ORIGINAL

16-007

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
JAN 14 2016
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: Schaumburg Surgery Center		
Street Address: 929 West Higgins Road		
City and Zip Code: Schaumburg, Illinois 60195		
County: Cook	Health Service Area: 7	Health Planning Area: A-07

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

Exact Legal Name: Schaumburg Surgery Center, LLC
Address: 929 West Higgins Road, Schaumburg, Illinois 60195
Name of Registered Agent: MS Registered Agent Services, Inc.
Name of Chief Executive Officer: Ciro Cirrincione, M.D.
CEO Address: 929 West Higgins Road, Schaumburg, Illinois 60195
Telephone Number: (847) 285-4200

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 during the review period]

Name: Thomas E. Flood
Title: Executive Director of Operations
Company Name: Barrington Orthopedic Specialists
Address: 929 West Higgins Road, Schaumburg, Illinois 60195
Telephone Number: (847) 285-4283
E-mail Address: tflood@barringtonortho.com
Fax Number: (847) 885-1204

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

Name: Joseph Hylak-Reinholtz
Title: Attorney at Law
Company Name: Much Shelist, P.C.
Address: 191 North Wacker Drive, Suite 1800, Chicago, Illinois 60606-1615
Telephone Number: (312) 521-2481
E-mail Address: JHylak-Reinholtz@muchshelist.com
Fax Number: (312) 521-2381

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: Thomas E. Flood
Title: Executive Director of Operations
Company Name: Barrington Orthopedic Specialists
Address: 929 West Higgins Road, Schaumburg, Illinois 60195
Telephone Number: (847) 285-4283
E-mail Address: tflood@barringtonortho.com
Fax Number: (847) 885-1204

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Chicagoland Medical Portfolio DST
Address of Site Owner: 2901 Butterfield Road, Oak Brook, Illinois 60523
Street Address or Legal Description of Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Schaumburg Surgery Center, LLC
Address: 929 West Higgins Road, Schaumburg, Illinois 60195

☐	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:	Part 1120 Applicability or Classification: [Check one only.]
☒ Substantive	☐ Part 1120 Not Applicable
☐ Non-Substantive	☐ Category A Project
	☒ Category B Project
	☐ DHS or DVA Project

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.

Schaumburg Surgery Center, LLC (the "Applicant") proposes the establishment of a multi-specialty ambulatory surgical treatment center ("ASTC") with two operating rooms (the "Project"). The proposed ASTC will be located at 929 West Higgins Road, Schaumburg, Illinois 60195. The Project's site is located within Health Service Area 7 and Hospital Planning Area A-07.

The ASTC will be located within an existing medical office building, in leased space. The landlord and the Applicant are not affiliated entities. The Project will only involve the modernization of existing space; thus, no new construction will be required. The size of the ASTC will total 5,025 departmental gross square feet.

Three categories of service will be provided—orthopedics, podiatry, and pain management.

The ASTC will be wholly owned by qualified physician investors; therefore, no hospital or surgery center management company will be involved in this Project.

The total cost of the project is $2,465,060. Of this amount, $540,459 represents the fair market value of the lease agreement that will be in place between the Applicant and site owner. The remainder of the project cost will be funded by cash obtained through equity financing (i.e., equity contributions), which will be achieved by the Applicant selling membership units in its limited liability company to qualified physician investors.

The Applicant is proposing the establishment of a new health care facility; therefore, this is a substantive project.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$18,814	$6,186	$25,000
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$678,731	$223,145	$901,876
Contingencies	$83,782	$27,545	$111,327
Architectural/Engineering Fees	$67,873	$22,315	$90,188
Consulting and Other Fees	$62,622	$20,588	$83,210
Movable or Other Equipment (not in construction contracts)	$500,000	$200,000	$700,000
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$406,737	$133,722	$540,459
Other Costs To Be Capitalized	$9,783	$3,217	$13,000
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	**$1,828,343**	**$636,717**	**$2,465,060**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,421,606	$502,995	$1,924,601
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$406,737	$133,722	$540,459
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	**$1,828,343**	**$636,717**	**$2,465,060**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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

Land acquisition is related to project ☐ 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 $ 100,000.

Project Status and Completion Schedules

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): July 31, 2017

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:

☐ Cancer Registry -- **NOT APPLICABLE**
☐ APORS -- **NOT APPLICABLE**
☒ 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							
Non-Hospital Based ASTC	$1,828,343		3,782		3,782		
NON REVIEWABLE							
Non-Clinical	$636,717		1,243		1,243		
Total Non-clinical							
TOTAL	**$2,465,060**		**5,025**		**5,025**		

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

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

SIGNATURE

~~Manager~~ Ciro Cirinciona
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of January, 2016

Roxane Keany
Signature of Notary

Seal

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

SIGNATURE

Matthew Bernstein
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of January 2016

Roxane Keany
Signature of Notary

Seal

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

*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 Agency 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.

The size of the facility as demonstrated below shows that the project meets the standards for ASTC clinical spaces.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC Operating Rooms and Recovery	3,782 dgsf/2 ORs = 1,891 per treatment room	1,660—2,200 dgsf per treatment room	(309)	YES

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:

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:

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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved , read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

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	__X__Pain Management
_____Dermatology	_____Ophthalmology	__X__Podiatry
_____ Gastroenterology	_____Oral/Maxillofacial	_____Thoracic
_____ General/Other	__X__ Orthopedic	_____Otolaryngology
_____Neurology	_____ Plastic	_____Urology

   b. Indicate if the project will result in a _____ limited or __X__ 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:**

$1,924,601	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;
$540,459 FMV of Lease	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;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$2,465,060	**TOTAL FUNDS AVAILABLE**	

APPEND DOCUMENTATION AS ATTACHMENT-39, 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

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

1. **All of the projects capital expenditures are completely funded through internal sources**
2. **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**
3. **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-40, 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:				
Current Ratio				
Net Margin Percentage	Not Applicable			
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 41, 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)	
ASTC Clinical & Non-Clinical		$179.48			5,025	15%		$901,876	$901,876
Contingency		$22.15			5,025	15%		$111,304	$111,304
TOTALS		$201.63						$1,013,180	$1,013,180

* 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 -42, 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 Medicaidpatients. 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-43, 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-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

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

ATTACHMENT 1

Applicant Ownership Information

Please find attached a Certificate of Good Standing issued by the Illinois Secretary of State for Schaumburg Surgery Center, LLC, an Illinois limited liability company, which is the entity that will own and operate the proposed ASTC.

File Number 0552751-1

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 I am the keeper of the records of the Department of Business Services. I certify that

SCHAUMBURG SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 11, 2015, 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* 12TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1601202046 verifiable until 01/12/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 2

Site Ownership

The proposed ASTC will be built in a building located at 929 West Higgins Road, Schaumburg, Illinois 60195. The building is owned by Chicagoland Medical Portfolio DST (the "Site Owner"). Evidence of ownership by the Site Owner is provided in the form of a lease agreement between the Site Owner, as landlord, and Barrington Orthopedic Specialists, Ltd., the tenant. A copy of lease agreement is attached hereto, immediately following this page.

JMH 05/29/14

OFFICE LEASE

between

Chicagoland Medical Portfolio DST,
a Delaware statutory trust

Landlord

and

Barrington Orthopedic Specialists, Ltd., an Illinois corporation

Tenant

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EXHIBITS

Exhibit A: Legal Description of Leased Premises

Exhibit B: SNDA

Exhibit C: Rules and Regulations

OFFICE LEASE

1. Date And Parties. This Lease is made on the 5th day of June, 2014, by and between Chicagoland Medical Portfolio DST, a Delaware Statutory Trust ("Landlord"), and Barrington Orthopedic Specialists, Ltd. an Illinois corporation ("Tenant").

2. List of Exhibits. The following exhibits attached to this Lease are incorporated by reference herein and are construed to be a part hereof:

Exhibit A: Legal Description of Leased Premises

Exhibit B: SNDA

Exhibit C: Rules and Regulations

3. Leased Premises Defined. Landlord hereby leases to Tenant and Tenant hereby rents from Landlord the building commonly known as 929 West Higgins Road, located in Schaumburg, Illinois, together with such other improvements including the parking area, and the entire tract of land on which the building is located ("Leased Premises"), The Leased Premises is legally described on Exhibit A attached hereto.

4. Lease Term/Minimum Rent Commencement/Rent Defined. The term of this Lease ("Lease Term") shall commence on the Possession Date (defined in Paragraph 5 of this Lease), being hereinafter referred to as the "Term Commencement Date." The obligation of Tenant to pay Minimum Rent (as defined in Paragraph 8 of this Lease), together with Tenant's obligation to pay its Real Estate Taxes (as defined in Paragraph 14 of this Lease), and maintain its insurance (as outlined in Paragraph 22 of this Lease) shall commence and accrue as of and on the Term Commencement Date. All other obligations and liabilities imposed on Tenant under this Lease shall commence on the Possession Date. The Lease Term shall end on the last day of the 15th consecutive Lease Year (as that term is defined in Paragraph 6 of this Lease) following the Term Commencement Date, hereinafter referred to as the "Lease Expiration Date," unless terminated sooner as provided in this Lease or except as may be extended pursuant to Paragraph 10 below. For all purposes under this Lease, "Rent" shall be deemed to mean, on a collective basis, Minimum Rent, Tenant's Pro Rata Share of Real Estate Taxes, and Insurance Payments, and any and all other sums or payments, of any nature whatsoever, due from Tenant to Landlord under the terms of this Lease.

5. Occupancy/Delivery of Possession. The parties agree that the Closing Date described in the Agreement of Purchase and Sale of Medical Office Building by and between Landlord, as Purchaser, and 920 W Golf Road, LLC, as Seller, dated March 18, 2014 is the "Possession Date", and this Lease shall be effective as of such date. It is understood and agreed that, as of the closing on the Possession Date, and continuing throughout the Lease Term, the Landlord and the Tenant shall comply with, and perform, on a timely basis, all of the obligations and liabilities imposed on Tenant under the terms of this Lease, whether of a monetary or a nonmonetary nature. Tenant acknowledges and agrees that Tenant is accepting the Leased Premises on an AS-IS, WHERE-IS, basis without representations or warranties of any nature or kind.

6. Lease Year. The term "Lease Year," as referred to in this Lease, shall mean a period of twelve (12) consecutive calendar months. The first Lease Year shall begin on the Term Commencement Date if the Term Commencement Date occurs on the first day of the calendar month; or, if not, then the first Lease Year shall commence on the first day of the first calendar month after the Term Commencement Date. Each succeeding Lease Year shall commence upon the anniversary of the Term Commencement Date of the first Lease Year.

7. Minimum Rent. Tenant agrees to pay to Landlord as "Minimum Rent", without notice or demand or setoff of any kind, the monthly sum as set forth in Paragraph 8 below, in advance, on or before the first day of each and every successive calendar month during the Lease Term. Rent shall include Minimum Rent plus all other charges and fees payable by Tenant to Landlord by the terms of this Lease ("Additional Rent"). Rent to be paid to Landlord under this Lease for any period less than one (1) month shall be a prorated on a per diem basis. All Rent due under this Lease shall be payable to Landlord at Inland Continental Property Management Corp./Bldg. #51672, 32533 Collection Center Drive, Chicago, Illinois 60693-0325, Attention: Asset Management Department or at such other places Landlord may from time to time designate in writing.

8. Minimum Rent Amounts. Minimum Rent shall be payable during the Lease Term as follows:

Effective Period:	: Monthly Minimum Rent:	Annual Minimum Rent:
First Lease Year	$83,333.34	$1,000,000.04

After the first Lease Year, Monthly and Annual Minimum Rent will increase by three percent (3%) on the first day of each succeeding Lease Year after the first Lease Year.

9. Security Deposit. None.

10. Extension Option.

(a) Extension Option. Tenant shall have the option (the "Extension Option") of extending the Term as of the expiration date of the initial Term or the extended term as the case may be, for two (2) additional terms (each an "Extension Term") of five (5) years each, upon the following terms and conditions:

(i) Tenant gives Landlord written notice of Tenant's election to exercise the Extension Option not later than fifteen (15) months and not sooner than eighteen (18) months prior to the expiration date of the initial Term or any Extension Term; and

(ii) Tenant is not in Default under this Lease beyond any and all applicable notice and cure periods, either on the date Tenant exercises the Extension Option or on the expiration date of the initial Term or Extension Term as the case may be.

(b) Terms. If Tenant timely and properly exercises the Extension Option:

(i) The Minimum Rent payable for the Extension Term shall be equal to the "Market Rate of Rent" (as defined below) that Landlord reasonably anticipates will be in effect at the commencement of the Extension Term. Upon Landlord's receipt of Tenant's written notice to extend described above, Landlord shall give Tenant written notice setting forth the Market Rate of Rent not later than fourteen (14) months prior to the expiration date of the initial Term "Market Rate of Rent" shall mean the annual market rental rate or rates for the Lease Premises and other comparable medical office buildings in northwestern Cook County (the "Market Area") comparable to the extent practical in size, condition, location and use to the Leased Premises and for a term of not more than five (5) years. The Market Rate of Rent shall not exceed the greater of (i) the Minimum Rent, as reasonably determined by Landlord, and (ii) the then-escalated rate of Rent for the Premises as of the last year of the initial Term (the "Existing Rental Rate"). The Base Rent payable during the Extension Term shall be subject to adjustment during the Extension Term as provided in Landlord's written notice setting forth the Market Rate of Rent (or, if the Market Rate of Rent is the Existing Rental Rate, the Base Rent shall increase by three (3%) during each year of the Extension Term, commencing with the first day of the second year of the Extension Term). There shall be no abatement of Minimum Rent for the Leased Premises during the Extension Term, except as may be specifically provided in Landlord's written notice setting forth the Market Rate of Rent.

(ii) Reserved.

(iii) The Market Rate of Rent for each five (5) year Extension Period shall be determined in the following manner:

(a) The Market Rate of Rent shall be determined based upon Base Rent payable in the northwestern Cook County real estate submarket for renewal leases for equivalent space in single tenant medical office buildings of approximately the same quality, size and condition of the Premises, the length of the Extension Period and all other factors that would be relevant to a willing landlord and a willing tenant unaffiliated with the Landlord desiring to enter into a lease of the Premises for the applicable five (5) year Extension Period, upon the terms and conditions contained in this Lease applicable to the applicable Extension Period.

Landlord and Tenant shall attempt to reach agreement as to the Market Rate of Rent for the applicable Extension Period not later than twelve (12) months prior to the commencement of such Extension Period. If the parties have not agreed upon said Market Rate of Rent by the date which is twelve (12) months prior to the Lease termination date, the same shall be determined by appraisal, as provided herein. Landlord and Tenant shall, within thirty (30) days after said date, each give notice to the other party hereto specifying the name and address of its designated appraiser. The two (2) appraisers shall, within ten (10) days after Tenant receives notice of the Landlord's appraiser, designate a third appraiser. If the two appraisers shall fail to agree upon the designation of such third appraiser within five (5) days after said ten (10) day period, either or both of them shall immediately give notice of such failure to agree to Landlord and

Tenant and, if Landlord and Tenant fail to agree upon the selection of such third appraiser within an additional five (5) day period following delivery of such notice, the parties shall jointly apply to the American Arbitration Association or any successor thereto, or on its failure, refusal, or inability to act, to a court of competent jurisdiction, for the designation of such third appraiser.

(b) All appraisers shall be independent MAI real estate appraisers who shall have had at least fifteen (15) years' continuous experience in the business of appraising leased medical office real estate in the northwestern Cook County real estate submarket.

(c) All three appraisers shall independently make a determination of Market Rate of Rent within thirty (30) days following the designation of the third appraiser. Base Rent for the applicable Extension Period shall be the Market Rate of Rent determination of any two (2) of the appraisers, if any two (2) of the appraisers shall determine the identical Market Rate of Rent. If all three (3) appraisers make different determinations of Market Rate of Rent, the Base Rent for the applicable Extension Period shall be the middle amount so determined.

(d) The determination of the Market Rate of Rent as provided in this Section 10(b)(iii), shall be conclusive upon Landlord and Tenant and shall have the same force and effect as a judgment made in a court of competent jurisdiction.

(e) Each party shall pay legal fees, costs and expenses of the appraiser selected by it and its own legal counsel fees and one-half (1/2) of all costs and expenses of the third appraiser.

(iv) Tenant shall have no further options to extend the Lease Term of this Lease beyond the expiration date of the last Extension Term.

(v) As a condition of the Lease Option, and unless otherwise provided herein, Landlord shall not be obligated to perform any additional leasehold improvement work in the Premises or give Tenant any allowance for any such work or any other purposes during or for the Extension Term, except as to any allowance which may be specifically provided in Landlord's written notice setting forth the Market Rate of Rent.

(vi) Except for the Minimum Rent and except as otherwise provided herein or in any amendment to these terms in writing and signed by the parties, all of the terms and provisions of this Lease shall remain the same and in full force and effect during the Extension Term.

(c) Amendment. If Tenant exercises the Extension Option and the parties agree on Market Rate of Rent as hereinabove provided, Landlord and Tenant shall execute and deliver a written amendment to this Lease reflecting the lease of the Premises by Landlord to Tenant for the Extension Term on the terms provided above, which amendment shall be signed by the

parties and delivered to the other within sixty (60) days after final determination of the Market Rate of Rent for the Extension Term.

(d) Termination. The Extension Option shall automatically terminate and become null and void upon the earlier to occur of (1) the expiration or termination of this Lease as provided herein, (2) the termination of Tenant's right to possession of all or any part of the Leased Premises in the manner provided by law, (3) the assignment of this Lease by Tenant in violation of the terms stated in Paragraph 26 hereof, or (4) the failure of Tenant to timely or properly exercise the Extension Option.

11. Use

(a) Tenant shall use or sublet the Leased Premises for the operation of an office and related services and services associated with a medical practice or any other lawful purpose, and shall not use or permit the Leased Premises to be used for any other purpose without the prior written consent of Landlord, which consent shall not be unreasonably withheld, delayed or conditioned, it being acknowledged and agreed by Tenant that Landlord shall not be deemed to have unreasonably withheld its consent to any changed use if such changed use would otherwise violate any terms or provisions of this Lease. Notwithstanding the foregoing, and in addition thereto, in no event shall Tenant be permitted to use or sublet the Leased Premises to offer or perform any , suicides, or any unlawful service or use (as determined by Landlord in its reasonable discretion). Tenant shall not do or permit anything to be done in or about the Leased Premises nor bring or keep anything therein which is not within the permitted use of the Leased Premises or which will be the sole cause of an increase in the existing rate of any fire or other insurance policy for the building which is part of the Leased Premises or any material part of its contents, or be the sole cause of a cancellation of any insurance policy covering said building, or any part thereof, or any of its contents. Tenant shall not use or allow the Leased Premises to be used for any unlawful purpose; nor shall Tenant cause, maintain or permit any nuisance in, on or about the Leased Premises. No use shall be permitted in the building that is inconsistent with the operation of a first-class building. Tenant shall not commit, or allow to be committed, any waste in or upon the Leased Premises beyond ordinary wear and tear.

(b) Tenant agrees to furnish to Landlord upon reasonable demand, written evidence that Tenant has established a written policy (the "Medical Waste Policy") concerning the identification, collection, storage, decontamination and disposal of Medical Waste (as hereinafter defined) at the Leased Premises. Tenant further agrees that such Medical Waste Policy shall incorporate the following elements: (i) Tenant's employees and agents and subtenants shall be expressly forbidden from disposing of any Medical Waste within the Leased Premises in a manner which is contrary to the terms of the Medical Waste Policy; (ii) all such Medical Waste will be collected, stored, decontaminated and removed from the Leased Premises by a qualified party in compliance with all applicable laws, codes, ordinances, statutes and guidelines (including, without limitation, the Occupational Safety and Health Act) of any local, state or federal entity having jurisdiction over this matter; and (iii) Tenant and its employees, subtenants and agents shall at all times employ proper procedures, including, without limitation, the use of tags, signs or other appropriate written communication, to prevent accidental injury or illness to others resulting from Tenant's and subtenants collection, storage, decontamination and disposal of Medical Waste. Tenant hereby covenants and agrees that at all times during the term of this

Lease, Tenant and its employees, subtenants and agents shall adhere to the terms and conditions of the Medical Waste Policy. For purposes of this Paragraph 11(c), "Medical Waste" shall include, but not be limited to, the following: any potentially infectious materials; blood and other body fluids in any form (including, without limitation, lab specimens); any material contaminated by potentially infectious materials or by blood or other body fluids; needles and syringes; gloves and linen; uniforms or laundry; and cleaning equipment or materials used to clean any of the foregoing.

12. Compliance with Law.

(a) Compliance. Tenant shall not use the Leased Premises, or permit anything to be done in or about the Leased Premises, which will in any way conflict materially with any law, statute, ordinance or governmental rule or regulation now in force or which may hereafter be enacted or promulgated. Tenant shall, at its sole cost and expense, promptly comply with all laws, ordinances, rules, regulations, and other governmental requirements imposed solely because of the unique nature of Tenant's use and occupancy of the Leased Premises.

(b) ADA. Landlord and Tenant acknowledge that the Americans With Disabilities Act of 1990 (42 U.S.C §12101 *et seq.*) and regulations and guidelines promulgated thereunder, as all of the same may be amended and supplemented from time to time (collectively referred to herein as the "ADA") establish requirements for business operations, accessibility and barrier removal, and that such requirements may or may not apply to the Leased Premises depending on, among other things: (1) whether Tenant's business is deemed a "public accommodation" or "commercial facility", (2) whether such requirements are "readily achievable", and (3) whether a given alteration affects a "primary function area" or triggers "path of travel" requirements. The parties hereby agree that: (a) Tenant shall be responsible for ADA Title III compliance in the common areas, (b) Tenant shall be responsible for ADA Title III compliance in the Leased Premises, including any Tenant's Work or other leasehold improvements to be performed in the Leased Premises under or in connection with this Lease, (c) Tenant shall perform, and Tenant shall be responsible for the cost of, ADA Title III "path of travel" requirements triggered by alterations in the Leased Premises, and (d) Tenant shall perform, and Tenant shall be responsible for the cost of, ADA Title III compliance in the common areas necessitated by the building being deemed to be a "public accommodation" instead of a "commercial facility" as a result of Tenant's use of the Leased Premises. Tenant shall be solely responsible for requirements under Title I of the ADA relating to Tenant's employees.

13. No Covenant to Operate. Throughout the entire Lease Term and any extensions thereof, Tenant may conduct and carry on Tenant's business in the Leased Premises. During operations, Tenant shall keep the Leased Premises with sufficient personnel to care for the patronage, and to conduct Tenant's business in accordance with sound business practices. Landlord and Tenant hereby covenant and agree that each shall conduct its labor relations and its relations with its employees and agents in such a manner as to the extent reasonably possible without undue economic hardship, avoid all strikes, picketing and boycotts of, on, or about the Leased Premises. Landlord and Tenant further covenant and agree that, if any of its employees or agents strike, or if picket lines or boycotts or other visible activity objectionable to Landlord or Tenant are established or conducted or carried out against Landlord or Tenant or its/their employees or agents, or any part of them, in or about the Leased Premises, Tenant may close the

Leased Premises to the public and remove all employees from the Leased Premises until the dispute giving rise to such strike, picket line, boycott, or objectionable activity has been settled; provided however the obligation of Tenant to pay Rent shall not abate.

14. Real Estate Tax Reimbursement.

(a) Tenant shall pay to the County Collector, when due, all Real Estate Taxes (as hereinafter defined) relating to the Leased Premises for each calendar year commencing in the calendar year in which the Term Commencement Date occurs and continuing thereafter through the Lease Term Expiration Date. In the event Landlord is required under any mortgage covering part or all of the Leased Premises to escrow Real Estate Taxes, Tenant shall fund the escrow by providing 1/12 of the prior year's taxes, payable each month to the Escrowee. Said estimated escrow payments may be increased or decreased from time to time during any calendar year based upon Landlord's reasonable determination. Upon receipt of the actual tax bills, Landlord shall notify Tenant of the actual amount due from Tenant. At the expiration of the Lease Term, (i) Tenant shall pay Landlord the estimated amount due within ten (10) days of receipt of notice by Landlord; and (ii) if Tenant has paid more than the amount due, Landlord shall pay the difference to Tenant within ten (10) days of calculation thereof by Tenant or Landlord. Tenant's obligation for payment of Real Estate Taxes shall survive the expiration or earlier termination of the Lease Term, and shall continue to be an obligation of Tenant for one year after the Lease Term following expiration or earlier termination of the Lease. To avoid any doubt, Tenant is obligated hereunder to pay the calendar year 2013 Real Estate Taxes when due together with the Real Estate Taxes which accrue for each day this Lease is in effect without regard to the due date of payment of the accrued Real Estate Taxes. Notwithstanding anything to the contrary contained in this Lease or provided by law, so long as Tenant is not in default hereunder, in no event, and under no circumstances, shall Landlord have any right to contest or protest any Real Estate Taxes or other taxes levied and assessed against the Leased Premises during the Lease Term or any extension thereof; the right to contest shall be vested in Tenant so long as Tenant is in compliance with the terms of this Lease, and Landlord shall, in all respects, cooperate with Tenant in any such contest.

Furthermore, in no circumstances shall the payment of Real Estate Taxes or the payments toward an escrow provided above be included in the funds for which a management fee is charged as hereinafter described.

(b) For purposes of this Lease, the following terms shall have the meaning as specified in this subparagraph 14(b);

(i) "Floor Area" shall mean the actual number of Rentable Square Feet of space contained within the Leased Premises.

(ii) "Real Estate Taxes" shall mean and include all *ad valorem* real estate taxes, special assessments and other governmental impositions and charges of every kind and nature whatsoever (except income, franchise, capital stock, federal and state estate and inheritance taxes and taxes based upon receipt of rentals, unless enacted in lieu of Real Estate Taxes), extraordinary as well as ordinary, foreseen and unforeseen, present or future, and each and every installment thereof which shall or may, during the Lease

Term, become due and payable or arising in connection with, the use, occupancy, or possession of, or due or payable out of or for, the Leased Premises. The amount of Real Estate Taxes attributable to any calendar year of the Lease Term shall be the amount of Real Estate Taxes then due and payable with respect to such year, it being the express intention of the parties that Real Estate Taxes be passed through to and paid directly by Tenant as assessed; provided, however, that in the event Landlord has the option to pay any special assessment or special tax as either a lump sum or on an annual basis over a period of years, Landlord shall include only the amount of the annual installment in the computation of Real Estate Taxes otherwise due from Tenant in any year.

(c) Tenant shall pay Real Estate Taxes for 2013 directly to the taxing authority when such Taxes are due in 2014. If Tenant fails to pay Real Estate Taxes to the taxing authority by the due date for same, (unless Tenant is contesting such taxes with a reasonable reserve set aside to pay the same) then Landlord, at Landlord's sole option, may, but shall not be obligated to, pay such taxes on behalf of, and at the expense of the Tenant, and if Landlord exercises such right and expends any funds to pay such taxes, Tenant shall reimburse Landlord for such amounts upon demand, it being understood that any such sums for which Tenant is required to reimburse Landlord shall constitute additional Rent under this Lease. Such a failure by Tenant to reimburse Landlord within thirty (30) days following receipt of a written demand by Landlord shall constitute a default hereunder.

15. Landlord Repair Responsibility. Landlord may, but shall not be obligated by the terms of this Lease to make repairs, replacements or improvements of any kind in or to the Leased Premises, or any equipment, facilities or fixtures contained therein, which are the responsibility of Tenant.

16. Tenant Repair Responsibility. Tenant shall, at Tenant's sole cost and expense, keep the Leased Premises and every part thereof in good condition and repair) including, without limitation, the maintenance, replacement and repair of the landscaping, lighting, sidewalks, driveways, parking area, slab floor, exterior walls and roof, any storefront, signage, doors, doorways, locks, window casements, glazing, plumbing, pipes, elevators (if any), electrical wiring and conduits, and, heating, ventilating and air-conditioning systems (collectively "HVAC Systems").

Tenant shall, at Tenant's expense and sole discretion, hire a staff to perform the maintenance and repair obligations herein described (referred to herein as "Facility Management Staff"). By way of description and not of limitation, the Facility Management Staff shall perform Tenant's maintenance and repair responsibilities as well as all janitorial duties and snow removal. In addition, Tenant shall retain throughout the Lease Term and any extensions thereof a qualified contractor chosen by Tenant to perform Tenant's repair and maintenance and service obligations, related to the HVAC Systems at the Leased Premises. Tenant's contractor shall perform such maintenance to the requirements under the warranty, if any, on said system and Landlord shall assign the warranty on the HVAC Systems to Tenant, with such warranty to be assigned to Landlord at the end of the Lease Term. Tenant shall keep and maintain maintenance and repair records related to the obligations described in this paragraph, and at Landlord's request, Tenant shall provide Landlord with copies thereof.

Tenant shall, upon the expiration or sooner termination of this Lease, surrender the Leased Premises to Landlord in broom clean condition, ordinary wear and tear and damage from causes beyond the reasonable control of Tenant excepted. Any damage, other than ordinary wear and tear, to the Leased Premises caused by Tenant's use of the Leased Premises shall be repaired, to Landlord's satisfaction, at the sole cost and expense of Tenant. If, after Landlord's written notice to Tenant, Tenant refuses or neglects to commence and to complete any or all of the repairs, replacements or maintenance required under this Lease promptly and adequately, Landlord may, but shall not be required to, make and complete said repairs and Tenant shall pay the cost thereof, together with a fifteen percent (15%) administrative expense, to Landlord, upon demand, as additional rent under this Lease.

17. Tenant Alterations. Except as otherwise specifically provided in this Lease, Tenant shall not, at any time during the Lease Term, make any alterations, additions, or improvements to the Leased Premises (hereinafter collectively referred to as "Alterations"), without Landlord's prior written consent, which consent shall not be unreasonably withheld, conditioned or delayed by Landlord. In the event that Landlord consents to the performance of any such Alterations, Landlord may impose on Tenant reasonable requirements or conditions Landlord may deem appropriate in connection with the performance of such Alterations (e.g. insurance, performance bond, lien waivers, plans and specifications, use of licensed contractor, permits and licenses).

18. Landlord Alterations & Additions. For so long as Tenant is not in default hereunder or beyond any applicable cure period, Landlord may not make or propose any changes, alterations or additions to, or subdivisions of, the Leased Premises, including the parking lot and other areas, including, but not limited to, construction of additional buildings and improvements, or to change the dimensions of the building without Tenant's consent, which consent shall be provided, if at all, in Tenant's sole discretion. Without limiting the foregoing, and in addition thereto, Landlord may not propose or construct other buildings, structures, kiosks or improvements, including, but not limited to, surface, elevated or double-deck parking facilities, in the Leased Premises and temporary scaffolds and other aids to construction; whether or not the items referenced above in this Paragraph 18 and this sentence shall not materially and adversely interfere with the visibility of, and normal business operation in, the Leased Premises, parking adjacent to the Leased Premises or ingress to or egress from the Leased Premises.

19. Services.

(a) Utilities. Tenant shall pay all water, gas, electric, heat, light, power, sewer charges, telephone service and all other services and utilities supplied to the Leased Premises, together with any taxes thereon. All such services and utilities supplied to the Lease Premises shall be separately metered. Tenant shall pay all electricity and related charges for its exterior signs, if any.

(b) Heating and Air Conditioning. Landlord shall furnish heating and air conditioning to provide temperature for normal business operation to the Leased Premises as required by Tenant.

(c) Janitorial Service and Trash Removal. Tenant shall provide janitorial service at its sole cost and responsibility. Tenant shall have Tenant's trash or refuse removed on a regular

basis, consistent with other first class buildings in the Chicago metro area. Tenant shall pay all costs of removal of Tenant's trash or refuse.

(d) Pest Extermination. Tenant shall hire a pest control service acceptable to Tenant for the Leased Premises.

(e) Security. Tenant shall have access to the Leased Premises 24 hours a day, 7 days a week.

(f) Landscaping. Tenant at Tenant's sole expense, shall maintain and replace, if necessary, all landscaping at the Leased Premises in a manner consistent with the landscaping present on the Possession Date .

(g) Snow Removal. Tenant, at Tenant's sole expense, shall provide snow removal services for all sidewalks and parking areas of the Leased Premises in a manner consistent with other first class buildings in the Chicago metro area.

20. Liens. Neither Tenant nor Landlord shall cause or permit any mechanic's lien to be recorded against the Leased Premises by reason of, or due to, or as a result of, any work, labor, services, or materials performed at, or furnished to, the Leased Premises, to Landlord or Tenant, or to anyone holding the Leased Premises through or under Landlord or Tenant. If any such mechanic's lien shall at any time be recorded, the responsible party incurring such charge shall immediately cause the same to be discharged of record by payment, bond, order of a court of competent jurisdiction or otherwise; provided, however, that either Landlord or Tenant shall have the right to contest any and all such liens provided security which is satisfactory to Landlord, in its sole discretion, is deposited with Landlord. Subject to the immediately preceding sentence, in the event that Tenant fails to cause any such lien for charges incurred by Tenant to be discharged before judgment or sale thereunder, then, in addition to any other right or remedy of Landlord, Landlord may, but shall not be obligated to, discharge the same by paying the amount claimed to be due, or by bonding or other proceeding deemed appropriate by Landlord, and the amount so paid by Landlord, together with all costs and expenses (including, but not limited to, reasonable attorney's fees), incurred by Landlord in procuring the discharge of such lien, shall be deemed to be additional rent and shall immediately become due and payable by Tenant to Landlord on the first day of the next following month.

21. Hold Harmless - Indemnity. Tenant shall, and does hereby, indemnify, protect, defend and hold harmless Landlord, Landlord's mortgagee, Landlord's beneficiaries and their respective partners, agents and employees against and from any and all claims, damages, liabilities, obligations, losses, causes of action, costs and expenses (including, but not limited to, reasonable attorneys' fees and court costs) suffered or incurred by any or all of the indemnified parties and arising from or as a result of, (a) Tenant's use of the Premises, (b) any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this Lease; or (c) any act or negligence of Tenant, or any officer, agent, employee, guest, subtenant or invitee of Tenant, and in case any action or proceeding be brought against any or all of the indemnified parties by reason of (a) or (b) or (c) above, then Tenant, upon notice from an indemnified party, shall defend the same at Tenant's expense by counsel reasonably satisfactory to Landlord. Tenant, as a material part of the consideration to Landlord, hereby assumes all risk

of damage to property or injury to persons in, upon or about the Leased Premises from any cause other than Landlord's negligence or intentional misconduct. Tenant shall give prompt notice to Landlord in case of casualty or accidents in or about the Leased Premises.

22. Insurance to be maintained by Tenant. Tenant shall, at its sole cost and expense, at all times during the Term (and any extensions thereof) obtain and pay for and maintain in full force and effect the following insurance policy or policies:

(a) "All-Risk" Property Coverage. "All Risk" or "Special Cause of Loss" property insurance on a 100% replacement cost basis (which replacement cost value shall be established by the Leased Premises insurer), covering the building, boilers and related machinery, heating and air conditioning equipment, sprinkler systems, electrical systems, all of the Tenant's personal property, merchandise, trade fixtures, furnishings and equipment, and all leasehold improvements installed in the Leased Premises by, or on behalf of, Tenant in an amount not less than the full replacement cost of all such property. A law and ordinance endorsement must be obtained for the policy. The total amount of the deductible required under the policy(ies) providing such coverage shall be no more than $10,000.00 per loss.

(b) Loss of Income. "All-Risk" or "Special Cause of Loss," loss-of-income insurance including loss of rents with limits not less than twelve (12) months of Minimum Rent and Additional Rent to assure that the Landlord shall recover the loss of any rental income due and owing to Landlord from Tenant under the terms of this Lease for a period of twelve (12) consecutive months. The total amount of a deductible required under the policy providing such coverage shall be no more than $10,000.00 per loss. Landlord and any other parties designated by Landlord (including, but not limited to, its beneficiary, its general partners, and its managing agent) shall be included as loss payee(s).

(c) Liability Coverage. Commercial general public liability to comply with any conditions of this Lease and covering Tenant against any claims arising out of liability for bodily injury and death and personal injury and property damage occurring in and about the Leased Premises and otherwise resulting from any acts and operations of Tenant, its agents, subtenants and employees, with limits of not less than a total combined single limit of $2,000,000.00 per occurrence and $2,000,000.00 annual general aggregate. Such insurance shall include: (i) "occurrence" rather than "claims made" policy forms; (ii) all insurable liability assumed by the Tenant under the terms of this Lease; (iii) premises medical expenses in an amount not less than $5,000.00 per person, per accident; (iv) the Landlord and any other parties designated by Landlord (including, but not limited to, its beneficiary, its general partners, its managing agent, owner, and its mortgagees) shall be designated as additional insured(s); and (v) severability of insured parties.

(d) Workers' Compensation Coverage. Workers' compensation in the state in which the Leased Premises and any other operations of the Tenant are located and any other state in which the Tenant or its contractors or subcontractors may be subject to any statutory or other liability arising in any manner whatsoever out of the actual or alleged employment of others. The total limits of the employer's liability coverage shall be not less than $1,000,000 (accident)/$1,000,000 (person)/$1,000,000 (policy).

(e) Any such other types, coverages and amounts of insurance (including increases to the foregoing) as may be required by Landlord's lender(s).

(f) Form of Policies . All insurance policies required under this Paragraph 22 shall: (i) be in the name of Tenant, and shall name Landlord as additional insured and any other party with an insurable interest in the Leased Premises and approved by Tenant named by Landlord as additional insured and loss payee; (ii) be issued by companies licensed to do business in the State of Illinois and acceptable to Landlord rated by Best's Insurance Reports not less than A/X; (iii) not be subject to cancellation or material change or non-renewal without endeavoring to provide prior written notice to Landlord and any other parties designated by Landlord to be loss payee(s) or additional insured(s) under the insurance policies required from Tenant, or to receive such notices; and (iv) except as otherwise provided herein, to be deemed to be primary and non-contributory insurance in relation to any other insurance maintained by Landlord. Tenant will pay all deductibles under all such insurance policies. Tenant shall require its subcontractors and subtenants to carry the insurance required herein and evidence of such coverage must be submitted to Landlord upon Landlord's reasonable request. Copies of all insurance certificates required pursuant to this Paragraph 22 (in form and substance acceptable to Landlord), shall be delivered to Landlord prior to the Possession Date and annually thereafter as reasonably requested by Landlord. If Tenant fails to submit such policies or certificates to Landlord within the specified time described in the notice to Tenant, or otherwise fails to obtain and maintain insurance coverages in accordance with this Paragraph 22, then Landlord, at Landlord's sole option, may, but shall not be obligated to, procure such insurance on behalf of, and at the reasonable expense of, the Tenant, and if Landlord exercises such right and expends any funds to obtain such insurance, Tenant shall reimburse Landlord for such amounts upon demand, it being understood that any such sums for which Tenant is required to reimburse Landlord shall constitute additional Rent under this Lease. Such a failure to reimburse Landlord in thirty (30) days after notice from Landlord shall constitute a default hereunder, and such default shall not be cured by Landlord's election to procure insurance on Tenant's behalf. Compliance in whole or in part by the Tenant with any requirement of this Paragraph 22 shall not be deemed to limit, in any way or to any extent, the liabilities or obligations of the Tenant to the Landlord under the specific terms of this Lease.

23. Subrogation. Except for Landlord's actual negligence, if any, Tenant hereby waives its rights of recovery against Landlord for any loss insured by fire, extended coverage and other property insurance policies existing for the benefit of the Tenant.

24. Casualty/Restoration. In the event the Leased Premises are damaged by fire, explosion or any other casualty causing or creating loss of less than fifty percent (50%) of the full replacement cost of the Leased Premises (as determined by the insurance adjuster employed by the Leased Premises insurer) and none of the events described in the next sentence of this Paragraph shall have occurred, the damage shall be repaired by Landlord upon receipt of the insurance proceeds from Tenant or Tenant's insurer, including payment by Tenant of any deductibles within a reasonable time period thereafter, provided that Landlord shall not be required to repair or replace Tenant's stock in trade, fixtures, furniture, furnishings, floor coverings and equipment. In the event of any such damage by fire, explosion or any other casualty, and (a) Landlord is not required to repair as hereinabove provided, or (b) the Leased Premises are damaged to the extent of fifty percent (50%) or more of the full replacement cost of

the Leased Premises (as determined in the manner contemplated above in this Paragraph 24), Landlord may elect either to (i) repair or rebuild the Leased Premises, or (ii) terminate this Lease and retain the insurance proceeds. Landlord shall make such election by giving notice of such election in writing to Tenant. If Landlord is required or elects to repair the Leased Premises as herein provided, Landlord shall promptly commence and diligently complete the repair and restoration and Tenant shall promptly commence and diligently complete, at Tenant's expense or with the use of insurance proceeds repair or replace its stock in trade, fixtures, furniture, furnishings, floor coverings and equipment; and if Tenant has closed, Tenant shall promptly reopen for business as soon as practicable. To the extent Tenant cannot use all or a portion of the Leased Premises on the date which is eighteen (18) months following the date of the casualty, Tenant's rent shall abate from the eighteen (18) month date until the date when Tenant can conduct its business in the entire Leased Premises. Notwithstanding anything to the contrary contained in this section, neither Landlord nor Tenant shall have any obligation whatsoever to repair, reconstruct or restore the Leased Premises when the damage resulting from any casualty covered under this Paragraph 24 occurs during the last twenty-four (24) months of the Lease Term or any extension thereof. In the event that the loss occurs during the last twenty-four (24) months of the Lease Term, and the Landlord chooses not to repair the Leased Premises, the insurance proceeds from the casualty shall be paid to Landlord and then the Lease shall be terminated as of the date the casualty occurred.

25. Eminent Domain. If more than ten percent (10%) of the Floor Area of the Leased Premises (as conclusively determined by Landlord's architect) shall be taken or appropriated by any public or quasi-public authority under the power of eminent domain, then Tenant shall have the right, at its option, to terminate this Lease by giving the Landlord no less than thirty (30) days written notice thereof at any time after the date of such taking but prior to the date possession is delivered pursuant to said taking. Said termination shall be effective on the date possession is delivered pursuant to said taking. If either less than, or more than, ten percent (10%) of the Floor Area of the Leased Premises (as conclusively determined by Landlord's architect) are taken, and there is no election to terminate the Lease, the Minimum Rent thereafter to be paid shall be reduced in proportion to the Floor Area of the Leased Premises so taken and shall become effective on the date possession is delivered pursuant to said taking. In the event of any taking or appropriation in eminent domain, Landlord and Tenant shall be entitled to any and all awards, judgments or settlements which may be given as their interest appear by reason of such action and Tenant shall have no claim against Landlord for the value of any unexpired portion of the Lease Term. Tenant shall have the right to assert only a claim for the value of its fixtures and furnishings and to the extent allowed, the value of its tenancy as a tenant. At no time shall Tenant have a claim for the value of the Leased Premises.

Notwithstanding anything contained to the contrary in this Paragraph 25, whether or not this Lease is terminated, nothing in this Paragraph 25 shall be deemed to affect Tenant's right to make any claims allowed by the State of Illinois against the condemning authority, provided that Tenant's award is separate from, and not in derogation of, Landlord's award.

26. Assignment, Subletting and Ownership.

(a) Tenant shall have the right to assign this Lease or sublet all or any part of the Premises, subject to the consent of Landlord (except as provided for sublets in the second

paragraph of this Paragraph 26(a)), which shall not be unreasonably withheld, conditioned or delayed. Landlord shall be deemed to have unreasonably withheld its consent if the proposed assignee operates a reasonably similar business as Tenant's business and has net revenues and a general financial condition and/or credit quality as determined by an independent consultant and/or certified public accountant equal to or greater than Tenant (the "Reasonableness Test"). Subject to the Reasonableness Test, Tenant shall have the right to assign this Lease and sublet the Premises to any affiliate of Tenant, successor by merger or consolidation, or acquirer of substantially all of the assets of Tenant (the foregoing hereinafter known as an "Affiliate"). Upon Landlord's consent to an assignment which requires Landlord's consent and Tenant's conclusion of such assignment, together with the assumption of any pre-assignment obligations by the Lease assignee, Tenant shall be released from any further obligations under this Lease.

Tenant may sublet the Leased Premises or any part thereof and advertise as available for sublet or assignment all or any portion of the Leased Premises or permit the use of the Leased Premises by any parties other than Tenant and its employees, without Landlord's consent, provided that Tenant is not in default hereunder at the time and continues to be responsible hereunder for the payment of rent associated with the entire Leased Premises. In the event of a sublease under this provision, Landlord shall not be entitled to any fee or commission, and Tenant may enter such a sublease free and clear of any claim of Landlord.

(b) In the event that Tenant seeks to sublet all or a portion of the Leased Premises and to obtain a release or partial release of its obligations hereunder due Landlord for the proposed sublease, then Tenant must seek Landlord's prior approval and consent, which shall be granted or denied in Landlord's full discretion. If Tenant desires the consent of Landlord to an assignment or subletting for which Tenant shall be excused or substituted hereunder, then Tenant shall submit to Landlord, at least thirty (30) days prior to the proposed effective date of the assignment or sublease, a written notice which includes:

i. All documentation then available related to the proposed sublease or assignment; and

ii. Sufficient information to permit Landlord to determine the identity and character of the proposed subtenant or assignee and the financial condition of the proposed assignee or subtenant.

Landlord agrees to notify Tenant as to whether Landlord consents to such assignment or sublease within 10 days after receipt by Landlord of all documents required pursuant to (i) and (ii) above; provided, however, that copies of the final executed documentation must be supplied to Landlord by Tenant at least ten (10) business days prior to the effective date of such assignment or sublease and Landlord shall have an additional ten (10) business days after receipt of such revised documents, or the remainder of the original thirty (30) day period, whichever is longer, to either approve or disapprove of such assignment or sublease. If the terms of the proposed sublease or assignment change in any material respect from the terms contained in the documents previously delivered to Landlord pursuant to this subparagraph, or the identity of the subtenant or assignee changes, then Tenant shall resubmit the documentation to Landlord indicating the changes and Landlord shall have an additional thirty (30) days to either approve or disapprove of such assignment or sublease.

If Landlord consents to any assignment of this Lease or a sublease of the Leased Premises under this provision involving a requested release or partial release from Landlord to Tenant, then as a condition of Landlord's consent, Tenant shall pay to Landlord any reasonable attorneys' fees and expenses incurred by Landlord in connection with such assignment or sublease, not to exceed one thousand dollars ($1,000.00). Further, Tenant shall deliver to Landlord a counterpart of the fully executed transfer document and Landlord's standard form of consent to assignment or sublease executed by Tenant and the transferee. In no event shall Landlord be liable for any costs incurred by Tenant in relation to such transfer, including but not limited to tenant improvement allowances, broker's commissions, or repair costs. Landlord reserves the right to require lien waivers from any related parties with respect to any transfer as a condition of Landlord's consent.

(c) If Tenant is a partnership, a withdrawal or change, whether voluntary, involuntary or by operation of law of partners owning directly or indirectly a controlling interest in Tenant shall be deemed an assignment of this Lease and subject to the provisions of Section 26(a) not requiring the consent or approval of the Landlord, provided that Tenant is not otherwise in default hereunder. If Tenant is a corporation, any dissolution, merger, consolidation or other reorganization of Tenant, or the sale, transfer or redemption of a direct or indirect controlling interest in the capital stock of Tenant shall be deemed a voluntary assignment of this Lease and subject to the provisions of Section 26(a) not requiring the consent or approval of Landlord, provided that Tenant is not otherwise in default hereunder.

27. Access to Leased Premises. Subject to the terms and conditions described in the Health Insurance Portability Act of 1996, Landlord, Landlord's mortgagee, Landlord's beneficiaries and their respective partners, agents and employees will be permitted to enter the Leased Premises at reasonable times and so long as the access does not interfere with Tenant's operations and upon twenty-four (24) hours advance notice (except in the case of an emergency) for the purpose of inspecting same, of making repairs, additions or alterations allowed hereunder, and to show the Leased Premises to prospective purchasers, and lenders. Landlord shall have the right to place "For Rent" signs upon the Leased Premises twelve (12) months prior to the expiration of the Lease Term or any extension thereof and to show the Leased Premises to prospective tenants. Tenant agrees that any such entry shall not constitute eviction of Tenant in whole or in part and Rent shall not abate to any extent.

28. Fixtures/Surrender of Leased Premises. At the termination or expiration of this Lease, Tenant shall, at its sole cost and expense, remove, such of Tenant's goods and effects as are not permanently affixed to the Leased Premises; remove such of the alterations and additions (including all alterations made to the Leased Premises for the installation of a magnetic resonance imaging unit), all trade fixtures and signs made or installed by Tenant as Landlord may request; and repair any damage caused by such removal. All fixtures, furnishings, floor coverings and equipment permanently affixed to the Leased Premises (except such as Landlord has requested, in writing prior to the installation thereof, Tenant to remove), shall thereupon become the property of Landlord. At the termination or expiration of the Lease, Tenant shall peaceably yield up the Leased Premises and all alterations and additions thereto to Landlord, in clean and good order, repair and condition, reasonable wear and tear and damage by fire or other casualty excepted. Any cost incurred by Landlord for removal and/or repair of such alterations,

fixtures, furnishings, floor coverings and equipment will be charged to Tenant and said obligation shall survive the expiration of the Lease Term.

