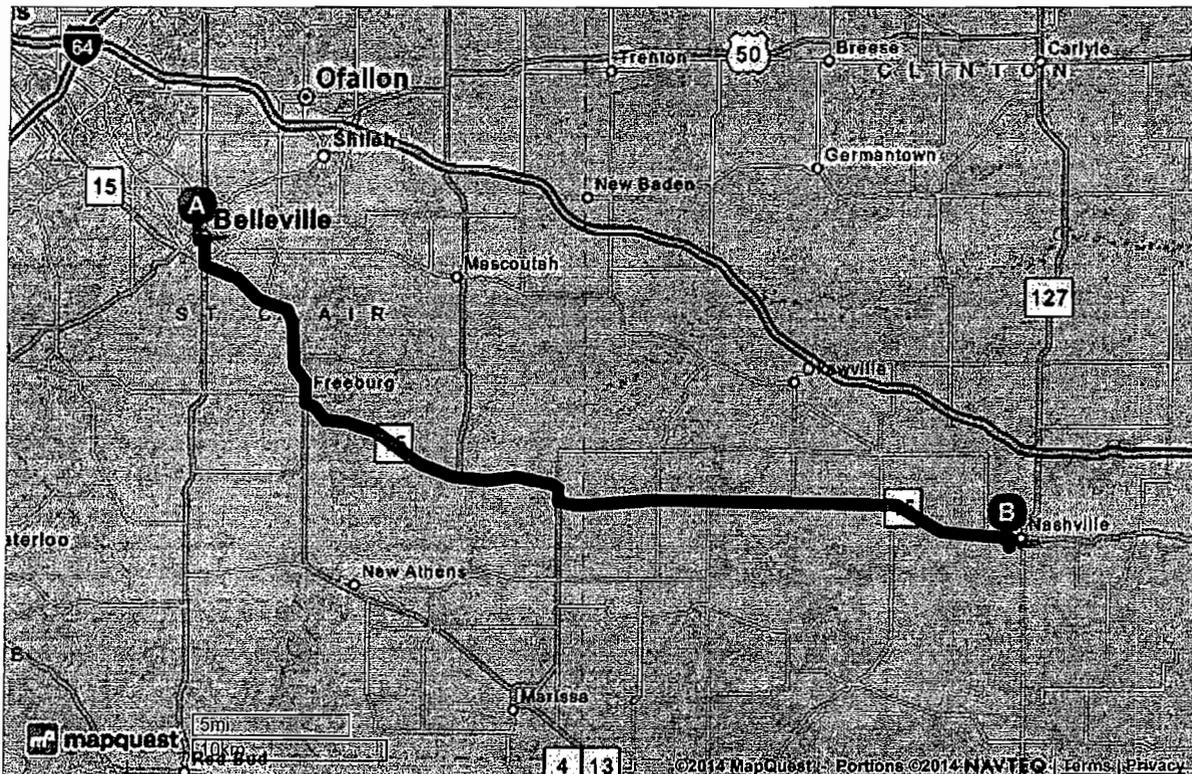
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
	1. Start out going east on W Lincoln St toward S 3rd St . Map	0.2 Mi 0.2 Mi Total
SOUTH 159	2. Turn right onto S Illinois St / IL-159 S . Map S Illinois St is just past S 1st St If you are on E Lincoln St and reach S High St you've gone a little too far	1.0 Mi 1.2 Mi Total
EAST 15	3. Merge onto IL-15 E via the ramp on the left toward Mt Vernon . Map If you are on IL-159 S and reach IL-159 N you've gone a little too far	7.8 Mi 9.0 Mi Total
15	4. Turn left onto Urbanna Dr / IL-15 . Continue to follow IL-15 . Map IL-15 is 0.1 miles past E South St Subway is on the corner If you are on S State St and reach Southgate Dr you've gone about 0.1 miles too far	11.6 Mi 20.6 Mi Total
15	5. Turn left to stay on IL-15 . Map IL-15 is just past Rutter St If you are on IL-4 and reach Dintelmann Church Rd you've gone about 1.4 miles too far	18.4 Mi 39.0 Mi Total
	6. Turn right onto S Grand St . Map S Grand St is just past S Wood St If you reach N Trout St you've gone a little too far	0.4 Mi 39.4 Mi Total
	7. 705 S GRAND ST is on the right. Map Your destination is just past W Chester St If you reach W High St you've gone a little too far	
B	705 S Grand St, Nashville, IL 62263-1534	

000131

Total Travel Estimate: 39.42 miles - about 55 minutes

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000132

ANDERSON HOSPITAL



Trip to:

6800 State Route 162

Maryville, IL 62062-8500

24.11 miles / 31 minutes

Notes



Are you comfortable in your retirement?
 If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."
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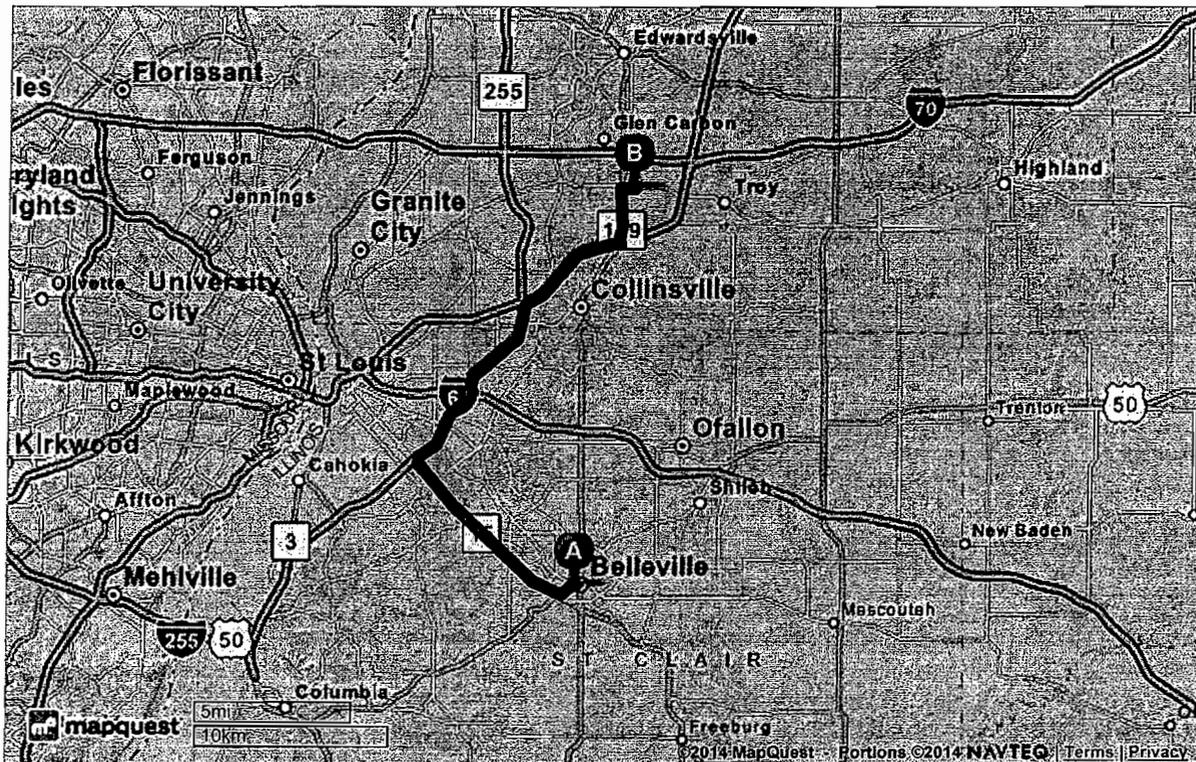
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
↵	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
↗	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
↗	4. Merge onto I-255 N toward Chicago. Map	7.9 Mi 16.2 Mi Total
EXIT 25A	5. Merge onto I-55 N / I-70 E / US-40 E via EXIT 25A toward Chicago / Indianapolis. Map	5.0 Mi 21.2 Mi Total
EXIT 15B	6. Merge onto IL-159 N via EXIT 15B toward Maryville. Map	2.4 Mi 23.6 Mi Total
↘	7. Turn right onto IL-162. Map <i>IL-162 is just past Professional Park Dr If you are on IL-159 and reach Lou Juan Dr you've gone about 0.3 miles too far</i>	0.5 Mi 24.1 Mi Total
■	8. 6800 STATE ROUTE 162. Map <i>Your destination is just past Amberleigh Dr If you reach Vadalabene Dr you've gone about 0.2 miles too far</i>	
B	6800 State Route 162, Maryville, IL 62062-8500	

