ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

JUL 18 2014

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Hauser Ross Eye Institute Ambulatory Surgery Center		
Street Address: See attached Property Description – Attachment 1		
City and Zip Code: DeKalb, Illinois		
County: DeKalb	Health Service Area 1	Health Planning Area: B-04

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: DeKalb Surgical Services, LLC d/b/a Hauser Ross Eye Institute Ambulatory Surgery Center
Address: Hauser Ross Eye Institute, 2240 Gateway Drive, Sycamore, IL 60178
Name of Registered Agent: Ahmed Abdelsalam, M.D.
Name of Chief Executive Officer: Ahmed Abdelsalam, M.D.
CEO Address: Hauser Ross Eye Institute, 2240 Gateway Drive, Sycamore, IL 60178
Telephone Number: 815-756-8571 X424

Type of Ownership of Applicant/Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 West Monroe Street, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312-277-2964

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

Name: Ahmed Abdelsalam, M.D.
Title: Manager
Company Name: DeKalb Surgical Services, LLC
Address: 2240 Gateway Drive, Sycamore, IL 60178
Telephone Number: 815-756-8571 X424
E-mail Address: ahmedmdfacs@gmail.com
Fax Number:

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: Ahmed Abdelsalam, M.D.
Title: Manager
Company Name: DeKalb Surgical Services, LLC
Address: 2240 Gateway Drive, Sycamore, IL 60178
Telephone Number: 815-756-8571 X424
E-mail Address: ahmedmdfacs@gmail.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: SASS Real Property Investments, LLC
Address of Site Owner: 1740 N. Mohawk, Chicago, IL 60614
Street Address or Legal Description of Site: Gateway Drive, Between Dosen Drive and Klein Road, Sycamore, Illinois **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:
Address:

☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☒ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **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.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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.

The applicant intends to establish a limited specialty surgery center offering ophthalmology and otolaryngology surgical services in four operating rooms, with twelve (12) associated recovery rooms.

Some of the services to be provided (retinal surgery, oculoplastics, advanced laser cataract and advanced blade free refractive laser surgery) are not currently available in the DeKalb/Sycamore area. The applicant will invest in equipment so that these services can be offered to area residents.

The otolaryngology surgery services will be complimentary to the primary practice of the proposed surgery center, which is ophthalmology surgery.

The proposed surgery center will serve all patients regardless of payer source and will place no restrictions on service based on ability to pay.

This is a substantive project pursuant to the rules and regulations of the Illinois Health Facilities and Services Review Board as it proposes the establishment of a health care facility.

Project Costs and Sources of Funds SURGERY CENTER

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	SURGERY CENTER		
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees	$43,665.00	$17,835.00	$61,500.00
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	$500,000.00	$150,000.00	$650,000.00
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment*	$5,904,448.38	$2,530,477.87	$8,434,926.25
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$6,072,283.38	$3,074,142.87	$9,146,426.25
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges	$543,665.00	$167,835.00	$710,500.00
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$5,904,448.38	$2,530,477.00	$8,434,925.25
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$6,072,283.38	$3,074,142.87	$9,146,426.25
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

*$5,934,926.25 FMV of Leased Space – Annualized x 15 Year Lease Term
$2,500,000.00 FMV of Leased Equipment

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 ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ 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 $432,153.00.

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:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): March 31, 2016

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable: **NOT APPLICABLE**

☐ Cancer Registry
☐ APORS
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization NOT APPLICABLE

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:		**CITY:**			
REPORTING PERIOD DATES:		**From:**	**to:**		
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)					
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 manager 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 DeKalb Surgery Center, LLC d/b/a The Hauser Eye Institute Ambulatory Surgery Center* 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

Ahmed Abdelsalam, M.D.
PRINTED NAME

Manager, DeKalb Surgical Center, LLC
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of July

Signature of Notary

Seal

"OFFICIAL SEAL"
JACQUELINE R. TITUS
Notary Public, State of Illinois
My Commission Expires July 21, 2014

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

NOT APPLICABLE

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following: **NOT APPLICABLE**

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Non-Hospital Based Ambulatory Surgery

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

1. **Criterion 1110.1540(a), Scope of Services Provided**

   Read the criterion and complete the following:

   a. Indicate which of the following types of surgery are being proposed:

_____Cardiovascular	_____Obstetrics/Gynecology	_____Pain Management
_____Dermatology	__X__Ophthalmology	_____Podiatry
_____Gastroenterology	_____Oral/Maxillofacial	_____Thoracic
_____General/Other	_____Orthopedic	__X__Otolaryngology
_____Neurology	_____Plastic	_____Urology

   b. Indicate if the project will result in a __X__ limited or _____ a multi-specialty ASTC.

2. **Criterion 1110.1540(b), Target Population**

   Read the criterion and provide the following:

   a. On a map (8 ½" x 11"), outline the intended geographic services area (GSA).

   b. Indicate the population within the GSA and how this number was obtained.

   c. Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

3. **Criterion 1110.1540(c), Projected Patient Volume**

   Read the criterion and provide signed letters from physicians that contain the following:

   a. The number of referrals anticipated annually for each specialty.

   b. For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.

   c. A statement that the projected patient volume will come from within the proposed GSA.

   d. A statement that the information in the referral letter is true and correct to the best of his or her belief.

4. **Criterion 1110.1540(d), Treatment Room Need Assessment**

   Read the criterion and provide:

   a. The number of procedure rooms proposed.

   b. The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

5. **Criterion 1110.1540(e), Impact on Other Facilities**

   Read the criterion and provide:

   a. A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

b. A list of the facilities contacted. **NOTE**: Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

6. Criterion 1110.1540(f), Establishment of New Facilities

Read the criterion and provide:

a. A list of services that the proposed facility will provide that are not currently available in the GSA; or

b. Documentation that the existing facilities in the GSA have restrictive admission policies; or

c. For co-operative ventures,

a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and

b. The hospital's surgical utilization data for the latest 12 months, and

c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and

d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.

b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

8. Criterion 1110.1540(h), Change in Scope of Service

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

$710,500.00	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$8,434,926.25	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
$9,207,926.25	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
		TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver **NOT APPLICABLE**

The applicant is not required to submit financial viability ratios if:

1. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**NOT**	**APPLICABLE**		
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -39, 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)			
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

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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
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6	Historic Preservation Act Requirements	35-45
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18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
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21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
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30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
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34	Clinical Service Areas Other than Categories of Service	
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Certificate of Good Standing

See attached for applicant DeKalb Surgical Services, LLC.

Attachment 1

File Number 0478981-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

DEKALB SURGICAL SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 12, 2014, 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 DOMESTIC LIMITED LIABILITY COMPANY 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* JUNE *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1416802972

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

Site Ownership

The proposed ASTC will be located in leased space at a building to be owned by Sass Real Property Investments, LLC, and located at the south side of Gateway Drive, between Dosen Drive and Klein Road and known as lots 13 and 14 of Krpan's Thanks America Commercial Division in Sycamore, Illinois (and further described in Exhibits A and B to the attached Letter of Intent between the applicant and the Owner).

Attachment 2

Ahmed Abdelsalam, MD, FAAO, FACS
Medical & Surgical Diseases of Vitreous & Retina
Managing Partner
Chicagoland Retinal Consultants, LLC
Millenieum Park/Loop Office
The Kemper Bldg
1 E. Wacker Dr. Ste. #3150
Chicago, IL 60601

RE: Letter of Intent – SASS Real Property Investments, LLC and DeKalb Surgical Services, LLC

Dear Dr. Abdelsalam:

This letter of intent ("Letter of Intent") outlines the basic business terms and conditions upon which SASS Real Property Investments, LLC ("Landlord"), the owner of the Building (defined below) would be willing to enter into negotiations of a lease (the "Lease") for a portion of the Building with DeKalb Surgical Services, LLC ("Tenant"), it being understood that additional terms and conditions remain to be negotiated between the parties.

1. **BUILDING:**

   To be constructed on the property (see attached Exhibit A and B), containing approximately 36,509 building square feet, (the "Building").

2. **PREMISES:**

   The Premises shall consist of approximately 7,953 building gross square feet.

3. **USE OF PREMISES:**

   Surgery center, with related administrative space.

4. **LEASE COMMENCEMENT:**

   The "Lease Commencement Date" shall be the first day of the calendar month following the date on which the Tenant obtains approval of its certificate of need ("CON")permit application from the Illinois Health Facilities and Services Review Board (the "State Board"), as further defined in Section 10 of this Letter of Intent. Tenant will construct the improvements for the Premises at Tenant's expense.

5. **LEASE TERM:**

   The lease term shall be for a period of fifteen (15) years commencing on the Lease Commencement Date (the "Lease Term").

6. **BASE RENT:**

Attachment 2

The fair market rental value of the Premises is approximately $49.75 per building gross square foot per rent year. Base rent for the Premises, payable monthly in advanced during the Lease Term, shall be Thirty Two Thousand Nine Hundred Seventy One and 81/100ths Dollars ($32,971.81) per month. The rent per GSF will include build out cost for the space and pass throughs included common area maintenance and taxes pro-rated. Annual rent total is $395,661.75.

7. **ADDITIONAL RENT:**

Tenant will pay its proportionate share of common area maintenance, operating expenses and real estate taxes for the Building.

8. **OPTION TO RENEW:**

Landlord shall provide Tenant with the option to renew the Lease for two (2) additional five (5) year periods (each a "Renewal Period") on the same terms and conditions as were applicable during the initial Lease Term.

9. **PARKING:**

Tenant, Tenant's employees, visitors and clients shall have the right to use the parking facilities of the Building in common with all other tenants and visitors of the Building.

10. **CERTIFICATE OF NEED CONTINGENCY:**

Landlord and Tenant understand and agree that the establishment of a surgery center in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a surgery center on the Premises or execute a binding real estate lease in connection therewith unless the Tenant obtains a CON permit from the State Board. Tenant agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the State Board. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to the approval of the CON permit; provided, however, that such lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming the CON permit is granted, the effective date of the lease agreement shall be the Lease Commencement Date. In the event that the State Board does not grant a CON permit to the Tenant, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

The terms and conditions set forth above shall not be binding upon Landlord or Tenant until such time as the lease and all related documents have been (i) approved by Tenant and Landlord, and their respective principals and legal counsel, and (ii) fully executed by both Tenant and Landlord and delivered to the other party. Either party may withdraw from negotiations at any time for any reason, without liability to the other.

Attachment 2

and delivered to the other party. Either party may withdraw from negotiations at any time for any reason, without liability to the other.

Please indicate your acceptance of the above terms and conditions by executing below and returning to the undersigned.

Very truly yours,

LANDLORD:
Sass Real Property Investments, LLC

By: _____
Title: _____

AGREED AND ACCEPTED:

DeKalb Surgical Services, LLC

By: _____
Title: _____

Attachment 2

EXHIBIT A

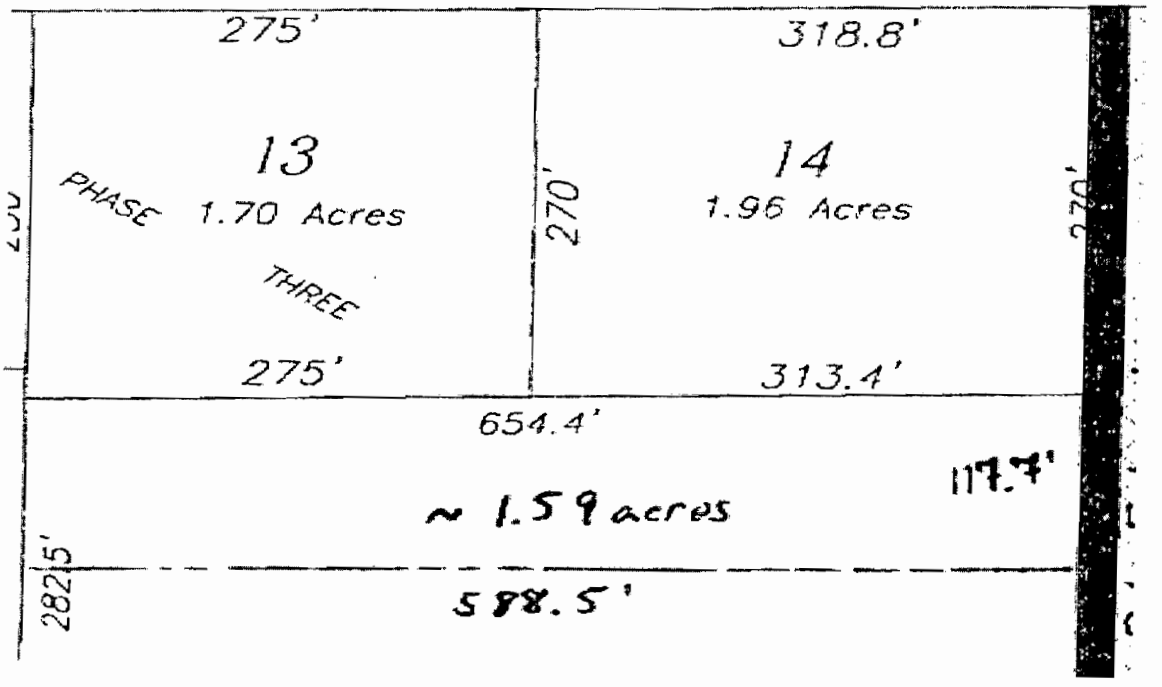
LEGAL DESCRIPTION OF PROPERTY

Lots 13 and 14 of Krpan's Thanks America Commercial Division Phase Three, a resubdivion of Lots 2 and 3 of Thanks America Commercial Division, Lot 5 of Thanks America Professional Division and part of the East half of Section 12, Township 40 North, Range 4, East of the Third Principal Meridian, according to the plat thereof recorded March 5, 2008 in Plat Cabinet 10, at Slide 44-A, as Document No. 2008003418, in Cortland and DeKalb Townships, DeKalb County, Illinois.

Attachment 2

EXHIBIT B

DEPICTION OF EXPANDED PROPERTY



Attachment 2

Operating Entity/Licensee Information

I. Certificate of Good Standing

Please find attached a Certificate of Good Standing issued by the Illinois Secretary of State for DeKalb Surgical Services, LLC, which will do business as the Hauser Ross Eye Institute Ambulatory Surgical Center.

II. Ownership Disclosures

The following persons hold a 5 percent (5%) or greater ownership interest in the CON applicant entity Preferred SurgiCenter, LLC.

Name	Entity/Individual	Ownership %
Ahmed Abdelsalam, M.D.	Individual	100%

Attachment 3

File Number 0478981-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

DEKALB SURGICAL SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 12, 2014, 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 DOMESTIC LIMITED LIABILITY COMPANY 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* JUNE *A.D.* 2014 .

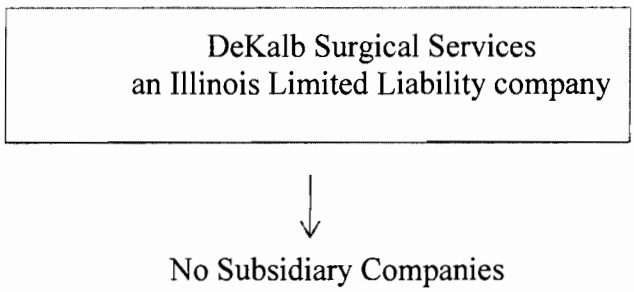
Jesse White

SECRETARY OF STATE

Authentication #: 1416802972

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

Organizational Relationship



Attachment 4

Flood Plain Requirements

See attached.

Attachment 5

I, Ahmed Abdelsalam, M.D., do hereby attest as manager of SASS Real Property Investments, LLC, owner of the building where the proposed ASC will be located, that it is not in a flood plain.

Ahmed Abdelsalam

Subscribed and sworn to before me this
15th day of July, 2014.

Notary Public

"OFFICIAL SEAL"
JACQUELINE R. TITUS
Notary Public, State of Illinois
My Commission Expires July 21, 2014

Attachment 5

Historic Preservation Agency Letter

See attached. The response will be provided when received.

Attachment 6

McDermott
Will & Emery

Boston Brussels Chicago Düsseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington, D.C.

Strategic alliance with MWE China Law Offices (Shanghai)

Clare Connor Ranalli
Attorney at Law
cranalli@mwe.com
+1 312 984 3365

July 3, 2014

Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701-1512
Attention: Director Amy Martin

Re: Illinois Certificate of Need ("CON") Clearance Letter Request

Dear Director Martin:

We represent DeKalb Surgical Services, LLC (the "Applicant") in pursuing a CON from the Health Facilities & Services Review Board to establish an Ambulatory Surgery Treatment Center ("ASTC") at (see attached legal description). The Illinois State Agency Historic Resources Preservation Act, 20 ILCS 34201/1 et seq. (the "Act"), provides that written notice of a proposed undertaking shall be given to the Director of the Illinois Historic Preservation Agency ("HPA") either by a State agency or a recipient of its funds, licenses or permits when the proposed undertaking might affect historic, architectural or archaeological resources. In addition, the CON application process requires a letter from HPA regarding any construction project's impact on possible architecturally significant or historical structure.

Enclosed is the information necessary for the HPA to conduct a review of the Project to determine whether any historic, architectural or archaeological sites might be impacted by the Project. Specifically, we provide the following information to you for review:

1. General project description and address: The project will include an approximate 26,000 GSF building which will include physician office space, a pharmacy, an ambulatory surgery center (if approved) and related services, including associated parking.

2. Topographic or metropolitan map showing the general location of the project: See attached.

3. Photographs of any standing buildings/structure within the project area: None

4. Address for building/structures, if present: None

Upon review of the information provided in this letter, kindly forward confirmation to my attention indicating whether, in the HPA's opinion, the Project will have any impact on a historical or architecturally significant building or structures.

To our knowledge, there are no historical buildings in the area. Further, there are no state-designed historical sites in the vicinity of the proposed site.

Thank you for your consideration. If you have questions, please contact me at (312) 984-3365.

Sincerely,

McDermott Will & Emery

Clare Connor Ranalli

Clare Connor Ranalli

Enclosures

c: Courtney Avery
Administrator
Health Facilities and Services Review Board

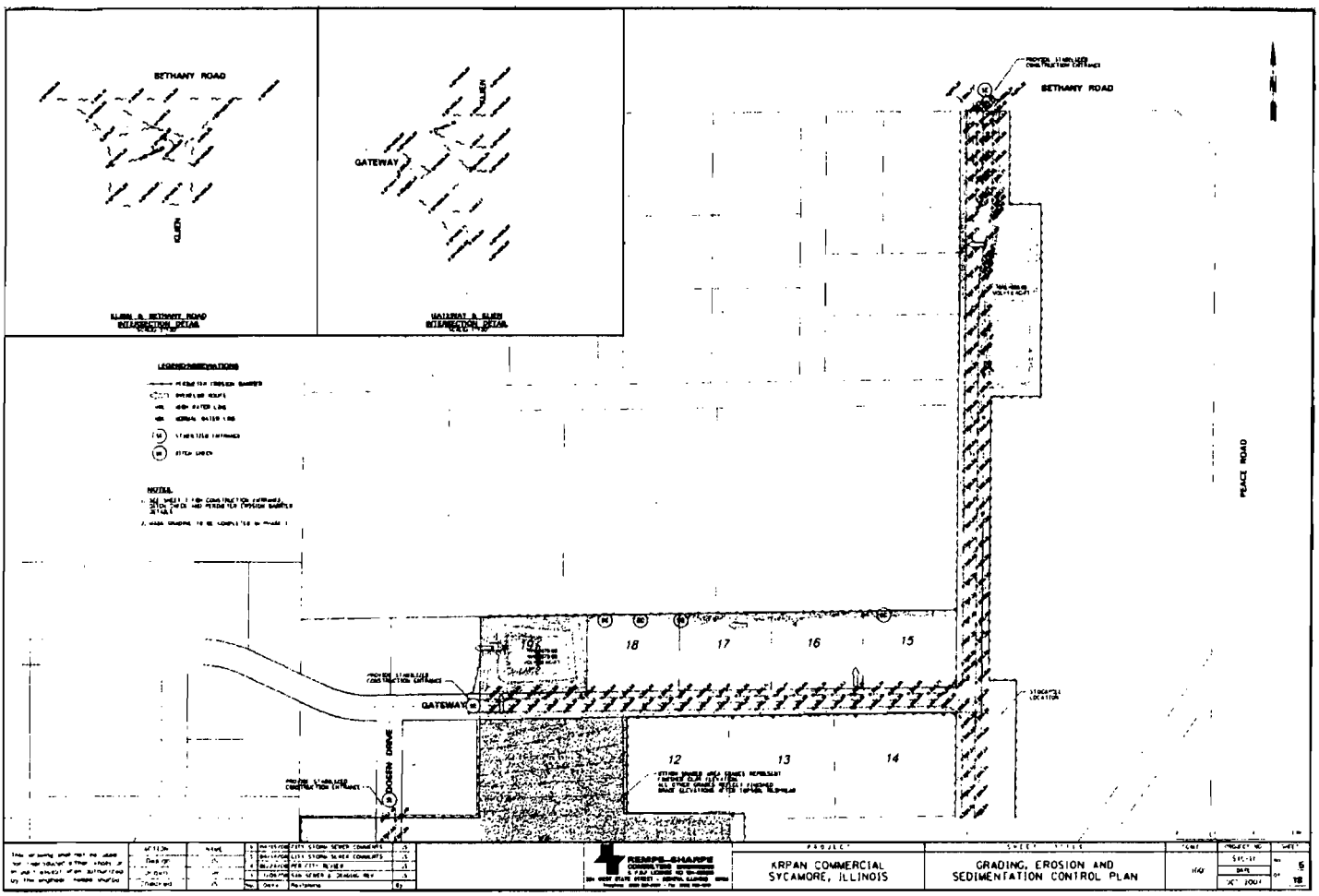
1. The project location does not have an address, but see attached. The project entails the construction of a 36,509 GSF building that will be 2 stories tall. Of this, 7,953 GSF will be leased to the proposed ASC. It will have outdoor parking spaces. The building is intended to house medical office space, a pharmacy, and optical office, a surgery center and related services.

2. See attached map.

3. There are no structures within the project area.

4. N/A.

Attachment 6


BETHANY ROAD
ELLEN
GATEWAY
ELLEN & BETHANY ROAD INTERSECTION DETAIL
GATEWAY & ELLEN INTERSECTION DETAIL
BETHANY ROAD
PLACE ROAD
GATEWAY
DOGEN DRIVE
18
17
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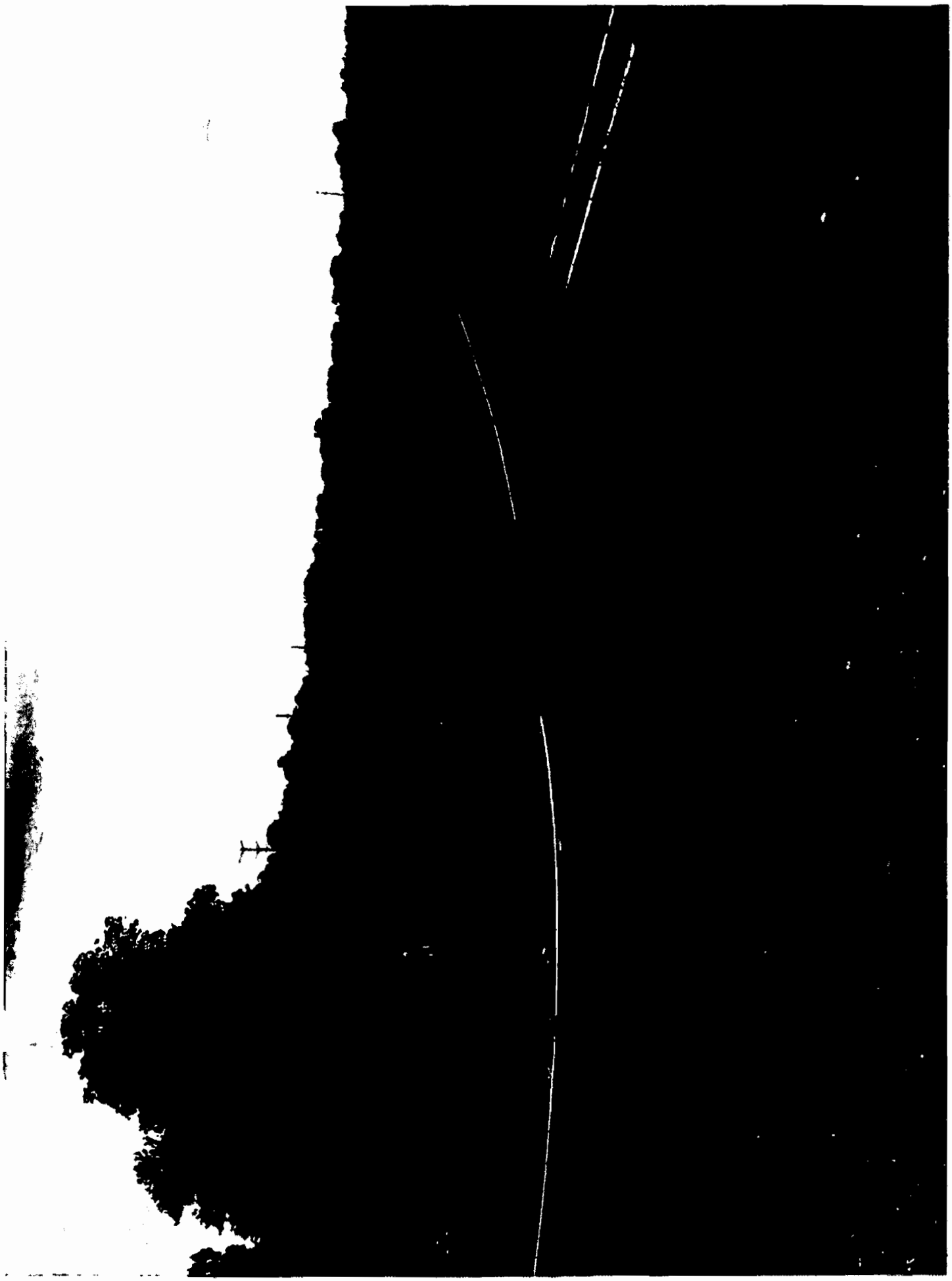
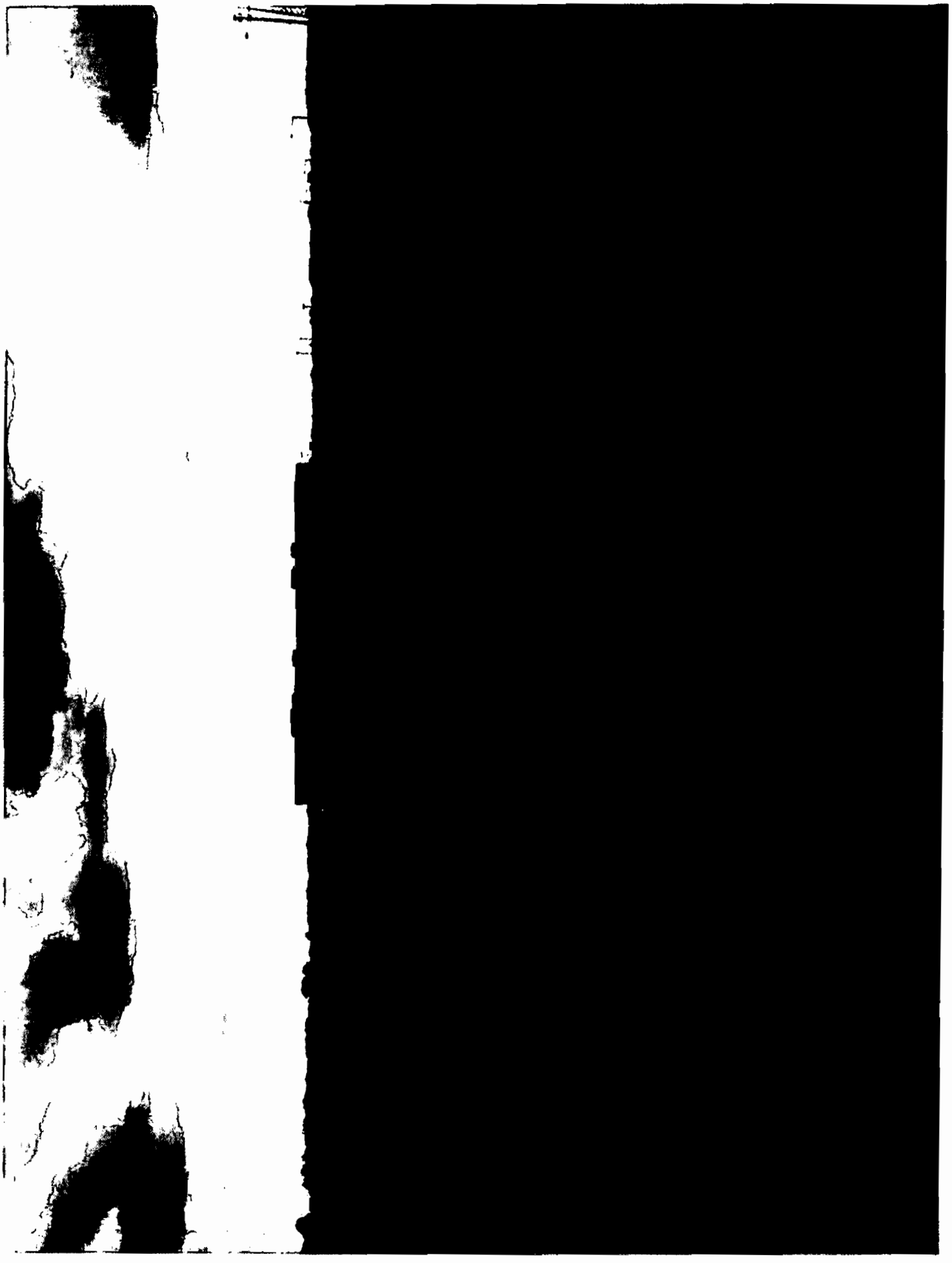
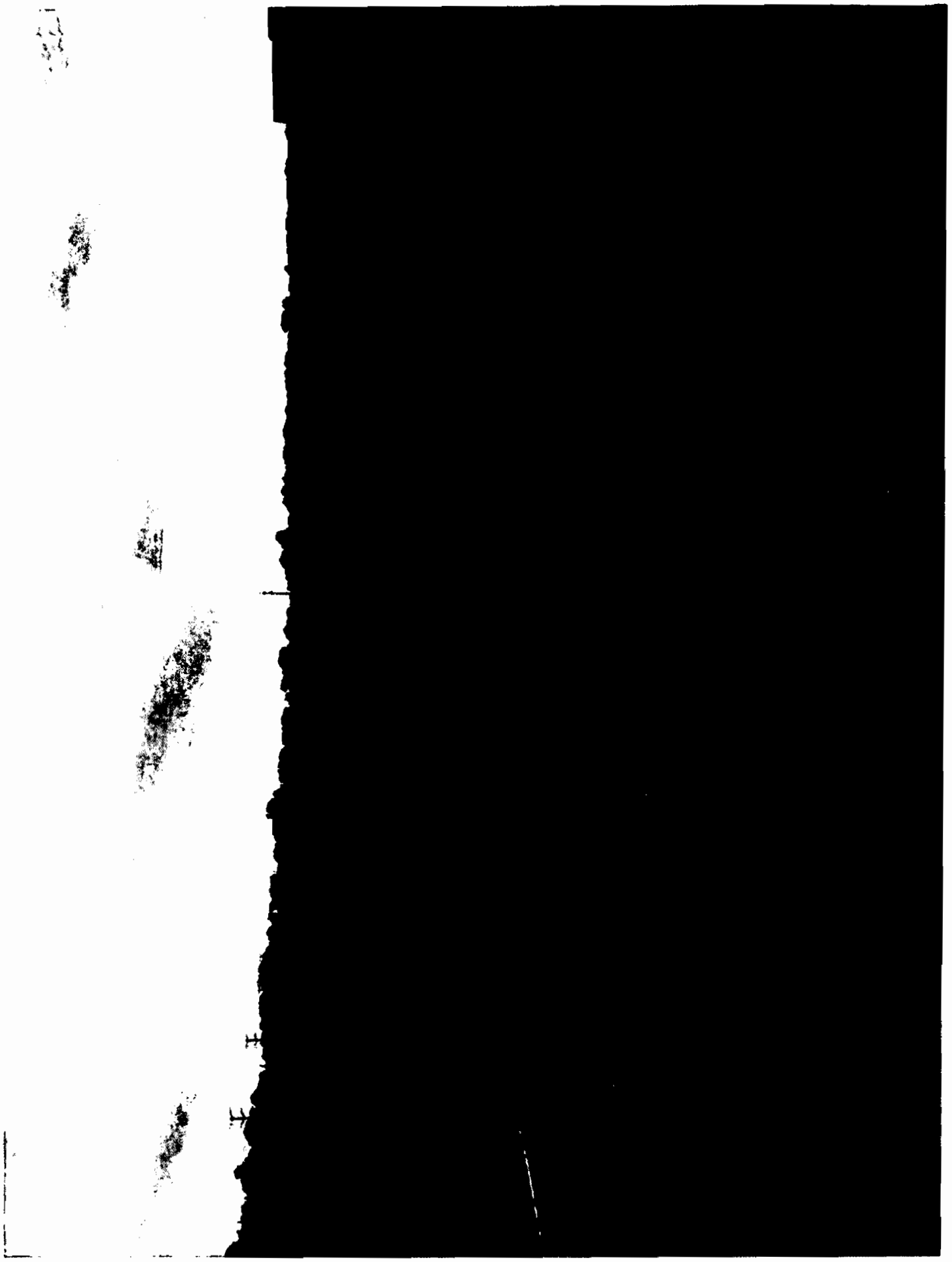
REMPE-SHARPE
KRPAN COMMERCIAL
SYCAMORE, ILLINOIS
GRADING, EROSION AND SEDIMENTATION CONTROL PLAN







Itemization of Project Costs

Construction/Modernization (Internal Build Out of Space): Included in Lease/Rent

FMV of Leased Space: $5,934,926.25 annualized rent for space over lease term.

FMV of Leased Equipment: $2.5M – This includes clinical equipment necessary to do state of the art eye procedures as outlined in Attachment 12, Purpose 3 of this application.

Movable Equipment: $650,000.00. This includes furniture, beds and miscellaneous clinical equipment.

A & E: $61,500.00

Attachment 7

Cost Space Requirements

Reviewable		GSF		Amount of Proposed Total GSF that is:			
Dept.	Cost	Exist.	Prop.	New Cust.	Mod.	As Is	Vacated
Ambulatory Surgery	$6,072,283.38	0	5,631	0	0	0	0
Non Reviewable		**GSF**		**Amount of Proposed Cost That is:**			
Dept.	Cost	Exist.	Prop.	New Cust.	Mod.	As Is	Vacated
Registration/ Waiting/ Admin	$3,074,142.87	0	2,322	0	0	0	0
Total ASC	$9,146,426.25		7,953	0	0	0	0

Cost Per GSF for the Reviewable (Clinical) Portion of the Project is $874.88*.

The costs for this project include the FMV of leased space, the FMV of leased equipment and the purchase price of movable equipment.

*Includes all equipment cost.

Attachment 9

Background

See Attached

Attachment 11

Pursuant to 77 Il. Adm. Code § 1110.230: Background of the Applicant, DeKalb Surgical Services, LLC (the "Applicant") hereby certifies:

I. Facilities Owned or Operated by Applicant

The Applicant is a newly formed company and does not own, operate, or manage any other ambulatory surgical treatment centers or any other type of health care facilities or health care provider entities. Accordingly, the Applicant's company did not have any history regarding adverse action taken against the Applicant's facility. The Applicant is managed by Ahmed Abdelsalam, M.D. a physician board-certified in ophthalmology who has been practicing medicine in this specialty for 14 years (see attached curriculum vitae). Throughout his career, Dr. Abdelsalam has maintained a high-level of professionalism in his practice of medicine. He has never been sanctioned by Medicare, Medicaid, or any other governmental health care program. Furthermore, Dr. Abdelsalam has never been subject to disciplinary action by any medical board either in Illinois or in any other jurisdiction. The Applicant will seek accreditation for the surgery center from the Joint commission. Based on the foregoing, the Applicant is fit, willing, and able to have the qualifications, background, and character to adequately provide the proper standard of health care services for the community.

II. No Adverse Action Certification

Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicant hereby certifies that no adverse actions have been taken against any health care facility owned or operated by the Applicant during the three (3) years prior to filing of this certificate of need application.

III. Authorization

Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicant hereby authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify the information submitted, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification of records of other states, where applicable; and (iii) the records of nationally recognized accreditation organizations.

IV. Prior Applications

The Applicant has not submitted a prior application for permit this calendar year.

DeKalb Surgical Services, LLC

By: _____
Ahmed Abdelsalam, M.D.

NOTARY:

Subscribed and sworn to me this 16 day of July, 2014

_____
Notary Public

OFFICIAL SEAL
MELISSA A MAZZARI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/30/17

Seal:

Attachment 11

Ahmed Abdelsalam, MD,FAAO,FACS CV

College & Medical School

1982-1990	M.B.Ch.B. (Bachelor of Medicine & Surgery "*With Honors*"), Alexandria University Faculty of Medicine - Alexandria University, Egypt.

National Boards

1993 -1994	United States Medical Licensing Examination, Part III
1991-1992	United States Medical Licensing Examination, Part I National Board of Medical Examiners Part II

Residency Training

1997-2000	Ophthalmology Resident - Insitute of Ophthalmology & Visual Sciences of New Jersey Medical School
1994-1996	Internal Medicine Resident - Robert Wood Johnson Medical School
1993-1994	PGY-1: Medicine. New Jersey Medical School

Fellowship Training

2000-2002	Vitreoretinal Surgery Fellow under the Direction of Gary W. Abrams, MD, the David F. Barsky Chair in Ophthalmology, Professor and Chairman. Kresge Eye Institute Wayne State University

Board Certification

Diplomate - ABO (American Board of Ophthalmology 2021)

Diplomate - ABIM (American Board of Internal Medicine 2006)

Licenses Held

New Jersey

Michigan

Illinois

Indiana

Academic, Consulting, & Hospital Appointments Held

2013 - present	Managing Partner DEC, LLC dba Hauser Ross Eye Institute
2004 - Present	Founder and Managing Partner Chicagoland Retinal Consultants, LLC
2004 - Present	Attending Physician. Department of Ophthalmology MacNeal Health Network MacNeal Healthcare System
2004 - Present	Attending Physician. Department of Ophthalmology Louis A. Weiss Memorial Hospital
2004 - Present	Attending Physician. Department of Ophthalmology Little Company of Mary Medical Center
2004 - Present	Attending Physician. Department of Ophthalmology Swedish Covenant Hospital
2004 - Present	Attending Physician. Department of Ophthalmology Oak Park Hospital
2004 - Present	Attending Physician. Department of Ophthalmology St. Elizabeth's Hospital
2004 - Present	Attending Physician. Department of Ophthalmology St. Mary Of Nazareth Hospital
2002 - July 2003	Director, Adult Vitreoretinal Diseases & Surgery Service Department of Ophthalmology and Visual Sciences Pritzker School of Medicine - University of Chicago
2002 - 2004	Director, Pediatric Vitreoretinal Surgery and Retinopathy of Prematurity Service University of Chicago Hospitals Pritzker School of Medicine - University of Chicago
2002-2004	Assistant Professor of Ophthalmology and Visual Sciences Department of Ophthalmology and Visual Sciences Pritzker School of Medicine - University of Chicago

2003-2004	Assistant Professor of Pediatrics Department of Pediatrics Pritzker School of Medicine - University of Chicago
2002-2003	Vitreoretinal Surgery Consultant Illinois Eye Institute Chicago, Illinois
2000-2002	Junior Attending-Ophthalmology Service Kresge Eye Institute - Wayne State University
2000-2002	Ophthalmic and Vitreoretinal Consultant The John D. Dingell Veterans Administration Medical Center Detroit, Michigan

Committees & Administrative Responsibilities Held

2002-2004	UCPPG (University of Chicago Physicians Practice Group) Board of Trustees University of Chicago Hospitals University of Chicago Medical Center
2003-2004	Medical Liability Committee (MLC) University of Chicago Hospitals University of Chicago Medical Center
2003-2004	Medical Liability Executive Committee (MLEC) University of Chicago Hospitals University of Chicago Medical Center
2002-2004	DCAM OR Administrative Committee University of Chicago Hospitals University of Chicago Medical Center
2002-2004	University of Chicago Pediatric Surgery Subspecialty Group University of Chicago Hospitals University of Chicago Medical Center
2002-2004	Chair - Coding/Billing and Internal Review Committee Department of Ophthalmology and Visual Sciences Pritzker School of Medicine - University of Chicago
2003-2004	Coordinator - Invited Guest Lecture Series (CME) Department of Ophthalmology and Visual Sciences Pritzker School of Medicine - University of Chicago
2002-2004	Quality Improvement Committee Department of Ophthalmology and Visual Sciences Pritzker School of Medicine - University of Chicago
2002-2004	Residency Selection Committee Department of Ophthalmology and Visual Sciences Pritzker School of Medicine - University of Chicago

Academic Honors & Awards

Kresge Eye Institute 2002 ***Acknowledgement Award*** for dedicated service as a Vitreo-retinal fellow.

New Jersey Medical School 1999 ***Residents Excellence Award*** in recognition of the exemplary contribution to the Dept. of Ophthalmology and for the Commitment to Research, Patient Care and Education.