29. Holdover. On the last day of the Term, or upon any earlier termination of this Lease Tenant shall quit and surrender the Premises to Landlord "broom-clean" and in good order, condition and repair, except for ordinary wear and tear and such damage or destruction as Landlord is required to repair or restore under this Lease, and Tenant shall remove all of the Tenant's personal property therefrom, except as otherwise expressly provided in this Lease.

If Tenant remains in possession after the Expiration Date or after any earlier termination date of this Lease or of the Tenant's right to possession (a) Tenant shall be deemed a tenant at will; (b) Tenant shall pay one hundred fifty percent (150%) of the Minimum Rent last prevailing hereunder, and also shall pay all reasonable damages sustained by Landlord by reason of such remaining in possession after the expiration or termination of this Lease; (c) there shall be no renewal or extension of this Lease by operation of law, and (d) the tenancy at will may be terminated upon thirty (30) days' notice from Landlord. The provisions of this Article shall not constitute a waiver by Landlord of any re-entry rights of Landlord provided hereunder or by law.

30. Rules & Regulations. The Rules and Regulations attached to this Lease at Exhibit C are hereby made a part hereof, and Tenant agrees to comply with and observe said Rules and Regulations. Tenant's failure to keep and observe said Rules and Regulations after receipt of a written notice from Landlord specifically describing such non-compliance shall constitute a breach of the terms of this Lease in the same manner as if said Rules and Regulations were contained herein as covenants. Landlord reserves the right, from time to time, to amend or supplement said Rules and Regulations and to adopt and promulgate additional reasonable and non-discriminatory Rules and Regulations applicable to the Leased Premises.

31. Tenant Default. The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

(a) If Tenant abandons or vacates the Leased Premises for more than 180 days and fails to pay rent hereunder; or

(b) If Tenant fails to pay any Rent or any other charges required to be paid by Tenant within ten (10) days after the date due under this Lease and after all notices have been received and cure periods have expired; provided, however, to avoid any doubt, Rent is due and payable without demand on the first day of each calendar month during the Term and the ten (10) day period referenced immediately above shall apply to the payment of Rent only one time during any 12-month period during the Term; or

(c) If Tenant fails to promptly and fully perform any other covenant, condition or agreement contained in this Lease and such failure continues for thirty (30) days after written notice thereof from Landlord to Tenant; provided, however, that if the nature of any such default is such that the same cannot be cured within thirty (30) days, Tenant shall have such additional period of time as may be necessary to cure such default provided that it commences to cure said default within the thirty (30) day period and proceeds diligently thereafter to complete such cure,

and provided further that such default is cured within one hundred and twenty (120) days from the date of Landlord's notice to Tenant; or

(d) If a writ of attachment or execution is levied on this Lease or on any of Tenant's Property that is not vacated or dismissed within forty-five (45) days from the issuance thereof; or

(e) If Tenant makes a general assignment for the benefit of creditors, or provides for an arrangement, composition, extension or adjustment with its creditors; or

(f) If Tenant files a voluntary petition for relief or if a petition against Tenant in a proceeding under the federal bankruptcy laws or other insolvency laws is filed and not withdrawn or dismissed within sixty (60) days thereafter, or if under the provisions of any law providing for reorganization or winding up of corporations, any court of competent jurisdiction assumes jurisdiction, custody or control of Tenant or any substantial part of its property and such jurisdiction, custody or control remains in force unrelinquished, unstayed or unterminated for a period of sixty (60) days; or

(g) If in any proceeding or action which Tenant is a party, a Trustee, or receiver, agent or custodian is appointed to take charge of the Leased Premises or Tenant's Property (or has the authority to do so) for the purpose of enforcing a lien created by Tenant against the Leased Premises or Tenant's Property; or

(h) If Tenant is a partnership or consists of more than one (1) person or entity, and if any general partner of the partnership or other person or entity is involved in any of the acts or events described in subparagraphs (d) through (g) above; and/or if there is a dissolution of the partnership; or

(i) If Tenant shall materially falsify any report required to be furnished to Landlord under the terms of this Lease; or

(j) If there shall be a material, adverse change in the financial condition of Tenant which change, in Landlord's absolute opinion, affects the ability of such party to meet its obligations under this Lease or any guaranty of this Lease; or

(k) If Tenant defaults under the terms of its lease with Landlord at any other location;

(l) If Tenant fails to timely deliver to Landlord within the applicable time period any subordination document or estoppel certificate required by Section 46 Subordination Notice to Superior Lessors and Mortgagees and Attornment and Section 48 Estoppel Certificate below;

32. Landlord's Remedies. In the event of Tenant's default hereunder, then in addition to any other rights or remedies Landlord may have under any law, Landlord shall have the right, at Landlord's option, without further notice or demand of any kind, to do the following:

(a) Remedies. In the event of any breach of this Lease by Tenant, Landlord, may, in addition to all other rights and remedies provided in this Lease, at law or in equity: (i) terminate this Lease and Tenant's right of possession of the Leased Premises, and recover all damages to which Landlord is entitled hereunder, specifically including, without limitation, Rent for the

balance of the Term subject to Landlord's duty to relet the Leased Premises and mitigate the amount of Tenant's rental payments, and all Landlord's expenses of reletting (including repairs, alterations, improvements, additions, decorations, legal fees and brokerage commissions) or (ii) terminate Tenant's right of possession of the Leased Premises without terminating this Lease; provided, however, that Landlord shall use its reasonable efforts, whether Landlord elects to proceed under Subparagraphs (i) or (ii) above, to relet the Leased Premises, or any part thereof for the account of Tenant in order to mitigate Landlord's damages for rent and term and upon such terms and conditions as are acceptable to Landlord. If Landlord shall elect to pursue its rights and remedies under Subparagraph (ii), then Landlord shall have the further right and remedy to rescind such election and pursue its rights and remedies under Subparagraph (i), if Landlord has obtained a tenant to relet the Leased Premises, which, in Landlord's reasonable judgment, is a suitable tenant. For purposes of such reletting, Landlord is authorized to decorate, repair, alter and improve the Premises to the extent deemed necessary by Landlord, in its sole discretion. If Landlord fails to relet the Leased Premises or if the Premises are relet and a sufficient sum is not realized therefrom, after payment of all Landlord's expenses of reletting (including repairs, alterations, improvements, additions, decorations, legal fees and brokerage commissions), to satisfy the payment, when due, of all Rent reserved under this Lease for any monthly period, then Tenant shall pay to Landlord a sum equal to the amount of Rent due under this Lease for each such monthly period, or if the Leased Premises have been relet, Tenant shall pay any such deficiency monthly. Tenant agrees that Landlord may file suit to recover any sums due to Landlord hereunder from time to time and that such suit or recovery of any amount due Landlord hereunder shall not be a defense to any subsequent action brought for any amount not theretofore reduced to judgment in favor of Landlord. In the event Landlord elects, pursuant to this Subparagraph 32(a), to terminate Tenant's right of possession only, without terminating this Lease, Landlord may, at Landlord's option, enter into the Leased Premises, remove Tenant's personal property, Tenant's signs and other evidences of tenancy, and take and hold possession thereof; provided, however, that such entry and possession shall not terminate this Lease or release Tenant, in whole or in part, from Tenant's obligation to pay the Rent reserved hereunder for the full Term, or from any other obligation of Tenant under this Lease, nor shall it relieve Landlord from the obligation to mitigate its claim for damages. Landlord fully and forever waives any lien or charge that it may have on any of Tenant's property whether such lien arises by operation of statute, common law or otherwise. Any and all property which may be removed from the Leased Premises by the Landlord pursuant to the authority of this Lease or of law, to which the Tenant is or may be entitled, may be handled, removed or stored by the Landlord at the cost and expense of the Tenant. The Tenant shall pay to the Landlord, upon demand, any and all expenses incurred in such removal and all storage charges against such property so long as the same shall be in the Landlord's possession or under the Landlord's control. Any such property of the Tenant not retaken from storage by the Tenant within sixty (60) days after the end of the Term, however terminated, shall be conclusively presumed to have been conveyed by the Tenant to the Landlord under this Lease as a bill of sale, without further payment or credit by the Landlord to the Tenant.

(b) Additional Restrictions. With respect to provisions of 735 ILCS 5/9-213.1 (or any successor provision thereto) which requires that a landlord take reasonable measures to mitigate the damages recoverable against a defaulting tenant, Tenant agrees that Landlord shall have no obligation to relet the Leased Premises to any potential tenant who Landlord could reasonably reject as a Transferee, pursuant to Paragraph 26(b) above. Subject to the foregoing,

Landlord shall use commercially reasonable efforts to mitigate its damages in the event of a default by Tenant under this Lease.

32 A. Default by Landlord and Remedies of Tenant. It shall be a default by Landlord in the event Landlord fails to perform or observe any material term, condition, covenant or obligation required to be performed or observed by it under this Lease within thirty (30) days (or such shorter period as provided for in such instance in this Lease) after Tenant has provided Landlord with written notice of such failure. If Landlord does not cure such failure to perform or observe any term, condition, covenant or obligation required to be performed or observed by it within such period, Tenant shall have the right to cure such failure and within thirty (30) days after demand therefor by Tenant Landlord shall reimburse Tenant for the reasonable costs incurred by Tenant in connection with such cure plus interest at the per annum rate of five percent (5%) from the date such funds were expended by Tenant.

Notwithstanding the foregoing and without waiving Tenant's rights under the other provisions of this Lease, Tenant may at its option, sue for injunctive relief, sue for damages or exercise any other remedy available to Tenant hereunder or under law or at equity in the event of a default by Landlord under the provisions of this Lease.

33. Waiver. The waiver by Landlord or Tenant of any term, covenant or condition herein contained must be in writing and shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant or condition herein contained. The subsequent acceptance of rent hereunder by Landlord or payment of rent by Tenant shall not be deemed to be a waiver of any preceding default by Landlord or Tenant of any term, covenant or condition of this Lease, other than the failure of the Tenant to pay the particular rental so accepted, regardless of Landlord's or Tenant's knowledge of such preceding default at the time of the acceptance or payment of such rent.

34. Joint Obligation. If there be more than one Tenant, the obligations hereunder imposed shall be joint and several. The word "Tenant" shall be deemed and taken to mean each and every person or party mentioned as a Tenant herein, be the same one or more; and if there shall be more than one Tenant, any notice required or permitted by the terms of this Lease may be given by or to any one thereof, and shall have the same force and effect as if given by or to all Tenants thereof.

35. Marginal Headings. The captions, margin headings, paragraph numbers, and index, if any, appearing in this Lease are inserted only as a matter of convenience and in no way define, limit, construe, or describe the scope or intent of this Lease nor in any way affect this Lease.

36. Time of Essence. Time is of the essence of this Lease and each and all of its provisions in which performance is a factor, and all provisions herein and all provisions relating thereto, shall be strictly construed.

37. Successors and Assigns. All of the provisions hereof shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors and assigns. No third party, other than such heirs, legal representatives, successors

and assigns, shall be entitled to enforce any or all of the provisions of this Lease or shall have any rights hereunder whatsoever.

38. Recording. [Reserved]

39. Quiet Enjoyment and Non-disturbance. Upon Tenant paying the Rent reserved hereunder and observing and performing all of the covenants, conditions and provisions on Tenant's part to be observed and performed hereunder, Tenant shall have quiet possession of the Leased Premises for the entire Lease Term hereof, free of any claim of Landlord or any Lender, and subject to all the provisions of this Lease. In consideration of the terms, covenants and conditions herein described, Tenant shall be entitled to use the Leased Premises for the uses and purposes hereinabove stated.

40. Late Charges. Tenant hereby acknowledges that late payment by Tenant to Landlord of Rent or other sums due hereunder will cause Landlord to incur costs not contemplated by this Lease, the exact amount of which will be extremely difficult to ascertain. Such costs include, but are not limited to, processing and accounting charges, and late charges that may be imposed upon Landlord by terms of any mortgage or trust deed covering the Leased Premises. Accordingly, if any installment of Rent or any sum due from Tenant shall not be received by Landlord or Landlord's designee within ten (10) days after said amount is due, then Tenant shall pay to Landlord a late charge equal to five percent (5%) of only such overdue amount, plus attorneys' fees incurred by reason of Tenant's failure to pay Rent and other charges when due hereunder; provided, however, that Tenant shall not be obligated to pay the late charge the first time during any consecutive twelve (12) month period unless Tenant shall fail to pay the sums due within five (5) days after its receipt of written notice from Landlord as to the delinquency. The parties hereby agree that such late charge represents a fair and reasonable estimate of the cost that Landlord will incur by reason of a late payment by Tenant. Acceptance of such late charges by the Landlord shall in no event constitute a waiver of Tenant's default with respect to such overdue amount, nor prevent Landlord from exercising any of the other rights and remedies granted hereunder; provided, however, that the payment of the past due amount and the late charge will constitute a cure hereunder and shall not be construed as Tenant's default.

41. Prior Agreements/Amendments. This Lease contains all of the agreements of the parties hereto with respect to any matter covered or mentioned in this Lease, and no prior agreements or understanding pertaining to any such matters shall be effective for any purpose. No provision of this Lease may be amended or added to except by an agreement in writing signed by the parties hereto or their respective successors in interest.

42. Inability to Perform. In the event that either party hereto shall be delayed or hindered in or prevented from the performance of any act or obligation required hereunder by reason of strikes, lockouts, inability to obtain materials, floods, earthquakes, acts of God, riots, insurrections, archaeological findings, court orders, delays in obtaining governmental approvals, and other events beyond Landlord's and Tenant's reasonable control, then performance of such act shall be excused for the period of the delay and the period for the performance of any such act or obligation shall be extended for a period equivalent to the period of such delay; except that Landlord's or Tenant's lack of funds or inability to secure financing necessary to meet such

party's obligations under this Lease shall not be construed to be a cause beyond the affected party's reasonable control. Both parties shall use commercially reasonable efforts to overcome whatever may be impeding their performance of any obligation hereunder.

43. Partial Invalidity. Any provision of this Lease which shall prove to be invalid, void, or illegal shall in no way affect, impair or invalidate any other provision hereof and such other provision shall remain in full force and effect.

44. Attorneys' Fees. In the event of any action or proceeding brought by either party against the other under this Lease the substantially prevailing party shall be entitled to recover from the other all costs and expenses including without limitation the fees of its attorneys and costs associated in such action or proceeding, including costs of appeal, if any, in such amount as the court may adjudge reasonable

45. Sale of Premises. In the event of any sale of the Leased Premises by Landlord, Landlord shall be and is hereby entirely freed and relieved of all liability under any and all of its covenants and obligations contained in or derived from this Lease arising out of any act, occurrence or omission occurring after the consummation of such sale; and the purchaser, at such sale or any subsequent sale of the Leased Premises shall be deemed, without any further agreement between the parties or their successors in interest or between the parties and any such purchaser, to have assumed and agreed to carry out any and all of the covenants and obligations of the Landlord under this Lease; provided that any such sale shall be specifically subject to the obligations described in this Lease, which obligations, the purchaser shall assume and agree to perform.

46. Subordination Notice to Superior Lessors and Mortgagees, Non-Disturbance and Attornment.

(a) Subordination of Lease. Provided that, as long as Tenant is not in default under this Lease, none of Tenant's rights under this Lease shall be disturbed by Landlord, any Lender or any individual or entity claiming by, through or under Landlord. This Lease, and all rights of Tenant hereunder are, and shall be, subject and subordinate to all subsequent purchases of the Leased Premises, ground leases of the building now or hereafter existing and to all mortgages, or trust deeds in the nature of a mortgage (both referred to hereafter as "mortgages"), which may now or hereafter affect or encumber the building and/or any of such ground leases (whether or not such mortgages shall also cover other lands and/or buildings and/or leases), but subject to the terms of the Non-Disturbance Agreement substantially in the form attached hereto as Exhibit B. This subordination (and terms of non-disturbance) shall likewise apply to each and every advance made, or hereafter to be made, under such mortgages; to all renewals, modifications, replacements and extensions of such leases and such mortgages; and to spreaders and consolidations of such mortgages. This Paragraph 46 shall be self-operative and no further instrument of subordination shall be required. However, in confirmation of such subordination, Tenant shall promptly execute, acknowledge and deliver any instrument that Landlord, the lessor under any such ground lease, or the holder of any such mortgage (or their respective successors-in-interest), may reasonably request in order to evidence such subordination provided that the terms of non-disturbance have not been violated. If Tenant fails to execute, acknowledge or deliver any such instrument within ten (10) days after request therefor, Tenant hereby

irrevocably constitutes and appoints Landlord as Tenant's attorney-in-fact, which appointment is agreed to be coupled with an interest, to execute and deliver any such instruments for and on behalf of Tenant. Any lease to which this Lease is subject and subordinate is hereinafter referred to as a "Superior Lease" and the lessor of a Superior Lease is hereinafter referred to as a "Superior Lessor"; and any mortgage to which this Lease is subject and subordinate is hereinafter referred to as a "Superior Mortgage" and the holder of a Superior Mortgage is hereinafter referred to as a "Superior Mortgagee." Notwithstanding the foregoing, at Landlord's election, this Lease may be made senior to the lien of any mortgage, if the mortgagee thereunder so requests.

(b) Notice in the Event of Default. If any act or omission of Landlord would give Tenant the right, immediately or after the lapse of a period of time, to cancel or terminate this Lease or to claim a partial or total eviction, Tenant shall not exercise such right (a) until it has given, by certified mail or actual delivery, written notice of such act or omission to Landlord and to each Superior Mortgagee and Superior Lessor whose name and address shall previously have been furnished to Tenant, and (b) until a thirty-day period for remedying such act or omission shall have elapsed following the giving of such notice; provided, however, that said 30-day cure period may be extended in the event that the act, or omission cannot, by its nature, be cured within thirty (30) days and Landlord is diligently proceeding to cure said default; provided that if such default gives rise to an emergency, then such default shall be cured by Landlord as soon as may be practicable.

(c) Successor Landlord. If any Superior Lessor or Superior Mortgagee shall succeed to the rights of Landlord hereunder, whether through possession or foreclosure action or delivery of a new lease or deed, or otherwise, then, at the request of such party (hereinafter referred to as "Successor Landlord"), Tenant shall attorn to, and recognize, each Successor Landlord as Tenant's landlord under this Lease and shall promptly execute and deliver any instrument such Successor Landlord may reasonably request to further evidence such attornment.

(d) Tenant's Personal Property. Landlord agrees that, by these terms, promptly (but no later than fifteen (15) days following) Tenant's request, Landlord shall subordinate its security interest, if any, in Tenant's personal property to the lien of Tenant's equipment lender or any creditor of Tenant who finances, or provides additional financing in the future to enable Tenant to purchase and/or obtain additional furniture, fixtures, equipment and accessions for use upon the Leased Premises, and any proceeds therefrom. In no event shall such agreement require Landlord to permit Tenant's equipment lender to store any such personal property in the Leased Premises after the termination of this Lease (by lapse of time, or otherwise) unless Landlord is being paid, in full, all Rent payable under this Lease.

47. Notices. Notices and demands required or permitted to be given hereunder shall be given by personal delivery or reputable overnight courier (such as Federal Express), and shall be addressed if to Tenant at 929 West Higgins Road, Schaumburg, Illinois 60195, Attention Keith Schroeder, its President, with a copy to Arnstein & Lehr LLP, 120 South Riverside Plaza, Suite 1200, Chicago, Illinois 60606 Attention: Mr. William J. Anaya , and if to Landlord c/o Inland Private Capital Corporation, 2901 Butterfield Road, Suite 3100, Oak Brook, Illinois, 60653, Attention: Asset Management Department, or at such other address that either party may designate by written notice to the other party. Notices and demands shall be deemed to have

been given when delivered if personally delivered, one (1) business day after deposit with a reputable overnight courier for next business day delivery.

48. Estoppel Certificate. At any time and from time to time, Tenant agrees, within ten (10) business days after receipt by Tenant of written notice from Landlord, to execute, acknowledge and deliver to Landlord and/or Landlord's mortgagee and/or any prospective purchaser, if requested, a statement in writing certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as modified and stating the modifications), the amount of Minimum Rent and other charges and the date to which said Minimum Rent and other charges have been paid, and such other terms as Landlord and/or Landlord's mortgagee and/or the prospective purchaser may require.

49. Commissions. Landlord and Tenant represent that neither has had any dealings with any broker or agent in connection with this Lease and no commission is due any broker or agent for the execution of this Lease. Tenant hereby indemnifies, protects, defends and holds Landlord, its beneficiaries and lenders harmless from and against any and all claims, causes of action, damages, costs, expenses (including, but not limited to, attorneys' fees of counsel selected by Landlord) or liabilities for any compensation, commissions, fees, and charges claimed by any other broker or other agent with respect to this Lease or the negotiation thereof and arising out of the acts of Tenant. Landlord hereby indemnifies, protects, defends and holds Tenant harmless from and against any and all claims, causes of action, damages, costs, expenses (including, but not limited to, attorneys' fees of counsel selected by Tenant) or liabilities for any compensation, commissions, fees, and charges claimed by any other broker or other agent with respect to this Lease or the negotiation thereof and arising out of the acts of Landlord.

50. No Offer. The submission of this Lease for examination does not constitute an offer to enter into a lease, and this Lease shall become effective only upon execution and delivery hereof by Landlord and Tenant.

51. Tenant's Environmental Indemnity.

(a) Definitions. For purposes of this Paragraph 52, "hazardous substance" means any matter giving rise to liability under the Resources Conservation Recovery Act ("RCRA"), 42 U.S.C. Section 6901 et seq., the Comprehensive Environmental Response, Compensation and Liability Act ("CERCLA"), 42 U.S.C. Sections 9601 et seq., the Illinois Environmental Protection Act (IEPA), or any common law theory based on nuisance or strict liability.

(b) Prohibition. Tenant shall not conduct or authorize the generation, transportation, storage, treatment or disposal on or in the Leased Premises of any hazardous substance without prior written authorization by Landlord, which authorization may be withheld in Landlord's sole discretion, and the Tenant's failure to comply with the provisions of this Subparagraph 52(b) shall constitute a default under this Lease.

(c) Remedial Action. If the presence, release, threat of release, placement on or in the Leased Premises by Tenant, its agents, employees or contractors, or the generation, transportation, storage, treatment, or disposal at the Leased Premises of any hazardous substance by Tenant, its agents, employees or contractors: (i) gives rise to liability (including, but not

limited to, a response action, remedial action, or removal action) under RCRA, CERCLA, the IEPA, or any common law theory based on nuisance or strict liability, (ii) causes an adverse public health effect, or (iii) pollutes, or threatens to pollute, the environment, Tenant shall promptly take, at Tenant's sole cost and expense, any and all remedial and removal action necessary to clean up the Leased Premises and mitigate exposure to liability arising from the hazardous substance, whether or not required by law.

(d) Tenant shall indemnify, protect and hold harmless Landlord and its affiliates, and their respective partners, members, trustees, principals, beneficiaries, directors, officers, shareholders, employees, lender, property manager, and agents from all claims and losses, incurred at any time and arising from or in connection with hazardous substances installed by Tenant or Tenant's failure to comply in full with all environmental laws and requirements with respect to the Leased Premises or Tenant's breach of any provision of this Section 52.

52. Waiver of Trial by Jury. To the full extent permitted by law, Landlord and Tenant hereby waive all right to trial by jury in any claim, action, proceeding or counterclaim by either Landlord or Tenant against each other and any matter arising out of or in any way connected with this Lease, the relationship of Landlord and Tenant, or Tenant's use and occupancy of the Leased Premises and/or any emergency or statutory remedy.

53. Exculpation. This Lease is executed by Landlord and Tenant and is enforceable only against the Landlord or Tenant property, and the income, proceeds and avails thereof held by those entities. No personal liability shall be asserted or be enforceable against the Landlord or the Tenant, or their successors or assigns, or beneficiaries, all such liability, if any, being expressly waived by the Landlord and Tenant, their successors and assigns. The terms and conditions herein described, as well as all information learned by being a party to this Lease, shall be kept confidential by the parties hereto, and shall not be disclosed to any third party unless compelled by court order.

54. Management Fee. Tenant shall pay to Landlord a property management fee equal to Two and one-half percent (2 ½%) of the Minimum Rent (the "Management Fee") commencing in the calendar year in which the Term Commencement Date occurs and continuing thereafter through the Lease Term Expiration Date, except that the amount of such Management Fee for the calendar years during which the Term Commencement Date occurs and the Lease Term ends shall be adjusted pro rata between Landlord and Tenant on the basis of the number of days in the Lease Term falling within said calendar years. An amount equal to 1/12th of the Management Fee, shall be paid by Tenant in advance during the Lease Term commencing on the Term Commencement Date and on the first day of each calendar month and a proportionate sum for partial months, if any, at the beginning and end of the Lease Term. At the expiration of the Lease Term, (i) if Tenant has paid less than the amount due, Tenant shall pay the difference within ten (10) days of receipt of notice by Landlord; (ii) if Tenant has paid more than the amount due, Landlord shall pay the difference to Tenant within ten (10) days of calculation thereof by Landlord. Tenant's obligation to pay the Management Fee shall survive the expiration or earlier termination of the Lease Term. Tenant shall pay the Management Fee in accordance with Section 7 above.

55. Financial Statements. Within forty-five (45) business days after the expiration of each calendar year of the Lease Term, Tenant shall deliver to Landlord a copy of the financial statements (including at least a year-end balance sheet, sources and uses, a statement of profit and loss and supporting footnotes of Tenant) prepared in accordance with Tenant's modified cash basis accounting system, generally accepted accounting principles, and, if such is Tenant's normal practice, audited by an independent certified public accountant, and all then available subsequent interim statements, and such other financial information as may reasonably be requested by Landlord or required by any lender (including, but not limited to, billing and production reports and accounts receivable information). Landlord shall keep such financial statements and all other financial information about Tenant and its affiliates strictly confidential and shall not disclose any such information to any person or entity except (i) as required by court order, or (ii) with respect to Landlord's agents, only on a strict "need to know" basis, or (iii) as required to be disclosed to Landlord's lender, or (iv) as required to be disclosed to Landlord's investors, provided that Landlord shall require that disclosure of information concerning Tenant made to the entities and individuals designated in phrases (iii) and (iv) of this paragraph shall be kept confidential by such entities and individuals.

56. Signage. At Tenant's expense, Tenant may provide a monument sign, directory and suite signage for Tenant in Tenant's sole discretion.

57. Repair Escrow. Tenant shall deposit annually commencing June 1, 2014 and each June 1, thereafter until the Lease termination, the sum of Twenty-Seven Thousand Five Hundred Dollars ($27,500) into an escrow account at Bank of America, N.A. under the sole control of Tenant. The escrow account shall receive an aggregate deposit of $50,000 annually combining the deposit from the Tenant and deposits from the tenants at the real estate parcels commonly known as 120 East Higgins Road, Elk Grove, Illinois ("Elk Grove") and 864 Stearns Road, Bartlett, Illinois ("Bartlett"). Funds in such escrow account shall be exclusively owned by Tenant and may be withdrawn by Tenant from time to time to pay for maintenance and repairs upon the Leased Premises and upon the Elk Grove and Bartlett real estate parcels. Upon termination of this Lease, fifty-five percent (55%) of the funds remaining in the escrow account shall be withdrawn by and refunded to Tenant.

[*Remainder of Page Intentionally Left Blank; Signature Page(s) Follow*]

[*Signature Page to Office Lease*]

IN WITNESS WHEREOF, Landlord and Tenant have executed this Lease the day and year first above written.

LANDLORD:

Chicagoland Medical Portfolio DST,
a Delaware statutory trust

By: Chicagoland Medical Portfolio Exchange, L.L.C., a Delaware limited liability company, its Signatory Trustee

By: Inland Private Capital Corporation, a Delaware corporation, its sole member

By: _____
Joseph E. Binder
Senior Vice President

TENANT:

Barrington Orthopedic Specialists, Ltd.,
an Illinois corporation,

By: _____
Keith Schroeder, its President

[*Signature Page to Office Lease*]

IN WITNESS WHEREOF, Landlord and Tenant have executed this Lease the day and year first above written.

LANDLORD:

Chicagoland Medical Portfolio DST,
a Delaware statutory trust

By: _____
Name: _____
Its: _____

TENANT:

Barrington Orthopedic Specialists, Ltd.,
an Illinois corporation,

By: _____
Keith Schroeder, its President

EXHIBIT A

LEGAL DESCRIPTION OF LEASED PREMISES

The entire tract of land, any additions thereto and all improvements constructed on the real estate legally described as follows:

EXHIBIT A

LEGAL DESCRIPTION OF LEASED PREMISES

The entire tract of land, any additions thereto and all improvements constructed on the real estate legally described as follows:

PARCEL 1:

LOT 1 IN THE MAZEL RESUBDIVISION, BEING A RESUBDIVISION OF LOT 1 IN THE FINAL PLAT OF GOLF HIGGINS CONSOLIDATION AND LOT 1 IN T & C COMMERCIAL UNIT NO. 1, ALL IN THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 41, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MAY 19, 2014, AS DOCUMENT NUMBER 1413934054, IN THE VILLAGE OF SCHAUMBURG, COOK COUNTY, ILLINOIS.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY THE COVENANTS, CONDITIONS AND RESTRICTIONS WITH EASEMENTS DATED MARCH 31, 2014 AND RECORDED MAY 23 2014 AS DOCUMENT NUMBER 1414344074 MADE BY 920 W. GOLF ROAD LLC, AN ILLINOIS LIMITED LIABILITY COMPANY AND AS GRANTED BY THE SPECIAL WARRANTY DEED DATED ~ AND RECORDED ~ AS DOCUMENT NUMBER ~ MADE BY 920 W. GOLF ROAD, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, TO CHICAGOLAND MEDICAL PORTFOLIO EXCHANGE, L.L.C., A DELAWARE LIMITED LIABILITY COMPANY, AS SIGNATORY TRUSTEE OF CHICAGOLAND MEDICAL PORTFOLIO DST, A DELAWARE STATUTORY TRUST, FOR THE PURPOSE OF INGRESS AND EGRESS AND SIGN EASEMENT.

Address of property: 929 West Higgins Road, Schaumburg, IL 60195

PIN: 07-09-301-028-0000

ATTACHMENT 3

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 Schaumburg Surgery Center, LLC, an Illinois limited liability company, which is the entity that will own and operate the proposed ASTC.

II. Ownership Disclosures

The following persons hold a 5 percent (5%) or greater ownership interest in the CON applicant entity for Schaumburg Surgery Center, LLC:

Name	Entity/Individual	Ownership %
Russell Benuck, M.D.	Individual	5.88%
Raymond O'Hara, D.P.M.	Individual	5.88%
Richard Rabinowitz, M.D.	Individual	5.88%
Sean Jereb, M.D.	Individual	5.88%
Thomas Obermeyer, M.D.	Individual	5.88%
Anubhav Jagadish, M.D.	Individual	5.88%
Brooke Belcher, M.D.	Individual	5.88%
Ciro Cirrincione, M.D.	Individual	5.88%
David Tashima, M.D.	Individual	5.88%
Jason Rotstein, M.D.	Individual	5.88%
Keith Schroeder, M.D.	Individual	5.88%
Lynette Mahoney, D.P.M.	Individual	5.88%
Matthew Bernstein, M.D.	Individual	5.88%
Mark Levin, M.D.	Individual	5.88%
Mark Yaffe, M.D.	Individual	5.88%
Narenda Patel, D.P.M.	Individual	5.88%
Paul Nourbash, M.D.	Individual	5.88%
	TOTAL	**100.0%**

File Number 0552751-1

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 I am the keeper of the records of the Department of Business Services. I certify that

SCHAUMBURG SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 11, 2015, 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* 12TH *day of* JANUARY ***A.D.*** 2016 .

Authentication #: 1601202046 verifiable until 01/12/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 4

Organizational Relationship

Schaumburg Surgery Center, LLC,
an Illinois Limited Liability Company

Member Russell Benuck, M.D.	5.88%
Raymond O'Hara, D.P.M.	5.88%
Richard Rabinowitz, M.D.	5.88%
Sean Jereb, M.D.	5.88%
Thomas Obermeyer, M.D.	5.88%
Anubhav Jagadish, M.D.	5.88%
Brooke Belcher, M.D.	5.88%
Ciro Cirrincione, M.D.	5.88%
David Tashima, M.D.	5.88%
Jason Rotstein, M.D.	5.88%
Keith Schroeder, M.D.	5.88%
Lynette Mahoney, D.P.M.	5.88%
Matthew Bernstein, M.D.	5.88%
Mark Levin, M.D.	5.88%
Mark Yaffe, M.D.	5.88%
Narenda Patel, D.P.M.	5.88%
Paul Nourbash, M.D.	5.88%
TOTAL:	**100.0%**

No Subsidiary Companies

ATTACHMENT 5

Flood Plain Requirements

The proposed project's site is not located within a flood plain, as evidenced by the attached flood plain map. Although the Federal Emergency Management Agency ("FEMA") website shows that flood plains do exist in Panel 17031C0186J, the project site is not in or near the designated flood plains. Accordingly, the project is in compliance with the requirements of Illinois Executive Order #2005-5.

A series of maps are provided after this page, identifying the proposed site for the ASTC, showing that the project site is not located within a flood plain.

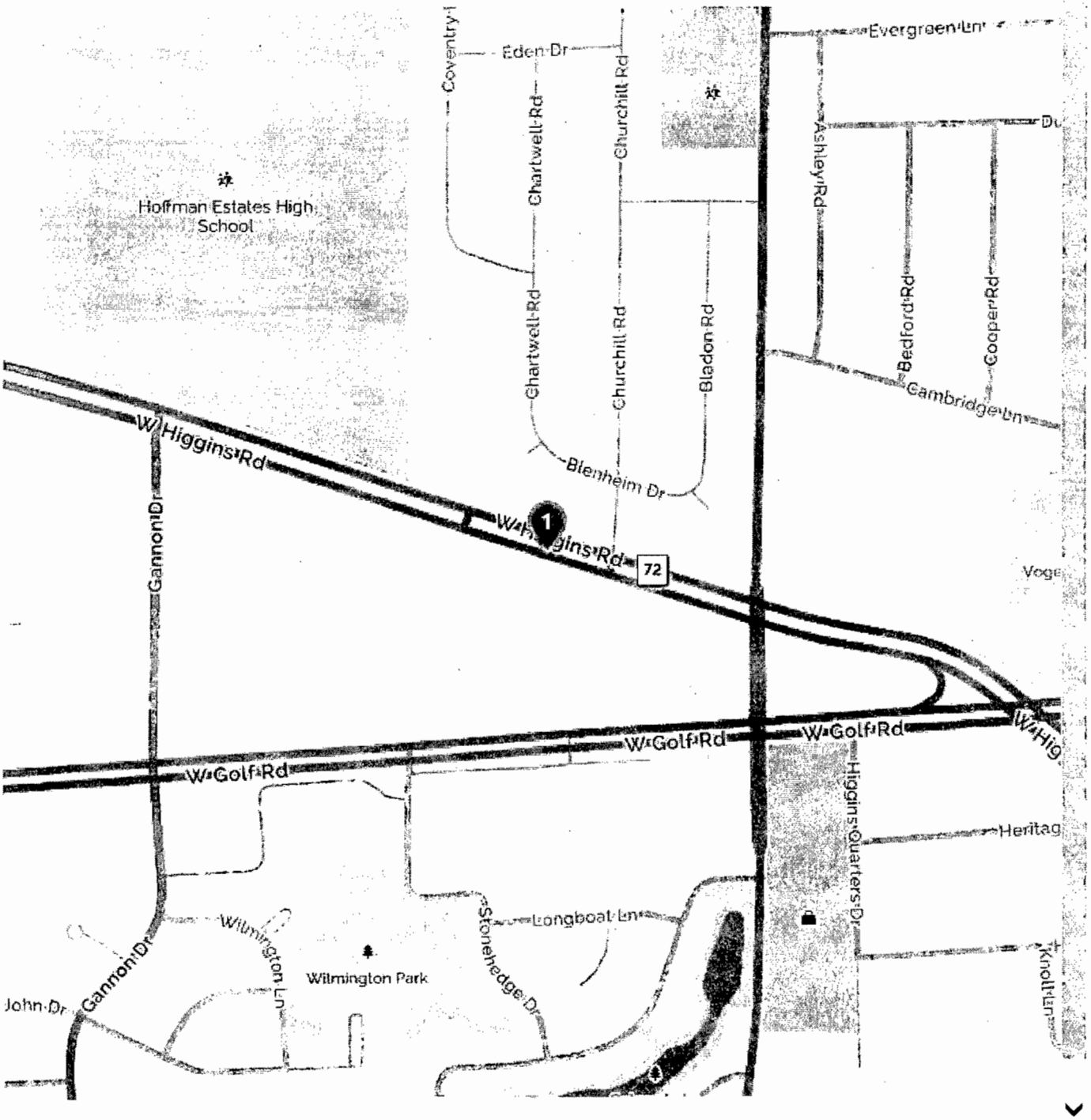
Search Results for "929 West Higgins Road, Schaumburg, Illinois 60195"

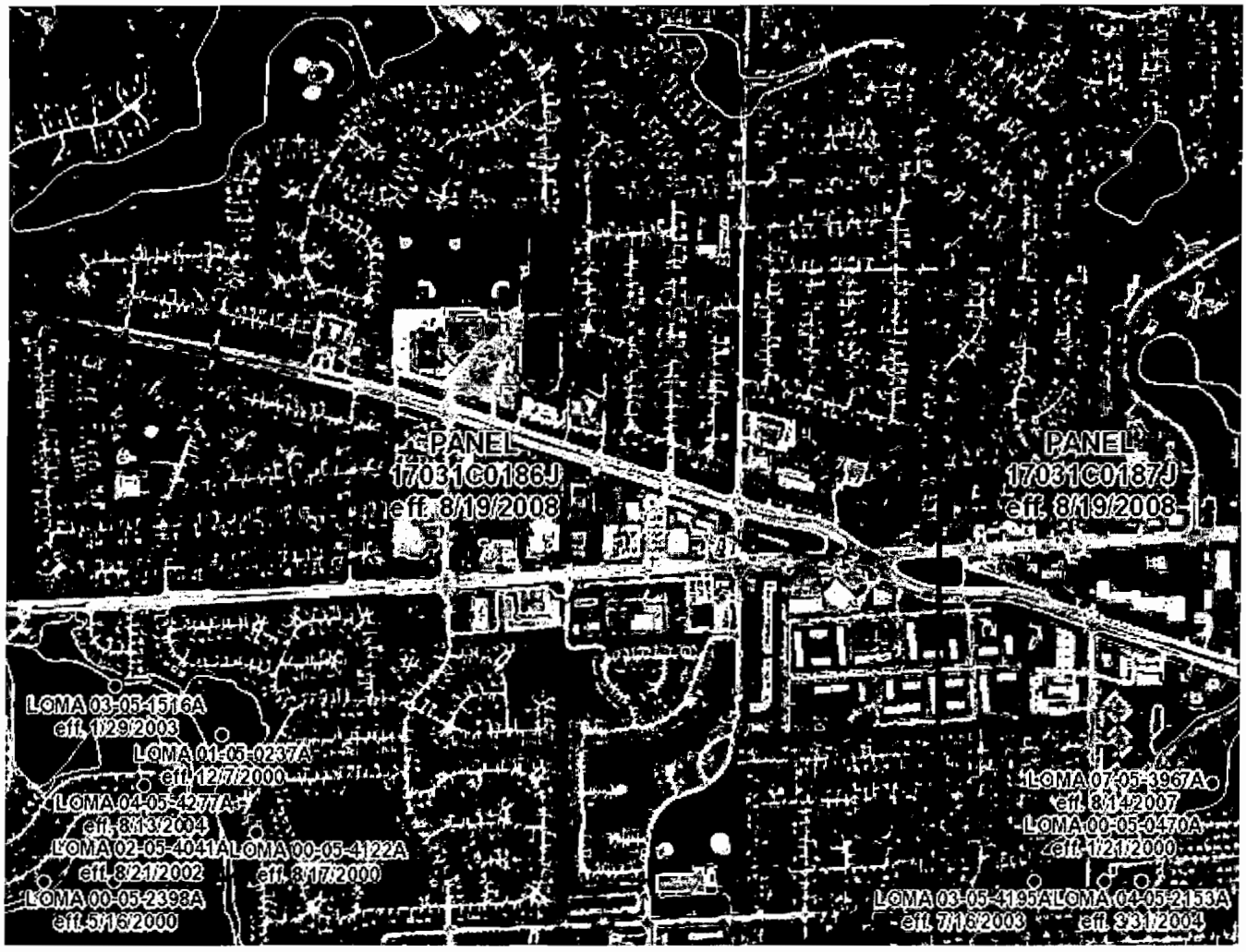
mapquest

page 1 of 1

1. 929 W Higgins Rd

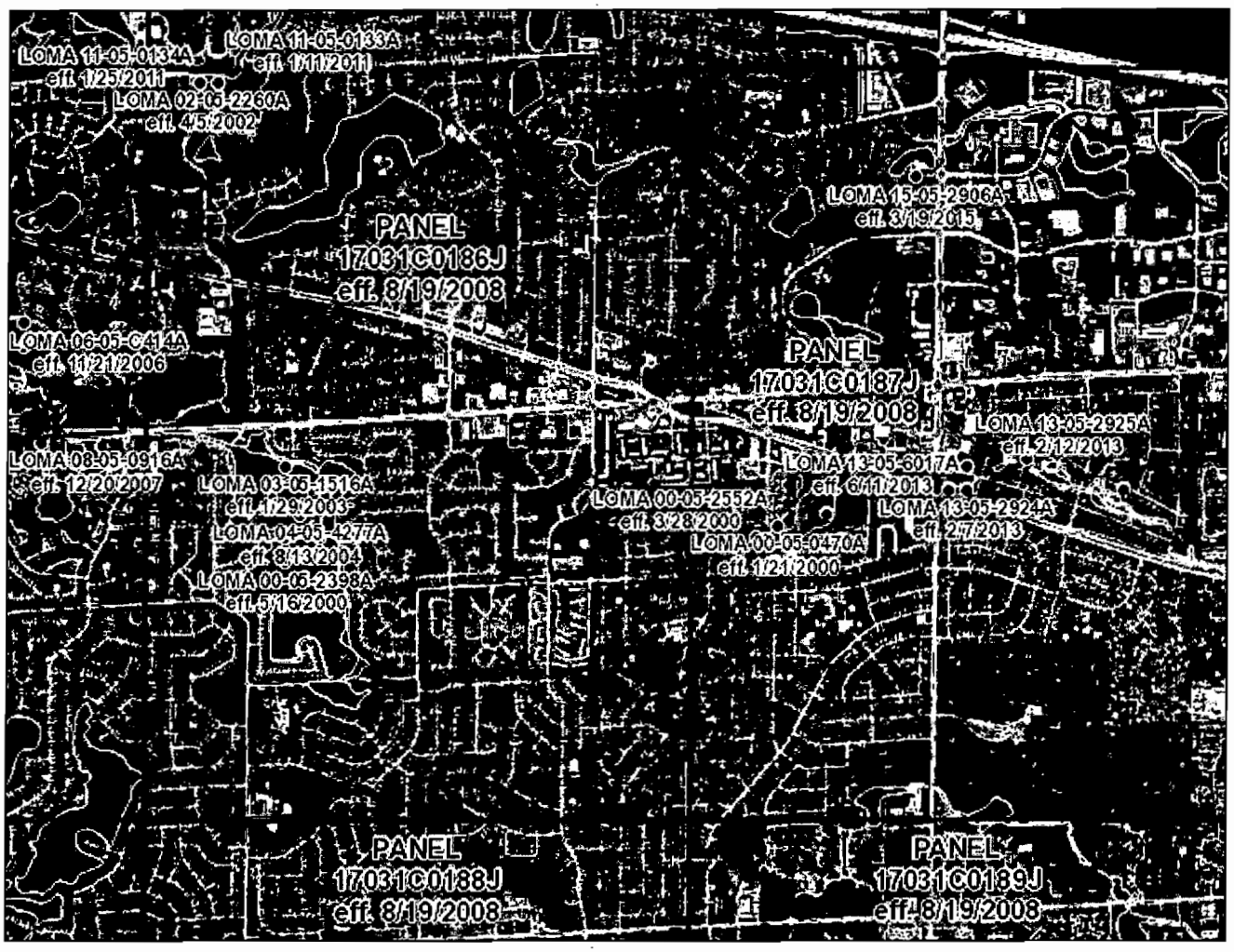
929 W Higgins Rd,
Schaumburg, IL 60195-3203




PANEL
17031C0186J
eff. 8/19/2008
PANEL
17031C0187J
eff. 8/19/2008
LOMA 03-05-1516A
eff. 1/29/2003
LOMA 01-05-0237A
eff. 12/7/2000
LOMA 04-05-4277A
eff. 8/13/2004
LOMA 02-05-4041A
eff. 8/21/2002
LOMA 00-05-4122A
eff. 8/17/2000
LOMA 00-05-2398A
eff. 5/16/2000
LOMA 07-05-3967A
eff. 8/14/2007
LOMA 00-05-0470A
eff. 1/21/2000
LOMA 03-05-4195A
eff. 7/16/2003
LOMA 04-05-2153A
eff. 3/31/2004

FEMA's National Flood Hazard Layer (Official)

Data from Flood Insurance Rate Maps (FIRMs) where available digitally. Try http://bit.ly/1bPpUjq (Unofficial) if this map is down



scott.mcafee@fema.dhs.gov | National Geospatial-Intelligence Agency (NGA); Delta State University; Esri

ATTACHMENT 6

Illinois Historical Preservation Letter

Please find attached immediately after this page a letter submitted by Preferred SurgiCenter, LLC (the "Applicant") to the Illinois Historic Preservation Agency (the "HPA"), which explains why the site of the Applicant's proposed ASTC will not adversely affect historic resources, and which requests the HPA to provide a "clearance letter" concluding the same. The Applicant will submit the clearance letter to the Illinois Health Facilities and Services Review Board once it is obtained from the HPA.

MUCH SHELIST

ATTORNEYS AT LAW
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312.521.2481
JHylak-Reinholtz@MuchShelist.com

December 17, 2015

Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701-1512
Attention: Garth Madison, Interim Director

Re: Illinois Certificate of Need Clearance Letter Request

Dear Director Madison:

The Illinois State Agency Historic Resources Preservation Act, 20 ILCS 3420/1 et seq. (the "Act"), provides that written notice of a proposed undertaking shall be given to the Director of the Illinois Historic Preservation Agency (the "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. This letter hereby provides notice of an undertaking proposed by Schaumburg Surgery Center, LLC (the "SSC"). Specifically, SSC is planning to modernize unused space within an existing medical office building to accommodate a new ambulatory surgical treatment center with two operating rooms (the "Project").

SSC provides, in this letter, all information necessary for the HPA to conduct a review of the Project, to determine whether any historic, architectural, or archaeological sites exist within the project area and if the proposed undertaking will adversely affect such sites. Upon conclusion of the review by the HPA, SSC asks your agency to issue a written summary of its findings. As you may be aware, SSC must provide this letter to the Illinois Health Facilities and Services Review Board (the "State Board") as part of a certificate of need ("CON") permit application process.

In accordance with the requirements of the State Board, a CON applicant must submit the following information to the HPA:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

Project Summary

SSC is proposing the establishment of an ambulatory surgical treatment center, which will be located within the main medical office building of Barrington Orthopedic Specialists. The address of the medical office building is 929 West Higgins Road, Schaumburg, Illinois 60195. The Project will only involve interior construction. There will be no changes to the exterior of the existing building. The interior work will result in the modernization of 4,378 gross square feet. The existing medical office building was built in 2011. The building does not have any architectural significance. In addition, there are no designated historical sites in the vicinity of the site of the proposed Project.

General Location of the Project

The location of the Project will be Schaumburg, Illinois, a suburb northwest of the City of Chicago. A map showing the general location of the Project is attached hereto as Exhibit A.

Buildings/Structures Within the Project Area

As noted above, there are no buildings/structures in the area of the Project that have historical or architectural significance. Photographs of the medical office building are attached hereto as Exhibit B.

Addresses for Buildings/Structures

The address of the medical office building is 929 West Higgins Road, Schaumburg, Illinois 60195. The addresses for buildings/structures surrounding the Project site are not provided because the Project only requires interior construction. Thus, the Project will only have an impact upon the existing medical office building where the surgery center will be located.

Conclusion

SSC must obtain a CON permit from the State Board for the proposed Project. The State Board's rules require a CON permit applicant to obtain a clearance letter from the HPA, which must conclude that the proposed undertaking is not a project, activity, or program that will have an adverse impact on the character or use of designated historic properties and sites. In the present case, there are no historic properties or sites near the site of the Project. Furthermore, the existing medical office building that will include the proposed surgery center has no historical

significance. Therefore, the HPA should have no reason to determine that the Project has the potential to harm any of our State's historic properties or sites.

Please let me know if you have questions. Thank you for your attention to this matter.