000133

Total Travel Estimate: 24.11 miles - about 31 minutes

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000134

ST. JOSEPH'S HOSPITAL



Trip to:

1515 Main St

Highland, IL 62249-1656

40.36 miles / 48 minutes

Notes



Are you comfortable in your retirement?

If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

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FISHER INVESTMENTS*

	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
	4. Merge onto I-255 N toward Chicago. Map	7.9 Mi 16.2 Mi Total
	5. Merge onto I-55 N / I-70 E via EXIT 25A toward Chicago / Indianapolis. Map	9.1 Mi 25.3 Mi Total
	6. Keep right to take I-70 E via EXIT 20A toward Indianapolis. Map	9.4 Mi 34.7 Mi Total
	7. Take the IL-143 exit, EXIT 24, toward Marine / Highland. Map	0.3 Mi 35.1 Mi Total
	8. Turn right onto IL-143. Map <i>If you reach I-70 E you've gone about 0.2 miles too far</i>	4.1 Mi 39.2 Mi Total
	9. Turn left onto IL-143 E / US-40 E. Map <i>IL-143 E is just past Sportsman Rd</i> <i>If you are on Walnut St and reach 2nd St you've gone a little too far</i>	0.5 Mi 39.7 Mi Total
	10. Enter next roundabout and take the 1st exit onto Poplar St. Map	0.7 Mi 40.3 Mi Total
	11. Turn right onto Main St. Map <i>If you reach Sycamore St you've gone a little too far</i>	0.03 Mi 40.4 Mi Total

000135



12. **1515 MAIN ST** is on the **right**. [Map](#)
If you reach Lemon St you've gone a little too far



1515 Main St, Highland, IL 62249-1656

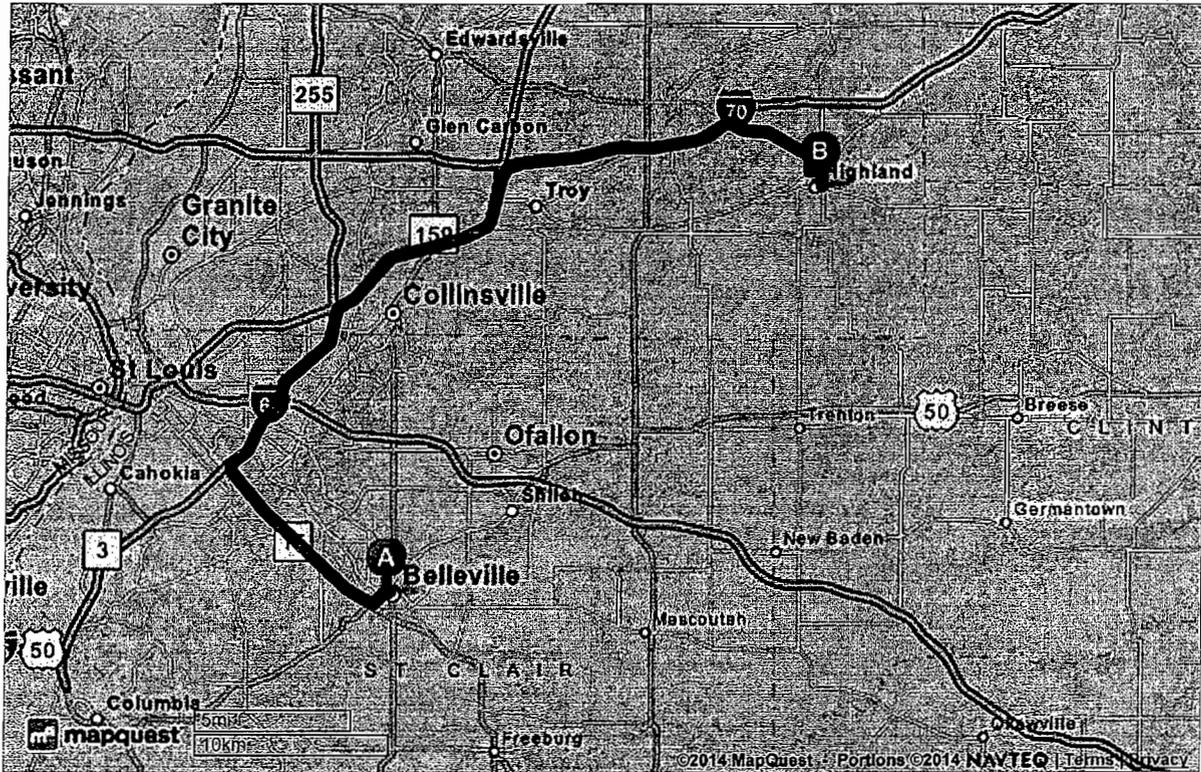
000136

Total Travel Estimate: 40.36 miles - about 48 minutes

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000137

COMMUNITY MEMORIAL HOSPITAL



Trip to:
400 N Caldwell St
 Staunton, IL 62088-1173
 46.18 miles / 55 minutes
 Notes



A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
↙	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
↗	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
↗	4. Merge onto I-255 N toward Chicago. Map	7.9 Mi 16.2 Mi Total
EXIT 25A	5. Merge onto I-55 N / I-70 E via EXIT 25A toward Chicago / Indianapolis. Map	9.1 Mi 25.3 Mi Total
↙	6. Keep left to take I-55 N toward Chicago / Springfield. Map	14.2 Mi 39.5 Mi Total
EXIT 33	7. Take the IL-4 exit, EXIT 33, toward Staunton / Lebanon. Map	0.2 Mi 39.7 Mi Total
↙	8. Turn left onto IL-4 N. Map	5.9 Mi 45.6 Mi Total
↘	9. Turn right onto W Pearl St / IL-4. Map	0.3 Mi 45.9 Mi Total
↙	10. Turn left onto S Hibbard St / IL-4. Map <i>S Hibbard St is just past S Huston St If you reach S Edwardsville St you've gone a little too far</i>	0.1 Mi 46.0 Mi Total
↘	11. Turn right onto W North St / IL-4. Map	0.03 Mi 46.0 Mi Total