New York Academy of Medicine 1996 ***Certificate of Acknowledgment***

Professional Memberships & Awards

Fellow, American Academy of Ophthalmology (FAAO)

Fellow, American College of Surgeons (FACS)

Member, American Society of Retina Specialists (ASRS)

Member, Association for Research in Vision & Ophthalmology (ARVO)

Member, American College of Physicians (ACP)

Member, Chicago Ophthalmological Society (COS)

Member, Illinois Association of Ophthalmology (IAO)

Research Publications & Activities

1. Mauriello JA, Abdelsalam A. *Modified monocanalicular silicone stents.* **Ophthalmic Surgery** 27:929-934, 1996.

2. Mauriello JA, Abdelsalam A. *Modified corncrib procedure with Quickert suture for repair of Entropion.* **Ophthalmology** 104:504-507, 1997.

3. Mauriello JA, Abdelsalam A, McLean IW. *Adenoid squamous cell carcinoma of the conjunctiva, A Clinicopathologic Study of 14 cases.* **British J of Ophthalmology** 81:1001-1005, 1997.

4. Mauriello JA, Abdelsalam A. *Modified levator aponeurotic advancement with delayed post-operative office revision.* **Ophthalmic Plastic & Reconstructive Surgery** 14(4): 266-70, 1998.

5. Mauriello JA, Abdelsalam A. *Effectiveness of homologous cadaveric fascia lata and role of suture fixation to tarsus in frontalis suspension.* **Ophthalmic Plastic & Reconstructive Surgery** 14(2): 99-104, 1998.

6. Cathcart CS, Halpern JN, Seery CM, Abdelsalam A, Zarbin MA. Re-Irradiation for Choroidal Neovascular Membranes. **Radiology** 208(2): 517-9, 1998

7. Abdelsalam A, Zarbin MA. *Review of Drusen Pathogenesis, Natural History and Laser Photocoaguation-induced Regression in Age-Related Macular Degeneration. A Major Review.* **Survey of Ophthalmology** 44(1): 1-29, 1999.

8. Frohman LP, Abdelsalam A, Gollance S, Lee H. *"Saturday Night Corticopathy". Cortical Blindness associated with sniffing "Diesel": Clinical and Neuroradiological features.* **Amer J of Neuroophthalmology**. In print

9. Garcia- Valenzuela E, Abdelsalam A, Puklin JP, Pons ME, Iezzi R, Eliott D, Abrams GW. *Use of Genteal Vs Goniosol during Vitrectomy Surgery.* **Am J Ophthal.** Dec 2003.

Abstracts

1. Mauriello JA, Abdelsalam A. *Modified monocanalicular silicone stents.* Presented in the ***ASOPRS*** **(American Society of Ophthalmic Plastic & Reconstructive Surgery)** 1995 annual meeting.

2. Mauriello JA, Abdelsalam A. *Modified corncrib procedure with Quickert suture for repair of Entropion.* Presented in **AAO (American Academy of Ophthalmology)** annual meeting, 1995.

3. Seery CM, Abdelsalam A, Cathcart CC, Zarbin MA. *Photon Beam Teletherapy in the management of Subfoveal Choroidal Neovascularization in Age Related Macular Degeneration.* Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 1996.

4. Abdelsalam A, Seery CM, Zarbin MA, Cathcart CC. *Photon Beam Teletherapy re-treatment of Choroidal Neovascularization in Age Related Macular Degeneration.* Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 1997.

5. The New Jersey 725. *Risk Factors for Diabetic Retinopathy in African-Americans with Type I Diabetes: The New Jersey Study.* Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 1998.

6. The New Jersey 725. *Risk Factors for Diabetic Retinopathy in African-Americans with Type I Diabetes: The New Jersey Study.* Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 1999.

7. Langer P., Ho A., Abdelsalam A. Extensive Periocular Fibrosis following Periocular Infections. Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 1999.

8. Abdelsalam A. Roy MS. *ERG Findings Associated With Unsuspected Retained Intra Ocular Foreign Body.* Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 2000.

9. Abdelsalam A, Forbes BA, Zarbin MA. *Endophthalmitis after Cataract extraction with retained cortical material, a case report and review of the recommendations of the Endophthalmitis Vitrectomy Study.* **In the NJMS Website Journal CME "Case of the Month Series"**, 2000.

10. Pons ME, Iezzi R, Garcia- Valenzuela A, Abdelsalam A. *Anatomic Configuration of Arteriovenous crossing sites and Laminar Flow Changes in patients with and without Hypertension.* Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 2001.

11. Abdelsalam A, Garcia-Valenzuela E, Singh A, Eliott D. *Outcome of Vitrectomy for Dense, Premacular, Subhyaloid Hemorrhage secondary to Proliferative Diabetic Retinopathy.* Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 2001.

12. Albanis CA, Abdelsalam A, Jager RD, Schreiber M, Wall S, Rezaei K, Eliott D. Dense Near Confluent Panretinal Photocoagulation for Near Threshold and Early Threshold Retinopathy of Prematurity. Presented in **ARVO (Association for Research in Vision & Ophthalmology)** annual meeting, 2003

Books, Monographs & Chapters

1. Seery CM, Abdelsalam A, Zarbin MA. *Teletherapy in Treatment of CNV in Age-related Macular Degeneration (AMD).* In: Panozzo G, Zarbin M, Capone A, Del Priore LV, De Juan E, editors. New Developments in the treatment of age-related macular degeneration. **Proceedings of the Workshop on New Developments in the Treatment of Age-related Macular Degeneration; 1997 June 22-24; Gardone Riviera, Italy:** Progei Editori SRl; 1998. P93-9.

Purpose (1110.230)

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

The services to be provided include general eye surgery, retina, oculoplastics, advanced laser surgery, advanced laser cataract surgery, pediatric ophthalmologic surgery and advanced blade free refractive laser surgery, all of which will improve the health care and/or well-being of the market area population. Many of these services have been provided in the area by Dr. Abdelsalam and his practice for the past few years. Currently, the surgical services performed by the Hauser Ross Eye Institute physicians (the "Services") in the service area would be or are performed at Kishwaukee Hospital located in DeKalb, Illinois and Midland Surgical Center, located in Sycamore, Illinois. **However, some of the procedures are not available in the service area.** These include retina, advanced cataract and advanced bleed free refracture surgery. The attached list reflects 157 retinal cases that had to be referred over a 12 month period outside of the service area. Neither Kishwaukee Hospital nor Midland own the equipment necessary for these procedures and they do not want to invest in it. As a result, Hauser Ross patients have to travel 60 plus miles to have these procedures done by their physicians. Over time, due to area growth, the aging population and other factors, the volume of surgical procedures that are being performed at both the Hospital and Midland have increased, making it difficult for the Hauser Ross Eye Institute physicians to obtain surgical time for their patients. Patients have had to delay surgery, travel long distance to obtain it and/or forego it altogether. By adding some additional operating rooms dedicated solely to ophthalmology and related otolaryngology, the area health and well-being will be improved.

Hauser Ross Eye Institute Retina Cases Referred to Chicago Area Hospitals

ZIP CODES		# OF CASES
61350		1
60111		1
60115		2
60115		3
61064		2
61061		1
60145		2
60115		14
60520		1
61350		2
61072		1
60178		6
61071		1
61301		5
60146		2
60112		2
61109		1
61010		1
61068		2
60556		1
60109		2
61020		1
61081		2
60156		1
61054		2
60518		2
61008		1
42408		2
61330		2
60033		1
60152		1
60548		3
61104		1
60178		9
60115		12
61021		2
60550		1
61081		2

60112		2
61068		4
61008		2
60156		1
60150		2
60545		1
60012		4
61010		1
61015		2
60135		3
60145		1
61032		2
60531		1
60104		2
61054		1
60115		10
60178		9
60152		2
61354		2
60548		1
60151		2
61021		1
61081		2
61084		1
TOTAL		**157**

July 3, 2014

To Whom It May Concern:

Recently, I had problem with my eye that required surgery to repair the retina. I was very disappointed to find out that I had to travel into Chicago to have the surgery. I, of course was unable to drive and had to pay MedVac to pick me up in Dekalb to take me to Chicago for the surgery. This was very difficult and expensive to arrange, especially as an emergency. It would be very beneficial to many people to have retina surgery done in the Sycamore/Dekalb area.

Thank you,

Nancy Hicks

June 26, 2014

To Whom It May Concern:

Today, my optometrist referred me to Hauser Ross Eye Institute to have a retinal detachment fixed. While I knew that it could require surgery, I was very disappointed to find that I would have to travel to Chicago for the surgery. I had already traveled over an hour to see the retina specialist only to find that I would then have to travel over an hour to have the surgery. This is very difficult to arrange. It would be so much better if the doctors at Hauser Ross were able to do the surgery locally.

Thank you,

Corinne Fisher

Purpose

2. Define the planning area or market area, or other, per the applicant's definition.

In determining the market area the Applicant reviewed the patient demographics by zip code of the Hauser Ross Eye Institute and those patients who were referred for surgery by it. The zip codes of the proposed market area are attached. The total population of the DeKalb/Sycamore area is approximately 118,602 (2012 US Census Estimates) and of the zip codes is 1,581,196 . However, the proposed ASC will only draw from portions of these zip codes, and the primary service area is DeKalb, Sycamore and surrounding areas. Also, attached is a map showing the service area, which is a 45 minute radius from the proposed surgery center.

Attachment 12

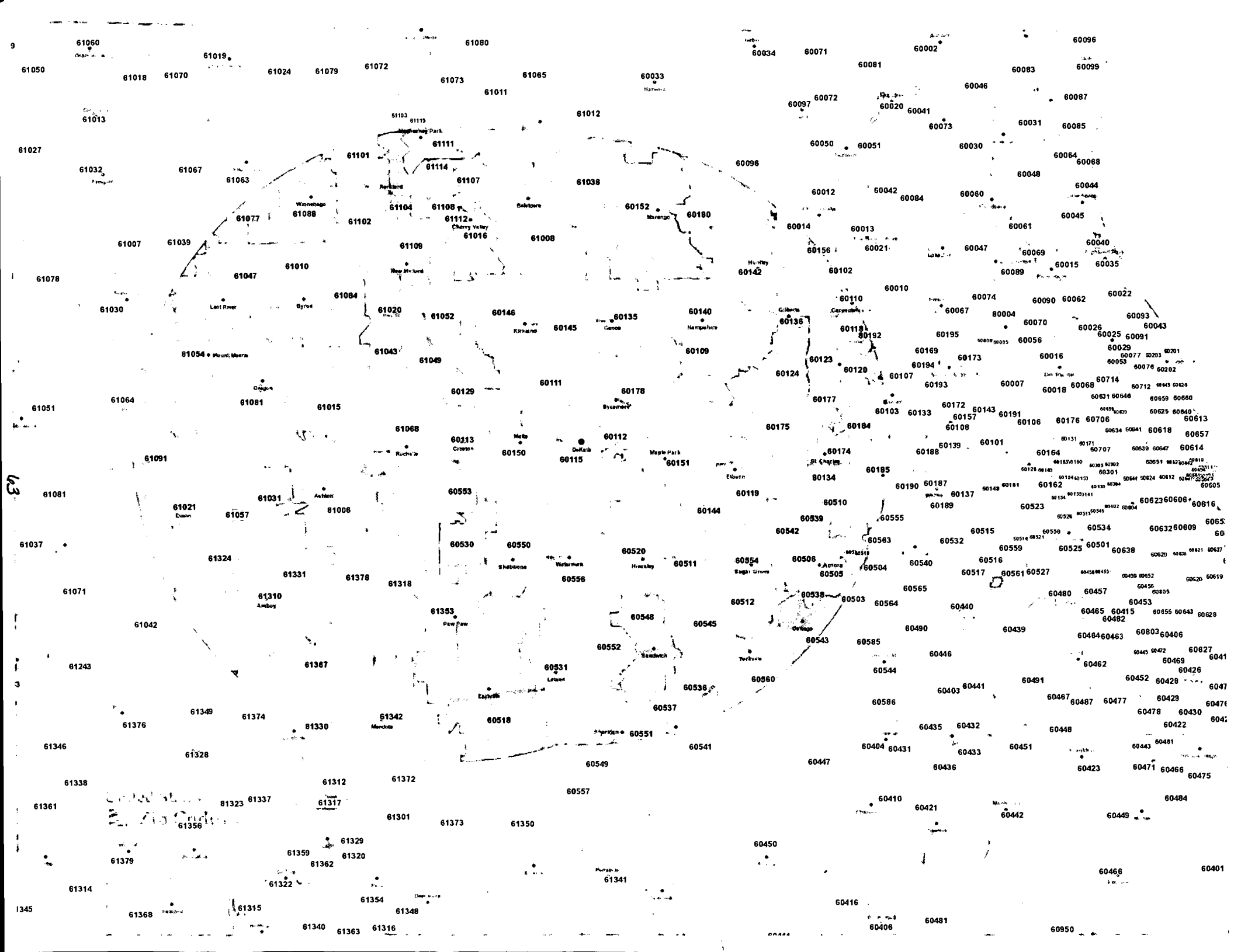
Population Data - Zip Codes within 45 minutes of DeKalb, IL

Source: 2010 Demographic Profile (*factfinder2.census.gov*)

Zip Code	Population
60014	48550
60102	32193
60103	41928
60107	39927
60109	560
60110	38557
60111	258
60112	4560
60113	337
60115	46272
60118	15851
60119	10371
60120	50955
60123	47405
60124	18935
60129	242
60134	28565
60135	7248
60136	7013
60140	14341
60142	26447
60144	58
60145	2627
60146	2713
60150	1794
60151	4061
60152	12533
60156	28987
60174	30752
60175	25564
60177	22659
60178	21840
60180	1694
60184	2448
60185	36527
60187	29016
60189	30472
60190	10663
60192	16343
60502	21873
60503	16717

60504	37919
60505	76573
60506	53013
60510	28897
60511	1793
60512	1111
60518	3580
60519	88
60520	2886
60530	649
60531	1902
60536	126
60537	665
60538	26619
60539	341
60540	42910
60542	17099
60543	36156
60545	12940
60548	12218
60550	1440
60551	5062
60552	4448
60553	782
60554	11796
60555	13538
60556	2007
60560	22415
60563	35922
60564	41312
61006	1759
61008	34311
61010	8032
61015	946
61016	4837
61020	3108
61021	23745
61031	1656
61038	1354
61043	131
61047	1711
61049	585
61052	1148
61054	3973
61057	168
61061	7009
61064	3868

61068	14858
61077	73
61084	3175
61088	6020
61091	63
61101	21593
61102	20538
61104	19269
61107	30439
61108	28550
61109	28333
61111	23492
61112	86
61114	15776
61310	3970
61318	700
61324	109
61330	1483
61331	55
61342	9216
61353	1333
61367	864
61378	512



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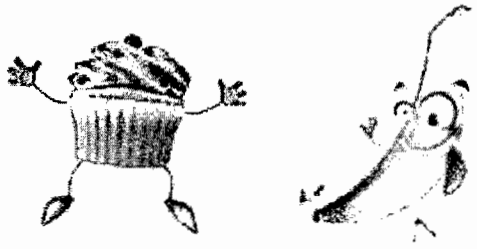
Trip to:
1613 US-30 W
Amboy, IL 61310
42.24 miles / 45 minutes
Notes

Which "Carb" Kills your Blood Sugar?



Click To Reveal #1 Worst Carb EVER (Don't Eat This!)
FixYourBloodSugar.com

DeKalb, IL

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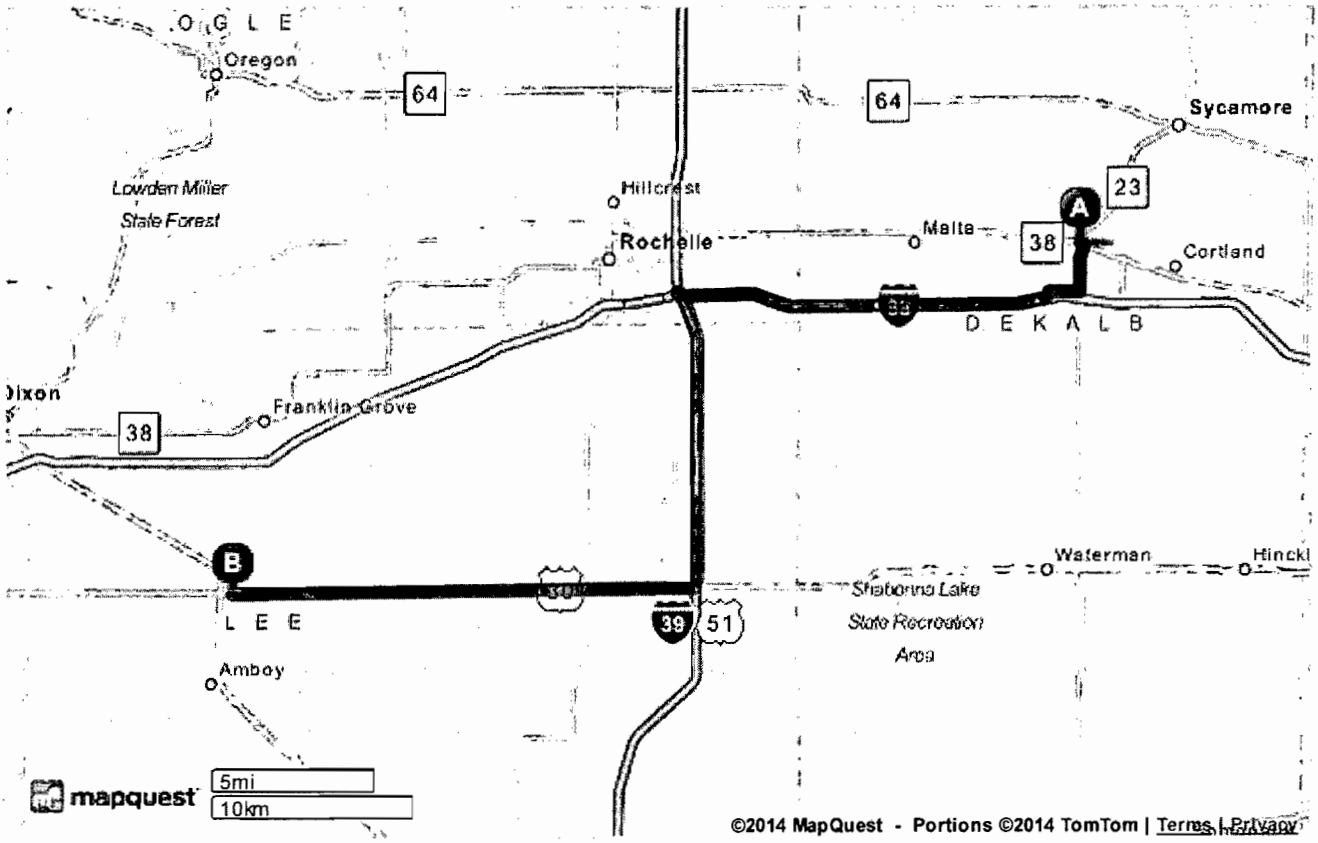
1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **N 4th St / IL-23**. Map	**0.07 Mi**	*0.07 Mi Total*
2. Take the 1st **right** onto **S 4th St / IL-23**. Map *China One is on the corner* *If you reach S 5th St you've gone a little too far*	**1.6 Mi**	*1.6 Mi Total*
3. Turn **right** onto **Fairview Dr**. Map *Fairview Dr is just past Lucerne Ln* *Anderson Funeral Home Ltd & Crematory is on the corner* *If you reach Manning Dr you've gone about 0.1 miles too far*	**1.0 Mi**	*2.7 Mi Total*
4. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** via the ramp on the **left** toward **Moline / Rock Island** (Portions toll). Map *If you reach Nelson Rd you've gone about 1.9 miles too far*	**13.1 Mi**	*15.8 Mi Total*
5. Merge onto **I-39 S / US-51 S** toward **Bloomington-Normal**. Map	**10.1 Mi**	*25.9 Mi Total*
6. Take the **US-30** exit, **EXIT 87**, toward **Sterling-Rock Falls / Aurora**. Map	**0.4 Mi**	*26.3 Mi Total*
7. Merge onto **US-30 W** toward **Sterling / Rock Falls**. Map	**16.0 Mi**	*42.2 Mi Total*
8. **1613 US-30 W**. Map *Your destination is 0.3 miles past Franklin Rd* *If you reach US-30 E you've gone about 0.5 miles too far*		

1613 US-30 W, Amboy, IL 6131041.755046, -89.320884

(Address is approximate)

Total Travel Estimate: **42.24 miles - about 45 minutes**



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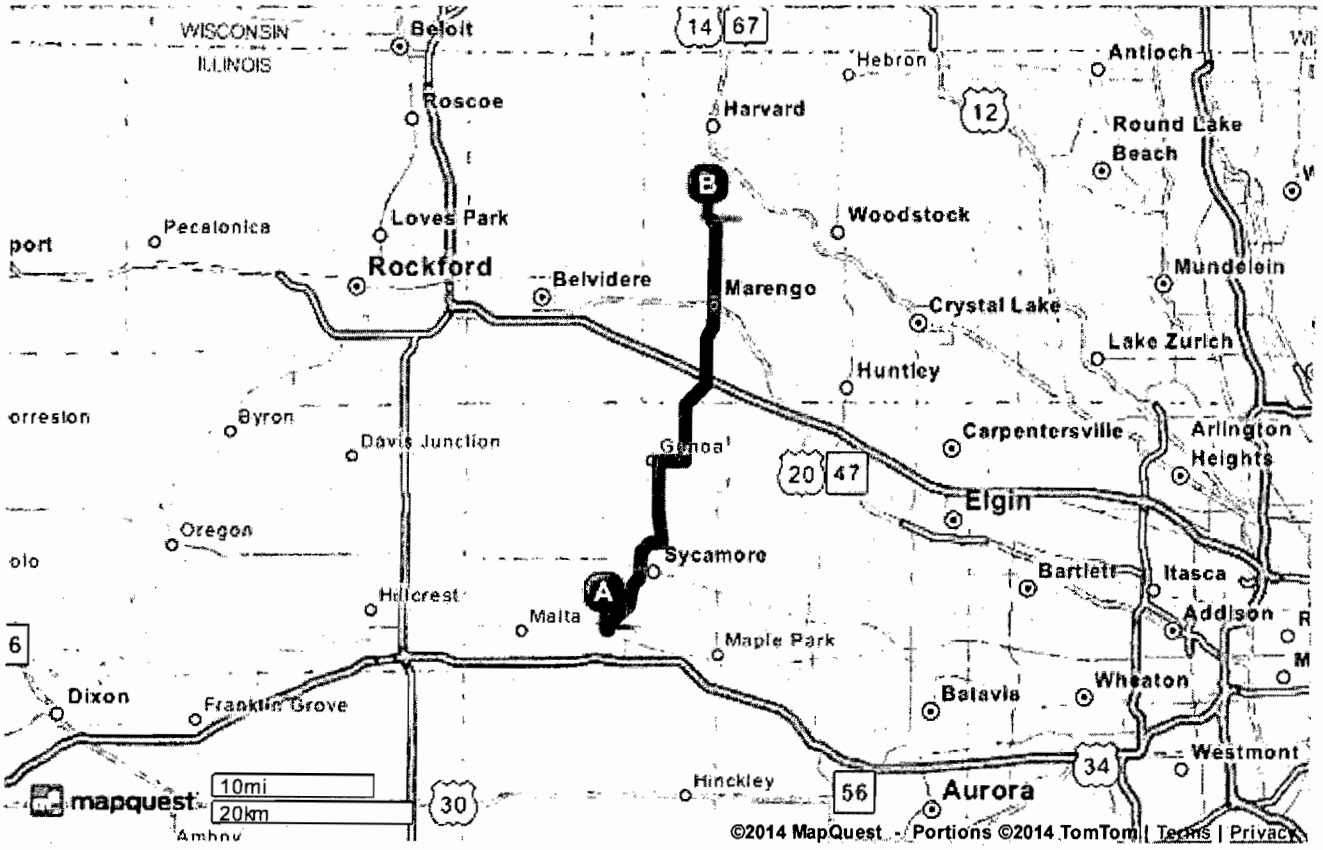
Trip to:
425 IL-23
Marengo, IL 60152
32.67 miles / 45 minutes
Notes

DeKalb, IL — **Download Free App**

1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**0.07 Mi**	*0.07 Mi Total*
2. Take the 1st **left** onto **N 4th St / IL-23**. Continue to follow **IL-23**. Map *China One is on the left* *If you reach S 5th St you've gone a little too far*	**4.3 Mi**	*4.4 Mi Total*
3. Turn **left** onto **S Peace Rd**. Map *S Peace Rd is 0.2 miles past County Hwy-33* *Walgreens is on the corner* *If you reach Plaza Dr you've gone about 0.1 miles too far*	**3.6 Mi**	*8.0 Mi Total*
4. Turn **left** onto **IL Route 23 / IL-23**. Continue to follow **IL-23**. Map *IL-23 is 0.2 miles past Ward Blvd* *CASEYS GENERAL STORE is on the corner* *If you are on Plank Rd and reach Luther Lowell Ln you've gone about 0.3 miles too far*	**5.6 Mi**	*13.6 Mi Total*
5. Turn **right** onto **E Main St / IL-72 / IL-23**. Continue to follow **IL-72 / IL-23**. Map *IL-72 is just past Central Ave* *Genoa BP is on the corner*	**1.9 Mi**	*15.5 Mi Total*
6. Turn **left** onto **IL Route 23 / IL-23**. Continue to follow **IL-23**. Map *If you reach Roosevelt Rd you've gone about 1.0 mile too far*	**17.2 Mi**	*32.7 Mi Total*
7. **425 IL-23**. Map *Your destination is 0.4 miles past Busse Rd* *If you reach N Olbrich Rd you've gone about 0.3 miles too far*		

425 IL-23, Marengo, IL 6015242.329739, -88.615012
(Address is approximate)

Total Travel Estimate: **32.67 miles - about 45 minutes**



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Trip to:

3265 IL-23

Ottawa, IL 61350

39.49 miles / 45 minutes

Notes

4 Ways to Avoid Running Out of Money During Retirement

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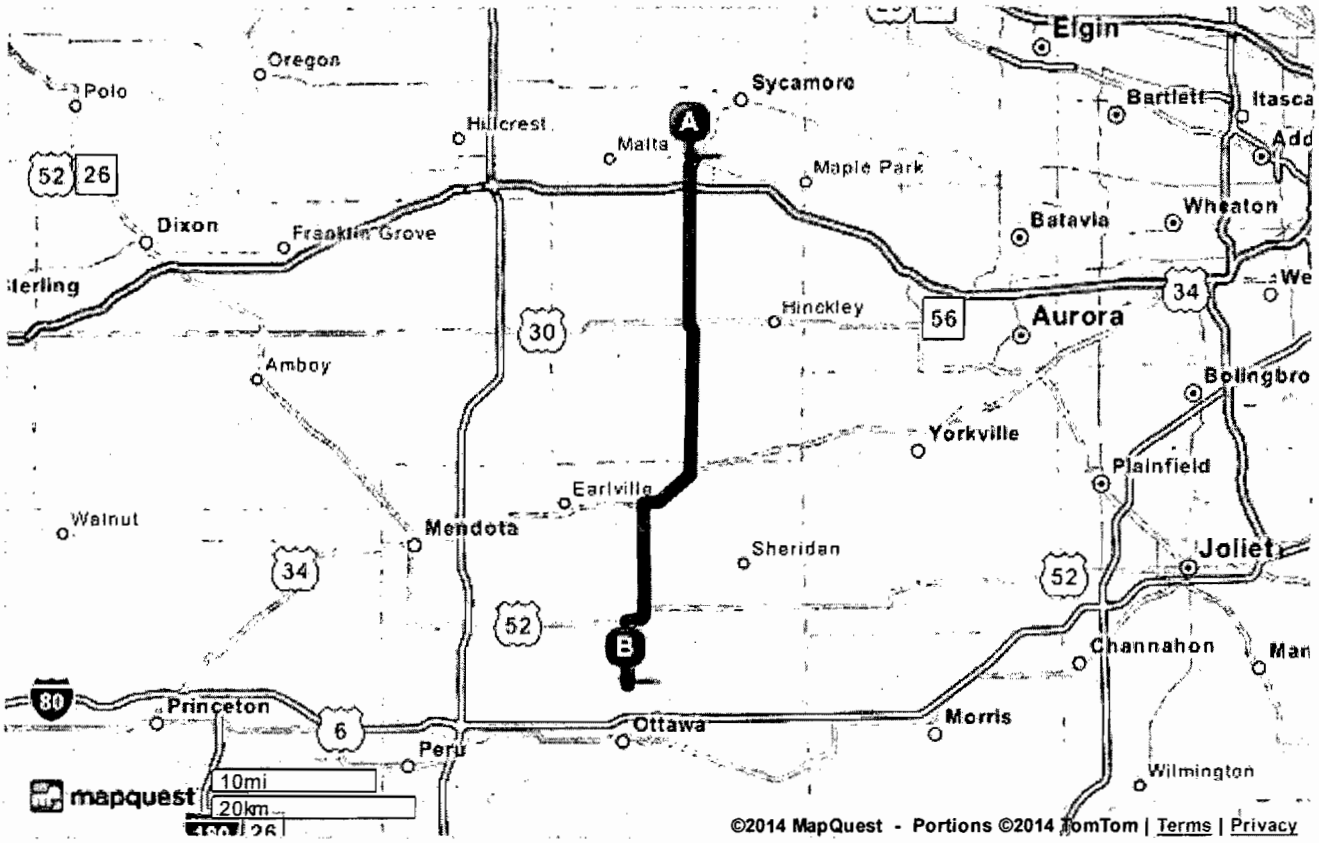
A	**DeKalb, IL**		**Download Free App**
●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **N 4th St / IL-23**. Map	**0.07 Mi**	*0.07 Mi Total*
↱	23 2. Take the 1st **right** onto **S 4th St / IL-23**. Continue to follow **IL-23**. Map *China One is on the corner* *If you reach S 5th St you've gone a little too far*	**21.8 Mi**	*21.8 Mi Total*
↱	WEST 34 3. Turn **right** onto **US Highway 34 / US-34 W / IL-23**. Map *US Highway 34 is 0.3 miles past Old Route 34* *If you are on E 22nd Rd and reach N 4650th Rd you've gone about 0.5 miles too far*	**4.1 Mi**	*26.0 Mi Total*
↰	23 4. Turn **left** onto **E 18th Rd / IL-23**. Continue to follow **IL-23**. Map *IL-23 is 0.9 miles past E 1950th Rd* *If you reach E 17th Rd you've gone about 1.0 mile too far*	**9.1 Mi**	*35.1 Mi Total*
↰	23 5. Turn **left** onto **N State Route 23 / IL-23 / County Hwy-1**. Map *If you are on E US Highway 52 and reach E 1453rd Rd you've gone about 1.8 miles too far*	**4.4 Mi**	*39.5 Mi Total*
■	6. **3265 IL-23**. Map *Your destination is 0.3 miles past N 33rd Rd* *If you reach N 32nd Rd you've gone about 0.6 miles too far*		
B	**3265 IL-23**, Ottawa, IL 6135041.406811, -88.837486 (Address is approximate)		

Total Travel Estimate: **39.49 miles - about 45 minutes**



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Trip to:
426 W 7th St
Dixon, IL 61021-3614
41.90 miles / 45 minutes
Notes

4 Ways to Avoid Running Out of Money During Retirement

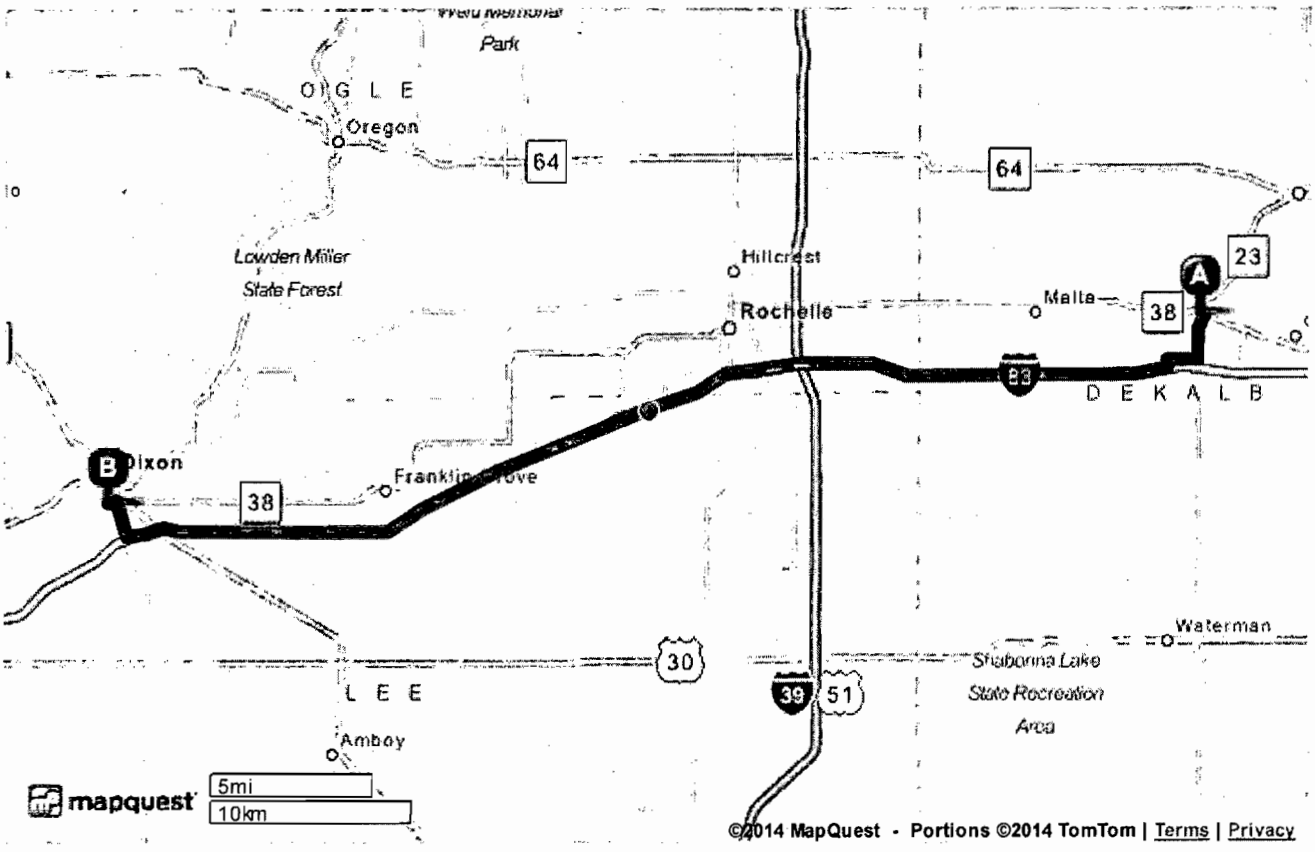
If you have a $500,000 portfolio, download the guide by *Forbes* columnist Ken Fisher's firm. Even if you have something else in place, this must-read guide includes research and analysis you can use right now. Don't miss it!

Click Here to Download Your Guide!

FISHER INVESTMENTS'

		DeKalb, IL	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **N 4th St / IL-23**. Map	**0.07 Mi** *0.07 Mi Total*
↱	23	2. Take the 1st **right** onto **S 4th St / IL-23**. Map *China One is on the corner* *If you reach S 5th St you've gone a little too far*	**1.6 Mi** *1.6 Mi Total*
↱		3. Turn **right** onto **Fairview Dr**. Map *Fairview Dr is just past Lucerne Ln* *Anderson Funeral Home Ltd & Crematory is on the corner* *If you reach Manning Dr you've gone about 0.1 miles too far*	**1.0 Mi** *2.7 Mi Total*
↑	WEST 88	4. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** via the ramp on the **left** toward **Moline / Rock Island** (Portions toll). Map *If you reach Nelson Rd you've gone about 1.9 miles too far*	**37.1 Mi** *39.7 Mi Total*
EXIT ↗		5. Take the **IL-26** exit toward **Dixon**. Map	**0.7 Mi** *40.4 Mi Total*
↑	26	6. Merge onto **S Galena Ave / IL-26** toward **Dixon / Sauk Valley College / HOMETOWN OF PRESIDENT RONALD REAGAN**. Map	**1.2 Mi** *41.6 Mi Total*
↰		7. Turn **left** onto **W 7th St**. Map *W 7th St is just past W 8th St* *If you reach E 6th St you've gone a little too far*	**0.3 Mi** *41.9 Mi Total*
■		8. **426 W 7TH ST**. Map *Your destination is just past Highland Ave* *If you reach Madison Ave you've gone a little too far*	
		426 W 7th St, Dixon, IL 61021-361441.836585, -89.485050 (Address is approximate)	

Total Travel Estimate: **41.90 miles - about 45 minutes**



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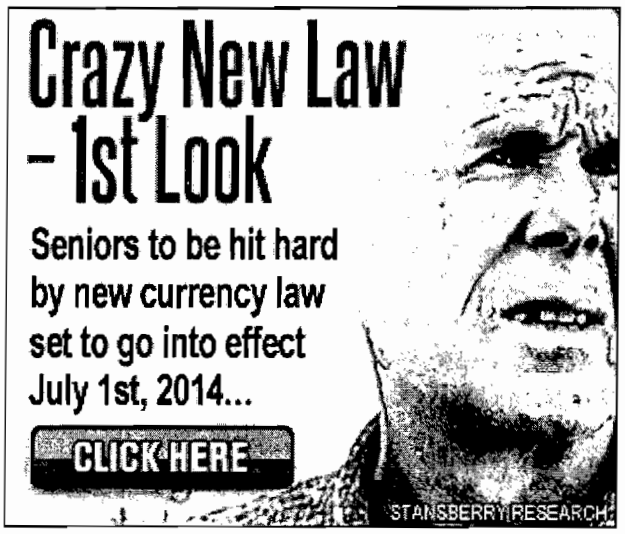
Trip to:

238 IL-58

Elgin, IL 60120

32.83 miles / 45 minutes

Notes



DeKalb, IL

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○	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**18.1 Mi** *18.1 Mi Total*
↰	2. Turn **left** onto **Lafox Rd / County Hwy-81**. Continue to follow **County Hwy-81**. Map *County Hwy-81 is 0.4 miles past Beith Rd* *If you reach Garfield Rd you've gone about 0.4 miles too far*	**1.9 Mi** *20.0 Mi Total*
↑	3. Stay **straight** to go onto **La Fox Rd**. Map	**0.4 Mi** *20.4 Mi Total*
↑	4. **La Fox Rd** becomes **Burlington Rd / County Hwy-2**. Map	**0.3 Mi** *20.7 Mi Total*
↱	5. Turn **right** onto **Bolcum Rd / County Hwy-73**. Map *If you reach Campton Oak Dr you've gone about 0.3 miles too far*	**3.2 Mi** *24.0 Mi Total*
↰	6. Turn **left** onto **Randall Rd**. Map *Randall Rd is 0.3 miles past Crane Rd* *If you are on Ridgewood Dr and reach Westwood Ln you've gone a little too far*	**3.5 Mi** *27.5 Mi Total*
↱	7. Turn **right** onto **Bowes Rd**. Map *Bowes Rd is 0.8 miles past Hopps Rd* *Abiding Peace Lutheran Church is on the corner*	**1.1 Mi** *28.5 Mi Total*
↰	8. Turn **left** onto **S McLean Blvd**. Map *S McLean Blvd is just past Ascot Dr* *If you are on Bowes Rd and reach Crispin Dr you've gone about 0.4 miles too far*	**1.1 Mi** *29.7 Mi Total*
↗ EAST 20	9. Merge onto **US-20 E**. Map	**1.3 Mi** *31.0 Mi Total*
EXIT ↗	10. Take the **IL-31 / State St** exit. Map	**0.1 Mi** *31.1 Mi Total*
RAMP	11. Keep **left** to take the ramp toward **ELGIN**. Map	**0.02 Mi**

31.1 Mi Total

12. Turn **left** onto **IL-31 / S State St**. Map — **1.1 Mi**
32.2 Mi Total

13. Turn **right** onto **W Chicago St / US-20 Bus E / IL-58**. Continue to follow **W Chicago St**. Map — **0.3 Mi**
32.5 Mi Total
W Chicago St is 0.1 miles past Locust St
Cannella School of Hair Design is on the right
If you are on N State St and reach W Highland Ave you've gone a little too far