Sincerely,

Joseph Hylak-Reinholtz
Counsel for Schaumburg Surgery Center, LLC

Enclosures

Exhibit A

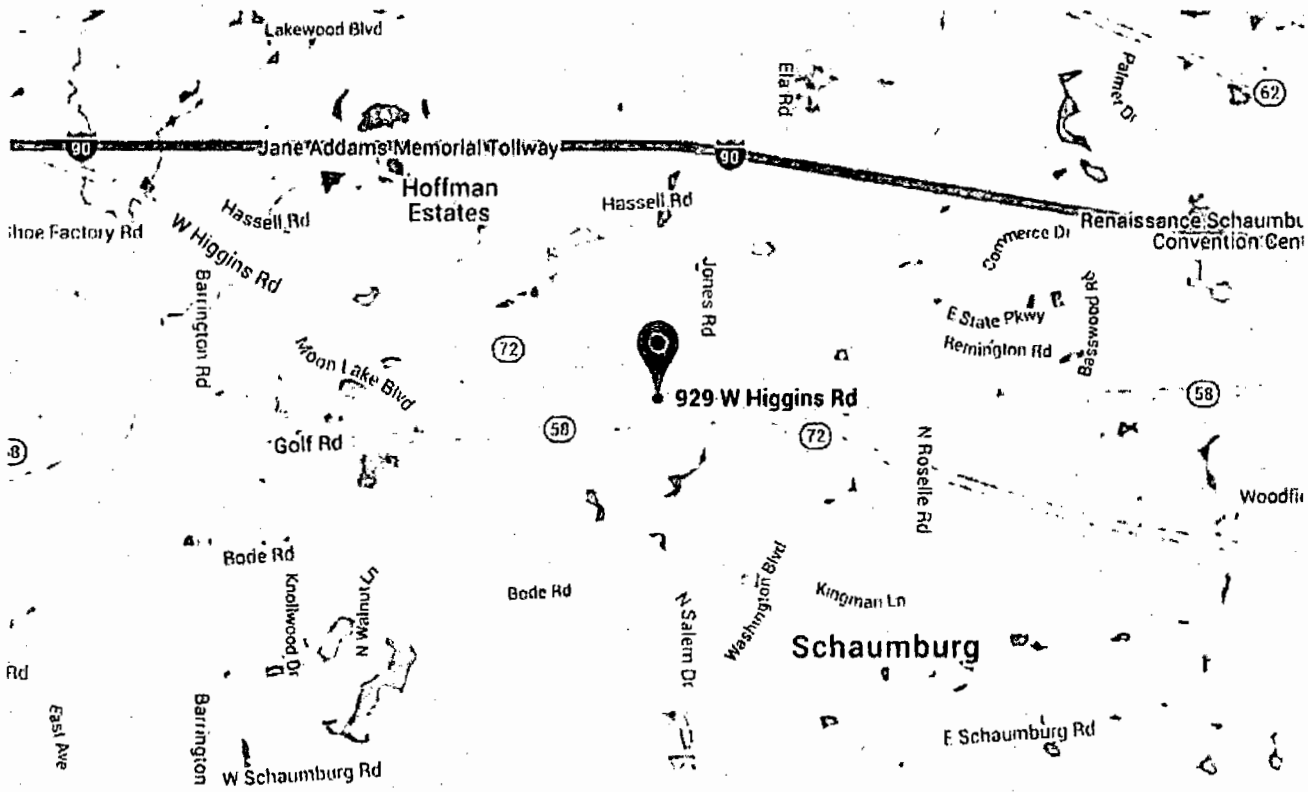
General Location of the Project

(see attached map)

Note: The buildings immediately adjacent to the existing medical office building have little to no historic or architectural significance, in fact, most of the surrounding structures are car dealerships. Land Rover of Hoffman Estates borders the western edge of the Project site, Mercedes Benz of Hoffman Estates is southwest of the Project site, a car dealership-related building is immediately to the south of the existing medical office building, and Napleton's Schaumburg Subaru is to the east of the Project site. Hoffman Estates High School is northwest of the Project site, across West Higgins Road, Prince of Peace Lutheran Church is immediately north of the site, and a subdivision is to the northeast.

929 W Higgins Rd

929 W Higgins Rd, Hoffman Estates, IL 60169



929 W Higgins Rd

929 W Higgins Rd, Hoffman Estates, IL 60169

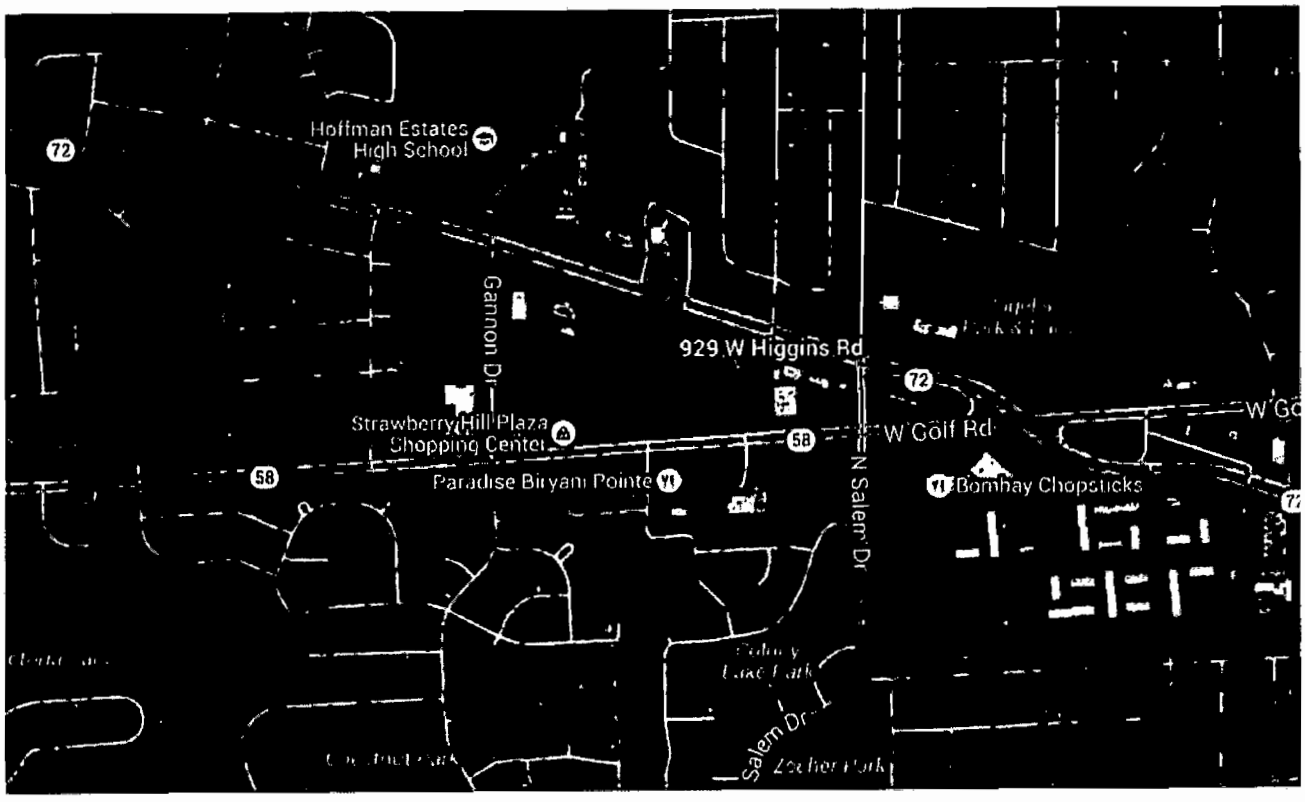


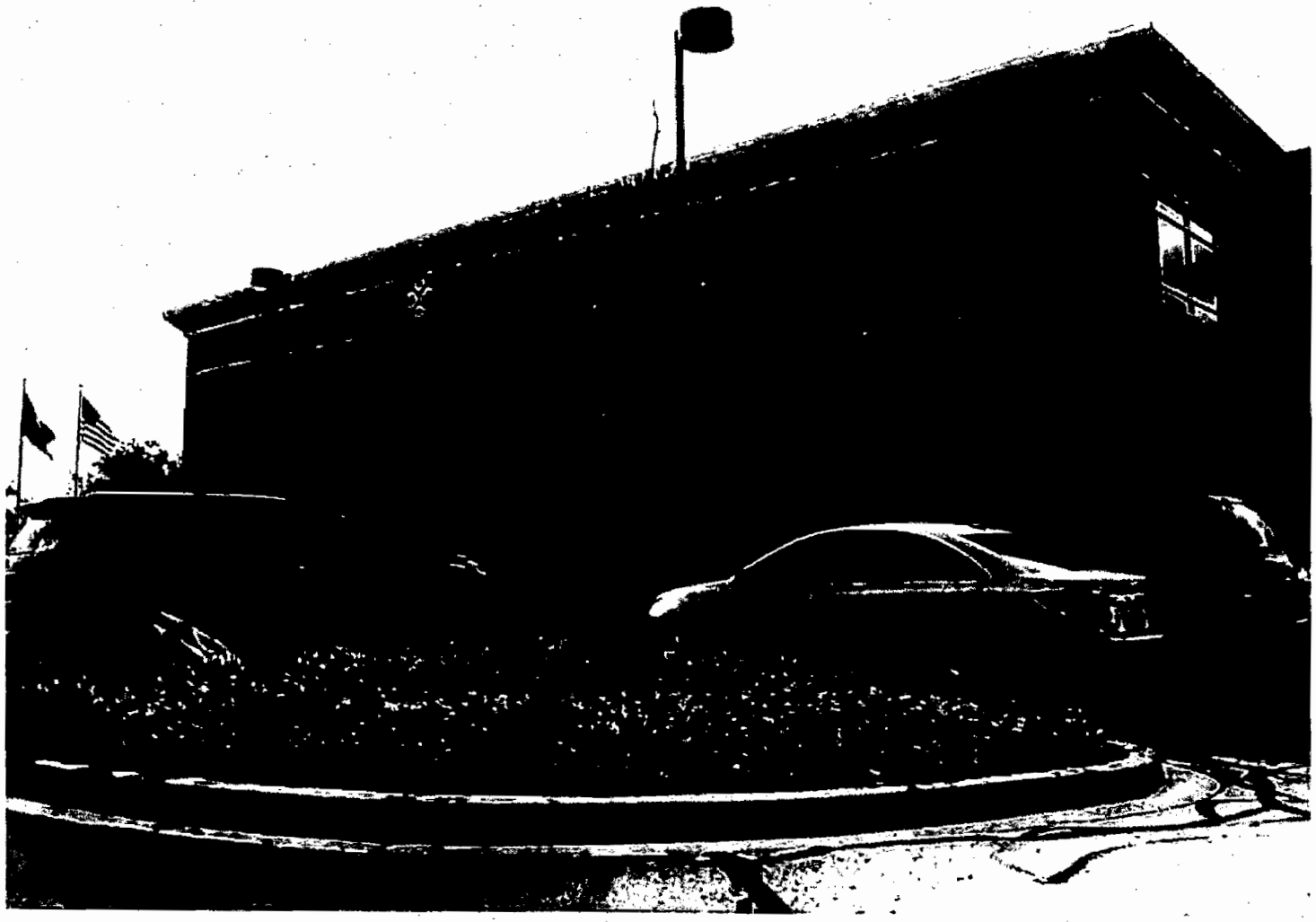
Exhibit B

Photographs of Existing Medical Office Building

Main Entrance – West Side of Medical Office Building

North Side of Medical Office Building

South Side of Medical Office Building



East Side of Medical Office Building

ATTACHMENT 7

Project Costs and Sources of Funds

PROJECT COSTS AND SOURCES OF FUNDS			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$18,814	$6,186	$25,000
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$678,731	$223,145	$901,876
Contingencies	$83,782	$27,545	$111,327
Architectural/Engineering Fees	$67,873	$22,315	$90,188
Consulting and Other Fees	$62,622	$20,588	$83,210
Movable or Other Equipment (not in construction contracts)	$500,000	$200,000	$700,000
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$406,737	$133,722	$540,459
Other Costs To Be Capitalized	$9,783	$3,217	$13,000
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	**$1,828,343**	**$636,717**	**$2,465,060**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,421,606	$502,995	$1,924,601
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$406,737	$133,722	$540,459
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	**$1,828,343**	**$636,717**	**$2,465,060**

Medical Equipment List

Item description	QTY
ANESTHESIA INSTRUMENTS	Various
ANESTHESIA MACHINE	2
ARTHROSCOPY PUMP	2
INFUSOR PUMP	2
BONE FREEZER	1
CABINET, 24" WARMING	2
C-ARM	1
CART, ANESTHESIA	2
CART, BROSELOW	1
CART, CRASH	1
CART, LOADING	1
CART, MH	1
ICE MACHINE	1
INSTRUMENTS	Various
INSTRUMENT CONTAINERS	Various
LED SURGICAL LIGHTS	2
LEG HOLDERS	2
MED RECORD SHELVING	1
METROMAX TOP TRACK UNITS	1
MINI C-ARM	1
MONITOR W/STAND, PRINTER	8
OPTIVISOR - LOUPES	1
POSITIONERS	2
RECLINERS	3
REFIGERATOR, LOCKABLE MEDS	1
RIGID INSTRUMENT RACK	1
SHOULDER HOLDER	2
STERILIZER, 16" FLASH	1
STERILIZER, 20 "FLASH	1
STERILIZER, 36" TERMINAL W/ LOADING CAR & RACK RETURN	1
STRETCHERS	8
TABLE, OR	2
TABLE, OR ACCESSORIES	2
TABLE, SURGICAL HAND	2
TABLE, WORK, MOBILE	1
TIME CLOCK, B4	1
TOURNIQUET SYSTEM	2
TOWER, ARTHROSCOPY	2
TRACTION TOWER	2
ULTRASONIC CLEANER	1
V-PRO STERILIZER	1
WASHER/DISINFECTOR W/ 3 LEVEL MANIFOLD RACK	1

ATTACHMENT 9

Cost Space Requirements

		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							
Surgery and Recovery	$1,828,343		3,782		3,782		
Total Clinical	*$1,828,343*		*3,782*		*3,782*		
Non Reviewable							
Administrative, Waiting Room(s), Reception Area, Medical Record Storage, Other	$636,717		1,243		1,243		
Total Nonclinical	*$636,717*		*1,243*		*1,243*		
TOTAL	**$2,465,060**		**5,025**		**5,025**		

ATTACHMENT 11

Criterion 1110.230 -- Background of Applicant

Pursuant to a State Board rule change, information for compliance with this review criterion is now provided on Attachment 27 -- Criterion 1110.1540(b).

ATTACHMENT 12(a)

Criterion 1110.230(a) -- Purpose of the Project

1. The Applicant, Schaumburg Surgery Center, LLC, herein requests State Board approval to establish a multi-specialty ambulatory surgical treatment center ("ASTC"), which will be located within leased space. The scope of services that will be provided at the proposed surgery center will include three categories of service: orthopedics, pain management, and podiatry. The proposed ASTC will provide these health services in a easily-accessible location, centrally located to the Applicant's patient base. The proposed ASTC will improve the health care and well-being of the population that resides in the geographic area.

   The Applicant will own the proposed ASTC directly. The ASTC, therefore, will be indirectly owned by a group of physicians who are physician members of Barrington Orthopedic Specialists ("BOS"), the premier orthopedic physician practice group in Chicago's northwest suburbs. BOS' physicians have a long history of providing outstanding orthopedic, podiatric, rehabilitation, diagnostic imaging, and wellness care in at four office practice locations located throughout the northwest suburbs. The proposed ASTC will be located within one of the group's existing medical offices, specifically, the office building located at 929 West Higgins Road in Schaumburg, Illinois. The group's other offices are in Elk Grove Village, Bartlett, and Buffalo Grove, Illinois.

   BOS is a multi-specialty orthopedic group that offers hand and upper extremity, spine, foot and ankle, major joints, trauma, and general adult and pediatric orthopedic services. BOS also provides a full range of rehabilitation services including physical therapy, hand therapy, occupational therapy, and work conditioning/hardening. In addition, BOS is able to meet patients' medical imaging and electrodiagnostic needs with X-ray capabilities at all of its office practice locations, MRI services at its Schaumburg and Bartlett locations, and EMG and fluoroscopy at its Schaumburg location.

   Wellness services are also available at BOS' offices. The wellness services include many classes devoted to improving movement and strengthening the human body for daily activities of an active life.

   By adding a suite to provide on-site ambulatory surgery care, BOS will be able to offer its patients a continuum of care at a familiar site.

2. The proposed ASTC will be located at 929 West Higgins Road, Schaumburg, Illinois 60195. The Project's site is located within Health Service Area 7 and Hospital Planning Area A-07. The Applicant proposes a geographic service area (the "GSA") that includes all zip code areas that are within a forty-five (45) minute drive time radius surrounding the site.

   Several maps showing the project site and the boundary of the proposed GSA showing its boundary are provided immediately following this Attachment 12(a).

3. The purpose of this project is to establish an ASTC that offers three categories of outpatient surgical services: (1) orthopedics; (2) podiatry; and (3) pain management. The Applicant will operate the proposed ASTC in a manner that ensures the safety of its patients, always giving high quality care to patients in a convenient and familiar location. The ASTC will enhance access to outpatient health care services once it becomes an enrolled provider in the Illinois Medicaid program and implements a charity care program. The project will also help reduce the cost of healthcare overall, by offering patients an affordable alternative to hospital-based surgical services, which often results in lower copayments for patients and less-costly reimbursement by all payor types.

4. Evidence to support the need for this project immediately follows this attachment.

5. The project will improve access to care and reduce the costs of healthcare to programs such as Medicare and Medicaid. The project will also give BOS' current patients a new option for outpatient surgical care. The ASTC will be located in a medical office building presently occupied by BOS, where many of its physician members have maintained a medical office practice since 2011. The Applicant is directly owned by certain physician investors who are also members of the BOS physician practice group. These physician investors will use the ASTC as an extension of their thriving medical office practices.

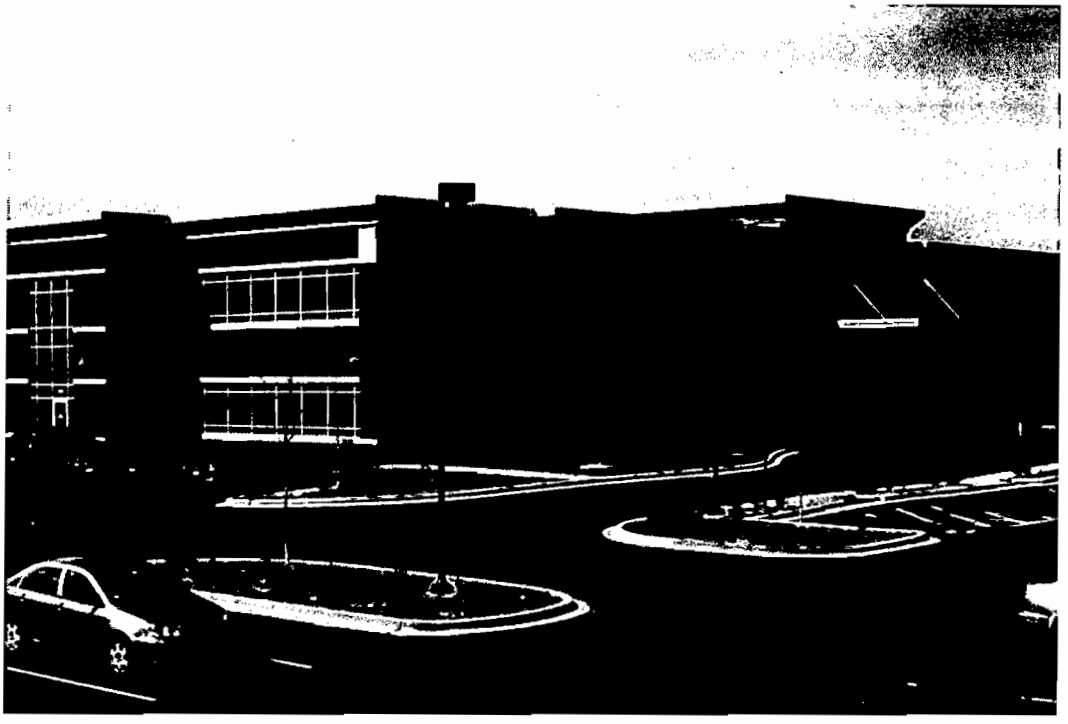
   This project, however, is intended to meet the medical needs of all individuals residing within the GSA who need and desire outpatient surgical care in the three requested categories of service. Thus, surgeons who are not members of the BOS physician practice group, but desire to use the ASTC, will be able to do so, so long as they are approved by the Applicant's governing body through its privileging and credentialing process. In any case, the Applicant will ensure that all services provided at the ASTC are given without regard to an individual patient's income level, ethnicity, cultural background, and/or religious faith. In order to increase access to outpatient healthcare services, the Applicant will enroll in the Medicaid program and plans to establish a charity care program at the ASTC. The Applicant's commitment to serving Medicaid beneficiaries and persons in need of charity care is explained further on Attachment 12(b) and Attachment 44. In sum, the Applicant's overriding goal for this project is to provide surgical care to its current patients, expand its services to establish an ASTC that continues its mission from the physician office to the outpatient surgical care.

   Since 1980, the Applicant has operated a medical practice in an office-based setting, and during this period of time, has become the premier orthopedic provider in Chicago's northwest suburbs. The goal of the Applicant's surgeons has always been to provide compassionate, individualized orthopedic care to patients suffering from bone, joint, and muscle injuries and conditions in a setting that is safe and convenient to their patients. The physician investors intend to expand BOS' mission at the proposed ASTC.

6. This project's goals are as follows: (i) to provide a cost-effective alternative to higher-cost hospital based care; (ii) to increase access to surgical services to all persons living in the proposed GSA by providing a high-quality care in a convenient location; and (iii) to give the physician investors the ability to provide services in a surgical setting that is an extension of their growing physician office practices.

7. In addition to the foregoing, the project involves the modernization of existing space. The proposed ASTC will be located within a relatively new medical office building. The current building, which was constructed for BOS and its physician office practice, was completed in March 2011 and occupancy followed shortly thereafter. The ASTC will be constructed in unused space on the second floor of the building. Several photographs of the building's exterior and interior are provided below.

Exterior



Interior – First Floor

Interior – First Floor

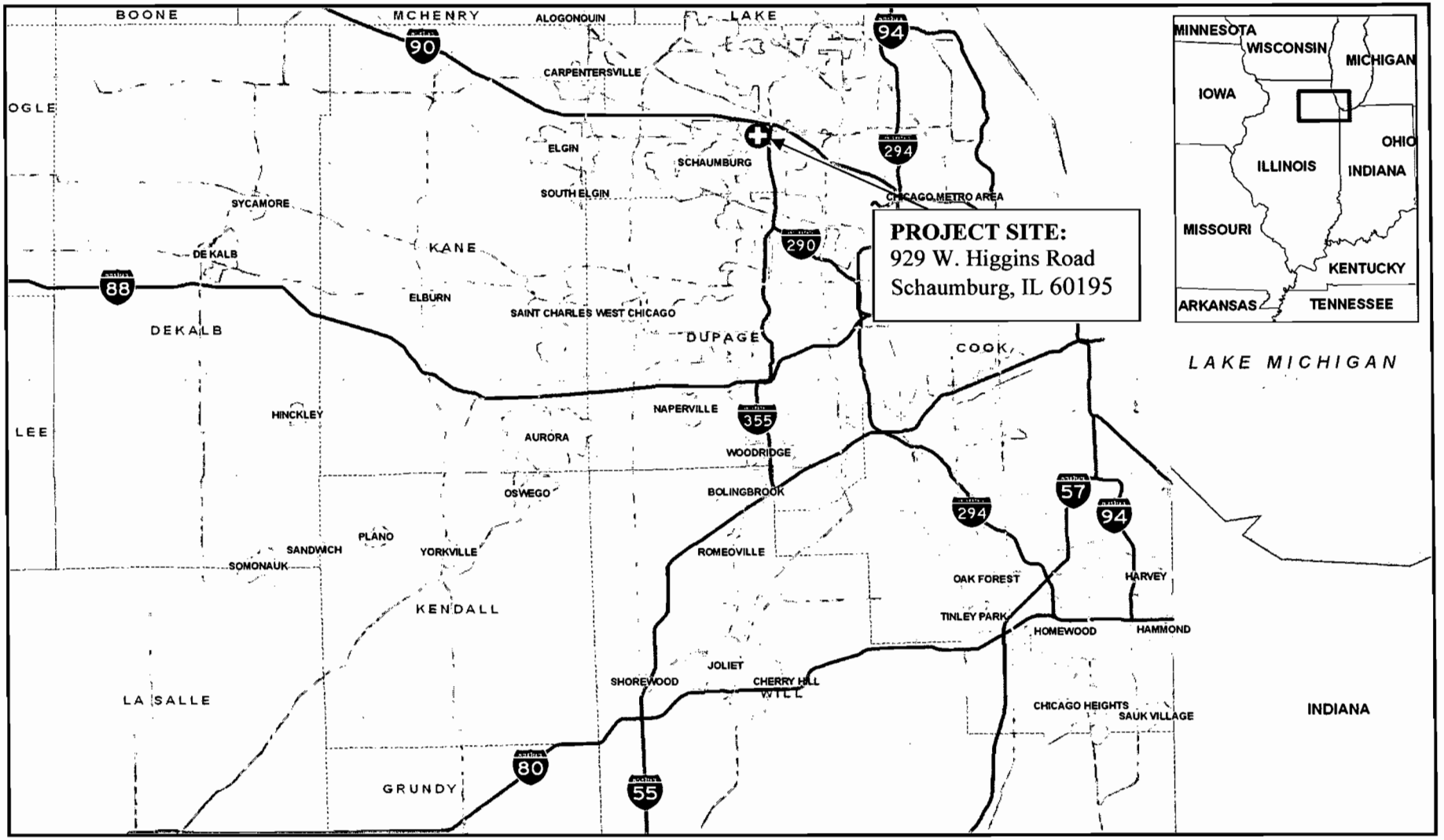
Interior – Second Floor

The proposed project does not involve the replacement of any medical equipment. All equipment needed for the surgery center will be purchased, either new or from a reputable dealer of used medical equipment. The Applicant will apply the highest standards to judge the quality and condition of any used medical equipment before any such equipment is purchased and used by this facility.

ATTACHMENT 12(a)

Geographic Service Area: 45 Minute Radius From Project Site

Project Site Identified Below



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ATTACHMENT 12(a)

Geographic Service Area: 45 Minute Radius From Project Site

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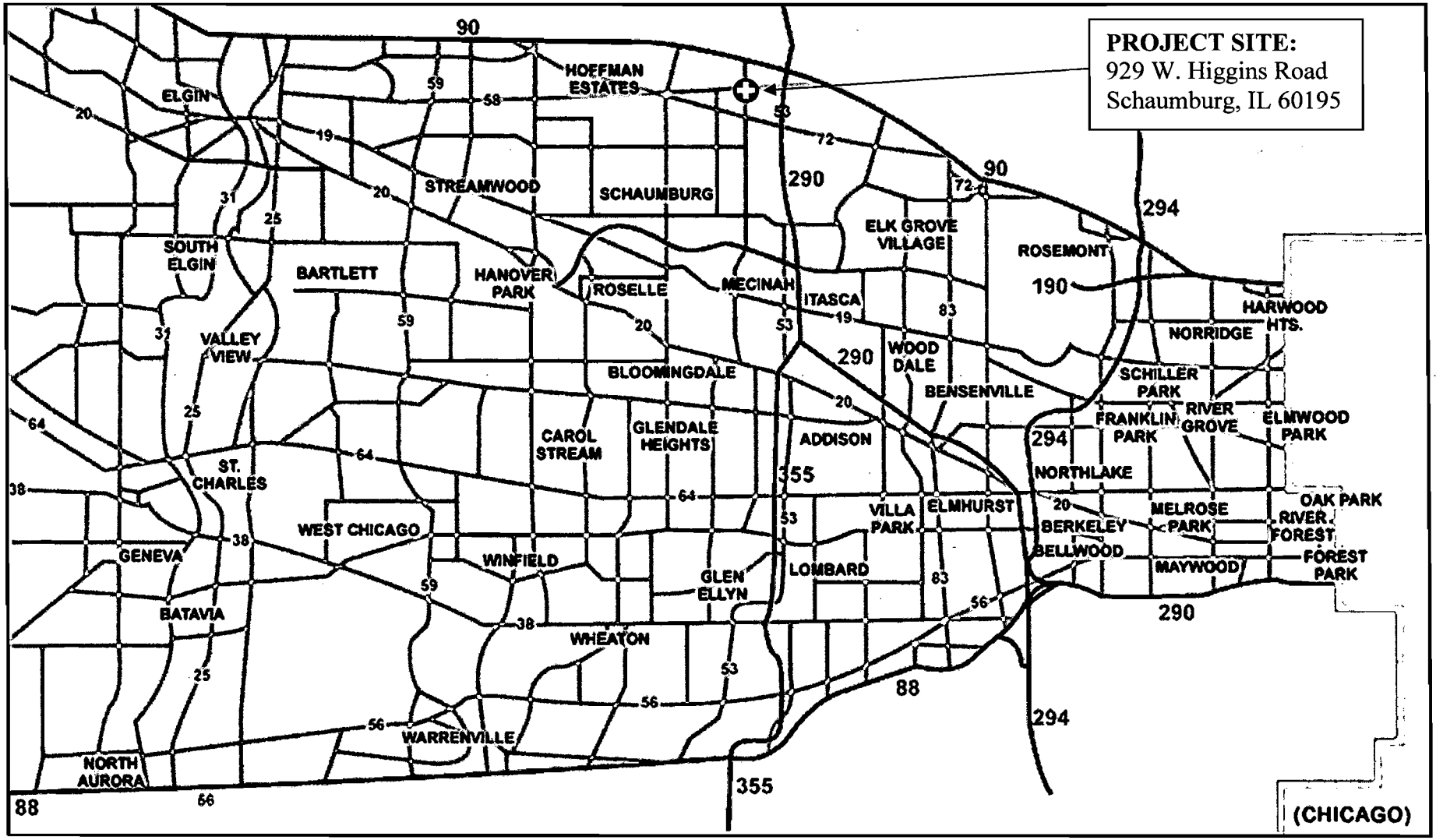
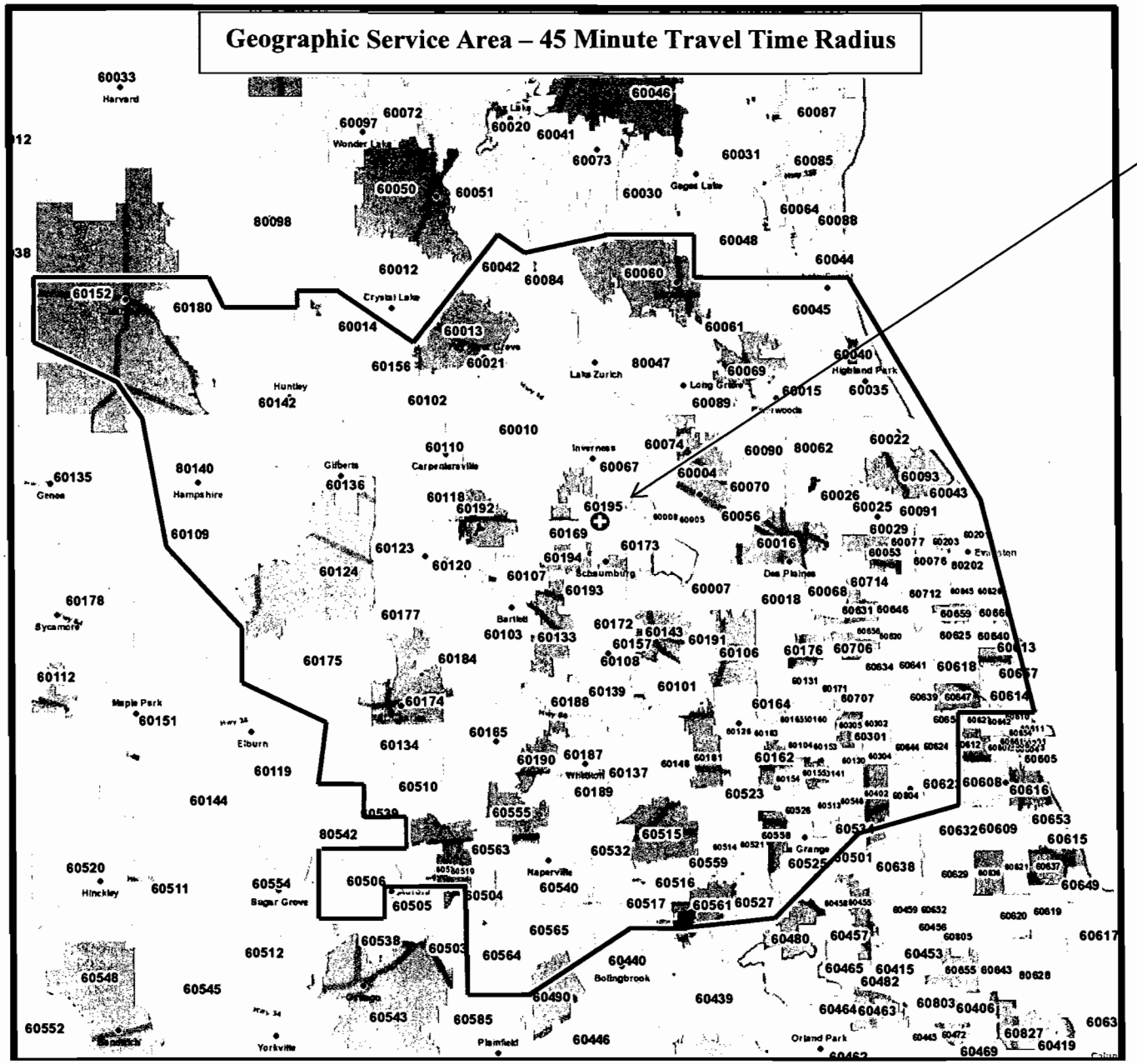
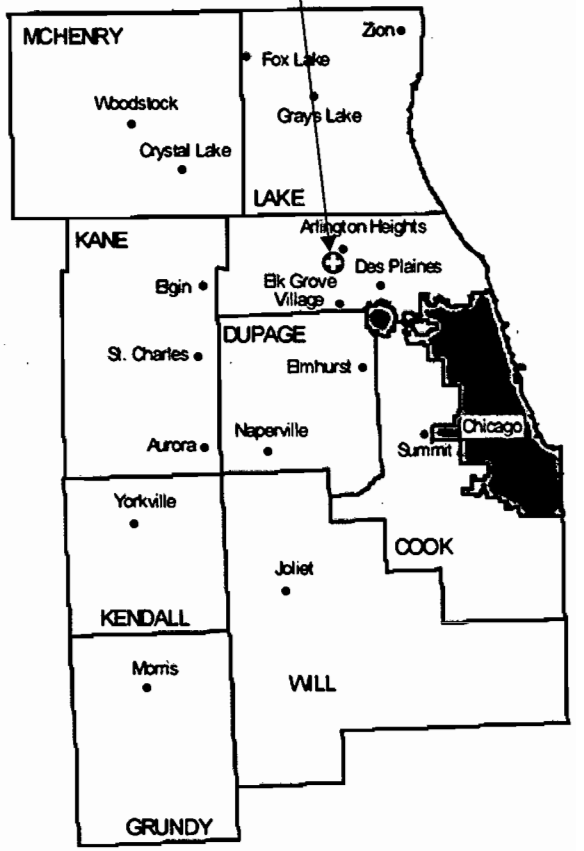




PROJECT SITE:
929 W. Higgins Road
Schaumburg, IL 60195



ATTACHMENT 12(a)
Criterion 1110.230(a) -- Purpose of the Project

ASCA Ambulatory Surgery Center Association

Ambulatory Surgery Centers

A Positive Trend in Health Care

Ambulatory surgery centers (ASCs) are health care facilities that offer patients the convenience of having surgeries and procedures performed safely outside the hospital setting. Since their inception more than four decades ago, ASCs have demonstrated an exceptional ability to improve quality and customer service while simultaneously reducing costs. At a time when most developments in health care services and technology typically come with a higher price tag, ASCs stand out as an exception to the rule.

A TRANSFORMATIVE MODEL FOR SURGICAL SERVICES

As our nation struggles with how to improve a troubled and costly health care system, the experience of ASCs is a great example of a successful transformation in health care delivery.

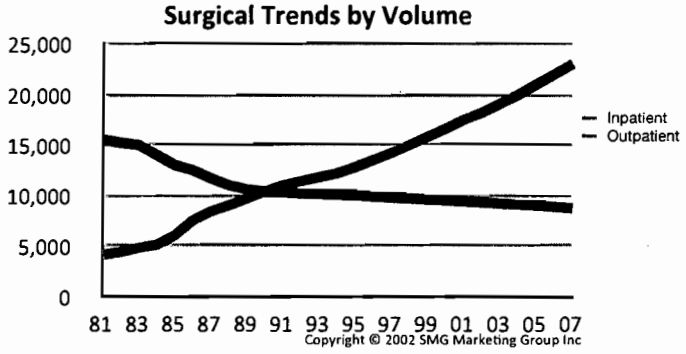
Forty years ago, virtually all surgery was performed in hospitals. Waits of weeks or months for an appointment were not uncommon, and patients typically spent several days in the hospital and several weeks out of work in recovery. In many countries, surgery is still performed this way, but not in the US.

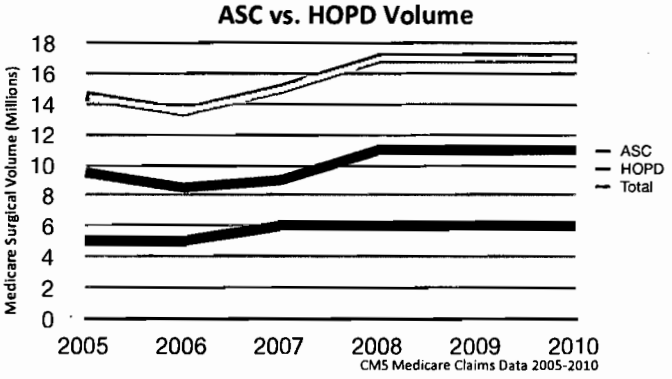
Physicians have taken the lead in the development of ASCs. The first facility was opened in Phoenix, Arizona, in 1970 by two physicians who saw an opportunity to establish a high-quality, cost-effective alternative to inpatient hospital care for surgical services. Faced with frustrations like scheduling delays, limited operating room availability, slow operating room turnover times, and challenges in obtaining new equipment due to hospital budgets and policies, physicians were looking for a better way—and developed it in ASCs.

Today, physicians continue to provide the impetus for the development of new ASCs. By operating in ASCs instead of hospitals, physicians gain increased control over their surgical practices.[1] In the ASC setting, physicians are able to schedule procedures more conveniently, assemble teams of specially trained and highly skilled staff, ensure that the equipment and supplies being used are best suited to their techniques, and design facilities tailored to their specialties and to the specific needs of their patients. Simply stated, physicians are striving for, and have found in ASCs, professional autonomy over their work environment and over the quality of care that has not been available to them in hospitals. These benefits explain why physicians who do not have ownership interest in an ASC (and therefore do not benefit financially from performing procedures in an ASC) choose to work in ASCs in such high numbers.

Given the history of their involvement in making ASCs a reality, it is not surprising that physicians continue to have at least some ownership in virtually all (90%) ASCs. But what is more interesting to note is how many ASCs are jointly owned by local hospitals that now increasingly recognize and embrace the value of the ASC model. According to the most recent data available, hospitals have ownership interest in 21% of all ASCs and 3% are owned entirely by hospitals.[2]

ASCs also add considerable value to the US economy, with a 2009 total nationwide economic impact of $90 billion, including more than $5.8 billion in tax payments. Additionally, ASCs employ the equivalent of approximately 117,700 full-time workers.[3]





ASCs PROVIDE CARE AT SIGNIFICANT COST SAVINGS

Not only are ASCs focused on ensuring that patients have the best surgical experience possible, they also provide cost-effective care that save the government, third party payors and patients money. On average, the Medicare program and its beneficiaries share in more than $2.6 billion in savings each year because the program pays significantly less for procedures performed in ASCs when compared to the rates paid to hospitals for the same procedures. Accordingly, patient co-pays are also significantly lower when care is received in an ASC.

If just half of the eligible surgical procedures moved from hospital outpatient departments to ASCs, Medicare would save an additional $2.4 billion a year or $24 billion over the next 10 years. Likewise, Medicaid and other insurers benefit from lower prices for services performed in the ASC setting.

Currently, Medicare pays ASCs 58% of the amount paid to hospital outpatient departments for performing the same services For example, Medicare pays hospitals $1,670 for performing an outpatient cataract surgery while paying ASCs only $964 for performing the same surgery.

This huge payment disparity is a fairly recent phenomenon. In 2003, Medicare paid hospitals only 16% more, on average, than it paid ASCs. Today, Medicare pays hospitals 72% more than ASCs for outpatient surgery. There is no health or fiscal policy basis for providing ASCs with drastically lower payments than hospital outpatient departments.

In addition, patients typically pay less coinsurance for procedures performed in the ASC than for comparable procedures in the hospital setting. For example, a Medicare beneficiary could pay as much as $496 in coinsurance for a cataract extraction procedure performed in a hospital outpatient department, whereas that same beneficiary's copayment in the ASC would be only $195.

Without the emergence of ASCs as an option for care, health care expenditures would have been tens of billions of dollars higher over the past four decades. Private insurance companies tend to save similarly, which means employers also incur lower health care costs when employees utilize ASC services. For this reason, both employers and insurers have recently been exploring ways to incentivize the movement of patients and procedures to the ASC setting.

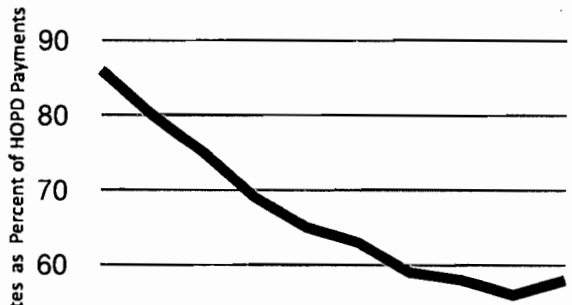
The long-term growth in the number of patients treated in ASCs, and resulting cost savings, is threatened by the widening disparity in reimbursement that ASCs and hospitals receive for the same procedures. In fact, the growing payment differential is creating a market dynamic whereby ASCs are being purchased by hospitals and converted into hospital outpatient departments. Even if an ASC is not physically located next to a hospital, once it is part of a hospital, it can terminate its ASC license and become a unit of the hospital, entitling the hospital to bill for Medicare services provided in the former ASC at the 72% higher hospital outpatient rates.

Cost Comparison:
ASC v. Hospital Outpatient Department

	Patient Cost		Medicare Cost	
	ASC Co-pay	HOPD Co-pay	Total Procedure Cost ASC	Total Procedure Cost HOPD
Cataract	$193	$490	$964	$1,670
Upper GI Endoscopy	$68	$139	$341	$591
Colonoscopy	$76	$186	$378	$655

ASCA Analysis of CMS Rates Effective 1 Jan. 2012

The Gap Between ASC and HOPD Payments Has Widened Significantly

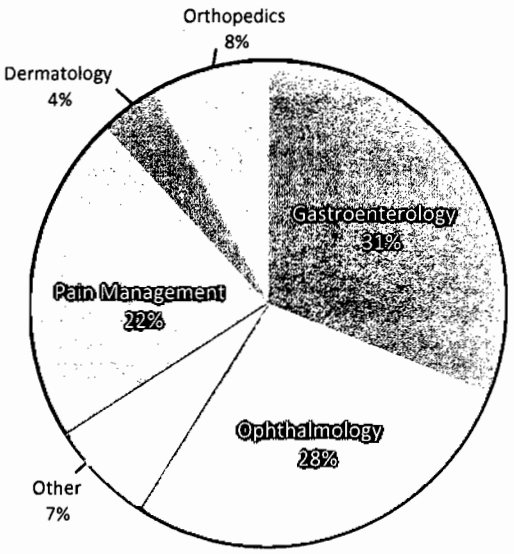


ASCA Analysis of CMS Rates 2003-2011

THE ASC INDUSTRY SUPPORTS DISCLOSURE OF PRICING INFORMATION

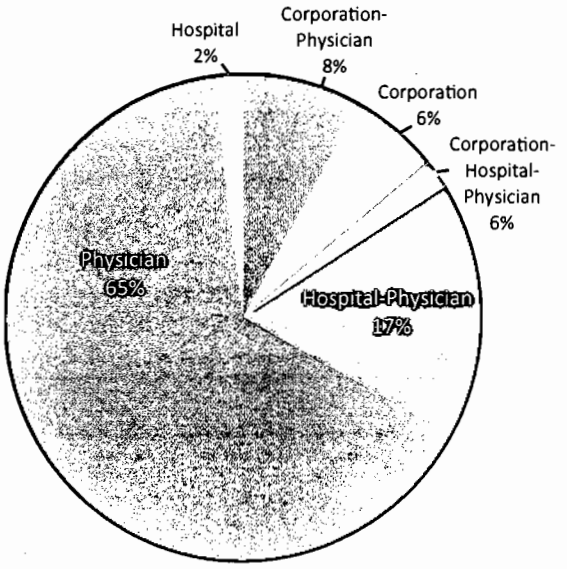
Typically, ASCs make pricing information available to their patients in advance of surgery. The industry is eager to make price transparency a reality, not only for Medicare beneficiaries, but for all patients. To offer maximum benefit to the consumer, these disclosures should outline the total price of the planned surgical procedure and the specific portion for which the patient would be responsible. This will empower health care consumers as they evaluate and compare costs for the same service amongst various health care providers.

Medicare Case Volume by Specialty



ASCA Analysis of CMS Claims Data 2010

ASC Ownership



ASCA's 2011 ASC Employee Salary & Benefits Survey

ASCs = Efficient Quality Care + Convenience + Patient Satisfaction

The ASC health care delivery model enhances patient care by allowing physicians to:

- Focus exclusively on a small number of processes in a single setting, rather than having to rely on a hospital setting that has large-scale demands for space, resources and the attention of management
- Intensify quality control processes since ASCs are focused on a smaller space and a small number of operating rooms, and
- Allow patients to bring concerns directly to the physician operator who has direct knowledge about each patient's case rather than deal with hospital administrators who almost never have detailed knowledge about individual patients or their experiences

Physician ownership also helps reduce frustrating wait-times for patients and allows for maximum specialization and patient–doctor interaction. Unlike large-scale institutions, ASCs

- Provide responsive, non-bureaucratic environments tailored to each individual patient's needs
- Exercise better control over scheduling, so virtually no procedures are delayed or rescheduled due to the kinds of institutional demands that often occur in hospitals (unforeseen emergency room demands)
- Allow physicians to personally guide innovative strategies for governance, leadership and most importantly, quality initiatives

As a result, patients say they have a 92% satisfaction rate with both the care and service they receive from ASCs .[4] Safe and high quality service, ease of scheduling, greater personal attention and lower costs are among the main reasons cited for the growing popularity of ASCs.

ASCs ARE HIGHLY REGULATED TO ENSURE QUALITY AND SAFETY

ASCs are highly regulated by federal and state entities. The safety and quality of care offered in ASCs is evaluated by independent observers through three processes: state licensure, Medicare certification and voluntary accreditation.

Forty three states and the District of Columbia, currently require ASCs to be licensed in order to operate. The remaining seven states have some form of regulatory requirements for ASCs such as Medicare certification or accreditation by an independent accrediting organization. Each state determines the specific requirements ASCs must meet for licensure and most require rigorous initial and ongoing inspection and reporting.

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All ASCs serving Medicare beneficiaries must be certified by the Medicare program. In order to be certified, an ASC must comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff, services and management of the ASC.The ASC must demonstrate compliance with these Medicare standards initially and on an ongoing basis.

In addition to state and federal inspections, many ASCs choose to go through voluntary accreditation by an independent accrediting organization. Accrediting organizations for ASCs include The Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF) and the American Osteopathic Association (AOA). ASCs must meet specific standards during on-site inspections by these organizations in order to be accredited. All accrediting organizations also require an ASC to engage in external benchmarking, which allows the facility to compare its performance to the performance of other ASCs.

In addition to requiring certification in order to participate in the Medicare program, federal regulations also limit the scope of surgical procedures reimbursed in ASCs. Even though ASCs and hospital outpatient departments are clinically identical, the Center for Medicare & Medicaid Services (CMS) applies different standards to the two settings.

ASCs: A COMMITMENT TO QUALITY

Quality care has been a hallmark of the ASC health care delivery model since its earliest days. One example of the ASC community's commitment to quality care is the ASC Quality Collaboration, an independent initiative that was established voluntarily by the ASC community to promote quality and safety in ASCs.

The ASC Quality Collaboration is committed to developing meaningful quality measures for the ASC setting. Six of those measures have already been endorsed by the National Quality Forum (NQF). The NQF is a non-profit organization dedicated to improving the quality of health care in America, and the entity the Medicare program consults when seeking appropriate measurements of quality care. More than 20% of all ASCs are already voluntarily reporting the results of the ASC quality measures that NQF has endorsed.

Since 2006, the ASC industry has urged the CMS to establish a uniform quality reporting system to allow all ASCs to publicly demonstrate their performance on quality measures. Starting on October 1, 2012, a new quality reporting system for ASCs will begin and will encompass five of the measures that ASCs are currently reporting voluntarily.

Reporting Measures

Measure	Data Collection Begins
Patient Burn	Oct 1, 2012
Patient Fall	Oct 1, 2012
Wrong Site, Side, Patient, Procedure	Oct 1, 2012
Hospital Admission	Oct 1, 2012
Prophylactic IV Antibiotic Timing	Oct 1, 2012
Safe Surgery Check List Use	Jan 1, 2012
Volume of Certain Procedures	Jan 1, 2012
Influenza Vaccination Coverage for Health Care Workers	Jan 1, 2013

76 Federal Regulation 74492 - 74517

Specific Federal Requirements Governing ASCs

In order to participate in the Medicare program, ASCs are required to meet certain conditions set by the federal government to ensure that the facility is operated in a manner that assures the safety of patients and the quality of services.