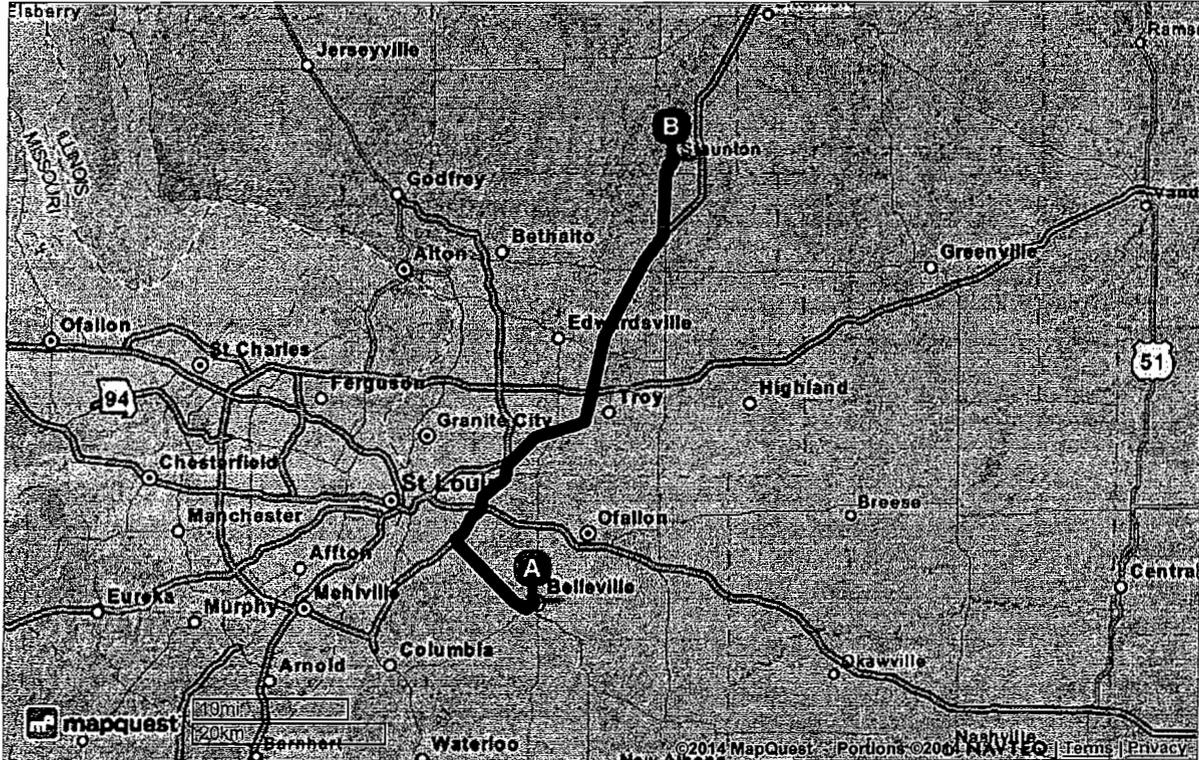
000138

-
-   12. Take the 1st left onto **N Edwardsville St / IL-4**. [Map](#) **0.1 Mi**
46.1 Mi Total
-
-  13. Take the 2nd right onto **W Olive St**. [Map](#) **0.04 Mi**
46.2 Mi Total
*W Olive St is just past Macoupin St
If you reach W Pennsylvania St you've gone a little too far*
-
-  14. Turn left onto **N Caldwell St**. [Map](#) **0.01 Mi**
46.2 Mi Total
-
-  15. **400 N CALDWELL ST** is on the right. [Map](#)
If you reach W Pennsylvania St you've gone a little too far
-
-  **400 N Caldwell St, Staunton, IL 62088-1173**
-

Total Travel Estimate: **46.18 miles - about 55 minutes**

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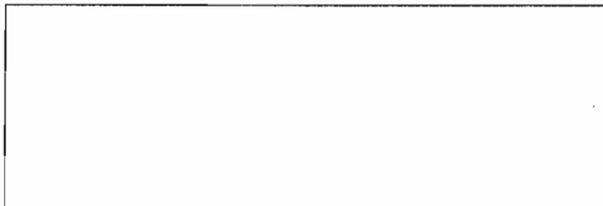
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000140

GREENVILLE REGIONAL HOSPITAL



Trip to:
200 Health Care Dr
 Greenville, IL 62246-1154
 57.82 miles / 1 hour 6 minutes
 Notes





Are you comfortable in your retirement?
 If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."
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 FISHER INVESTMENTS*

A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
↙	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
↗	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
↗	4. Merge onto I-255 N toward Chicago. Map	7.9 Mi 16.2 Mi Total
EXIT 25A	5. Merge onto I-55 N / I-70 E via EXIT 25A toward Chicago / Indianapolis. Map	9.1 Mi 25.3 Mi Total
EXIT 20A	6. Keep right to take I-70 E via EXIT 20A toward Indianapolis. Map	26.8 Mi 52.1 Mi Total
EXIT 41	7. Take EXIT 41 toward Greenville. Map	0.3 Mi 52.4 Mi Total
↙	8. Turn left onto Millersburg Rd. Map	0.2 Mi 52.6 Mi Total
↘	9. Turn right onto US-40 E. Map	2.3 Mi 54.8 Mi Total
↙	10. Turn left onto S 4th St / Dudleyville Rd. Continue to follow S 4th St. Map <i>If you reach S Elm St you've gone about 0.5 miles too far</i>	1.0 Mi 55.9 Mi Total
↘	11. Turn right onto W Franklin Ave. Map <i>W Franklin Ave is just past Louis Latzer Dr If you reach W Willard St you've gone a little too far</i>	0.06 Mi 55.9 Mi Total

000141

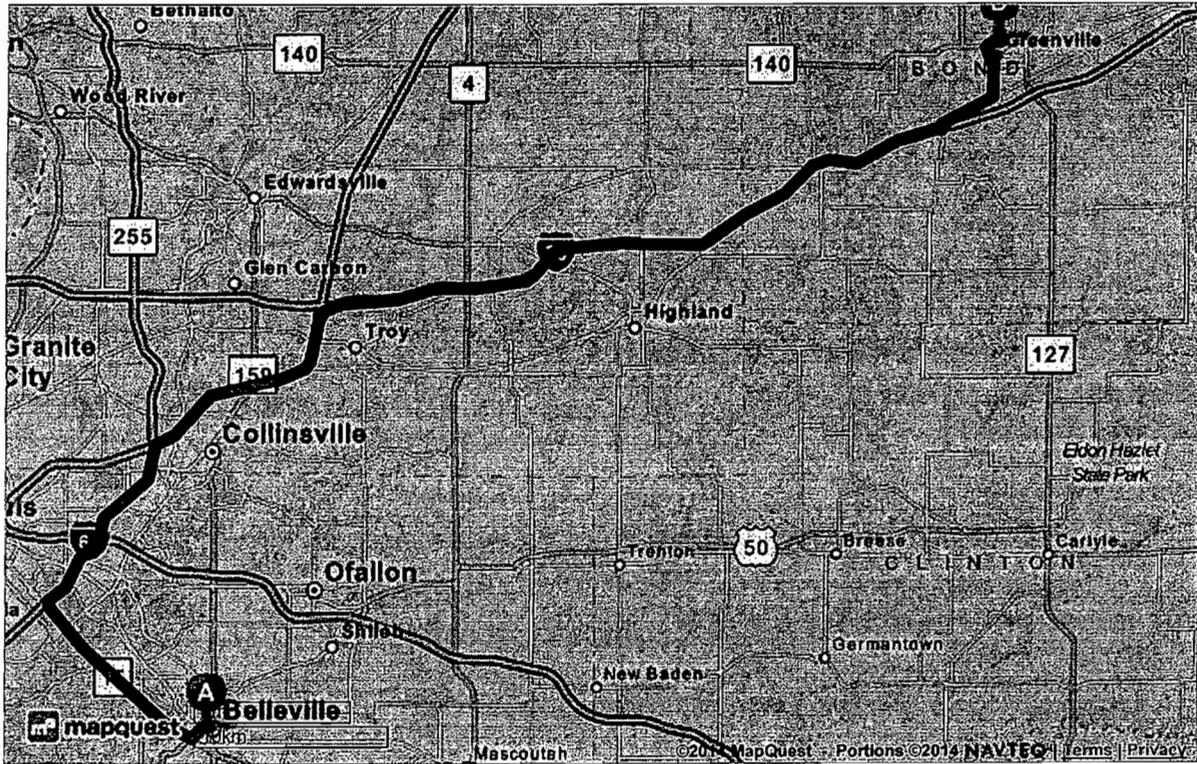
-
-  **12. Take the 1st left onto S 3rd St. [Map](#)** **0.6 Mi**
Bcmw Headstart is on the left *56.5 Mi Total*
-
-  **127** **13. Turn left onto W College Ave / IL-127. Continue to follow IL-127. [Map](#)** **0.5 Mi**
IL-127 is just past W Main St *57.0 Mi Total*
Dairy Queen is on the corner
If you reach W Oak St you've gone a little too far
-
-  **140** **14. Turn right onto IL-140. [Map](#)** **0.7 Mi**
IL-140 is 0.1 miles past Mill Hill Rd *57.7 Mi Total*
If you are on Hazel Dell Rd and reach Branch Rd you've gone about 0.3 miles too far
-
-  **15. Take the 1st left onto Grigg St. [Map](#)** **0.09 Mi**
If you reach N Elm St you've gone a little too far *57.8 Mi Total*
-
-  **16. Grigg St becomes Health Care Dr. [Map](#)** **0.04 Mi**
57.8 Mi Total
-
-  **17. 200 HEALTH CARE DR is on the right. [Map](#)**
Your destination is just past Honey Locust Ln
If you reach the end of Health Care Dr you've gone a little too far
-
-  **200 Health Care Dr, Greenville, IL 62246-1154**
-