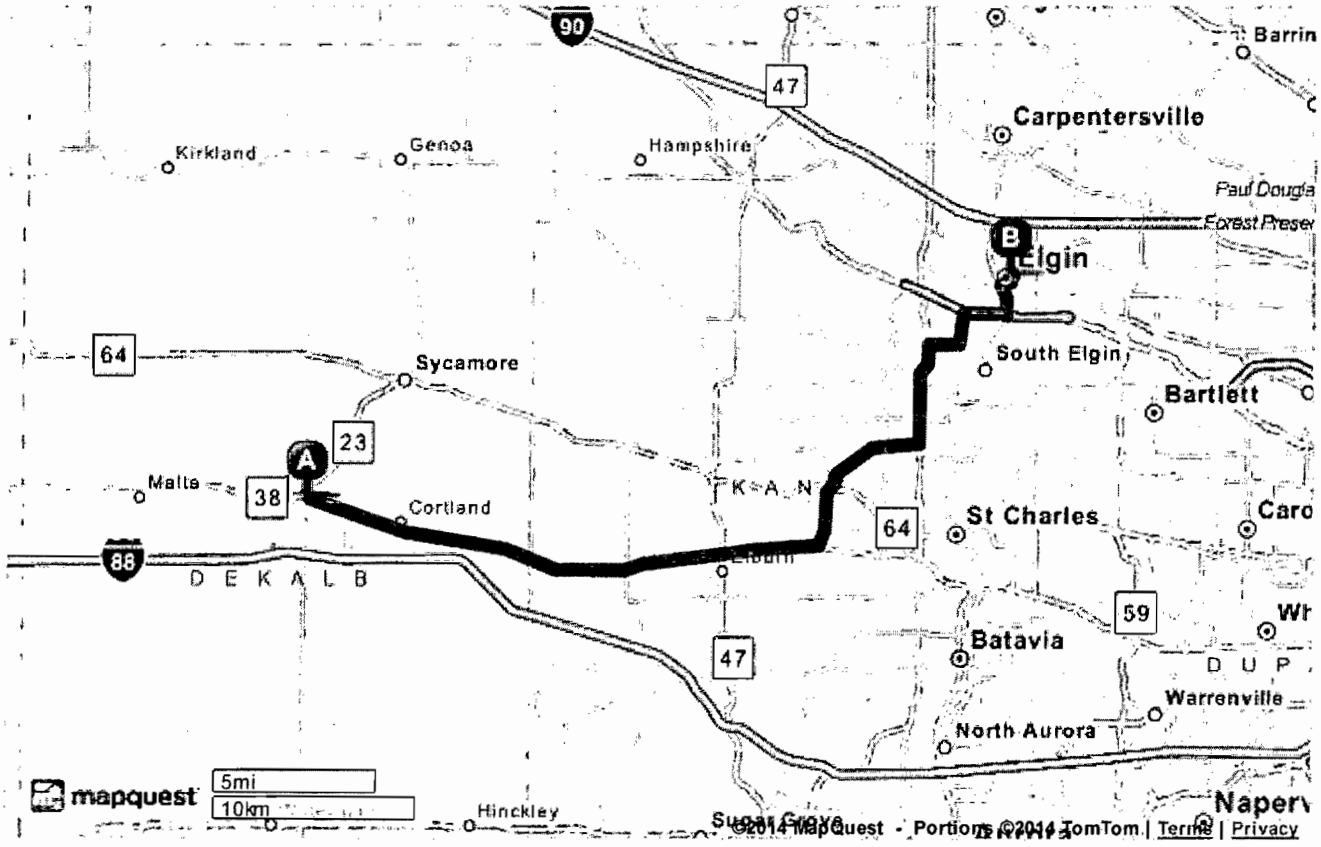
14. Turn **left** onto **Center St / US-20 Bus W / IL-58**. Continue to follow **Center St**. Map — **0.2 Mi**
32.7 Mi Total
Center St is just past N Spring St
First Congregational Church is on the corner
If you reach N Geneva St you've gone a little too far

15. Stay **straight** to go onto **Dundee Ave / IL-58**. Map — **0.1 Mi**
32.8 Mi Total

16. **238 IL-58**. Map
Your destination is just past Park St
If you reach Kimball St you've gone a little too far

238 IL-58, Elgin, IL 6012042.041258, -88.279929
(Address is approximate)

Total Travel Estimate: **32.83 miles - about 45 minutes**



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Trip to:
10897 IL-47
Huntley, IL 60142
34.46 miles / 45 minutes
Notes

DeKalb, IL

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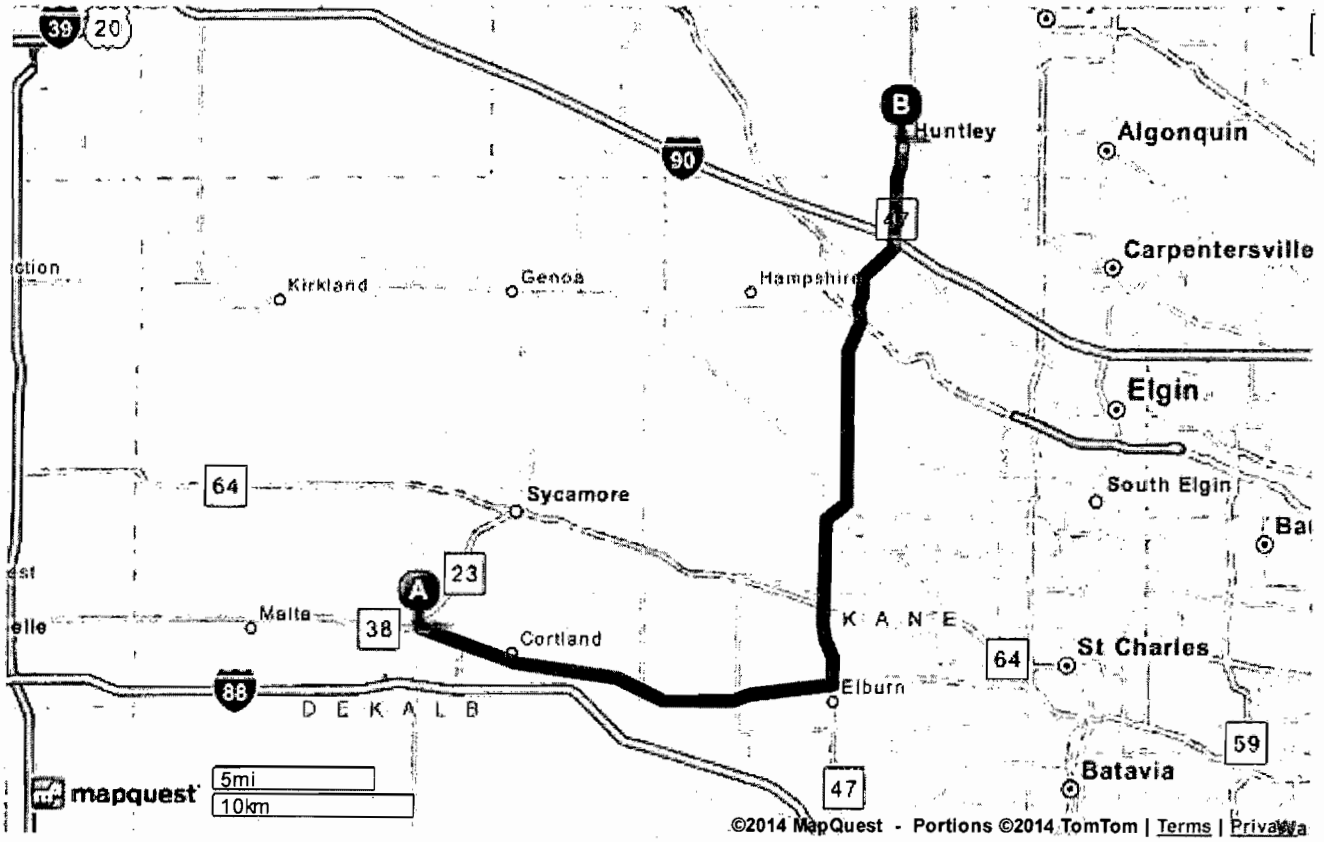
1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**14.8 Mi** *14.8 Mi Total*
2. Turn **left** onto **N Main St / IL-47**. Continue to follow **IL-47**. Map *If you reach Center Ave you've gone a little too far*	**17.7 Mi** *32.6 Mi Total*
3. Stay **straight** to go onto **S IL Route 47 / IL-47**. Map	**1.9 Mi** *34.5 Mi Total*
4. **10897 IL-47**. Map *Your destination is just past Borden St* *If you reach 4th St you've gone a little too far*	

10897 IL-47, Huntley, IL 6014242.171161, -88.428245
(Address is approximate)

Total Travel Estimate: **34.46 miles - about 45 minutes**



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Trip to:

4281 E 4th Rd
Mendota, IL 61342-9215
43.27 miles / 45 minutes
Notes

DeKalb, IL

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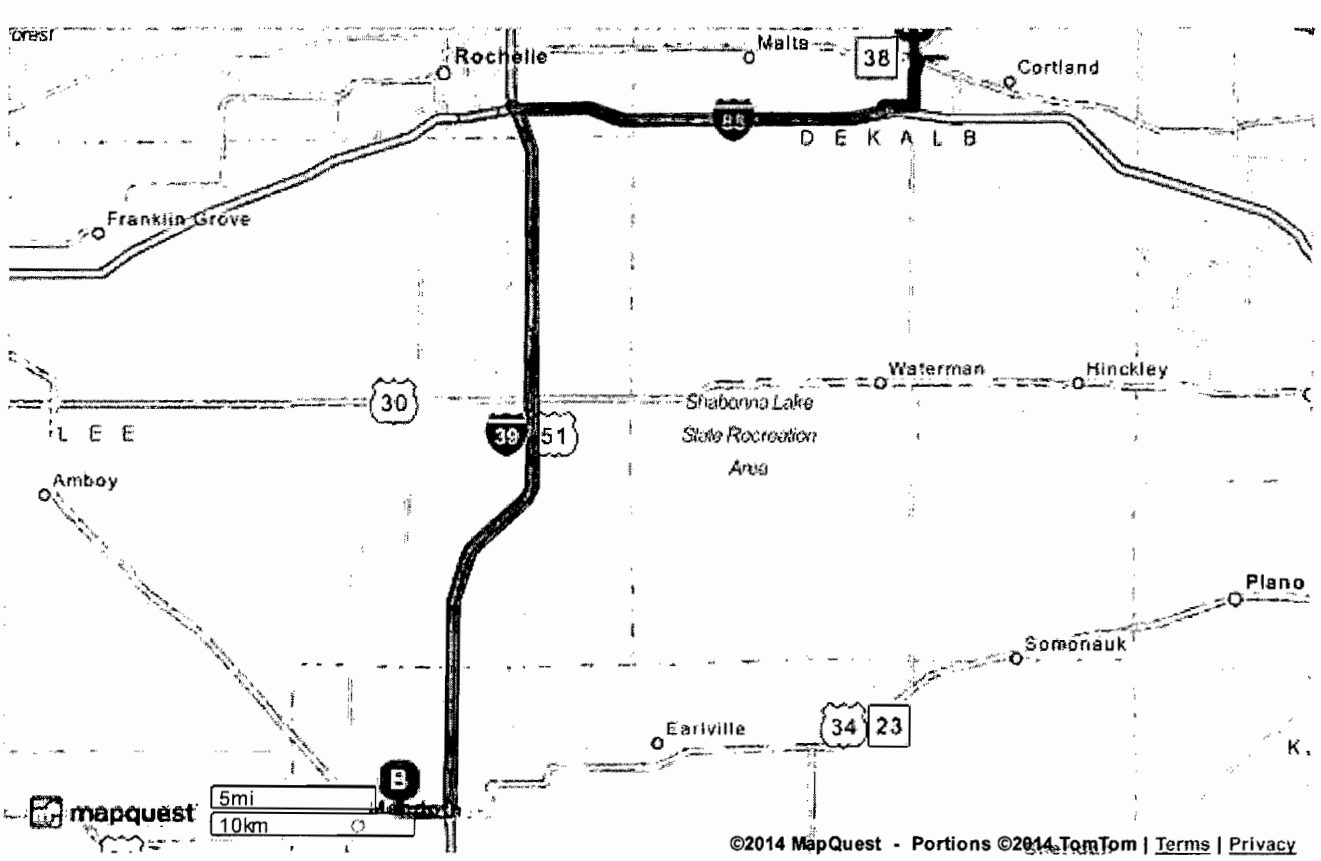
1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **N 4th St / IL-23**. Map	**0.07 Mi**	*0.07 Mi Total*
2. Take the 1st **right** onto **S 4th St / IL-23**. Map *China One is on the corner* *If you reach S 5th St you've gone a little too far*	**1.6 Mi**	*1.6 Mi Total*
3. Turn **right** onto **Fairview Dr**. Map *Fairview Dr is just past Lucerne Ln* *Anderson Funeral Home Ltd & Crematory is on the corner* *If you reach Manning Dr you've gone about 0.1 miles too far*	**1.0 Mi**	*2.7 Mi Total*
4. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** via the ramp on the **left** toward **Moline / Rock Island** (Portions toll). Map *If you reach Nelson Rd you've gone about 1.9 miles too far*	**13.1 Mi**	*15.8 Mi Total*
5. Merge onto **I-39 S / US-51 S** toward **Bloomington-Normal**. Map	**25.3 Mi**	*41.1 Mi Total*
6. Take the **US-34** exit, **EXIT 72**, toward **Mendota / Earlville**. Map	**0.4 Mi**	*41.5 Mi Total*
7. Merge onto **N 43rd Rd / US-34 W** toward **Mendota**. Map	**1.5 Mi**	*43.0 Mi Total*
8. Turn **left** onto **E 4th Rd / County Hwy-38**. Map *If you are on E 12th St and reach Lori Ln you've gone about 0.5 miles too far*	**0.2 Mi**	*43.3 Mi Total*
9. **4281 E 4TH RD**. Map *If you reach N 4250th Rd you've gone about 0.3 miles too far*		

4281 E 4th Rd, Mendota, IL 61342-921541.551880, -89.095664
(Address is approximate)

Total Travel Estimate: **43.27 miles - about 45 minutes**



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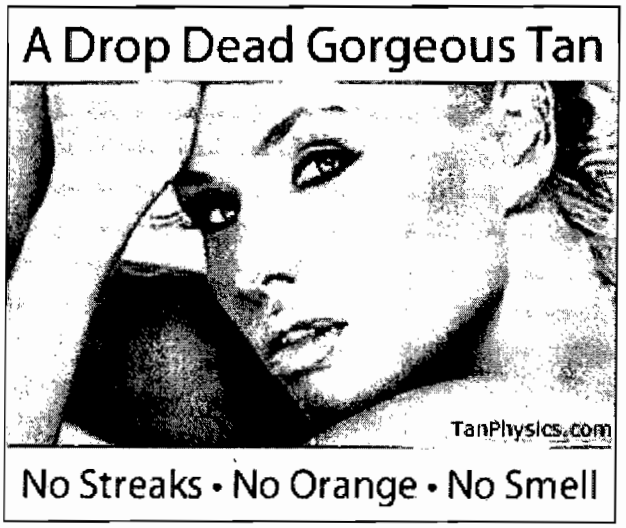
Trip to:

2361 W IL-64
Oregon, IL 61061
38.22 miles / 45 minutes
Notes



DeKalb, IL

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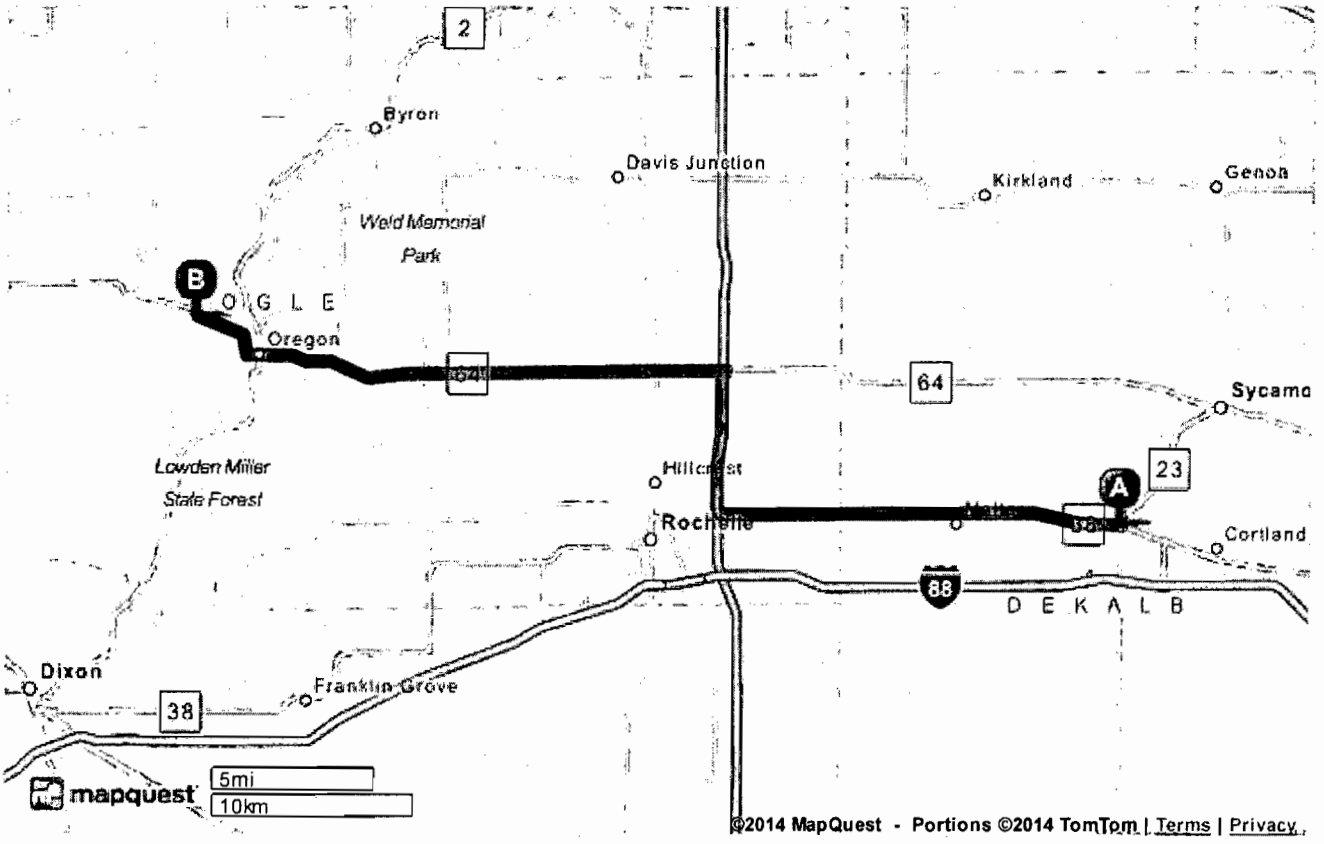
1. Start out going **west** on **E Lincoln Hwy / IL-38** toward **N 2nd St**. Continue to follow **IL-38**. Map	**14.0 Mi** *14.0 Mi Total*
2. Merge onto **I-39 N / US-51 N** toward **Rockford**. Map	**4.7 Mi** *18.7 Mi Total*
3. Take the **IL-64** exit, **EXIT 104**, toward **Oregon / Sycamore**. Map	**0.4 Mi** *19.1 Mi Total*
4. Turn **left** onto **IL-64 / E IL Route 64**. Continue to follow **IL-64**. Map *If you reach I-39 N you've gone about 0.3 miles too far*	**19.2 Mi** *38.2 Mi Total*
5. **2361 W IL-64**. Map *Your destination is 0.8 miles past N Limekiln Rd* *If you reach N Rock Rd you've gone about 0.5 miles too far*	

2361 W IL-64, Oregon, IL 6106142.032588, -89.374442

(Address is approximate)

Total Travel Estimate: **38.22 miles - about 45 minutes**



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Trip to:
3049 Oak Grove Ln
Rockford, IL 61108-1727
39.35 miles / 45 minutes
Notes

4 Ways to Avoid Running Out of Money During Retirement

If you have a $500,000 portfolio, download the guide by *Forbes* columnist Ken Fisher's firm. Even if you have something else in place, this must-read guide includes research and analysis you can use right now. Don't miss it!

Click Here to Download Your Guide!

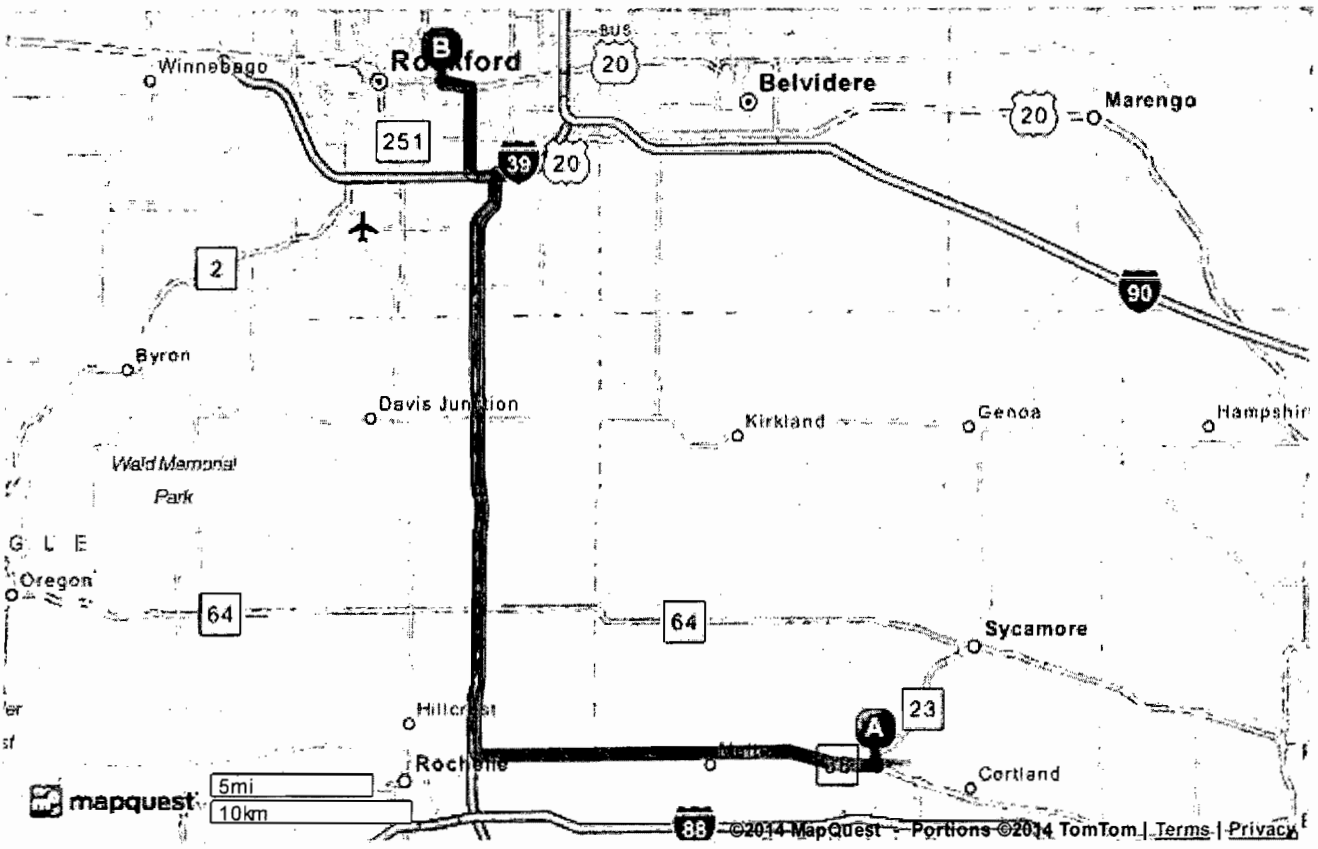
FISHER INVESTMENTS'

DeKalb, IL — Download Free App

1. Start out going **west** on **E Lincoln Hwy / IL-38** toward **N 2nd St**. Continue to follow **IL-38**. Map	**14.0 Mi** *14.0 Mi Total*
2. Merge onto **I-39 N / US-51 N** toward **Rockford**. Map	**19.0 Mi** *33.0 Mi Total*
3. Merge onto **US-20 W** via the exit on the **left** toward **Freeport / Rockford**. Map	**2.2 Mi** *35.1 Mi Total*
4. Take the **Alpine Rd** exit. Map	**0.2 Mi** *35.4 Mi Total*
5. Keep **right** to take the ramp toward **Rockford**. Map	**0.04 Mi** *35.4 Mi Total*
6. Merge onto **S Alpine Rd**. Map	**2.9 Mi** *38.3 Mi Total*
7. Turn **left** onto **E State St / US-20 Bus W**. Map *State of Illinois Secretary of State is on the corner* *If you are on N Alpine Rd and reach Raven St you've gone about 0.1 miles too far*	**0.9 Mi** *39.2 Mi Total*
8. Turn **left** onto **29th St**. Map *29th St is 0.1 miles past Fairview Ave* *If you reach Hilton Ave you've gone a little too far*	**0.08 Mi** *39.2 Mi Total*
9. Take the 1st **right** onto **Oak Grove Ln**. Map	**0.1 Mi** *39.4 Mi Total*
10. **3049 OAK GROVE LN**. Map *If you reach Oak Knls S you've gone a little too far*	

3049 Oak Grove Ln, Rockford, IL 61108-172742.265238, -89.047599
(Address is approximate)

Total Travel Estimate: **39.35 miles - about 45 minutes**



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Trip to:

1 Shaffner Rd
Wheaton, IL 60189
32.52 miles / 45 minutes
Notes

This story could bring the worst shame to the White House since the Clinton era... WATCH NOW

Stansberry Research

DeKalb, IL

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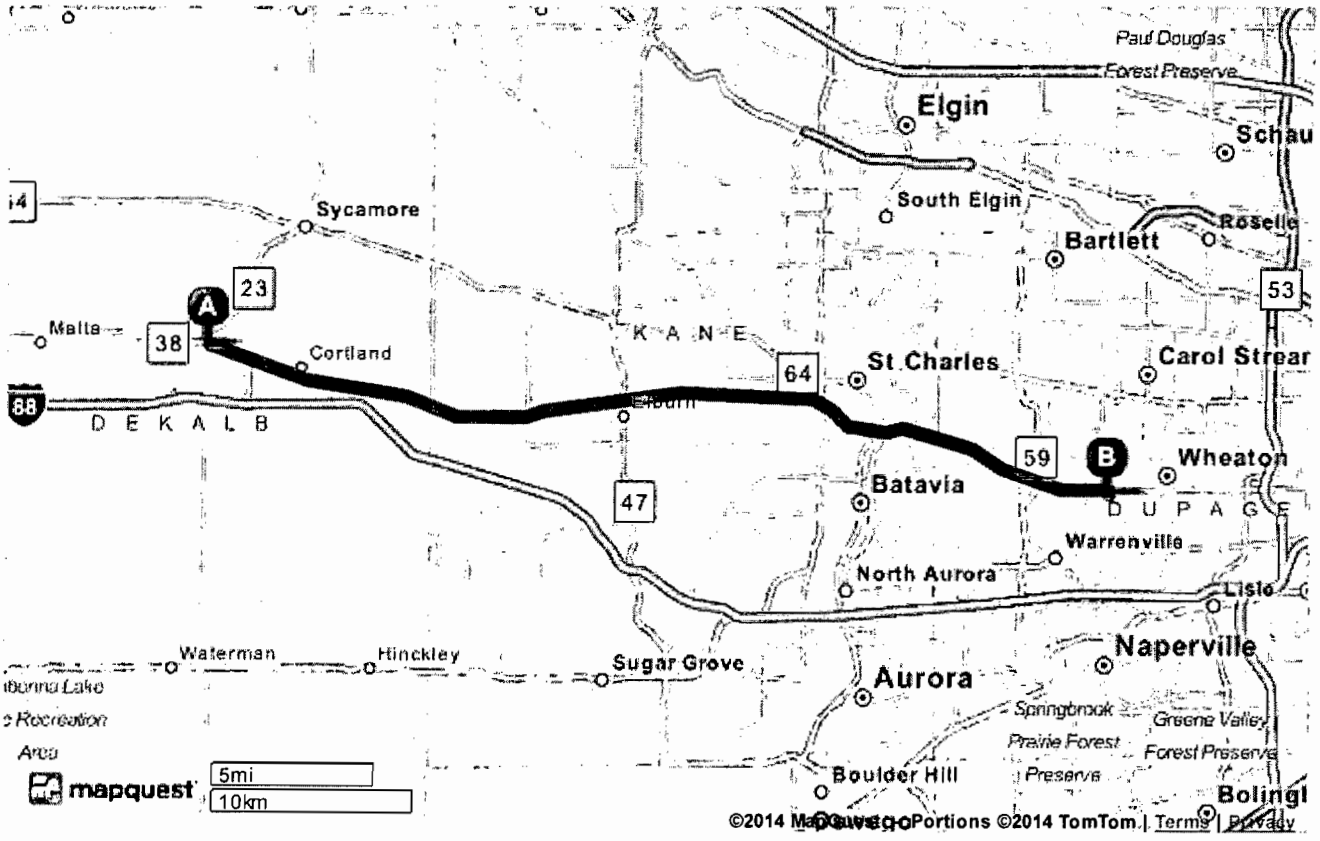
●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**32.4 Mi** *32.4 Mi Total*
↱	2. Turn **right** onto **Shaffner Rd**. Map *Shaffner Rd is 0.1 miles past Myrtle St* *If you are on W Roosevelt Rd and reach S County Farm Rd you've gone about 0.1 miles too far*	**0.10 Mi** *32.5 Mi Total*
■	3. **1 SHAFFNER RD**. Map *Your destination is just past Cantigny War Memorial Museum* *If you reach Belleau Woods Dr you've gone about 0.4 miles too far*	

1 Shaffner Rd, Wheaton, IL 6018941.855895, -88.146091

(Address is approximate)

Total Travel Estimate: **32.52 miles - about 45 minutes**



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Trip to:
9832 State Route 47
Yorkville, IL 60560
35.99 miles / 45 minutes
Notes

4 Ways to Avoid Running Out of Money During Retirement

If you have a $500,000 portfolio, download the guide by *Forbes* columnist Ken Fisher's firm. Even if you have something else in place, this must-read guide includes research and analysis you can use right now. Don't miss it!

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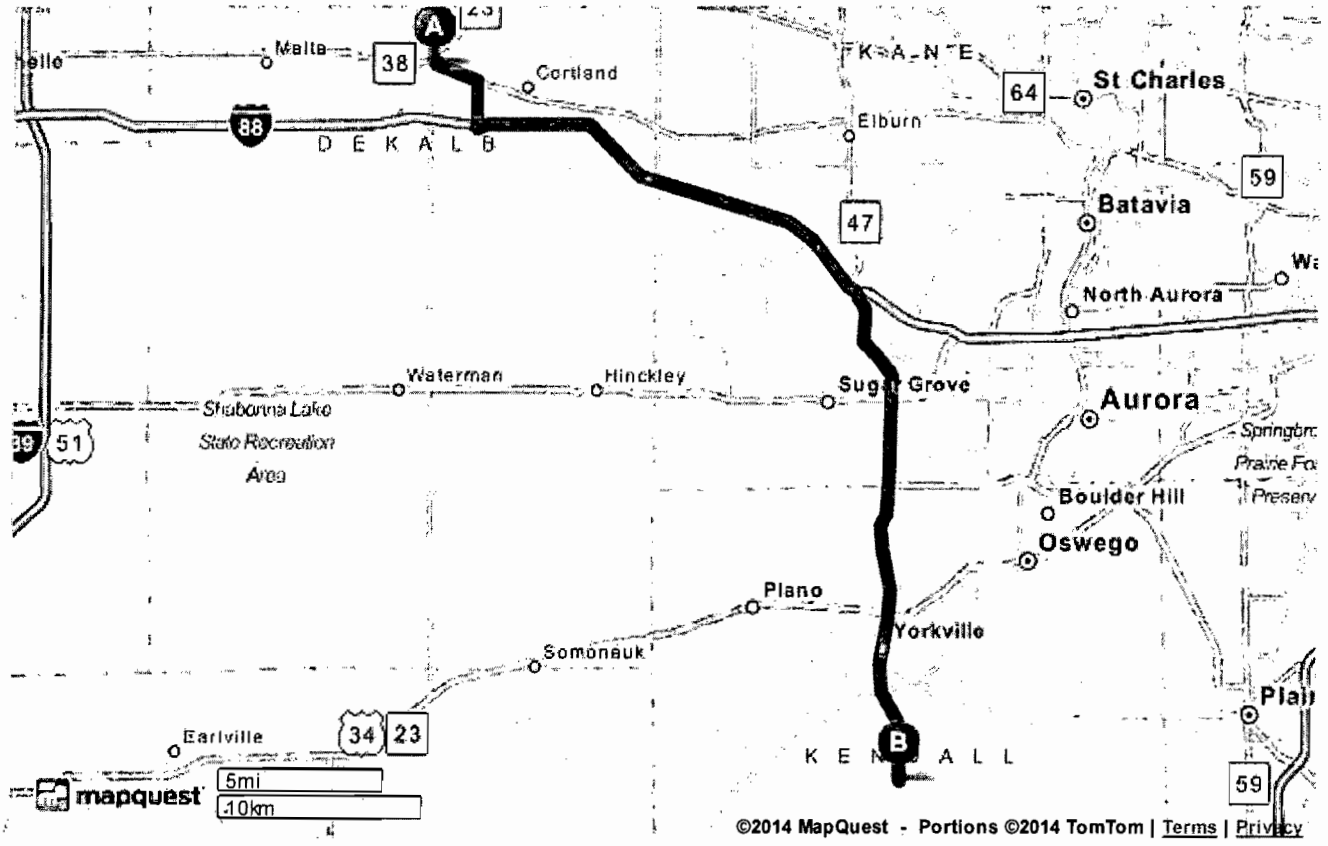
1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.5 Mi** *1.5 Mi Total*
2. Turn **right** onto **N Peace Rd**. Map *N Peace Rd is 0.4 miles past Cotton Ave* *If you are on IL Route 38 and reach Webster Rd you've gone about 0.4 miles too far*	**1.6 Mi** *3.2 Mi Total*
3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map *If you reach Gurler Rd you've gone about 0.3 miles too far*	**14.9 Mi** *18.1 Mi Total*
4. Take the **IL-47** exit. Map	**0.4 Mi** *18.5 Mi Total*
5. Merge onto **IL-47** toward **Sugar Grove**. Map	**17.5 Mi** *36.0 Mi Total*
6. **9832 STATE ROUTE 47**. Map *Your destination is just past Walker Rd*	

9832 State Route 47, Yorkville, IL 6056041.574503, -88.433795

(Address is approximate)

Total Travel Estimate: **35.99 miles - about 45 minutes**



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Purpose

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The objective of the project is to provide access to patients of the Hauser Ross Eye Institute. A positive result will be to allow both Midland and Kishwaukee Hospital (the "Hospital") more freedom in scheduling their respective operating room slots for patients that either require non-ambulatory surgical procedures (the Hospital) and/or orthopedic procedures (Midland). At this point in time, Midland has limited surgical time slots for ophthalmology. The orthopedic practice that utilizes Midland recently added three surgeons, so its need for time slots will only increase. At the same time Hauser Ross Eye Institute is adding three surgeons. There simply is not enough OR capacity to accommodate the growing practices. Eye surgeries take close to as much time as orthopedic procedures performed at Midland, yet do not generate as much revenue. As a result, the physicians at Hauser Ross Eye Institute have had a difficult time scheduling their patients for surgical procedures.

Patients who require surgery for macular degeneration must be operated on as soon as possible to avoid permanent damage. The patients cannot be operated on at either the hospital or Midland due to lack of equipment. The proposed ASC will invest in this equipment and have the capability to perform surgery for macular degeneration.

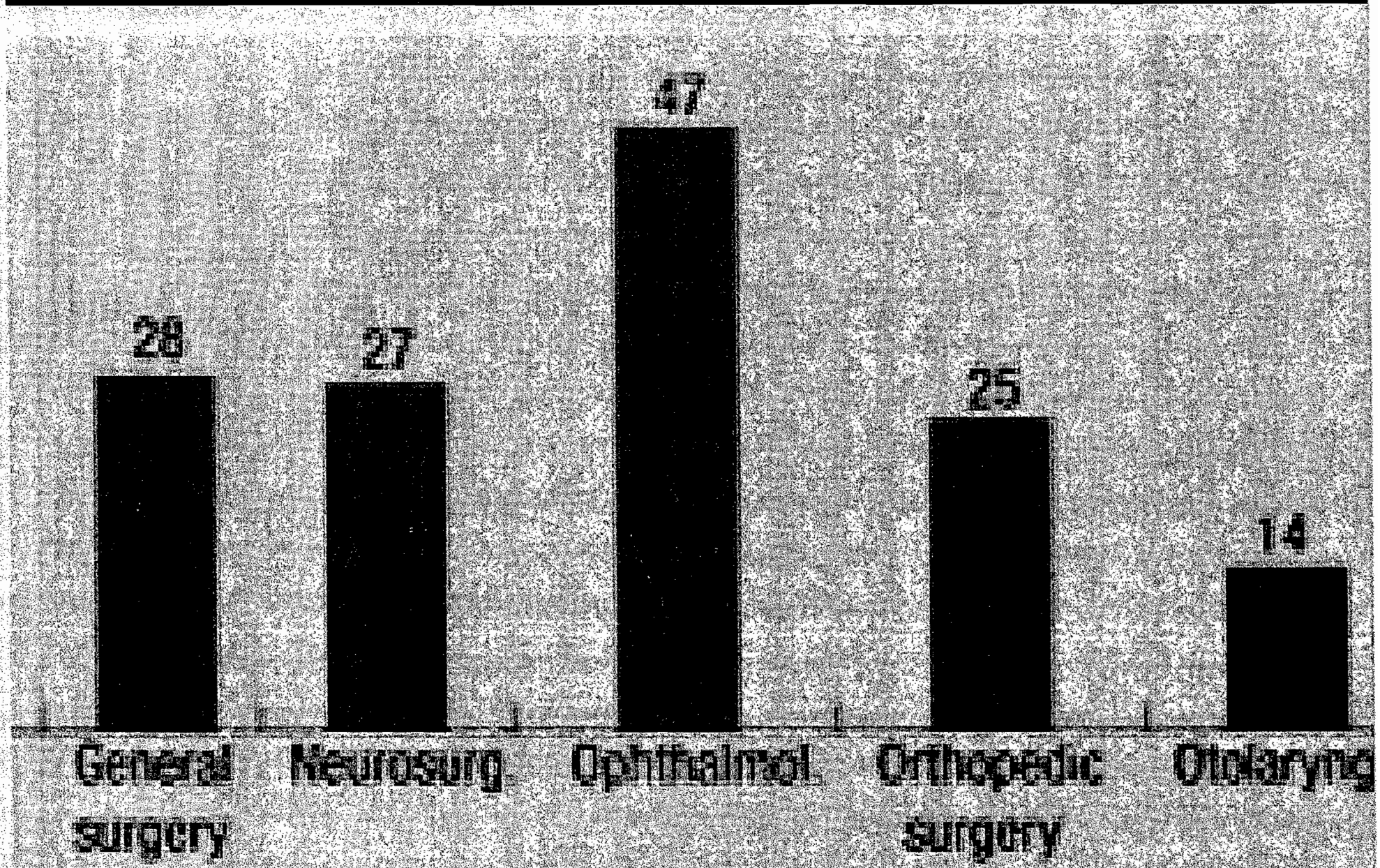
Kishawaukee Hospital does not accept Care Credit as a payer. Midland accepts Care Credit for only six months. Most patients who utilize Care Credit want to extend payments for 12 to 24 months. Care Credit is used to pay for advanced laser surgery, oculoplastic surgery, co-pays and deductibles. It is also used by patients without insurance and who do not qualify for Medicaid. Hauser Ross will discount certain services to make them available to patients who use Care Credit for the discounted fee. The proposed ASC will welcome Care Credit, making it easier for patients to obtain these procedures in their community, rather than having to travel outside the community or forego them altogether.

There is no reason to expect any decline in the demand for the types of surgical procedures the proposed ASC will offer, and in fact given the latter there is ample reason to expect it to increase. The attached graph shows expected growth in the need for ophthalmologic surgery. Residents of the area should not have to postpone or forego surgery because the other available providers are busy and have to allocate resources, and do so in a way that makes ophthalmologic services a low priority. To be clear, the Applicant is not blaming either the Hospital or Midland. It is expressing the reality of what area residents and its own physicians are facing in trying to obtain reasonable time slots for surgery, as well as reasonable access for procedures that traditional insurance or governmental insurance will not pay for, such as advanced laser surgery. Also, the Applicant will invest in equipment that will provide certain services that are not currently available in the area. The applicant will invest in Alcon LenSx Cataract Surgery Femto Laser, wave light Refractive Suite (2 lasers included Femto Second Flap Maker and Excimer 500), Topolyzer corneal systems; WaveScan Corneal Topography surgery guided system, ORA Intraoperative lens calculator system, Varion Ophthalmic Operative management integrated control system, office component and OR components, 2 Centurion advanced New Catarct Surgery Suite units, 2 Luxor Integrated New Cataract Surgery Suite Units Scope Systems, Alcon Retina Surgery Vitrectomy Constellation System, Carl Zeiss Lumera 700 Advanced optics integrated Retina Surgery scope with built in wide angle viewing system, Fractional Occuloplastic Laser used for occuloplastic surgery and eye and orbital tumors, advanced surgical trays for cataract surgery, refractive surgery, cornea surgery, retina surgery, occuloplastic surgery, glaucoma surgery and ophthalmic pediatric surgery - all representing an approximate $2.5M investment. The proposed ASC will invest in, maintain and update this equipment to assure its patients receive state of the art care.

The Hauser Eye Institute has grown significantly since Kishwaukee Hospital sold it to Dr. Abdelsalam in 2013. Initially it was a free standing practice, and operated a surgery center dedicated to ophthalmology. Kishwaukee bought Midland ASC and decided to consolidate the two ASCs. The Hospital chose not to invest in the practice, and it lost volume and Midland, as stated, is focused more on orthopedics. Now that the Hauser Ross practice is again independent, its ownership will develop a state of the art eye institute. This will include the practice, a pharmacy dedicated to eye pharmaceuticals, an optometry shop and the surgery center. It will provide access to services currently unavailable in the community.

Attachment 12

d Increases in Surgery by Specialty in 2020 vs.



H. Maggard MA, et al. The aging population and its impact on the surgery workforce. Ann Surg

4. Cite the sources of the information provided as documentation.

The source of the information above includes US Census Data, Hauser Ross Eye Institute practice volume data, surgical referral data and personal knowledge.

Purpose

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The proposed ASC will provide surgical services not currently available including retinal surgery, oculoplastics, advanced laser cataract and advanced blade free refractive laser surgery. It will allow patients who want to use Care Credit the ability to do so. In addition it will accommodate the growing Hauser Ross Eye Institute practice while allowing the area hospital and Midland Surgical Center the ability to expand their services because the ORs will not have to accommodate eye surgeries.