ASCs are required to maintain complete, comprehensive and accurate medical records. The content of these records must include a medical history and physical examination relevant to the reason for the surgery and the type of anesthesia planned. In addition, a physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and the procedure to be performed. Prior to discharge each patient must be evaluated by a physician for proper anesthesia recovery.

CMS requires ASCs to take steps to ensure that patients do not acquire infections during their care at these facilities. ASCs must establish a program for identifying and preventing infections, maintaining a sanitary environment and reporting outcomes to appropriate authorities. The program must be one of active surveillance and include specific procedures for prevention, early detection, control and investigation of infectious and communicable diseases in accordance with the recommendations of the Centers for Disease Control and Prevention. Thanks to these ongoing efforts, ASCs have very low infection rates.[5]

A registered nurse trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever a patient is in the ASC. To further protect patient safety, ASCs are also required to have an effective means of transferring patients to a hospital for additional care in the event of an emergency. Written guidelines outlining arrangements for ambulance services and transfer of medical information are mandatory. An ASC must have a written transfer agreement with a local hospital, or all physicians performing surgery in the ASC must have admitting privileges at the designated hospital. Although these safeguards are in place, hospital admissions as a result of complications following ambulatory surgery are rare.[5]

Continuous quality improvement is an important means of ensuring that patients are receiving the best care possible. An ASC, with the active participation of its medical staff, is required to conduct an ongoing, comprehensive assessment of the quality of care provided.

The excellent outcomes associated with ambulatory surgery reflect the commitment that the ASC industry has made to quality and safety. One of the many reasons that ASCs continue to be so successful with patients, physicians and insurers is their keen focus on ensuring the quality of the services provided.

Medicare Health and Safety Requirements

Required Standards	ASCs	HOPDs
Compliance with State licensure law	☑	☑
Governing body and management	☑	☑
Surgical services	☑	☑
Quality assessment and performance improvement	☑	☑
Environment	☑	☑
Medical staff	☑	☑
Nursing services	☑	☑
Medical records	☑	☑
Pharmaceutical services	☑	☑
Laboratory and radiologic services	☑	☑
Patient rights	☑	☑
Infection control	☑	☑
Patient admission, assessment and discharge	☑	☑

Source: 42 CFR 416 & 482

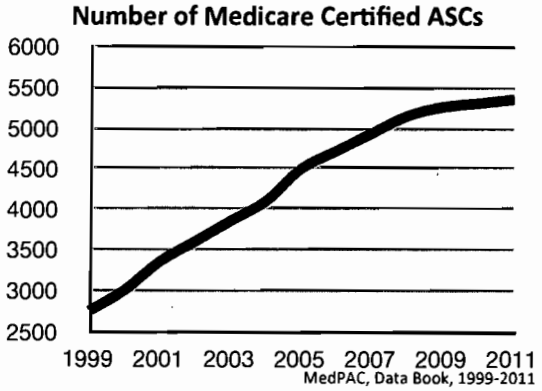
CONTINUED DEMAND FOR ASC FACILITIES

Technological advancement has allowed a growing range of procedures to be performed safely on an outpatient basis (unfortunately, however, Medicare has been slow to recognize these advances and assure that its beneficiaries have access to them). Faster acting and more effective anesthetics and less invasive techniques, such as arthroscopy, have driven this outpatient migration. Procedures that only a few years ago required major incisions, long-acting anesthetics and extended convalescence can now be performed through closed techniques utilizing short-acting anesthetics, and with minimal recovery time. As medical innovation continues to advance, more and more procedures will be able to be performed safely in the outpatient setting.

Over the years, the number of ASCs has grown in response to demand from the key participants in surgical care—patients, physicians and insurers. While this demand has been made possible by technology, it has been driven by patient satisfaction, efficient physician practice, high levels of quality and the cost savings that have benefited all.

However, in a troubling trend, the growth of ASCs has slowed in recent years. If the supply of ASCs does not keep pace with the demand for outpatient surgery that patients require, that care will be provided in the less convenient and more costly hospital outpatient department.[12]

Number of Medicare Certified ASCs



MedPAC, Data Book, 1999-2011

ASCs CONTINUE TO LEAD INNOVATION IN OUTPATIENT SURGICAL CARE

As a leader in the evolution of surgical care that has led to the establishment of affordable and safe outpatient surgery, the ASC industry has shown itself to be ahead of the curve in identifying promising avenues for improving the delivery of health care.

With a solid track record of performance in patient satisfaction, safety, quality and cost management, the ASC industry is already embracing the changes that will allow it to continue to play a leading role in raising the standards of performance in the delivery of outpatient surgical services.

As always, the ASC industry welcomes any opportunity to clarify the services it offers, the regulations and standards governing its operations, and the ways in which it ensures safe, high-quality care for patients.

POLICY CONSIDERATIONS

Given the continued fiscal challenges posed by administering health care programs, policy makers and regulators should continue to focus on fostering innovative methods of health care delivery that offer safe, high-quality care so progressive changes in the nation's health care system can be implemented.

Support should be reserved for those policies that foster competition and promote the utilization of sites of service providing more affordable care, while always maintaining high quality and stringent safety standards. In light of the many benefits ASCs have brought to the nation's health care system, policymakers should develop and implement payment and coverage policies that increase access to, and utilization of, ASCs.

END NOTES

1 "Ambulatory Surgery Centers." Encyclopedia of Surgery. Ed. Anthony J. Senagore. Thomson Gale, 2004.

2 2004 ASC Salary and Benefits Survey, Federated Ambulatory Surgery Association, 2004.

3 Oxford Outcomes ASC Impact Analysis, 2010.

4 Press-Ganey Associates, "Outpatient Pulse Report," 2008.

5 ASCA Outcomes Monitoring Project, 3rd Quarter 2011.

New Study Finds Billions in Savings Tied to ASCs

University of California-Berkeley analysis examines cost savings that ASCs provide to Medicare and its beneficiaries

ALEXANDRIA, VA, September 11, 2013 — A new analysis by researchers at the prominent University of California-Berkeley Nicholas C. Petris Center on Health Care Markets and Consumer Welfare finds that ambulatory surgery centers (ASCs) provide billions of dollars in savings to the Medicare program and its beneficiaries. Specifically, Berkeley's researchers found that ASCs saved Medicare $7.5 billion over the four-year period from 2008 to 2011. Going forward, ASCs have the potential to save the Medicare system an additional $57.6 billion over the next decade.

"With policymakers looking for ways to shore up Medicare's finances and reduce health care spending nationwide, our analysis suggests that ASCs offer a win-win for policymakers and patients," said Adjunct Professor Brent Fulton of the University of California at Berkeley. "Encouraging patients to seek the care they need in ASCs throughout the Medicare system should be an easy decision. Indeed, depending on the future policy environment, the savings generated by ASCs could exceed our $57.6 billion estimate."

Ambulatory surgery centers, or ASCs, are modern health care facilities focused on providing a range of same-day surgical care—the same procedures that were once performed exclusively in hospitals. Because ASCs provide quality care at less cost than hospital outpatient departments (HOPD), Medicare reimburses ASCs at, on average, 58 percent of the HOPD rate. This means that Medicare—and the taxpayers who fund it—realize savings every time a procedure is performed in an ASC. As the UC-Berkeley cost savings analysis shows, those savings add up. Key findings from the study include:

During the four-year period from 2008 to 2011, ASCs saved the Medicare program and its beneficiaries $7.5 billion. ASCs saved Medicare and its beneficiaries $2.3 billion in 2011 alone.

$6 billion of these savings were realized by the federal Medicare program. The remaining $1.5 billion went directly to Medicare beneficiaries. In other words, Medicare patients nationwide saved $1.5 billion thanks to the cost-effective care that ASCs provide.

Beneficiaries also stand to save considerably in future years. Because Medicare reimburses ASCs at a lower rate than HOPDs, patients also pay a smaller coinsurance amount in an ASC. For example, a Medicare beneficiary will save $148 on his or her coinsurance by electing to undergo a cataract surgery in an ASC instead of a hospital.

"ASCs deliver patient-centered outpatient surgical care that saves the Medicare program and its beneficiaries billions of dollars," said ASCA Chief Executive Officer William Prentice. "Unfortunately, the power of the price differential that produces these savings has limits, and we are at or beyond that limit now. ASC growth has all but stalled, and some centers are being

purchased and converted into hospital outpatient departments to take advantage of the higher fees that can be charged there. Congress and the Obama Administration must ensure that Medicare payments for ASC services are sufficient so that ASCs can continue to be the lower-cost alternative for outpatient surgical care for America's seniors."

The entire study can be found at www.ascassociation.org/MedicareSavingsStudy.

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Medicare Cost Savings Tied to Ambulatory Surgery Centers

ASCA
Ambulatory Surgery Center Association

Produced with cost savings analysis from Berkeley
UNIVERSITY OF CALIFORNIA

Acknowledgements

Dr. Brent Fulton, Assistant Adjunct Professor and Research Economist, and Dr. Sue Kim, Research Scientist, both from the Nicholas C. Petris Center on Health Care Markets and Consumer Welfare, School of Public Health, University of California-Berkeley, conducted the cost savings analysis presented in this report.

Berkeley
UNIVERSITY OF CALIFORNIA

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EXECUTIVE SUMMARY

Even in today's divisive political environment, there's at least one important area of consensus among policymakers: the threat posed by rising health care costs to both our national economy and the federal and state governments' balance sheets. This concern is particularly acute in the Medicare program, where costs are expected to rise dramatically as new treatments are developed and a generation of Baby Boomers enters retirement. Burgeoning health care costs, it seems certain, will be near the top of Washington, DC's agenda for years to come.

As they work to reduce health care costs and extend the solvency of programs like Medicare, policymakers will confront tough choices in the months and years ahead. Yet, they must also be alert for reforms that cut costs while maintaining quality services for beneficiaries. This analysis by Professor Brent Fulton and Dr. Sue Kim of the University of California at Berkeley explores one possible way for policymakers to generate substantial Medicare savings without reducing services or quality of care.

This study examines ambulatory surgery centers (ASCs). ASCs are technologically advanced medical facilities that provide same-day surgical procedures, including important diagnostic and preventive services like colonoscopies. Today, more than 5,300 Medicare-certified ASCs serve communities throughout our nation. These ASCs perform many of the same procedures as hospital outpatient departments (HOPDs). ASCs, however, are able to provide care much more efficiently and without the often costly overhead associated with hospitals. According to an industry calculation, the Medicare program currently reimburses ASCs at 58 percent of the HOPD rate, meaning that Medicare—and the taxpayers who fund it—realize savings every time a procedure is performed in an ASC instead of an HOPD.

When one considers the millions of same-day surgical procedures performed in ASCs through the Medicare program each year, the nationwide savings add up quickly. In this study, University of California at Berkeley's Professor Brent Fulton and Dr. Sue Kim analyze the numbers to determine how much ASCs save the Medicare program and its beneficiaries. They begin by analyzing government data to identify how much money ASCs saved Medicare in recent years, and then, forecast how much more ASCs will save Medicare in the future. The key findings are the following:

- During the four-year period from 2008 to 2011, ASCs saved the Medicare program and its beneficiaries $7.5 billion. ASCs saved Medicare and its beneficiaries $2.3 billion in 2011 alone.

- $6 billion of these savings were realized by the federal Medicare program. The remaining $1.5 billion went directly to Medicare beneficiaries. In other words, Medicare patients nationwide saved $1.5 billion thanks to the less expensive care offered at ASCs.
- ASCs have the potential to save the Medicare program and its beneficiaries up to $57.6 billion more over the next decade.
- Beneficiaries themselves also stand to save considerably in future years. Because Medicare reimburses ASCs at a lower rate than HOPDs, patients also pay a smaller coinsurance amount in an ASC. The authors use the example of cataract surgery, noting that a Medicare beneficiary will save $148 on his or her coinsurance by electing to undergo surgery in an ASC instead of a hospital.

These findings have important implications for policymakers' ongoing discussion about how to most effectively reduce health care costs and the national budget deficit. The clearest implication is that, while public officials may indeed confront tough choices in the years ahead, the choice to encourage ASC use within the Medicare program is an easy decision. These findings suggest that ASCs offer a "win–win" for patients and the Medicare system, since they provide substantial savings without any corresponding reduction in quality or benefits.

While the future savings offered by ASCs are easily attainable, however, they are not inevitable. Indeed, a discrepancy in Medicare reimbursement policy could jeopardize the savings ASCs provide. Medicare uses two different factors to update ASC and HOPD payments—despite the fact that the two settings provide the same surgical services. ASC payments are updated based on the consumer price index for all urban consumers (CPI-U), which measures changes in the costs of all consumer goods; HOPD rates, meanwhile, are updated on the hospital market basket, which specifically measures changes in the costs of providing health care, and so, more accurately reflects the increased costs that outpatient facilities face.

Since consumer prices have inflated more slowly than medical costs, the gap in ASC and HOPD reimbursement rates has widened over time. If the reimbursement rate for ASCs continues to fall relative to their HOPD counterparts, ASC owners and physicians will face increasing pressure to leave the Medicare system and allow their facilities to be acquired by nearby hospitals. When an ASC is acquired by a hospital, the Medicare reimbursement rate jumps roughly 75 percent. This threatens to turn the cost-saving advantage of ASCs into a perverse market incentive that drives ASCs from the Medicare program.

Already, the widening disparity in reimbursement has led more than 60 ASCs to terminate their participation in Medicare over the last three years. If the reimbursement gap continues to widen, more ASCs will leave the Medicare program. As a result, more Medicare cases will be driven to the HOPD, causing costs to both the Medicare program and its beneficiaries to rise.

Thus, realizing the full potential savings that ASCs offer will likely require policymakers to step in and halt this continuing "slide" in ASC reimbursement rates. Because Medicare saves money virtually every time a procedure is performed in an ASC instead of an HOPD, any policies that reduce the widening reimbursement gap between ASCs and HOPDs, and that otherwise encourage the migration of cases from the hospital setting into ASCs, will increase total savings for the Medicare program and its beneficiaries.

I. AN INTRODUCTION TO AMBULATORY SURGERY CENTERS

Only 40 years ago, virtually all surgeries and diagnostic procedures were performed in hospitals. Today, however, standalone facilities known as Ambulatory Surgery Centers (ASCs) provide outpatient surgical care in an atmosphere removed from the competing demands that are often encountered in an acute care hospital.

ASCs, as this report details, offer patients a cost-effective alternative to hospital outpatient departments (HOPDs). The first ASC opened in 1970, and today, there are more than 5,300 Medicare-certified ASCs in the United States. The overwhelming majority of these ASCs are at least partially owned by physicians, which allows for better control over scheduling, as procedures are not often delayed or rescheduled due to staffing issues or competing demands for operating room space from emergency cases.

ASC surgeons perform a diverse range of procedures, many of them diagnostic or preventive in nature. For example:

- ASCs perform more than 40 percent of all Medicare colonoscopies, contributing to a decade-long decline in colorectal cancer mortality.
- The ASC industry also led the development of minimally invasive procedures and the advancement of technology to replace the intraocular lens, a procedure that is now used nearly one million times each year to restore vision for Medicare patients with cataracts. Once an inpatient hospital procedure, it can now be performed safely at an ASC at a much lower cost.

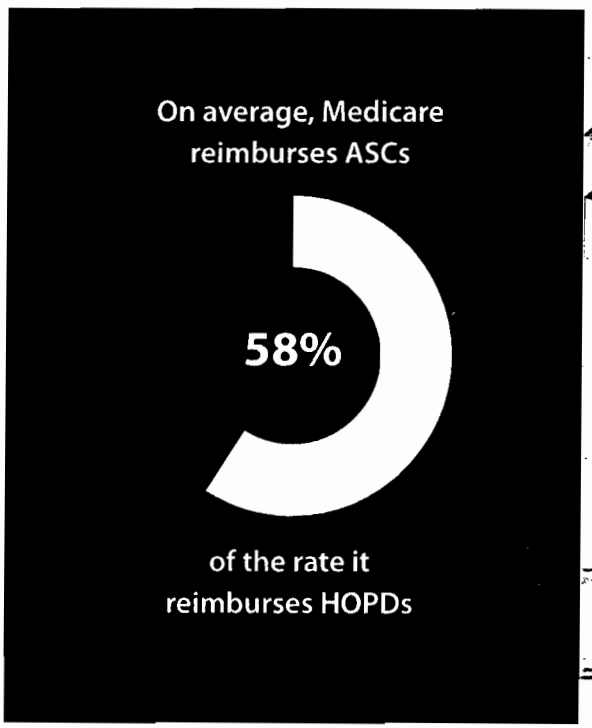
Ambulatory Surgery Centers are modern health care facilities focused on providing a range of same-day surgical care, the same types of procedures that were once performed exclusively in hospitals. Today, as a result of medical advancements and new technologies—including minimally invasive surgical techniques and improved anesthesia—a range of procedures can be performed safely and effectively on an outpatient basis.

II. ASCS: SAVING THE SYSTEM

The more than 5,300 Medicare-certified ASCs in the United States today provide identical services to those performed at HOPDs throughout the country. ASCs are able to perform these surgeries much more efficiently than HOPDs. ASCs do not incur the often substantial administrative and overhead costs associated with a hospital. This enables ASCs to provide these services at substantially less cost to the Medicare program—and to its beneficiaries—than their hospital counterparts.

Today, Medicare reimburses ASCs at an average of 58 percent of the rate it reimburses HOPDs for the same procedures.

The savings that accrue over time, even for individual procedures, are significant. For example, in 2011, Medicare beneficiaries (excluding Medicare Advantage beneficiaries) had 1,709,175 cataract surgeries, of which, 1,120,388 were performed in ASCs and the other 588,787 in HOPDs. The parallel reimbursements per surgery were $951 for an ASC and $1,691 for an HOPD, meaning that every time a patient elected to receive treatment in an ASC, the Medicare program saved $740. When applied across the 1,120,388 cataract surgeries performed in ASCs during 2011, the total savings for this single procedure reached $829 million.



III. COST SAVINGS ANALYSIS

Data and Methodology

Professor Fulton and Dr. Kim conducted the following analysis, which looks at government data from the Centers for Medicare & Medicaid Services (CMS), to answer two fundamental questions. First, how much money did the Medicare program and its beneficiaries save from 2008 to 2011 because surgical and diagnostic procedures were performed at ASCs instead of HOPDs? Second, how much more could the Medicare program and its beneficiaries save over the next decade (2013–2022) if additional procedures move from HOPDs to the ASC setting during that timeframe?

Government data was used to ascertain the volume of procedures performed in ASCs, HOPDs and physician offices from 2008 through 2011, as well as the reimbursement rates for procedures done at ASCs and HOPDs. The volume data reports are from the Medicare Physician Supplier Procedure Specific file available from CMS. It excludes Medicare Advantage enrollees. The ASC reimbursement rates are from the ASC Addendum AA[1], and the HOPD reimbursement rates are from Hospital Outpatient Prospective Payment System Addendum.[2]

When forecasting future cost savings, the Berkeley analysts relied on CMS' predicted number of Medicare beneficiaries from 2013 to 2022. This data set also excludes Medicare Advantage enrollees.[3]

To ensure a realistic baseline for their analysis and predictions, the analysts limited the data set to the 120 procedures most commonly performed at ASCs in 2011, which represented 73 percent of the total volume of all procedures performed in ASCs in 2011.[4]

Past Savings

To estimate the savings generated by ASCs from 2008 to 2011, the analysts calculated the differences in reimbursement rates for each of the 120 procedures, then multiplied those differences by the number of procedures performed at ASCs. For example, the cataract surgery discussed in the previous section, when performed in an ASC, generated a total of $829 million in savings in 2011. They applied the same method for all of the 120 procedures in each year from 2008 to 2011. They broke the numbers into savings that accrued to the Medicare program and savings that directly benefited beneficiaries. The beneficiary share of the total savings was 20 percent over the four-year period. Professor Fulton's and Dr. Kim's analysis found the following:

- During the four-year period from 2008 to 2011, the lower ASC reimbursement rate generated a total of $7.5 billion in savings for the Medicare program and its beneficiaries.
- $6 billion of these savings were realized by the federal Medicare program. The remaining $1.5 billion was saved by Medicare beneficiaries themselves. In other words, Medicare patients nationwide saved $1.5 billion thanks to the less expensive care offered at ASCs.
- These savings increased each year, rising from $1.5 billion in 2008 to $2.3 billion in 2011. The increase results from the total number of procedures growing from 20.4 million to 24.7 million (or 6.6 percent annually) between 2008 and 2011 as well as the reimbursement rate gap widening between HOPDs and ACSs. These savings were realized despite the share of total Medicare procedures performed in ASCs decreasing over this period, falling from 22.9 percent in 2008 to 21.7 percent in 2011.

1 http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html
2 http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html
3 http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/downloads/tr2011.pdf (p.51).
4 The data set was initially narrowed to 148 procedures, which represented about 90% of the total volume. Twenty-seven procedures were dropped because of missing data on the number of procedures or reimbursement rates. One additional procedure was dropped the ASC share was 100%, and it thus provided no basis for comparison with HOPDs.

These findings are illustrated in the following chart.

Descriptor	Annual Change	Total (2008—2011)	2008	2009	2010	2011
Number of procedures per 1,000 Medicare beneficiaries	5.6%		573.9	587.3	600.3	674.9
Procedures (million)						
ASC	4.7%	19.5	4.7	4.7	4.8	5.4
HOPD	5.9%	22.3	5.3	5.3	5.4	6.3
Physician office	7.7%	45.5	10.4	10.8	11.3	13.0
Total # of procedures	6.6%	87.3	20.4	20.8	21.5	24.7
ASC share*	1.5%	22.3%	22.9%	22.7%	22.3%	21.7%
Savings ($billion) **						
Program	16.6%	$6.0	$1.2	$1.4	$1.5	$1.9
Beneficiaries	14.8%	$1.5	$0.3	$0.4	$0.4	$0.5
Total***	16.3%	$7.5	$1.5	$1.8	$1.9	$2.3

Notes:

* The ASC share reported in the table is influenced by (or weighted for) high-volume procedures, such as cataracts. The analysts also calculated the ASC share based on a simple average across the 120 procedures. The ASC shares for 2008 to 2011 were 30.4%, 31.0%, 31.4% and 31.8%, respectively, each year, and averaged 31.1% over the four years.

**Savings are reported in nominal dollars.

***Totals may not sum and percentages may not total to 100% due to rounding.

Future Savings

The ASC industry is certain to continue generating savings to both the Medicare program and its beneficiaries over the next decade. The magnitude of these savings, however, will hinge on whether, and how much, the ASC share of surgeries grows within the Medicare program. That growth rate will, in turn, depend on market trends, demographic factors and how policymakers act—or decline to act—to encourage the use of ASCs within the Medicare program.

To estimate the savings Medicare would realize from having more procedures performed in ASCs from 2013 to 2022, Professor Fulton and Dr. Kim applied the methodology above to six scenarios. These six scenarios, which incorporate different assumptions about both the growth of ASC share and the overall growth of Medicare procedure rates, provide a range of possible savings offered by ASCs in the next decade.

The analysts divided the scenarios into two subsets. For subset A, they assumed that the number of procedures per 1,000 Medicare beneficiaries would remain constant at the 2010 rate. For subset B, they assumed that the 2011 rate would increase by 3 percent annually for each procedure.[5] Within each subset, the analysts examined three scenarios:

1. The ASC share of each procedure in 2011 will remain constant between 2013 and 2022. *This is a baseline assumption that assumes ASC share does not grow at all in the coming decade.*

2. The ASC share of each procedure will increase by 2 percent per year from 2013 through 2022, equivalent to the average increase across procedures from 2008 through 2011.[6] The analysts capped the share for any given procedure at 90 percent to avoid implausible assumptions.

3. The ASC share growth for each procedure will vary depending on that procedure's historical share growth rate. The analysts assumed three growth rates and, again, capped the share for any single procedure at 90 percent.

   - The "low" group included procedures that had negative or no growth in the share of procedures performed at ASCs during 2008–2011. The analysts assumed that the ASC share of these procedures will increase 1 percent annually from 2013–2022. This group included approximately 30 percent of the procedures.

   - The "middle" group included procedures that had up to 5 percent growth in share of procedures performed at ASCs during 2008–2011. It was assumed that the ASC share of these procedures will increase 5 percent annually from 2013–2022. This group included approximately 43 percent of the procedures.

   - The "high" group included procedures that had greater than 5 percent growth in share of procedures performed at ASCs during 2008–2011. This group had a median ASC share growth rate of about 11 percent annually during 2008–2011. The analysts projected that the ASC share of these procedures will increase 10 percent annually from 2013–2022. This group included approximately 27 percent of the procedures.

The estimated savings are tabulated in the following table. The savings analysis and predictions for each individual procedure are tabulated in the appendix.

5 The number of procedures per 1,000 Medicare beneficiaries significantly increased between 2010 and 2011 (see table on page 9). For the lower-savings estimates (subset A), the lower 2010 rate was used as a baseline. For the higher-savings estimates (subset B), the 2011 rate was used as the baseline.

6 The 2% annual average increase is based on a simple average across the 120 procedures, meaning the average is not influenced by (or weighted for) for high-volume procedures, such as cataracts.

Projected Savings ($Billion)	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2013-2017	2018-2022	2013-2022
A. Volume of Procedures per 1,000 Medicare Beneficiaries Remains Constant and:													
A1. ASC share remains constant	$2.3	$2.5	$2.8	$3.0	$3.2	$3.3	$3.5	$3.7	$4.0	$4.2	$13.7	$18.7	$32.5
A2. ASC share increases at 2% annually	$2.4	$2.7	$3.0	$3.3	$3.6	$3.8	$4.1	$4.4	$4.8	$5.2	$14.9	$22.5	$37.3
A3. ASC share increases either 1%, 5% or 10% annually (depending on the procedure)	$2.5	$2.8	$3.1	$3.5	$3.8	$4.2	$4.6	$5.0	$5.5	$6.0	$15.7	$25.3	$41.0
B. Volume of Procedures per 1,000 Medicare Beneficiaries Increases by 3% Annually and:													
B1. ASC share remains constant	$2.8	$3.1	$3.5	$3.9	$4.3	$4.7	$5.1	$5.5	$6.0	$6.6	$17.6	$27.9	$45.5
B2. ASC share increases at 2% annually	$2.9	$3.3	$3.8	$4.3	$4.8	$5.4	$5.9	$6.6	$7.4	$8.2	$19.1	$33.4	$52.6
B3. ASC share increases either 1%, 5% or 10% annually (depending on the procedure)	$3.0	$3.5	$4.0	$4.6	$5.2	$5.8	$6.6	$7.4	$8.3	$9.4	$20.2	$37.5	$57.6

Note: Savings are reported in nominal dollars. In all scenarios, the Berkeley analysts inflated the reimbursement amounts over time using a forecasted Consumer Price Index for All Urban Consumers, which averaged 2.4% from 2013–2022.

Conclusions

ASCs saved the Medicare program and its beneficiaries $7.5 billion over the four-year period from 2008 to 2011. Even under the most conservative assumptions, the future savings generated by ASCs are substantial.

- Under the baseline scenario, which assumes that neither ASC share nor Medicare procedure volume will grow over the next decade, ASCs will save the Medicare program an additional $32.5 billion during that time.
- As the share of procedures performed in ASCs grows within the Medicare program, so do the savings. If ASC share within the Medicare system increases even slightly, as in scenarios B2 and B3, the savings could exceed $57.6 billion over 10 years—an average savings of $5.76 billion each year.
- Medicare beneficiaries also save money by choosing ASCs, since a lower Medicare reimbursement rate means that patients, in turn, pay a smaller coinsurance. While the forward-looking portion of this study does not examine coinsurance rates for each procedure, it is clear that the savings realized by the Medicare program imply additional savings for beneficiaries. Using the example of cataract surgeries: a Medicare beneficiary will pay coinsurance of $338.20 for such a surgery to be performed in an HOPD, but only $190.20 for that same surgery in an ASC—a $148 savings that goes directly to the patient.

Further, the above estimates are quite conservative. Even the most "optimistic" scenario assumes that ASC share growth per procedure grows only modestly more quickly than historical averages, and that Medicare volume grows at a modest, and historically consistent, rate. If policy decisions or other factors cause either growth rate to accelerate further, the savings generated by ASCs within the Medicare system would certainly exceed the $57.6 billion estimated here.

in savings generated by ASCS from 2008 to 2011

Up to

additional savings in Medicare program generated by ASCs over the next 10 years

Up to

average future yearly savings

A final note: although this study examined only data from the Medicare program, ASCs typically also charge private payers, including those in the Medicare Advantage program, less than their HOPD counterparts. Thus, similar cost savings also exist in the commercial health insurance market and in the Medicare Advantage program. We believe it is important to quantify these private-side savings as well and encourage others to examine this subject in future studies.

IV. POLICY IMPLICATIONS AND CONSIDERATIONS

An aging population, along with inflation in health care costs, means that the federal government's expenditures through the Medicare program are projected to increase substantially in the coming years. Consequently, policymakers in Washington, DC, are exploring potential ways to reduce projected Medicare outlays and extend the program's solvency. We believe that this study offers an important contribution to that discussion. Two specific policy concerns stand out.

AVOIDING ASC TO HOPD CONVERSIONS

Our first and most important observation is that, while the future savings offered by ASCs are easily attainable, they are not inevitable. Because they provide identical services to HOPDs but do so at an average of 58 percent of the reimbursement rate that the Medicare program pays HOPDs for those services, ASCs represent a source of value to the program and the taxpayers who fund it. A discrepancy in the way Medicare reimbursement rates are updated, however, threatens to marginalize ASCs' role within the program.

CMS currently applies different measures of inflation to determine the adjustments it provides to its payment systems for ASCs and HOPDs each year. For ASCs, that measure is the CPI-U, which is tied to consumer prices. The index for HOPD reimbursements, on the other hand, remains tied to the hospital market basket, which measures inflation in actual medical costs. Since consumer prices have inflated more slowly than medical costs, the gap in ASC and HOPD reimbursement rates has widened over time. As the reimbursement rate for ASCs continues to fall relative to their HOPD counterparts, ASC owners and physicians will face increasing pressure to leave the Medicare system and allow their facilities to be acquired by nearby hospitals.

When an ASC is acquired by a hospital, in what is known as "an ASC to HOPD conversion," the Medicare reimbursement rate jumps roughly 75 percent and all savings to the Medicare program and its beneficiaries are promptly lost. The continuing reduction in reimbursement led more than 60 ASCs to terminate their participation in Medicare over the last three years. If policymakers allow this gap in reimbursements to continue widening, the cost-saving advantage that ASCs offer could morph into a perverse market incentive that drives ASCs from the Medicare program.

Some in Congress have introduced legislation, which is titled the "Ambulatory Surgical Center Quality and Access Act," that aims to fix this problem. This bill would correct the imbalance in reimbursement indices and ensure that ASC reimbursements do not continue to fall relative to their HOPD counterparts. Additionally, it would establish an ASC value-based purchasing (VBP) program designed to foster collaboration between ASCs and the government and create additional savings for the Medicare system in the process.

ASCS AS PART OF BROADER COST-SAVINGS EFFORTS

Many of the policy options aimed at reducing Medicare costs that are being considered in Congress today involve important "trade-offs," where reduced outlays come at the expense of retirees' benefits. Often-discussed options such as raising the Medicare retirement age or increasing cost-sharing, for example, generate savings as a direct result of reducing the amount of benefits delivered by the Medicare program. The savings offered by ASCs, however, do not involve such trade-offs; they make it possible for the Medicare program, and its beneficiaries, to realize significant savings without any corresponding reduction in benefits.

There are more than 5,300 Medicare-certified ASCs throughout the country, all of which represent an important source of efficiency for the Medicare program and the taxpayers who fund it. We recommend that policymakers explore all potential options for encouraging further growth of ASC share within the Medicare system.

APPENDIX: METHODOLOGY AND CHART OF INDIVIDUAL PROCEDURE SAVINGS

The following table shows detailed statistics for the 120 procedures. In the table, the procedures are first sorted by the annual ASC share increase assumptions in Scenarios A3 and B3, which were 1, 5, and 10 percent annually (see Column "% ASC Share Growth Assumptions for A3 and B3"). Within the 1, 5, and 10 percent buckets, the procedures are then sorted based on the savings they generated in 2011 (see Column "Savings 2011").

The table shows the average annual change in the ASC share from 2008 through 2011, the 2011 ASC share of procedures and projected ASC share in 2022 if the share increases by 2 percent annually or in the range of 1 to 10 percent annually. In addition, it shows the 2011 and projected 2022 volume per 1,000 Medicare beneficiaries. Most importantly, those columns are followed by two sets of three columns that show the projected savings estimates in 2022 when the number of procedures per 1,000 Medicare beneficiaries remains constant and when the number of procedures per 1,000 Medicare beneficiaries increases by 3 percent per year. Within each set, the ASC share assumptions are based on the assumptions presented in the table on page 11.

The first row of the table illustrates that cataract surgeries (HCPCS 66984) alone generated a savings of $829 million in 2011. In 2011, the ASC share of this procedure was 56 percent, and that share either increases to 62 or 69 percent depending on the scenario. Depending on whether the number of cataract surgeries per 1,000 Medicare beneficiaries increases and the share of procedures performed in ASCs, the projected savings for Medicare and its beneficiaries range from $1.5 billion to $2.95 billion in 2022.

The last row of the table shows column totals and averages (see page 9). In 2011, there were $2.3 billion in savings for the 120 procedures, and the projected savings in 2022 range from $4.2 billion to $9.4 billion, depending on the scenario.

No.	HCPCS	HCPCS Description	Savings 2011 ($million)	Average Annual ASC Share Change 2008-2011	Baseline: 2011 ASC Share of Procedures	Projected ASC Share for 2022 (2% increase per year)	Projected ASC Share for 2022 (share increase varies)	2011 Volume of Procedures (# per 1,000 Medicare Beneficiaries)	Projected Volume of Procedures for 2022 (# per 1,000 Medicare Beneficiaries)*	Volume per 1,000 Medicare Beneficiaries Remains Constant			Volume per 1,000 Medicare Beneficiaries Increases By 3% per Year			% ASC Annual Share Growth Assumption for A3 & B3	Reimbursement Difference Between ASCs and HOPDs 2011
										A1. Baseline: Savings for 2022 (ASC share remains constant) ($million)	A2. Savings for 2022 (ASC share increases 2% per year) ($million)	A3. Savings for 2022 (ASC share increase varies) ($million)	B1. Baseline: Savings for 2022 (ASC share remains constant) ($million)	B2. Savings for 2022 (ASC share increases 2% per year) ($million)	B3. Savings for 2022 (ASC share increase varies) ($million)		
1	66984	Cataract surg w/iol 1 stage	$829	-3.56%	56%	69%	62%	54.9	76.0	$1,500	$1,870	$1,670	$2,370	$2,950	$2,650	1%	$740
2	66982	Cataract surgery complex	$63	-0.96%	52%	65%	59%	4.4	6.1	$116	$144	$129	$180	$224	$201	1%	$740
3	64483	Inj foramen epidural l/s	$60	-3.02%	35%	44%	39%	20.6	28.5	$106	$132	$119	$173	$215	$193	1%	$229
4	62311	Inject spine l/s (cd)	$53	-13.67%	26%	33%	29%	24.1	33.4	$73	$91	$82	$152	$188	$169	1%	$229
5	66821	After cataract laser surgery	$43	-2.96%	43%	54%	48%	16.2	22.4	$86	$107	$96	$124	$154	$138	1%	$169
6	29881	Knee arthroscopy/surgery	$25	-0.25%	39%	48%	43%	2.0	2.7	$51	$64	$57	$71	$89	$79	1%	$903
7	28285	Repair of hammertoe	$22	-0.22%	37%	46%	41%	2.4	3.3	$38	$47	$43	$64	$79	$71	1%	$681
8	43235	Uppr gi endoscopy diagnosis	$21	-0.18%	34%	43%	38%	6.1	8.5	$38	$47	$42	$59	$73	$66	1%	$268
9	64622	Destr paravertebrl nerve l/s	$18	-4.98%	35%	44%	40%	3.6	5.0	$28	$34	$31	$52	$64	$58	1%	$386
10	52000	Cystoscopy	$16	-0.03%	8%	10%	9%	24.4	33.8	$33	$41	$37	$47	$58	$52	1%	$224
11	62310	Inject spine c/t	$14	-13.54%	30%	37%	33%	5.5	7.6	$18	$23	$20	$39	$49	$44	1%	$229
12	29848	Wrist endoscopy/surgery	$11	-0.10%	51%	63%	57%	0.7	0.9	$20	$25	$23	$32	$40	$36	1%	$903
13	29823	Shoulder arthroscopy/surgery	$10	-2.73%	28%	35%	31%	0.7	0.9	$14	$17	$16	$29	$36	$32	1%	$1,460
14	63650	Implant neuroelectrodes	$9	-20.87%	24%	29%	26%	1.2	1.7	$10	$12	$11	$26	$32	$29	1%	$846
15	20680	Removal of support implant	$7	-1.14%	26%	32%	29%	1.1	1.5	$14	$17	$15	$21	$27	$24	1%	$720
16	28296	Correction of bunion	$7	-0.91%	41%	50%	45%	0.5	0.7	$15	$18	$17	$20	$25	$23	1%	$1,002
17	52005	Cystoscopy & ureter catheter	$7	-0.11%	25%	31%	28%	0.9	1.3	$12	$15	$13	$19	$24	$22	1%	$794
18	45381	Colonoscopy submucous inj	$7	-4.10%	43%	54%	48%	1.5	2.0	$7	$9	$8	$19	$23	$21	1%	$281
19	36561	Insert tunneled cv cath	$6	-1.43%	7%	8%	7%	2.6	3.7	$12	$15	$13	$17	$21	$19	1%	$927
20	29875	Knee arthroscopy/surgery	$5	-1.21%	46%	57%	51%	0.3	0.4	$8	$10	$9	$14	$17	$15	1%	$903
21	30520	Repair of nasal septum	$5	-0.30%	30%	37%	34%	0.6	0.8	$8	$9	$8	$14	$17	$15	1%	$773
22	52281	Cystoscopy and treatment	$5	-0.75%	9%	11%	10%	2.7	3.7	$11	$13	$12	$14	$17	$15	1%	$530
23	58558	Hysteroscopy biopsy	$4	-2.25%	13%	17%	15%	1.1	1.5	$7	$9	$8	$10	$13	$12	1%	$696
24	65426	Removal of eye lesion	$3	-0.03%	59%	73%	66%	0.2	0.2	$5	$6	$6	$8	$10	$9	1%	$736
25	64626	Destr paravertebrl nerve c/t	$3	-7.96%	38%	48%	43%	0.8	1.2	$4	$5	$5	$8	$10	$9	1%	$229
26	14041	Skin tissue rearrangement	$3	-2.49%	13%	16%	15%	1.0	1.4	$5	$6	$6	$7	$9	$8	1%	$519
27	43251	Operative upper GI endoscopy	$2	-0.85%	35%	44%	39%	0.6	0.9	$4	$5	$4	$6	$8	$7	1%	$268
28	64627	Destr paravertebral n add-on	$2	-0.43%	39%	48%	43%	1.9	2.6	$3	$3	$3	$6	$8	$7	1%	$80
29	44361	Small bowel endoscopy/biopsy	$2	-1.36%	53%	66%	60%	0.3	0.5	$4	$5	$4	$6	$7	$6	1%	$307
30	62264	Epidural lysis on single day	$2	-17.63%	29%	36%	32%	0.4	0.5	$2	$2	$2	$5	$6	$5	1%	$386

No.	HCPCS	HCPCS Description	Savings 2011 ($million)	Average Annual ASC Share Change 2008-2011	Baseline: 2011 ASC Share of Procedures	Projected ASC Share for 2022 (2% increase per year)	Projected ASC Share for 2022 (share increase varies)	2011 Volume of Procedures (# per 1,000 Medicare Beneficiaries)	Projected Volume of Procedures for 2022 (# per 1,000 Medicare Beneficiaries)[a]	Volume per 1,000 Medicare Beneficiaries Remains Constant			Volume per 1,000 Medicare Beneficiaries Increases By 3% per Year			% ASC Annual Share Growth Assumption for A3 & B3	Reimbursement Difference Between ASCs and HOPDs 2011
										A1. Baseline: Savings for 2022 (ASC share remains constant) ($million)	A2: Savings for 2022 (ASC share increases 2% per year) ($million)	A3: Savings for 2022 (ASC share increase varies) ($million)	B1. Baseline: Savings for 2022 (ASC share remains constant) ($million)	B2: Savings for 2022 (ASC share increases 2% per year) ($million)	B3: Savings for 2022 (ASC share increase varies) ($million)		
31	13132	Repair of wound or lesion	$2	-4.69%	6%	7%	6%	5.3	7.4	$2	$3	$3	$5	$6	$5	1%	$140
32	62319	Inject spine w/cath l/s (cd)	$2	-18.47%	30%	38%	34%	0.4	0.5	$2	$2	$2	$4	$6	$5	1%	$386
33	64520	N block lumbar/thoracic	$1	-13.74%	23%	29%	26%	0.6	0.8	$1	$2	$2	$3	$4	$4	1%	$229
34	64450	N block other peripheral	$1	-1.62%	1%	2%	1%	10.2	14.1	$1	$1	$1	$3	$4	$3	1%	$226
35	11042	Deb subq tissue 20 sq cm/<	$1	-14.48%	1%	1%	1%	28.9	40.0	$1	$2	$2	$2	$3	$2	1%	$82
36	20552	Inj trigger point 1/2 muscl	$1	-7.74%	1%	2%	1%	8.3	11.5	$1	$1	$1	$2	$2	$2	1%	$163
37	43239	Upper gi endoscopy biopsy	$143	0.58%	45%	55%	76%	32.8	45.5	$243	$303	$416	$409	$509	$700	5%	$268
38	45380	Colonoscopy and biopsy	$107	1.11%	48%	59%	82%	21.8	30.2	$197	$245	$336	$306	$380	$523	5%	$281
39	45385	Lesion removal colonoscopy	$82	2.10%	46%	58%	79%	17.2	23.9	$162	$202	$278	$236	$293	$403	5%	$281
40	45378	Diagnostic colonoscopy	$66	0.27%	40%	49%	68%	16.2	22.4	$157	$195	$268	$190	$236	$324	5%	$281
41	29826	Shoulder arthroscopy/surgery	$38	1.27%	33%	40%	56%	2.2	3.1	$53	$66	$91	$110	$137	$188	5%	$1,460
42	G0105	Colorectal scrn; hi risk ind	$30	2.48%	52%	64%	88%	6.3	8.7	$54	$68	$93	$85	$105	$145	5%	$249
43	64721	Carpal tunnel surgery	$25	1.01%	40%	50%	68%	3.0	4.2	$50	$62	$85	$72	$90	$124	5%	$577
44	64623	Destr paravertebral n add-on	$24	4.03%	36%	44%	61%	8.1	11.2	$31	$39	$53	$69	$86	$118	5%	$229
45	G0121	Colon ca scrn not hi rsk ind	$24	2.22%	45%	56%	77%	5.8	8.0	$42	$52	$72	$68	$84	$115	5%	$249
46	29827	Arthroscop rotator cuff repr	$23	3.71%	32%	39%	54%	1.4	1.9	$44	$55	$75	$66	$82	$112	5%	$1,460
47	29880	Knee arthroscopy/surgery	$21	1.64%	41%	51%	71%	1.5	2.1	$44	$55	$76	$59	$73	$100	5%	$903
48	45384	Lesion remove colonoscopy	$19	0.93%	42%	52%	71%	4.5	6.3	$40	$49	$68	$56	$69	$95	5%	$281
49	67904	Repair eyelid defect	$17	3.55%	63%	79%	90%	1.2	1.7	$32	$40	$46	$48	$60	$69	5%	$603
50	64484	Inj foramen epidural add-on	$16	3.71%	34%	42%	58%	11.2	15.6	$23	$29	$40	$46	$58	$79	5%	$117
51	26055	Incise finger tendon sheath	$16	1.20%	44%	55%	76%	1.9	2.7	$28	$35	$49	$46	$58	$79	5%	$517
52	43248	Uppr gi endoscopy/guide wire	$14	0.86%	53%	67%	90%	2.6	3.6	$25	$31	$42	$39	$49	$66	5%	$268
53	29824	Shoulder arthroscopy/surgery	$11	0.45%	33%	42%	57%	1.0	1.4	$15	$19	$26	$32	$40	$55	5%	$903
54	49505	Prp i/hern init reduc >5 yr	$11	2.77%	15%	19%	26%	1.9	2.7	$23	$28	$39	$30	$38	$52	5%	$997
55	67917	Repair eyelid defect	$10	3.72%	60%	74%	90%	0.8	1.0	$18	$23	$27	$28	$35	$43	5%	$603
56	23412	Repair rotator cuff chronic	$10	3.46%	33%	41%	56%	0.6	0.8	$20	$25	$34	$27	$34	$47	5%	$1,426
57	14060	Skin tissue rearrangement	$9	0.50%	18%	22%	30%	2.6	3.6	$18	$22	$30	$25	$31	$43	5%	$519
58	55700	Biopsy of prostate	$8	2.92%	12%	14%	20%	5.1	7.0	$17	$21	$29	$24	$30	$42	5%	$393
59	66180	Implant eye shunt	$8	3.44%	52%	65%	89%	0.3	0.4	$16	$20	$27	$22	$27	$38	5%	$1,303
60	43450	Dilate esophagus	$8	1.82%	54%	67%	90%	1.9	2.7	$8	$11	$14	$22	$27	$36	5%	$198

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61	25447	Repair wrist joint(s)	$7	1.12%	47%	58%	80%	0.4	0.5	$14	$17	$23	$21	$26	$36	5%	$1,184
62	43249	Esoph endoscopy dilation	$7	1.08%	30%	38%	52%	2.2	3.1	$12	$15	$20	$19	$24	$33	5%	$268
63	66170	Glaucoma surgery	$6	4.40%	61%	76%	90%	0.4	0.5	$13	$16	$19	$18	$23	$27	5%	$736
64	29822	Shoulder arthroscopy/surgery	$6	2.28%	36%	45%	61%	0.5	0.7	$10	$13	$17	$18	$23	$31	5%	$903
65	14040	Skin tissue rearrangement	$6	1.83%	16%	20%	27%	2.1	2.9	$13	$16	$22	$18	$23	$31	5%	$519
66	28270	Release of foot contracture	$5	3.02%	28%	35%	48%	0.8	1.1	$9	$12	$16	$15	$19	$26	5%	$681
67	15260	Skin full graft een & lips	$5	4.70%	18%	22%	31%	1.5	2.0	$10	$12	$17	$14	$18	$25	5%	$519
68	45383	Lesion removal colonoscopy	$5	1.36%	36%	45%	62%	1.3	1.8	$10	$13	$18	$14	$17	$24	5%	$281
69	66711	Ciliary endoscopic ablation	$5	1.70%	79%	90%	90%	0.3	0.4	$7	$8	$8	$14	$16	$16	5%	$539
70	67924	Repair eyelid defect	$5	3.72%	61%	76%	90%	0.3	0.5	$9	$11	$13	$13	$17	$20	5%	$603
71	52353	Cystouretero w/lithotripsy	$4	4.90%	13%	16%	21%	0.8	1.2	$8	$10	$14	$12	$15	$21	5%	$1,126
72	67028	Injection eye drug	$4	3.19%	1%	1%	2%	54.4	75.4	$6	$8	$11	$11	$14	$19	5%	$169
73	52234	Cystoscopy and treatment	$4	1.27%	19%	24%	33%	0.7	0.9	$7	$9	$13	$11	$13	$18	5%	$794
74	64718	Revise ulnar nerve at elbow	$4	3.70%	36%	45%	62%	0.5	0.7	$6	$8	$11	$11	$13	$18	5%	$577
75	28308	Incision of metatarsal	$3	1.92%	38%	48%	65%	0.4	0.5	$5	$7	$9	$10	$12	$17	5%	$681
76	26123	Release palm contracture	$3	1.37%	47%	58%	80%	0.2	0.3	$8	$10	$13	$10	$12	$17	5%	$897
77	26160	Remove tendon sheath lesion	$3	0.77%	44%	55%	75%	0.4	0.6	$6	$8	$11	$10	$12	$17	5%	$517
78	67950	Revision of eyelid	$3	2.29%	64%	80%	90%	0.2	0.3	$5	$7	$7	$9	$12	$13	5%	$603
79	52224	Cystoscopy and treatment	$3	4.95%	8%	11%	14%	1.3	1.9	$7	$9	$12	$9	$12	$16	5%	$794
80	52310	Cystoscopy and treatment	$3	0.06%	9%	11%	16%	1.8	2.5	$6	$8	$10	$9	$11	$15	5%	$530
81	67961	Revision of eyelid	$3	1.27%	55%	69%	90%	0.2	0.3	$5	$6	$9	$9	$11	$14	5%	$603
82	52235	Cystoscopy and treatment	$3	2.23%	14%	18%	24%	0.7	1.0	$6	$7	$10	$9	$11	$15	5%	$794
83	66986	Exchange lens prosthesis	$3	0.17%	63%	78%	90%	0.2	0.2	$5	$6	$7	$8	$10	$12	5%	$740
84	64479	Inj foramen epidural c/t	$3	0.16%	31%	38%	53%	1.1	1.5	$5	$6	$9	$8	$10	$14	5%	$229
85	66250	Follow-up surgery of eye	$2	1.83%	37%	46%	64%	0.3	0.4	$4	$5	$7	$6	$7	$10	5%	$539
86	14061	Skin tissue rearrangement	$2	1.01%	16%	19%	27%	0.7	0.9	$4	$5	$7	$6	$7	$10	5%	$519
87	17311	Mohs 1 stage h/n/hf/g	$1	3.76%	1%	2%	2%	14.8	20.5	$2	$2	$3	$3	$4	$5	5%	$162
88	13121	Repair of wound or lesion	$1	0.48%	6%	7%	10%	2.8	3.8	$1	$1	$1	$2	$2	$3	5%	$95
89	15823	Revision of upper eyelid	$41	6.61%	68%	85%	90%	2.4	3.4	$84	$105	$111	$117	$146	$155	10%	$671
90	50590	Fragmenting of kidney stone	$13	10.88%	18%	23%	52%	1.5	2.1	$25	$31	$72	$36	$45	$103	10%	$1,265

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91	67042	Vit for macular hole	$13	7.78%	42%	53%	90%	0.7	0.9	$26	$32	$55	$36	$45	$77	10%	$1,234
92	52332	Cystoscopy and treatment	$10	5.10%	13%	16%	36%	2.6	3.6	$15	$18	$42	$27	$34	$78	10%	$794
93	67041	Vit for macular pucker	$9	7.36%	40%	50%	90%	0.5	0.6	$19	$24	$42	$24	$30	$54	10%	$1,234
94	65855	Laser surgery of eye	$8	10.98%	22%	28%	63%	4.0	5.6	$18	$23	$52	$24	$30	$68	10%	$257
95	67900	Repair brow defect	$8	7.23%	68%	85%	90%	0.4	0.6	$14	$18	$19	$24	$30	$32	10%	$801
96	31255	Removal of ethmoid sinus	$8	11.19%	39%	49%	90%	0.6	0.8	$17	$21	$38	$22	$28	$51	10%	$933
97	67036	Removal of inner eye fluid	$6	10.53%	38%	47%	90%	0.4	0.5	$13	$16	$31	$18	$23	$43	10%	$1,234
98	31267	Endoscopy maxillary sinus	$6	11.09%	37%	46%	90%	0.5	0.7	$11	$14	$26	$18	$22	$44	10%	$933
99	30140	Resect inferior turbinate	$6	16.88%	39%	48%	90%	0.5	0.7	$12	$15	$28	$16	$20	$37	10%	$773
100	67108	Repair detached retina	$6	11.99%	34%	43%	90%	0.4	0.5	$11	$14	$29	$16	$20	$42	10%	$1,234
101	47562	Laparoscopic cholecystectomy	$5	11.18%	6%	7%	16%	1.8	2.5	$11	$14	$32	$16	$19	$44	10%	$1,442
102	66761	Revision of iris	$5	5.24%	27%	34%	78%	2.2	3.1	$11	$13	$31	$15	$19	$43	10%	$237
103	67040	Laser treatment of retina	$5	8.70%	33%	41%	90%	0.3	0.4	$10	$12	$27	$13	$17	$36	10%	$1,234
104	52204	Cystoscopy w/biopsy(s)	$5	7.61%	19%	24%	55%	0.8	1.1	$9	$11	$25	$13	$16	$37	10%	$794
105	20610	Drain/inject joint/bursa	$4	18.62%	0.5%	1%	1%	153.1	212.0	$8	$10	$24	$12	$14	$33	10%	$149
106	31256	Exploration maxillary sinus	$4	8.96%	37%	46%	90%	0.3	0.4	$7	$9	$18	$12	$14	$28	10%	$933
107	31276	Sinus endoscopy surgical	$4	22.38%	33%	41%	90%	0.4	0.5	$10	$12	$27	$11	$14	$31	10%	$933
108	64640	Injection treatment of nerve	$4	75.05%	13%	16%	36%	1.8	2.4	$6	$8	$18	$10	$13	$29	10%	$437
109	67255	Reinforce/graft eye wall	$3	6.57%	50%	63%	90%	0.3	0.3	$4	$6	$8	$9	$12	$17	10%	$706
110	69436	Create eardrum opening	$3	11.68%	40%	50%	90%	0.3	0.5	$6	$8	$14	$7	$9	$17	10%	$522
111	45330	Diagnostic sigmoidoscopy	$2	15.64%	17%	21%	48%	1.3	1.7	$5	$6	$14	$7	$9	$20	10%	$324
112	68815	Probe nasolacrimal duct	$2	9.08%	51%	64%	90%	0.2	0.3	$4	$5	$6	$7	$9	$12	10%	$603
113	46221	Ligation of hemorrhoid(s)	$2	59.92%	11%	14%	33%	1.7	2.4	$4	$5	$11	$6	$8	$18	10%	$296
114	67840	Remove eyelid lesion	$2	15.10%	8%	10%	24%	1.4	2.0	$4	$4	$10	$5	$6	$15	10%	$422
115	45331	Sigmoidoscopy and biopsy	$1	5.08%	34%	43%	90%	0.7	0.9	$3	$3	$7	$4	$5	$11	10%	$175
116	67210	Treatment of retinal lesion	$1	10.61%	7%	9%	21%	2.9	4.0	$3	$4	$9	$4	$5	$11	10%	$169
117	67228	Treatment of retinal lesion	$1	11.58%	7%	9%	20%	2.3	3.2	$2	$3	$6	$3	$4	$8	10%	$169
118	11642	Exc face-mm malig+marg 1.1-2	$1	7.98%	3%	4%	10%	3.5	4.9	$2	$2	$4	$3	$4	$8	10%	$226
119	64480	Inj foramen epidural add-on	$1	17.51%	29%	36%	83%	0.8	1.0	$2	$2	$5	$3	$3	$8	10%	$117
120	51700	Irrigation of bladder	$0.5	29.91%	3%	4%	10%	4.0	5.5	$1	$1	$3	$1	$2	$4	10%	$99
		Total or Mean**	$2,307	3.46%	32%	40%	52%	5.62	7.78	$4,203	$5,231	$6,013	$6,604	$8,212	$9,383	N/A	$589

NOTES:

*Increases volume per 1,000 Medicare beneficiaries by 3% annually.