Total Travel Estimate: **57.82 miles - about 1 hour 6 minutes**

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000143

MONROE COUNTY SURGICAL CENTER



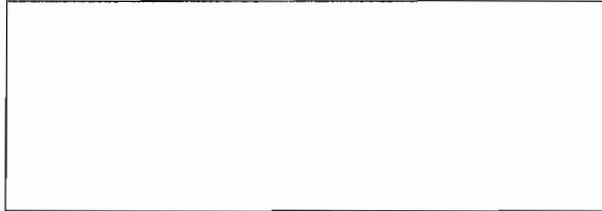
Trip to:

501 Hamacher St

Waterloo, IL 62298-1568

19.13 miles / 30 minutes

Notes



A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
↙	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	5.1 Mi 5.3 Mi Total
↑	158 3. Centreville Ave becomes E Washington Ave / IL-158. Map	1.6 Mi 6.9 Mi Total
↙	4. Turn left onto S Jefferson Ave. Map <i>S Jefferson Ave is just past S Breese St If you are on W Washington Ave and reach N Main St you've gone a little too far</i>	0.9 Mi 7.9 Mi Total
↑	5. S Jefferson Ave becomes Floraville Rd / CR-P60. Map	5.8 Mi 13.6 Mi Total
↘	6. Turn right onto Waterloo Rd / CR-J26. Continue to follow Waterloo Rd. Map <i>Waterloo Rd is 0.5 miles past Celeste Estates Dr If you reach Quirin Rd you've gone about 0.7 miles too far</i>	2.4 Mi 16.0 Mi Total
↙	7. Turn left onto Bohleystville Rd. Map	0.06 Mi 16.1 Mi Total
↑	8. Bohleystville Rd becomes Floraville Rd. Map	2.9 Mi 19.0 Mi Total
↑	9. Floraville Rd becomes Hamacher St. Map	0.2 Mi 19.1 Mi Total
■	10. 501 HAMACHER ST is on the right. Map <i>Your destination is just past Fairway Dr If you reach Osterhage Dr you've gone a little too far</i>	
B	501 Hamacher St, Waterloo, IL 62298-1568	

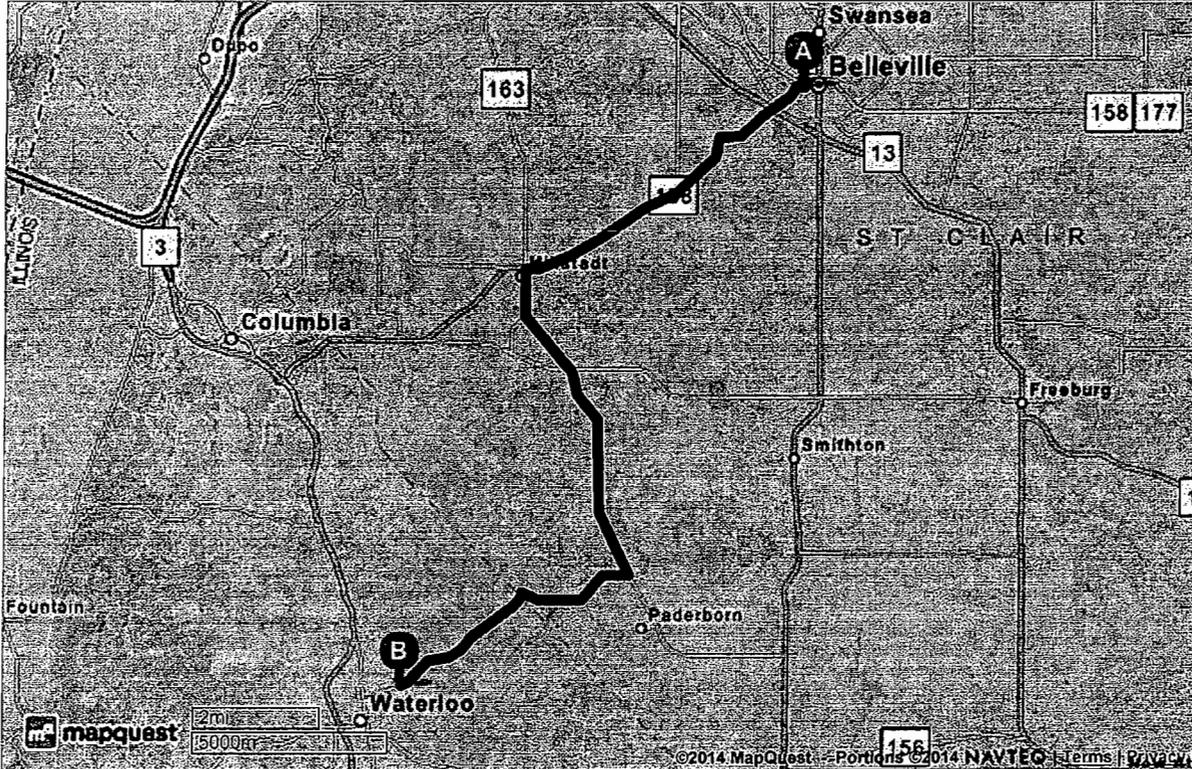
000144

Total Travel Estimate: 19.13 miles - about 30 minutes

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000145

THE MORE CLINIC FOR WOMEN



Trip to:

Granite City, IL 62040

25.81 miles / 36 minutes

Notes



Are you comfortable in your retirement?