The HREI has for 12 years accepted all patients regardless of ability to pay. It accepts Medicaid. Importantly, it accepts patients requiring retinal surgery even if they are Medicaid recipients or underinsured. Unfortunately there are more patients requiring retinal surgery than there are surgeons and equipment to care for them. As a result those patients with a payer source that is less than optimal are frequently unable to obtain the surgery. HREI has never turned away a patient requiring retinal surgery. It is investing in retinal equipment and will make retinal surgical services available in the area to all patients, regardless of payer source.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The goal is to provide better access to care and access to services currently not available in the community and it will be achieved on or before March 31, 2016 via the proposed ASC.

Alternatives

The alternatives to the project are minimal. They include either do nothing, proposing a surgery center with less than four operating rooms or offering only ophthalmologic procedures, or proposing a larger multi-specialty surgery center.

Doing nothing is not an option HFSRB accepts. In this case, it would leave the status quo in place, which is restricting access to care to Hauser Ross Eye Institute patients. The cost is zero.

The applicant considered a two OR surgery center, doing only ophthalmologic procedures. However, this was quickly rejected because current procedures support four operating rooms. The applicant believes there will be greater demand for eye surgery given the aging population. The applicant considered not offering otolaryngology surgery at the proposed surgery center, but believes that the otolaryngology surgery services, while limited in scope, will appropriately supplement the ophthalmologic procedures being offered. Thus, it made sense to offer both otolaryngology surgery and ophthalmologic surgery at the proposed four OR ASC. A smaller ASC would cost slightly less, due to the need for less space and equipment. Although the cost was not specifically determined since the alternative was rejected, it would be approximately $6,000,000.00.

The Applicant considered a larger ASC, offering multi-specialties. This was quickly rejected as unnecessary. The goal is to provide efficient, appropriately staffed ophthalmologic surgery, and associated otolaryngology. The goal is not to build a large surgery center that will compete with other providers, or offer duplicative services. The cost of this alternative was not obtained, but would be higher than the current alternative due to the increased need for leased space and additional equipment. It would be approximately two to three million greater than the proposed project cost, or approximately $11,500,000.00.

The Applicant attempted to joint venture with the Kishwaukee Hospital and the physician investors in the Midland ASC but its efforts were rejected. The Applicant may be open to a joint venture in the future but in the near future believes its focus on a state of the art eye treatment center requires it alone to develop same and operate same. The estimated project cost for construction of a free standing ASC would be approximately $8 million dollars to construct same, or similar cost to the proposed project to lease the same GSF in an existing building.

Utilizing other area providers is akin to doing nothing. The area hospital and ASC do not have the OR time to offer. Also, they do not want to invest in equipment necessary for certain procedures to be performed at the proposed ASC.

Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
Clinical*	5,631 BGSF	2075-2750	1407 BSF	Yes
Non Clinical	2,322	N/A		N/A

*Any area where patient is taken and present after leaving patient registration and waiting rooms/area.

The size is necessary and not excessive because the Applicant has documented sufficient surgical volume for four operating rooms. There will be twelve prep and recovery areas (three for each operating room) as required by Illinois regulations. The size per OR per DGSF is 1,407 using solely clinical space and 1,988.25 using total space, both of which meets the state standard. It is actually below the standard because ophthalmologic surgical space is not required to accommodate the room for certain types of equipment associated with as example orthopedic surgery.

Attachment 14

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MET STANDARD?**
YEAR 1	ASC	3,493	3,378		Yes
YEAR 2	ASC	3,493	4,000*		Yes

See below for calculation on project services utilization.

The surgery center will operate 4 ORs and anticipates 3,493 procedures at a minimum. At a blended rate of one and a half hours per procedure this volume supports the need for four operating rooms at 1500 hours of surgery per OR per year.

*Based on projected demand increase due to (1) physician hired in July 2014 and (2) increased need for ophthalmology procedures.

Attachment 15

May 5, 2014

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

Re: Physician Referral Letter for Proposed DeKalb Surgical Services, LLC

Dear Ms. Avery:

I am a surgeon who specializes in ophthalmologic surgery ("Specialty"). I own and operate the Hauser Ross Eye Institute ("HREI"). Over the past twelve months (May 2013-April 2014), HREI has referred a total of 3,181 outpatient surgery cases (non-retinal) in this Specialty. HREI performed, through Chicagoland Retinal, over 600 retinal surgeries in the same period, 157 of which were on patients who resided in the service area of the proposed ASC. These 157 patients had to travel to Chicago because retinal procedures are not available in the proposed service area. HREI's surgical caseload will constitute the majority of the surgical work to be referred to the proposed surgery center in the future.

Over a twelve month time frame, I referred my surgical cases in this Specialty to the following health care facilities, which includes hospitals and/or ambulatory surgical treatment centers ("ASTCs"). The average time per surgical case including set up and clean up is one hour. I expect to refer these surgical cases to the limited specialty ASTC that will be operated by DeKalb Surgical Services, LLC (the "CON Permit Applicant"). The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

Name and Address of Healthcare Facility	Type of Healthcare Facility (ASTC, Hospital or Other)	Number of Surgical Cases Referred Period
Midland Surgical Center	ASTC	2,429*
Palos Community Hospital	Hospital	72
Swedish Covenant Hospital	Hospital	85
		30**
	Totals	2,616
Lasers Done in HREI Office	877	
	Total	3,493

In fact, I think the number of referrals will be even higher than the historical referrals due to the anticipated increase in demand for eye surgeries (see attached).

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

Attachment 15

*This is an average blended figure over 24 months (average of 2012-2013 and 2013-2014). It best reflects referrals as recently they have declined due to inability to schedule time at Midland and loss of physicians, all of whom were replaced this year. In addition to these cases 877 laser procedures were done in the HREI office that will be referred to the proposed ASC.

**ENT Procedures – to be performed by Dr. Kurtzman (see attached) but referred by HREI.

Respectfully submitted,

Physician's Signature, MD

Ahmed Abdelsalam, M.D.
Physician's Name

2240 Gateway Drive
Street Address

Sycamore, IL 60178
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 15th day of ~~May~~ July, 2014.

Notary Public

Seal:

"OFFICIAL SEAL"
JACQUELINE R TITUS
Notary Public, State of Illinois
My Commission Expires July 21, 2014

Attachment 15

May 5, 2014

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

Re: Physician Referral Letter for Proposed DeKalb Surgical Services, LLC

Dear Ms. Avery:

I am a surgeon who specializes in otolaryngology surgery ("Specialty"). Over the past twelve months, I have performed a total of 355 outpatient surgery cases in this Specialty, one of which was in association with ophthalmologic surgery.

I will not change my referral patterns. However, I have committed to spend one day(s) a week at the proposed surgery center. I will perform ENT procedures associated with and complimentary to the eye surgeries performed by the HREI physicians. This is the most convenient and cost effective way to provide such procedures to the area residents. Dr. Abdelsalam has indicated he anticipates approximately 40-50 such procedures will be performed each year.

Based on my prior surgical caseload, I anticipate that I will perform 40-50 surgical cases in my Specialty at the proposed ASTC.

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

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

Attachment 15

Respectfully submitted,

Physician's Signature

Daniel Kurtzman, M.D.
Physician's Name

3340 S. Oak Park
Street Address

Berwyn IL 60402
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 29th day of May, 2014.

Notary Public

Seal:

"OFFICIAL SEAL"
OLIVIA RICCHIO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES
December 14, 2015

Attachment 15

I, Ahmed Abdelsalam, M.D., attest that the proposed Hauser Ross Eye Institute ASC will meet the occupancy standards required of it within 24 months of its operation. My conclusion is based on my historical practice referrals and utilization, as described herein.

Ahmed Abdelsalam
Manager

Subscribed and sworn to before me this
1st day of July, 2014.

Notary Public

"OFFICIAL SEAL"
JACQUELINE R. TITUS
Notary Public, State of Illinois
My Commission Expires July 21, 2014

Attachment 15

Increase in surgery by specialty in 2020 vs

Hauser Ross Eye Institute

FY 2013

2012 2013

	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	TOTAL
ASC (Midland)													
Cataracts	123	137	99	156	126	157	147	107	107	102	120	89	*1,470*
Cornea	7	1	5	8	5	3	1	1	2	3	3	2	*39*
Glaucoma	13	18	20	25	-	36	41	23	8	14	15	18	*231*
Pediatric	8	24	.	13	15	13	21	24	15	14	22	9	*178*
Plastic/Cosmetic/Neuro	70	-	.	17	28	48	58	1	18	59	33	48	*377*
Refractive	17	6	8	14	12	8	10	18	19	12	10	9	*141*
Retina	-	.	.		-	-	-	-	-	-	-	-	-
Yag Laser	39	52	29	53	38	49	31	33	30	34	38	39	*453*
Other	37	18	18	23	28	20	19	26	24	17	29	23	*282*
Total Surgeries in ASC	314	256	179	307	252	330	328	233	221	255	268	238	*3,181*

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	16731	2
Midland Surgical Center LLC	45244	4
Midland Surgical Center LLC	50613	2
Midland Surgical Center LLC	60012	1
Midland Surgical Center LLC	60013	2
Midland Surgical Center LLC	60033	5
Midland Surgical Center LLC	60039	1
Midland Surgical Center LLC	60042	1
Midland Surgical Center LLC	60050	9
Midland Surgical Center LLC	60077	2
Midland Surgical Center LLC	60081	2
Midland Surgical Center LLC	60097	3
Midland Surgical Center LLC	60098	11
Midland Surgical Center LLC	60102	2
Midland Surgical Center LLC	60109	2
Midland Surgical Center LLC	60111	6
Midland Surgical Center LLC	60112	27

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	60113	4
Midland Surgical Center LLC	60115	292
Midland Surgical Center LLC	60115-3667	7
Midland Surgical Center LLC	60118	2
Midland Surgical Center LLC	60119	1
Midland Surgical Center LLC	60123	3
Midland Surgical Center LLC	60124	4
Midland Surgical Center LLC	60129	3
Midland Surgical Center LLC	60134	2
Midland Surgical Center LLC	60135	58
Midland Surgical Center LLC	60139	1
Midland Surgical Center LLC	60140	20
Midland Surgical Center LLC	60142	14
Midland Surgical Center LLC	60145	32
Midland Surgical Center LLC	60146	24
Midland Surgical Center LLC	60150	10
Midland Surgical Center LLC	60151	18

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	60152	42
Midland Surgical Center LLC	60156	5
Midland Surgical Center LLC	60174	3
Midland Surgical Center LLC	60175	11
Midland Surgical Center LLC	60178	218
Midland Surgical Center LLC	60180	1
Midland Surgical Center LLC	60416	1
Midland Surgical Center LLC	60506	10
Midland Surgical Center LLC	60518	19
Midland Surgical Center LLC	60520	8
Midland Surgical Center LLC	60525	2
Midland Surgical Center LLC	60530	3
Midland Surgical Center LLC	60530	2
Midland Surgical Center LLC	60531	17
Midland Surgical Center LLC	60532	1
Midland Surgical Center LLC	60537	2
Midland Surgical Center LLC	60541	1

103

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	60542	7
Midland Surgical Center LLC	60545	13
Midland Surgical Center LLC	60548	6
Midland Surgical Center LLC	60548	83
Midland Surgical Center LLC	60549	1
Midland Surgical Center LLC	60550	14
Midland Surgical Center LLC	60551	8
Midland Surgical Center LLC	60552	31
Midland Surgical Center LLC	60553	3
Midland Surgical Center LLC	60556	16
Midland Surgical Center LLC	60559	2
Midland Surgical Center LLC	60560	2
Midland Surgical Center LLC	60565	1
Midland Surgical Center LLC	61006	17
Midland Surgical Center LLC	61007	2
Midland Surgical Center LLC	61008	36
Midland Surgical Center LLC	61010	12

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	61011	5
Midland Surgical Center LLC	61012	3
Midland Surgical Center LLC	61015	3
Midland Surgical Center LLC	61016	4
Midland Surgical Center LLC	61019	3
Midland Surgical Center LLC	61020	4
Midland Surgical Center LLC	61021	39
Midland Surgical Center LLC	61021-8239	1
Midland Surgical Center LLC	61030	7
Midland Surgical Center LLC	61031	9
Midland Surgical Center LLC	61032	2
Midland Surgical Center LLC	61038	3
Midland Surgical Center LLC	61046	10
Midland Surgical Center LLC	61047	7
Midland Surgical Center LLC	61048	2
Midland Surgical Center LLC	61049	7
Midland Surgical Center LLC	61052	4

501

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	61054	11
Midland Surgical Center LLC	61054-9740	2
Midland Surgical Center LLC	61060	2
Midland Surgical Center LLC	61061	45
Midland Surgical Center LLC	61064	4
Midland Surgical Center LLC	61065	6
Midland Surgical Center LLC	61067	1
Midland Surgical Center LLC	61068	90
Midland Surgical Center LLC	61070	2
Midland Surgical Center LLC	61071	14
Midland Surgical Center LLC	61073	6
Midland Surgical Center LLC	61081	12
Midland Surgical Center LLC	61084	6
Midland Surgical Center LLC	61101	12
Midland Surgical Center LLC	61108	3
Midland Surgical Center LLC	61109	9
Midland Surgical Center LLC	61111	9

106

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	61114	2
Midland Surgical Center LLC	61115	7
Midland Surgical Center LLC	61270	4
Midland Surgical Center LLC	61283	4
Midland Surgical Center LLC	61301	11
Midland Surgical Center LLC	61310	18
Midland Surgical Center LLC	61317	2
Midland Surgical Center LLC	61318	9
Midland Surgical Center LLC	61322	1
Midland Surgical Center LLC	61326	4
Midland Surgical Center LLC	61329	6
Midland Surgical Center LLC	61330	1
Midland Surgical Center LLC	61332	2
Midland Surgical Center LLC	61340	2
Midland Surgical Center LLC	61341	4
Midland Surgical Center LLC	61342	8
Midland Surgical Center LLC	61348	2

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 4/15/2014

4/22/14 9:30 AM

Loc Name	Zip	Count
Midland Surgical Center LLC	61350	22
Midland Surgical Center LLC	61353	9
Midland Surgical Center LLC	61354	10
Midland Surgical Center LLC	61356	4
Midland Surgical Center LLC	61360	2
Midland Surgical Center LLC	61361	2
Midland Surgical Center LLC	61362	2
Midland Surgical Center LLC	61364	2
Midland Surgical Center LLC	61367	4
Midland Surgical Center LLC	61368	4
Midland Surgical Center LLC	61373	2
Midland Surgical Center LLC	61376	4
TOTALS (131)		**1,678**

801

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 5/14/2014

6/24/14 3:59 PM

Zip	Sv It Desc	Count
65855		
60050	Trabeculoplasty by laser surgery	1
60112	Trabeculoplasty by laser surgery	5
60115	Trabeculoplasty by laser surgery	38
60123	Trabeculoplasty by laser surgery	1
60135	Trabeculoplasty by laser surgery	18
60140	Trabeculoplasty by laser surgery	5
60142	Trabeculoplasty by laser surgery	2
60151	Trabeculoplasty by laser surgery	1
60152-9374	Trabeculoplasty by laser surgery	2
60175	Trabeculoplasty by laser surgery	2
60178	Trabeculoplasty by laser surgery	30
60190	Trabeculoplasty by laser surgery	2
60518	Trabeculoplasty by laser surgery	2
60530	Trabeculoplasty by laser surgery	2
60542	Trabeculoplasty by laser surgery	1
60545	Trabeculoplasty by laser surgery	2
60550	Trabeculoplasty by laser surgery	1
60551	Trabeculoplasty by laser surgery	3
60552	Trabeculoplasty by laser surgery	1
61008	Trabeculoplasty by laser surgery	1
61016	Trabeculoplasty by laser surgery	2
61021	Trabeculoplasty by laser surgery	3
61061	Trabeculoplasty by laser surgery	1
61068	Trabeculoplasty by laser surgery	6
61084	Trabeculoplasty by laser surgery	2
61102	Trabeculoplasty by laser surgery	1
61342	Trabeculoplasty by laser surgery	1
61350	Trabeculoplasty by laser surgery	1
61356	Trabeculoplasty by laser surgery	2
Totals for 65855 (29)		**139**
66761		
60115	Iridotomy/iridectomy by laser surgery	6
60119	Iridotomy/iridectomy by laser surgery	1
60135	Iridotomy/iridectomy by laser surgery	4
60139	Iridotomy/iridectomy by laser surgery	1
60140	Iridotomy/iridectomy by laser surgery	2

> SLT laser (glaucoma)

109

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 5/14/2014

6/24/14 3:59 PM

Zip	Sv It Desc	Count
60178	AFTER CATARACT LASER SURGERY	59
60178-1443	AFTER CATARACT LASER SURGERY	1
60184	AFTER CATARACT LASER SURGERY	1
60477	AFTER CATARACT LASER SURGERY	2
60518	AFTER CATARACT LASER SURGERY	4
60520	AFTER CATARACT LASER SURGERY	7
60530	AFTER CATARACT LASER SURGERY	1
60531	AFTER CATARACT LASER SURGERY	1
60538	AFTER CATARACT LASER SURGERY	1
60545	AFTER CATARACT LASER SURGERY	5
60548	AFTER CATARACT LASER SURGERY	2
60548	AFTER CATARACT LASER SURGERY	8
60549	AFTER CATARACT LASER SURGERY	2
60550	AFTER CATARACT LASER SURGERY	6
60551	AFTER CATARACT LASER SURGERY	1
60552	AFTER CATARACT LASER SURGERY	7
60553	AFTER CATARACT LASER SURGERY	4
60556	AFTER CATARACT LASER SURGERY	9
60559	AFTER CATARACT LASER SURGERY	2
61006	AFTER CATARACT LASER SURGERY	2
61008	AFTER CATARACT LASER SURGERY	13
61010	AFTER CATARACT LASER SURGERY	4
61015	AFTER CATARACT LASER SURGERY	2
61021	AFTER CATARACT LASER SURGERY	18
61024	AFTER CATARACT LASER SURGERY	2
61031	AFTER CATARACT LASER SURGERY	2
61038	AFTER CATARACT LASER SURGERY	1
61054	AFTER CATARACT LASER SURGERY	8
61061	AFTER CATARACT LASER SURGERY	11
61063	AFTER CATARACT LASER SURGERY	1
61064	AFTER CATARACT LASER SURGERY	1
61065	AFTER CATARACT LASER SURGERY	1
61068	AFTER CATARACT LASER SURGERY	25
61071	AFTER CATARACT LASER SURGERY	2
61078	AFTER CATARACT LASER SURGERY	1
61081	AFTER CATARACT LASER SURGERY	6
61084	AFTER CATARACT LASER SURGERY	2
61088	AFTER CATARACT LASER SURGERY	2

011

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 5/14/2014

6/24/14 3:59 PM

Zip	Sv It Desc	Count
61108	AFTER CATARACT LASER SURGERY	2
61109	AFTER CATARACT LASER SURGERY	1
61283	AFTER CATARACT LASER SURGERY	1
61329	AFTER CATARACT LASER SURGERY	1
61330	AFTER CATARACT LASER SURGERY	2
61341	AFTER CATARACT LASER SURGERY	1
61342	AFTER CATARACT LASER SURGERY	6
61348	AFTER CATARACT LASER SURGERY	1
61349	AFTER CATARACT LASER SURGERY	1
61350	AFTER CATARACT LASER SURGERY	1
61353	AFTER CATARACT LASER SURGERY	2
61354	AFTER CATARACT LASER SURGERY	3
61356	AFTER CATARACT LASER SURGERY	6
61362	AFTER CATARACT LASER SURGERY	1
61368	AFTER CATARACT LASER SURGERY	3
61370	AFTER CATARACT LASER SURGERY	1
Totals for 66821 (80)		**423**
67145		
60033	TREATMENT OF RETINA	1
60111	TREATMENT OF RETINA	1
60112	TREATMENT OF RETINA	1
60115	TREATMENT OF RETINA	11
60135	TREATMENT OF RETINA	1
60140	TREATMENT OF RETINA	1
60146	TREATMENT OF RETINA	1
60178	TREATMENT OF RETINA	7
60549	TREATMENT OF RETINA	2
61008	TREATMENT OF RETINA	1
61010	TREATMENT OF RETINA	1
61061	TREATMENT OF RETINA	1
61068	TREATMENT OF RETINA	2
61103	TREATMENT OF RETINA	1
61342	TREATMENT OF RETINA	1
61353	TREATMENT OF RETINA	2
61938	TREATMENT OF RETINA	2
Totals for 67145 (17)		**37**
67210		

YAG Laser (Posterior Capsule Opacification) for

11

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 5/14/2014

6/24/14 3:59 PM

Zip	Sv It Desc	Count
60033	TREATMENT OF RETINAL LESION	1
60098	TREATMENT OF RETINAL LESION	1
60102	TREATMENT OF RETINAL LESION	2
60109	TREATMENT OF RETINAL LESION	1
60112	TREATMENT OF RETINAL LESION	4
60115	TREATMENT OF RETINAL LESION	26
60119	TREATMENT OF RETINAL LESION	1
60135	TREATMENT OF RETINAL LESION	7
60140	TREATMENT OF RETINAL LESION	2
60142	TREATMENT OF RETINAL LESION	1
60146	TREATMENT OF RETINAL LESION	6
60150	TREATMENT OF RETINAL LESION	3
60151	TREATMENT OF RETINAL LESION	1
60152	TREATMENT OF RETINAL LESION	1
60178	TREATMENT OF RETINAL LESION	26
60518	TREATMENT OF RETINAL LESION	2
60543	TREATMENT OF RETINAL LESION	2
60545	TREATMENT OF RETINAL LESION	2
60548	TREATMENT OF RETINAL LESION	7
60550	TREATMENT OF RETINAL LESION	2
60556	TREATMENT OF RETINAL LESION	2
60563	TREATMENT OF RETINAL LESION	2
60565	TREATMENT OF RETINAL LESION	1
61008	TREATMENT OF RETINAL LESION	3
61010	TREATMENT OF RETINAL LESION	1
61021	TREATMENT OF RETINAL LESION	3
61030	TREATMENT OF RETINAL LESION	2
61051	TREATMENT OF RETINAL LESION	2
61068	TREATMENT OF RETINAL LESION	6
61071	TREATMENT OF RETINAL LESION	1
61074	TREATMENT OF RETINAL LESION	1
61081	TREATMENT OF RETINAL LESION	1
61104	TREATMENT OF RETINAL LESION	6
61108	TREATMENT OF RETINAL LESION	1
61109	TREATMENT OF RETINAL LESION	2
61111	TREATMENT OF RETINAL LESION	6
61310	TREATMENT OF RETINAL LESION	3
61350	TREATMENT OF RETINAL LESION	1

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 5/14/2014

6/24/14 3:59 PM

Zip	Sv It Desc	Count
Totals for 67210 (38)		142
67228		
60098	TREATMENT OF RETINAL LESION	1
60115	TREATMENT OF RETINAL LESION	9
60119	TREATMENT OF RETINAL LESION	1
60135	TREATMENT OF RETINAL LESION	3
60145	TREATMENT OF RETINAL LESION	1
60146	TREATMENT OF RETINAL LESION	5
60151	TREATMENT OF RETINAL LESION	5
60152	TREATMENT OF RETINAL LESION	2
60156	TREATMENT OF RETINAL LESION	3
60174	TREATMENT OF RETINAL LESION	1
60178	TREATMENT OF RETINAL LESION	8
60447	TREATMENT OF RETINAL LESION	1
60518	TREATMENT OF RETINAL LESION	1
60520	TREATMENT OF RETINAL LESION	1
60531	TREATMENT OF RETINAL LESION	1
60543	TREATMENT OF RETINAL LESION	1
60545	TREATMENT OF RETINAL LESION	2
60548	TREATMENT OF RETINAL LESION	4
60553	TREATMENT OF RETINAL LESION	3
60563	TREATMENT OF RETINAL LESION	4
61006	TREATMENT OF RETINAL LESION	1
61008	TREATMENT OF RETINAL LESION	3
61015	TREATMENT OF RETINAL LESION	1
61051	TREATMENT OF RETINAL LESION	1
61054	TREATMENT OF RETINAL LESION	4
61061	TREATMENT OF RETINAL LESION	2
61064	TREATMENT OF RETINAL LESION	1
61068	TREATMENT OF RETINAL LESION	7
61071	TREATMENT OF RETINAL LESION	4
61074	TREATMENT OF RETINAL LESION	3
61081	TREATMENT OF RETINAL LESION	2
61102	TREATMENT OF RETINAL LESION	1
61104	TREATMENT OF RETINAL LESION	2
61108	TREATMENT OF RETINAL LESION	2
61109	TREATMENT OF RETINAL LESION	2

> Retina - Focal Laser

113

Hauser Ross Eye Institute
Service Item Summary With Extended Amt And Transactions
From 5/15/2013 to 5/14/2014

6/24/14 3:59 PM

Zip	Sv It Desc	Count
61111	TREATMENT OF RETINAL LESION	2
61310	TREATMENT OF RETINAL LESION	1
61342	TREATMENT OF RETINAL LESION	4
61350	TREATMENT OF RETINAL LESION	2
61356	TREATMENT OF RETINAL LESION	1
Totals for 67228 (40)		**103**
TOTALS (218)		**877**

Retina - PRP laser

114

Hauser Ross Eye Institute Retina Cases Referred to Chicago Area Hospitals

ZIP CODES		# OF CASES
61350		1
60111		1
60115		2
60115		3
61064		2
61061		1
60145		2
60115		14
60520		1
61350		2
61072		1
60178		6
61071		1
61301		5
60146		2
60112		2
61109		1
61010		1
61068		2
60556		1
60109		2
61020		1
61081		2
60156		1
61054		2
60518		2
61008		1
42408		2
61330		2
60033		1
60152		1
60548		3
61104		1
60178		9
60115		12
61021		2
60550		1
61081		2

60112		2
61068		4
61008		2
60156		1
60150		2
60545		1
60012		4
61010		1
61015		2
60135		3
60145		1
61032		2
60531		1
60104		2
61054		1
60115		10
60178		9
60152		2
61354		2
60548		1
60151		2
61021		1
61081		2
61084		1
TOTAL		**157**

Zip Code	Pt Count
60115	363
60178	283
61068	106
60548	103
60135	63
61061	61
60152	57
61008	52
61021	49
60552	43
60145	36
60140	33
60112	32
60146	32
61350	30
60151	28
60545	25
60518	22
61081	22
61310	22
60556	20
61071	20
60142	18
60531	18
61031	18
61006	17
60098	14
60520	14
60550	14
61010	14
61101	13
60150	12
60175	12
61054	12
61354	12
61084	11
61109	11
61301	11
61318	11
61342	11
60506	10
61046	10
61047	10
61111	10
61356	10

60050	9
60553	9
61115	9
61353	9
60551	8
61049	8
60111	7
60113	7
60115-3667	7
60530	7
60542	7
61011	7
61030	7
60010	6
60152-9314	6
60450	6
60560	6
61016	6
61032	6
61052	6
61073	6
61270	6
61329	6
61361	6
61376	6
60033	5
60156	5
61065	5
61072	5
61341	5
45244	4
60014	4
60124	4
60549	4
61020	4
61048	4
61064	4
61114	4
61283	4
61326	4
61367	4
61368	4
60097	3
60123	3
60129	3
60134	3
60145-8135	3

60174	3
61007	3
61012	3
61015	3
61019	3
61038	3
61060	3
61108	3
61348	3
61362	3
16731	2
50613	2
60013	2
60077	2
60081	2
60102	2
60109	2
60118	2
60145-8533	2
60470	2
60525	2
60537	2
60559	2
61021-8239	2
61054-9740	2
61070	2
61317	2
61332	2
61340	2
61360	2
61364	2
61373	2
60012	1
60039	1
60042	1
60119	1
60139	1
60180	1
60416	1
60532	1
60541	1
60565	1
61008-5621	1
61067	1
61080	1
61104	1
61107	1

61322	1
61330	1
	3181

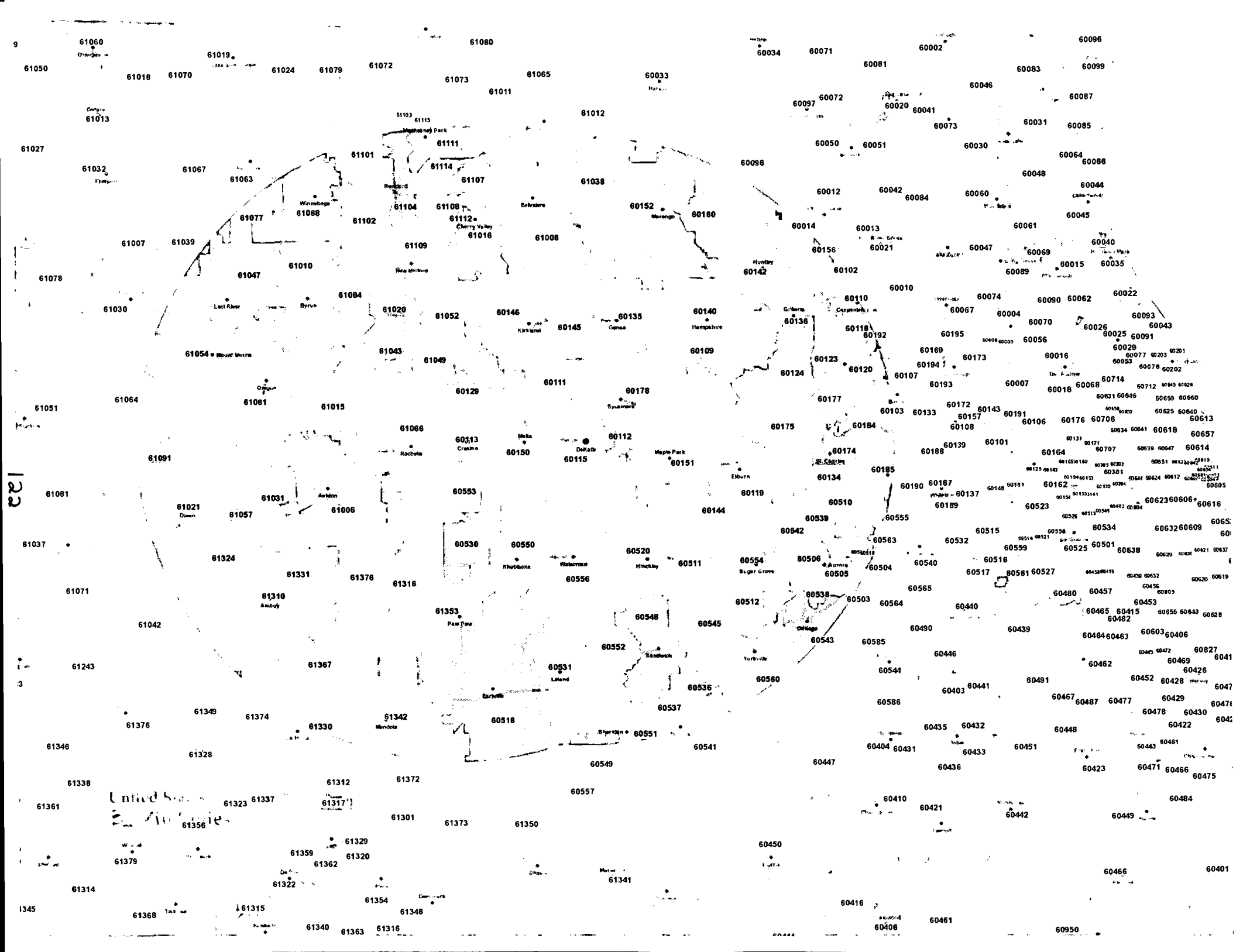
1110.1540(b)
Target Population

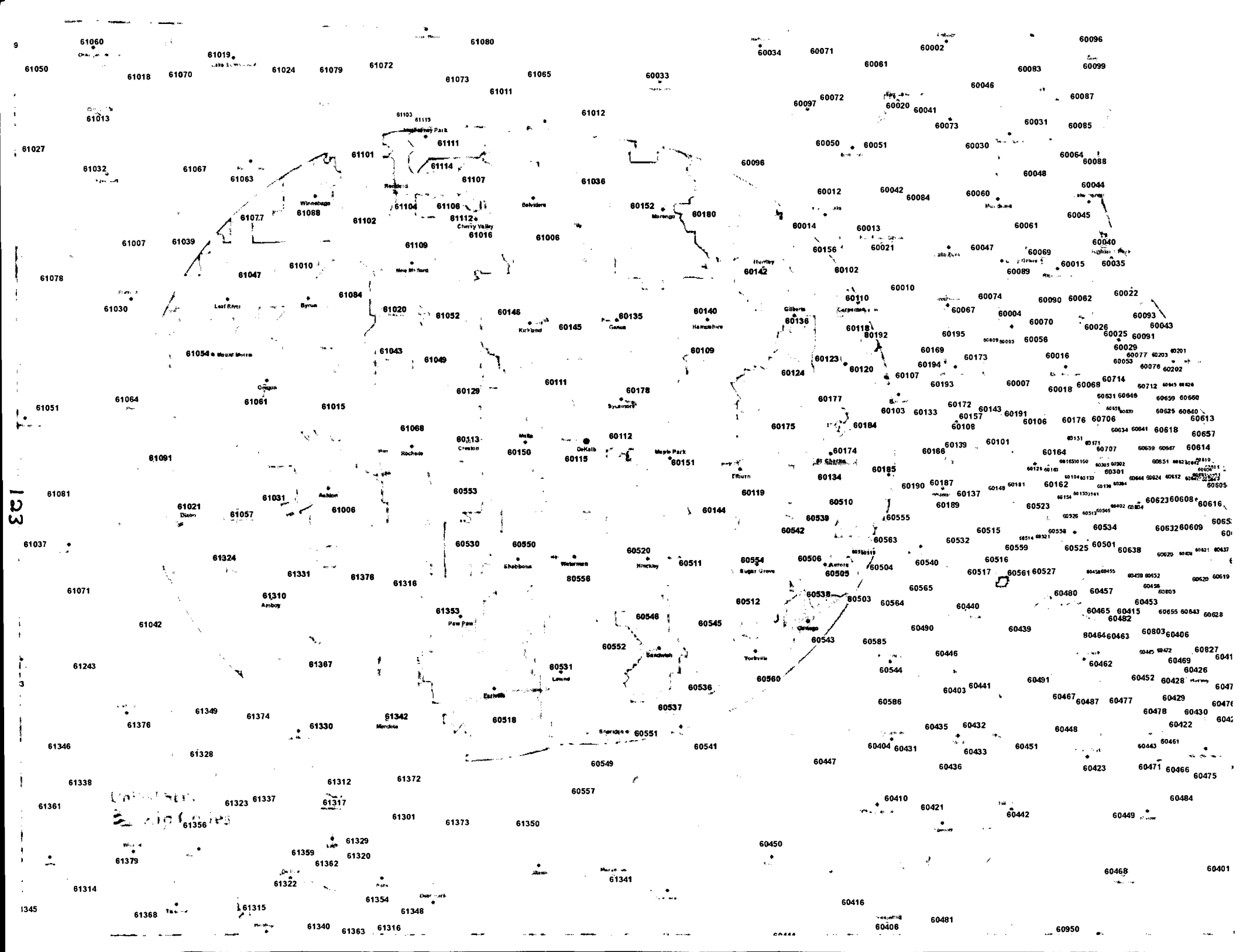
See attached map of service area.

The primary target population is approximately 120,000 based on US census data for the zip codes within the target service area. The secondary target population using zip codes from the service area is approximately 600,000.

The travel time to the GSA is generally 45 minutes as determined by Mapquest (see Mapquest attachments appended to Attachment 12 – Purpose, 2).

Attachment 27

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Criterion 1110.1540(d)
Treatment Room Need Assessment

Number of Rooms Proposed

The Applicant is proposing to establish a single specialty ASTC with four (4) operating rooms and twelve (12) recovery areas.

Estimated Time Per Procedure

The Applicant estimates that the average length of time per procedure will be 1.5 hours (this is a blended time frame taking into account both basic and complicated procedures), which includes time for surgery preparation and post-surgery clean up. Total surgical hours based on the projected cases of 3,493 is 5,239.5 surgical hours. This supports the need for 4 operating rooms.

The above time frames are arrived at based on many years of experience in performing the eye procedures at issue.

Attachment 27

Criterion 1110.1540(e)
Impact on Other Facilities

The Applicant does not believe the proposed ASC will impact other area facilities. HREI physicians currently utilize Midland Surgical Center, Palos Community Hospital and Swedish Covenant Hospital (the latter two hospitals are over sixty miles from the service area but are the two hospitals with retinal equipment where HREI physician(s) have privileges). Kishwaukee Hospital and Midland have, through practice and communication, shown minimal interest in ophthalmologic procedures performed by Hauser Ross Eye Institute physicians. The Applicant has had conversations with Kishwaukee Hospital (which is a majority owner of Midland) and generally it has little OR time to provide for eye surgery, will not accept Care Credit and does not believe investing its capital in eye surgery equipment is a good use of its resources. The Applicant does not believe either the Hospital or Midland will oppose this application, as, if approved, it allows them to offer their respective ORs in a more efficient and profitable manner. Palos and Swedish are used for retinal surgical services because neither Midland nor Kishwaukee have appropriate equipment. These hospitals are approximately 60 miles away and area residents should not have to travel this far to have surgery done by their physicians at HREI.

Also, if other area facilities say they have capacity it really is irrelevant because the HREI will not change its referral practice if the proposed ASC is not approved. Instead they will continue the current practice of referring to Midland and Chicago area hospitals, which is for the various reasons stated herein less than ideal, and restricts access to care.

Please note the following:

- A copy of the impact letter sent to surgical facilities located within the Applicant's proposed geographic service are, along with a list of the health care facilities receiving the impact letter, are provided with this application. See Appendix 1 for the impact letters.

- The MapQuest sheets calculating the time and distance to each health care facility receiving an impact letter are attached hereto as Appendix 2, which provide evidence that each facility is located within thirty (30) minutes of the Applicant's proposed site for the ASTC.

- Copies of the certified mail return receipts evidencing receipt of the impact letter, and any copies of written responses that the Applicant received prior to the submission of this CON permit application, are attached hereto as Appendix 3.

- Any responses to the impact letter that are received by the Applicant following the submission of this CON permit application will be forwarded to the Health Facilities and Services Review Board staff.

Attachment 27

Criterion 1110.1540(f)
Establishment of New Facilities

Services Proposed for New ASTC

1. Opthalmology

2. Otolaryngology

Attachment 27

6.b. The existing facilities in the area have restrictive admission practices.

To the Applicant's knowledge there is no written policy restricting admission at area facilities. However, Midland allocates blocks of OR time to various area physicians. It has routinely provided only limited OR time to the Hauser Ross Eye Institute physicians. Midland is a 3 OR multi-specialty surgery center. The ortho practice that admits there is adding three physicians in July of 2014. It will only get busier. The Hospital and Midland do not have and will not invest in retinal equipment. As a result, retinal surgery is not currently available in the service area. HREI patients requiring retinal surgery are referred to Chicago area hospitals which is more than an inconvenience – it impedes access to care and can result in permanent damage due to delays in obtaining surgical intervention.

Kishwaukee Hospital does not accept Care Credit. While Midland accepts Care Credit it does so only on a six month payment cycle, which most patients cannot use. As a result the Applicant's patients face a situation which has the same impact on them as if area facilities have restrictive admission policies.

Also, there are restrictive practices because the area hospital and ASC will not invest in equipment that will allow for macular degeneration repair, advanced cataract laser surgery and advanced blade free laser refactory surgery. Therefore, these services are unavailable in the community. HREI will invest approximately $2.5M in equipment to provide access to care.

To be clear, the Applicant understands and supports the allocation of the Hospital's ORs as it deems appropriate. It also does not fault them for allocating capital as they respectively deem appropriate for their capital needs. The majority of the physicians at Midland are orthopods, and therefore these physicians have priority in scheduling patients, particularly since the revenue per procedure is higher. It will be better for Midland patients and Hauser Ross patients to be seen in a surgery center that is dedicated to their unique needs and to provide staff dedicated to same. The proposed limited specialty ASC will be located in a building that is dedicated to eye care.

Lastly, many eye surgeons do not accept retinal cases that have, as a payer source, Medicaid. Nor do they provide retinal surgery to underinsured or self pay patients. Retinal cases are many, but there are a limited number of surgeons who perform them. As a result, surgeons can pick and choose cases and the end result is some fill their schedules with insured patients leaving no slots for underinsured patients. HREI (and the proposed ASC) take (and will take) all retinal patients. HREI has never refused a retinal surgery.

Attachment 27

Criterion 1110.154(g)

Charge Commitment

The following chart provides a list of procedures that will be performed at the proposed ASTC, along with the appropriate CPT/HCPCS code for each procedure and the charge associated with each.