**The reported totals are for savings. The remaining columns are simple means across the 120 procedures, for which the mean is not influenced by (or weighted for) high-volume procedures, such as cataracts. Savings are reported in nominal dollars. N/A: not applicable.

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Disparities in the use of ambulatory surgical centers: a cross sectional study

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Abstract

Background: Ambulatory surgical centers (ASCs) provide outpatient surgical services more efficiently than hospital outpatient departments, benefiting patients through lower co-payments and other expenses. We studied the influence of socioeconomic status and race on use of ASCs.

Methods: From the 2005 State Ambulatory Surgery Database for Florida, a cohort of discharges for urologic, ophthalmologic, gastrointestinal, and orthopedic procedures was created. Socioeconomic status was established at the zip code level. Logistic regression models were fit to assess associations between socioeconomic status and ASC use.

Results: Compared to the lowest group, patients of higher socioeconomic status were more likely to have procedures performed in ASCs (OR 1.07 CI 1.05, 1.09). Overall, the middle socioeconomic status group was the most likely group to use the ASC (OR 1.23, CI 1.21 to 1.25). For whites and blacks, higher status is associated with increased ASC use, but for Hispanics this relationship was reversed (OR 0.84 CI 0.78, 0.91).

Conclusion: Patients of lower socioeconomic status treated with outpatient surgery are significantly less likely to have their procedures in ASCs, suggesting that less resourced patients are encountering higher cost burdens for care. Thus, the most economically vulnerable group is unnecessarily subject to higher charges for surgery.

Background

In an effort to lower medical costs and improve the efficiency of health care,[1] increasing numbers of surgeries are being performed on an outpatient basis.[2] Little data exists to guide the decision as to where a procedure should be performed.[3,4] For this reason, the choice of surgical setting is often relegated to patient or provider preference. For many patients, personal spending on health care is a significant concern.[5] Many patients have significant co-payments,[6] and for the 45 million uninsured,[7] the total cost of health care drives treatment decisions. The push towards high deductible health plans will further place the cost of care on patients.[8] Thus, patients increasingly find their personal expenditures to be a significant factor in health care decision making.

Decreasing out of pocket payments is especially important for patients of lower socioeconomic status because the high cost of medical care falls disproportionately on them. Though lower income families spend less out of pocket on health care compared to high income families, the burden of these payments is considerably higher.[9]

In 2003, one third of individuals living below federal poverty standards spent more than 10% of their income on health related expenses.[8] These expenditures have serious consequences, with half of personal bankruptcies related to medical expenses.[10]

Decreasing personal expenditures for medical care can be achieved through the use of ambulatory surgical centers (ASCs). ASCs provide a lower cost alternative to hospitals for the provision of surgical services. [11-13] Medicare increased this cost advantage for more procedures under new reimbursement guidelines instituted in January 2008.[11] Since many insurance companies develop guidelines similar to Medicare reimbursements for their own policies,[14] and encourage their patients to use these environments,[15] patients with co-payments or co-insurance experience substantial reductions in their out of pocket expenses with greater use of ASCs for outpatient surgery.[3,16]

As lower cost alternatives to hospitals, ASCs provide an advantageous environment for patients of lower socioeconomic status to receive outpatient surgery. However, disparities in the use of ASCs, if evident, are likely to have downstream consequences, including higher expenditures for patients with less ability to afford their care. For this reason, we evaluated the extent to which the use of ASCs varied according to socioeconomic status and race/ethnicity.

Methods

Using the Agency for Healthcare Research and Quality's State Ambulatory Surgery Database for Florida, all ambulatory surgery procedures at both hospital based facilities and ASCs were obtained for 2005. The dataset provides patient level discharge data for 100% of the ambulatory patients from facilities in state.[17]

Measuring Socioeconomic Status

The primary exposure of interest was socioeconomic status measured at the level of patient zip codes. Zip code level demographic information was obtained from the US census bureau. Using the method of Diez-Roux,[18] a summary measure of the socioeconomic status at the zip code level was created. Briefly, six constructs were used to represent the socioeconomic status of each small area, including median household income in 1999, the value of owner occupied housing, percent of households with dividend or rental income, the percentage of people who had graduated from high school, the percentage who graduated from college, and the percentage of residents who are employed in managerial, professional, and related occupations. These six components were then standardized into a z-score, and the scores were combined into an overall marker of neighborhood score. The overall scores for zip codes in Florida ranged from -16.19 to 19.43, with higher numbers reflecting more advantaged socioeconomic status. Quintiles of socioeconomic status were then created. Distribution of the components of the neighborhood score is shown in Table 1.

Study Cohort

We limited our scope of study to procedures commonly performed in both ASCs and hospitals, including lower gastrointestinal endoscopy, upper gastrointestinal endoscopy, cataract surgery, knee arthroscopy, and ambulatory urologic procedures, (Appendix 1). These procedures accounted for 1,138,127 of the 2,662,157 total records (43% of all ambulatory surgeries performed in 2005). Of these discharges, full demographic data was available on 1,122,137 discharges (99% of the possible population). These discharges made up our final study population.

Statistical Analysis

We first compared the distribution of variables across socioeconomic status cohorts through the use of chi-square tests. Then we assessed our primary outcome of interest, the location of ambulatory surgical procedures: ASC or hospital. We fit logistic regression models using the quintiles of socioeconomic status as the primary exposure of interest. All models were then adjusted for the type of surgical procedure performed, patient insurance status (Medicare or commercial insurance, no insurance or self-pay, and Medicaid or other governmental insurance), age (20 yr ranges), race/ethnicity (white, black, hispanic, other), gender, comorbidity (based on the Elixhauser method),[19] and the level of urbanization of the patient's neighborhood (five category classification of the Urban Influence Codes).[17] SASD classifies race/ethnicity as white, black, hispanic and we grouped other smaller categories together resulting in four mutually exclusive race/ethnhicity groups. We then tested the significance of interactions between socioeconomic status and race/ethnicity through a second set of models that allowed the impact of socioeconomic status to vary by race/ethnicity. These models were run with interaction terms between the race/ethnicity variable and the quintile of socioeconomic status. The significance of the interaction was tested through the type 3 Wald test of the interaction coefficients.

All analysis was performed with SAS Version 9.1.2 (SAS Institute, Cary, NC) using two-sided tests. The probability of Type 1 error was set at 0.05. This study, dealing with publicly available data was exempt from institutional review board approval in accordance with the Code of Federal Regulations, Title 45, Section 46.101.

Results

Socioeconomic quintiles were balanced with the number of discharges ranging from 208,557 for the lowest group to 236,385 for the highest group (Table 1). The age and

Table 1: Socioeconomic status characteristics for all discharges available for study (n = 1,138,127)

	Socioeconomic Status (Quintiles)				
	1 (Lowest)	2	3	4	5 (Highest)
Number of Discharges	208557 (18%)	222873 (20%)	236339 (21%)	233973 (21%)	236385 (21%)
Median SES Summary Score (range)	-3.9 (-16.2 to -1.9)	-0.8 (-1.9 to 0.2)	1.1 (0.2 to 2.2)	3.6 (2.3 to 4.9)	7.5 (5.0 to 19.4)
Wealth/Income					
Median household income ($)	29621	34732	37972	41899	55292
Median value of housing units ($)	73500	87600	97600	123200	170400
Households with interest, dividend, or rental income	23%	32%	38%	44%	53%
Education					
Adult residents who completed ≥ high school	67%	77%	82%	87%	92%
Adult residents who completed ≥ college	16%	22%	27%	35%	48%
Employment					
Employed residents with management, professional, and related occupations	21%	26%	29%	36%	45%

racial structures of the cohorts varied significantly with the lowest socioeconomic status groups being younger and more ethnically diverse than the higher groups (Table 2). Medicaid and other governmental insurance was more prevalent in the lowest socioeconomic status group compared to higher groups (11% in lowest versus 3% in highest; $p < 0.001$). Use of ASCs was lowest for the lowest socioeconomic group (60%) versus the other groups (64% to 67% $p < 0.001$).

The likelihood of an individual's surgery being performed in a freestanding ASCs varied by their socioeconomic status (Table 3). In unadjusted analysis, patients of the lowest socioeconomic status were significantly less likely to use the ASC than patients of higher status. Adjustment for age, race, gender, insurance, comorbidity, procedural, and urbanization differences decreased the magnitude of the effect of socioeconomic status on the location of surgery. However, the lowest status group continued to be significantly less likely to use the ASC than more advantaged patient groups. Overall, the middle socioeconomic status group was the most likely group to use the ASC (OR 1.23, CI 1.21 to 1.25).

Significant interactions were found between socioeconomic status groups and race. Using the lowest quintile group as the reference, we found that for both black and white patients the likelihood of having surgery performed in an ASC increased from the lowest socioeconomic status group to the higher groups (Table 4). For Hispanic patients, the trends in ASC use were reversed. Patients from higher socioeconomic status groups were less likely to have procedures performed in ASCs compared to patients from lower groups. Using the lowest group as the reference, the OR for surgery in an ASC ranged from 0.89 (95% CI 0.83, 0.95) for the 2nd quintile to 0.84 (95% CI 0.78, 0.91) for the 5th quintile. For patients of other racial/ethnic groups, ASC use did not appear to vary by socioeconomic status.

Discussion

Disadvantaged populations, as measured by zip code level socioeconomic status, are more likely to have outpatient surgery performed in hospitals than in ASCs. Patient race and ethnicity appear to modify the association between socioeconomic status and ASC use. For black and white patients, increased socioeconomic status continues to be significantly associated with ASC use. Conversely, Hispanic patients from lower socioeconomic status areas were more likely to use ASCs compared those residing in the higher groups. Because of the cost savings provided by ASC use for patients through lower overall costs and lower

Table 2: Patient characteristics by socioeconomic status quintile * All p-values based on Wald chi-square tests.

	Socioeconomic Status (Quintiles)					p-value*
	1 (Lowest)	2	3	4	5 (Highest)	
Number of Discharges	208557 (18%)	222873 (20%)	236339 (21%)	233973 (21%)	236385 (21%)	
No. at ASC	124183 (60%)	143567 (64%)	157743 (67%)	151954 (65%)	152636 (65%)	<0.001
Procedure						<0.001
Cataract Surgery	49360 (24%)	52094 (23%)	55089 (23%)	53681 (23%)	49351 (21%)	
Urologic	26881 (13%)	27327 (12%)	29075 (12%)	28349 (12%)	27520 (12%)	
Upper GI	35659 (17%)	35800 (16%)	37711 (16%)	35453 (15%)	32941 (14%)	
Lower GI	87010 (42%)	96355 (43%)	102946 (44%)	104226 (45%)	113070 (48%)	
Knee Arthroscopy	9647 5%)	11297 (5%)	11518 (5%)	12264 (5%)	13503 (6%)	
Age						<0.001
≤ 19	7750 (4%)	6442 (3%)	5659 (2%)	5489 (2%)	6064 (3%)	
20–39	16006 (8%)	16211 (7%)	15474 (7%)	15600 (7%)	14902 (6%)	
40–59	62732 (30%)	64420 (29%)	66793 (28%)	67199 (29%)	75172 (32%)	
60–79	100871 (48%)	108634 (49%)	117674 (50%)	113312 (48%)	110414 (47%)	
80+	21198 (10%)	27166 (12%)	30739 (13%)	32373 (14%)	29833 (13%)	
Race/Ethnicity						<0.001
White	130718 (63%)	174813 (79%)	197407 (85%)	197427 (85%)	204753 (88%)	
Black	35198 (17%)	16886 (8%)	10097 (4%)	8661 (4%)	5981 (3%)	
Hispanic	34416 (17%)	22541 (10%)	20216 (9%)	18205 (8%)	13576 (6%)	
Other	5555 (3%)	5930 (3%)	5805 (2%)	6638 (3%)	7620 (3%)	
Insurance Status						<0.001
Medicare/Commercial	180433 (87%)	201681 (91%)	218819 (93%)	218483 (93%)	224437 (95%)	
Self Pay/No Insurance	5741 (3%)	4790 (2%)	4027 (2%)	4251 (2%)	4000 (2%)	
Medicaid/Other Governmental	22361 (11%)	16361 (7%)	13448 (6%)	11194 (5%)	7902 (3%)	
No. Female	114616 (55%)	120988 (54%)	126251 (53%)	123491 (53%)	120934 (51%)	<0.001
Comorbidity						<0.001
0	165450 (79%)	182736 (82%)	194925 (82%)	194940 (83%)	199529 (84%)	

Table 2: Patient characteristics by socioeconomic status quintile * All p-values based on Wald chi-square tests. *(Continued)*

1	26321 (13%)	25967 (12%)	26726 (11%)	26442 (11%)	25436 (11%)
2	12134 (6%)	10531 (5%)	10763 (5%)	9463 (4%)	8691 (4%)
3+	4651 (2%)	3639 (1%)	3925 (2%)	3128 (2%)	2729 (1%)
Urban/Rural					<0.001
Non-Urban adjacent to urban (ref)	108704 (52%)	121515 (55%)	122051 (52%)	130293 (56%)	152543 (65%)
Large Metropolitan	56499 (27%)	86496 (39%)	101347 (43%)	96531 (41%)	83842 (35%)
Small Metropolitan	25063 (12%)	13396 (6%)	12330 (5%)	6322 (2%)	0
Micropolitan	18291 (9%)	1466 1%)	611 (<1%)	827 (<1%)	0

* All p-values based on Wald chi-square tests.

co-payments,[20] ASC use would be especially important for patients of the lowest socioeconomic status groups.

Given the improved efficiencies of ASCs over hospital outpatient departments, patients could be expected to abandon hospital based outpatient surgery. However, such a trend has not developed. Instead hospital use for outpatient surgery has remained stable, and use of ASCs has grown.[21] Barriers to the use of ASCs may exist that keep certain groups of patients in hospital outpatient departments.

One possible barrier raised by our results is patient profiling. Such profiling may be valid as in selecting patients with less comorbidity for surgery in ASCs,[22] or may be inappropriate if barriers are created for groups based on economic status, race, or ethnicity. [23-25] Since the findings of decreased ASC use in the least affluent patients were robust to control for comorbidity, sources of inappropriate profiling need to be considered.

Data from observation of physician encounters with patients supports the contention that patient profiling based on race and ethnicity may be responsible for differences in ASC use. These studies show that physicians will often recommend different procedures for the same clinical situation when the race or gender of the patient is changed.[26] In addition, economic profiling of patients by the physician may occur. Since most ASCs are for profit enterprises with significant physician ownership,[27,28] physicians have active incentives to ensure high reimbursement through these facilities. As such, similar to results seen for specialty hospitals,[29] they may discourage the use of ASCs among patients with poor insurance and lower socioeconomic status.

In addition to physician factors, structural factors in the health care system may be responsible for the utilization patterns found. As for profit enterprises,[28] investors in ASCs have financial incentives to avoid ventures where lack of reimbursement potential is perceived. These facilities may not be established in areas of lower socioeconomic status due to investor concerns about the insurance mix in the population. Thus, a physical barrier to ASC use based on community economic profiling may exist that limits the access of less advantaged patients to ASCs.

Table 3: Likelihood of procedure being performed in an ASC (Odds Ratio with 95% CI)

Socioeconomic Status (Quintiles)	Crude OR (95%CI)	Adjusted OR (95%CI)*
1st (Lowest)	reference	reference
2nd	1.23 (1.22, 1.25)	1.13 (1.12, 1.15)
3rd	1.36 (1.35, 1.38)	1.23 (1.21, 1.25)
4th	1.26 (1.24, 1.27)	1.08 (1.06, 1.09)
5th (Highest)	1.24 (1.22, 1.25)	1.07 (1.05, 1.09)

* Adjusted for Age, Race, Gender, Insurance Status, Type of Procedure, Comorbidity, and Level of Urbanization. Models based on n = 1,122,137 discharges

Table 4: Racial/Ethnic Differences in Location of Surgery

Socioeconomic Status (Quintiles)	White OR (95% CI)*	Black OR (95% CI)*	Hispanic OR (95% CI)*	Other OR (95% CI)*
1st (Lowest)	reference	reference	reference	reference
2nd	1.20 (1.13, 1.27)	1.24 (1.16, 1.33)	0.89 (0.83, 0.95)	1.04 (1.01, 1.07)
3rd	1.28 (1.20, 1.36)	1.28 (1.18, 1.38)	1.10 (1.02, 1.18)	1.13 (1.10, 1.16)
4th	1.14 (1.07, 1.21)	1.03 (0.95, 1.11)	0.88 (0.82, 0.94)	0.95 (0.92, 0.98)
5th (Highest)	1.13 (1.06, 1.20)	1.17 (1.07, 1.27)	0.84 (0.78, 0.91)	0.98 (0.95, 1.00)

* reflects interaction between Socioeconomic Status and Race/Ethnicity adjusted for Age, Gender, Insurance Status, Type of Procedure, Comorbidity, and Level of Urbanization Models based on n = 1,122,137 discharges

Regardless of the cause of the disparity, the findings in this study support the contention that more financially vulnerable groups are encountering a higher aggregate cost burden for their care than more advantaged groups. The benefits of ASCs in cost, convenience, and efficiency are not equitably distributed. Both physician and structural factors may be ultimately responsible for the association between socioeconomic status and ASC utilization found in this paper. Indeed, the finding of different effects of race on the likelihood of ASC use by socioeconomic status could be a result of either physician level or system level factors. Further research into the underlying reasons for these observations is needed to correct these biases in the delivery of health care.

Study Limitations

Zip code tabulation areas (ZCTAs) were used to geocode the discharge records. Zip code level evaluations of socioeconomic status have been demonstrated to result in different parameter estimates than evaluations based on census block groups. With the larger population base in zip codes, estimates would likely be biased towards the null. Furthermore, since ZCTAs were used as the geographic unit of analysis in this study, spatial and temporal discrepancies between the zip codes reported in the SASD and the ZCTA from the census bureau exist. ZCTAs and zip codes may share the same 5 digit code while not representing the same geographic entity.[30] Usually, the spatial discontinuity between these measures of geography is small.[31,32] A potentially larger problem exists in zip code changes over time. While we used data with patient reported zip code information from 2005, the ZCTAs were last updated in 2002.[32] Thus, there is potential for mismatch between the two measures of geography. However, less than one percent of our cohort was lost due to issues of missing data, suggesting that the temporal discontinuity issue was not a significant factor in our study.

A further issue to be addressed is our inclusion of only one state, Florida, in the analysis. Florida has a more elderly population than many other states, more for profit facility ownership, no certificate of need requirements, and higher per capita health care use than other states. Despite these issues, data from Florida provided a valuable substrate for our study due to the ability to gather discharges from both the ASC and hospital environments. Furthermore, the factors that make Florida a potentially unique market, including the lack of certificate of need requirements, allow us to see ASC utilization patterns independent of regulatory forces. ASC use, and disparities in use, may be lower in states with certificate of need requirements.

Finally, patients of lower socioeconomic status often carry high burdens of comorbid illness and more severe underlying disease.[33,34] As such, they may be less appropriate candidates on average for surgery in ASCs. Although we correct for comorbidity in our analysis, subtle differences in severity of comorbid conditions cannot be addressed and may result is residual confounding. However, we believe the impact of these issues is minimized as all patients in the study had ambulatory surgery.

Conclusion

Regardless of the cause of the disparity, patients of lower socioeconomic status likely encounter a higher cost burden for their care than people from more advantaged neighborhoods. The benefits of ASCs in cost, convenience, and efficiency are not equitably distributed. Both physician and structural factors may be ultimately responsible for the association between socioeconomic status and ASC utilization found in this paper. Indeed, the finding of different effects of race on the odds of surgery in an ASC by socioeconomic status could be a result of either physician level or system level factors. Further research into the underlying reasons for these disparities is needed to correct this inequity in health care.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

SS conceived of the study, performed data acquisition, provided data analysis, and drafted the paper. AS helped draft the manuscript. ZY assisted in data acquisition and data analysis. JW assisted in manuscript preparation. BH assisted in study conception, data analysis, and manuscript preparation. All authors read and approved the final manuscript.

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ATTACHMENT 12(b)

Criterion 1110.230(b) – Safety Net Impact Statement

I. Overview

Pursuant to the Illinois Health Facilities Planning Act, 20 ILCS 3960/5.4 (the "Act"), any application related to a "substantive" project must include a Safety Net Impact Statement ("Impact Statement"). Substantive projects include the establishment of a health care facility, including ASTCs. As a result, the Applicant submits this Impact Statement as required by the Act.

II. Analysis

Section 5.4(c) of the Act provides that each CON applicant presenting a substantive application must include an Impact Statement with its application for permit. The Impact Statement must describe all of the following: (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 and (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. Each of these elements of the required Statement is discussed below.

1. Impact on Essential Safety Net Services in the Community

Section 5.4(c)(1) of the Act requires an applicant to address whether the project will have a material impact on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge. For the following reasons, the Applicant firmly believes that the proposed project will not have an adverse impact on essential safety net services in the community.

- The proposed ASTC will give better access to healthcare generally, by providing another option for patients to obtain outpatient surgical services in a convenient and easily accessible location.
- The Applicant will enroll in the Medicaid program, adding to the list of providers who accept patients from this program.
- The Applicant will establish a charity care program.
- The ASTC will not provide any services that will harm, in any way, federally qualified health centers in the region. FQHCs do not provide surgical services.

For these reasons, the proposed ASTC will not adversely impact existing providers of safety net services.

2. Impact on the Ability of Other Providers or Health Care Systems to Cross-Subsidize Safety Net Services.

Section 5.4(c)(2) of the Act adds that an applicant must discuss 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. Under this section, cross subsidization is understood to mean the practice of charging higher prices to one group of consumers in order to subsidize lower prices for another group (i.e., cost shifting to paying populations to offset losses incurred from assistance programs like charity care).

As noted above, the Applicant's proposed ASTC will not harm, in any way, safety net providers in the market area. In fact, the ASTC should have a net positive effect in the community. For example, the closest surgery centers to the proposed site provide little to no outpatient surgical care for Medicaid patients.

ASTC	City	Distance from Project Site (Minutes)	Medicaid Percentage
Ashton Surgery Center	Hoffman Estates	11	0.00%
IL Hand & Upper Extremity	Arlington Heights	11	0.00%
Northwest Surgicare	Arlington Heights	12	0.00%
Northwest Community Day Surgery	Arlington Heights	13	0.79%
Aiden Center for Day Surgery	Addison	15	0.00%
Barrington Pain & Spine Institute	Barrington	17	0.00%
Advantage Health Care	Wood Dale	18	0.00%

Source: Illinois Department of Public Health, Hospital Report Card and Consumer Guide to Health Care Website, *available at* http://www.healthcarereportcard.illinois.gov/.

The Applicant's commitment to become a Medicaid provider is unique in this market area, as shown above. Furthermore, the Applicant's commitment to provide Medicaid care is not a superficial commitment. The closest hospital, St. Alexius Medical Center, has a Medicaid payor mix including 19.3% of hospital inpatient care and 18.49% of hospital outpatient care. St. Alexius Medical Center is only 2.93 miles away from the proposed project site.

3. No Discontinuation of Safety Net Services

Section 5.4(c)(3) of the Act provides that an applicant must describe 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.

This permit request is for the establishment of a new health care facility, not a discontinuation; therefore, this part of the Statement is not applicable to the project.

4. Additional Safety Net Impact Statement Information

The Act also declares that the Statement shall include all of the following:

(i) for the three (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 HFSRB),

(ii) for the three (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 Payer Source" and "Inpatient and Outpatient Net Revenue by Payer Source" as required by the HFSRB under Section 13 of the Act and published in the Annual Hospital Profile), and

(iii) information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

In satisfaction of this requirement, please find attached to this Statement a certification signed by the Applicant's primary representative.

(a) Charity Care & Medicaid Tables

The Applicant is a newly-formed entity and is not an established provider. Consequently, the Applicant cannot provide historical data as it pertains to charity care and Medicaid services. Nevertheless, the Applicant will be establishing a charity care program once the ASTC becomes operational and financially viable. A draft financial assistance policy is attached hereto, immediately following this attachment. The Applicant will also enroll the ASTC as a provider in the Medicaid program.

HISTORICAL CHARITY CARE			
	Year 2014	**Year 2015**	**Year 2016**
Net Patient Revenue	$0	$0	$0
Amount of Charity Care	$0	$0	$0
Cost of Charity Care	$0	$0	$0
MEDICAID			
	Year 2014	**Year 2015**	**Year 2016**
Medicaid (# of patients)	0	0	0
Medicaid (revenue)	$0	$0	$0
Total	**$0**	**$0**	**$0**

However, as noted above, the Applicant plans to enroll in Medicaid and offer charity care to needy patients. The following chart provides an estimate of payer mix during the first two years of operation after the ASTC becomes operational. The first two years of operation, the Applicant anticipates a lower amount of Medicaid and charity care in its payor mix, as the community will need to learn that these services are available at the ASTC and a ramp-up is anticipated.

FORECASTED PAYER MIX			
	Year 2016	**Year 2017**	**Year 2018**
Private/Commercial Insurance	45.0%	46.5%	48.0%
Medicare	18.5%	19.0%	19.5%
Medicaid	0.5%	2.0%	4.0%
Self-Pay	15.8%	15.0%	12.5%
Third Party	1.5%	0.5%	0.5%
Worker's Compensation	18.2%	15.5%	13.5%
Charity Care	0.5%	1.5%	2.0%
TOTAL	**100.0%**	**100.0%**	**100.0%**

Although the Applicant is committed to participating in Medicaid, and fully intends to offer a charity care program, the numbers provided above are only estimates based on market demographics and current patient mix at Barrington Orthopedic Specialists.

January 5, 2016

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson St., 2nd Floor
Springfield IL 62761
Attention: State Board Chairperson Kathryn J. Olson

Re: Safety Net Impact Statement Certification

Dear Chairperson Olson:

Schaumburg Surgery Center, LLC (the "Applicant") is a newly formed business entity created solely for the purpose of owning and operating the ambulatory surgical treatment center ("ASTC") to be located at 929 West Higgins Road, Schaumburg, Illinois 60195. Based on this fact, the Applicant is unable to provide the historical Medicaid and charity care data as requested in the certificate of need permit application. However, the Applicant will become a provider in the Illinois Medicaid program and also implement a charity care program after the ASTC is operational and becomes financially viable. As a result, the proposed ASTC will enhance the safety net services available in the proposed geographic service area. Finally, the ASTC will enhance safety net services because of the Applicant's commitment to serve patients with a history of lacking adequate access to health care services.

Respectfully Submitted,

Ciro Cirrincione, M.D.
Manager
Schaumburg Surgery Center, LLC

NOTARY:

Subscribed and sworn to me this 5 day of January, 2016

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

Financial Assistance Policy

In order to serve patients who may not have health insurance or other means to pay for necessary surgical services, Schaumburg Surgery Center (SCC) offers a comprehensive program of financial assistance for people in need of surgical services. Our ***Patient Assistance Program*** may be able to provide you with free or reduced-cost surgical services, if you meet the program's eligibility requirements.

Government Health Care Programs

SCC participates in several government-sponsored health care programs, including the Illinois Medical Assistance Program (i.e., Medicaid). Before you can be considered for our Patient Assistance Program, you must apply for Medicaid coverage, unless we independently determine that you are not likely to qualify for the program. If you would like more information regarding the Medicaid program, please contact the surgery center's Manager.

Patient Assistance Program Eligibility

If you need help covering the cost of surgical procedures to be performed at our surgery center, you must apply for financial assistance ***before*** any such procedures are performed. There is no cost or fee required to apply for coverage by our Patient Assistance Program.

Eligibility for the program is based on your total household income. If your total household income is at or below 200% of the federal poverty level (FPL), as set forth annually by the U.S. Department of Health and Human Services, surgical services will be provided without expectation of payment. If your total household income is over 200% FPL, but less than 300% FPL, surgical services will be provided at a discounted cost, which will be determined on a sliding scale based on your total household income. Sliding scale discounts range from 10% to 90% off the cost of care. To apply, complete the attached ***Financial Assistance Screening Application*** and mail it to Schaumburg Surgey Center, 929 West Higgins Road, Schaumurg, Illinois 60195, c/o Financial Assistance Program.

Coverage Not Guaranteed

SCC must balance each patient's need for financial assistance with our responsibility to maintain the financial viability of the surgery center. To allow us to continue serving patients in our community, SCC may not be able to cover the cost of your care even if you qualify for coverage by this program. Contact the surgery center's Manager if you have questions about this policy.

SCHAUMBURG
Surgery Center
Specializing in You

FINANCIAL ASSISTANCE SCREENING APPLICATION

Patient Name: _____ Account #: _____

Current Address: _____ Phone Number: _____

By submitting this application, you are informing us that you are unable to pay for surgical services that you hope to receive at Schaumburg Surgery Center (SCC). Before SCC will consider covering all or part of your costs, you must complete this form, answering every question, and provide certain information as identified below.

1. Are you employed at this time? YES ☐ NO ☐

If yes, what is your annual income? _____

Please provide a copy of your last two pay stubs along with this application.

2. Do you have any self-employment income? YES ☐ NO ☐

If yes, what is total amount of this income? _____

3. Do you have any retirement, social security, or disability income? YES ☐ NO ☐

If yes, what is total amount of this income? _____

4. Are you married? YES ☐ NO ☐

If yes, is your spouse covered under medical insurance that might pay for your health care costs? YES ☐ NO ☐

5. Do you have any credit cards (e.g., Visa, MasterCard, Discover, American Express) that you could use to pay your physician bill? YES ☐ NO ☐

6. Do you have a savings or checking account? YES ☐ NO ☐

7. Is someone providing room and board for you? YES ☐ NO ☐

If yes, what is their name and relationship to you?

Name: _____ Relationship: _____

8. Will this person confirm in writing the level of support they give to you? YES ☐ NO ☐

If yes, please provide a name, address, and phone number for this person:

_____

_____

9. If you have no support, how do you pay for your living expenses? Please provide a brief description below:

_____

_____

_____

10. What is your estimated annual income from all sources?

$_____

If you have additional sources of income, please provide further explanation on a separate page.

11. If appropriate, please fill out the attached "Medical Expenses & Outstanding Balances" form below, which identifies and describes the expenses that you have not been able to pay or that have outstanding balances.

12. Is there anything else that you want to explain that may be relevant our determination? If yes, please provide a brief explanation below:

If additional space is needed, please provide your explanation on a separate page.

{signatures on following page}

SCHAUMBURG
Surgery Center
Specializing in You

I attest that the above information and all documentation provided are complete and accurate as shown. I realize that at any time, should any of this information prove to be false, I will accept responsibility for full payment of the balance. I understand that a credit inquiry may be conducted in order to evaluate my eligibility.

Requested By:

_____
Patient's Printed Name

Patient Signature:

_____ _____
Patient Signature (or Guardian's Signature if Minor) Date

_____
Guardian's Printed Name (If Applicable)

Witness:

_____
Print Witness' Name

Witness Signature:

_____ _____
Witness' Signature Date

COVERAGE NOT GUARANTEED

SCC MUST BALANCE EACH PATIENT'S NEED FOR FINANCIAL ASSISTANCE WITH OUR RESPONSIBILITY TO MAINTAIN THE FINANCIAL VIABILITY OF THE SURGERY CENTER. TO ALLOW US TO CONTINUE SERVING PATIENTS IN OUR COMMUNITY, SCC MAY NOT BE ABLE TO COVER THE COST OF YOUR CARE EVEN IF YOU QUALIFY FOR COVERAGE BY THIS PROGRAM. CONTACT THE SURGERY CENTER'S MANAGER IF YOU HAVE QUESTIONS ABOUT THIS POLICY.

Initial: _____

SCHAUMBURG
Surgery Center
Specializing in You

MEDICAL EXPENSES & OUTSTANDING BALANCES

Patient Name: _____ Account #: _____

Current Address: _____ Phone Number: _____

Name of Medical Facility, Physician, Physician Group, or Other Type of Health Care Provider	Month/Year of First Bill	Dollar Amount Remaining Due to Medical Facility, Etc.

If additional space is needed, please provide on a separate page.

ATTACHMENT 13

Criterion 1110.230(c) -- Alternatives

Pursuant to 77 Ill. Adm. Code § 1110.230(c), the Applicant considered the following alternatives to the proposed project:

1. Do Nothing.

The first alternative considered by the Applicant was to maintain the status quo and forgo the establishment of a new ASTC in Schaumburg, Illinois.

Total Project Cost: $0

Reason(s) for Rejecting Alternative:

The Applicant rejected this alternative because it does not address the health care needs of the geographic service area or patients being served by the Applicant's physician owners.

2. Utilize Existing Providers.

Another alternative considered by the Applicant was to utilize an existing provider instead of establishing a new ASTC.

Total Project Cost: Undetermined

Reason(s) for Rejecting Alternative:

The Applicant determined that its Schaumburg, Illinois location was the best site for a surgery center. The proposed project site is nicely situated within the center of the Applicant's market area, the site is close to St. Alexius Medical Center where all of the investing physicians have admitting privileges, there is adequate space available at the Applicant's medical office building, a building their patients are already familiar with, and utilizing other providers didn't make sense because of patient preferences and inability to control the operations of the center.

3. Establish ASTC at Alternate Location(s).

The Applicant also considered establishing an ASTC at an alternate location, or establishing two ASTCs with certain categories of service at varying locations.

Total Project Cost: Likely much higher than current estimate of project cost.

Reason(s) for Rejecting Alternative:

The Applicant considered alternate locations where the physician investors also have medical office space. The Applicant's physician investors deliver specialized care to their

patients at four practice locations, including Schaumburg, Elk Grove Village, Bartlett, and Buffalo Grove, Illinois. Specifically, the physician investors considered Bartlett as an alternate site, or possibly seeking approval for an ASTC at each location. However, after careful discussion, the physician investors chose their Schaumburg office as the best site for an ASTC.

Documentation

As discussed in alternatives narrative provided above, the Applicant considered several alternative options before submitting the present CON permit application. The narrative above compares the various alternatives considered by the Applicant and, pursuant to the State Board's rules, each one considered the costs and other necessary factors relevant to each alternative. In cases where the Applicant was not able to determine the cost of a stated alternative option, "undetermined" is provided next to the project cost for the given alternative.

ATTACHMENT 14

Criterion 1110.234 -- Project Scope: Size of Project

Size Of Project				
Department/ Service	**Proposed DGSF**	**State Standard**	**Difference**	**Met Standard?**
ASTC Operating Rooms & Recovery	1,891 DGSF per treatment room	2,200 DGSF per treatment room	(309)	YES

The State Board's guidelines regarding total departmental square footage ("DGSF") for a proposed ambulatory surgical treatment center ("ASTC") is provided in the chart above.

The Applicant is proposing the establishment of an ASTC with two (2) operating rooms, eight (8) recovery stations, exam room, clean and soiled processing rooms, and support areas, including nurse stations, patient lockers, and toilets. Non-clinical areas include reception area, patient waiting room, business and administrative offices, public toilets, and mechanical rooms (the "Project"). The Project will be a modernization that builds out leased space, with the interior being built out by the Applicant. The proposed total DGSF for the Project is 5,025 DGSF, which breaks out to 1,891 DGSF per operating room, or 309 DGSF below the standard. Thus, the Project meets the State Board's applicable standard.

ATTACHMENT 15

Criterion 1110.234 -- Project Services Utilization

Utilization					
	Dept./ Service	**Historical Utilization (Patient Days) (Treatments) Etc.**	**Projected Utilization**	**State Standard** 1,500 HRS x #ORs	**Met Standard?**
Year 1 (2017)	ASTC	1,250 Procedures	1,875.0 Hours	3,000 Hours	NO
Year 2 (2018)	ASTC	2,537 Procedures	3,805.5 Hours	3,000 Hours	YES

Summary

The State Board has established utilization standards for certain departments, clinical service areas, and facilities. Specifically, the Applicant must document that, by the end of the second year of operation, the annual utilization of the clinical service areas shall meet or exceed the applicable utilization standards. For ambulatory surgical treatment centers, the Applicant must demonstrate 1,500 of surgical time for each operating room requested. As the chart above illustrates, the Applicant will meet this state standard by the end of the first full year of operation following project completion, which is estimated to occur on or before July 31, 2017.

Hours

Per industry norms, the average turnover time per procedure will average around 90 minutes, which includes 15 minutes for setup time, 60 minutes to complete the surgical procedure, and 15 minutes for cleanup time. Thus, the average time per procedure will be 1.5 hours, which is consistent with the national average for multi-specialty surgery centers that specialize in orthopedic, podiatry, and pain management medicine.

The Applicant anticipates a July 31, 2017 project completion date. As a result, the first year of operation will yield only half of the anticipated cases. Thus, during CY 2017, the Applicant expects to see 1,250 procedures completed, at an average time per case of 1.5 hours, which will yield a total utilization of 1,875 hours for both operating rooms. However, by the end of the first full year of operation, CY 2018, the Applicant expects to exceed the ASTC utilization standards. During CY 2018, the Applicant expects to see 2,537 procedures completed, at an average time per case of 1.5 hours, which will yield a total utilization of 3,808.5 hours for both operating rooms. This total greatly exceeds the applicable utilization standard.

Accordingly, this application demonstrates sufficient surgical volume by the end of the first full year of operation to support the two proposed operating rooms.

ATTACHMENT 27

Criterion 1110.1540(a)(5)(A) and (B) -- ASTC Categories of Service

(a) ASTC Exemption

The Applicant is seeking a certificate of need permit to establish an ambulatory surgical treatment center ("ASTC"). Because this application is in connection with a new ASTC, the recent regulatory change that established an exception for multi-specialty ASTC's approved prior to April 15, 2014 does not apply to this application.

(b) ASTC Services

The Applicant is proposing the establishment of an ASTC offering three (3) categories of services, as follows:

ASTC Category of Service	Effective Date
Orthopedics	Date of Permit Issuance
Podiatry	Date of Permit Issuance
Pain Management	Date of Permit Issuance

ATTACHMENT 27

Criterion 1110.1540(b) -- Background of Applicant

The Applicant is fit, willing, and able, and has the qualifications, background, character, and financial resources to adequately provide a proper service for the community and also demonstrates that the project promotes the orderly and economic development of health care facilities or services in the State of Illinois.

(a) List of all Health Care Facilities Owned/Operated by the Applicant.

The Applicant, Schaumburg Surgery Center, LLC, is a newly formed entity. This business entity does not own or operate any other health care facilities.

(b) List of all Health Care Facilities Owned/Operated by Persons With Ownership of 5% or Greater or Who Are Officers or Directors of the Applicant.

The Applicant is owned by physician investors who will own the proposed ASTC in equal percentages. Four of the physician investors will be named managers of this limited liability company, as indicated below.

Name	Member 5% > in Schaumburg Surgery Center, LLC	Board of Managers Schaumburg Surgery Center, LLC	Ownership In Other Health Care Facilities > 5%
Brooke Belcher, M.D.	X		None
Russell Benuck, M.D.	X		None
Matthew Bernstein, M.D.	X		None
Ciro Cirrincione, M.D.	X	X	Hoffman Estates Surgery Center Hoffman Estates, Illinois
Anubhav Jagadish, M.D.	X		None
Sean Jereb, M.D.	X	X	None
Mark Levin, M.D.	X		None
Lynette Mahoney, D.P.M.	X		None
Paul Nourbash, M.D.	X		None
Thomas Obermeyer, M.D.	X		None
Raymond O'Hara, D.P.M.	X		None
Narenda Patel, D.P.M.	X	X	None
Richard Rabinowitz, M.D.	X		None
Jason Rotstein, M.D.	X	X	None
Keith Schroeder, M.D.	X		None
David Tashima, M.D.	X		None
Mark Yaffe, M.D.	X		None

(c) Certifications

A certified letter is attached immediately following this attachment. The certification provides as follows: (1) no adverse action has been taken against the Applicant or any facility, owner, or officer/director of the Applicant, nor does any such person have an adverse criminal or civil ruling, decision, etc. that would preclude them from owning and operating a health care facility; and (2) the State Board and the Illinois Department of Public Health are authorized to obtain information regarding this CON permit application.

January 5, 2016

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson St., 2nd Floor
Springfield IL 62761
Attention: State Board Chairperson Kathryn J. Olson

Re: Background of Applicant

Dear Chairperson Olson:

Pursuant to State Board Review Criterion 1110.1540(b)(3), addressing the background of the applicant Schaumburg Surgery Center, LLC (the "Applicant"), I hereby certify that no adverse action has been taken against the Applicant or any facility owned and/or operated by the Applicant during the three years prior to the filing of the certificate of need permit application to establish an ambulatory surgical treatment center at 929 West Higgins Road, Schaumburg, Illinois 60195. Furthermore, a listing of each applicant, corporate officer or director, LLC member, partner, and owner of at least five percent (5.0%) of the proposed facility, is attached. I hereby certify that the individuals who have been identified on this list: (i) have not been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to: (a) the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or (b) has been the subject of any juvenile delinquency or youthful offender proceeding; (ii) have not been charged with fraudulent conduct or any act involving moral turpitude; (iii) do not have any unsatisfied judgments against him or her; or (iv) are not in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

The Applicant hereby permits the Illinois Health Facilities and Services Review Board ("State Board") and the Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the certificate of need permit application, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

Respectfully Submitted,

Ciro Cirrincione, M.D.
Manager
Schaumburg Surgery Center, LLC

NOTARY:

Subscribed and sworn to me this 5 day of January, 2016

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

ATTACHMENT 27

Criterion 1110.1540(c) -- Geographic Service Area Need

(a) Geographic Service Area (GSA) Zip Codes and Patient Origin Data

The proposed ASTC will serve the geographic area consisting of all zip code areas listed below, all of which are within forty-five (45) minutes multi-directional travel time (under normal driving conditions) from the project site. The chart also provides patient origin information by zip code for the prior twelve months.