If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS*

A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
↩	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
↗	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
↗	4. Merge onto I-255 N toward Chicago. Map	9.5 Mi 17.8 Mi Total
EXIT 26	5. Take the Horseshoe Lake Road exit, EXIT 26. Map	0.5 Mi 18.3 Mi Total
↘	6. Turn right onto Horseshoe Lake Rd. Map <i>If you are on Horseshoe Lake Rd and reach Fournie Ln you've gone about 0.1 miles too far</i>	3.9 Mi 22.2 Mi Total
↙	7. Turn left onto IL-162 W / Edwardsville Rd. Map <i>IL-162 W is 0.9 miles past Lake Dr</i> <i>If you are on Mockingbird Ln and reach Jason Dr you've gone about 0.3 miles too far</i>	1.2 Mi 23.4 Mi Total
↘	8. Turn right onto Maryville Rd. Map <i>Maryville Rd is 0.6 miles past Perigen Ln</i> <i>If you reach E 23rd St you've gone a little too far</i>	1.7 Mi 25.2 Mi Total
↙	9. Turn left onto Emert Ave. Map <i>Emert Ave is just past Stratford Ln</i> <i>If you reach Gary Ave you've gone a little too far</i>	0.3 Mi 25.4 Mi Total
↘	10. Turn right onto Edgewood Ave. Map	0.03 Mi 25.5 Mi Total
↙	11. Take the 1st left onto Johnson Rd. Map <i>If you are on Johnson Rd and reach Gary Ave you've gone a little too far</i>	0.2 Mi 25.7 Mi Total

000146



12. Take the 2nd right onto **Wabash Ave.** [Map](#)
*Wabash Ave is just past Westchester Dr
Carrousel is on the corner
If you reach Lydia Ln you've gone about 0.2 miles too far*

0.1 Mi
25.8 Mi Total



13. Welcome to **GRANITE CITY, IL 62040.** [Map](#)
If you reach Clark Ave you've gone a little too far



Granite City, IL 62040

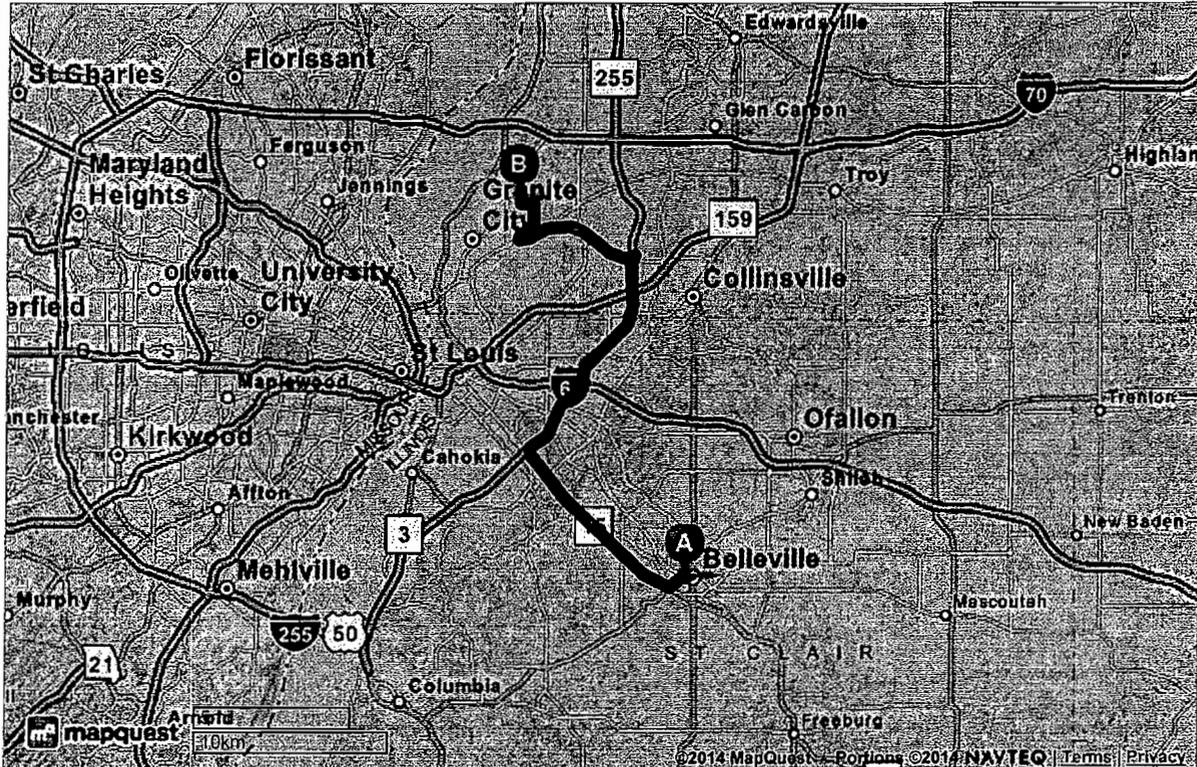
000147

Total Travel Estimate: 25.81 miles - about 36 minutes

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BEL-CLAIR AMBULATORY SURGERY TREATMENT CENTER



Trip to:

325 W Lincoln St

Belleville, IL 62220-1921

0.01 miles /

Notes

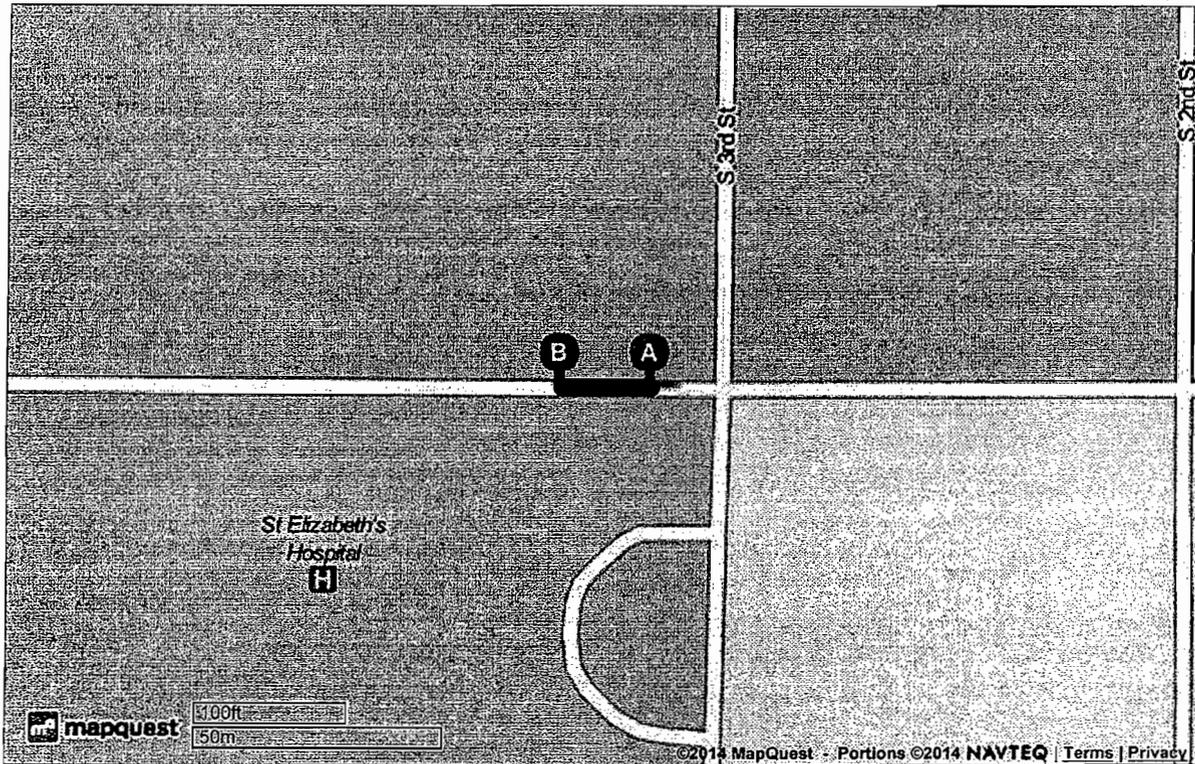
	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
	1. Start out going west on W Lincoln St. Map	0.01 Mi 0.01 Mi Total
	2. 325 W LINCOLN ST is on the right. Map <i>If you reach Centreville Ave you've gone about 0.1 miles too far</i>	
	325 W Lincoln St, Belleville, IL 62220-1921	