Description	Code	Charge
Corneal transplant	65710	$ 6,900
Corneal trnspl endothelial	65756	$ 6,900
Ocular reconst transplant	65780	$ 6,900
Attach ocular implant	65140	$ 6,600
Decompress optic nerve	67570	$ 6,600
Explore/biopsy eye socket	67450	$ 6,600
Explore/drain eye socket	67440	$ 6,600
Explore/treat eye socket	67420	$ 6,600
Explr/decompress eye socket	67445	$ 6,600
Implant eye drug system	67027	$ 6,600
Insert eye socket implant	67550	$ 6,600
Laser treatment of retina	67039	$ 6,600
Laser treatment of retina	67040	$ 6,600
Partial removal of eye fluid	67010	$ 6,600
Reinsert ocular implant	65155	$ 6,600
Release of eye fluid	67015	$ 6,600
Removal of eye	65101	$ 6,600
Removal of inner eye fluid	67036	$ 6,600
Remove eye/attach implant	65105	$ 6,600
Remove eye/insert implant	65103	$ 6,600
Remove eye/revise socket	65112	$ 6,600
Repair detached retina	67108	$ 6,600
Repair eye lesion	66220	$ 6,600
Repair of eye wound	65285	$ 6,600
Repair retinal detach cplx	67113	$ 6,600
Replace eye fluid	67025	$ 6,600
Rerepair detached retina	67112	$ 6,600
Revise eye	65091	$ 6,600
Revise eye with implant	65093	$ 6,600
Vit for macular hole	67042	$ 6,600
Vit for macular pucker	67041	$ 6,600
Vit for membrane dissect	67043	$ 6,600
Glaucoma surgery	66155	$ 6,500
Implant eye shunt	66180	$ 6,500
Removal of iris	66605	$ 6,500
Remove blood clot from eye	65930	$ 6,500
Repair/graft eye lesion	66225	$ 6,500
Revise eye shunt	66185	$ 6,500
Translum dil eye canal	66174	$ 6,500
Trnslum dil eye canal w/stnt	66175	$ 6,500
Extraction of lens	66920	$ 4,700
Extraction of lens	66930	$ 4,700

Description	Code	Charge
Removal of lens material	66850	$ 4,700
Removal of lens material	66852	$ 4,700
Close tear system fistula	68770	$ 4,300
Create tear duct drain	68745	$ 4,300
Create tear duct drain	68750	$ 4,300
Create tear sac drain	68720	$ 4,300
Explore/drain eye socket	67405	$ 4,300
Explore/treat eye socket	67413	$ 4,300
Insert ocular implant	65130	$ 4,300
Insert ocular implant	65135	$ 4,300
Partial removal tear gland	68505	$ 4,300
Reconstruction of eyelid	67973	$ 4,300
Removal of tear gland	68500	$ 4,300
Removal of tear sac	68520	$ 4,300
Remove tear gland lesion	68550	$ 4,300
Repair brow defect	67900	$ 4,300
Repair eyelid defect	67902	$ 4,300
Revise eye socket implant	67560	$ 4,300
Revise ocular implant	65150	$ 4,300
Revise/graft eyelid lining	68320	$ 4,300
Release eye tissue	67343	$ 4,200
Repair of eye socket wound	65290	$ 4,200
Revise eye muscle	67311	$ 4,200
Revise eye muscle	67314	$ 4,200
Revise eye muscle(s)	67318	$ 4,200
Revise two eye muscles	67312	$ 4,200
Revise two eye muscles	67316	$ 4,200
Cataract surg w/iol 1 stage	66983	$ 3,800
Cataract surg w/iol 1 stage	66984	$ 3,800
Cataract surgery complex	66982	$ 3,800
Ciliary endoscopic ablation	66711	$ 3,800
Destruction ciliary body	66740	$ 3,800
Drainage of eye	65810	$ 3,800
Drainage of eye	65815	$ 3,800
Exchange lens prosthesis	66986	$ 3,800
Glaucoma surgery	66150	$ 3,800
Harvest eye tissue alograft	68371	$ 3,800
Incise inner eye adhesions	65870	$ 3,800
Incision of eye	65850	$ 3,800
Incision of eye	66172	$ 3,800
Insert lens prosthesis	66985	$ 3,800
Relieve inner eye pressure	65820	$ 3,800
Removal of eye lesion	65426	$ 3,800
Removal of iris	66630	$ 3,800
Removal of iris	66635	$ 3,800
Remove eye lesion	66130	$ 3,800
Remove iris and lesion	66600	$ 3,800
Repair iris & ciliary body	66680	$ 3,800

Description	Code	Charge
Repair of eye wound	65275	$ 3,800
Reposition intraocular lens	66825	$ 3,800
Revise eyelid lining	68330	$ 3,800
Incise inner eye strands	67030	$ 3,300
Partial removal of eye fluid	67005	$ 3,300
Reinforce/graft eye wall	67255	$ 3,300
Release encircling material	67115	$ 3,300
Remove foreign body from eye	65265	$ 3,300
Repair of eye wound	65280	$ 3,300
Treatment of retinal lesion	67218	$ 3,300
Aspiration orbital contents	67415	$ 3,200
Biopsy of tear gland	68510	$ 3,200
Biopsy of tear sac	68525	$ 3,200
Correction eyelid w/implant	67912	$ 3,200
Explore/biopsy eye socket	67400	$ 3,200
Explore/treat eye socket	67412	$ 3,200
Incision of eyelid fold	67715	$ 3,200
Probe nasolacrimal duct	68811	$ 3,200
Probe nl duct w/balloon	68816	$ 3,200
Reconstruction of eyelid	67971	$ 3,200
Reinforce eye wall	67250	$ 3,200
Remove eyelid lesion(s)	67808	$ 3,200
Remove eyelid lining lesion	68115	$ 3,200
Remove tear gland lesion	68540	$ 3,200
Repair eyelid defect	67924	$ 3,200
Repair eyelid wound	67935	$ 3,200
Repair of eye wound	65270	$ 3,200
Repair tear ducts	68700	$ 3,200
Revise eyelashes	67835	$ 3,200
Revise eyelid defect	67909	$ 3,200
Revise/graft eyelid lining	68326	$ 3,200
Revision of eyelid	67882	$ 3,200
Separate eyelid adhesions	68340	$ 3,200
Biopsy eye muscle	67346	$ 2,800
Biopsy of cornea	65410	$ 2,500
Ciliary transsleral therapy	66710	$ 2,500
Correction of astigmatism	65772	$ 2,500
Destruction ciliary body	66720	$ 2,500
Follow-up surgery of eye	66250	$ 2,500
Incise inner eye adhesions	65865	$ 2,500
Incise inner eye adhesions	65880	$ 2,500
Injection treatment of eye	66020	$ 2,500
Injection treatment of eye	66030	$ 2,500
Removal of eye lesion	65400	$ 2,500
Removal of eye lesion	65420	$ 2,500
Removal of lens material	66840	$ 2,500
Remove eyelid lining lesion	68130	$ 2,500
Remove foreign body from eye	65235	$ 2,500

Description	Code	Charge
Revision of eyelid	67880	$ 2,500
Drainage of eye	65800	$ 1,700
Extraction of lens	66940	$ 1,700
Incision of iris	66505	$ 1,700
Incision secondary cataract	66820	$ 1,700
Removal of iris	66625	$ 1,700
Removal of lens lesion	66830	$ 1,700
Closure of eyelid by suture	67875	$ 1,500
Repair detached retina	67110	$ 1,500
Revise eyelashes	67830	$ 1,500
Repair detached retina	67101	$ 1,400
After cataract laser surgery	66821	$ 1,000
Laser surgery eye strands	67031	$ 1,000
Removal of inner eye lesion	66770	$ 1,000
Repair detached retina	67105	$ 1,000
Tr retinal les preterm inf	67229	$ 1,000
Treatment of retinal lesion	67228	$ 1,000
Remove foreign body from eye	65260	$ 900
Revision of iris	66762	$ 900
Treatment of choroid lesion	67220	$ 900
Treatment of retina	67141	$ 900
Treatment of retinal lesion	67210	$ 900
Revision of cornea	65600	$ 800
Clearance of tear duct	68530	$ 700
Curette/treat cornea	65436	$ 700
Drainage of eyelid abscess	67700	$ 700
Incise/drain tear gland	68400	$ 700
Incise/drain tear sac	68420	$ 700
Probe nasolacrimal duct	68810	$ 700
Repair eyelid defect	67922	$ 700
Repair eyelid wound	67930	$ 700
Incise inner eye adhesions	65860	$ 600
Incision of eyelid	67710	$ 600
Inject/treat eye socket	67500	$ 600
Laser surgery of eye	65855	$ 600
Remove eyelid lesion	67840	$ 600
Revision of iris	66761	$ 600
Treatment of corneal lesion	65450	$ 600
Close tear duct opening	68760	$ 500
Ocular photodynamic ther	67221	$ 500
Remove eyelid foreign body	67938	$ 500
Remove eyelid lining lesion	68110	$ 500
Revise tear duct opening	68705	$ 500
Treat eyelid lesion	67850	$ 500
Biopsy of eyelid	67810	$ 400
Biopsy of eyelid lining	68100	$ 400
Destroy nerve of eye muscle	67345	$ 400
Incision of iris	66500	$ 400

Description	Code	Charge
Remove eye lesion	65900	$ 400
Remove eyelid lesions	67805	$ 400
Close tear duct opening	68761	$ 300
Corneal smear	65430	$ 300
Curette/treat cornea	65435	$ 300
Dilate tear duct opening	68801	$ 300
Explore/irrigate tear ducts	68840	$ 300
Incise tear duct opening	68440	$ 300
Incise/drain eyelid lining	68020	$ 300
Inject/treat eye socket	67505	$ 300
Inject/treat eye socket	67515	$ 300
Remove eyelid lining lesion	68135	$ 300
Remove foreign body from eye	65222	$ 300
Revise eyelashes	67820	$ 300

Availability of Funds

The non-leased portion of the project costs is to be paid with cash on hand. The remainder is leased space and equipment. This too, although treated as debt, will be paid over the 15 year lease term from available cash on hand.

Financial Viability Waiver

The Applicant is a new entity and has no historical financials operating data. The applicant is entering into a lease for the space and certain equipment and a copy of the letter of intent for the lease and LOC for leased equipment is provided in this application. The leases will be paid via cash although it is considered debt for Board purposes. Dr. Ahmed Abdelsalam is the majority equity holder in the applicant LLC. He will fund the first three years of operating costs of the proposed ASC with cash on hand.

Viability Ratios

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**20__**	**20__**	**20__**	**20__**
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

NOT APPLICABLE – The Applicant is a newly formed entity and has no historical financials. In addition, the applicant is simply leasing space and equipment. The project is being funded through cash, and long term lease(s).

Economic Feasibility

Borrowing is the only alternative for paying for the proposed ASC, and is less costly than liquidating existing current investments.

The selected form of debt* financing is at the lowest cost available.

Ahmed Abdelsalam, M.D.

Subscribed and sworn to before me this 15th day of July, 2014.

Notary Public

"OFFICIAL SEAL"
JACQUELINE R. TITUS
Notary Public, State of Illinois
My Commission Expires July 21, 2014

NOTE: The lease for ASC space and equipment is considered debt per HFSRB rules, but will be paid via cash on hand.

See below chart reflecting the reasonableness of the costs per the State Board standards.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	Total Cost (G + H)
ASC		0							
Contingency	N/A								
TOTALS									

* Include the percentage (%) of space for circulation

*Clinical, with circulation. Includes rent over 15 year lease term.

Economic Feasibility

The direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion: $614.00 per equivalent patient day. Operating costs will be paid by cash funding through the applicant.

The total projected annual capital costs (in current dollars per equivalent patient day) for the first full year at target utilization (which is anticipated to be within two years following project completion): $663.00.

Safety Net Impact

To the applicants knowledge the project will not impact safety net services, as the types of services are not typically considered safety net services. Further, the project will not impact any existing facility to the applicant's knowledge other than Midland Surgical Center. The project will provide certain services not currently available in the service area as previously specified. (Note: Midland as a for profit surgery center is not a safety net provider, but it does provide a variety of surgical services to Medicaid recipients to the best of the applicant's knowledge, and its majority owner is Kishwaukee Hospital.)

The applicants do not have knowledge regarding cross subsidization of services.

Attached is a chart reflecting the prior three years charity and Medicaid care associated with my medical practice at the Hauser Ross Eye Institute. I hereby certify it is accurate. No information is available for the applicant as it is a newly formed LLC. I also certify that no patient will be turned away due to inability to pay, or any other discriminatory reason.

Ahmed Abdelsalam, M.D.

Subscribed and sworn to before me this
15th day of July, 2014.

Notary Public

"OFFICIAL SEAL"
JACQUELINE R. TITUS
Notary Public, State of Illinois
My Commission Expires July 21, 2014

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year 2011**	**Year 2012**	**Year 2013-2014**
Inpatient	N/A	N/A	N/A
Outpatient	N/A	N/A	N/A
Total			
Charity (cost in dollars)			
Inpatient	N/A	N/A	N/A
Outpatient	N/A	N/A	N/A
Total			
MEDICAID			
Medicaid (# of patients)	**Year 2011**	**Year 2012**	**Year 2013-2014**
Inpatient	N/A	N/A	N/A
Outpatient	N/A		
Total		1,771	3,212
Medicaid (revenue)			
Inpatient	N/A	N/A	N/A
Outpatient	N/A	1.67	1.77
Total	N/A	1.67	1.77

This information is provided for the Hauser Ross Eye Institute general practice, as the Applicant is a new entity with no historical data.

In 2011-2012 3.75% of total patients were Medicaid recipients and this has increased to 6% currently.

72% of HREI's current patients are Medicare recipients.

Charity care is noted as "N/A" because HREI bills patients, but will write off as bad debt for those that are unable to pay. It does not engage in extraordinary collection efforts. To the contrary HREI frequently writes off debt and allows extended payment plans. As an example one individual who is 76 years old had retinal surgery costing approximately $3,000.00. He is paying $10 a month for the surgery – so the surgery will be paid off in 25 years. HREI is pleased to be able to extend the credit.

Charity Care

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

The Applicant is a new entity with no historical information. HREI (the practice supporting the proposed ASC) does not provide charity care because it bills patients, then writes off bad debt. Its payer mix is currently 72% Medicare and 6% Medicaid and it sees little reason the proposed ASC will have a different payer mix. It commits to providing care, regardless of ability to pay. In 12 years it has never turned a retinal patient away. To HREI's knowledge, it is the only practice in the Western suburbs that serves Medicaid recipients.

Appendix 1

DEC, LLC DBA
HAUSER-ROSS
Eye Institute

1-800-CHECKUP
www.hauserross.org

Managing Partner
Ahmed Abdelsalam, MD, FACS

Medical Director
Thomas Tilton, DO

Practice Manager
Laura Sykes

Assistant Practice Manager
Melissa Mazzari, AA

Business Manager
Neil Brennan

Assistant Business Manager
Sheri Clayton

Clinical Supervisor
Cherylnn Norman, COT

Head Technician
Julie Pasch, COT

Administrative Assistants
Sindy Edwards
Amy Horton

Cataract & ATLs
Thomas Tilton, DO
Mateen AliNiazee, MD

Glaucoma
Thomas Tilton, DO
Mateen AliNiazee, MD
Jason Brand, OD
Elizabeth Appel, OD

Refractive Surgery
Thomas Tilton, DO

Pediatric Surgery
Alan Chow, MD

Oculoplastic Surgery
John Choi, MD

Retina & Vitreous
Ahmed Abdelsalam, MD, FACS
Robert Pearlman, MD
Wendewessen Amde, MD

Primary Eye Care/Optometry
Jason Brand, OD
Elizabeth Appel, OD

Low Vision
Jon Russell, OD

Refractive Coordinator
Melinda Butz, COA

Cosmetic Coordinator
Kathy Deaton, LE

Ophthalmic Photographers
Liz Miller, COT
Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 9th, 2014

Mendota Community Hospital
Attn: CEO/Administrator
4300 E. 4th Road
Mendota, IL 61342

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, MD

Ahmed Abdelsalam, M.D.

142

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Managing Partner
Ahmed Abdelsalam, MD, FACS

Medical Director
Thomas Tilton, DO

Practice Manager
Laura Sykes

Assistant Practice Manager
Melissa Mazzari, AA

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Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 9th, 2014

Rochelle Community Hospital
Attn: CEO/Administrator
900 North 2nd Street
Rochelle, IL 61068

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, MD

Ahmed Abdelsalam, M.D.

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Liz Miller, COT
Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 9th, 2014

Valley West Community Hospital
Attn: CEO/Administrator
11 East Pleasant Avenue
Sandwich, IL 60548

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A Salah, MD

Ahmed Abdelsalam, M.D.

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Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Kishwaukee Community Hospital
Attn: CEO/Administrator
626 Bethany Road
DeKalb, IL 60115

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

, M.D.

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Rush Copley Memorial Hospital
Attn: CEO/Administrator
2000 Ogden Avenue
Aurora, IL 60504

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, MD

Ahmed Abdelsalam, M.D.

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Eye Institute

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Presence Mercy Center
Attn: CEO/Administrator
1325 North Highland Avenue
Aurora, IL 60506

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

T I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

MA Sab, MD

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Delnor Community Hospital
Attn: CEO/Administrator
300 Randall Road
Geneva, IL 60134

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A Salam, MD

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Managing Partner
Ahmed Abdelsalam, MD, FACS

Medical Director
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Liz Miller, COT
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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Centegra Hospital – Huntley
Attn: CEO/Administrator
Haligus Road & Algonquin Road
Huntley, IL 60142

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A. Seb, MD.

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ■ 815-756-8571 ■ Fax: 815-756-5603 ■ **www.hauserross.org**

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Presence Saint Joseph Hospital
Attn: CEO/Administrator
77 North Airlite Street
Elgin, IL 60120

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A. Salem, MD

Ahmed Abdelsalam, M.D.

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Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Edward Hospital
Attn: CEO/Administrator
809 South Washington
Naperville, IL 60566

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A Sabe, MD

Ahmed Abdelsalam, M.D.

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Advocate Good Samaritan Hospital
Attn: CEO/Administrator
3815 Highland Avenue
Downers Grove, IL 60515

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A Abdelsalam, MD

Ahmed Abdelsalam, M.D.

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Mateen AliNiazee, MD
Jason Brand, OD
Elizabeth Appel, OD

Refractive Surgery
Thomas Tilton, DO

Pediatric Surgery
Alan Chow, MD

Oculoplastic Surgery
John Choi, MD

Retina & Vitreous
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Robert Pearlman, MD
Wendewessen Amde, MD

Primary Eye Care/Optometry
Jason Brand, OD
Elizabeth Appel, OD

Low Vision
Jon Russell, OD

Refractive Coordinator
Melinda Butz, COA

Cosmetic Coordinator
Kathy Deaton, LE

Ophthalmic Photographers
Liz Miller, COT
Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Central DuPage Hospital
Attn: CEO/Administrator
Hospital Road
Winfield, IL 60190

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, MD

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ◘ 815-756-8571 ◘ Fax: 815-756-5603 ◘ **www.hauserross.org**

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Managing Partner
Ahmed Abdelsalam, MD, FACS

Medical Director
Thomas Tilton, DO

Practice Manager
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Assistant Practice Manager
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Liz Miller, COT
Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Swedish American Medical Center
Attn: CEO/Administrator
1625 South State Street
Belvidere, IL 61008

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Abdelsalam, MD

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▫ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

The Midland Surgical Center
Attn: CEO/Administrator
1900 DeKalb Avenue
Sycamore, IL 60178

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, MD

Ahmed Abdelsalam, M.D.

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Kendall Pointe Surgery Center, LLC
Attn: CEO/Administrator
100 West Fifth Street
Oswego, IL 60543

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, MD.

Ahmed Abdelsalam, M.D.

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2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Castle Surgicenter, LLC
Attn: CEO/Administrator
2111 Ogden Avenue
Aurora, IL 60504

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A. Seb, MD

Ahmed Abdelsalam, M.D.

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Dreyer Ambulatory Surgery Center
Attn: CEO/Administrator
1221 North Highland Avenue
Aurora, IL 60506

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed A Salam, MD

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Fox Valley Orthopaedic Associates
Attn: CEO/Administrator
2525 Kaneville Road
Geneva, IL 60134

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, MD

Ahmed Abdelsalam, M.D.

DM_US 53341882-1.T13706.0010
2240 Gateway Drive, Sycamore, IL 60178 ■ 815-756-8571 ■ Fax: 815-756-5603 ■ www.hauserross.org

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Tri-Cities Surgery Center
Attn: CEO/Administrator
300 Randall Road
Geneva, IL 60134

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A Salam, MD

Ahmed Abdelsalam, M.D.

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Liz Miller, COT
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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Valley Ambulatory Surgery Center
Attn: CEO/Administrator
2210 Dean Street
St. Charles, IL 60175

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A Abdelsalam, MD

Ahmed Abdelsalam, M.D.

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Elgin Gastroenterology Endoscopy Center
Attn: CEO/Administrator
745 Fletcher Drive
Elgin, IL 60123

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Ahmed Abdelsalam, M.D.

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Midwest Endoscopy Center
Attn: CEO/Administrator
1243 Rickert Drive
Naperville, IL 60540

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Ahmed A. Sab, MD

Ahmed Abdelsalam, M.D.

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Glaucoma
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Cosmetic Coordinator
Kathy Deaton, LE

Ophthalmic Photographers
Liz Miller, COT
Shanan Bonnell, COT
Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Naperville Surgical Centre
Attn: CEO/Administrator
1263 Rickert Drive
Naperville, IL 60540

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

DuPage Orthopedic Group Surgery Center
Attn: CEO/Administrator
27650 Ferry Road
Warrenville, IL 60565

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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A Abdelsalam, MD

Ahmed Abdelsalam, M.D.

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

The Center for Surgery
Attn: CEO/Administrator
475 East Diehl Road
Naperville, IL 60563

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

A Sal, MD.

Ahmed Abdelsalam, M.D.

166

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Via Certified Mail/Return Receipt

July 8th, 2014

Naperville Fertility Center
Attn: CEO/Administrator
1175 East Diehl Road
Naperville, IL 60563

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Thank you.

Sincerely,

AA Sab, MD.

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Lisle Center for Pain Management
Attn: CEO/Administrator
2867 East Ogden Avenue
Lisle, IL 60532

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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A A Sal, MD

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ◘ 815-756-8571 ◘ Fax: 815-756-5603 ◘ **www.hauserross.org**

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Ambul. Surgicenter of Downers Grove
Attn: CEO/Administrator
4333 Main Street
Downers Grove, IL 60515

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Sincerely,

Ahmed A Salam, MD

Ahmed Abdelsalam, M.D.

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

Midwest Center for Day Surgery
Attn: CEO/Administrator
3811 Highland Avenue
Downers Grove, IL 60515

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Sincerely,

A Abdelsalam, MD.

Ahmed Abdelsalam, M.D.

2240 Gateway Drive, Sycamore, IL 60178 ▪ 815-756-8571 ▪ Fax: 815-756-5603 ▪ **www.hauserross.org**

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

DuPage Medical Group Surgery Center
Attn: CEO/Administrator
1801 South Highland
Lombard, IL 60148

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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A Salam, MD

Ahmed Abdelsalam, M.D.

171

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Jacquie Button

Via Certified Mail/Return Receipt

July 8th, 2014

The Oak Brook Surgical Center
Attn: CEO/Administrator
2425 West 22nd Street
Oak Brook, IL 60523

Re: Request For Impact Statement

Dear Ladies and Gentlemen:

I am writing to inform you of my intent to establish an ambulatory surgery center located at Gateway Drive, between Dosen Drive and Klein Road in Sycamore, Illinois. Our service area will be based upon a 45 minute radius geographically, although as always our patient base will come from the Hauser Ross Eye Institute ophthalmology practice. The surgery center will be a limited-specialty surgery center and will provide ophthalmology and ENT surgery (note the ENT surgical services will be limited to services done in connection with the eye procedures performed at the proposed ASC). It will consist of four (4) operating rooms, within leased space totaling approximately 7,953 BGSF.

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Sincerely,

Ahmed Abdelsalam, MD.

Ahmed Abdelsalam, M.D.

DM_US 53341882-1.T13706.0010

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Appendix 2

Notes

mapquest

Trip to:

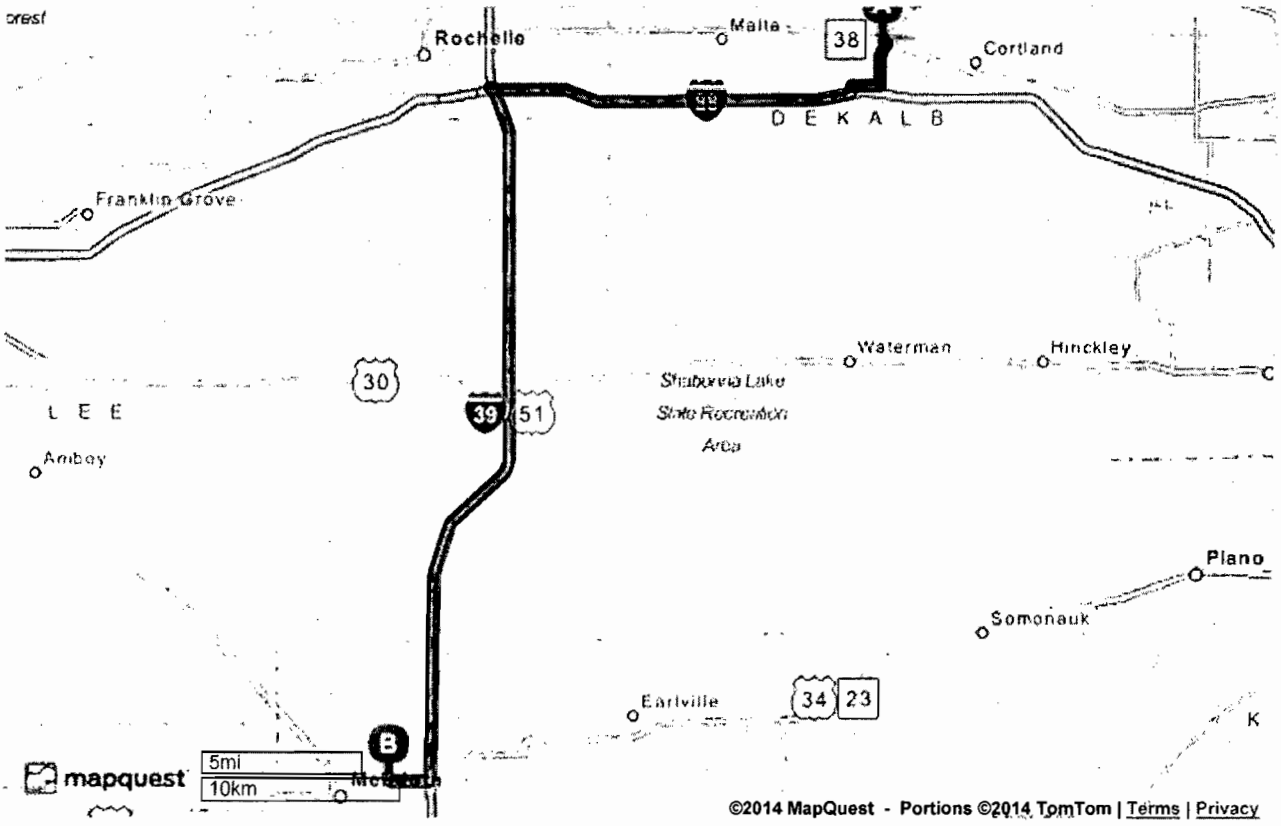
4300 E 4th Rd

Mendota, IL 61342

42.88 miles / 44 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **N 4th St / IL-23**. Map	**0.08 Mi** *0.08 Mi Total*
↱	23	2. Take the 1st **right** onto **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		3. Turn **right** onto **Fairview Dr**. Map	**1.0 Mi** *2.7 Mi Total*
↑↰	WEST 88	4. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** via the ramp on the **left** toward **Moline / Rock Island** (Portions toll). Map	**13.1 Mi** *15.8 Mi Total*
↑↑	SOUTH 39	5. Merge onto **I-39 S / US-51 S** toward **Bloomington-Normal**. Map	**25.4 Mi** *41.2 Mi Total*
	72 EXIT	6. Take the **US-34** exit, **EXIT 72**, toward **Mendota / Earlville**. Map	**0.4 Mi** *41.5 Mi Total*
↑↑	WEST 34	7. Merge onto **N 43rd Rd / US-34 W** toward **Mendota**. Map	**1.3 Mi** *42.9 Mi Total*
↱		8. Turn **right** onto **E 4th Rd**. Map	
■		9. **4300 E 4TH RD** is on the **right**. Map	
	B	**4300 E 4th Rd**, Mendota, IL 61342	

Total Travel Estimate: **42.88 miles - about 44 minutes**



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Notes

mapquest

Trip to:
900 N 2nd St
Rochelle, IL 61068-1764
16.52 miles / 23 minutes

A	**DeKalb, IL**	**Download Free App**
●	1. Start out going **west** on **E Lincoln Hwy / IL-38** toward **N 2nd St**. Continue to follow **IL-38**. Map	**16.0 Mi** *16.0 Mi Total*
↰	2. Turn **left** onto **Turkington Ter**. Map	**0.09 Mi** *16.1 Mi Total*
↱	3. Take the 1st **right** onto **W McConaughy Ave**. Map	**0.1 Mi** *16.2 Mi Total*
↰	4. Take the 2nd **left** onto **N 2nd St**. Map	**0.3 Mi** *16.5 Mi Total*
■	5. **900 N 2ND ST** is on the **right**. Map	
B	**900 N 2nd St**, Rochelle, IL 61068-1764	

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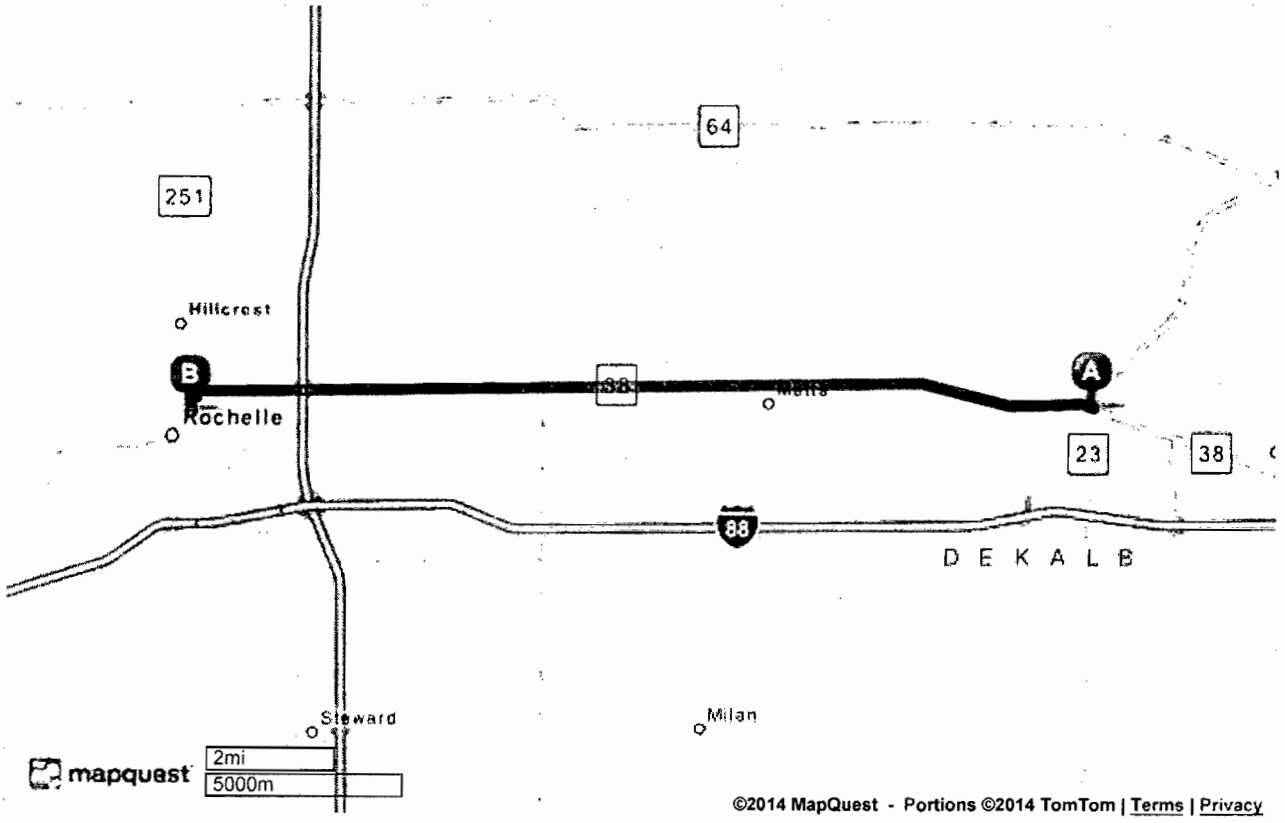
Total Travel Estimate: **16.52 miles - about 23 minutes**



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Notes

mapquest

Trip to:

11 E Pleasant Ave

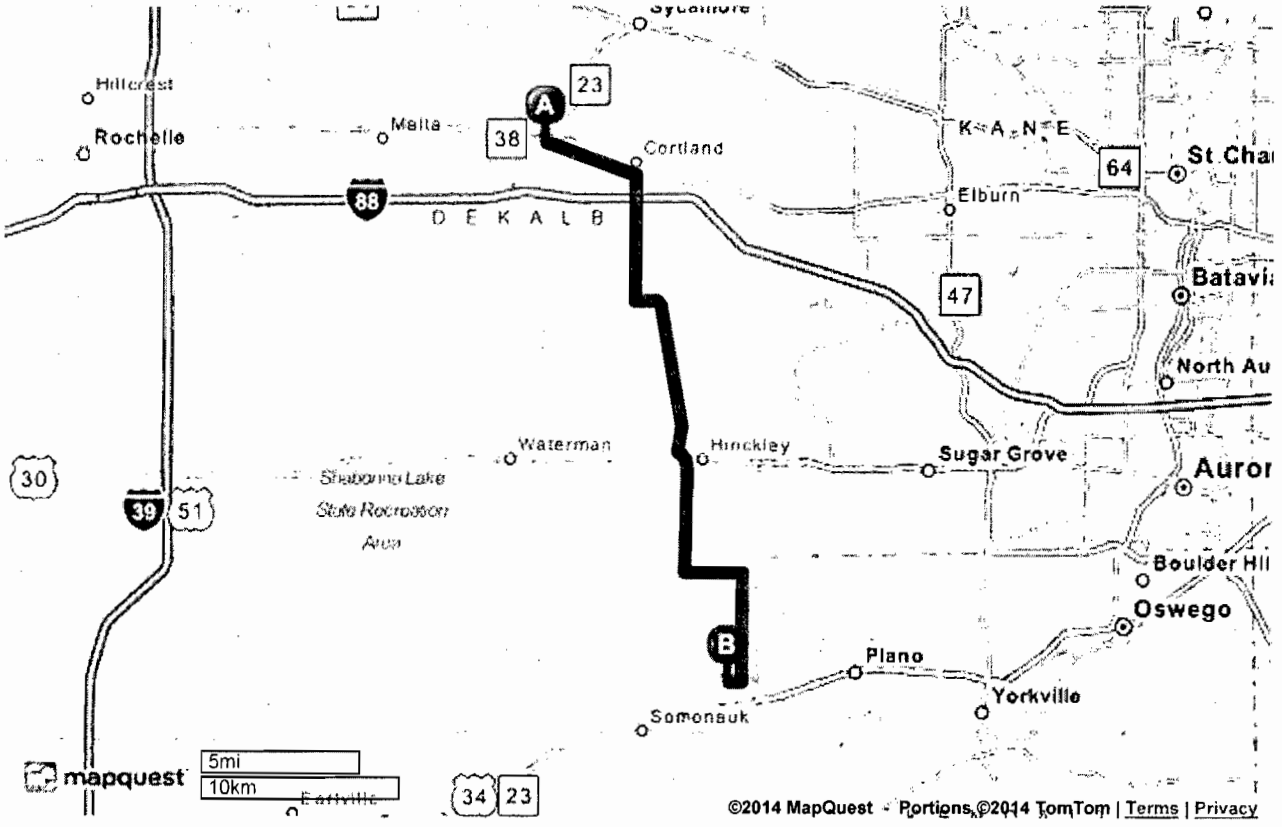
Sandwich, IL 60548-1100

24.79 miles / 32 minutes

A	**DeKalb, IL**	**Download Free App**
●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**3.4 Mi** *3.4 Mi Total*
↱	2. Turn **right** onto **Somonauk Rd / County Hwy-12**. Map	**4.5 Mi** *7.8 Mi Total*
↰	3. Turn **left** onto **Perry Rd / County Hwy-7**. Map	**0.9 Mi** *8.7 Mi Total*
↱	4. Take the 1st **right** onto **Somonauk Rd / County Hwy-10**. Map	**9.8 Mi** *18.5 Mi Total*
↰	5. Turn **left** onto **Chicago Rd**. Map	**2.0 Mi** *20.5 Mi Total*
↱	6. Turn **right** onto **E Sandwich Rd**. Map	**3.2 Mi** *23.7 Mi Total*
↑	7. **E Sandwich Rd** becomes **N Latham St**. Map	**0.7 Mi** *24.4 Mi Total*
↱	8. Turn **right** onto **E Pleasant Ave**. Map	**0.4 Mi** *24.8 Mi Total*
■	9. **11 E PLEASANT AVE** is on the **right**. Map	
B	**11 E Pleasant Ave**, Sandwich, IL 60548-1100	

178

Total Travel Estimate: **24.79 miles - about 32 minutes**



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Notes

mapquest

Trip to:
626 Bethany Rd
Dekalb, IL 60115-4942
3.58 miles / 6 minutes

DeKalb, IL

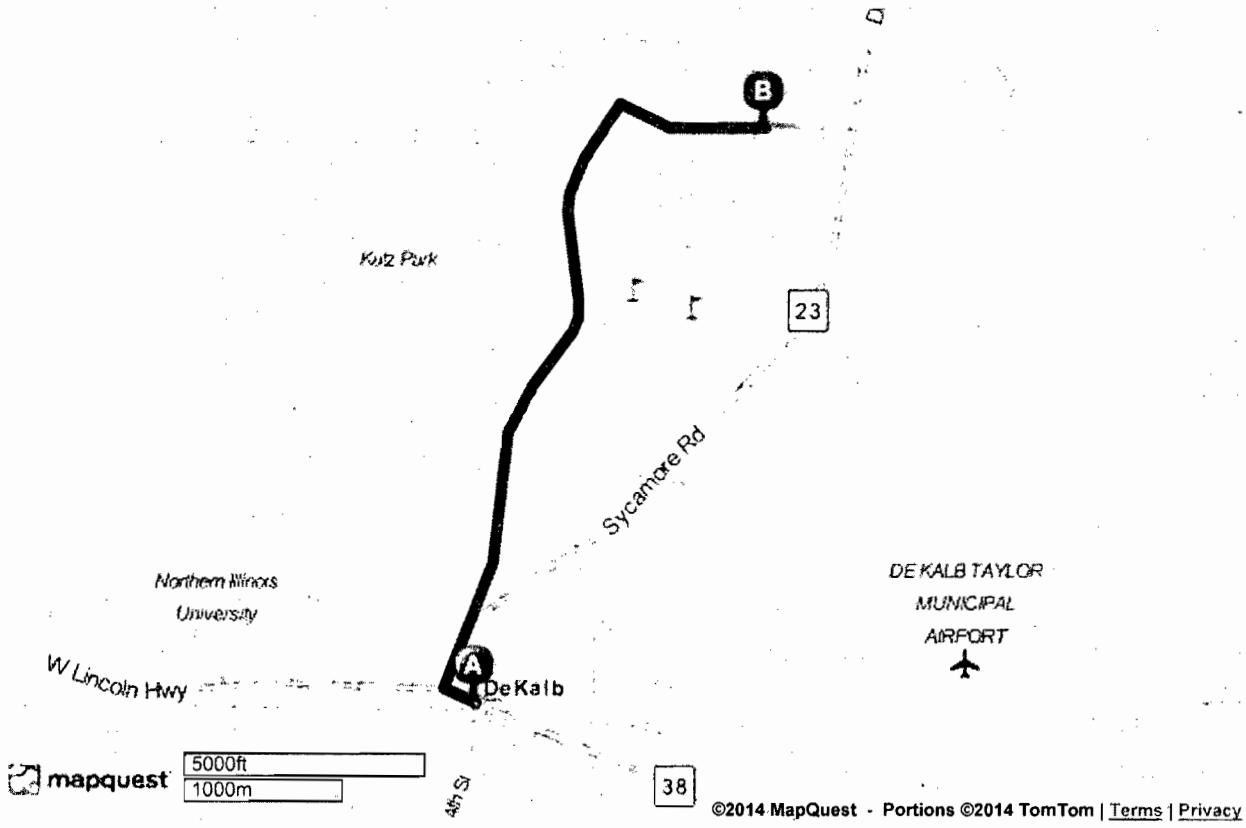
Download Free App

1. Start out going **west** on **E Lincoln Hwy / IL-38** toward **N 2nd St**. Map	**0.2 Mi** *0.2 Mi Total*
2. Turn **right** onto **N 1st St / County Hwy-22**. Map	**2.7 Mi** *2.9 Mi Total*
3. Turn **right** onto **Bethany Rd**. Map	**0.7 Mi** *3.6 Mi Total*
4. **626 BETHANY RD**. Map	