COOK COUNTY					
Zip Code	Population	Patients	Zip Code	Population	Patients
60004	50,222	792	60160	25,590	19
60005	30,462	415	60161	*	1
60006	*	4	60162	8,139	9
60007	33,830	1,013	60163	5,219	7
60008	22,402	423	60164	22,287	34
60009	*	3	60165	4,959	6
60016	61,369	217	60168	*	10
60017	*	4	60169	34,154	1,401
60018	29,027	152	60171	10,305	11
60019	*	0	60173	12,108	469
60022	8,383	6	60176	11,842	22
60025	39,263	30	60179	*	1
60026	13,775	12	60192	16,637	706
60029	478	1	60193	40,210	1,724
60038	*	0	60194	19,596	988
60043	2,648	1	60195	4,294	339
60053	23,424	22	60196	*	6
60055	*	487	60201	42,722	16
60056	55,617	0	60202	32,560	11
60062	40,211	93	60203	4,460	2
60065	*	1	60204	*	0
60067	38,303	1,164	60208	*	0
60068	37,511	64	60209	*	0
60070	16,033	122	60296	*	0
60074	39,010	640	60297	*	0
60076	32,764	24	60301	2,174	2
60077	27,822	13	60302	32,137	8
60078	*	5	60303	*	1
60082	*	0	60304	17,677	4
60090	37,912	463	60305	11,211	3
60091	27,245	7	60402	64,256	22
60093	19,385	2	60513	19,039	7
60094	*	0	60525	31,675	11
60095	*	2	60526	13,613	1
60104	19,081	6	60534	10,650	2
60107	41,155	1,159	60546	15,959	2
60130	14,202	6	60558	13,066	4
60138	*	0	60613	49,292	10
60141	157	0	60614	68,537	20
60153	24,157	6	60618	96,230	48
60154	16,839	8	60623	87,836	20
60155	7,947	2	60625	78,586	18
60159	*	4	60626	49,237	7

COOK COUNTY (CONTINUED)					
Zip Code	Population	Patients	Zip Code	Population	Patients
60634	73,119	41	60656	28,895	34
60639	92,339	22	60657	69,444	17
60640	64,599	12	60706	23,259	42
60641	72,460	27	60707	42,958	27
60644	49,615	12	60712	12,653	7
60645	46,290	19	60714	30,091	38
60647	87,339	34	60804	84,481	22
60651	60,938	13			
DUPAGE COUNTY					
Zip Code	Population	Patients	Zip Code	Population	Patients
60101	39,709	280	60399	*	0
60103	42,426	1,580	60502	23,099	9
60105	*	3	60504	37,173	9
60106	20,150	103	60514	10,187	5
60108	23,105	298	60515	28,811	9
60116	*	0	60516	27,565	12
60117	*	0	60517	32,533	12
60122	*	0	60519	41	0
60125	*	0	60521	17,678	6
60128	*	0	60522	*	0
60132	*	0	60523	9,916	11
60138	*	0	60527	28,372	6
60139	35,000	126	60532	27,235	20
60143	10,198	284	60540	43,514	6
60148	52,833	64	60555	13,533	9
60157	2,020	72	60559	24,752	8
60172	24,695	632	60561	23,155	11
60181	28,898	44	60563	36,554	17
60184	2,424	28	60565	40,411	10
60186	*	0	60566	*	0
60187	28,544	28	60567	*	0
60188	42,614	245	60570	*	0
60189	31,631	21	60572	*	0
60190	10,614	22	60597	*	0
60191	14,389	217	60598	*	0
60197	*	0	60599	*	0
60199	*	0			
KANE COUNTY					
Zip Code	Population	Patients	Zip Code	Population	Patients
60109	560	2	60147	*	0
60110	39,204	326	60170	*	0
60118	15,442	239	60174	31,437	75
60120	50,154	486	60175	26,068	78
60121	*	1	60177	22,810	192
60123	49,054	188	60183	*	0
60124	20,447	162	60506	56,384	21
60134	29,290	38	60507	*	1
60136	7,276	74	60510	29,115	18
60140	14,509	113			
LAKE COUNTY					
Zip Code	Population	Patients	Zip Code	Population	Patients
60010	39,204	942	60047	42,221	510
60011	*	6	60048	29,284	25
60015	27,373	94	60060	37,947	104
60035	29,837	76	60061	26,144	105
60040	5,400	5	60069	8,301	51
60042	8,556	34	60084	15,867	91
60045	20,516	8	60089	41,584	1,006

ATTACHMENT 27

Criterion 1110.1540(c) -- Geographic Service Area Need

MCHENRY COUNTY					
Zip Code	Population	Patients	Zip Code	Population	Patients
60013	26,241	117	60142	27,077	220
60014	48,379	132	60152	12,825	20
60021	5,724	36	60156	28,842	203
60039	*	2	60180	1,520	6
60102	32,670	307			

NOTE: The above-referenced census data was obtained from the U.S. Census Bureau, using American Fact Finder, available at http://factfinder2.census.gov on the web. The census data is the most recent data available for the State of Illinois by zip code. The data is from the 2014 American Community Survey – Five Year Population Estimates.

** Asterisk represents zip code areas that are not actual geographic areas, per se. These zip codes represent P.O. Boxes or large non-residential complexes that have been assigned their own zip code.*

(b) Note Regarding Patient Origin Data

Because the Applicant is a new legal entity, the patient origin data comes from the referring physicians' patient origin data, and not from the Applicant's prior data. The number of patients is presented by zip code, only showing patient origin data from zip codes in the proposed geographic service area.

ATTACHMENT 27

Criterion 1110.1540(d) -- Service Demand: Establishment of ASTC

The physician referral letters supporting the proposed ASTC are attached immediately following this attachment. The letters provide the total number of patients referred to health care facilities within the past twelve (12) months and the projected number of referrals to the proposed ASTC during the first full year of operation. The following chart summarizes this data, and shows that the facilities to which the referring physicians sent patients to during calendar year 2015 are, with one exception, qualifying health care facilities (i.e., hospitals and surgery centers).

Specialty	Physician Name	Hospital/ASTC	# Cases Performed in Past 12 Months	Anticipated # Cases Referred to New ASTC
Orthopedics	Paul Nourbash, M.D.	Hoffman Estates Surgery Center (ASTC)	0	21
		Alexian Brothers Medical Center (Hospital)	8	
		Northwest Community Hospital (Hospital)	0	
		St. Alexius Medical Center (Hospital)	13	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**21**	**21**
	Mark Yaffe, M.D.	Hoffman Estates Surgery Center (ASTC)	139	205
		Alexian Brothers Medical Center (Hospital)	11	
		Northwest Community Hospital (Hospital)	45	
		St. Alexius Medical Center (Hospital)	33	
		Hawthorn Surgery Center (ASTC)	7	
		SUBTOTALS	**235**	**205**
	Keith Schroeder, M.D.	Hoffman Estates Surgery Center (ASTC)	45	120
		Alexian Brothers Medical Center (Hospital)	0	
		Northwest Community Hospital (Hospital)	0	
		St. Alexius Medical Center (Hospital)	105	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**150**	**120**
	Sean Jereb, M.D.	Hoffman Estates Surgery Center (ASTC)	67	200
		Alexian Brothers Medical Center (Hospital)	23	
		Northwest Community Hospital (Hospital)	0	
		St. Alexius Medical Center (Hospital)	140	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**230**	**200**
	Ciro Cirrincione, M.D.	Hoffman Estates Surgery Center (ASTC)	96	120
		Alexian Brothers Medical Center (Hospital)	27	
		Northwest Community Hospital (Hospital)	0	
		St. Alexius Medical Center (Hospital)	27	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**150**	**120**
			SUBTOTAL	**666**

Specialty	Physician Name	Hospital/ASTC	# Cases Performed in Past 12 Months	Anticipated # Cases Referred to New ASTC
Orthopedics (Continued)	Russell Benuck, M.D.	Hoffman Estates Surgery Center (ASTC)	19	39
		Alexian Brothers Medical Center (Hospital)	3	
		Northwest Community Hospital (Hospital)	5	
		St. Alexius Medical Center (Hospital)	12	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**39**	**39**
	Jason Rotstein, M.D.	Hoffman Estates Surgery Center (ASTC)	38	222
		Alexian Brothers Medical Center (Hospital)	2	
		Northwest Community Hospital (Hospital)	192	
		St. Alexius Medical Center (Hospital)	50	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**282**	**222**
	Matthew Bernstein, M.D.	Hoffman Estates Surgery Center (ASTC)	118	284
		Alexian Brothers Medical Center (Hospital)	1	
		Northwest Community Hospital (Hospital)	45	
		St. Alexius Medical Center (Hospital)	180	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**344**	**284**
	Anubhav Jagadish, M.D.	Hoffman Estates Surgery Center (ASTC)	0	18
		Alexian Brothers Medical Center (Hospital)	1	
		Northwest Community Hospital (Hospital)	9	
		St. Alexius Medical Center (Hospital)	8	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**18**	**18**
	Thomas Obermeyer, M.D.	Hoffman Estates Surgery Center (ASTC)	58	165
		Alexian Brothers Medical Center (Hospital)	10	
		Northwest Community Hospital (Hospital)	51	
		St. Alexius Medical Center (Hospital)	76	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**195**	**165**
	Richard Rabinowitz, M.D.	Hoffman Estates Surgery Center (ASTC)	0	96
		Alexian Brothers Medical Center (Hospital)	18	
		Northwest Community Hospital (Hospital)	26	
		St. Alexius Medical Center (Hospital)	52	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**96**	**96**
			SUBTOTAL	**824**
			ORTHOPEDICS: GRAND TOTAL	**1,490**

ATTACHMENT 27

Criterion 1110.1540(d) -- Service Demand: Establishment of ASTC

Specialty	Physician Name	Hospital/ASTC	# Cases Performed in Past 12 Months	Anticipated # Cases Referred to New ASTC
Podiatry	Narendra Patel, D.P.M.	Hoffman Estates Surgery Center (ASTC)	56	202
		Alexian Brothers Medical Center (Hospital)	101	
		Northwest Community Hospital (Hospital)	1	
		St. Alexius Medical Center (Hospital)	74	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**232**	**202**
	Raymond O'Hara, D.P.M.	Hoffman Estates Surgery Center (ASTC)	168	160
		Alexian Brothers Medical Center (Hospital)	0	
		Northwest Community Hospital (Hospital)	1	
		St. Alexius Medical Center (Hospital)	21	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**190**	**160**
	Lynette Mahoney, D.P.M.	Hoffman Estates Surgery Center (ASTC)	13	35
		Alexian Brothers Medical Center (Hospital)	0	
		Northwest Community Hospital (Hospital)	20	
		St. Alexius Medical Center (Hospital)	7	
		Hawthorn Surgery Center (ASTC)	0	
		SUBTOTALS	**35**	**35**
		PODIATRY: GRAND TOTAL		**397**

Specialty	Physician Name	Hospital/ASTC	# Cases Performed in Past 12 Months	Anticipated # Cases Referred to New ASTC
Pain Management	Brooke Belcher, M.D.	Hoffman Estates Surgery Center (ASTC)	38	650
		Barrington Orthopedic Specialists – Bartlett (Office) *	712	
		Barrington Orthopedic Specialists – Schaumburg (Office) *	1,108	
		SUBTOTALS	**1,858**	**650**
	David Tashima, M.D.	Hoffman Estates Surgery Center (ASTC)	52	118
		Alexian Brothers Medical Center (Hospital)	0	
		Northwest Community Hospital (Hospital)	0	
		St. Alexius Medical Center (Hospital)	66	
		Hawthorn Surgery Center (ASTC)	7	
		SUBTOTALS	**118**	**118**
			PAIN MANAGEMENT: GRAND TOTAL	**768**

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

Discussion

The State Board's rules provide that a CON permit applicant may only rely on historical referrals made to hospitals or other surgery centers to demonstrate demand for each category of service being requested. The following chart shows that most, but not all, of the referrals relied upon by the Applicant in this application are qualified referrals.

Category of Service	Hospital/ASTC	Physician Office	Total
Orthopedics	1,490	0	1,490
Podiatry	397	0	397
Pain Management	126	524	768
Totals	**2,013**	**524**	**2,537**

As seen in the chart above, the Applicant has an ample number of qualified referrals (2,013) to justify the two operating rooms being requested in this CON permit application, even though the pain management category of service will transfer 524 cases to the proposed ASTC.

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 21 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	0
Alexian Brothers Medical Center	Hospital	8
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	13
Hawthorn Surgery Center	ASTC	0
	TOTAL	**21**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 21 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Paul Nourbash, M.D.

Subscribed and sworn to me this 4 day of January, 2016 RK.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 235 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	139
Alexian Brothers Medical Center	Hospital	11
Northwest Community Hospital	Hospital	45
St. Alexius Medical Center	Hospital	33
Hawthorn Surgery Center	ASTC	7
	TOTAL	**235**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 205 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Mark Yaffe, M.D.

Subscribed and sworn to me this 4 day of JANUARY, 2016. RR

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 150 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	45
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	105
Hawthorn Surgery Center	ASTC	0
	TOTAL	**150**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my Schaumburg Surgery Center, LLC referrals, I anticipate referring 120 surgical cases each year to the ASTC proposed by once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Keith Schroeder, M.D.

Subscribed and sworn to me this 17 day of December, 2015.

Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 230 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	67
Alexian Brothers Medical Center	Hospital	23
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	140
Hawthorn Surgery Center	ASTC	0
	TOTAL	**230**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 200 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Sean Jereb, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 18, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 150 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	96
Alexian Brothers Medical Center	Hospital	27
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	27
Hawthorn Surgery Center	ASTC	0
	TOTAL	**150**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 120 surgical cases each year to the ASTC proposed by ***Schaumburg Surgery Center LLC, Schaumburg, Illinois*** once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Ciro Cirrincione, M.D.

Subscribed and sworn to me this 18 day of December, 2015.

Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 39 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	19
Alexian Brothers Medical Center	Hospital	3
Northwest Community Hospital	Hospital	5
St. Alexius Medical Center	Hospital	12
Hawthorn Surgery Center	ASTC	0
	TOTAL	**39**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 39 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Russell Benuck, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center, LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 282 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	38
Alexian Brothers Medical Center	Hospital	2
Northwest Community Hospital	Hospital	192
St. Alexius Medical Center	Hospital	50
Hawthorn Surgery Center	ASTC	0
	TOTAL	**282**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 222 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Jason Rotstein, M.D.

Subscribed and sworn to me this 6 day of January, 2016. PT

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 344 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	118
Alexian Brothers Medical Center	Hospital	1
Northwest Community Hospital	Hospital	45
St. Alexius Medical Center	Hospital	180
Hawthorn Surgery Center	ASTC	0
	TOTAL	**344**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 284 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Matthew Bernstein, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 20, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center, LLC, Schaumburg, IL

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 18 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	0
Alexian Brothers Medical Center	Hospital	1
Northwest Community Hospital	Hospital	9
St. Alexius Medical Center	Hospital	8
Hawthorn Surgery Center	ASTC	0
	TOTAL	**18**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 18 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Anubhav Jagadish, M.D.

Subscribed and sworn to me this 20 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 195 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	58
Alexian Brothers Medical Center	Hospital	10
Northwest Community Hospital	Hospital	51
St. Alexius Medical Center	Hospital	76
Hawthorn Surgery Center	ASTC	0
	TOTAL	**195**

Based on my historical referrals, I anticipate referring 165 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Thomas Obermeyer, M.D.

Subscribed and sworn to me this 17 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 96 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	0
Alexian Brothers Medical Center	Hospital	18
Northwest Community Hospital	Hospital	26
St. Alexius Medical Center	Hospital	52
Hawthorn Surgery Center	ASTC	0
	TOTAL	**96**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 96 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Richard Rabinowitz, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am a Podiatric surgeon. Over the past twelve months I performed a total of 232 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	56
Alexian Brothers Medical Center	Hospital	101
Northwest Community Hospital	Hospital	1
St. Alexius Medical Center	Hospital	74
Hawthorn Surgery Center	ASTC	0
	TOTAL	**232**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 202 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Narendra Patel, D.P.M.

Subscribed and sworn to me this 26 day of December, 2015.

Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am a Podiatric surgeon. Over the past twelve months I performed a total of 190 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	168
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	1
St. Alexius Medical Center	Hospital	21
Hawthorn Surgery Center	ASTC	0
	TOTAL	**190**

Based on my historical referrals, I anticipate referring 160 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within

the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Raymond O'Hara, D.P.M.

Subscribed and sworn to me this 17 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am a Podiatric surgeon. Over the past twelve months I performed a total of 35 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	13
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	20
St. Alexius Medical Center	Hospital	7
Hawthorn Surgery Center	ASTC	0
	TOTAL	**35**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 35 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Lynette Mahoney, D.P.M.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

January 11, 2016

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am a Physiatrist. Over the past twelve months I performed a total of 1858 outpatient surgical and office based cases. Cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	38
Barrington Orthopedic Specialists, Ltd. Bartlett	Hospital	712
Barrington Orthopedic Specialists, Ltd. Schaumburg	Hospital	1108
	TOTAL	**1858**

Based on my historical referrals, I anticipate referring 650 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within

the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Brooke Belcher, M.D.

Subscribed and sworn to me this 11 day of January, 2016. RK.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am a Physiatrist. Over the past twelve months I performed a total of 118 outpatient cases. Cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	52
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	66
Hawthorn Surgery Center	ASTC	7
	TOTAL	**118**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 118 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

David Tashima, M.D.

Subscribed and sworn to me this 17 day of Dember, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

ATTACHMENT 27

Criterion 1110.1540(f) -- Treatment Room Need Assessment

Number of Procedure Rooms Proposed

The Applicant is proposing the establishment of a multi-specialty ambulatory surgical treatment center with two (2) operating rooms.

Summary

The State Board has established utilization standards for certain departments, clinical service areas, and facilities. Specifically, the Applicant must document that, by the end of the second year of operation, the annual utilization of the clinical service areas shall meet or exceed the applicable utilization standards. For ambulatory surgical treatment centers, the Applicant must demonstrate 1,500 of surgical time for each operating room requested. As the chart above illustrates, the Applicant will meet this state standard by the end of the first full year of operation following project completion, which is estimated to occur on or before July 31, 2017.

Estimated Time Per Procedure

Per industry norms, the average turnover time per procedure will average around 90 minutes, which includes 15 minutes for setup time, 60 minutes to complete the surgical procedure, and 15 minutes for cleanup time. Thus, the average time per procedure will be a total of 1.5 hours, which is consistent with the national average for multi-specialty surgery centers that specialize in orthopedic, podiatry, and pain management medicine.

By the end of the first full year of operation, CY 2018, the Applicant expects to exceed the ASTC utilization standards for operating rooms. During CY 2018, the Applicant expects to see 2,537 procedures completed, at an average time per case of 1.5 hours, which will yield a total utilization of 3,808.5 hours for both operating rooms. That total equates to 1,904.25 hours per operating room. This total greatly exceeds the applicable utilization standard of 1,500 hours per operating room.

ATTACHMENT 27

Criterion 1110.1540(g) -- Service Accessibility

Categories of Surgical Services Proposed for the ASTC

1. Orthopedics
2. Podiatry
3. Pain Management

Discussion

Pursuant to State Board review Criterion 1110.1540(g)(3), an Applicant must demonstrate need for a proposed ASTC by demonstrating that existing underutilized services in the proposed geographic service area have restrictive admission policies.

(a) Medicaid

As discussed earlier in this application (i.e., safety net impact statement), the proposed ASTC will enhance access to surgical services by making outpatient surgical care more available to Medicaid beneficiaries and other low income individuals in an area closer to their residence. For example, patients in the Medicaid program need to travel far away from the project site to find a surgery center that even considers taking Medicaid patients. The following chart shows the surgery centers that are closest to the proposed site, and most report no Medicaid participation, while others demonstrate minimal involvement in the program.

ASTC	City	Distance from Project Site (Minutes)	Medicaid Percentage
Hoffman Estates Surgery Center[1]	Hoffman Estates	4	0.00%
Ashton Surgery Center	Hoffman Estates	11	0.00%
IL Hand & Upper Extremity	Arlington Heights	11	0.00%
Northwest Surgicare	Arlington Heights	12	0.00%
Northwest Community Day Surgery	Arlington Heights	13	0.79%
Aiden Center for Day Surgery	Addison	15	0.00%
Barrington Pain & Spine Institute	Barrington	17	0.00%
Advantage Health Care	Wood Dale	18	0.00%
Apollo Surgical Center, LLC	Des Plaines	20	N/A
Elgin Gastroenterology Endoscopy Center	Elgin	20	0.00%
Weil Foot & Ankle Institute/RSC	Des Plaines	22	0.07%
Golf Surgical Center	Des Plaines	22	0.41%
Elmhurst Foot & Ankle Surgery Center	Elmhurst	24	N/A
Loyola ASC	Oakbrook Terrace	25	4.56%
DMG Surgical Center	Lombard	25	0.00%

Source: Illinois Department of Public Health, Hospital Report Card and Consumer Guide to Health Care Website, *available at* http://www.healthcarereportcard.illinois.gov/. Data was not reported by the ASTC where "N/A" is indicated above.

[1] The Applicant's physician investors own units in this limited liability company, but only hold minority interests. As a result, they do not have final decision-making authority at this surgery center, especially in regards to Medicaid provider enrollment decisions.

Based on the data reported in the above chart, it is clear that the Applicant's commitment to become a Medicaid provider is unique in this market area, as only 4 out of 15 surgery centers within 25 miles of the project site report any Medicaid cases, and 3 of the 4 only show less than one percent Medicaid in their patient payor mix.

It should be noted that the Applicant's commitment to provide Medicaid care is not a superficial commitment. There are many Medicaid recipients in the market area, especially within a 15 minute radius around the proposed site. The closest hospital, St. Alexius Medical Center, has a Medicaid payor mix including 19.3% for hospital inpatient care and 18.49% for hospital outpatient care. St. Alexius Medical Center is only 4 minutes (2.93 miles) away from the proposed project site. The next closest hospital, Alexian Brothers Medical Center, in Elk Grove Village, is 11 minutes from the project site. Its Medicaid payor mix for outpatient care is 11.6%. Northwest Community Hospital, 12 minutes away, has a Medicaid outpatient payor mix of 7.73%. All of these percentages are well above the amount of Medicaid provided in existing ASTCs.

ASTC	City	Distance from Project Site (Minutes)	Medicaid Percentage
ST. ALEXIUS MEDICAL CENTER	Hoffman Estates	4	18.49%
Hoffman Estates Surgery Center[2]	Hoffman Estates	4	0.00%
Ashton Surgery Center	Hoffman Estates	11	0.00%
IL Hand & Upper Extremity	Arlington Heights	11	0.00%
ALEXIAN BROTHERS MED. CENTER	Elk Grove Village	11	11.6%
Northwest Surgicare	Arlington Heights	12	0.00%
NORTHWEST COMMUNITY HOSPITAL	Arlington Heights	12	7.73%
Northwest Community Day Surgery	Arlington Heights	13	0.79%
Aiden Center for Day Surgery	Addison	15	0.00%

Source: Illinois Department of Public Health, Hospital Report Card and Consumer Guide to Health Care Website, *available at* http://www.healthcarereportcard.illinois.gov/. Data not reported when "N/A" is indicated above.

(b) Workers Compensation

The same disparities in access to care exist in regards to ASTCs that take workers compensation cases. The Applicant expects to have at least 15% of its payor mix come from workers compensation cases.

(c) Disparities in Access to Care

A report prepared by BMC Health Services Research, published in July 2009, studied the influence of socioeconomic status and race on use of ASTCs. The results showed that compared to the lowest group, patients with higher socioeconomic status were more likely to have procedures performed in ASTCs. The reported concludes that patients of lower socioeconomic status treated with outpatient surgery are significantly less likely to have their procedures in a surgery center setting, suggesting that less resourced patients are encountering higher cost burdens for their health care (e.g., hospital procedures often have higher copayment requirements when compared with the same procedure performed in an ASTC setting). The report concludes

[2] The Applicant's physician investors own units in this limited liability company, but only hold minority interests. As a result, they do not have final decision-making authority at this surgery center, especially in regards to Medicaid provider enrollment decisions.

that the most economically vulnerable group is unnecessarily subject to higher charges for surgery.

(d) Youth Injuries in Sports

The Applicant will also use the proposed ASTC to further its physician's work with youth sports. The Applicant's physician investors are extensively involved with sports teams near its physician office building in Schaumburg, Illinois, the same site at which the proposed ASTC will be located. For example, within two miles of the proposed project site, there are three very large schools: (1) Hoffman Estates High School; (2) Schaumburg High School; and (3) William Rainey Harper College.

The Applicant's physicians attend sporting events at these schools, providing immediate, on-site emergency care when sports-related injuries occur. These physicians, in many cases, provide their services without compensation, including health care services provided at their physician office practices. The physicians plan to bring sports-related injury cases to the proposed ASTC. This will greatly enhance the care provided for youth sports injuries, filling a gap that exists in the community.

Three reports are included with this application, which address the growing problem of youth injuries related to sports, and highlight how often injured children use an emergency room instead of an alternate health care facility such as a physician's office or an ASTC.

These reports show:

- Between 1.24 to 1.35 million youths are seen in emergency rooms each year for sports-related injuries.
- That is 3,397 injuries each day, 141 every hour, and one every 25 seconds.
- Among children ages 19 and younger, children aged 13 to 15 account for the largest number of injuries.
- Only 42% of high schools have access to athletic training services.
- A report published in USA Today quotes one expert who argues that "Far too many kids are arriving in emergency rooms for injuries that are predictable and preventable."
- The most common injuries are to the ankle (15%), the head (14%), fingers (12%), knees (9%), and the face (7%).
- Many of sports-related injuries are treated by physicians who practice orthopedics, podiatry, and pain management.

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Disparities in the use of ambulatory surgical centers: a cross sectional study

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Abstract

Background: Ambulatory surgical centers (ASCs) provide outpatient surgical services more efficiently than hospital outpatient departments, benefiting patients through lower co-payments and other expenses. We studied the influence of socioeconomic status and race on use of ASCs.

Methods: From the 2005 State Ambulatory Surgery Database for Florida, a cohort of discharges for urologic, ophthalmologic, gastrointestinal, and orthopedic procedures was created. Socioeconomic status was established at the zip code level. Logistic regression models were fit to assess associations between socioeconomic status and ASC use.

Results: Compared to the lowest group, patients of higher socioeconomic status were more likely to have procedures performed in ASCs (OR 1.07 CI 1.05, 1.09). Overall, the middle socioeconomic status group was the most likely group to use the ASC (OR 1.23, CI 1.21 to 1.25). For whites and blacks, higher status is associated with increased ASC use, but for Hispanics this relationship was reversed (OR 0.84 CI 0.78, 0.91).

Conclusion: Patients of lower socioeconomic status treated with outpatient surgery are significantly less likely to have their procedures in ASCs, suggesting that less resourced patients are encountering higher cost burdens for care. Thus, the most economically vulnerable group is unnecessarily subject to higher charges for surgery.

Background

In an effort to lower medical costs and improve the efficiency of health care,[1] increasing numbers of surgeries are being performed on an outpatient basis.[2] Little data exists to guide the decision as to where a procedure should be performed.[3,4] For this reason, the choice of surgical setting is often relegated to patient or provider preference. For many patients, personal spending on health care is a significant concern.[5] Many patients have significant co-payments,[6] and for the 45 million uninsured,[7] the total cost of health care drives treatment decisions. The push towards high deductible health plans will further place the cost of care on patients.[8] Thus, patients increasingly find their personal expenditures to be a significant factor in health care decision making.

Decreasing out of pocket payments is especially important for patients of lower socioeconomic status because the high cost of medical care falls disproportionately on them. Though lower income families spend less out of pocket on health care compared to high income families, the burden of these payments is considerably higher.[9]

In 2003, one third of individuals living below federal poverty standards spent more than 10% of their income on health related expenses.[8] These expenditures have serious consequences, with half of personal bankruptcies related to medical expenses.[10]

Decreasing personal expenditures for medical care can be achieved through the use of ambulatory surgical centers (ASCs). ASCs provide a lower cost alternative to hospitals for the provision of surgical services. [11-13] Medicare increased this cost advantage for more procedures under new reimbursement guidelines instituted in January 2008.[11] Since many insurance companies develop guidelines similar to Medicare reimbursements for their own policies,[14] and encourage their patients to use these environments,[15] patients with co-payments or co-insurance experience substantial reductions in their out of pocket expenses with greater use of ASCs for outpatient surgery.[3,16]

As lower cost alternatives to hospitals, ASCs provide an advantageous environment for patients of lower socioeconomic status to receive outpatient surgery. However, disparities in the use of ASCs, if evident, are likely to have downstream consequences, including higher expenditures for patients with less ability to afford their care. For this reason, we evaluated the extent to which the use of ASCs varied according to socioeconomic status and race/ethnicity.

Methods

Using the Agency for Healthcare Research and Quality's State Ambulatory Surgery Database for Florida, all ambulatory surgery procedures at both hospital based facilities and ASCs were obtained for 2005. The dataset provides patient level discharge data for 100% of the ambulatory patients from facilities in state.[17]

Measuring Socioeconomic Status

The primary exposure of interest was socioeconomic status measured at the level of patient zip codes. Zip code level demographic information was obtained from the US census bureau. Using the method of Diez-Roux,[18] a summary measure of the socioeconomic status at the zip code level was created. Briefly, six constructs were used to represent the socioeconomic status of each small area, including median household income in 1999, the value of owner occupied housing, percent of households with dividend or rental income, the percentage of people who had graduated from high school, the percentage who graduated from college, and the percentage of residents who are employed in managerial, professional, and related occupations. These six components were then standardized into a z-score, and the scores were combined into an overall marker of neighborhood score. The overall scores for zip codes in Florida ranged from -16.19 to 19.43, with higher numbers reflecting more advantaged socioeconomic status. Quintiles of socioeconomic status were then created. Distribution of the components of the neighborhood score is shown in Table 1.

Study Cohort

We limited our scope of study to procedures commonly performed in both ASCs and hospitals, including lower gastrointestinal endoscopy, upper gastrointestinal endoscopy, cataract surgery, knee arthroscopy, and ambulatory urologic procedures, (Appendix 1). These procedures accounted for 1,138,127 of the 2,662,157 total records (43% of all ambulatory surgeries performed in 2005). Of these discharges, full demographic data was available on 1,122,137 discharges (99% of the possible population). These discharges made up our final study population.

Statistical Analysis

We first compared the distribution of variables across socioeconomic status cohorts through the use of chi-square tests. Then we assessed our primary outcome of interest, the location of ambulatory surgical procedures: ASC or hospital. We fit logistic regression models using the quintiles of socioeconomic status as the primary exposure of interest. All models were then adjusted for the type of surgical procedure performed, patient insurance status (Medicare or commercial insurance, no insurance or self-pay, and Medicaid or other governmental insurance), age (20 yr ranges), race/ethnicity (white, black, hispanic, other), gender, comorbidity (based on the Elixhauser method),[19] and the level of urbanization of the patient's neighborhood (five category classification of the Urban Influence Codes).[17] SASD classifies race/ethnicity as white, black, hispanic and we grouped other smaller categories together resulting in four mutually exclusive race/ethnhicity groups. We then tested the significance of interactions between socioeconomic status and race/ethnicity through a second set of models that allowed the impact of socioeconomic status to vary by race/ethnicity. These models were run with interaction terms between the race/ethnicity variable and the quintile of socioeconomic status. The significance of the interaction was tested through the type 3 Wald test of the interaction coefficients.

All analysis was performed with SAS Version 9.1.2 (SAS Institute, Cary, NC) using two-sided tests. The probability of Type 1 error was set at 0.05. This study, dealing with publicly available data was exempt from institutional review board approval in accordance with the Code of Federal Regulations, Title 45, Section 46.101.

Results

Socioeconomic quintiles were balanced with the number of discharges ranging from 208,557 for the lowest group to 236,385 for the highest group (Table 1). The age and

Table 1: Socioeconomic status characteristics for all discharges available for study (n = 1,138,127)

	Socioeconomic Status (Quintiles)				
	1 (Lowest)	2	3	4	5 (Highest)
Number of Discharges	208557 (18%)	222873 (20%)	236339 (21%)	233973 (21%)	236385 (21%)
Median SES Summary Score (range)	-3.9 (-16.2 to -1.9)	-0.8 (-1.9 to 0.2)	1.1 (0.2 to 2.2)	3.6 (2.3 to 4.9)	7.5 (5.0 to 19.4)
Wealth/Income					
Median household income ($)	29621	34732	37972	41899	55292
Median value of housing units ($)	73500	87600	97600	123200	170400
Households with interest, dividend, or rental income	23%	32%	38%	44%	53%
Education					
Adult residents who completed ≥ high school	67%	77%	82%	87%	92%
Adult residents who completed ≥ college	16%	22%	27%	35%	48%
Employment					
Employed residents with management, professional, and related occupations	21%	26%	29%	36%	45%

racial structures of the cohorts varied significantly with the lowest socioeconomic status groups being younger and more ethnically diverse than the higher groups (Table 2). Medicaid and other governmental insurance was more prevalent in the lowest socioeconomic status group compared to higher groups (11% in lowest versus 3% in highest; $p < 0.001$). Use of ASCs was lowest for the lowest socioeconomic group (60%) versus the other groups (64% to 67% $p < 0.001$).

The likelihood of an individual's surgery being performed in a freestanding ASCs varied by their socioeconomic status (Table 3). In unadjusted analysis, patients of the lowest socioeconomic status were significantly less likely to use the ASC than patients of higher status. Adjustment for age, race, gender, insurance, comorbidity, procedural, and urbanization differences decreased the magnitude of the effect of socioeconomic status on the location of surgery. However, the lowest status group continued to be significantly less likely to use the ASC than more advantaged patient groups. Overall, the middle socioeconomic status group was the most likely group to use the ASC (OR 1.23, CI 1.21 to 1.25).

Significant interactions were found between socioeconomic status groups and race. Using the lowest quintile group as the reference, we found that for both black and white patients the likelihood of having surgery performed in an ASC increased from the lowest socioeconomic status group to the higher groups (Table 4). For Hispanic patients, the trends in ASC use were reversed. Patients from higher socioeconomic status groups were less likely to have procedures performed in ASCs compared to patients from lower groups. Using the lowest group as the reference, the OR for surgery in an ASC ranged from 0.89 (95% CI 0.83, 0.95) for the 2nd quintile to 0.84 (95% CI 0.78, 0.91) for the 5th quintile. For patients of other racial/ethnic groups, ASC use did not appear to vary by socioeconomic status.

Discussion

Disadvantaged populations, as measured by zip code level socioeconomic status, are more likely to have outpatient surgery performed in hospitals than in ASCs. Patient race and ethnicity appear to modify the association between socioeconomic status and ASC use. For black and white patients, increased socioeconomic status continues to be significantly associated with ASC use. Conversely, Hispanic patients from lower socioeconomic status areas were more likely to use ASCs compared those residing in the higher groups. Because of the cost savings provided by ASC use for patients through lower overall costs and lower

Table 2: Patient characteristics by socioeconomic status quintile * All p-values based on Wald chi-square tests.

	Socioeconomic Status (Quintiles)					p-value*
	1 (Lowest)	2	3	4	5 (Highest)	
Number of Discharges	208557 (18%)	222873 (20%)	236339 (21%)	233973 (21%)	236385 (21%)	
No. at ASC	124183 (60%)	143567 (64%)	157743 (67%)	151954 (65%)	152636 (65%)	<0.001
Procedure						<0.001
Cataract Surgery	49360 (24%)	52094 (23%)	55089 (23%)	53681 (23%)	49351 (21%)	
Urologic	26881 (13%)	27327 (12%)	29075 (12%)	28349 (12%)	27520 (12%)	
Upper GI	35659 (17%)	35800 (16%)	37711 (16%)	35453 (15%)	32941 (14%)	
Lower GI	87010 (42%)	96355 (43%)	102946 (44%)	104226 (45%)	113070 (48%)	
Knee Arthroscopy	9647 5%)	11297 (5%)	11518 (5%)	12264 (5%)	13503 (6%)	
Age						<0.001
≤ 19	7750 (4%)	6442 (3%)	5659 (2%)	5489 (2%)	6064 (3%)	
20–39	16006 (8%)	16211 (7%)	15474 (7%)	15600 (7%)	14902 (6%)	
40–59	62732 (30%)	64420 (29%)	66793 (28%)	67199 (29%)	75172 (32%)	
60–79	100871 (48%)	108634 (49%)	117674 (50%)	113312 (48%)	110414 (47%)	
80+	21198 (10%)	27166 (12%)	30739 (13%)	32373 (14%)	29833 (13%)	
Race/Ethnicity						<0.001
White	130718 (63%)	174813 (79%)	197407 (85%)	197427 (85%)	204753 (88%)	
Black	35198 (17%)	16886 (8%)	10097 (4%)	8661 (4%)	5981 (3%)	
Hispanic	34416 (17%)	22541 (10%)	20216 (9%)	18205 (8%)	13576 (6%)	
Other	5555 (3%)	5930 (3%)	5805 (2%)	6638 (3%)	7620 (3%)	
Insurance Status						<0.001
Medicare/Commercial	180433 (87%)	201681 (91%)	218819 (93%)	218483 (93%)	224437 (95%)	
Self Pay/No Insurance	5741 (3%)	4790 (2%)	4027 (2%)	4251 (2%)	4000 (2%)	
Medicaid/Other Governmental	22361 (11%)	16361 (7%)	13448 (6%)	11194 (5%)	7902 (3%)	
No. Female	114616 (55%)	120988 (54%)	126251 (53%)	123491 (53%)	120934 (51%)	<0.001
Comorbidity						<0.001
0	165450 (79%)	182736 (82%)	194925 (82%)	194940 (83%)	199529 (84%)	

Table 2: Patient characteristics by socioeconomic status quintile * All p-values based on Wald chi-square tests. *(Continued)*

1	26321 (13%)	25967 (12%)	26726 (11%)	26442 (11%)	25436 (11%)
2	12134 (6%)	10531 (5%)	10763 (5%)	9463 (4%)	8691 (4%)
3+	4651 (2%)	3639 (1%)	3925 (2%)	3128 (2%)	2729 (1%)
Urban/Rural					<0.001
Non-Urban adjacent to urban (ref)	108704 (52%)	121515 (55%)	122051 (52%)	130293 (56%)	152543 (65%)
Large Metropolitan	56499 (27%)	86496 (39%)	101347 (43%)	96531 (41%)	83842 (35%)
Small Metropolitan	25063 (12%)	13396 (6%)	12330 (5%)	6322 (2%)	0
Micropolitan	18291 (9%)	1466 1%)	611 (<1%)	827 (<1%)	0

* All p-values based on Wald chi-square tests.

co-payments,[20] ASC use would be especially important for patients of the lowest socioeconomic status groups.

Given the improved efficiencies of ASCs over hospital outpatient departments, patients could be expected to abandon hospital based outpatient surgery. However, such a trend has not developed. Instead hospital use for outpatient surgery has remained stable, and use of ASCs has grown.[21] Barriers to the use of ASCs may exist that keep certain groups of patients in hospital outpatient departments.

One possible barrier raised by our results is patient profiling. Such profiling may be valid as in selecting patients with less comorbidity for surgery in ASCs,[22] or may be inappropriate if barriers are created for groups based on economic status, race, or ethnicity. [23-25] Since the findings of decreased ASC use in the least affluent patients were robust to control for comorbidity, sources of inappropriate profiling need to be considered.

Data from observation of physician encounters with patients supports the contention that patient profiling based on race and ethnicity may be responsible for differences in ASC use. These studies show that physicians will often recommend different procedures for the same clinical situation when the race or gender of the patient is changed.[26] In addition, economic profiling of patients by the physician may occur. Since most ASCs are for profit enterprises with significant physician ownership,[27,28] physicians have active incentives to ensure high reimbursement through these facilities. As such, similar to results seen for specialty hospitals,[29] they may discourage the use of ASCs among patients with poor insurance and lower socioeconomic status.

In addition to physician factors, structural factors in the health care system may be responsible for the utilization patterns found. As for profit enterprises,[28] investors in ASCs have financial incentives to avoid ventures where lack of reimbursement potential is perceived. These facilities may not be established in areas of lower socioeconomic status due to investor concerns about the insurance mix in the population. Thus, a physical barrier to ASC use based on community economic profiling may exist that limits the access of less advantaged patients to ASCs.

Table 3: Likelihood of procedure being performed in an ASC (Odds Ratio with 95% CI)

Socioeconomic Status (Quintiles)	Crude OR (95%CI)	Adjusted OR (95%CI)*
1st (Lowest)	reference	reference
2nd	1.23 (1.22, 1.25)	1.13 (1.12, 1.15)
3rd	1.36 (1.35, 1.38)	1.23 (1.21, 1.25)
4th	1.26 (1.24, 1.27)	1.08 (1.06, 1.09)
5th (Highest)	1.24 (1.22, 1.25)	1.07 (1.05, 1.09)

* Adjusted for Age, Race, Gender, Insurance Status, Type of Procedure, Comorbidity, and Level of Urbanization. Models based on n = 1,122,137 discharges

Table 4: Racial/Ethnic Differences in Location of Surgery

Socioeconomic Status (Quintiles)	White OR (95% CI)*	Black OR (95% CI)*	Hispanic OR (95% CI)*	Other OR (95% CI)*
1st (Lowest)	reference	reference	reference	reference
2nd	1.20 (1.13, 1.27)	1.24 (1.16, 1.33)	0.89 (0.83, 0.95)	1.04 (1.01, 1.07)
3rd	1.28 (1.20, 1.36)	1.28 (1.18, 1.38)	1.10 (1.02, 1.18)	1.13 (1.10, 1.16)
4th	1.14 (1.07, 1.21)	1.03 (0.95, 1.11)	0.88 (0.82, 0.94)	0.95 (0.92, 0.98)
5th (Highest)	1.13 (1.06, 1.20)	1.17 (1.07, 1.27)	0.84 (0.78, 0.91)	0.98 (0.95, 1.00)

* reflects interaction between Socioeconomic Status and Race/Ethnicity adjusted for Age, Gender, Insurance Status, Type of Procedure, Comorbidity, and Level of Urbanization Models based on n = 1,122,137 discharges

Regardless of the cause of the disparity, the findings in this study support the contention that more financially vulnerable groups are encountering a higher aggregate cost burden for their care than more advantaged groups. The benefits of ASCs in cost, convenience, and efficiency are not equitably distributed. Both physician and structural factors may be ultimately responsible for the association between socioeconomic status and ASC utilization found in this paper. Indeed, the finding of different effects of race on the likelihood of ASC use by socioeconomic status could be a result of either physician level or system level factors. Further research into the underlying reasons for these observations is needed to correct these biases in the delivery of health care.

Study Limitations

Zip code tabulation areas (ZCTAs) were used to geocode the discharge records. Zip code level evaluations of socioeconomic status have been demonstrated to result in different parameter estimates than evaluations based on census block groups. With the larger population base in zip codes, estimates would likely be biased towards the null. Furthermore, since ZCTAs were used as the geographic unit of analysis in this study, spatial and temporal discrepancies between the zip codes reported in the SASD and the ZCTA from the census bureau exist. ZCTAs and zip codes may share the same 5 digit code while not representing the same geographic entity.[30] Usually, the spatial discontinuity between these measures of geography is small.[31,32] A potentially larger problem exists in zip code changes over time. While we used data with patient reported zip code information from 2005, the ZCTAs were last updated in 2002.[32] Thus, there is potential for mismatch between the two measures of geography. However, less than one percent of our cohort was lost due to issues of missing data, suggesting that the temporal discontinuity issue was not a significant factor in our study.

A further issue to be addressed is our inclusion of only one state, Florida, in the analysis. Florida has a more elderly population than many other states, more for profit facility ownership, no certificate of need requirements, and higher per capita health care use than other states. Despite these issues, data from Florida provided a valuable substrate for our study due to the ability to gather discharges from both the ASC and hospital environments. Furthermore, the factors that make Florida a potentially unique market, including the lack of certificate of need requirements, allow us to see ASC utilization patterns independent of regulatory forces. ASC use, and disparities in use, may be lower in states with certificate of need requirements.

Finally, patients of lower socioeconomic status often carry high burdens of comorbid illness and more severe underlying disease.[33,34] As such, they may be less appropriate candidates on average for surgery in ASCs. Although we correct for comorbidity in our analysis, subtle differences in severity of comorbid conditions cannot be addressed and may result is residual confounding. However, we believe the impact of these issues is minimized as all patients in the study had ambulatory surgery.

Conclusion

Regardless of the cause of the disparity, patients of lower socioeconomic status likely encounter a higher cost burden for their care than people from more advantaged neighborhoods. The benefits of ASCs in cost, convenience, and efficiency are not equitably distributed. Both physician and structural factors may be ultimately responsible for the association between socioeconomic status and ASC utilization found in this paper. Indeed, the finding of different effects of race on the odds of surgery in an ASC by socioeconomic status could be a result of either physician level or system level factors. Further research into the underlying reasons for these disparities is needed to correct this inequity in health care.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

SS conceived of the study, performed data acquisition, provided data analysis, and drafted the paper. AS helped draft the manuscript. ZY assisted in data acquisition and data analysis. JW assisted in manuscript preparation. BH assisted in study conception, data analysis, and manuscript preparation. All authors read and approved the final manuscript.

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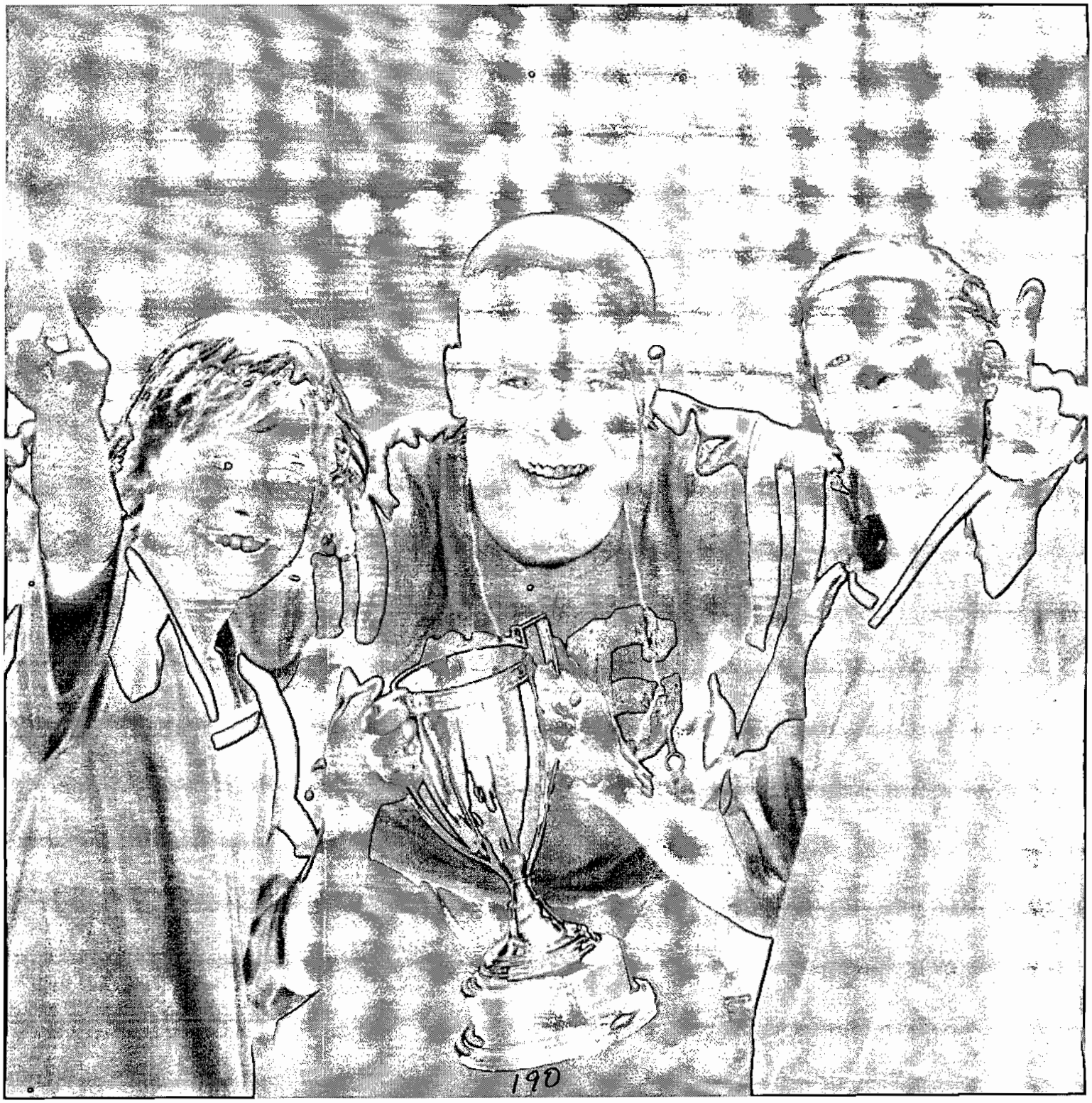
Changing the Culture of Youth Sports

August 2014

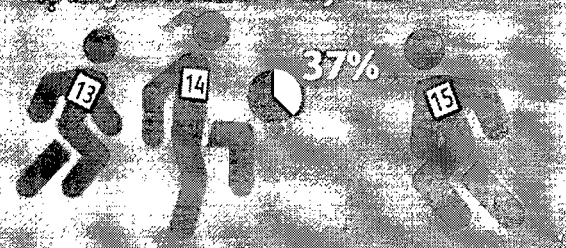


Exploring the Culture of Youth Sports

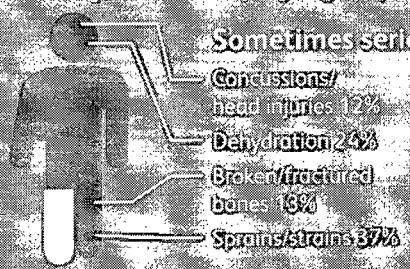
1.24 million kids were seen in emergency rooms for sports injuries in 2013.

That's 3,397 every day | 141 every hour | 1 every 25 seconds.

Among children ages 19 and under, **13 to 15-year-olds** accounted for the largest number of injuries.



90% of athletes said they have been injured while playing a sport.



Many respondents said they **don't do anything** to prevent injuries.

54% of athletes said they have **played injured**.

WE ASKED WHY

"I was needed and couldn't let the team down."

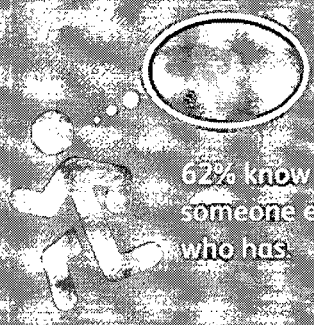
"I didn't want to be benched."

"It was an important game."

Fewer than half of coaches say they have received **certification** on how to prevent and recognize sport injuries.