000149

Total Travel Estimate: **0.01 miles - about**

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ILLINOIS EYE SURGEONS CATARACT
SURGERY CENTER



Trip to:

3990 N Illinois St

Swansea, IL 62226-1919

3.78 miles / 9 minutes

Notes



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[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS*

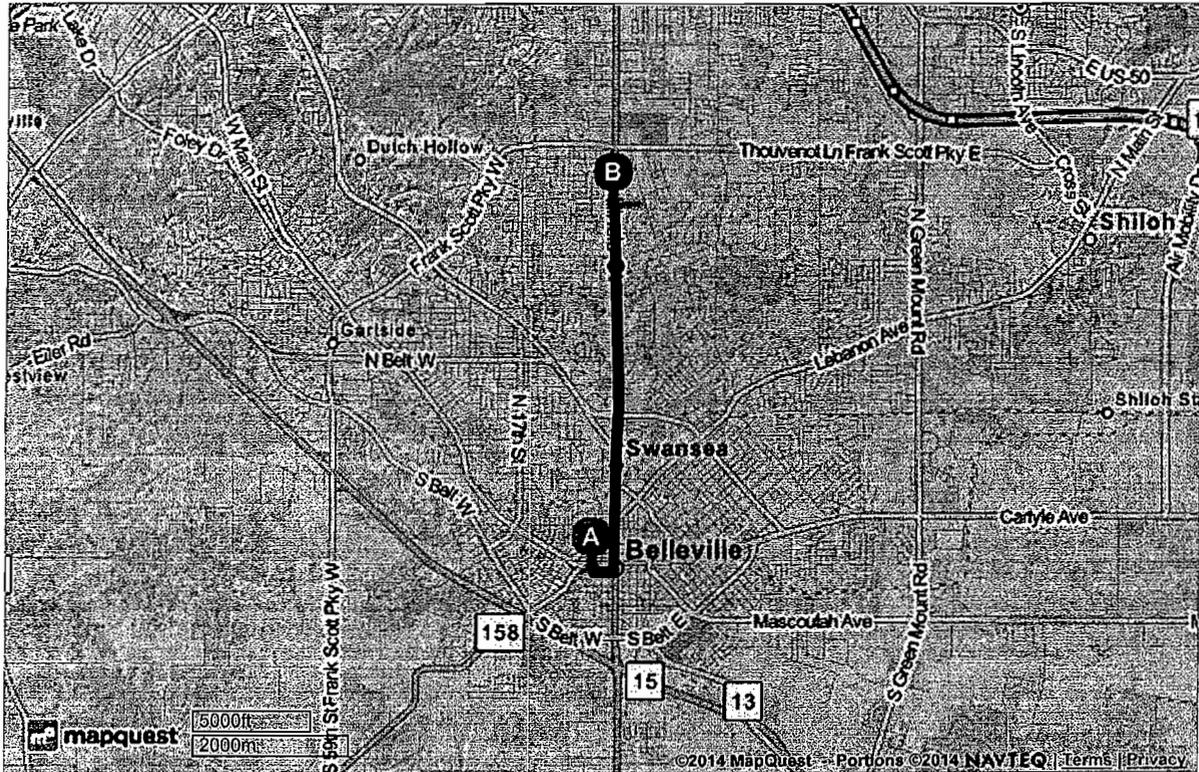
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
	1. Start out going east on W Lincoln St toward S 3rd St . Map	0.2 Mi 0.2 Mi Total
	2. Turn left onto S Illinois St / IL-159 . Map <i>S Illinois St is just past S 1st St</i> <i>If you are on E Lincoln St and reach S High St you've gone a little too far</i>	0.1 Mi 0.3 Mi Total
	3. Enter next roundabout and take the 2nd exit onto N Illinois St / IL-159 . Map	3.4 Mi 3.8 Mi Total
	4. 3990 N ILLINOIS ST is on the right. Map <i>If you reach Green Haven Dr you've gone a little too far</i>	
B	3990 N Illinois St, Swansea, IL 62226-1919	

000151

Total Travel Estimate: 3.78 miles - about 9 minutes

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NOVAMED EYE SURGERY CENTER



Trip to:
Maryville, IL 62062
 23.11 miles / 30 minutes

Notes



Are you comfortable in your retirement?

If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS*

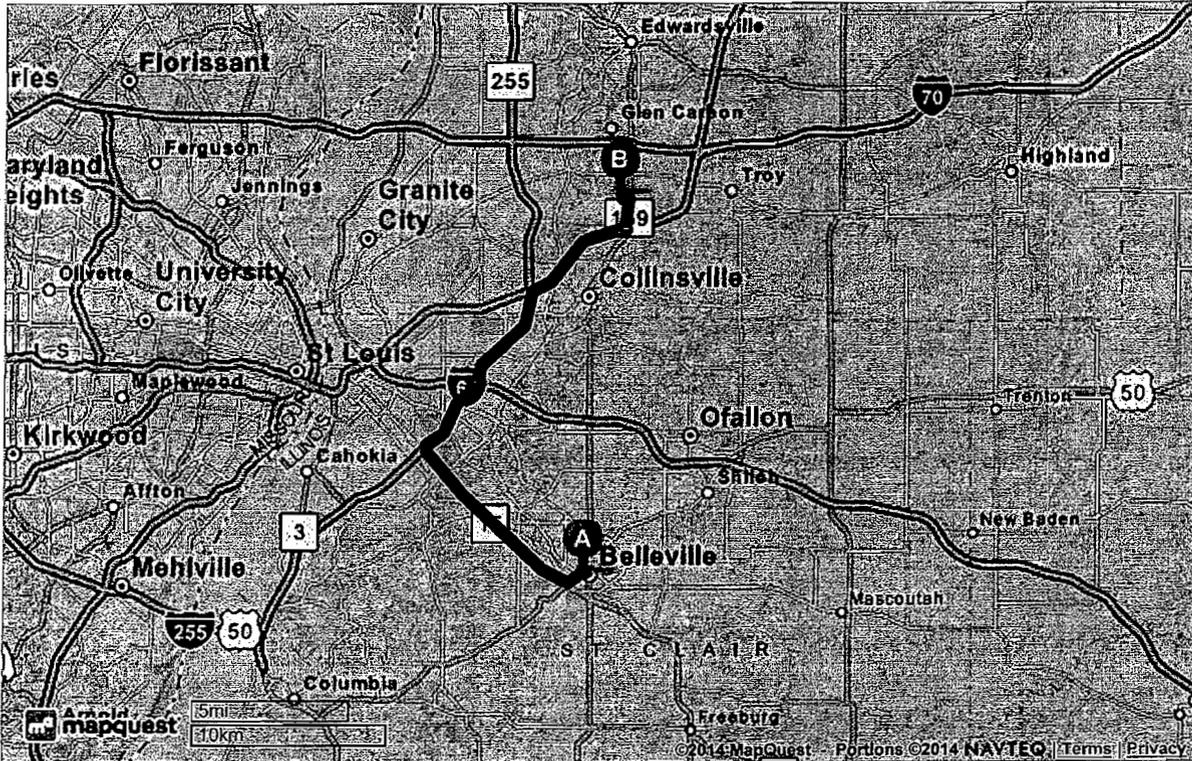
	A 311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
 	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
 	4. Merge onto I-255 N toward Chicago. Map	7.9 Mi 16.2 Mi Total
 	5. Merge onto I-55 N / I-70 E / US-40 E via EXIT 25A toward Chicago / Indianapolis. Map	5.0 Mi 21.2 Mi Total
 	6. Merge onto IL-159 N via EXIT 15B toward Maryville. Map	1.4 Mi 22.6 Mi Total
	7. Turn left onto W Zupan St. Map <i>W Zupan St is just past Main St Child Day Care Association is on the corner If you reach E Union Ave you've gone a little too far</i>	0.2 Mi 22.8 Mi Total
	8. Take the 3rd right onto Nepute St. Map <i>Nepute St is just past N Lucas St If you reach Giofre Ave you've gone about 0.1 miles too far</i>	0.2 Mi 23.0 Mi Total
	9. Take the 2nd left onto Drost St. Map <i>Drost St is 0.1 miles past W Division St</i>	0.09 Mi 23.1 Mi Total
	10. Welcome to MARYVILLE, IL 62062 . Map <i>If you reach Giofre Ave you've gone a little too far</i>	
B	Maryville, IL 62062	