626 Bethany Rd, Dekalb, IL 60115-4942

180

Total Travel Estimate: **3.58 miles - about 6 minutes**



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Notes

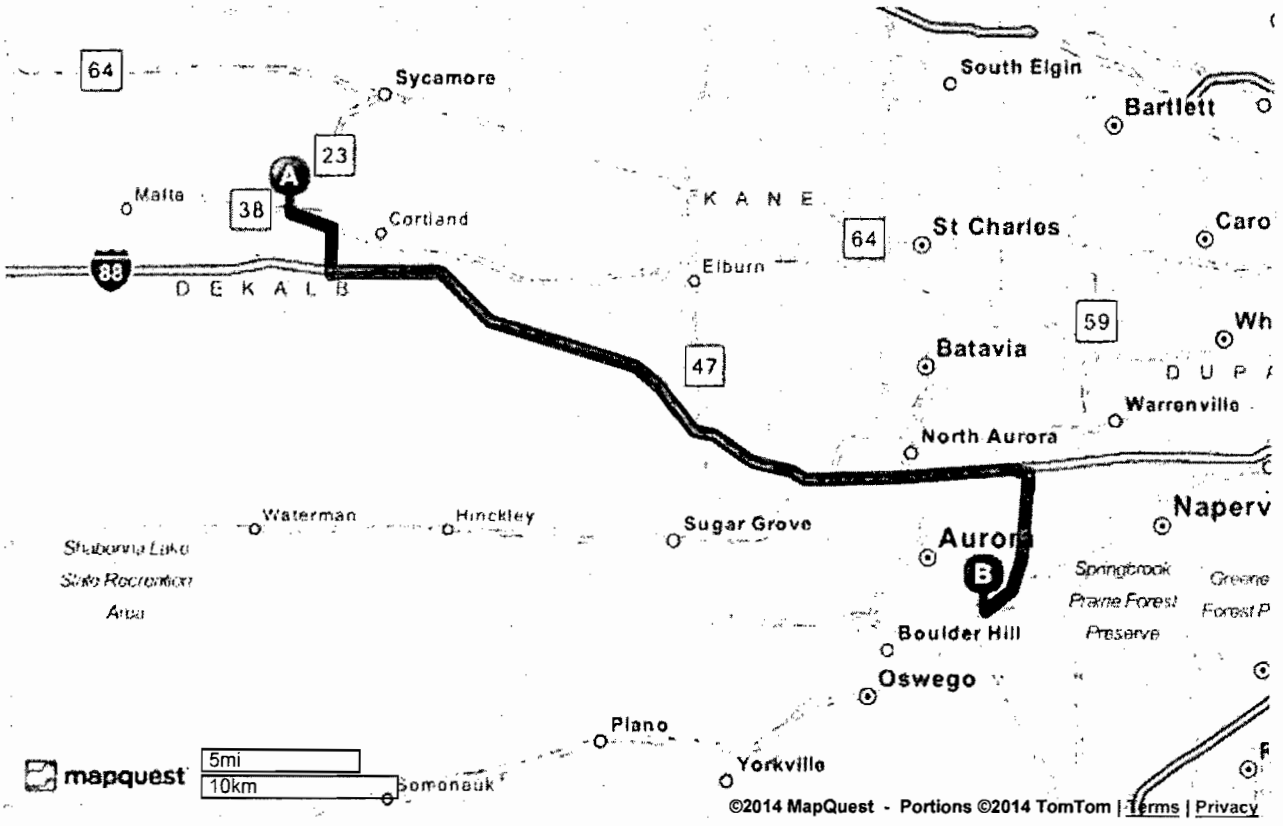
mapquest

Trip to:
2000 Ogden Ave
Aurora, IL 60504-7222
36.10 miles / 42 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↱	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**26.8 Mi** *30.0 Mi Total*
EXIT ↗		4. Take the exit toward **Eola Road**. Map	**0.4 Mi** *30.4 Mi Total*
↰		5. Turn **left** onto **Diehl Rd**. Map	**0.3 Mi** *30.7 Mi Total*
↱		6. Turn **right** onto **Eola Rd / County Hwy-14**. Map	**4.2 Mi** *34.9 Mi Total*
↱	WEST 34	7. Turn **right** onto **Ogden Ave / US-34 W**. Map	**1.2 Mi** *36.1 Mi Total*
■		8. **2000 OGDEN AVE** is on the **right**. Map	
	B	**2000 Ogden Ave**, Aurora, IL 60504-7222	

182

Total Travel Estimate: **36.10 miles - about 42 minutes**



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Notes

mapquest

Trip to:

1325 N Highland Ave

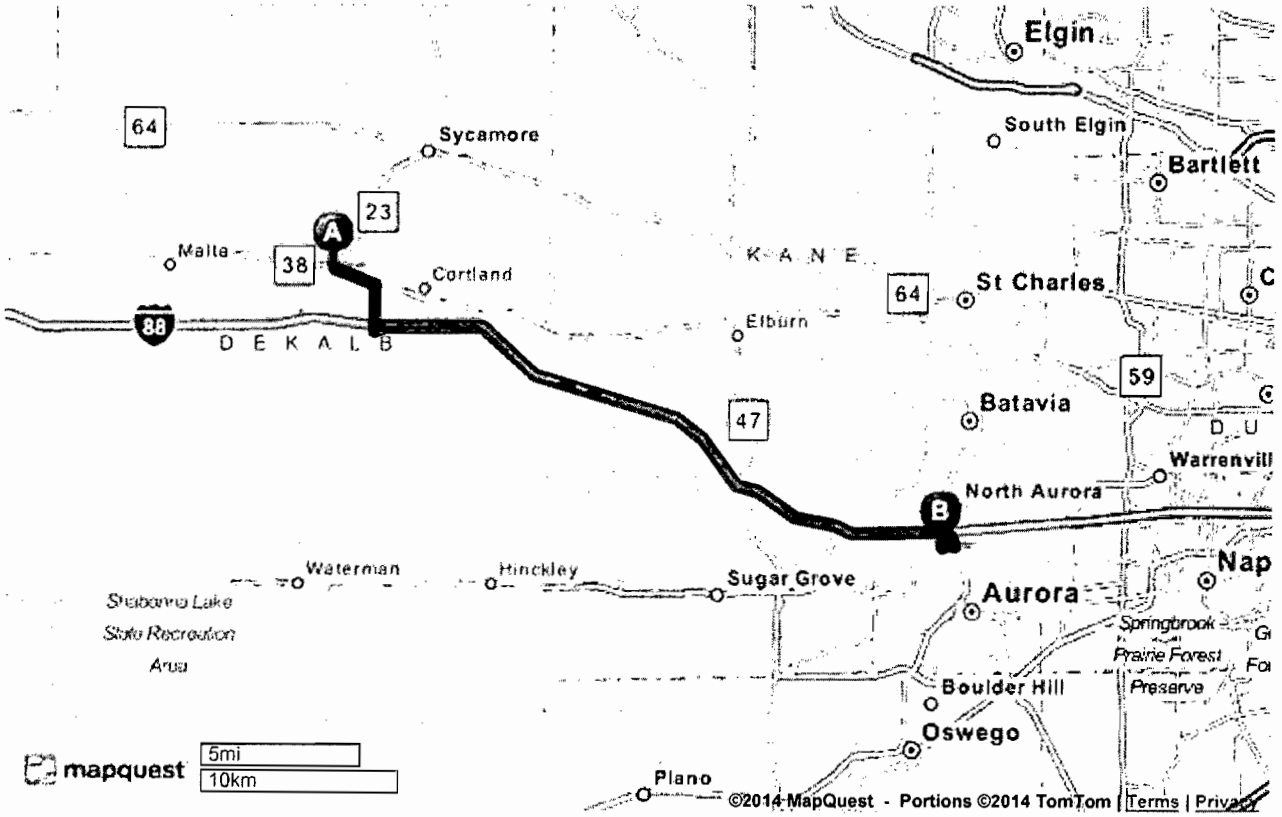
Aurora, IL 60506-1402

27.13 miles / 29 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↱	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**22.6 Mi** *25.8 Mi Total*
EXIT ↗		4. Take the **IL-31 / IL-56 E** exit. Map	**0.5 Mi** *26.3 Mi Total*
↰		5. Keep **left** at the fork in the ramp. Map	**0.03 Mi** *26.3 Mi Total*
↑↑	31	6. Merge onto **IL-31 / S Lincolnway** toward **Aurora / ILLINOIS MATHEMATICS AND SCIENCE ACADEMY**. Map	**0.3 Mi** *26.7 Mi Total*
↱		7. Take the 2nd **right** onto **Sullivan Rd**. Map	**0.4 Mi** *27.1 Mi Total*
↰		8. Turn **left** onto **N Highland Ave**. Map	**0.07 Mi** *27.1 Mi Total*
■		9. **1325 N HIGHLAND AVE** is on the **left**. Map	
	B	**1325 N Highland Ave**, Aurora, IL 60506-1402	

184

Total Travel Estimate: **27.13 miles - about 29 minutes**



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185

Notes

mapquest

Trip to:
300 Randall Rd
Geneva, IL 60134-4203
22.67 miles / 28 minutes

DeKalb, IL

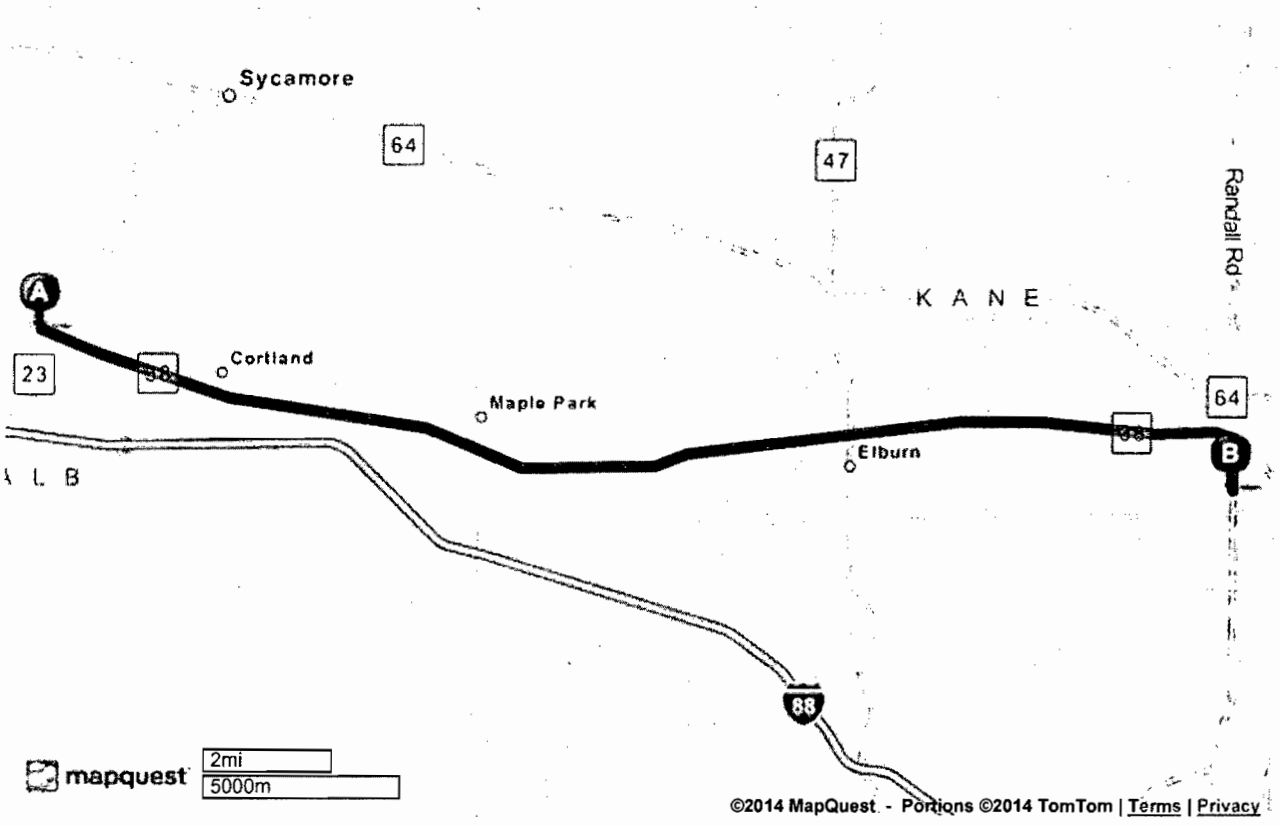
Download Free App

●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**21.8 Mi** *21.8 Mi Total*
↱	2. Turn **right** onto **S Randall Rd**. Map	**0.9 Mi** *22.7 Mi Total*
■	3. **300 RANDALL RD** is on the **right**. Map	

300 Randall Rd, Geneva, IL 60134-4203

186

Total Travel Estimate: **22.67 miles - about 28 minutes**



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187

Notes

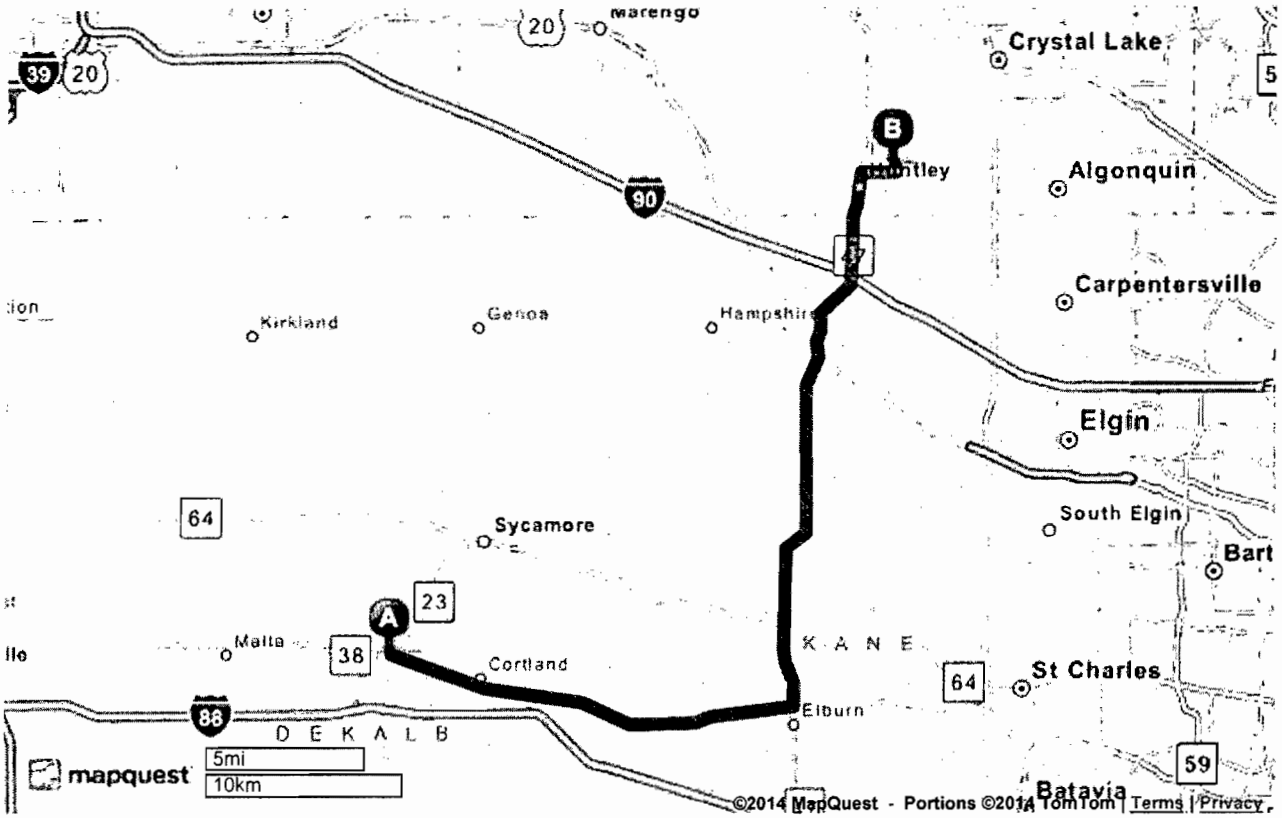
mapquest

Trip to:
10350 Haligus Rd
Huntley, IL 60142-9526
36.37 miles / 48 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**14.9 Mi** *14.9 Mi Total*
↰	47	2. Turn **left** onto **N Main St / IL-47**. Continue to follow **IL-47**. Map	**17.8 Mi** *32.7 Mi Total*
↑	47	3. Stay **straight** to go onto **S IL Route 47 / IL-47**. Map	**2.2 Mi** *34.9 Mi Total*
↱		4. Turn **right** onto **Algonquin Rd**. Map	**1.2 Mi** *36.1 Mi Total*
↰		5. Turn **left** onto **Haligus Rd**. Map	**0.2 Mi** *36.4 Mi Total*
■		6. **10350 HALIGUS RD** is on the **right**. Map	
	B	**10350 Haligus Rd**, Huntley, IL 60142-9526	

188

Total Travel Estimate: **36.37 miles - about 48 minutes**



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Notes

mapquest

Trip to:

77 N Airlite St

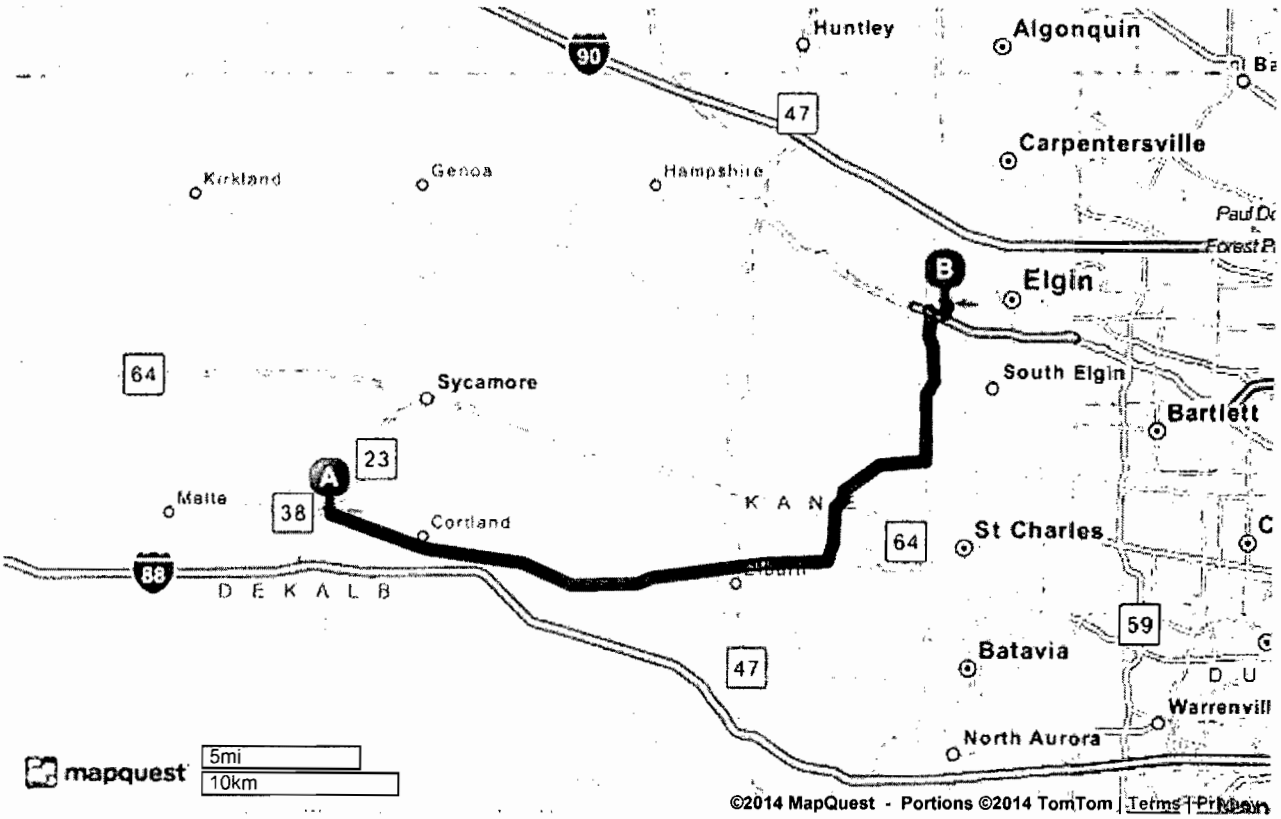
Elgin, IL 60123-4912

30.55 miles / 41 minutes

	DeKalb, IL	**Download Free App**
●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**18.2 Mi** *18.2 Mi Total*
↰	2. Turn **left** onto **Lafox Rd / County Hwy-81**. Continue to follow **County Hwy-81**. Map	**1.9 Mi** *20.1 Mi Total*
↑	3. Stay **straight** to go onto **La Fox Rd**. Map	**0.4 Mi** *20.5 Mi Total*
↑	4. **La Fox Rd** becomes **Burlington Rd / County Hwy-2**. Map	**0.3 Mi** *20.8 Mi Total*
↱	5. Turn **right** onto **Bolcum Rd / County Hwy-73**. Map	**3.3 Mi** *24.0 Mi Total*
↰	6. Turn **left** onto **Randall Rd**. Map	**5.5 Mi** *29.6 Mi Total*
↱	7. Turn **right** onto **Foothill Rd**. Map	**0.7 Mi** *30.2 Mi Total*
↰	8. Turn **left** onto **N Airlite St**. Map	**0.3 Mi** *30.5 Mi Total*
■	9. **77 N AIRLITE ST** is on the **right**. Map	
	77 N Airlite St, Elgin, IL 60123-4912	

190

Total Travel Estimate: **30.55 miles - about 41 minutes**



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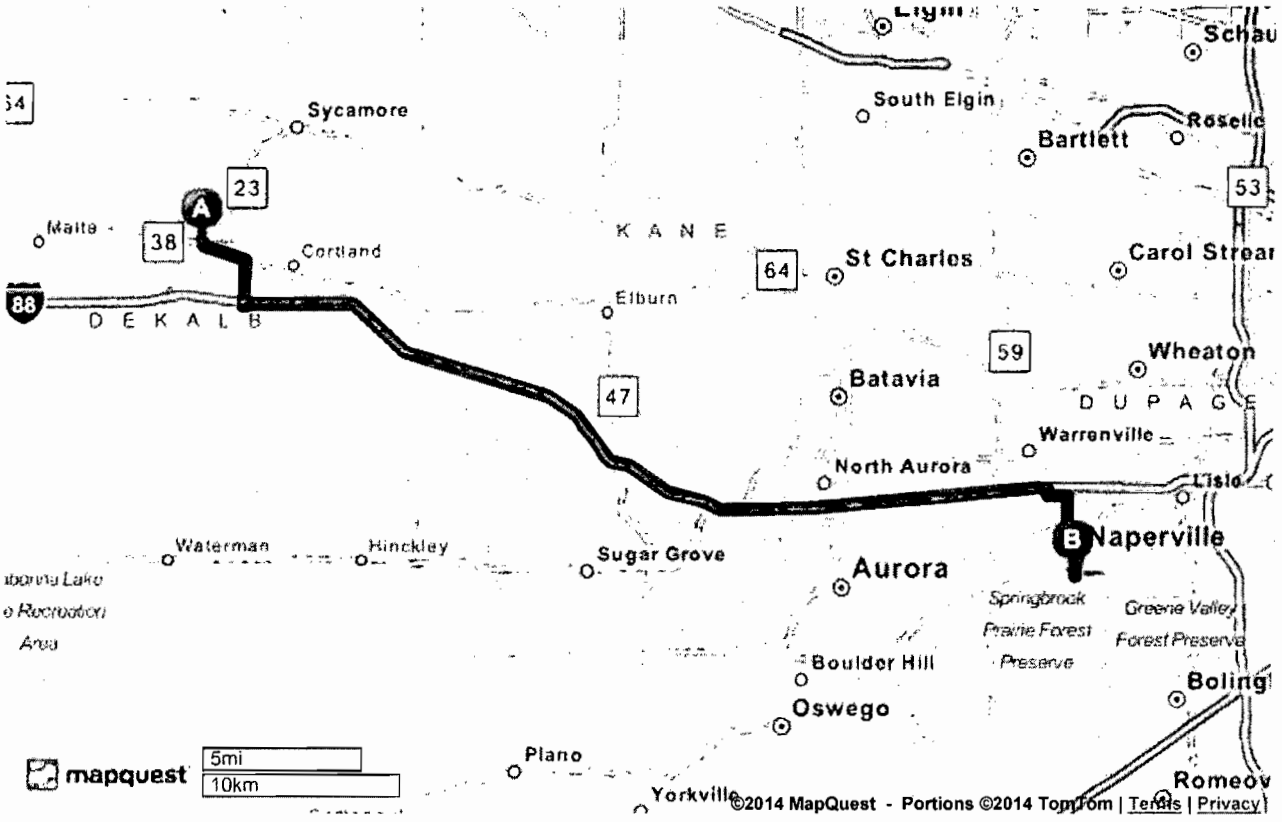
Notes

mapquest

Trip to:
809 S Washington St
Naperville, IL 60540-7443
38.46 miles / 44 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↱	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**30.8 Mi** *34.0 Mi Total*
EXIT ↗		4. Take the **Winfield Road** exit. Map	**0.4 Mi** *34.4 Mi Total*
RAMP		5. Keep **right** to take the ramp toward **Naperville**. Map	**0.04 Mi** *34.4 Mi Total*
↑↑		6. Merge onto **Winfield Rd**. Map	**0.2 Mi** *34.6 Mi Total*
↰		7. Turn **left** onto **Diehl Rd / County Hwy-53**. Map	**0.7 Mi** *35.3 Mi Total*
↱		8. Turn **right** onto **N Mill St / County Hwy-32**. Map	**1.1 Mi** *36.3 Mi Total*
↰	EAST 34	9. Turn **left** onto **W Ogden Ave / US-34 E**. Map	**0.4 Mi** *36.7 Mi Total*
↱		10. Turn **right** onto **N Washington St**. Map	**1.8 Mi** *38.5 Mi Total*
■		11. **809 S WASHINGTON ST** is on the **right**. Map	
	B	**809 S Washington St**, Naperville, IL 60540-7443	

Total Travel Estimate: **38.46 miles - about 44 minutes**



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Notes

mapquest

Trip to:

3815 Highland Ave

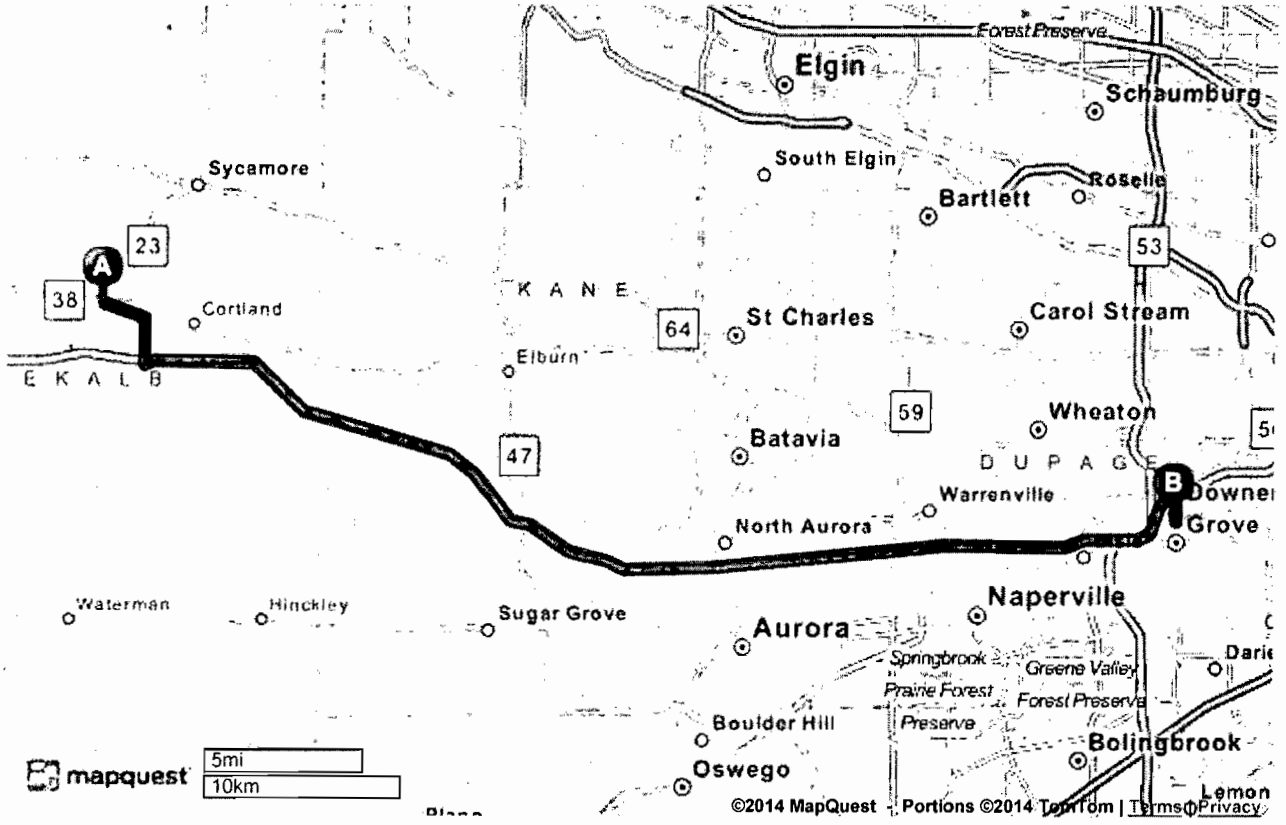
Downers Grove, IL 60515-1500

44.42 miles / 46 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↑	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**40.0 Mi** *43.2 Mi Total*
EXIT ↗		4. Take the **Highland Ave** exit. Map	**0.3 Mi** *43.5 Mi Total*
↗		5. Turn **slight right** onto **Highland Ave / County Hwy-9**. Map	**0.9 Mi** *44.4 Mi Total*
↶		6. Make a **U-turn** at **Black Oak Dr** onto **Highland Ave / County Hwy-9**. Map	**0.04 Mi** *44.4 Mi Total*
■		7. **3815 HIGHLAND AVE** is on the **right**. Map	
	B	**3815 Highland Ave**, Downers Grove, IL 60515-1500	

194

Total Travel Estimate: **44.42 miles - about 46 minutes**



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Notes

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Trip to:
[0n99 - 0n27] Hospital Rd
Winfield, IL 60190
33.14 miles / 47 minutes

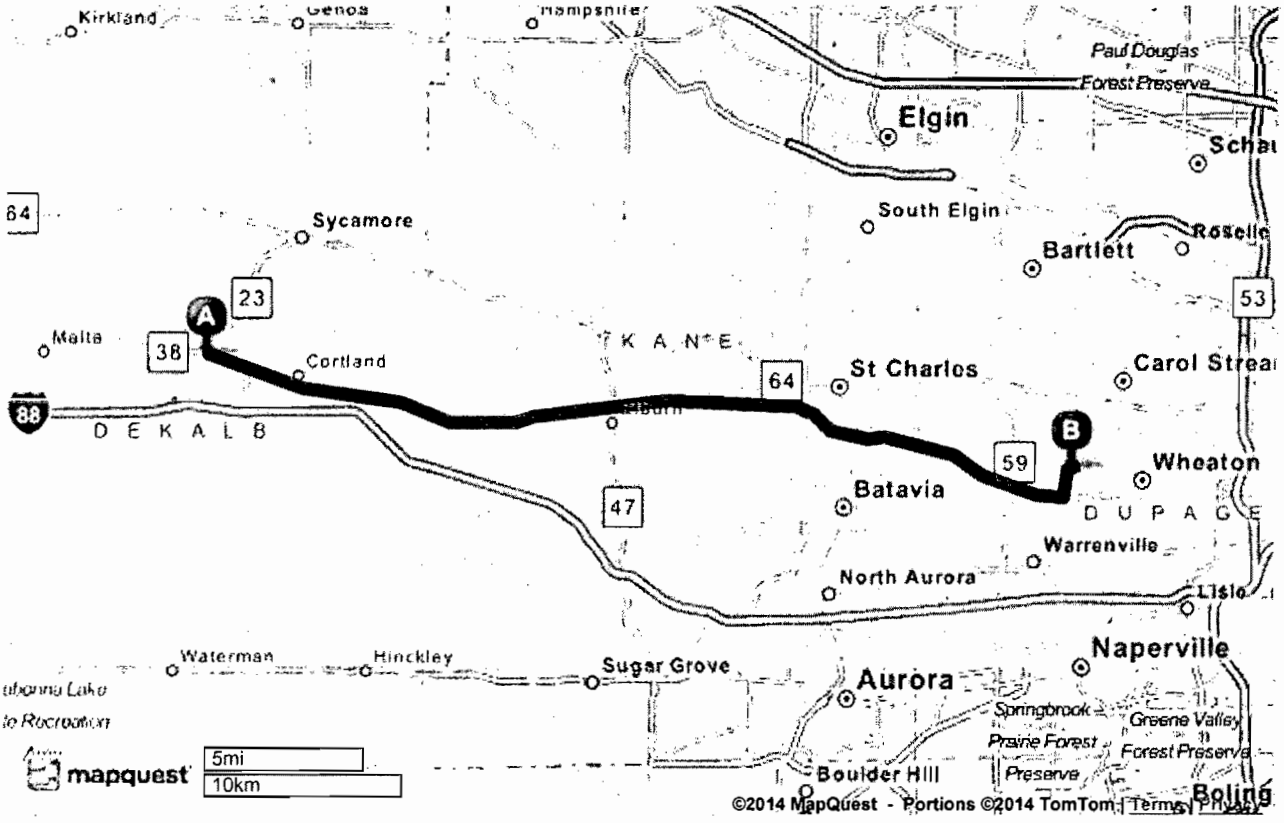
DeKalb, IL

Download Free App

1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**31.8 Mi** *31.8 Mi Total*
2. Turn **left** onto **Winfield Rd / County Hwy-13**. Continue to follow **Winfield Rd**. Map	**1.0 Mi** *32.9 Mi Total*
3. Turn **right** onto **High Lake Rd / County Hwy-27**. Continue to follow **County Hwy-27**. Map	**0.2 Mi** *33.1 Mi Total*
4. Turn **left** onto **Hospital Rd**. Map	**0.06 Mi** *33.1 Mi Total*
5. **[0N99 - 0N27] HOSPITAL RD**. Map	

[0n99 - 0n27] Hospital Rd, Winfield, IL 60190

Total Travel Estimate: **33.14 miles - about 47 minutes**



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Notes

mapquest

Trip to:

1625 S State St

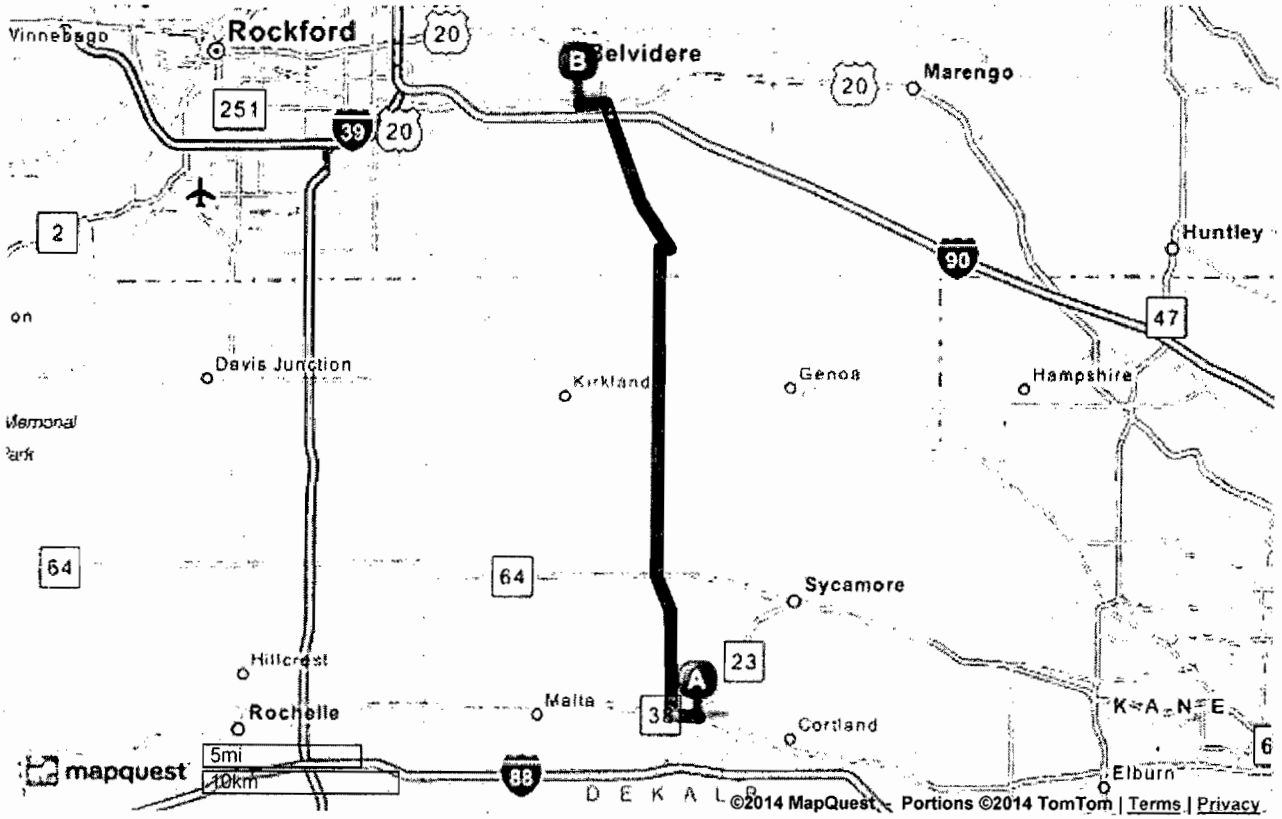
Belvidere, IL 61008-5907

24.63 miles / 32 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **west** on **E Lincoln Hwy / IL-38** toward **N 2nd St**. Map	**1.1 Mi** *1.1 Mi Total*
↱		2. Turn **right** onto **N Annie Glidden Rd / County Hwy-5**. Continue to follow **County Hwy-5**. Map	**15.5 Mi** *16.6 Mi Total*
↑		3. **County Hwy-5** becomes **Glidden Rd**. Map	**1.0 Mi** *17.6 Mi Total*
↱		4. Turn **right** onto **Davis School Rd**. Map	**0.4 Mi** *18.0 Mi Total*
↰		5. Take the 1st **left** onto **Genoa Rd / County Hwy-4**. Map	**5.6 Mi** *23.6 Mi Total*
↰	WEST 20	6. Turn **left** onto **US Highway 20 / US-20 W**. Map	**0.9 Mi** *24.5 Mi Total*
↱	76	7. Turn **right** onto **S State St / IL-76**. Map	**0.1 Mi** *24.6 Mi Total*
■		8. **1625 S STATE ST** is on the **left**. Map	
	B	**1625 S State St**, Belvidere, IL 61008-5907	

198

Total Travel Estimate: **24.63 miles - about 32 minutes**



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Notes

mapquest

Trip to:
1900 Dekalb Ave
Sycamore, IL 60178-3108
3.31 miles / 7 minutes

DeKalb, IL

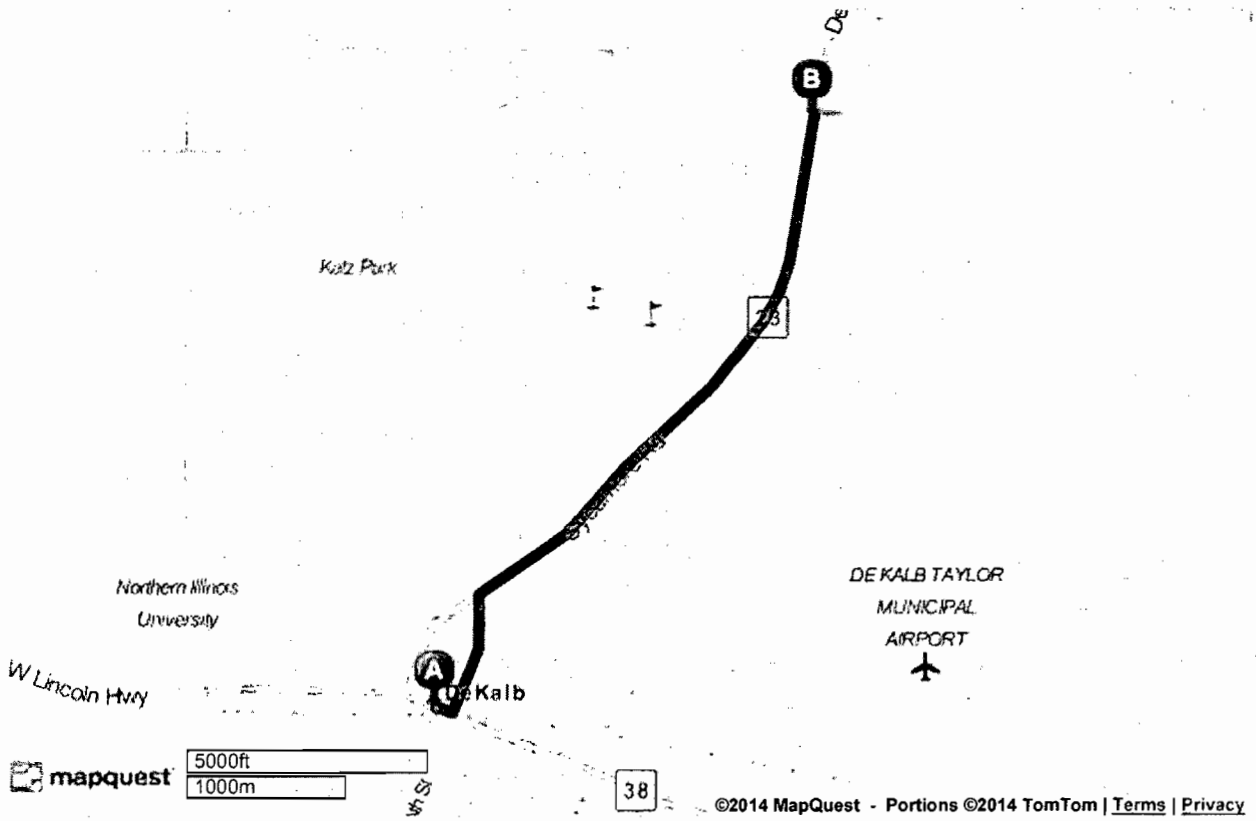
Download Free App

1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**0.08 Mi** *0.08 Mi Total*
2. Take the 1st **left** onto **N 4th St / IL-23**. Continue to follow **IL-23**. Map	**3.2 Mi** *3.3 Mi Total*
3. **1900 DEKALB AVE** is on the **right**. Map	