80% of parents said they would want their child's coach to be certified in injury prevention.

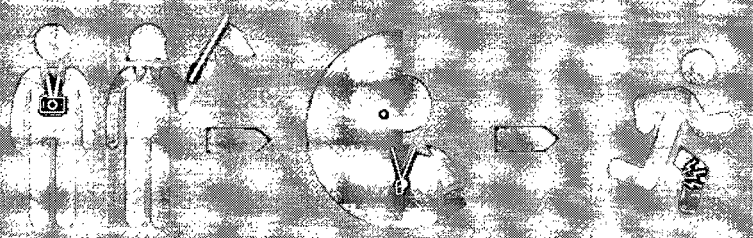
42% of athletes said they have **hidden or down-played an injury** during a game so they could keep playing.



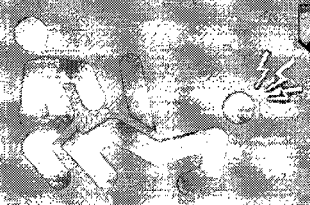
62% know someone else who has.

Only 27% of coaches report a player having hidden or downplayed an injury.

More than half of coaches (53%) say they have felt pressure from a parent or player to put an athlete back into a game if a child has been injured.

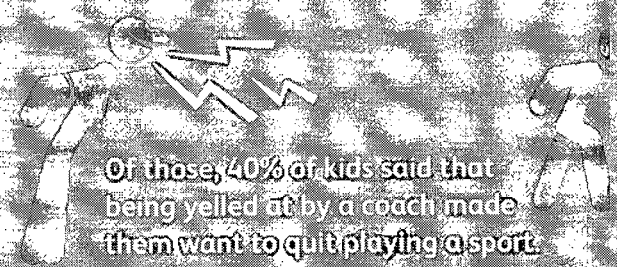


33% of athletes have been injured as the result of **dirty play** from an opponent.



28% of athletes agree that it is normal to commit hard fouls and play rough to "send a message" during a game.

73% of athletes say they have been yelled at by a coach.



Of those, 40% of kids said that being yelled at by a coach made them want to quit playing a sport.

Strategies for Smart Play

- **Set the ground rules at the beginning of the season.** Coaches bring together parents and athletes before the season begins to agree on the team's approach to prevent injuries.
- **Teach athletes ways to prevent injuries.** Proper technique, strength training, warm-up exercises and stretching can go a long way to prevent injuries.
- **Prevent overuse injuries.** Encourage athletes to take time off from playing only one sport to prevent overuse injuries and give them an opportunity to get stronger and develop skills learned in another sport.
- **Encourage athletes to speak up when they're injured.** Remove injured athletes from play.
- **Put an end to dirty play and rule breaking.** Call fouls that could cause injuries.
- **Get certified.** Learn first aid, CPR, AED use and injury prevention skills.

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Executive Summary

The culture of youth sports has been under close scrutiny recently. Parents and athletes are faced with more questions than ever: Are certain sports unsafe? Will the coach know what to do if an athlete is injured? How does an athlete know when to speak up about an injury? With rule changes and a win-at-any-cost mentality, are sports no longer fun?

To better understand what young athletes, parents and coaches are confronted with in youth sports, Safe Kids Worldwide surveyed 1,000 young athletes, 1,005 coaches and 1,000 parents. Despite greater public awareness about youth sports safety, we still found an alarming gap in what is being done to keep young athletes safe while playing sports.

One in four coaches say they don't take any specific actions to prevent injuries to their players during practice or games. Nine out of 10 athletes say they have been injured playing a sport, and 54 percent say they have played with an injury such as a sprain or even a broken bone.

We found that one-third of athletes say they have been injured as a result of dirty play. Of these, 13 percent say they have had a concussion or head injury, 13 percent have had a broken bone, and 18 percent suffered a sprained ankle. These injuries indicate a greater cultural issue: 28 percent of athletes agree that it's normal to commit hard fouls and play rough to "send a message" during a game.

We also learned more about the pressure that coaches are under—and the impact this has on their teams. Half of coaches say they have felt pressure from a parent or player to put an injured athlete back in the game. Almost three-quarters of athletes say they have been yelled at by a coach during a game or practice. How did being yelled at make athletes feel? *"Embarrassed in front of my friends on the team." "I was frustrated and didn't want to play anymore." "Small and belittled."*

Fewer than half of coaches say they have received certification on how to prevent and recognize sport injuries. Fewer coaches of community and recreational teams report receiving sports injury certification than coaches of school, intramural and club teams.

Fortunately we know what works to prevent some of the most serious sports injuries. Some examples are conditioning programs to prevent knee injuries, and cross-training and diversification to prevent overuse injuries. Proper technique and early recognition are important to prevent and manage concussions. Staying hydrated and encouraging training and certification for coaches in first aid, CPR, AED use and sports injury prevention are other ways to keep athletes safe.

Playing sports safely isn't about limiting kids—it's about keeping athletes healthy and injury-free so they can keep playing to their greatest potential. Here are five ways that kids, parents and coaches can work together to keep athletes from getting injured.

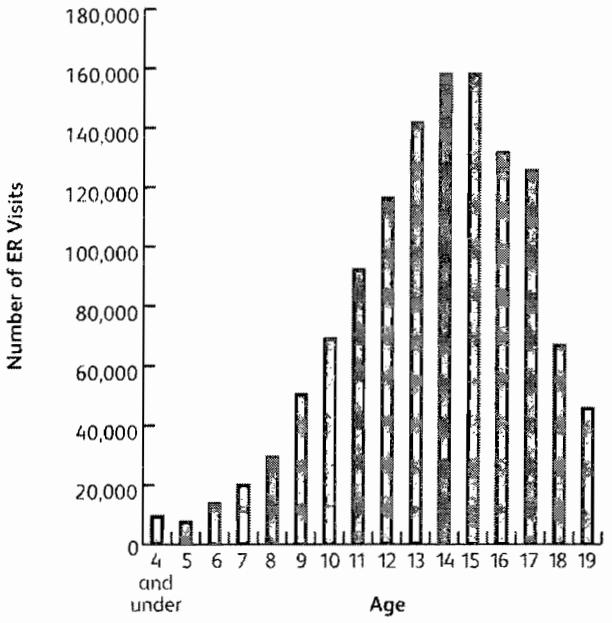
- **Set the ground rules at the beginning of the season.** Coaches bring together parents and athletes before the season begins to agree on the team's approach to prevent injuries.
- **Teach athletes ways to prevent injuries.** Proper technique, strength training, warm-up exercises and stretching can go a long way to prevent injuries.
- **Prevent overuse injuries.** Encourage athletes to take time off from playing only one sport to prevent overuse injuries and give them an opportunity to get stronger and develop skills learned in another sport.
- **Encourage athletes to speak up when they're injured.** Remove injured athletes from play.
- **Put an end to dirty play and rule breaking.** Call fouls that could cause injuries.
- **Get certified.** Learn first aid, CPR, AED use and injury prevention skills.

By embracing these strategies, we can make sure that playing sports—and scoring the goal, making the basket, or winning the game—continues to be one of the best parts of being a kid.

Sports Injuries in Children: Not Just Bumps and Bruises

In 2013, there were an estimated 1.24 million emergency department visits for injuries related to 14 commonly-played sports in children 19 and under.[1] Younger children suffered fewer injuries than older children. However, the greatest numbers of injuries were seen in children ages 13 to 15 (Figure 1).[1] These teens accounted for 37 percent of emergency department visits related to sports injuries.

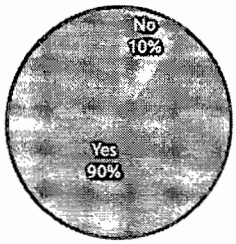
Figure 1: 13- to 15-year-olds make up 37 percent of sports-related ER visits among children.



To better understand what is leading to such large numbers of sports injuries in children, Safe Kids Worldwide surveyed three groups: 1,000 athletes in the 7th through 10th grades; 1,005 coaches of athletes this age; and 1,000 parents with kids who play sports in the 1st through 10th grades.

Nine out of 10 kids say that they have been injured while playing a sport (Figure 2). Many are the types of injuries that require medical attention. One in eight—12 percent—say they have had a concussion or head injury, and even more report having a headache (28 percent) or dizziness (24 percent) after playing a sport, both possible symptoms of a concussion or dehydration. One in four say they have been dehydrated. Thirteen percent have had a broken bone, and 4 percent have had a torn ligament. Thirty-three percent of athletes say they have had a sprained ankle.

Figure 2: 90 percent of young athletes say they have suffered an injury while playing a sport.

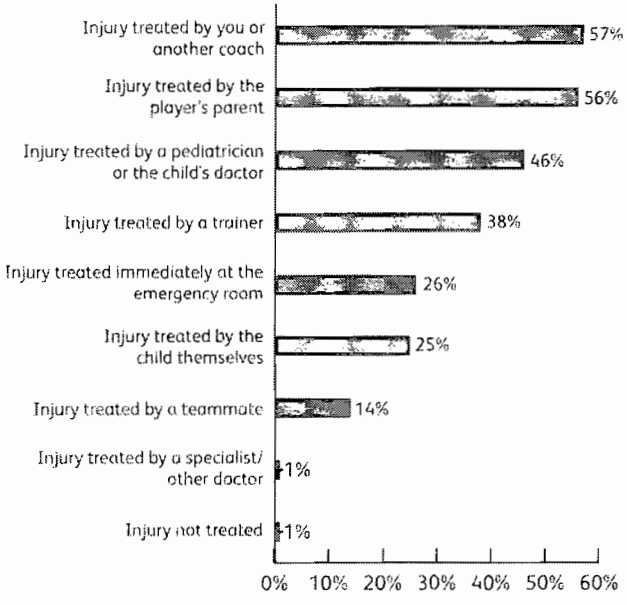


Among those that say they have been injured:

Cuts/scrapes 49%	Dizziness 26%	Bone bruises 9%
Bruises 48%	Dehydration 24%	Shin splints 9%
Sprains/strains 37%	Broken/fractured bones 13%	Overuse injury 8%
Joint soreness 36%	Concussions/head injuries 12%	Faintness 6%
Sprained ankles 33%		Tendonitis 5%
Headaches 28%		Torn ligament (ACL injury) 4%

The majority of coaches—84 percent—have had a sports injury on their team. Among coaches who have experienced an injury on their team, 57 percent say they or another coach have treated an athlete's injury (Figure 3).

Figure 3: 57 percent of coaches who have had an injured player on their team say that a coach has treated an injured player.



Playing Injured to Stay in the Game

When kids were asked what the worst part of being injured was, aside from the pain or discomfort, 49 percent said it was being out of the game and not being able to play. The fear of missing out on a game or practice is a significant factor for kids hiding injuries—42 percent of athletes said they have hidden or downplayed an injury during a game so they could keep playing, and 62 percent know someone else who has hidden or downplayed an injury during a game so they could keep playing.

More than half of athletes—54 percent—say they have played injured, and 70 percent of athletes who played injured had told a coach or parent they were injured. The most common injuries that athletes played with were sprains (27 percent), general pain (21 percent) and bruises (14 percent). Athletes also reported playing with some serious injuries: 7 percent said they had played with a broken bone or dislocation (Table 1). The top reasons athletes gave for playing injured were that it wasn't that bad (18 percent), they were needed and couldn't let the team down (13 percent), and they didn't want to be benched (12 percent).

Table 1: What was the injury that you played with?

Injury	Percentage of Athletes
Sprain/twisting	27%
Pain/soreness	21%
Bruise	14%
Broken bone or dislocation	7%
Unspecified injury involving a body part such as knee, arms, foot, etc.	6%
Strain/pulled muscle	6%
Cut	4%
Scrape/scratch	4%

Have you ever played with an injury before? What was the injury and why did you keeping playing?

"Concussion. I didn't want to tell anyone."

"I had a sprained ankle and I was told to work through it."

"Fractured bone. I wanted to keep playing."

"Sprained foot—kept playing because I didn't want to get yelled at in front of everyone or get kicked off the team."

"I was hit in the mouth with someone's elbow and my front teeth were loose and bleeding. I kept practicing after taking a short break because I don't let that hold me back from making progress."

"I had a sprain and I never get to play so I did not tell the coach, and I was afraid he would yell at me and bench me for the rest of the season."

Brie's Story

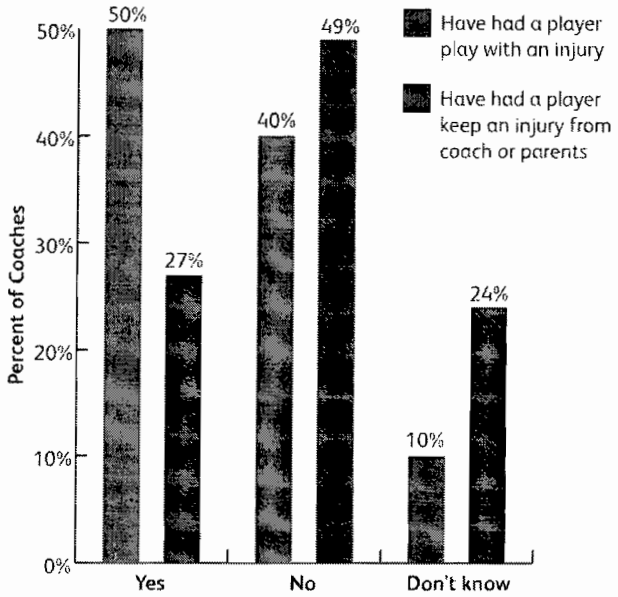
In one moment, Brie Boothby's life changed forever. On September 10, 2013, Brie was playing in a high school field hockey game when she got hit in the head with a hockey stick and blacked out. After a few minutes on the sideline, she went back onto the field. "There was no reason to go back into the game after a head injury like that," says Brie.

A week later Brie forgot how to spell her name. She suffered a severe concussion that is still dominating her life a year later. Instead of being a normal high school teen, she deals with the side effects of a traumatic brain injury, like an aversion to bright lights and loud sounds and an inability to focus, which affects her grades. Instead of going to the movies she goes to physical therapy. Sleepovers have been replaced by doctors' appointments. And she sits on the bench instead of playing the sport she loves. Doctors tell her she can't ever play a contact sport again because of her concussion.

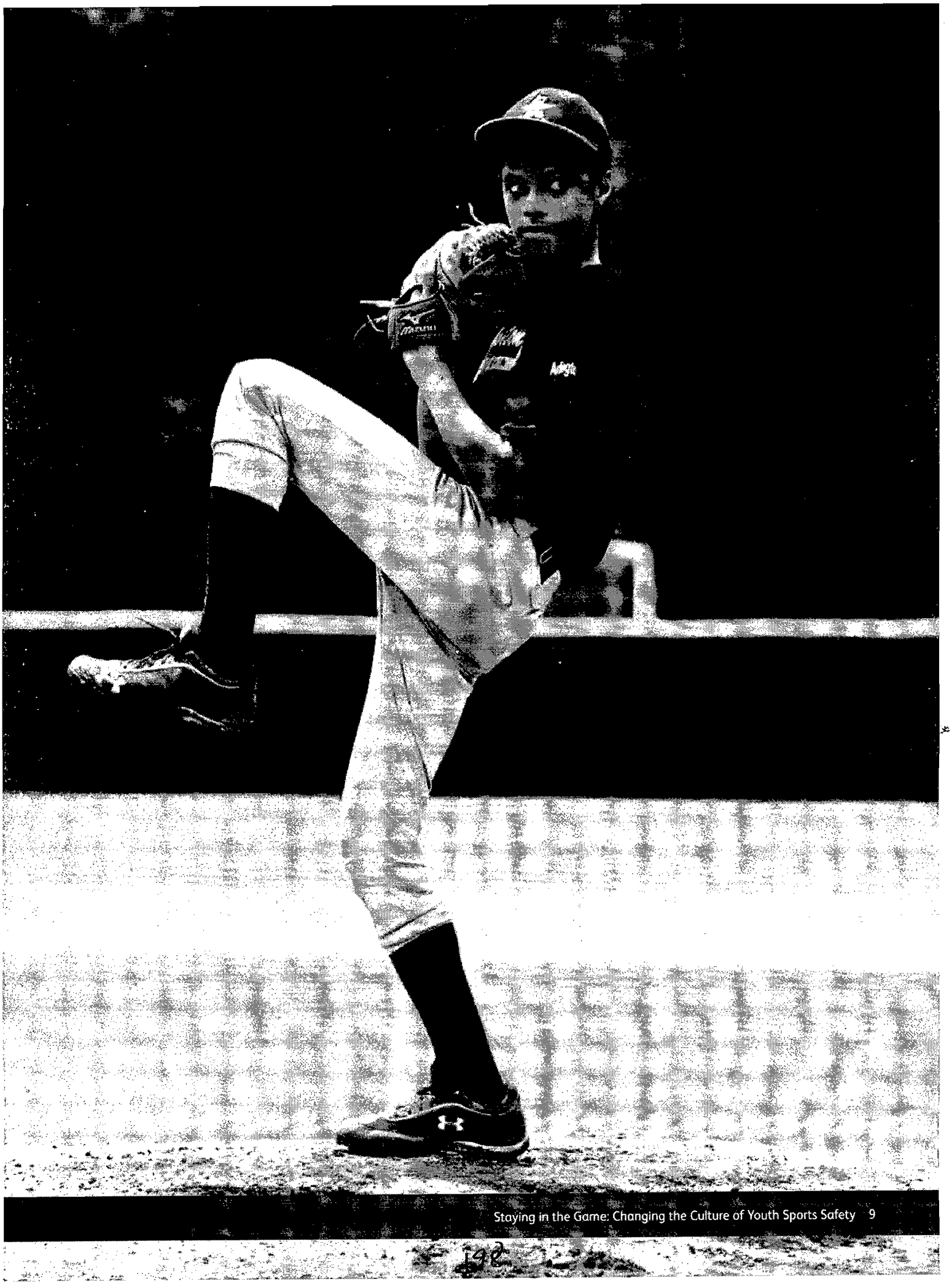
"I've learned to take it one day at a time," says Brie. To help adjust, Brie started a support group with a few other teens who have also suffered from concussions. "By sharing my story, I hope I can help other athletes cope and know that they're not alone."

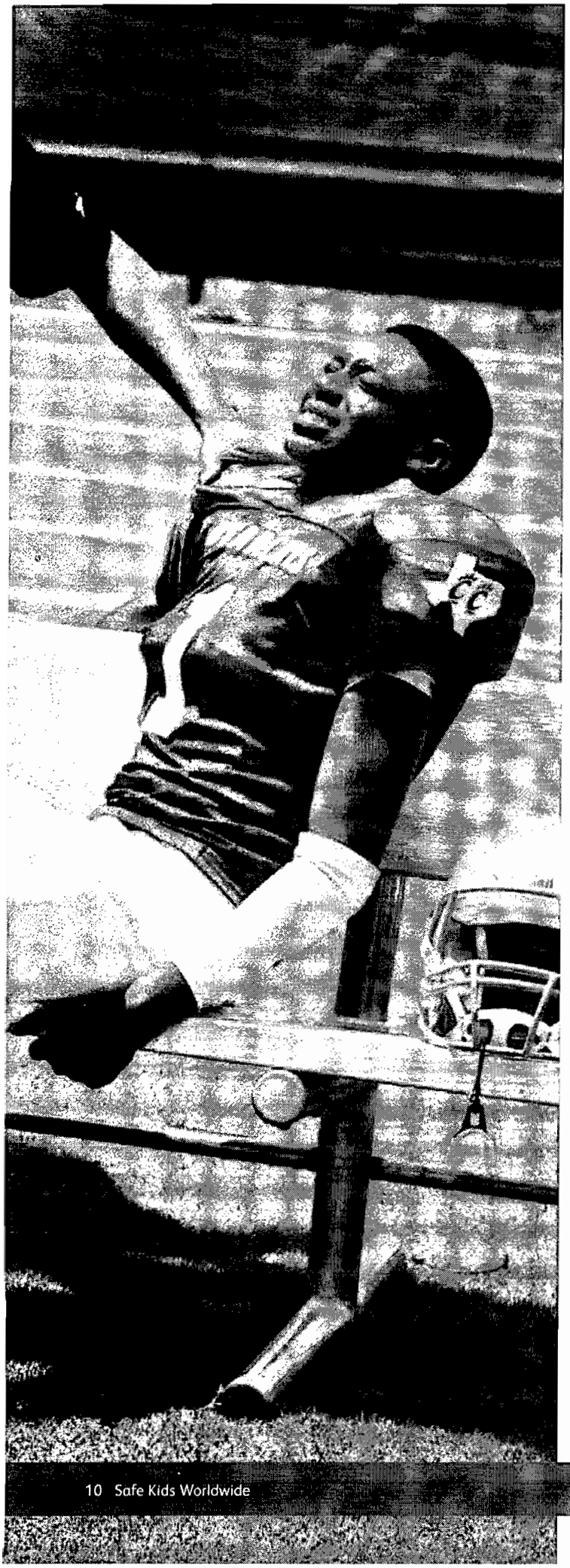
Coaches are aware of their players playing while injured, and even hiding injuries. Half of coaches say they have had a player play with an injury, and 27 percent say they have had players keep an injury hidden from coaches and parents (Figure 4). More intramural coaches (41 percent), club coaches (35 percent) and school coaches (34 percent) know of a player keeping an injury hidden than recreational coaches (28 percent).

Figure 4: Half of coaches have had a player play injured, and 27 percent have had a player hide an injury.



More than half of coaches (53 percent) say they have felt pressure from a parent or player to put an athlete back into a game if a child has been injured. Intramural coaches more often report being pressured by parents (53 percent) than school coaches (45 percent) or recreational coaches (42 percent).

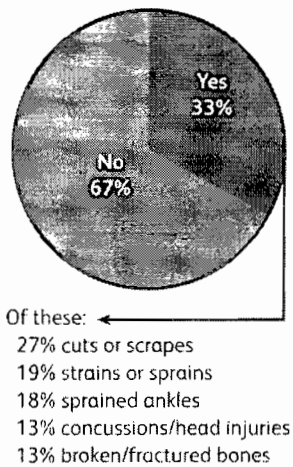




Dirty Play

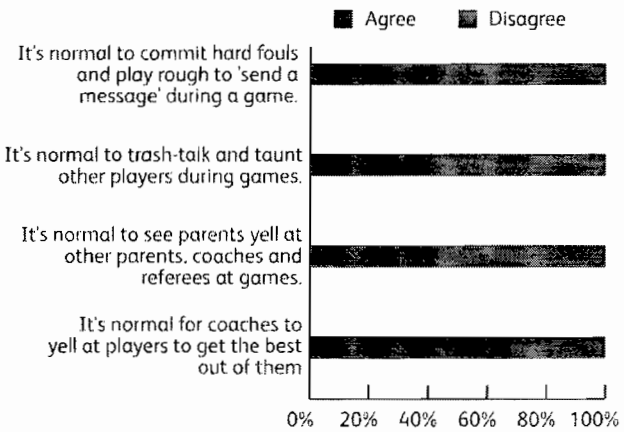
One way that athletes report being injured is by foul or dirty play from an opponent—one-third of athletes report being injured this way (Figure 5). Eighteen percent report having had a sprained ankle as a result of foul or dirty play, 13 percent had a concussion or head injury and 13 percent had a broken or fractured bone. Alarmingly, almost one-third of athletes (28 percent) agreed that it is normal to commit hard fouls and play rough to "send a message" during a game.

Figure 5: One-third of athletes have been injured as the result of foul or dirty play from an opponent.



We also learned that many athletes consider it normal to yell at others and be yelled at while playing sports. Two out of five athletes (41 percent) report having yelled at a teammate during a game or practice. Sixty-eight percent of athletes agreed that it's normal for coaches to yell at players to get the best out of them; 42 percent agreed it's normal to see parents yell at other parents, coaches and referees at games (Figure 6).

Figure 6: Many athletes think it's normal to yell, trash-talk and even commit fouls to "send a message."



Almost three-quarters of athletes say they have been yelled at by a coach (73 percent) (Figure 7). While some said it made them feel motivated (36 percent), others say they felt embarrassed (14 percent), angry (14 percent), sad (13 percent), and even felt like a loser (9 percent). Two in five athletes say that being yelled at by a coach has made them think about quitting a sport. Coaches clearly play a critical role in both the players' safety as well as their interest in playing the game.

Figure 7: 73 percent of athletes have been yelled at by a coach. Of these, 40 percent said being yelled at by a coach has made them want to quit playing the sport.

Has your coach ever yelled at you during a game or practice? How did it make you feel?

"Embarrassed in front of my friends on the team."

"I was frustrated and didn't want to play anymore."

"Wasn't all that bad. I probably had it coming."

"Small and belittled."

"Like I was doing something wrong or not good enough."

"Embarrassed and angry. But he is always yelling at everyone."

"A little angry. It made me want to yell back."

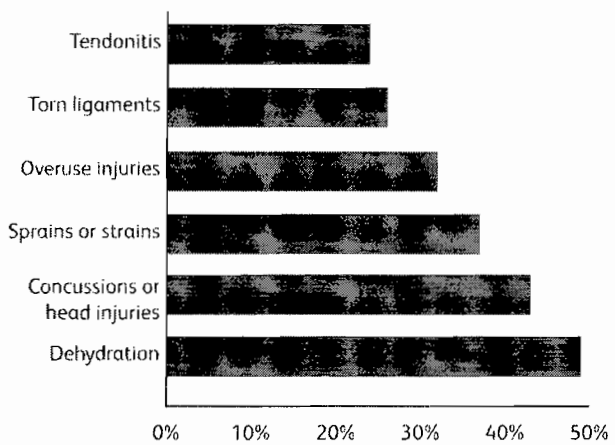
200

Training Coaches: Can We Do More?

Parents are confident in their coach's knowledge about preventing sports injuries: 94 percent of parents said their child's coach was very or fairly knowledgeable about preventing sports injuries, compared to 89 percent of athletes and 89 percent of coaches. In contrast, only 5 percent of parents said their child's coach was not knowledgeable, compared to 11 percent of coaches and 11 percent of athletes.

However, fewer than half of coaches say they have received certification on how to prevent and recognize sport injuries. For example, 43 percent of coaches say they have received certification to prevent and recognize concussions, 32 percent have received training on overuse injuries, and 26 percent have received training on torn ligaments (Figure 8).

Figure 8: Most coaches haven't received injury prevention certification.



Percentage of coaches who have received certification that includes prevention and recognition of specified injuries

Coaches' certification varies depending on where they coach. More school coaches (38 percent), intramural coaches (40 percent) and club coaches (40 percent) than recreational coaches (33 percent) report having received certification that includes the prevention and recognition of overuse injuries (Table 2).

Nearly nine in 10 coaches—84 percent—say they are very or somewhat likely to get certified in injury prevention. Eighty percent of parents said they would want their child's coach to be certified in injury prevention.

While injury prevention certification programs vary by sport and certifying body, one place that coaches and parents can start is by completing a course in CPR (cardiopulmonary resuscitation) and AED (automated external defibrillator) use. While rare, the incidence of sudden cardiac arrest is greater in young athletes than among nonathletes.[3] The American Heart Association offers Heartsaver® CPR AED and the American Red Cross provides training and certification in first aid, CPR and AED use. In our survey, we found that only 52 percent of coaches said their team has an AED where they practice and play games; 37 percent said there wasn't an AED, and 11 percent didn't know. Of coaches who said there was an AED, 86 percent had received training on how to use it.

Table 2: Have you received any certification that includes prevention and recognition of any of the following injuries?

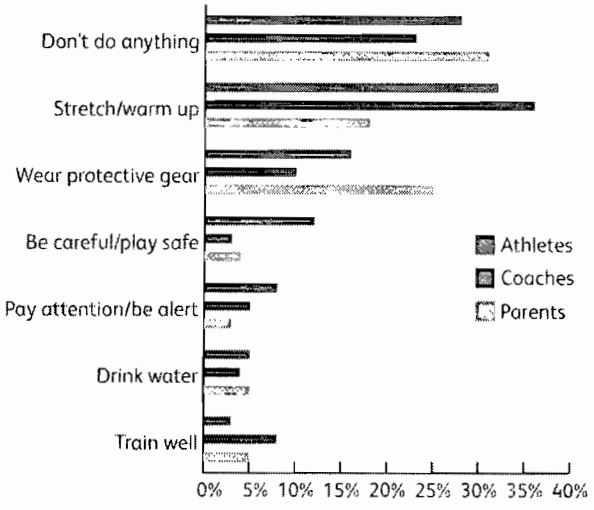
	School Coach	Intra-mural Coach	Recreational Coach	Club Coach
Yes – Torn ligament, such as an ACL injury	32%	32%	26%	34%
Yes – Sprains or strains	40%	39%	39%	44%
Yes – Dehydration	54%	54%	51%	57%
Yes – Concussions or head injuries	47%	46%	46%	49%
Yes – Broken or fractured bones	46%	47%	37%	48%
Yes – An overuse injury, such as swimmer's shoulder, runner's knee, pitcher's elbow or tennis elbow	38%	40%	33%	40%

The majority of coaches in the survey were volunteer coaches — for example, 83 percent of basketball coaches who responded to the survey were volunteers.

Tackling Sports Injuries

Athletes, parents and coaches were asked what, if anything, they do to prevent sports injuries. They could write in anything they do to prevent injuries, and were provided with the option to select "I don't do anything to prevent injuries." We found that about one in four athletes and coaches responded that they don't do anything to prevent injuries (Figure 9). Intramural coaches were more likely to say they don't do anything to prevent injuries (31 percent) than school coaches (24 percent) or recreational coaches (21 percent).

Figure 9: One in four athletes, parents and coaches don't do anything to prevent sports injuries.



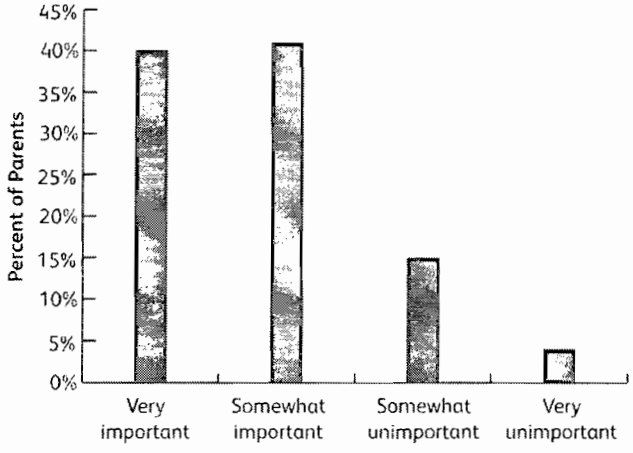
"What parents often don't seem to realize is that if a child's body is overworked at an early age, he or she might not be able to stay in that sport long enough to make it to high school varsity, let alone to the elite level they so desperately desire."

– from *Any Given Monday*
Dr. James R. Andrews

OVERUSE INJURIES
Cross-training and conditioning

An overuse injury can happen when a joint, bone, muscle, ligament or tendon is repetitively used without enough rest, leaving it prone to injury.[4] Certain overuse injuries, such as some kinds of stress fractures and injuries to the growth plates of developing bones, can result in extended recovery periods, time away from sports, and even limit a child's ability to play sports in the future.[4] Children may be at greater risk for these injuries because their bones and joints are still developing.[3] One study from Boston Children's Hospital found that girls suffered more overuse injuries in proportion to other sports injuries than boys.[5] Researchers found that boys who played high-overuse sports such as tennis, swimming, and track and field were 10 times more likely and girls 3.6 times more likely to suffer an overuse injury compared to those who didn't play high-overuse sports.[5] Taking time off from playing any one sport during the year by cross-training and diversifying the sports played is an important strategy to prevent overuse injuries, as athletes who specialize at an early age may be more likely to be injured.[4] There is a need for greater awareness about the importance of time off; in our survey, almost one in five parents say that taking a break between playing any one sport during the year was "somewhat unimportant" or "very unimportant" (Figure 10). To prevent overuse injuries, limit repetitive movements like pitching; one way to do this is through using technology, like the Throw Like a Pro app that helps to keep track of pitch counts. Finally, there is evidence that preseason conditioning programs can reduce injury in young athletes.[4]

Figure 10: Almost one in five parents think it's not important for kids to take a break between playing any one sport during the year.



CONCUSSIONS
Early recognition and prevention

Concussions in youth sports are receiving more attention than ever. Concussions are a type of brain injury that result from a hit to the head, neck, face or another part of the body that results in force transmitting to the head.[6] After a concussion, there is decreased blood flow to the brain, and it's hypothesized that the lack of blood flow means that the body can't meet the brain's energy demands following the head injury, resulting in the symptoms of a concussion.[7] Symptoms of a concussion can include headaches, trouble with balance, irritability, and trouble concentrating and remembering.[7]

One challenge in treating concussions is that it can be difficult to recognize that a player has a concussion, and instead often relies on players telling a coach or trainer that they have symptoms. In a survey of male and female college athletes, 20 percent said they thought they had had a concussion in the past 12 months while playing their sport, and of those, 78 percent didn't seek medical attention during the game or practice. The top reason they gave for not reporting their concussion was they didn't think it was serious and thought they could keep playing without doing any harm to themselves.[8] It's important that athletes, coaches and parents recognize the signs and symptoms of a concussion, and to see a health care professional if an athlete is suspected of having a concussion.[9]

There are ways to prevent concussions by adopting policy changes to protect athletes from moves that put them at the greatest risk of a head injury.

One example of changing technique comes from boys' ice hockey. The rates of injury in youth boys' ice hockey divisions that allow body checking are four times greater than in divisions that prohibit body checking.[10] A study of concussions in high school athletes found that the concussion rate in boys' ice hockey was the second-highest of any sport, and it is estimated that the proportion of concussions in ice hockey that result from body checking are between 30 and 70 percent.[10] In a cost-effectiveness analysis comparing leagues of youth ice hockey players in which body checking was allowed in one league but not the other, researchers found that healthcare costs where body checking was allowed were more than 2.5 times greater than where body checking wasn't allowed.[11] If the body checking ban was projected onto the league where it had been permitted, it is estimated that 1,273 injuries would have been avoided and $213,280 Canadian in healthcare costs would have been saved in that one season alone.[11] In 2014 the American Academy of Pediatrics issued a policy statement on body checking calling for prohibiting body checking in boys' ice hockey in children under the age of 15 years.[10]

> "I urge a ban on heading in soccer until players reach age fourteen. If it were within my power, heading on every youth soccer field in America would vanish right now."
>
> – from *Concussions and Our Kids*
> Dr. Robert Cantu
> Chief of Neurosurgery, chairman of the Department of Surgery, and director of the Service of Sports Medicine at Emerson Hospital

Another example of protecting athletes comes from cheerleading. Stunting in cheerleading accounts for 96 percent of concussions and closed head injuries. In particular, pyramid stunts have been linked to between 50 and 66 percent of head/neck injuries in cheerleading.[12] Recommendations and rules such as limiting pyramids to the height of two people and avoiding stunts on hard surfaces can keep kids safer while continuing to participate.

Finally, evidence is mounting against the practice of heading the ball in youth soccer. A study of concussions in 11- to 14-year-old girl soccer players found that players reported heading the ball as the event that led to 31 percent of concussions.[13] In a small study of adult soccer players, researchers found that heading the ball was associated with abnormal white matter changes in the brain and poorer performance on memory tests.[14] Former professional soccer players and traumatic brain injury experts are now calling for a change to the rules of youth soccer: no heading the ball until kids are at least 14 years old.[15]

While no policy change or technique will eliminate the risk of concussions entirely, we can start by addressing practices that put kids at the greatest risk of concussions and head injuries.

ACL INJURIES

Conditioning and strength training exercises

Part of proper technique includes strengthening exercises that can prevent serious injuries including anterior cruciate ligament (ACL) injuries. ACL injuries are on the rise, with physicians seeing an increase in ACL injuries over the last decade.[16] This may be because of more kids participating in sports at younger ages; more cases being diagnosed as a result of more awareness; and medical imaging being used more often.[16] Girls may be at increased risk of ACL injuries; girls have been found to have higher rates of ACL injuries than boys in sports such as soccer, basketball and baseball/softball.[17] A study of middle-school girls who played basketball, soccer and volleyball found that the most commonly injured body part was the knee, which accounted for 74 percent of injuries.[18] Serious long-term consequences can result from ACL injuries: following reconstruction surgery for an ACL injury, more than half of patients show signs of irreversible osteoarthritis within 10 years.[17] In the short-term, treatment of an ACL injury can result in costs between $17,000 and $25,000, and can require months of rehabilitation and significant time away from playing sports.[16] Fortunately, exercises exist that can prevent ACL injuries; training programs have been found to reduce ACL injury rates in girl athletes.[17 19] These exercises work to teach movement patterns that lessen the chance of injury during sudden movements in sports like pivoting or landing, and have been found to be most effective in high-school girl athletes.[16] Safe Kids developed a video with USA Womens Soccer player Ali Krieger to demonstrate seven exercises to prevent knee injuries. The video can be found at safekids.org. Other effective programs include Sportsmetrics, Prevent Injury and Enhance Performance, and Knee Injury Prevention.[19]

USA Womens Soccer player Ali Krieger works with Randy Rocha, Team USA Trainer

National Council on Youth Sports Safety

Responding to the national challenge on sports safety, especially concussions, there are many new partners involved in the effort to keep our kids safe on fields and courts, and the National Council on Youth Sports Safety is one of the most exciting. It was formed by Dr. David Satcher, who served as U.S. Surgeon General from 1998 to 2001 in partnership with the Satcher Health Leadership Institute at Morehouse School of Medicine and the George Washington University School of Public Health and Health Services. With an advisory council of national experts, including Safe Kids President and CEO, Kate Carr and GWU global health expert Dr. Eliot Sorel, NCYSS seeks to change the youth sports game by creating a culture of prevention to reduce the number of injuries sustained by kids playing sports. Using a multidisciplinary approach, the Council will work in the following areas: research and science; public policy; coaching, training and officiating; technology and equipment manufacturing; and community education.

Its first initiative, Protecting Athletes and Sports Safety (PASS), will work specifically on concussion prevention efforts for pre-collegiate athletes. In 2015, PASS will conduct a national tour, holding Community Huddles on Concussion in 11 U.S. cities. Engaging all stakeholders, ranging from parents and their kids to coaches and league officials, will provide the NCYSS with a more comprehensive and diverse set of best practices that will be shared with the public in the spring of 2016.

"We understand the benefits of keeping kids physically active through participation in sports and want to ensure that those benefits outweigh the risks. Bringing together parents and youth athletes, coaches and trainers, and the medical and public health communities, we can mitigate many hazards and shift the culture of youth sports to keep kids in the game."

– David Satcher, M.D., Ph.D.
Former U.S. Surgeon General and co-chair, NCYSS

Helping Coaches Get the Injury Prevention Knowledge They Need

Parents with kids involved in competitive sports activity look to team coaches to prevent their child from sustaining serious injury.[20] Parents believe their kids' coaches are knowledgeable about injury prevention (94 percent) and think coaches need to be certified (80 percent).

Beyond requirements to know first aid basics and how to administer CPR, laws, regulations and association standards are murky on requiring coaches to know how to detect and prevent injuries.

Protocols and training involving concussions are one area where state legislatures are nearly unanimous in requiring some kind of coach education — commonly known as "return to play" laws. But even with the legal requirements, 24 percent of coaches incorrectly said that their state did not have such a law and an additional 33 percent of coaches did not know whether their state had a return to play law. In addition, Safe Kids' research revealed the following:

- Coaches who responded to the survey say they want sports injury prevention training and certification: 84 percent say they would get certified in injury prevention if it were available.
- Only 33 percent of coaches say they are "very knowledgeable" about sports-related injury prevention, while 56 percent consider themselves "fairly knowledgeable."
- Fewer than half of the coaches say they are certified on how to prevent and recognize sports injuries, and only 26 percent say they were certified on preventing and recognizing torn ligaments such as ACL injuries.
- In research done in 2012 by Safe Kids, coaches told us that while they want more education about injury prevention, the following were barriers to obtaining sufficient education: cost (48 percent); lack of time (46 percent); that there's no local source (41 percent); and they believed there wasn't training for a particular injury in sports they coach (24 percent).[ii]

Between practice and games, kids who play competitive sports may spend more real time with coaches than they do with teachers, other school personnel or even their parents.[21] But state laws do not require coaches to be certified for injury prevention, while at the same time the law requires certification and continuing education for numerous professionals and individuals who have contact with children, especially when safety is involved. While states have been almost unanimous in passing some form of return to play laws, only three state laws — Connecticut,[22] Pennsylvania[23] and Oklahoma[24] — provide sanctions for failure to comply. Thus, it is not surprising that coaches say they are ill-informed about the laws. Safe Kids believes that competitive school sports programs — as well as non-school related sports — should have a team of informed professionals who understand injury identification and prevention. Safe Kids supports state legislation requiring school coaches to be certified.

The best practice standards for coach certification would include:

- Requiring all school coaches to be certified about injury identification and prevention in the most common injuries sustained in sports including injuries related, but not limited, to concussions, ligaments, as well as the implications of dehydration, heat illness, overuse, failing to warmup and lack of cross-training.[25]
- A requirement that the courses are in person or online with verification measures to ensure compliance.
- Continuing education and recertification at least every two years.
- Coverage to include children younger than high school.
- Coverage of non-school related team sports such as Pop Warner football and post t-ball softball.
- State funding to implement the school-related program and create the educational content for coaches.

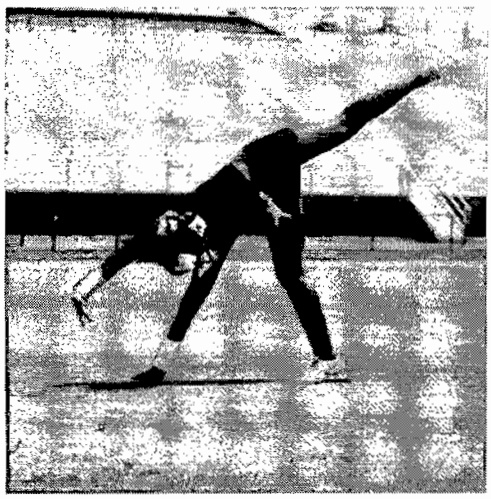
Another critical player in a youth sports program is an athletic trainer. Trainers are required to receive thorough education that includes health and medical issues relating to sports. Most states require them to be certified. An educated and informed coach is no replacement for an athletic trainer. According to a joint study between the National Athletic Trainers' Association and the Korey Stringer Institute, only 39 percent of high schools have full-time access to an athletic trainer.[26] Only Hawaii requires public schools to employ athletic trainers. School districts should not use coach certification as a way to justify not providing funds for athletic trainers.

Other Legislative Action

The momentum of legislative activity on sports safety is remarkable. In efforts to make kids safer, legislatures have passed or are considering laws in the following public policy areas:

- **Limits on Tackling.** States are passing laws requiring limits on tackling, including California[27] and Connecticut.[28]
- **Return to Learn.** Following a concussion the brain needs time to gradually return to the full range of cognitive activity. For this reason, Nebraska[29], Virginia[30] and Massachusetts[31] have passed laws requiring school districts to have in place a protocol for gradually returning a student athlete to academics. Rhode Island expanded coverage of its return to play law to cover teacher and school nurse continuing education.[32]
- **Beyond Schools Sports.** Virginia extended its return to play law to non-school sports played on school property.[33]
- **Covering Grade and Middle Schools.** New Hampshire applies its return to play law to grades 4-12.[34]
- **On-Field Health Care Provider.** Vermont now requires a home team to have a health care provider.[35]

Safe Kids acknowledges and encourages this intense leadership on the part of legislators. Rather than waiting for legislation, communities may take some of these best practices to school boards.



Safe Sports Think Tank

In November 2013, the Andrews Institute, Alzheimer's Drug Discovery Foundation and Safe Kids Worldwide hosted the Safe Sports Think Tank to bring together researchers from the country's top universities and hospitals to explore the relationship between sports-related concussions in children and long-term cognitive outcomes. Studies of adult athletes have suggested a link between repetitive head impacts and developing cognitive conditions such as Alzheimer's disease and Parkinson's disease later in life.[36] However, we don't yet know how repetitive concussions in childhood may affect people decades later. We also don't know how to determine which children are at greatest risk for a concussion, but there are biomarkers that hold promise. One example is the apolipoprotein E (APOE) gene; having two copies of the e4 variant (APOE4) may result in greater risk of a poor outcome following a concussion in adults[37] and is also an important biomarker for Alzheimer's disease.[38]

"While more research is needed, the APOE gene holds exciting promise in the field of sports medicine. 'Determining the role of APOE testing in sports medicine to help identify those at greatest biological risk is critically important today,' says Howard Fillit, MD, Founding Executive Director and Chief Science Officer of the Alzheimer's Drug Discovery Foundation. 'And developing new drugs that can mitigate the impact of concussion in people with APOE4 may help to reduce the burden of concussion in the future.'"

Sports Safety Tips

- Before playing organized sports, make sure your child receives a pre-participation physical exam, or PPE, by a doctor. This can help rule out any potential medical conditions that may place your young athlete at risk.
- Just in case of an emergency, share contact information (phone numbers, doctor information and allergy information) with your athlete's coaches and save this information in your child's phone, too.
- Make sure there is time set aside before every practice and game for athletes to warm up and stretch properly.
- Kids should start with about 10 minutes of jogging or any light activity, and then stretch all major muscle groups, holding each stretch for 20 to 30 seconds.
- Encourage your athletes to drink fluids (water is the best option) 30 minutes before the activity begins and every 15-20 minutes during activity.
- If you're a coach, mandatory fluid breaks during practice and games are a great idea – don't wait for your athletes to tell you they're thirsty.
- Make sure athletes have the right equipment and are wearing it for both practices and games. The right equipment may include helmets, shin guards, mouth guards, ankle braces, shoes with rubber cleats and sunscreen.
- Encourage players to speak up when they are injured.
- A player with a suspected concussion must be immediately sidelined until evaluated and released by a medical professional. The important thing is to protect players who have had a concussion from getting another one. A good rule of thumb: when in doubt, sit them out.
- Encourage players to take time off from one sport to prevent overuse injuries. It is an opportunity to get stronger and develop skills learned in another sport.
- It's a good idea for coaches to get certified in first aid and CPR and have a stocked first aid kit handy at all practices and games.
- Coaches should consider adding to their sports skills and knowledge with free sports safety training at a Safe Kids Sports Safety Clinic.

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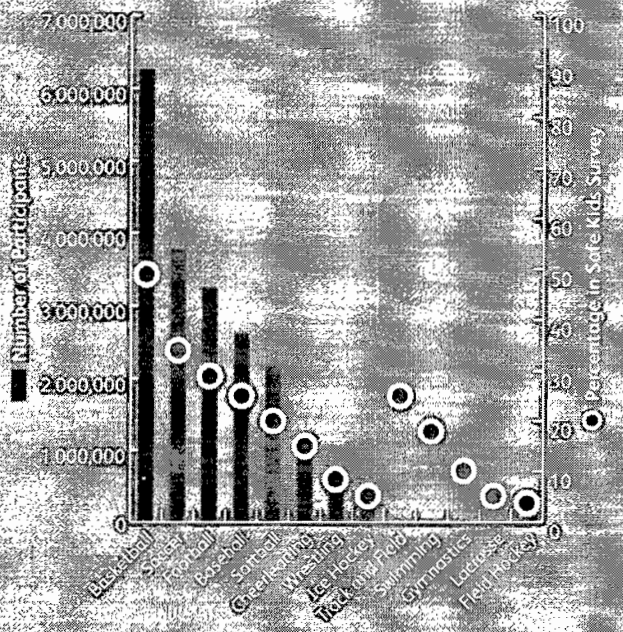
The top sports that kids reported playing were basketball (49 percent), soccer (34 percent) and football (29 percent). These proportions reflect the estimated number of participants ages 12 to 17 in each sport in 2011, compiled by the National Sporting Goods Association (Figure A).[2] Kids play on school teams, intramural teams, community/recreational teams, and club/select teams. In every sport, a greater proportion of athletes played on school teams than on other kinds of teams. Popular school teams include track/field (83 percent of track and field athletes), cheerleading (81 percent), football (77 percent), and basketball (77 percent). Intramural teams that kids most frequently play on are lacrosse (29 percent), gymnastics (27 percent), and ice hockey (27 percent). Softball (39 percent), baseball (37 percent), soccer (35 percent) and swimming (35 percent) are popular community and recreational team sports. Finally, gymnastics (43 percent) and ice hockey (38 percent) were the most popular club and select teams.[3]

Figure A: Patterns in sports played by survey respondents are similar to national participation estimates



Methodology

Survey

The online survey was completed by three individual audiences: pre-teens and teens in 7th to 10th grade (n=1,000); parents of athletes between 1st and 10th grade (n=1,000); and coaches of athletes between 7th and 10th grade (n=1,005). A minimum of n=200 completes was set for each grade in the teenage survey. A quota of n=100 was set for each grade in the parents survey. The survey lasted 15 minutes and was fielded from May 16 - 23, 2014, through the Survey Sampling International panel.

Most online samples are not projectable according to strict sampling theory, which states that in order for a sample to be projectable to a population it must be a random sample of that population. Having said that, online samples, if recruited, managed and selected correctly, can effectively reflect a known universe.

For practical purposes, the margin of error for the total sample size of each survey included in this study (Teenagers, n=1,000; Parents, n=1,000; Coaches, n=1,005) is 3.1 percent at a 95 percent confidence level. This means that if any of the studies were repeated using the same parameters, 19 times out of 20 (or 95 percent of the time) we would expect to get a result within +/- 3.1 percent of the results we have here.