000153

Total Travel Estimate: 23.11 miles - about 30 minutes

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EDWARDSVILLE AMBULATORY SURGICAL CENTER



Trip to:

12 Ginger Creek Pkwy

Glen Carbon, IL 62034-3502

26.74 miles / 35 minutes

Notes



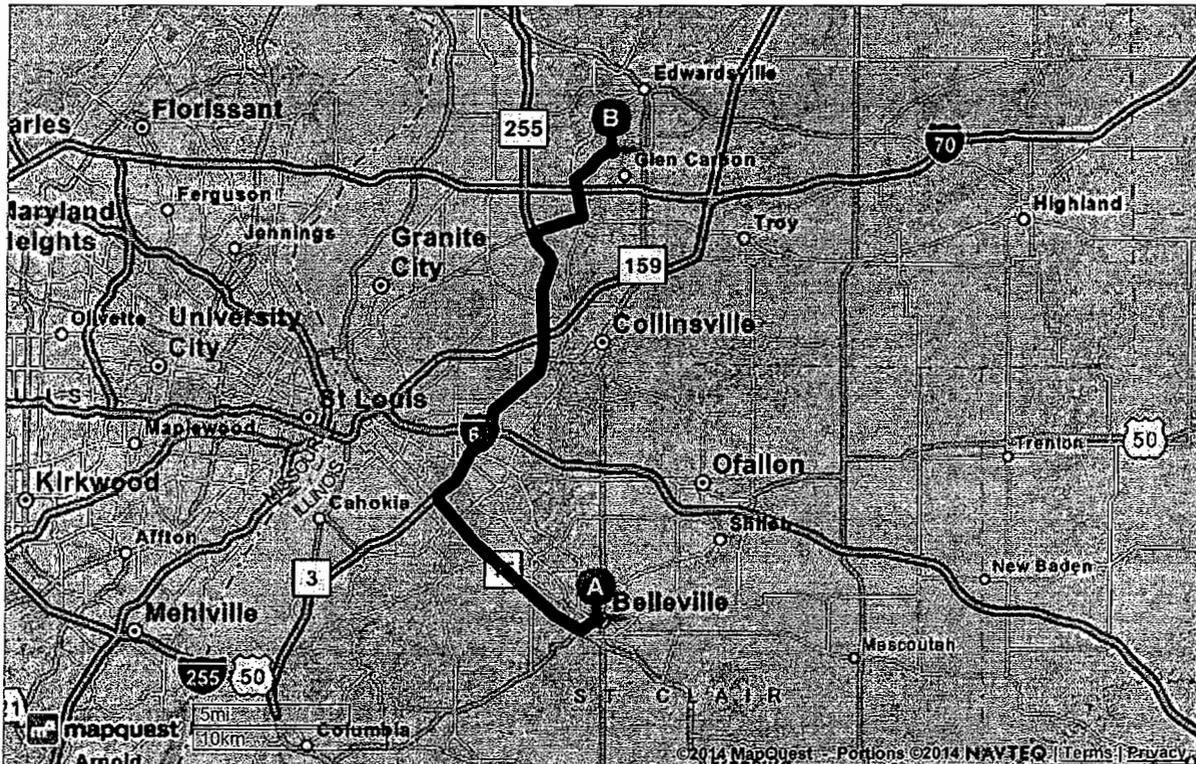
	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
	3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	7.5 Mi 8.3 Mi Total
	4. Merge onto I-255 N toward Chicago. Map	12.3 Mi 20.6 Mi Total
	5. Take the IL-162 exit, EXIT 29, toward Glen Carbon / Granite City. Map	0.5 Mi 21.1 Mi Total
	6. Turn right onto IL-162 E. Map <i>If you are on IL-162 W and reach Windsor Ave you've gone about 0.4 miles too far</i>	1.9 Mi 23.0 Mi Total
	7. Turn left onto IL-157 N. Map <i>Judy's Inn is on the corner</i>	3.6 Mi 26.5 Mi Total
	8. Turn right onto Ginger Creek Dr. Map <i>If you reach Southpointe Dr you've gone about 0.1 miles too far</i>	0.05 Mi 26.6 Mi Total
	9. Take the 1st right onto Ginger Creek Mdws. Map <i>If you reach Ginger Crest Dr you've gone about 0.1 miles too far</i>	0.06 Mi 26.6 Mi Total
	10. Take the 1st left onto Ginger Creek Pky. Map	0.09 Mi 26.7 Mi Total
	11. 12 GINGER CREEK PKWY. Map <i>If you reach the end of Ginger Creek Pky you've gone about 0.2 miles too far</i>	
	12 Ginger Creek Pkwy, Glen Carbon, IL 62034-3502	