1900 Dekalb Ave, Sycamore, IL 60178-3108

200

Total Travel Estimate: **3.31 miles - about 7 minutes**



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Notes

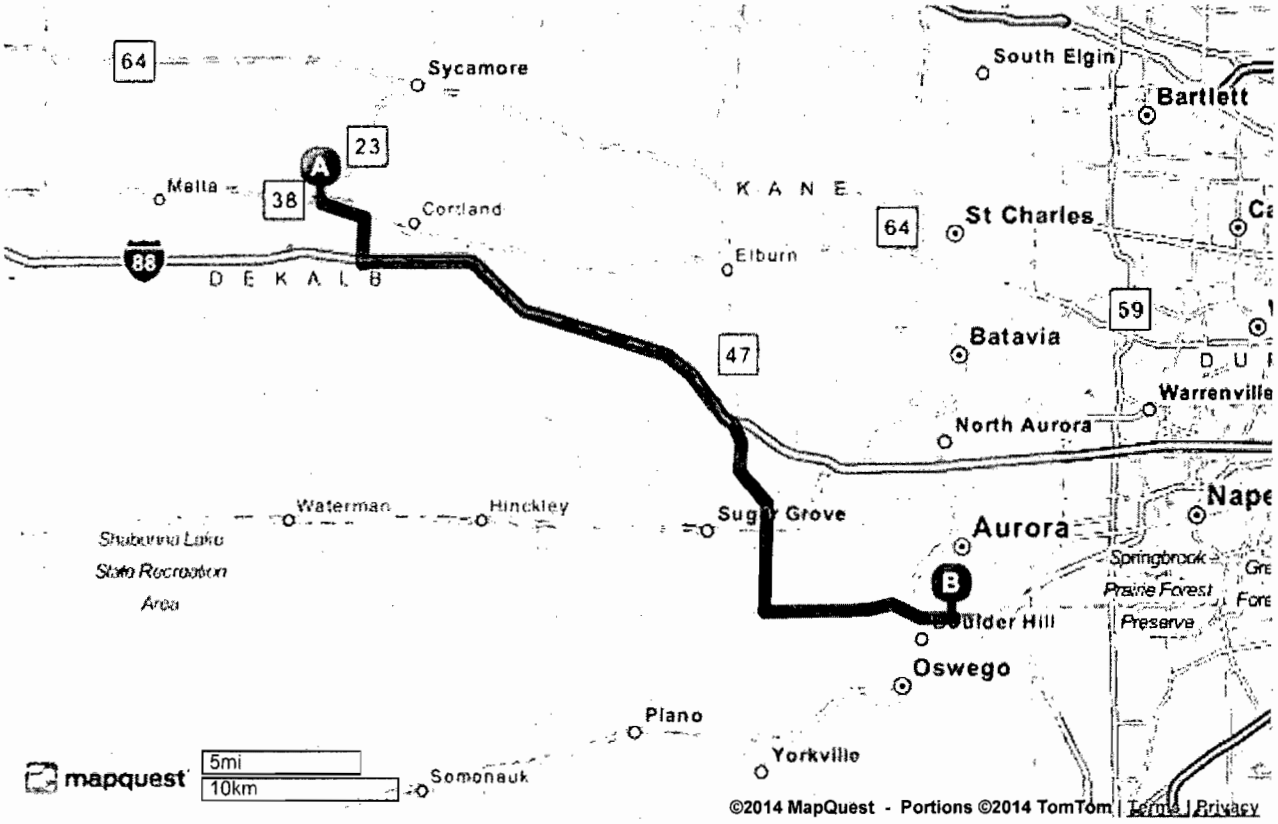
mapquest

Trip to:
100 5th St
Oswego, IL 60543-8338
32.65 miles / 39 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↰	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**14.9 Mi** *18.1 Mi Total*
EXIT ↗		4. Take the **IL-47** exit. Map	**0.4 Mi** *18.5 Mi Total*
↱↑	47	5. Merge onto **IL-47** toward **Sugar Grove**. Map	**7.1 Mi** *25.6 Mi Total*
↰	EAST 30	6. Turn **left** onto **Bypass 30 / US-30 E**. Continue to follow **US-30 E**. Map	**6.9 Mi** *32.5 Mi Total*
↱		7. Turn **right** onto **5th St**. Map	**0.1 Mi** *32.6 Mi Total*
■		8. **100 5TH ST** is on the **left**. Map	
	B	**100 5th St**, Oswego, IL 60543-8338	

202

Total Travel Estimate: **32.65 miles - about 39 minutes**



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Notes

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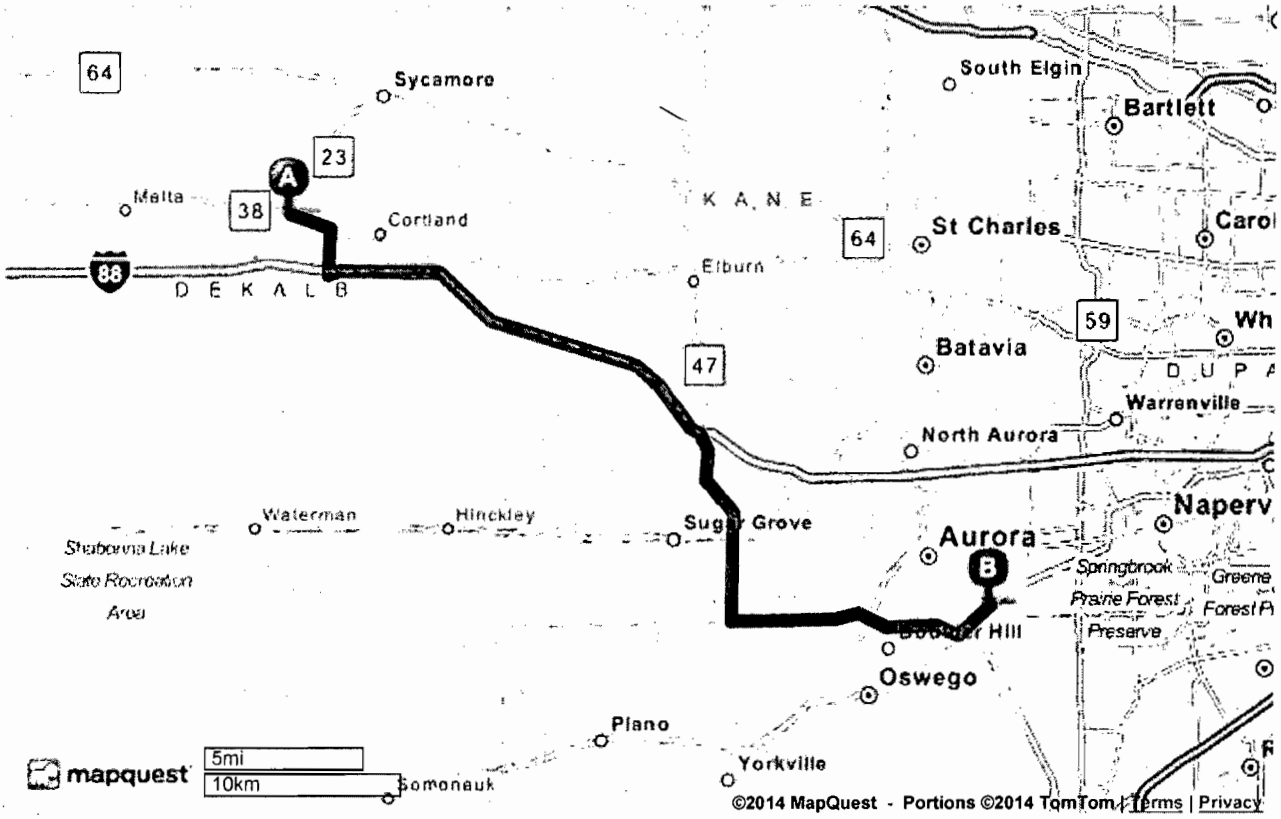
Trip to:
2111 Ogden Ave
Aurora, IL 60504-7597
35.51 miles / 44 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**14.9 Mi** *18.1 Mi Total*
EXIT ↗		4. Take the **IL-47** exit. Map	**0.4 Mi** *18.5 Mi Total*
↑	47	5. Merge onto **IL-47** toward **Sugar Grove**. Map	**7.1 Mi** *25.6 Mi Total*
↰	EAST 30	6. Turn **left** onto **Bypass 30 / US-30 E**. Continue to follow **US-30 E**. Map	**8.3 Mi** *34.0 Mi Total*
↰	EAST 34	7. Turn **left** onto **US Highway 34 / US-30 E / US-34 E**. Continue to follow **US-34 E**. Map	**1.5 Mi** *35.5 Mi Total*
■		8. **2111 OGDEN AVE** is on the **right**. Map	
	B	**2111 Ogden Ave**, Aurora, IL 60504-7597	

Total Travel Estimate: **35.51 miles - about 44 minutes**



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Notes

mapquest

Trip to:

1221 N Highland Ave

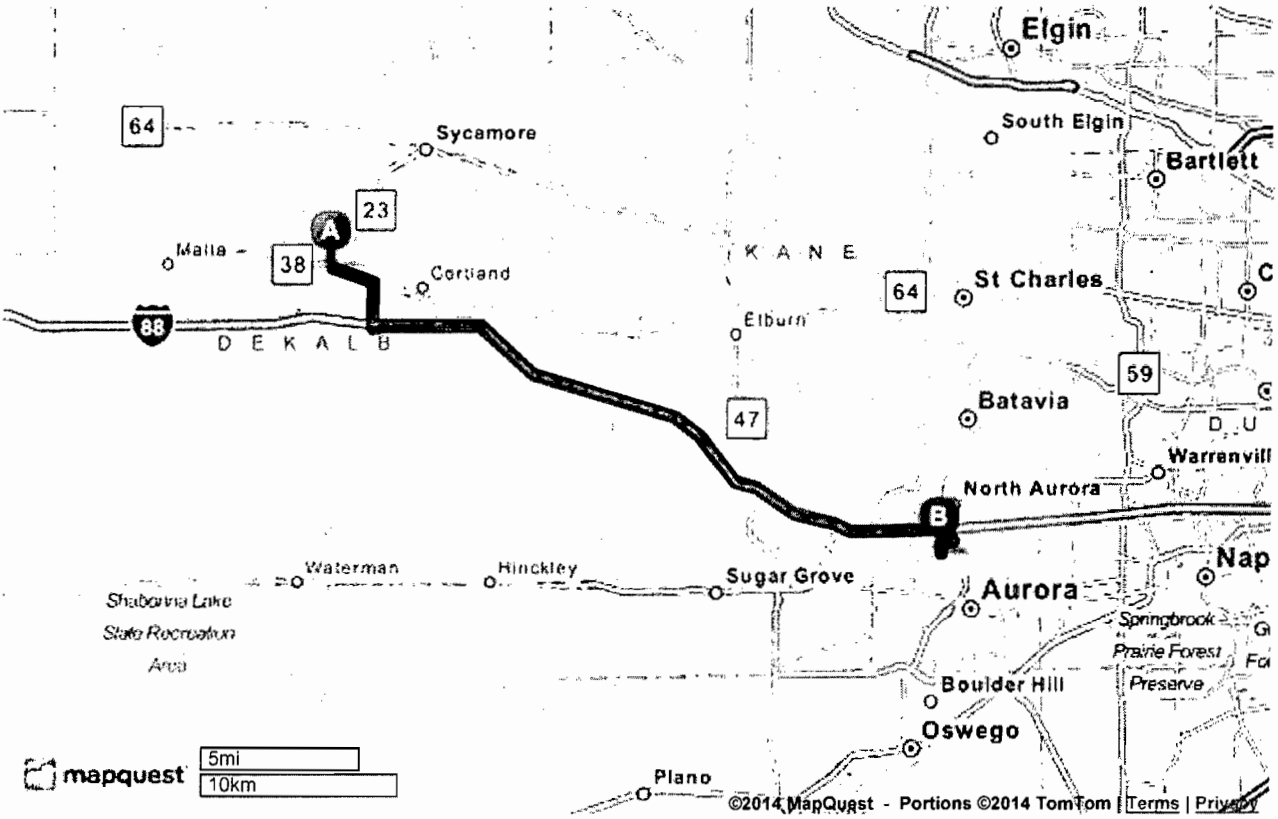
Aurora, IL 60506-1404

27.45 miles / 30 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**22.6 Mi** *25.8 Mi Total*
EXIT ↗		4. Take the **IL-31 / IL-56 E** exit. Map	**0.5 Mi** *26.3 Mi Total*
↖		5. Keep **left** at the fork in the ramp. Map	**0.03 Mi** *26.3 Mi Total*
↑	31	6. Merge onto **IL-31 / S Lincolnway** toward **Aurora / ILLINOIS MATHEMATICS AND SCIENCE ACADEMY**. Map	**0.3 Mi** *26.7 Mi Total*
↱		7. Take the 2nd **right** onto **Sullivan Rd**. Map	**0.4 Mi** *27.1 Mi Total*
↰		8. Turn **left** onto **N Highland Ave**. Map	**0.4 Mi** *27.4 Mi Total*
■		9. **1221 N HIGHLAND AVE** is on the **left**. Map	
	B	**1221 N Highland Ave**, Aurora, IL 60506-1404	

206

Total Travel Estimate: **27.45 miles - about 30 minutes**



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Notes

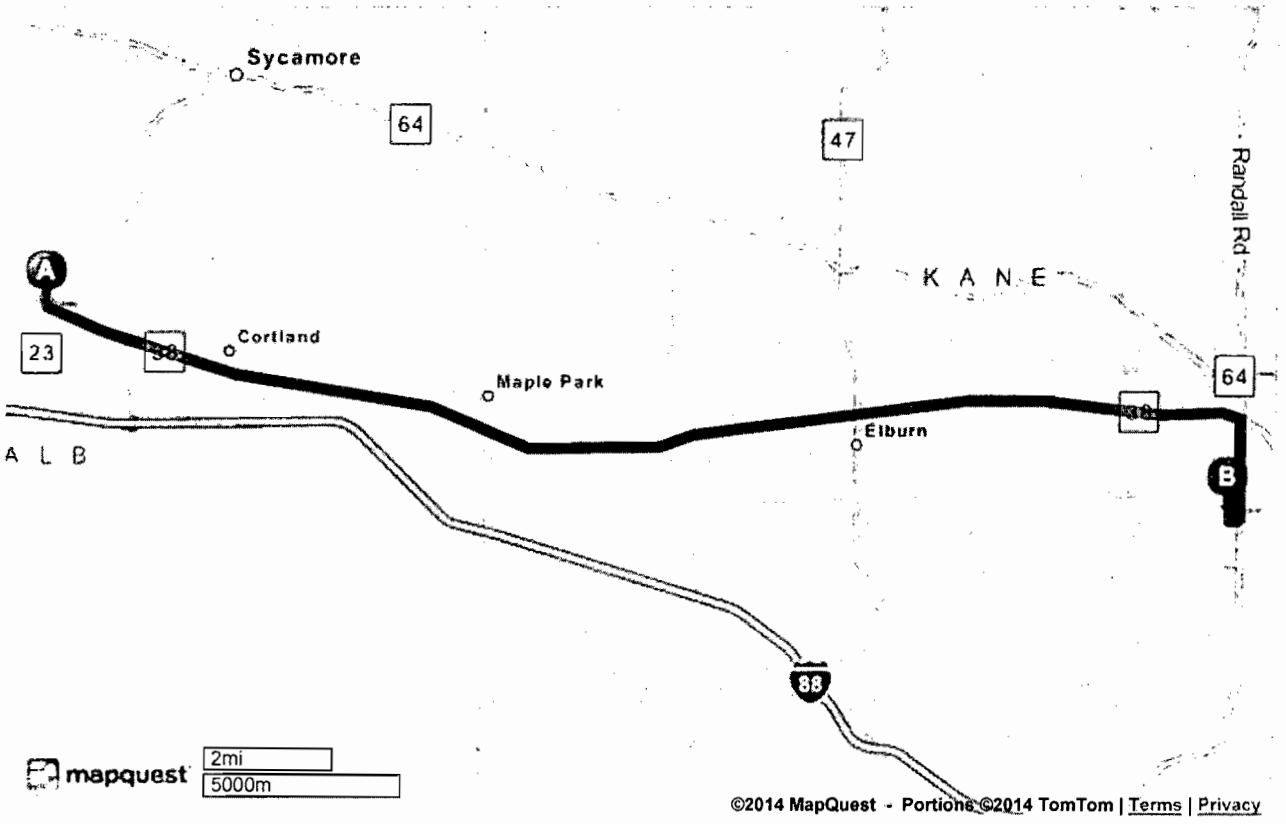
mapquest

Trip to:
2525 Kaneville Rd
Geneva, IL 60134-2578
23.87 miles / 30 minutes

A	**DeKalb, IL**	**Download Free App**
●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**21.8 Mi** *21.8 Mi Total*
↱	2. Turn **right** onto **S Randall Rd**. Map	**1.8 Mi** *23.6 Mi Total*
↱	3. Turn **right** onto **Fargo Blvd**. Map	**0.2 Mi** *23.7 Mi Total*
↱	4. Take the 2nd **right** onto **Kaneville Rd**. Map	**0.2 Mi** *23.9 Mi Total*
■	5. **2525 KANEVILLE RD** is on the **right**. Map	
B	**2525 Kaneville Rd**, Geneva, IL 60134-2578	

208

Total Travel Estimate: **23.87 miles - about 30 minutes**



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Notes

mapquest

Trip to:
300 Randall Rd
Geneva, IL 60134-4203
22.67 miles / 28 minutes

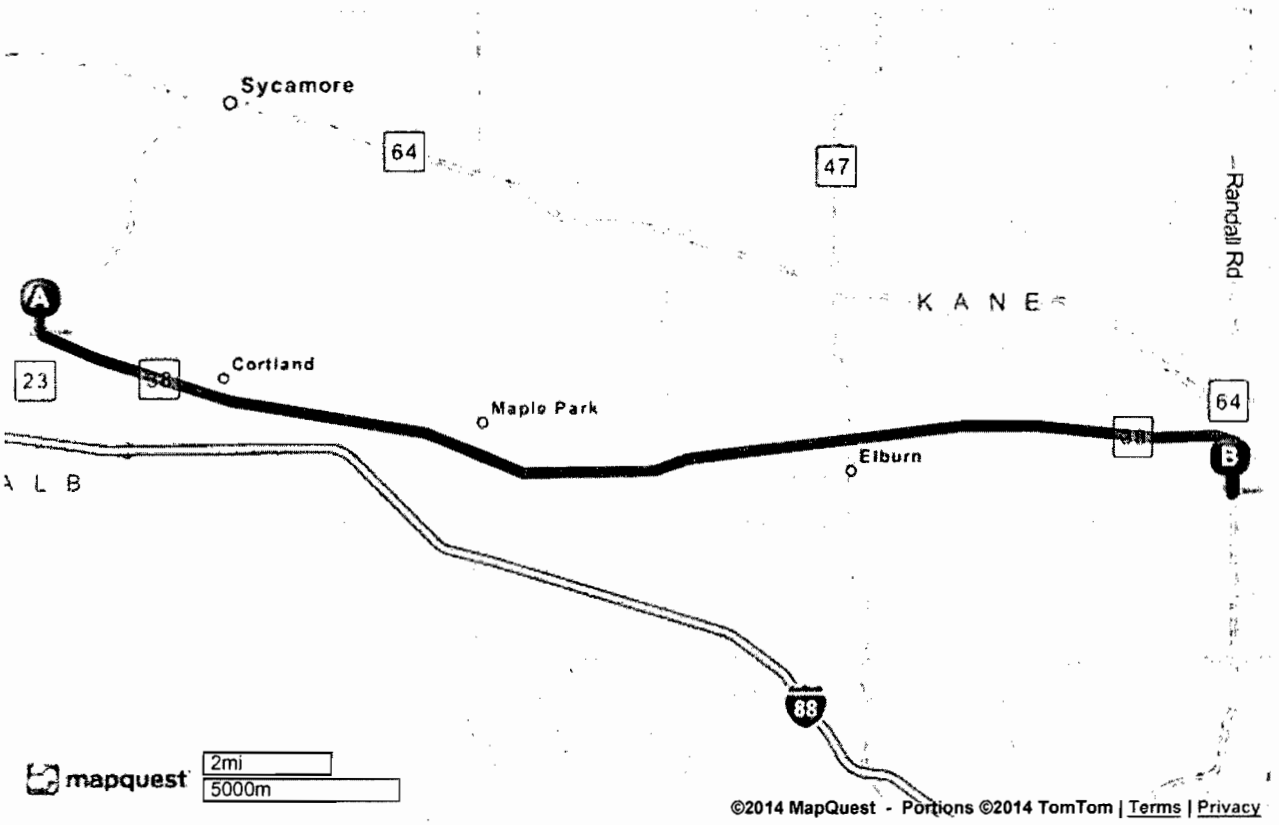
DeKalb, IL

Download Free App

●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**21.8 Mi** *21.8 Mi Total*
↱	2. Turn **right** onto **S Randall Rd**. Map	**0.9 Mi** *22.7 Mi Total*
■	3. **300 RANDALL RD** is on the **right**. Map	

300 Randall Rd, Geneva, IL 60134-4203

Total Travel Estimate: **22.67 miles - about 28 minutes**



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Notes

mapquest

Trip to:
2210 Dean St
St Charles, IL 60175-1032
23.00 miles / 29 minutes

DeKalb, IL

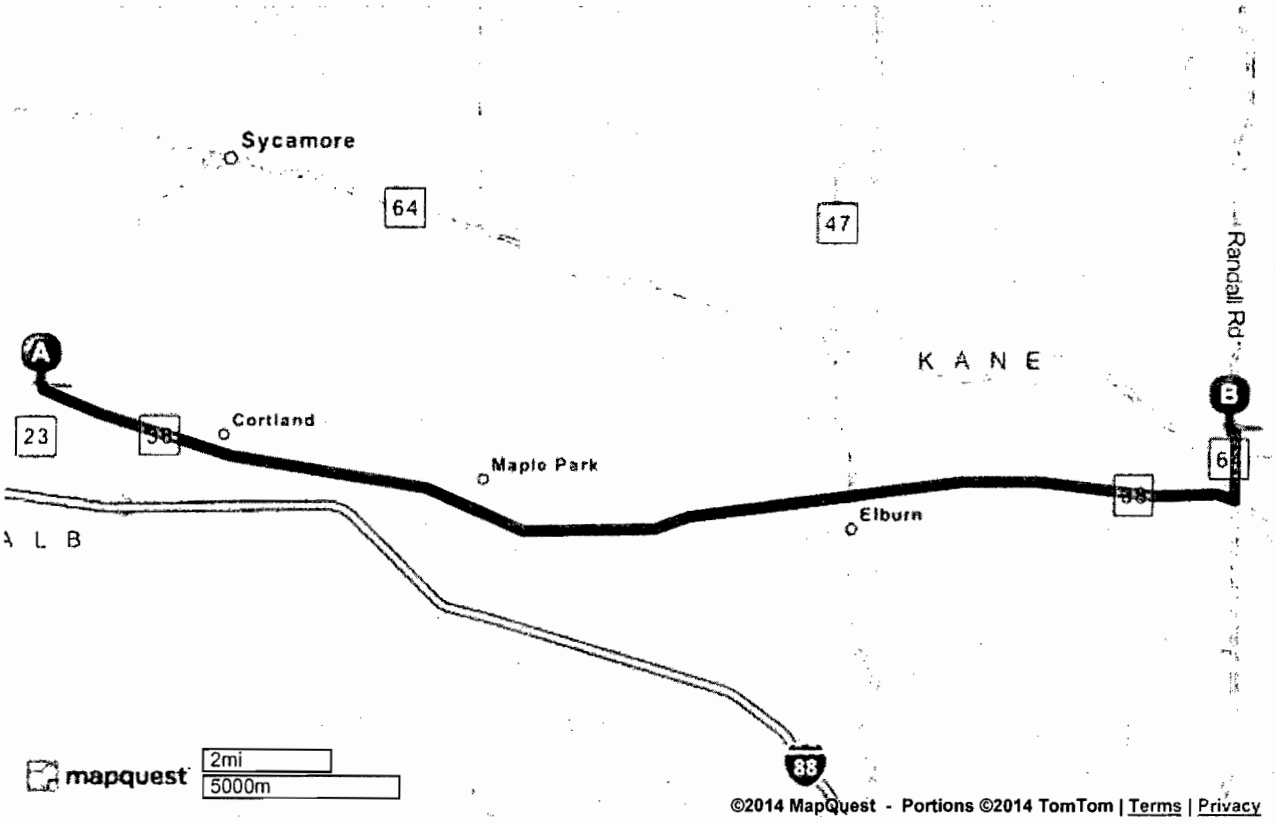
Download Free App

1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**21.8 Mi** *21.8 Mi Total*
2. Turn **left** onto **S Randall Rd**. Map	**1.2 Mi** *22.9 Mi Total*
3. Turn **left** onto **Dean St / County Hwy-53**. Map	**0.07 Mi** *23.0 Mi Total*
4. **2210 DEAN ST**. Map	

2210 Dean St, St Charles, IL 60175-1032

212

Total Travel Estimate: **23.00 miles - about 29 minutes**



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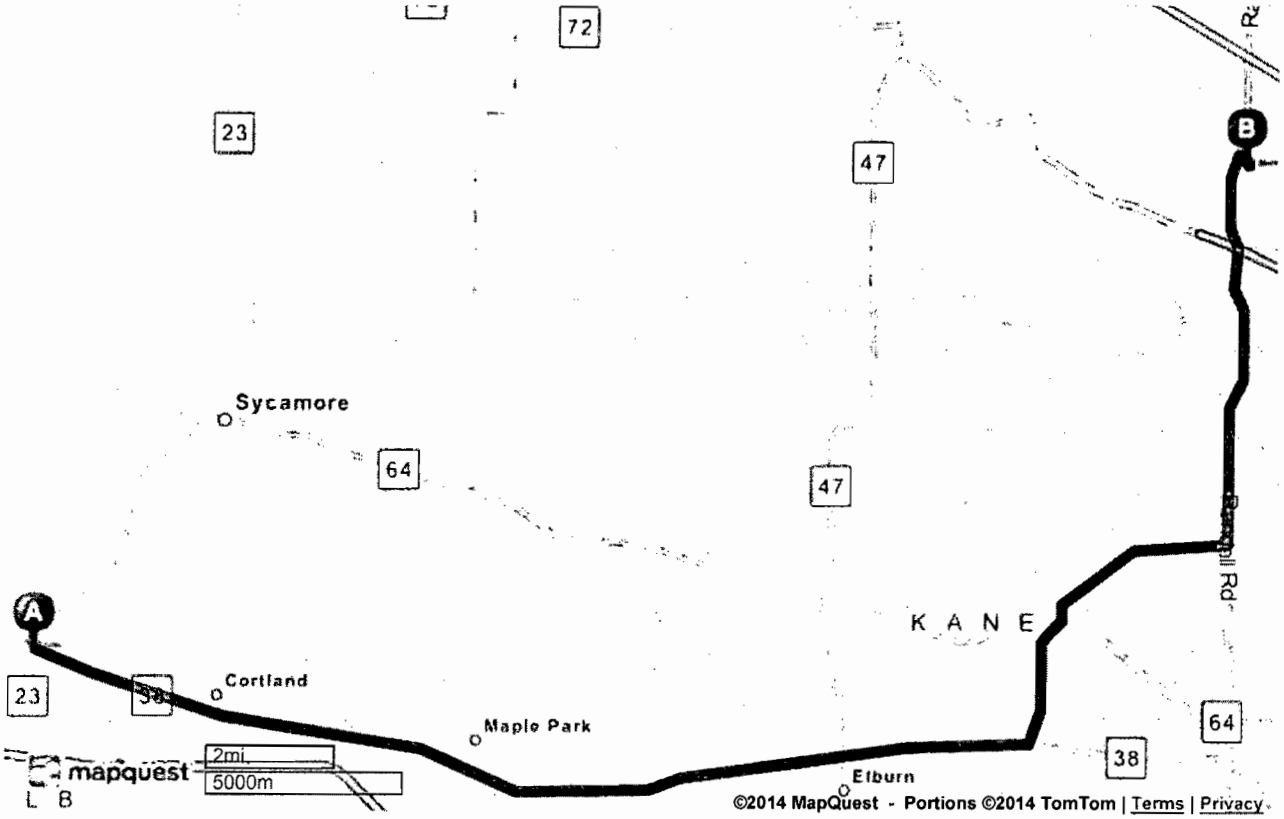
Notes

mapquest

Trip to:
745 Fletcher Dr
Elgin, IL 60123-4738
31.34 miles / 41 minutes

A	**DeKalb, IL**	**Download Free App**
●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Continue to follow **IL-38**. Map	**18.2 Mi** *18.2 Mi Total*
↰	2. Turn **left** onto **Lafox Rd / County Hwy-81**. Continue to follow **County Hwy-81**. Map	**1.9 Mi** *20.1 Mi Total*
↑	3. Stay **straight** to go onto **La Fox Rd**. Map	**0.4 Mi** *20.5 Mi Total*
↑	4. **La Fox Rd** becomes **Burlington Rd / County Hwy-2**. Map	**0.3 Mi** *20.8 Mi Total*
↱	5. Turn **right** onto **Bolcum Rd / County Hwy-73**. Map	**3.3 Mi** *24.0 Mi Total*
↰	6. Turn **left** onto **Randall Rd**. Map	**7.0 Mi** *31.0 Mi Total*
↱	7. Turn **right** onto **Fletcher Dr**. Map	**0.3 Mi** *31.3 Mi Total*
■	8. **745 FLETCHER DR** is on the **left**. Map	
B	**745 Fletcher Dr**, Elgin, IL 60123-4738	

Total Travel Estimate: **31.34 miles - about 41 minutes**



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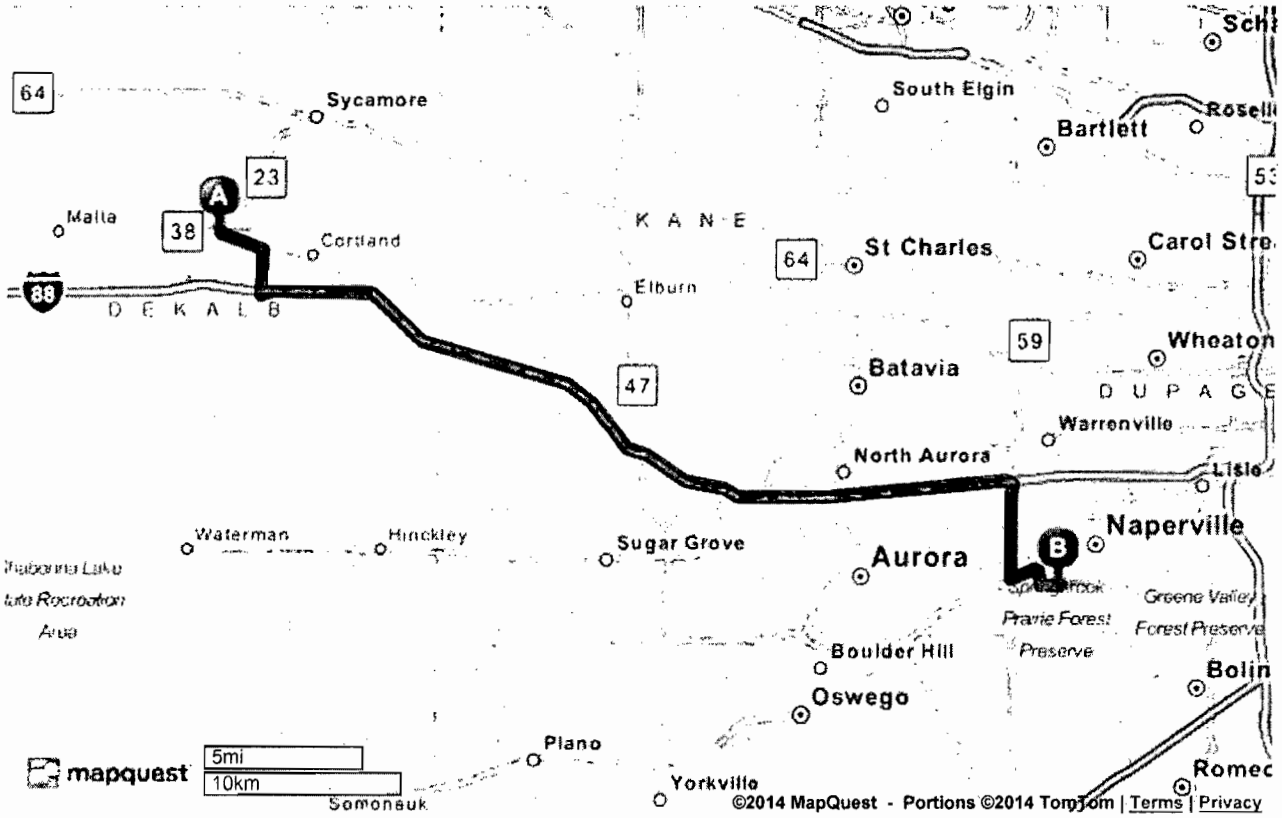
Notes

mapquest

Trip to:
1243 Rickert Dr
Naperville, IL 60540-0954
38.28 miles / 45 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↰	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**29.0 Mi** *32.2 Mi Total*
EXIT ↗		4. Take the **IL-59** exit. Map	**0.2 Mi** *32.4 Mi Total*
↑↑	59	5. Merge onto **IL-59** toward **Naperville / Plainfield / ICE ARENA / COLLEGE**. Map	**3.5 Mi** *35.9 Mi Total*
↰	EAST 34	6. Turn **left** onto **Ogden Ave / US-34 E**. Map	**1.0 Mi** *36.9 Mi Total*
↱		7. Turn **right** onto **Rickert Dr**. Map	**1.4 Mi** *38.3 Mi Total*
■		8. **1243 RICKERT DR**. Map	
	B	**1243 Rickert Dr**, Naperville, IL 60540-0954	

Total Travel Estimate: **38.28 miles - about 45 minutes**



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Notes

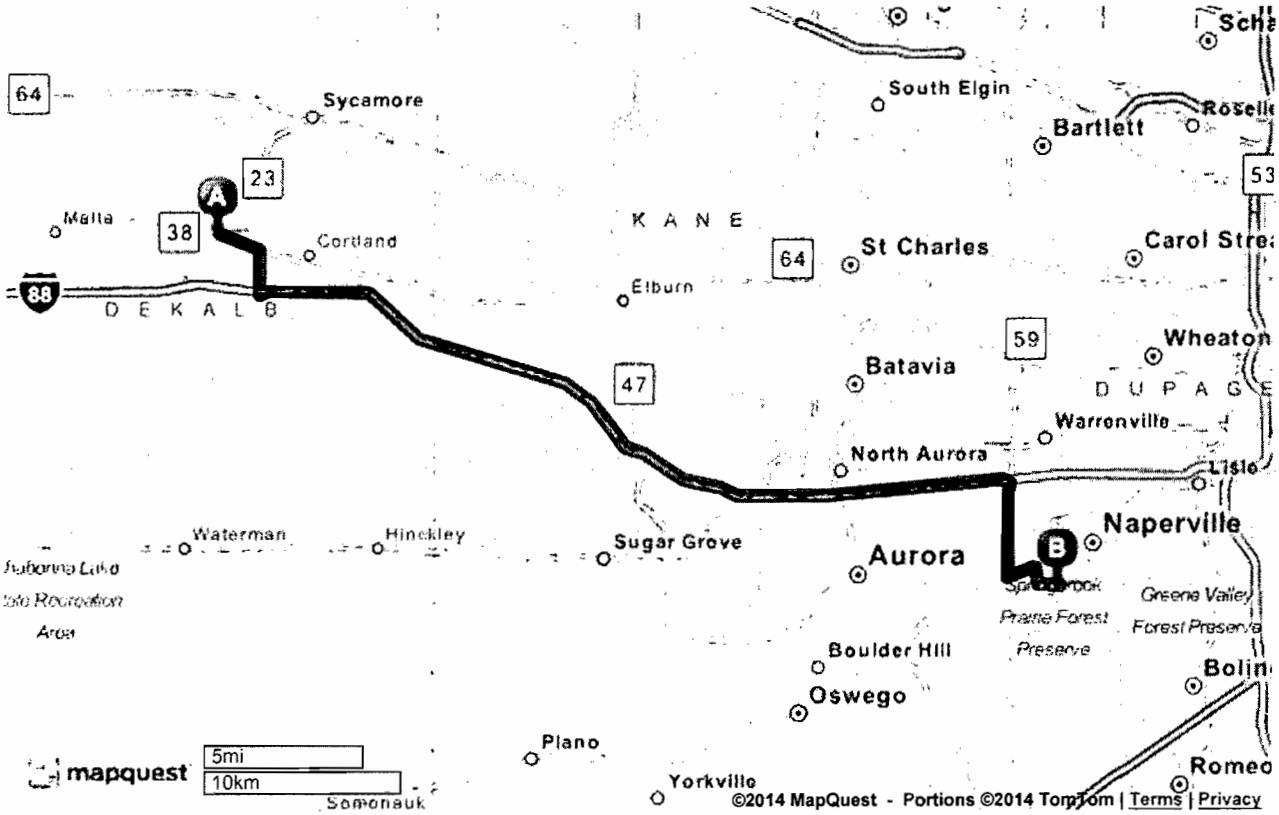
mapquest

Trip to:
1263 Rickert Dr
Naperville, IL 60540-0954
38.38 miles / 45 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↱	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**29.0 Mi** *32.2 Mi Total*
EXIT ↗		4. Take the **IL-59** exit. Map	**0.2 Mi** *32.4 Mi Total*
↑↑	59	5. Merge onto **IL-59** toward **Naperville / Plainfield / ICE ARENA / COLLEGE**. Map	**3.5 Mi** *35.9 Mi Total*
↰	EAST 34	6. Turn **left** onto **Ogden Ave / US-34 E**. Map	**1.0 Mi** *36.9 Mi Total*
↱		7. Turn **right** onto **Rickert Dr**. Map	**1.5 Mi** *38.4 Mi Total*
■		8. **1263 RICKERT DR** is on the **right**. Map	
	B	**1263 Rickert Dr**, Naperville, IL 60540-0954	

218

Total Travel Estimate: **38.38 miles - about 45 minutes**



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Notes

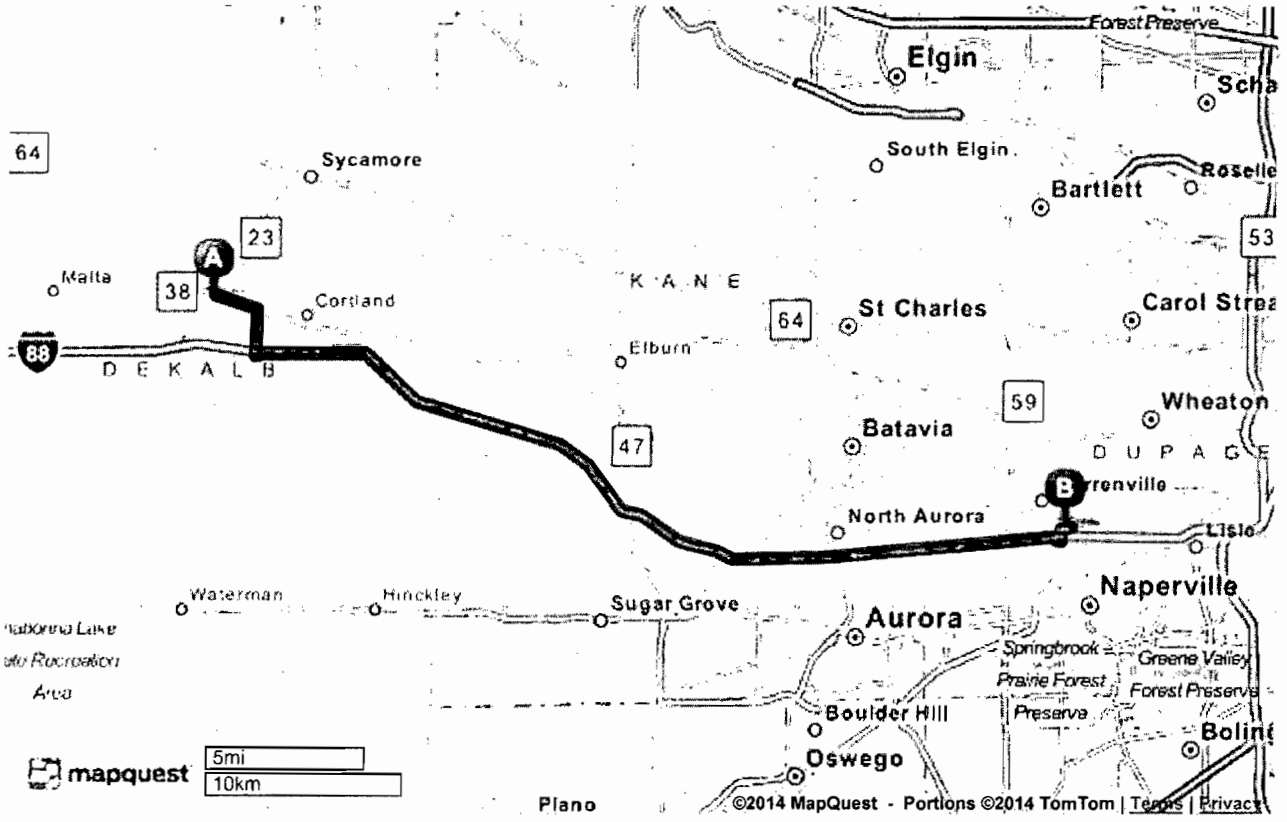
mapquest

Trip to:
27650 Ferry Rd
Warrenville, IL 60555
35.39 miles / 37 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↱	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**30.8 Mi** *34.0 Mi Total*
EXIT ↗		4. Take the **Winfield Road** exit. Map	**0.4 Mi** *34.4 Mi Total*
RAMP		5. Keep **left** to take the ramp toward **Warrenville / MARIANJOY REHAB CENTER / DEPAUL UNIVERSITY NAPERVILLE CAMPUS / CANTIGNY**. Map	**0.03 Mi** *34.4 Mi Total*
↰		6. Turn **left** onto **Winfield Rd**. Map	**0.4 Mi** *34.8 Mi Total*
↱		7. Turn **right** onto **Ferry Rd / County Hwy-3**. Map	**0.4 Mi** *35.2 Mi Total*
↶		8. Make a **U-turn** at **Cantera Dr** onto **Ferry Rd / County Hwy-3**. Map	**0.2 Mi** *35.4 Mi Total*
■		9. **27650 FERRY RD** is on the **right**. Map	
	B	**27650 Ferry Rd**, Warrenville, IL 60555	