000155

Total Travel Estimate: 26.74 miles - about 35 minutes

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BELLEVILLE SURGERY CENTER



Trip to:
28 N 64th St
 Belleville, IL 62223-3808
 5.43 miles / 11 minutes

Notes



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FISHER INVESTMENTS*

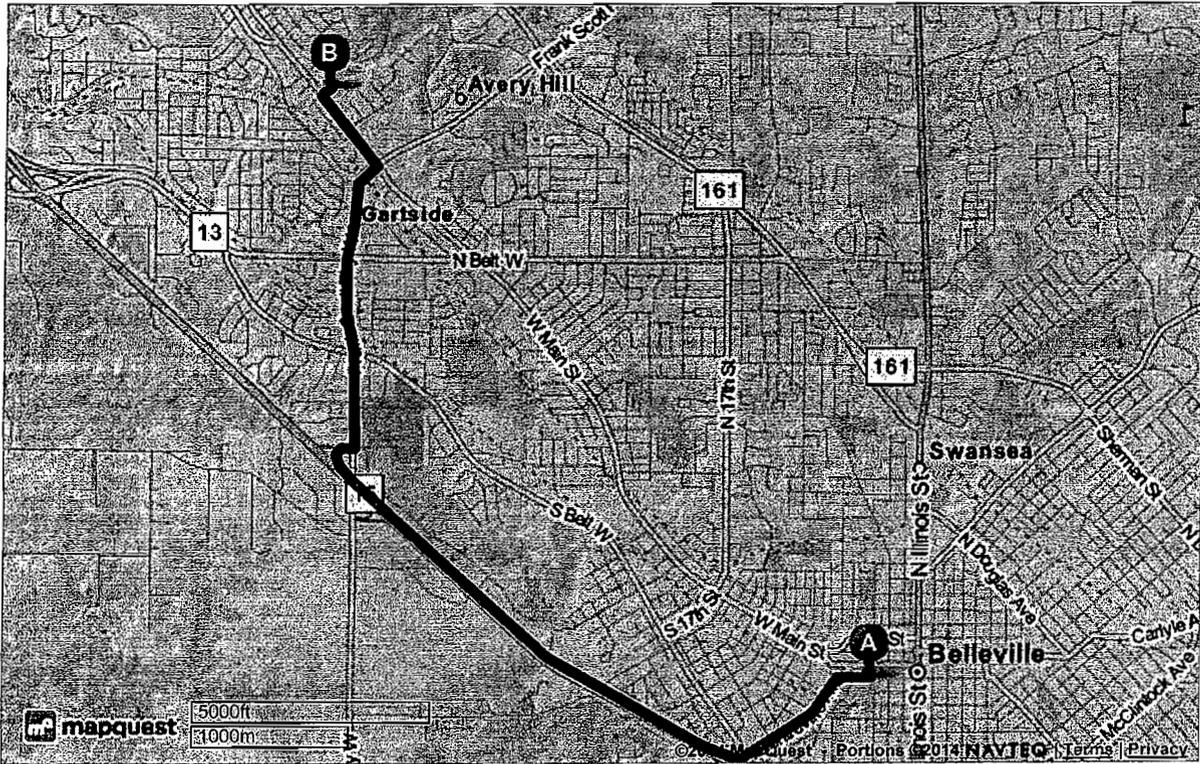
	A 311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
	1. Start out going west on W Lincoln St toward Centreville Ave. Map	0.2 Mi 0.2 Mi Total
	2. Turn slight left onto Centreville Ave. Map <i>If you are on W Lincoln St and reach S 6th St you've gone a little too far</i>	0.6 Mi 0.8 Mi Total
	 3. Merge onto IL-15 W toward E St Louis. Map <i>If you reach Whiskey Rd you've gone a little too far</i>	2.4 Mi 3.2 Mi Total
	4. Take the Frank Scott Parkway West exit. Map	0.3 Mi 3.5 Mi Total
	5. Turn left onto Frank Scott Pky W. Map	1.5 Mi 4.9 Mi Total
	6. Turn left onto W Main St. Map <i>W Main St is just past S 57th St</i> <i>If you reach Dutch Hollow Rd you've gone about 0.2 miles too far</i>	0.4 Mi 5.4 Mi Total
	7. Take the 2nd right onto N 64th St. Map <i>N 64th St is 0.1 miles past S 62nd St</i> <i>Sunrise Family Restaurant is on the corner</i> <i>If you reach S 65th St you've gone a little too far</i>	0.06 Mi 5.4 Mi Total
	8. 28 N 64TH ST is on the right. Map <i>If you reach the end of N 64th St you've gone about 0.1 miles too far</i>	
B	28 N 64th St, Belleville, IL 62223-3808	

000157

Total Travel Estimate: 5.43 miles - about 11 minutes

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METROEAST ENDOSCOPY SURGERY
CENTER



Trip to:

5023 N Illinois St

Fairview Heights, IL 62208-3453

4.67 miles / 10 minutes

Notes



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If you have a \$500,000 portfolio, download the guide for retirees by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

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FISHER INVESTMENTS*

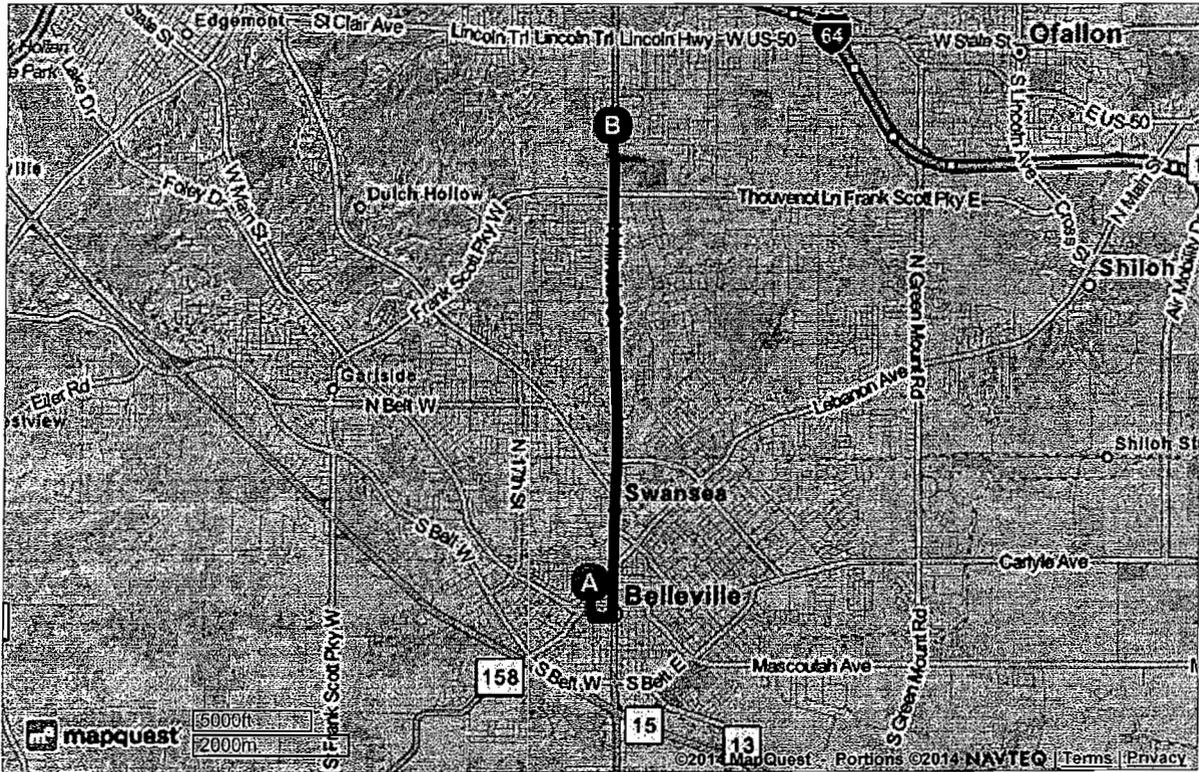
A	311 W Lincoln St, Belleville, IL 62220-1902	Download Free App
●	1. Start out going east on W Lincoln St toward S 3rd St . Map	0.2 Mi 0.2 Mi Total
↶	2. Turn left onto S Illinois St / IL-159 . Map <i>S Illinois St is just past S 1st St If you are on E Lincoln St and reach S High St you've gone a little too far</i>	0.1 Mi 0.3 Mi Total
↗	3. Enter next roundabout and take the 2nd exit onto N Illinois St / IL-159 . Map	4.3 Mi 4.7 Mi Total
■	4. 5023 N ILLINOIS ST is on the left. Map <i>Your destination is just past Lakeland Hills Dr If you reach Jennifer Dr you've gone about 0.1 miles too far</i>	
B	5023 N Illinois St, Fairview Heights, IL 62208-3453	

000159

Total Travel Estimate: **4.67 miles - about 10 minutes**

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