220

Total Travel Estimate: **35.39 miles - about 37 minutes**



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Notes

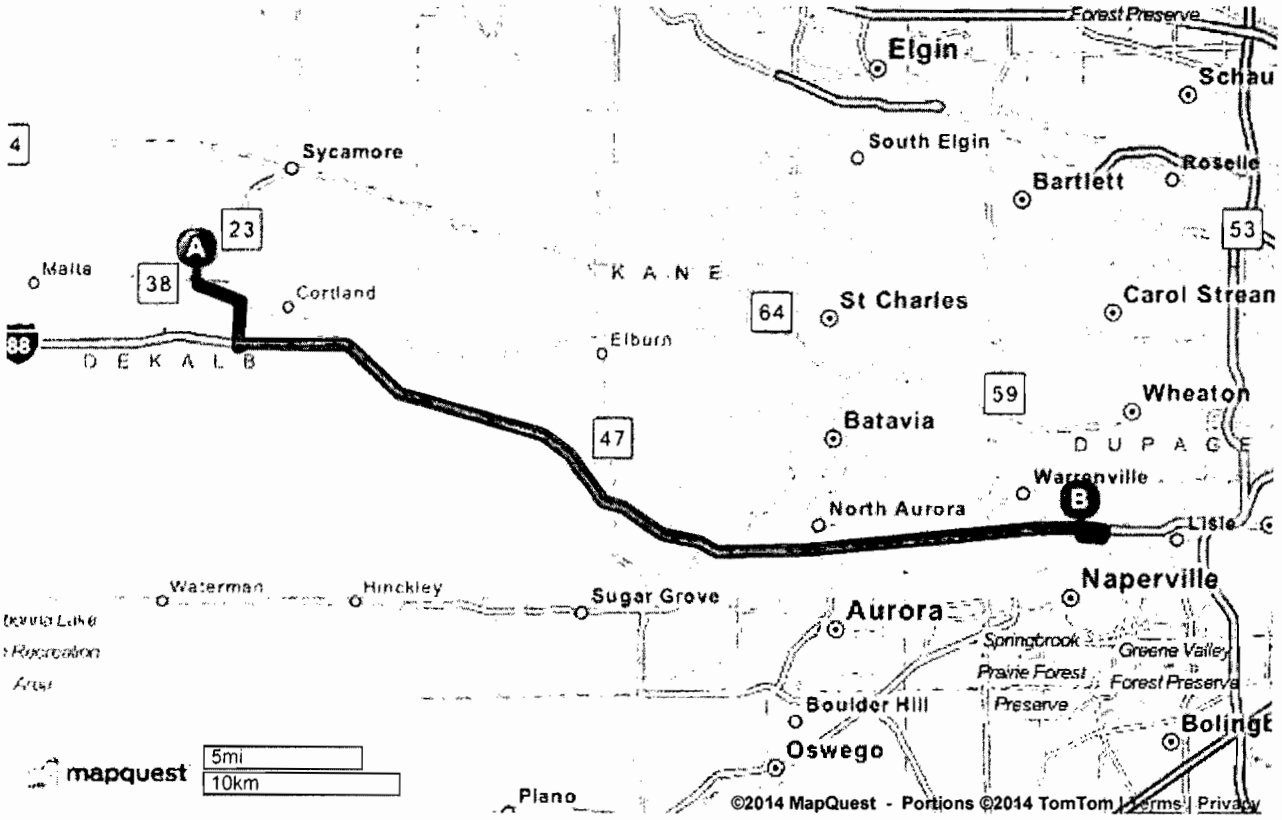
mapquest

Trip to:
475 E Diehl Rd
Naperville, IL 60563-1353
37.67 miles / 39 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↰	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**33.0 Mi** *36.2 Mi Total*
EXIT ↗		4. Take the exit toward **Naperville Rd**. Map	**0.4 Mi** *36.6 Mi Total*
↑↑		5. Merge onto **Freedom Dr**. Map	**0.2 Mi** *36.8 Mi Total*
↱		6. Turn **right** onto **E Diehl Rd**. Map	**0.8 Mi** *37.7 Mi Total*
■		7. **475 E DIEHL RD** is on the **right**. Map	
	B	**475 E Diehl Rd**, Naperville, IL 60563-1353	

222

Total Travel Estimate: **37.67 miles - about 39 minutes**



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Notes

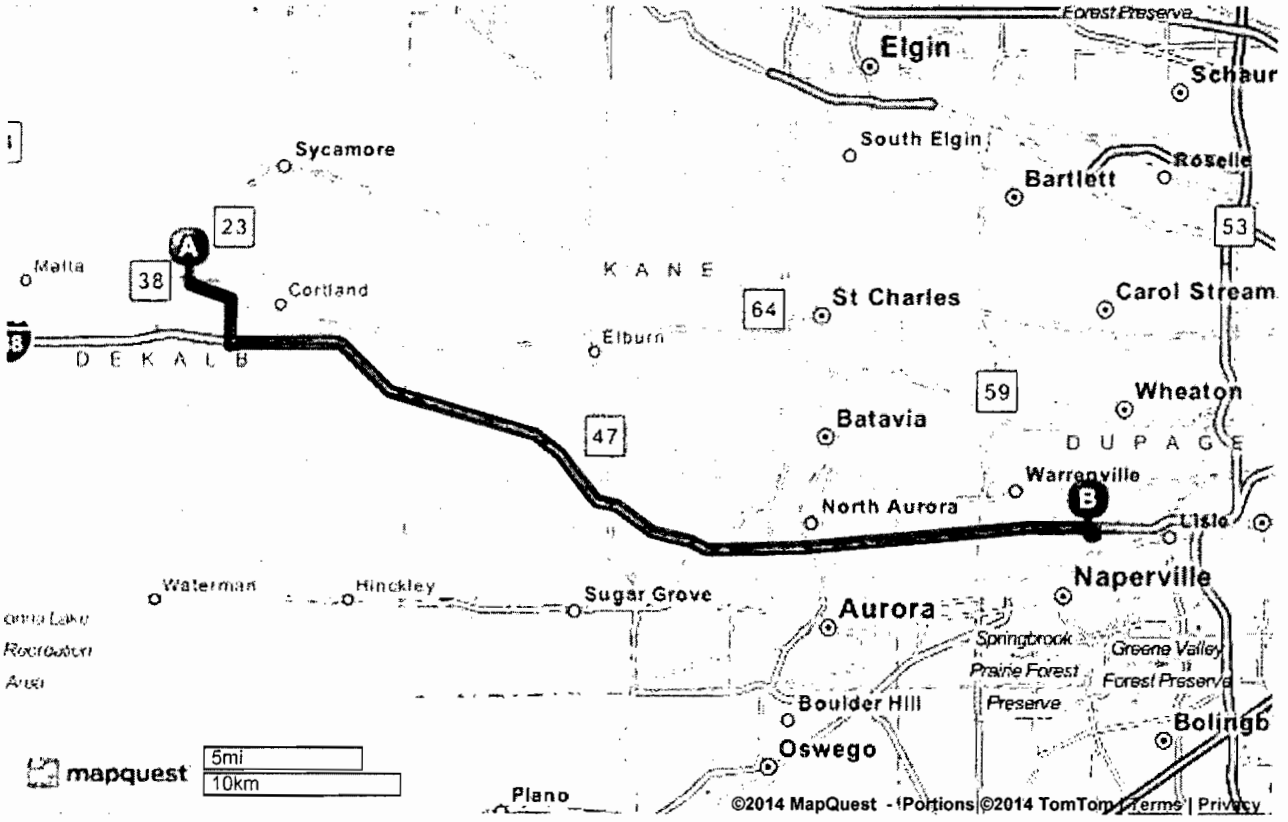
mapquest

Trip to:
1175 E Diehl Rd
Naperville, IL 60563-1487
36.99 miles / 38 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↰	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**33.0 Mi** *36.2 Mi Total*
EXIT ↗		4. Take the exit toward **Naperville Rd**. Map	**0.4 Mi** *36.6 Mi Total*
↗↑		5. Merge onto **Freedom Dr**. Map	**0.2 Mi** *36.8 Mi Total*
↱		6. Turn **right** onto **E Diehl Rd**. Map	**0.2 Mi** *37.0 Mi Total*
■		7. **1175 E DIEHL RD** is on the **right**. Map	
	B	**1175 E Diehl Rd**, Naperville, IL 60563-1487	

224

Total Travel Estimate: **36.99 miles - about 38 minutes**



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Notes

mapquest

Trip to:

2867 Ogden Ave

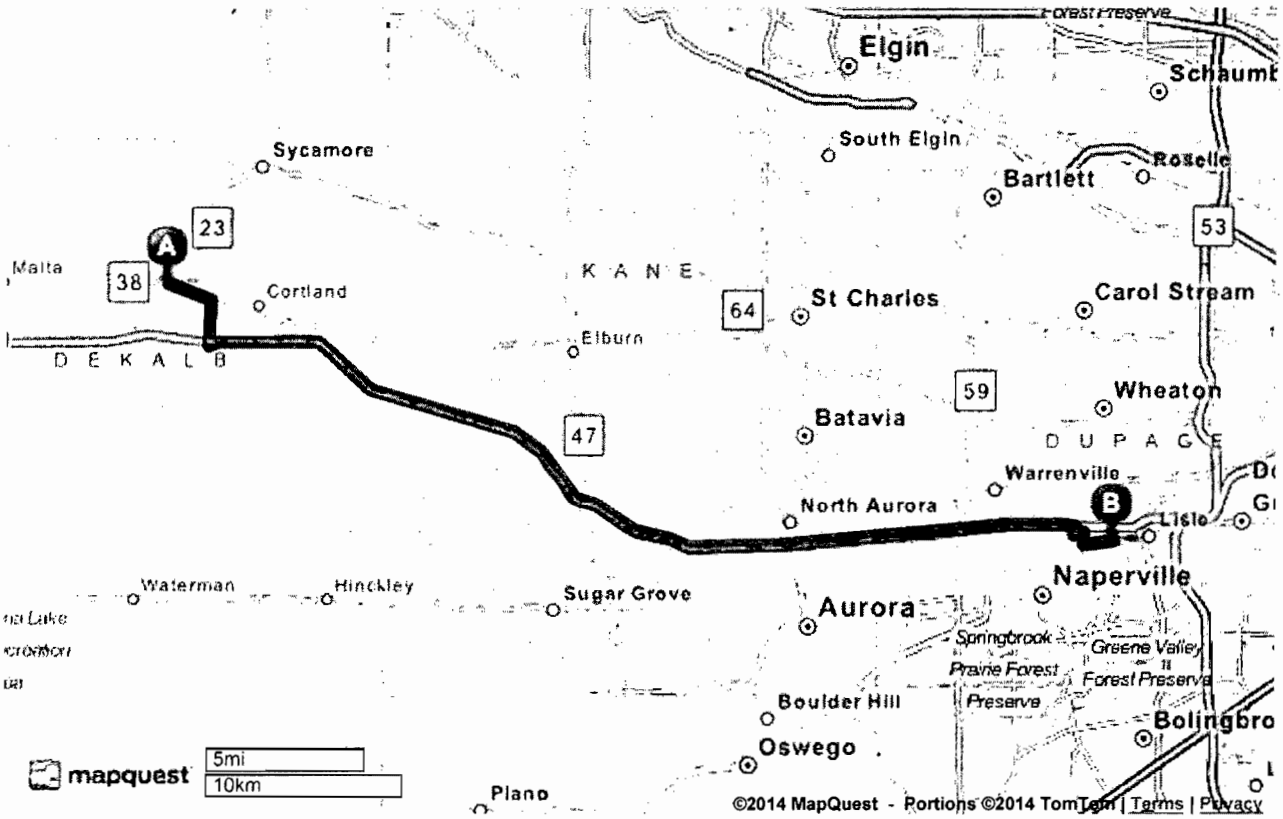
Lisle, IL 60532-1680

38.78 miles / 42 minutes

		DeKalb, IL	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↱↰	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**33.0 Mi** *36.2 Mi Total*
EXIT ↗		4. Take the exit toward **Naperville Rd**. Map	**0.4 Mi** *36.6 Mi Total*
↰↑		5. Merge onto **Freedom Dr**. Map	**0.3 Mi** *36.9 Mi Total*
↰		6. Turn **left** onto **E Diehl Rd**. Map	**0.4 Mi** *37.3 Mi Total*
↱		7. Turn **right** onto **N Naper Blvd / County Hwy-23**. Map	**0.5 Mi** *37.7 Mi Total*
↰	EAST 34	8. Turn **left** onto **E Ogden Ave / US-34 E**. Map	**1.0 Mi** *38.8 Mi Total*
■		9. **2867 OGDEN AVE** is on the **right**. Map	
		2867 Ogden Ave, Lisle, IL 60532-1680	

226

Total Travel Estimate: **38.78 miles - about 42 minutes**



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Notes

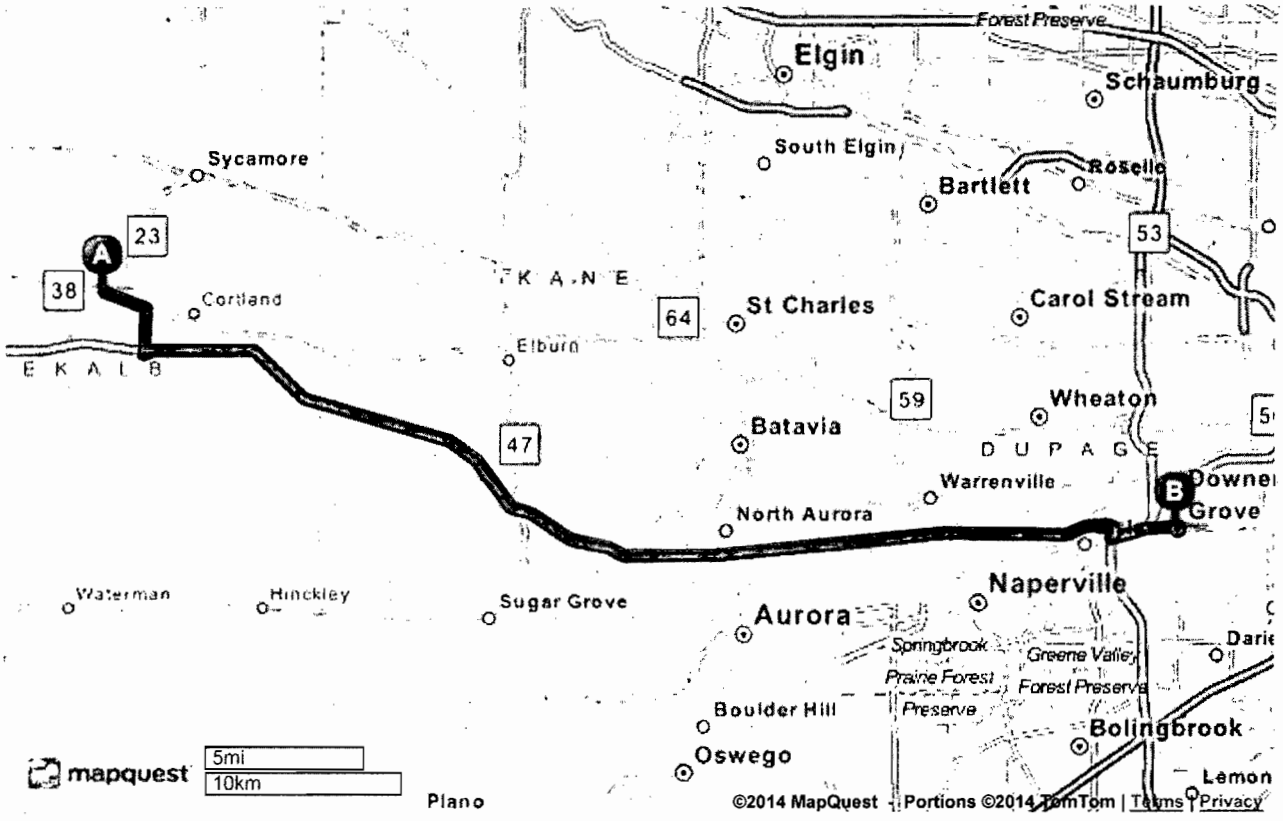
mapquest

Trip to:
4333 Main St
Downers Grove, IL 60515-2845
43.43 miles / 47 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↱	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**36.8 Mi** *40.0 Mi Total*
EXIT ↗		4. Take the **I-355 S** exit toward **Tollway / Joliet**. Map	**0.3 Mi** *40.3 Mi Total*
RAMP		5. Keep **right** to take the **US-34 / Ogden Ave** ramp. Map	**0.4 Mi** *40.7 Mi Total*
RAMP		6. Keep **left** to take the ramp toward **Downers Grove / TOLLWAY ADM STATE POLICE / BUSINESS CENTER**. Map	**0.02 Mi** *40.7 Mi Total*
↰	EAST 34	7. Turn **left** onto **US-34 E / Ogden Ave**. Map	**2.5 Mi** *43.2 Mi Total*
↱		8. Turn **right** onto **Highland Ave**. Map	**0.1 Mi** *43.3 Mi Total*
↱		9. Take the 1st **right** onto **Sherman St**. Map	**0.06 Mi** *43.4 Mi Total*
↱		10. Turn **right** onto **Main St**. Map	**0.08 Mi** *43.4 Mi Total*
■		11. **4333 MAIN ST** is on the **right**. Map	
	B	**4333 Main St**, Downers Grove, IL 60515-2845	

228

Total Travel Estimate: **43.43 miles - about 47 minutes**



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Notes

mapquest

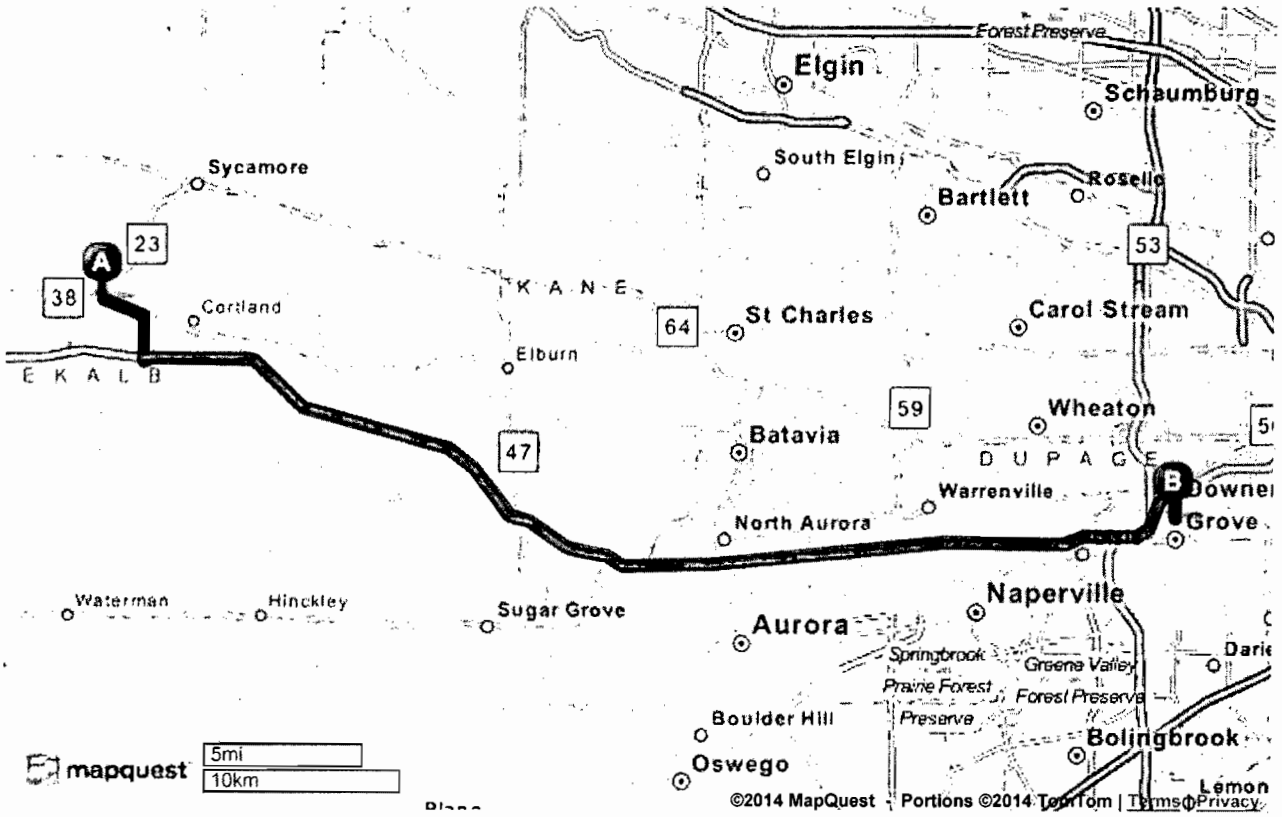
Trip to:
3811 Highland Ave
Downers Grove, IL 60515-1555
44.39 miles / 46 minutes

DeKalb, IL — Download Free App

1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**40.0 Mi** *43.2 Mi Total*
4. Take the **Highland Ave** exit. Map	**0.3 Mi** *43.5 Mi Total*
5. Turn **slight right** onto **Highland Ave / County Hwy-9**. Map	**0.9 Mi** *44.4 Mi Total*
6. Make a **U-turn** at **Black Oak Dr** onto **Highland Ave / County Hwy-9**. Map	**0.01 Mi** *44.4 Mi Total*
7. **3811 HIGHLAND AVE** is on the **right**. Map	

3811 Highland Ave, Downers Grove, IL 60515-1555

Total Travel Estimate: **44.39 miles - about 46 minutes**



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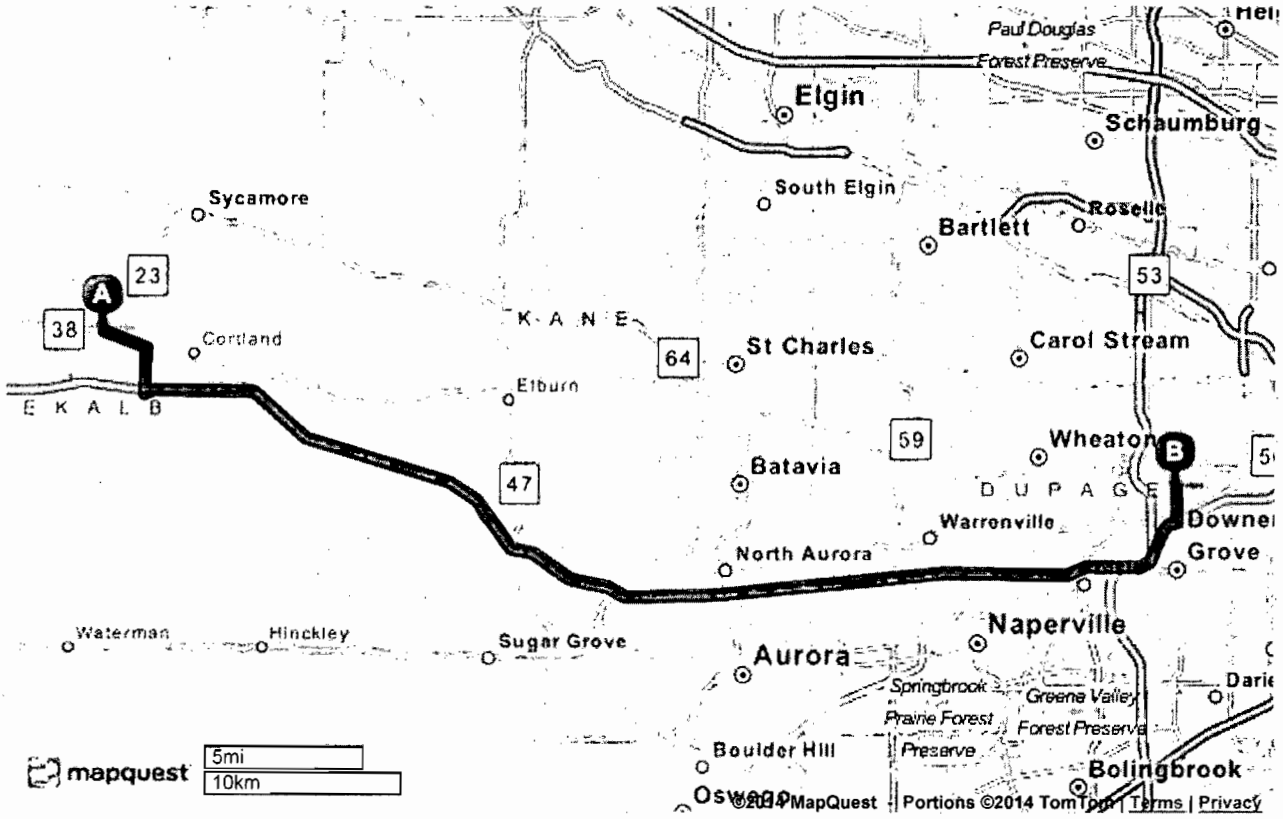
Notes

mapquest

Trip to:
1801 S Highland Ave
Lombard, IL 60148-4932
44.69 miles / 47 minutes

A	**DeKalb, IL**		**Download Free App**
●	1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*	
↱	2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*	
↑	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**40.0 Mi** *43.2 Mi Total*	
EXIT	4. Take the **Highland Ave** exit. Map	**0.3 Mi** *43.4 Mi Total*	
RAMP	5. Keep **left** to take the ramp toward **SEMINARY COLLEGE / CHIROPRACTIC COLLEGE**. Map	**0.03 Mi** *43.5 Mi Total*	
↰	6. Turn **left** onto **County Hwy-9 / Highland Ave**. Continue to follow **Highland Ave**. Map	**1.2 Mi** *44.7 Mi Total*	
■	7. **1801 S HIGHLAND AVE** is on the **right**. Map		
B	**1801 S Highland Ave**, Lombard, IL 60148-4932		

Total Travel Estimate: **44.69 miles - about 47 minutes**



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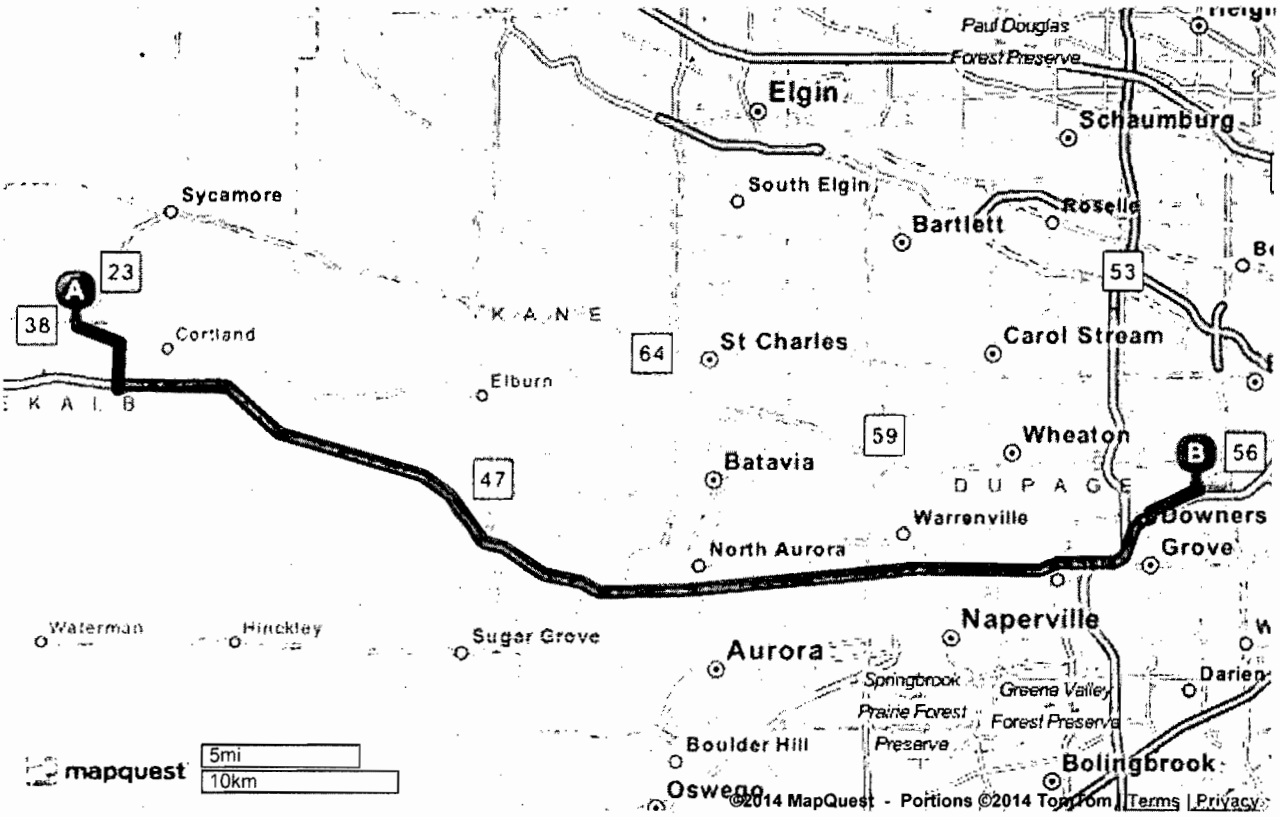
Notes

mapquest

Trip to:
2425 W 22nd St
Oak Brook, IL 60523-1204
45.51 miles / 48 minutes

	A	**DeKalb, IL**	**Download Free App**
●		1. Start out going **east** on **E Lincoln Hwy / IL-38** toward **S 4th St / IL-23**. Map	**1.6 Mi** *1.6 Mi Total*
↱		2. Turn **right** onto **N Peace Rd**. Map	**1.6 Mi** *3.2 Mi Total*
↑↑	EAST 88	3. Merge onto **I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**40.0 Mi** *43.2 Mi Total*
EXIT ↗		4. Take the **Highland Ave** exit. Map	**0.3 Mi** *43.4 Mi Total*
RAMP		5. Keep **left** to take the ramp toward **SEMINARY COLLEGE / CHIROPRACTIC COLLEGE**. Map	**0.03 Mi** *43.5 Mi Total*
↰		6. Turn **left** onto **County Hwy-9 / Highland Ave**. Map	**0.2 Mi** *43.6 Mi Total*
↗↑	EAST 56	7. Merge onto **IL-56 E**. Map	**1.6 Mi** *45.3 Mi Total*
↑		8. **IL-56 E** becomes **W 22nd St**. Map	**0.2 Mi** *45.5 Mi Total*
■		9. **2425 W 22ND ST** is on the **right**. Map	
	B	**2425 W 22nd St**, Oak Brook, IL 60523-1204	

Total Travel Estimate: **45.51 miles - about 48 minutes**



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Appendix 3

7013 2250 0001 7249 2726

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

SANDWICH IL 60548

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

SYCAMORE IL 60178 05 Postmark Here JUL 9 2014 07/09/2014 USPS

Sent To: Valley West Comm. Hosp.
Street, Apt. No.; or PO Box No.: Attn: CEO/Admin 11 E Pleasant Ave
City, State, ZIP+4: Sandwich, IL 60548

PS Form 3800, August 2006 — See Reverse for Instructions

7013 2250 0001 7249 2740

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MENDOTA IL 61342

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Restricted Delivery Fee (Endorsement Required)	$0.00
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Sent To: Mendota Community Hospital
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City, State, ZIP+4: Mendota, IL 61342

PS Form 3800, August 2006 — See Reverse for Instructions

7013 2250 0001 7249 2719

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DEKALB IL 60115

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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Kishwaukee Community Hospital
Street, Apt. No.; or PO Box No.: Attn: CEO/Admin 626 Bethany Rd
City, State, ZIP+4: DeKalb, IL 60115

PS Form 3800, August 2006 — See Reverse for Instructions

7013 2250 0001 7249 2733

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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Rochelle Comm. Hospitals
Street, Apt. No.; or PO Box No.: Attn: CEO/Admin 900 N. 2nd St.
City, State, ZIP+4: Rochelle, IL 61068

PS Form 3800, August 2006 — See Reverse for Instructions

7013 2250 0001 7249 2696

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Certified Fee	$3.30
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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Presence Mercy Center
Street, Apt. No.; or PO Box No.: Attn CEO 1325 N. Highland Ave
City, State, ZIP+4: Aurora, IL 60506

PS Form 3800, August 2006 — See Reverse for Instructions

7013 2250 0001 7249 2702

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Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Rush Copley Memorial Hospital
Street, Apt. No.; or PO Box No.: Attn: CEO 2000 Ogden Ave
City, State, ZIP+4: Aurora, IL 60504

PS Form 3800, August 2006 — See Reverse for Instructions

7013 2250 0001 7249 2672

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Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To Centegra Hospital-Huntley
Street, Apt. No.; or PO Box No. ATTN CEO Haligus Rd & Algonquin
City, State, ZIP+4 Huntley, IL 60142

PS Form 3800, August 2006 See Reverse for Instructions

7013 2250 0001 7249 2689

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Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To Delnor Community Hospital
Street, Apt. No.; or PO Box No. ATTN: CEO 300 Randall Rd.
City, State, ZIP+4 Geneva, IL 60134

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7013 2250 0001 7249 2658

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Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To Edward Hospital
Street, Apt. No.; or PO Box No. ATTN CEO 809 S. Washington
City, State, ZIP+4 Naperville, IL 60566

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Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

0178 SYCAMORE IL 60178 05 Postmark Here JUL 9 2014 07/09/2014

Sent To Presence St. Joseph Hospital
Street, Apt. No.; or PO Box No. ATTN CEO 77 N. Airlite St.
City, State, ZIP+4 Elgin, IL 60120

PS Form 3800, August 2006 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To Central DuPage Hospital
Street, Apt. No.; or PO Box No. ATTN CEO Hospital Rd.
City, State, ZIP+4 Winfield, IL 60190

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Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To Advocate Good Samaritan Hospital
Street, Apt. No.; or PO Box No. ATTN: CEO 3815 Highland Ave
City, State, ZIP+4 Downers Grove, IL 60515

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Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Midland Surgical Centre
Street, Apt. No.; or PO Box No.: Attn CEO 1900 DeKalb Ave
City, State, ZIP+4: Sycamore, IL 60178

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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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07/09/2014

Sent To: Swedish Amer. Medical Ctr
Street, Apt. No.; or PO Box No.: Attn CEO 1625 S. State Str
City, State, ZIP+4: Belvidere, IL 61008

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7008 1830 0004 5725 9281

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Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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07/09/2014

Sent To: Castle Surgicenter
Street, Apt. No.; or PO Box No.: Attn CEO 2111 Ogden Ave
City, State, ZIP+4: Aurora, IL 60504

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OSWEGO IL 60543

Postage	$ $2.32
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $8.32

SYCAMORE IL 60178 05 JUL Postmark Here USPS

07/09/2014

Sent To: Kendall Pointe Surgery Center
Street, Apt. No.; or PO Box No.: Attn: CEO 100 W. 5th Str
City, State, ZIP+4: Oswego, IL 60543

PS Form 3800, August 2006 See Reverse for Instructions

7008 1830 0004 5725 9267

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Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

SYCAMORE IL 60178 0178 05 JUL Postmark 9 2014 USPS

07/09/2014

Sent To: Fox Valley Orthopaedic Assoc
Street, Apt. No.; or PO Box No.: Attn CEO 2525 Kaneville Rd
City, State, ZIP+4: Geneva, IL 60134

PS Form 3800, August 2006 See Reverse for Instructions

7008 1830 0004 5725 9274

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AURORA IL 60506

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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07/09/2014

Sent To: Dreyer Ambulatory Surgery Center
Street, Apt. No.; or PO Box No.: Attn CEO 1221 Highland Ave
City, State, ZIP+4: Aurora, IL 60506

PS Form 3800, August 2006 See Reverse for Instructions

7008 1830 0004 5725 9243

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SAINT CHARLES IL 60175

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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07/09/2014

Sent To: Valley Ambulatory Surgery Ctr
Street, Apt. No.; or PO Box No.: Attn CEO 2210 Dean St.
City, State, ZIP+4: St Charles, IL 60175

PS Form 3800, August 2006 — See Reverse for Instructions

7008 1830 0004 5725 9250

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GENEVA IL 60134

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Certified Fee	$3.30
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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Tri Cities Surgery Center
Street, Apt. No.; or PO Box No.: Attn CEO 300 Randall Rd.
City, State, ZIP+4: Geneva, IL 60134

PS Form 3800, August 2006 — See Reverse for Instructions

7004 2890 0000 6247 6786

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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Midwest Endoscopy Center
Street, Apt. No.; or PO Box No.: Attn CEO 1243 Rickert Dr.
City, State, ZIP+4: Naperville IL 60540

PS Form 3800, June 2002 — See Reverse for Instructions

7008 2810 0000 7190 8162

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ELGIN IL 60123

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Elgin Gastroenterlogy Endoscopy Ctr
Street, Apt. No.; or PO Box No.: Attn CEO 745 Fletcher Dr
City, State, ZIP+4: Elgin IL 60123

PS Form 3800, August 2006 — See Reverse for Instructions

7004 2890 0000 6247 6762

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Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Dupage Orthopaedic Group Surg Ctr
Street, Apt. No.; or PO Box No.: Att CEO 27650 Ferry Rd.
City, State, ZIP+4: Warrenville, IL 60555

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7004 2890 0000 6247 6779

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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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JUL 9 2014
07/09/2014

Sent To: Naperville Surgical Centre
Street, Apt. No.; or PO Box No.: ATTN CEO 1263 Rickert Dr
City, State, ZIP+4: Naperville IL 60540

PS Form 3800, June 2002 — See Reverse for Instructions

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NAPERVILLE IL 60563

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Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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Sent To: Naperville Fertility Center
Street, Apt. No.; or PO Box No.: 1175 E Diehl Rd.
City, State, ZIP+4: Naperville IL 60563

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2890 0000 6247 6755

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Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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07/09/2014

Sent To: The Center For Surgery
Street, Apt. No.; or PO Box No.: Attn CEO 475 E Diehl Rd.
City, State, ZIP+4: Naperville, IL 60563

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2890 0000 6247 6724

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Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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07/09/2014

Sent To: Ambul Surgicenter of Downers Grove
Street, Apt. No.; or PO Box No.: Attn CEO 4333 Main St.
City, State, ZIP+4: Downers Grove, IL 60515

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2890 0000 6247 6731

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LISLE IL 60532

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Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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JUL 9 2014
07/09/2014

Sent To: Lisle Center For Pain Management
Street, Apt. No.; or PO Box No.: Attn CEO 7867 E Ogden Ave
City, State, ZIP+4: Lisle, IL 60532

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2890 0000 6247 6700

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LOMBARD IL 60148

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Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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SYCAMORE IL 60178
JUL Postmark Here 9 2014
USPS
07/09/2014

Sent To: Dupage Medical group Surgery Ctr
Street, Apt. No.; or PO Box No.: Attn CEO 1801 S. Highland
City, State, ZIP+4: Lombard IL 60148

PS Form 3800, June 2002 — See Reverse for Instructions

7004 2890 0000 6247 6717

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Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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JUL 9 2014
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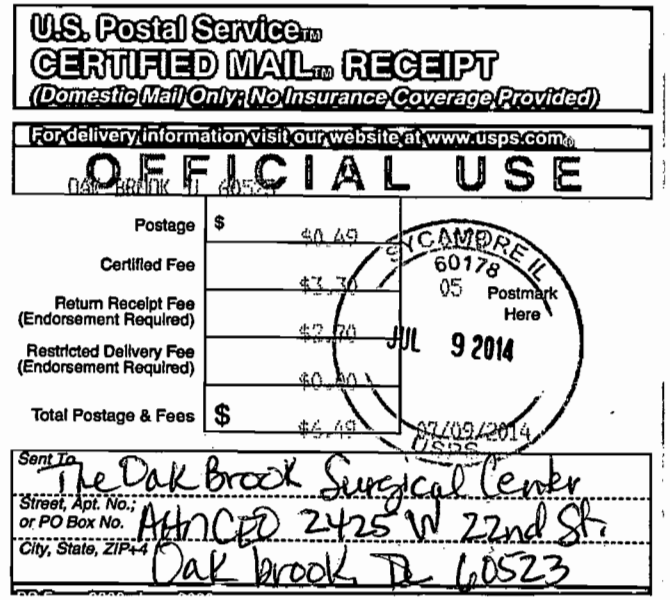
07/09/2014

Sent To: Midwest Center for Day Surgery
Street, Apt. No.; or PO Box No.: Attn CEO 3811 Highland Ave
City, State, ZIP+4: Downers Grove, IL 60515

PS Form 3800, June 2002 — See Reverse for Instructions



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OAK BROOK IL 60523

Postage	$ $0.49
Certified Fee	$3.30
Return Receipt Fee (Endorsement Required)	$2.70
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49

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JUL 9 2014
07/09/2014 USPS

Sent To: The Oak Brook Surgical Center
Street, Apt. No., or PO Box No.: ATTN CEO 2425 W 22nd St.
City, State, ZIP+4: Oak Brook IL 60523

7004 2890 0000 6247 6694

242