Coaches were asked to identify what kind of league they coach in from the following:

- School team, where kids play teams from other schools
- Intramural team, where kids play other teams in their school
- Community or recreational team, where kids play other teams in their community through a recreation organization
- Select or club team, where kids play other club teams in tournaments and competitive environments
- Other

Analysis of U.S. CPSC NEISS Data

Cases were included if one of the following 14 sports was listed as either product code 1 or product code 2; the age of the patient was 19 years or younger; and they occurred between January 1, 2013, and December 31, 2013. The sports included were football, basketball, soccer, baseball, softball, volleyball, wrestling, cheerleading, ice hockey, tennis, field hockey, lacrosse, gymnastics, and track and field.

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YOUTH SPORTS SAFETY STATISTICS

- There were 120 sports-related deaths of young athletes in 2008-2009; 49 in 2010; and 39 in 2011.[1]
- Approximately 8,000 children are treated in emergency rooms each day for sports-related injuries.[2]
- Among children, those aged 15-17 experience the highest emergency room visits for sports injuries.[2]
- Rates of sports injury visits to ERs were highest in remote rural settings.[2]
- High school athletes suffer 2 million injuries, 500,000 doctor visits and 30,000 hospitalizations each year.[3]
- There are three times as many catastrophic football injuries among high school athletes as college athletes.[4]
- History of injury is often a risk factor for future injury, making prevention critical.[5]
- 62 percent of organized sports-related injuries occur during practices.[6]
- Only 42 percent of high schools have access to athletic training services.[1]
- 47 percent of schools nationally fall short of the federally recommended nurse-to-student ratio. Many schools have no nurse at all.[7]
- Ninety-six percent of Americans feel it's important for young athletes to be evaluated by a qualified health care professional before they begin playing sports.[8]

TRAUMATIC BRAIN INJURIES (CONCUSSIONS)

- In soccer, the rate of concussions among girls was 68 percent higher than the rate of concussions in boys, and in basketball the rate of concussions among girls was 293 percent higher than the rate of concussion in boys.[9]
- During 2001-2009, an estimated 2,651,581 children aged ≤19 years were treated annually for sports and recreation-related injuries. Approximately 6.5 percent, or 173,285 of these injuries, were TBIs.[10]
- 400,000 brain injuries (concussions) occurred in high school athletics during the 2008-09 school year.[11]
- Emergency department visits for concussions sustained during organized team sports doubled among 8-13 year olds between 1997 and 2007 and nearly tripled among older youth.[12]
- Concussion rates more than doubled among students age 8-19 participating in sports like basketball, soccer and football between 1997 and 2007, even as participation in those sports declined.[12]
- 15.8 percent of football players who sustain a concussion severe enough to cause loss of consciousness return to play the same day.[13]
- A 2011 study of U.S. high schools with at least one athletic trainer on staff found that concussions accounted for nearly 15 percent of all sports-related injuries reported to athletic trainers.[14]
- High school athletes who have been concussed are three times more likely to suffer another concussion in the same season.[15]
- Females aged 10-19 years sustained sports- and recreation-related TBIs most often while playing soccer or basketball or while bicycling.[16]
- More than 248,000 children visited hospital emergency departments in 2009 for concussions and other traumatic brain injuries related to sports and recreation.[17]
- 15 Injuries associated with participation in sports and recreational activities account for 21 percent of all traumatic brain injuries among children in the United States.[18]

YOUTH SPORTS SAFETY STATISTICS

ASTHMA

- Exercise-induced asthma affects 12-15 percent of the population.[19]
- It is estimated that 80 to 90 percent of all individuals who have allergic asthma will experience symptoms of exercise-induced asthma with vigorous exercise or activity. For teenagers and young adults this is often the most common cause of asthma symptoms.[20]

HEAT ILLNESS

- High school athletes, especially males, are at the highest risk of suffering exertional heat illness requiring treatment in U.S. hospital emergency rooms.[21]
- 31 high school football players died of heat stroke complications between 1995 and 2009.[22]
- 64.7 percent of football players sustaining a heat illness were either overweight or obese.[23]
- The five year block from 2005 to 2009 had more heat stroke deaths than any other five year period in the past 35 years.[24,25]
- Exertional heat stroke has proven to be 100 percent survivable when immediately recognized and aggressively cooled on site.[24]
- The number of heat-related injuries from 1997 to 2006 increased 133 percent. Youth accounted for the largest proportion of heat-related injuries at 47.6 percent.[26]
- Two-thirds of kids show up for practice at least significantly dehydrated.[27]

SUDDEN CARDIAC ARREST

- Sudden cardiac arrest (SCA) is the leading cause of death in exercising young athletes.[28]
- It's estimated that more than 95 percent of cardiac arrest victims die before reaching the hospital.[29]
- Just one in 10 U.S. student athletes who suffer sudden cardiac arrest survives.[30]
- The incidence of out-of-hospital sudden cardiac arrest in high school athletes ranges from .28 to one death per 100,000 high school athletes annually in the U.S.[31]

EXERTIONAL SICKLING

- Sickle cell trait was the primary cause of death for 15 out of the 2,387 athlete deaths recorded in the *30-Year U.S. National Registry of Sudden Death in Athletes*.[32]
- Young athletes with sickle cell trait may be at an increased risk of heat-related illnesses and their complications.[33]
- Predisposing factors to exertional sickling include heat, dehydration, altitude, asthma, high intensity exercise with few rest intervals.[34]

ANABOLIC-ANDROGENIC STEROIDS/DIETARY SUPPLEMENTS

- 3.6 percent of high school students ever took steroids without a physician's prescription (2.9 percent of females and 4.2 percent of males). [35]
- More than 40 percent of boys in middle school and high school said they regularly exercised with the goal of increasing muscle mass. [36]
- Thirty-eight percent of these boys said they used protein supplements. [36]

- Nearly six percent (5.9 percent) of those in the study said they had experimented with steroids. [36]
- Use of three more muscle modifying behaviors such as intake of protein supplements, steroids, changed eating, exercising, other muscle enhancing tactics, etc. was more than twice as high among boys who participated in sports vs. nonparticipants. [36]
- The occurrence of energy drink-related emergency department visits among adolescents and young adults shows that these vulnerable populations experience negative health events after consuming energy drinks. In 2011 there were 1,499 energy drink-related emergency department visits by 12-17 year olds.[37]

CERVICAL SPINE INJURY

- Spinal cord injury in the United States is estimated to be 12,000 new cases each year.[38] Vehicle crashes constitute the most frequent cause for SCI,[39] at 42 percent. Sport participation constitutes the fourth most common cause (approximately 7.9 percent)[39] of spinal injuries and for those under the age of 30, is the second most common cause after motor vehicle crashes.[40] Approximately 80 percent of SCIs occur in males.[38]
- Football is associated with the highest number of cervical spine injuries of any sport, while cheerleading is associated with the highest frequency of direct catastrophic head and neck injuries for females.[41]
- There have been 47 football-related cervical spinal cord injuries with incomplete recovery between 2007 to 2011,[42] with seven cervical spine injuries in 2010 resulting in permanent disability. [41]
- Collegiate gymnastics and ice hockey have the highest incidence of direct catastrophic head and neck injury rates due to lower participation compared to football.[41]

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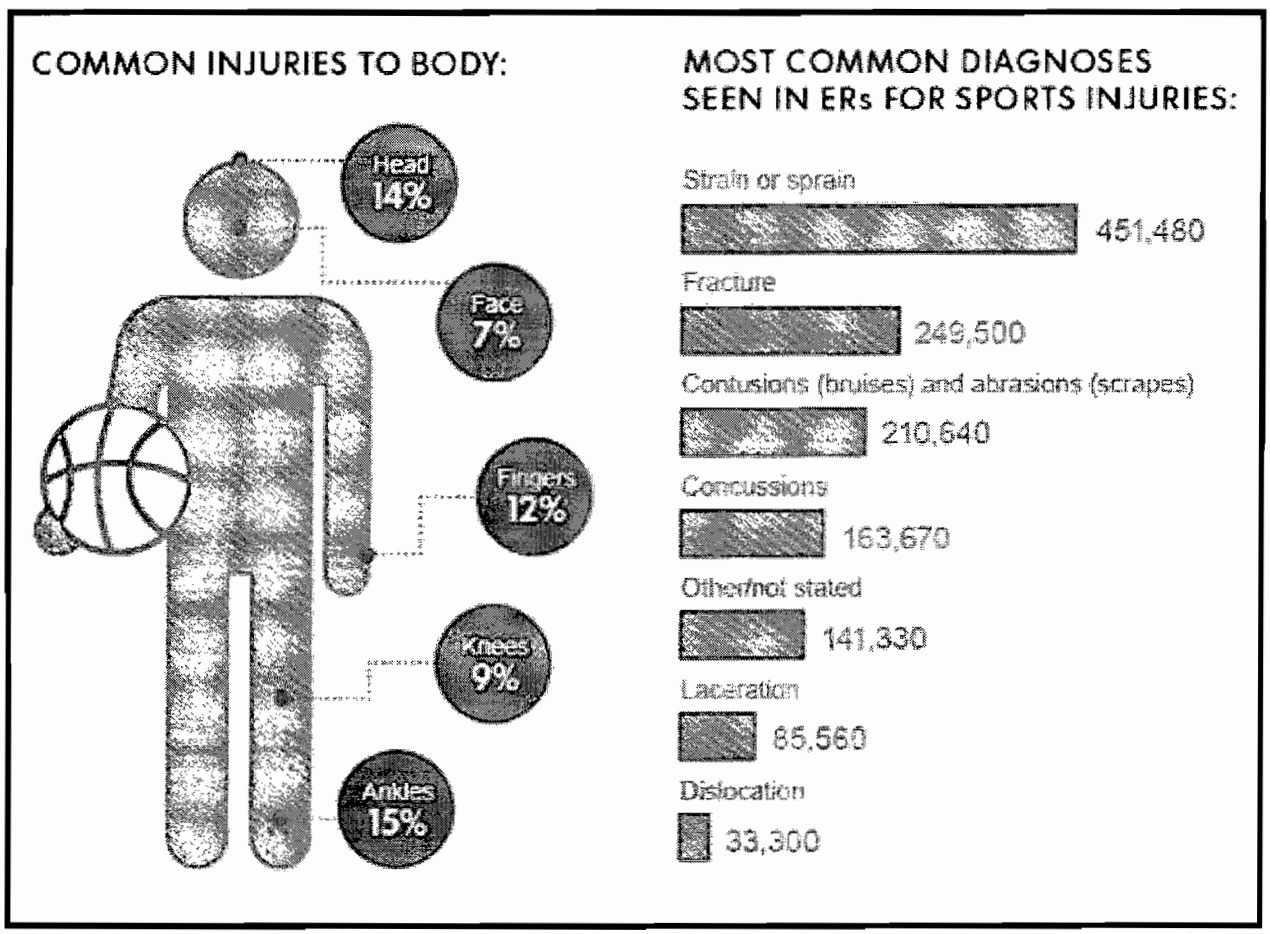
1.35 Million Youths a Year Have Serious Sports Injuries

Michelle Healy, USA TODAY -- *11:54 a.m. EDT August 6, 2013*



Safe Kids Worldwide, based on hospital ER reports, 2012
Janet Loehrke, USA TODAY

Safe Kids Worldwide survey of emergency room visits shows more than a million times a year, or about every 25 seconds, a young athlete visits a hospital emergency room for a sports-related injury.

Occasional bumps and bruises are expected when kids play sports, but for more than 1.35 million children last year a sports-related injury was severe enough to send them to a hospital emergency department.

Sprains and strains, fractures, contusions, abrasions and concussions top the list of sports-related ER diagnoses for kids ages 6 to 19 — at a cost of more than $935 million each year, according to a report out Tuesday from the non-profit advocacy group Safe Kids Worldwide.

The report, which analyzed data for 2011 and 2012, did not find a statistical difference between the two years, but is concerning — one in five kids who go to ERs for treatment of an injury is there for sports injuries, says Kate Carr, Safe Kids president and CEO.

"Far too many kids are arriving in emergency rooms for injuries that are predictable and preventable," Carr says.

Using data from the U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System, the report focused on pediatric sports injuries related to 14 common sports activities, including football, cheerleading, soccer and basketball. More than 46.5 million children played team sports in 2011, says the report.

It finds that in 2012, 12% of all ER visits (163,670) involved a concussion, the equivalent of one every three minutes. Nearly half (47%) were in kids ages 12 to 15.

That's particularly troubling, given research showing that younger athletes take a longer time to heal than older athletes after a concussion, which is a traumatic brain injury, because their bodies are still growing, Carr says. "And we know that a second concussion later can cause even more issues."

Like previous studies, the new report shows that in sports in which both girls and boys participate, girls report a higher percentage of concussions. Among youth basketball players, for example, 11.5% of girls seen in the ER are diagnosed with concussions, compared with 7.2% of boys. Among soccer players, it's 17.1% of girls compared with 12.4% of boys.

It's unclear what accounts for the variation, says sports medicine physician Kathryn Ackerman, co-director of the Female Athlete Program at Boston Children's Hospital. "We are still looking into it, trying to see if there are really genetic differences, differences in play, or differences in biomechanics, but we don't have that link yet." Ackerman was not involved in the new study.

Although the number of injuries cited in the new report may seem high, the actual number is likely even higher, says Neeru Jayanthi, a sports medicine physician at Loyola University Medical Center in Chicago. That's because the study included only ERs, and many kids go to urgent care centers, their regular doctor or a sports medicine clinic, says Jayanthi, who was not involved in the study.

Nor do the figures highlight the significant number of overuse injuries, "about 25% of which end up being serious," he says. Overuse injuries to tendons, bones and joints can result from playing the same sport and performing the same movements too often, too hard or at too young an age with inadequate recovery time.

Research reported earlier this year by Jayanthi and colleagues found that young athletes who played a single sport for more hours a week than years they were old — such as a 10-year-old who played 11 or more hours of soccer — were 70% more likely to experience serious overuse injuries.

Letting the body rest, adding preventive and strengthening exercises, and following proper technique are among injury prevention strategies recommended in the new report. It also says athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes should become better educated about sports safety.

"These statistics don't have to be part of the game if we take some simple precautions," Carr says.

Among other findings from the report:

• Football resulted in both the highest number of all pediatric injuries (394,350) and the highest concussion rate (40 per 10,000 athletes). Wrestling and cheerleading had the second- and third-highest concussion rates (15 per 10,000 athletes and 12 per 10,000 athletes, respectively).

• Ice hockey had the highest percentage (31%) of concussion injuries; its rate was 10 per 10,000 athletes.

• The most common injuries were to the ankle (15%), followed by head (14%) finger (12%), knee (9%) and face (7%).

ATTACHMENT 27

Criterion 1110.1540(h) – Unnecessary Duplication of Services/Maldistribution

(a) Population of Geographic Service Area by Zip Code

The following chart shows the total population of the GSA by zip code, and reflects the most recent population numbers available for the State of Illinois.

COOK COUNTY					
Zip Code	**City**	**Population**	**Zip Code**	**City**	**Population**
60004	Arlington Heights	50,222	60160	Melrose Park	25,590
60005	Arlington Heights	30,462	60161	Melrose Park	*
60006	Arlington Heights	*	60162	Hillside	8,139
60007	Elk Grove Village	33,830	60163	Berkeley	5,219
60008	Rolling Meadows	22,402	60164	Melrose Park	22,287
60009	Elk Grove Village	*	60165	Stone Park	4,959
60016	Des Plaines	61,369	60168	Schaumburg	*
60017	Des Plaines	*	60169	Hoffman Estates	34,154
60018	Des Plaines	29,027	60171	River Grove	10,305
60019	Des Plaines	*	60173	Schaumburg	12,108
60022	Glencoe	8,383	60176	Schiller Park	11,842
60025	Glenview	39,263	60179	Hoffman Estates	*
60026	Glenview	13,775	60192	Hoffman Estates	16,637
60029	Golf	478	60193	Schaumburg	40,210
60038	Palatine	*	60194	Schaumburg	19,596
60043	Kenilworth	2,648	60195	Schaumburg	4,294
60053	Morton Grove	23,424	60196	Schaumburg	*
60055	Palatine	*	60201	Evanston	42,722
60056	Mt. Prospect	55,617	60202	Evanston	32,560
60062	Northbrook	40,211	60203	Evanston	4,460
60065	Northbrook	*	60204	Evanston	*
60067	Palatine	38,303	60208	Evanston	*
60068	Park Ridge	37,511	60209	Evanston	*
60070	Prospect Hts.	16,033	60296	McHenry	*
60074	Palatine	39,010	60297	McHenry	*
60076	Skokie	32,764	60301	Oak Park	2,174
60077	Skokie	27,822	60302	Oak Park	32,137
60078	Palatine	*	60303	Oak Park	*
60082	Techny	*	60304	Oak Park	17,677
60090	Wheeling	37,912	60305	River Forest	11,211
60091	Wilmette	27,245	60402	Berwyn	64,256
60093	Winnetka	19,385	60513	Brookfield	19,039
60094	Palatine	*	60525	La Grange	31,675
60095	Palatine	*	60526	La Grange Park	13,613
60104	Bellwood	19,081	60534	Lyons	10,650
60107	Streamwood	41,155	60546	Riverside	15,959
60130	Forest Park	14,202	60558	Western Springs	13,066
60138	Hanover Park	*	60613	Chicago	49,292
60141	Hines	157	60614	Chicago	68,537
60153	Maywood	24,157	60618	Chicago	96,230
60154	Westchester	16,839	60623	Chicago	87,836
60155	Broadview	7,947	60625	Chicago	78,586
60159	Schaumburg	*	60626	Chicago	49,237

COOK COUNTY (CONTINUED)					
Zip Code	**City**	**Population**	**Zip Code**	**City**	**Population**
60634	Chicago	73,119	60656	Chicago	28,895
60639	Chicago	92,339	60657	Chicago	69,444
60640	Chicago	64,599	60706	Harwood Heights	23,259
60641	Chicago	72,460	60707	Elmwood Park	42,958
60644	Chicago	49,615	60712	Lincolnwood	12,653
60645	Chicago	46,290	60714	Niles	30,091
60647	Chicago	87,339	60804	Cicero	84,481
60651	Chicago	60,938			
DUPAGE COUNTY					
Zip Code	**City**	**Population**	**Zip Code**	**City**	**Population**
60101	Addison	39,709	60399	Wood Dale	*
60103	Bartlett	42,426	60502	Aurora	23,099
60105	Bensenville	*	60504	Aurora	37,173
60106	Bensenville	20,150	60514	Aurora	10,187
60108	Bloomingdale	23,105	60515	Downers Grove	28,811
60116	Carol Stream	*	60516	Downers Grove	27,565
60117	Bloomingdale	*	60517	Woodridge	32,533
60122	Carol Stream	*	60519	Eola	41
60125	Carol Stream	*	60521	Hinsdale	17,678
60128	Carol Stream	*	60522	Hinsdale	*
60132	Carol Stream	*	60523	Oak Brook	9,916
60138	Glen Ellyn	*	60527	Willowbrook	28,372
60139	Glendale Heights	35,000	60532	Lisle	27,235
60143	Itasca	10,198	60540	Naperville	43,514
60148	Lombard	52,833	60555	Warrenville	13,533
60157	Medinah	2,020	60559	Westmont	24,752
60172	Roselle	24,695	60561	Darien	23,155
60181	Villa Park	28,898	60563	Naperville	36,554
60184	Wayne	2,424	60565	Naperville	40,411
60186	West Chicago	*	60566	Naperville	*
60187	Wheaton	28,544	60567	Naperville	*
60188	Carol Stream	42,614	60570	Hinsdale	*
60189	Wheaton	31,631	60572	Aurora	*
60190	Winfield	10,614	60597	Fox Valley	*
60191	Wood Dale	14,389	60598	Aurora	*
60197	Carol Stream	*	60599	Fox Valley	*
60199	Carol Stream	*			
KANE COUNTY					
Zip Code	**City**	**Population**	**Zip Code**	**City**	**Population**
60109	Burlington	560	60147	LaFox	*
60110	Carpentersville	39,204	60170	Plato Center	*
60118	Dundee	15,442	60174	St. Charles	31,437
60120	Elgin	50,154	60175	St. Charles	26,068
60121	Elgin	*	60177	South Elgin	22,810
60123	Elgin	49,054	60183	Wasco	*
60124	Elgin	20,447	60506	Aurora	56,384
60134	Geneva	29,290	60507	Aurora	*
60136	Gilberts	7,276	60510	Batavia	29,115
60140	Hampshire	14,509			

ATTACHMENT 27

Criterion 1110.1540(h) – Unnecessary Duplication of Services/Maldistribution

LAKE COUNTY					
Zip Code	**City**	**Population**	**Zip Code**	**City**	**Population**
60010	Barrington	39,204	60047	Lake Zurich	42,221
60011	Barrington	*	60048	Libertyville	29,284
60015	Deerfield	27,373	60060	Mundelein	37,947
60035	Highland Park	29,837	60061	Vernon Hills	26,144
60040	Highwood	5,400	60069	Lincolnshire	8,301
60042	Island Lake	8,556	60084	Wauconda	15,867
60045	Lake Forest	20,516	60089	Buffalo Grove	41,584
MCHENRY COUNTY					
Zip Code	**City**	**Population**	**Zip Code**	**City**	**Population**
60013	Cary	26,241	60142	Huntley	27,077
60014	Crystal Lake	48,379	60152	Marengo	12,825
60021	Fox River Grove	5,724	60156	Lake in the Hills	28,842
60039	Crystal Lake	*	60180	Union	1,520
60102	Algonquin	32,670			

NOTE: The above-referenced census data was obtained from the U.S. Census Bureau, using American Fact Finder, available at http://factfinder2.census.gov on the web. The census data is the most recent data available for the State of Illinois by zip code. The data is from the 2014 American Community Survey – Five Year Population Estimates.

** Asterisk represents zip code areas that are not actual geographic areas, per se. These zip codes represent P.O. Boxes or large non-residential complexes that have been assigned their own zip code.*

Summary

The following table shows the total population of the proposed geographic service area, broken out by county as well.

County	**Population Total**
Cook	2,605,371
DuPage	833,779
Kane	391,750
Lake	332,234
McHenry	183,278
TOTAL	**4,346,412**

(b) ASTCs and Hospitals in GSA Providing Same Services as Proposed ASTC

The following chart shows all of the hospitals and surgery centers in the proposed geographic service area, which offer the same surgical categories of service proposed by the Applicant.

AMBULATORY SURGICAL TREATMENT CENTERS							
#	NAME	CITY	ZIP	ORTHO	PODIATRY	PAIN MGT.	UTILIZATION
1	Hoffman Estates Surgery Center, LLC	Hoffman Estates	60169	X	X	X	# ORs: 3 #PRs: 1 Hours (2014): 3991.0 # Justified: 2/4
2	Ashton Center Surgery Center	Hoffman Estates	60192	X	X	X	# ORs: 4 #PRs: 0 Hours (2014): 2105.5 # Justified: 1/4
3	Illinois Hand & Upper Extremity Center	Arlington Heights	60005	X			# ORs: 1 #PRs: 0 Hours (2014): 954.0 # Justified: 0/4
4	Northwest Surgicare, Ltd., d/b/a Northwest Surgicare	Arlington Heights	60005	X	X		# ORs: 4 #PRs: 2 Hours (2014): 3327.0 # Justified: 2/6
5	Northwest Community Day Surgery Center	Arlington Heights	60005	X	X	X	# ORs: 10 #PRs: 1 Hours (2014): 9746.0 # Justified: 6/11
6	Aiden Center for Day Surgery, LLC	Addison	60101		X	X	# ORs: 4 #PRs: 0 Hours (2014): 958.9 # Justified: 0/4
7	Barrington Pain and Spine Institute, LLC	Barrington	60010			X	# ORs: 2 #PRs: 1 Hours (2014): 1890.8 # Justified: 1/3
8	Foot & Ankle Surgery Facility, Ltd., d/b/a Regenerative SC	Des Plaines	60016	X	X	X	# ORs: 3 #PRs: 0 Hours (2014): 1132.8 # Justified: 0/3
9	Elmhurst Medical & Surgical ASC	Elmhurst	60126		X		# ORs: 1 #PRs: 0 Hours (2014): 128.0 # Justified: 0/1
10	Loyola Ambulatory Surgery Center	Oakbrook Terrace	60181	X	X		# ORs: 3 #PRs: 0 Hours (2014): 2897.5 # Justified: 1/3
11	Children's Outpatient Services at Westchester	Westchester	60154	X			# ORs: 3 #PRs: 0 Hours (2014): 2992.0 # Justified: 2/3
12	DMG Surgical Center, LLC	Lombard	60148	X	X	X	# ORs: 5 #PRs: 3 Hours (2014): 14563.5 # Justified: 8/8

13	Algonquin Road Surgery Center	Lake in the Hills	60102	X	X	X	# ORs: 3 #PRs: 1 Hours (2014): 3221.7 # Justified: 2/4
14	Elmhurst Outpatient Surgery Center	Elmhurst	60126	X	X	X	# ORs: 4 #PRs: 4 Hours (2014): 3212.4 # Justified: 2/8
15	Golf Surgical Center, LLC	Des Plaines	60016	X	X	X	# ORs: 5 #PRs: 3 Hours (2014): 4963.3 # Justified: 3/8
16	Midwest Center for Day Surgery	Downers Grove	60515		X		# ORs: 5 #PRs: 0 Hours (2014): 3215.8 # Justified: 2/5
17	Oak Brook Surgical Centre, Inc., The	Oak Brook	60523	X	X	X	# ORs: 5 #PRs: 0 Hours (2014): 2930.3 # Justified: 2/5
19	Hinsdale Surgical Center, LLC	Hinsdale	60521	X	X	X	# ORs: 4 #PRs: 2 Hours (2014): 207.0 # Justified: 0/6
20	Illinois Sports Medicine & Orthopedic Surgery Center	Morton Grove	60053	X	X		# ORs: 4 #PRs: 1 Hours (2014): 3497.8 # Justified: 2/5
21	Loyola University Medical Center, d/b/a Loyola ASC	Maywood	60153	X			# ORs: 8 #PRs: 0 Hours (2014): 10738.6 # Justified: 7/8
22	Ravine Way Surgery Center, LLC, d/b/a Ravine Way	Glenview	60025	X			# ORs: 3 #PRs: 1 Hours (2014): 3043.0 # Justified: 2/4
23	Center for Surgery, The	Naperville	60563	X	X	X	# ORs: 8 #PRs: 3 Hours (2014): 4043.3 # Justified: 2/11
24	Valley Ambulatory Surgery Center	St. Charles	60175	X	X	X	# ORs: 4 #PRs: 0 Hours (2014): 4155.0 # Justified: 2/4
25	Elmwood Park Same Day Surgery, LLC	Elmwood Park	60707	X	X	X	# ORs: 4 #PRs: 0 Hours (2014): 328.8 # Justified: 0/4
26	Hawthorn Place Outpatient Surgery Center	Vernon Hills	60061	X	X		# ORs: 3 #PRs: 0 Hours (2014): 5556.0 # Justified: 3/3
27	North Shore Same Day Surgery/North Shore Surg.	Lincolnwood	60712		X		# ORs: 2 #PRs: 0 Hours (2014): 2958.8 # Justified: 2/2

ATTACHMENT 27

Criterion 1110.1540(h) – Unnecessary Duplication of Services/Maldistribution

28	Ritacca Laser Center, Ltd. dba Vernon Square	Vernon Hills	60061			X	# ORs: 4 #PRs: 0 Hours (2014): 1886.3 # Justified: 1/4
29	Cadence DuPage Orthopedics ASC	Warrenville	60555	X		X	# ORs: 4 #PRs: 0 Hours (2014): 4810.8 # Justified: 3/4
30	Fox Valley Orthopaedic Institute	Geneva	60134	X	X	X	# ORs: 4 #PRs: 0 Hours (2014): 4155.0 # Justified: 2/4
31	Dreyer Ambulatory Surgery Center	Aurora	60506	X	X		# ORs: 4 #PRs: 6 Hours (2014): 7921.7 # Justified: 5/10
32	DMG Pain Management Surgery Center, LLC	Naperville	60564	X	X	X	# ORs: 0 #PRs: 2 Hours (2014): 2856.3 # Justified: 1/2

HOSPITALS							
#	NAME	CITY	ZIP	ORTHO	PODIATRY	PAIN MGT.	UTILIZATION
1	St. Alexius Medical Center	Hoffman Estates	60169	X	X	X	# ORs: 11 Hours (2014): 17037
2	Alexian Brothers Medical Center	Elk Grove Village	60007	X	X	X	# ORs: 15 Hours (2014): 21185
3	Northwest Community Hospital	Arlington Heights	60005	X	X	X	# ORs: 14 Hours (2014): 21879
4	Adventist Glen Oaks-Hospital	Glendale Heights	60139	X	X	X	# ORs: 5 Hours (2014): 3281
5	Advocate Sherman Hospital	Elgin	60123	X	X	X	# ORs: 16 Hours (2014): 16470
6	Advocate Good Shepherd Hospital	Barrington	60010	X	X	X	# ORs: 11 Hours (2014): 19706
7	Advocate Lutheran General Hospital	Park Ridge	60068	X	X	X	# ORs: 24 Hours (2014): 43242
8	Presence Holy Family Medical Center	Des Plaines	60016	X	X	X	# ORs: 5 Hours (2014): 2162
9	Presence Saint Joseph Hospital	Elgin	60123	X	X	X	# ORs: 10 Hours (2014): 6258
10	Northwestern Medicine Central DuPage Hospital	Winfield	60190	X	X	X	# ORs: 26 Hours (2014): 40453
11	Elmhurst Memorial Hospital	Elmhurst	60126	X	X	X	# ORs: 15 Hours (2014): 27604
12	NorthShore University HealthSystem Glenbrook	Glenview	60026	X	X	X	# ORs: 9 Hours (2014): 12728
13	Gottlieb Memorial Hospital	Melrose Park	60160	X	X	X	# ORs: 9 Hours (2014): 9399
14	Westlake Hospital	Melrose Park	60160	X	X	X	# ORs: 6 Hours (2014): 2930
15	Loyola Medical Center	Maywood	60153	X	X	X	# ORs: 27 Hours (2014): 60335
16	Adventist Hinsdale Hospital	Hinsdale	60521	X	X	X	# ORs: 12 Hours (2014): 19197
17	Rush Oak Park Hospital	Oak Park	60304	X	X	X	# ORs: 9 Hours (2014):7543
18	Adventist La Grange Memorial Hospital	La Grange	60525	X	X	X	# ORs: 11 Hours (2014): 12977
19	West Suburban Medical Center	Oak Park	60302	X	X	X	# ORs: 8 Hours (2014): 8997
20	Edward Hospital	Naperville	60540	X	X	X	# ORs: 18 Hours (2014): 33216
21	Skokie Hospital	Skokie	60076	X	X	X	# ORs: 10 Hours (2014): 11814
22	Northwestern Medicine Delnor Hospital	Geneva	60134	X	X	X	# ORs: 9 Hours (2014): 11048
23	Centegra Hospital McHenry	McHenry	60050	X	X	X	# ORs: 10 Hours (2014): 14116

ATTACHMENT 27

Criterion 1110.1540(h) – Unnecessary Duplication of Services/Maldistribution

24	MacNeal Hospital	Berwyn	60402	X	X	X	# ORs: 18 Hours (2014): 18180
25	NorthShore University HealthSystem Highland Park	Highland Park	60035	X	X	X	# ORs: 11 Hours (2014): 13335
26	Northwestern Medicine Lake Forest Hospital	Lake Forest	60045	X	X	X	# ORs: 8 Hours (2014): 11810
27	Presence Saint Francis Hospital	Evanston	60202	X	X	X	# ORs: 14 Hours (2014): 8343
28	Advocate Condell Medical Center	Libertyville	60048	X	X	X	# ORs: 12 Hours (2014): 20894
29	NorthShore University HealthSystem Evanston	Evanston	60201	X	X	X	# ORs: 16 Hours (2014): 24501

Analysis/Discussion

The Applicant shall document that the project will not result in a maldistribution of services. Maldistribution exists when the geographic service area has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:

(a) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average;

(b) historical utilization (for the latest 12-month period prior to submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or

(c) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards specified in 77 Ill. Adm. Code 1100.

While the data for all existing hospitals and surgery centers shows that there is capacity in the geographic service area, the Applicant's proposed ASTC will not adversely affect existing hosptials and surgery centers in the market area that are directly impacted by this project. Specifically, every referring physician who supports the project is taking their cases out of three hospitals and two surgery centers. Importantly, not one of the three hospitals is underperforming.

Hospital	**Capacity**	**Hours**	**Met State Standard?**
St. Alexius Medical Center	11 ORs	17,037	YES, exceeds State standard
Alexian Brothers Hospital	15 ORs	21,185	YES, meets State standard
Northwest Community Hospital	14 ORs	21,879	YES, exceeds State standard

Also, surgical care is much less costly in outpatient, non-hospital settings. Thus, moving cases out of these over capacity hospitals will be a win-win for patients and reduce the overall cost of health care in the market area.

In regards to ASTCs, only two are directly impacted by the Applicant's proposal—Hoffman Estates Surgery Center, which supports the project as it has common owners, and Hawthorn ASC, which is over capacity per 2014 data. This surgery center has three operating rooms at total time of 5,556.0 hours, which is well over the state standard of 1,500 hours per OR.

The Applicant is also required to document that, within 24 months after project completion, the proposed project:

(a) will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and

(b) will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

For the same reasons discussed above, the Applicant's proposal will not harm existing providers. In fact, this proposal will enhance access to care in the community and reduce the overall cost of healthcare by moving surgical cases from three over capacity hospitals to a less-costly ASTC setting.

ATTACHMENT 27

Criterion 1110.1540(i) – Staffing

Staffing Availability

The proposed ambulatory surgical treatment center will ensure that all clinical and professional staffing needs will be met in accordance with federal and state law, regulations, and policies. All personnel will be appropriately licensed, trained, and credentialed. Staffing levels will also be consistent with any applicable accreditation standards.

The Applicant will ensure that all necessary staff are hired or contracted with before the ASTC becomes operational. The appropriate levels of staff will be achieved by following industry guidelines.

Medical Director

One of the physician investors, Dr. Ciro Cirrincione, will be the Medical Director for the proposed ASTC. Dr. Cirrincione is board certified by the appropriate professional standards organization. A copy of his curriculum vitae is attached, immediately following this page.

CURRICULUM VITAE

Ciro Cirrincione, M.D.
929 West Higgins Road
Schaumburg, IL 60195

EDUCATION

Residency: 1985-1989	Michael Reese Hospital Orthopedics
Post Graduate School: 1984-1985	Combine Surgery and Medicine Michael Reese Hospital
Medical School: 1980-1984	University of Illinois School of Medicine Chicago, Illinois
College: 1976-1980	University of Illinois at Champaign-Urbana Urbana, Illinois Degree: BS Chemistry
High School: 1972-1976	Taft High School Chicago, Illinois

ACTIVITIES

Post Residency:	Team Physician for Schaumburg High School, Hoffman Estates High School, Fremd High School and Palatine High School. Served as team physician for Schaumburg Flyers Baseball Team, 2004-2005 Have served as team physician for Streamwood High School.
Residency:	Chief Resident in Orthopedics, Michael Reese Hospital, 1989 Member of CHAMPS Physicians (Chicago High School Athletic Medicine Program, established to prevent injuries in high school athletes.) Lecture to University of Chicago Medical Students.
Medical School:	Organizer of Realities of Medicine Program during clinical orientation of medical students.
College	Actively involved in fraternity, holding many offices, including President, Vice President, and Rush Manager.

BOARD CERTIFICATIONS

July 1991 – Present	Board Certified in Orthopedic Surgery American Board of Orthopedics
1985 – Present	Diplomat National Board of Medical Examiners

HOSPITAL STAFF APPOINTMENTS

St. Alexius Medical Center, Hoffman Estates, Illinois

Alexian Brothers Medical Center, Elk Grove Village, Illinois

MEDICAL APPOINTMENTS

1995 – Present	Chief of Orthopedic Surgery St. Alexius Medical Center
2006 – Present	Medical Director Hoffman Estates Surgery Center

HOSPITAL COMMITTEE APPOINTMENTS

2002 - 2004	Sports Medicine Committee St. Alexius Medical Center
1995 - Present	Surgery Steering Committee St. Alexius Medical Center
1992 - Present	Quality Assurance Committee Alexian Brothers Medical Center
1991 - Present	Trauma Committee St. Alexius Medical Center
2013 to present	Ascension Orthopedic Joints Affinity Group National Committee
1990 - 1991	Surgical Case Review Committee Alexian Brothers Medical Center

OTHER APPOINTMENTS

2001-2002	Alternate Council Chicago Medical Society

PROFESSIONAL SOCIETIES

Alpha Omega Academy Medical Honor Society
American Academy of Orthopedic Surgery
Arthroscopic Association of North America
Mid America Orthopedic Association

PRESENTATIONS

Surgery for Hip Fractures

Synthes Fracture Conference, Alexian Brothers Medical Center, October 1993

Diagnosis and Treatment of Anterior Cruciate Ligament Injuries,

OTAI Annual Meeting, April 1995

Arthroscopic Bankart Repair of the Shoulder

Rosemont Orthopedic Learning Center, September 1998

Total Joint Program

St. Alexius Medical Center, June 2001

Ski and Snowboarding Clinic

Villa Olivia Ski Resort, November 2002

PUBLICATIONS

Cirrincione, C., Stern, P.J., The Abductor Digiti Minimi Muscle Flap – An Adjunct in the Treatment of Metacarpal Osteomyelitis, *Journal of Hand Surgery*, September 1991, Vol. 16A, No. 5, pp. 824-827

Sports Medicine Review: A Barrington Orthopedic Specialists Publication.

RESEARCH

1989:	Hand Cadaveric Anatomic Study with Dr. Peter Stern
1987-1988:	Orthopedic Prospective Study of Subacromial Pressure in Disease States of the Shoulder.
1983-1984:	Inorganic Chemistry Research under the Supervision of Prof. Thomas Rauchfuss at the University of Illinois.

ATTACHMENT 27

Criterion 1110.1540(j) -- Charge Commitment

Owner's Certification

A letter from the Applicant, which certifies the Applicant's commitment to maintain the above charges for the proposed ASTC's first two (2) years of operation, is attached immediately following this page. A chart attached to this certification letter 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.

January 5, 2016

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson St., 2nd Floor
Springfield IL 62761
Attention: State Board Chairperson Kathryn J. Olson

Re: Charge Commitment

Dear Chairperson Olson:

Pursuant to 77 Ill. Adm. Code § 1110.1540(j), a statement of all charges, except for any professional fee, is attached to this letter. I hereby commit that the attached charge schedule will not be increased, at a minimum, for the first two (2) years of operation following the establishment and opening of the proposed ASTC, which will be located at 929 West Higgins Road, Schaumburg, Illinois 60195.

Respectfully Submitted,

Ciro Cirrincione, M.D.
Manager
Schaumburg Surgery Center, LLC

NOTARY:

Subscribed and sworn to me this 5 day of January, 2016

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

CPT4	Sv It Desc		FEE
20693	ADJUST BONE FIXATION DEVICE		$ 4,966
20930	Allograft, Morselized, Or Placement Of Osteopromotive Material For Spine Surgery		$ 9,000
20931	Allograft, Structural, For Spine Surgery Only		$ 9,000
26910	AMPUTATE METACARPAL BONE		$ 6,157
26951	AMPUTATION OF FINGER/THUMB		$ 3,844
26952	AMPUTATION OF FINGER/THUMB		$ 3,844
28805	Amputation, Foot; Transmetatarsal		$ 6,000
28825	Amputation, Toe; Interphalangeal Joint		$ 4,861
28820	Amputation, Toe; Metatarsophalangeal Joint		$ 4,861
22551	Ant Cervical Fusion Incl Discectomy,Decompression Spinal Cord And/or Nerve Root		$ 48,000
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments		$ 48,000
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments		$ 54,000
22851	Application Intervertebral Biomechanical Device (eg, Cage)		$ 30,000
15275	Application Skin Substitute		$ 9,000
15271	Application Skin Substitute Up To 100 Sq Cm		$ 15,000
20690	APPLY BONE FIXATION DEVICE		$ 5,980
20692	APPLY BONE FIXATION DEVICE		$ 5,980
24305	ARM TENDON LENGTHENING		$ 5,980
28755	Arthrodesis Great Toe; Interphalangeal Joint		$ 4,861
28750	Arthrodesis, Great Toe, Metatarsophalangeal Joint		$ 9,722
26860	Arthrodesis, Interphalangeal Joint		$ 6,157
28725	Arthrodesis; Subtalar		$ 9,722
27446	Arthroplasty, Knee, Condyle And Plateau; Medial OR Lateral Compartment		$ 30,000
29888	Arthroscopic Anterior Cruciate Ligament Reconstruction Includes Grafting		$ 16,241
29889	Arthroscopic Posterior Cruciate Ligament Reconstruction Incl Local Or Allograft		$ 10,826
29898	Arthroscopy Ankle; Debridement, Extensive		$ 6,811
29897	Arthroscopy Ankle; Debridement, Limited		$ 6,811
29891	Arthroscopy Ankle; Excision Of Osteochondral Defect, Incl Drilling		$ 6,811
29895	Arthroscopy Ankle; Synovectomy, Partial		$ 6,811
29899	Arthroscopy Ankle; With Ankle Arthrodesis		$ 16,241
29838	Arthroscopy Elbow; Debridement, Extensive		$ 6,811
29834	Arthroscopy Elbow; W Removal Of Loose Or Foreign Body		$ 6,811
G0289	Arthroscopy Knee With Chondroplasty Or Loose Body Excision In Diff Compartment		$ 6,811
29879	Arthroscopy Knee; Abrasion Arthroplasty Or Mult Drilling Or Microfracture		$ 6,811
29877	Arthroscopy Knee; Chondroplasty		$ 6,811
29870	Arthroscopy Knee; Diagnostic, With Or Without Synovial Biopsy		$ 6,811
29880	Arthroscopy Knee; Meniscectomy (medial & Lateral), Incl Chondroplasty		$ 6,811
29881	Arthroscopy Knee; Meniscectomy (medial Or Lateral) Incl Chondroplasty		$ 6,811
29883	Arthroscopy Knee; Meniscus Repair (medial AND Lateral)		$ 10,217
29882	Arthroscopy Knee; Meniscus Repair (medial OR Lateral)		$ 10,217
29874	Arthroscopy Knee; Removal Of Loose Or Foreign Body		$ 6,811

29875	Arthroscopy Knee; Synovectomy, Limited (plica Or Shelf Resection)		$ 6,811
29876	Arthroscopy Knee; Synovectomy, Major, 2 Or More Compartments		$ 6,811
29873	Arthroscopy Knee; With Lateral Release		$ 6,811
29884	Arthroscopy Knee; With Lysis Of Adhesions With Or W/o Manipulation		$ 6,811
29901	Arthroscopy Metacarpophalangeal Joint; With Debridement		$ 3,844
29906	Arthroscopy Subtalar Joint; With Debridement		$ 6,811
29904	Arthroscopy Subtalar Joint; With Removal Of Loose Or Foreign Body		$ 6,811
29846	Arthroscopy Wrist; Excison &/or Repair Triangular Fibrocartilage Incl Jt Debride		$ 6,811
29847	Arthroscopy Wrist; Internal Fixation For Fracture Or Instability		$ 6,811
29844	Arthroscopy Wrist; Synovectomy, Partial		$ 6,811
29806	Arthroscopy, Shoulder, Surgical, Capsulorrhaphy		$ 10,827
29807	Arthroscopy, Shoulder, Surgical; Repair Of SLAP Lesion		$ 10,827
29819	Arthroscopy, Shoulder, Surgical; With Removal Of Loose Or Foreign Body		$ 6,811
29828	Arthroscopy, Shoulder; Biceps Tenodesis		$ 10,827
29826	Arthroscopy, Shoulder; Decompression Of Subacromial Space W Part Acromioplasty		$ 10,827
29824	Arthroscopy, Shoulder; Distal Claviculectomy (mumford)		$ 6,811
29825	Arthroscopy, Shoulder; Lysis & Resection Of Adhesions, Incl Manipulation		$ 6,811
29820	Arthroscopy, Shoulder; Synovectomy, Partial		$ 6,811
29823	Arthroscopy, Shoulder; With Debridement, Extensive		$ 6,811
29822	Arthroscopy, Shoulder; With Debridement, Limited		$ 6,811
29827	Arthroscopy, Shoulder; With Rotator Cuff Repair		$ 10,827
29805	Arthroscopy, Shouler, Diagnostic, With Or Without Synovial Biopsy		$ 6,811
28024	Arthrotomy Incl Expl,drainage Or Removal Loose Or Foreign Body; IP Joint		$ 4,861
28022	Arthrotomy Incl Expl,drainage Or Removal Loose Or Foreign Body; MTP Jt		$ 4,861
27620	Arthrotomy, Ankle, W Jt Expl,w/wo Biopsy,w/wo Removal Loose Or Foreign Body		$ 5,980
24101	Arthrotomy, Elbow;w Jt Explor, W Or W/o Biopsy Or Removal Of Loose/Foreign Body		$ 5,980
26075	Arthrotomy, W Expl, Drainage Or Removal Loose Or Foreign Body; MCP Joint		$ 3,844
11730	Avulsion Of Nail Plate, Partial Or Complete, Simple; Single		$ 260
23430	Biceps Tenodesis		$ 9,777
64490	Bilateral Inj,Paravertebral Facet Jt W/fluoro,Cervical Or Thoracic,Single Level		$ 1,514
64491	Bilateral Second Level		$ 1,514
24065	BIOPSY ARM/ELBOW SOFT TISSUE		$ 3,594
11755	Biopsy Of Nail Unit		$ 974
27330	BIOPSY, KNEE JOINT LINING		$ 5,980
20240	BONE BIOPSY, EXCISIONAL		$ 4,775
20900	Bone Graft, Any Donor Area (dowel Or Button)		$ 5,980
20902	Bone Graft, Any Donor Area; Major Or Large		$ 5,980
38220	BONE MARROW ASPIRATION		$ 572
28270	Capsulotomy, Metatarsophalangeal Joint, W Or W/o Tenorrhaphy, Each Joint		$ 4,861
29848	Carpal Tunnel Release; Endoscopic		$ 6,811
64721	Carpal Tunnel Release; Open Or Mini-open		$ 4,248
23120	Claviculectomy; Partial		$ 9,777

25605	Closed Reduction Distal Radius Fracture (eg, Colles Or Smith) Incl Ulna Styloid		$ 1,000
26755	Closed Reduction Of Distal Phalanx Finger Fracture		$ 1,000
25565	Closed Reduction Of Radial And Ulnar Shaft Fractures		$ 1,000
25505	Closed Reduction Of Radius Shaft Fracture		$ 1,000
27818	Closed Reduction Of Trimalleolar Fracture		$ 1,000
25520	Closed Treatment Of Galeazzi Fracture/dislocation		$ 1,000
27266	Closed Treatment Of Post Hip Arthroplasty Dislocation;with Anesthesia		$ 3,473
12042	Closure - Intermediate, Neck, Hands, Feet; 2.6cm To 7.5cm		$ 354
12020	CLOSURE OF SPLIT WOUND		$ 354
26565	CORRECT METACARPAL FLAW		$ 6,157
28298	CORRECTION OF BUNION		$ 6,719
28299	CORRECTION OF BUNION		$ 6,719
28292	CORRECTION OF BUNION		$ 6,719
28297	Correction Of Bunion; Lapidus Type Procedure		$ 6,719
28296	Correction, Hallux Valgus (bunion);with Metatarsal Osteotomy		$ 6,719
28285	Correction, Hammertoe (eg, IP Fusion, Partial Or Total Phalangectomy)		$ 4,861
23605	CR PINNING HUME		$ 402
11012	Debridement At The Site Of Open Fracture &/or Open Disloc;skin,muscle & Bone		$ 974
11010	Debridement At The Site Of Open Fracture &/or Open Dislocation;skin & Sub Tissue		$ 974
11044	Debridement Bone; First 20 Sq Cm Or Less		$ 1,638
11043	Debridement, Muscle And/or Fascia; First 20 Sq Cm Or Less		$ 637
11042	Debridement, Subcutaneous Tissue; First 20 Sq Cm Or Less		$ 637
25020	DECOMPRESS FOREARM 1 SPACE		$ 4,966
27892	DECOMPRESSION OF LEG		$ 4,966
27600	DECOMPRESSION OF LOWER LEG		$ 4,966
27602	DECOMPRESSION OF LOWER LEG		$ 4,966
27601	DECOMPRESSION OF LOWER LEG		$ 4,966
28035	DECOMPRESSION OF TIBIA NERVE		$ 4,248
17111	Destruction Of Benign Lesion; Including Wart; 15 Or More Lesions		$ 260
17110	Destruction Of Benign Lesion; Including Wart; Up To 14 Lesions		$ 1,514
23030	DRAIN SHOULDER LESION		$ 4,166
23930	DRAINAGE OF ARM LESION		$ 4,166
26011	DRAINAGE OF FINGER ABSCESS		$ 2,654
26990	DRAINAGE OF PELVIS LESION		$ 4,966
22552	Each Additional Interspace, Cervical Below C2		$ 1,514
63035	Each Additional Interspace, Cervical Or Lumbar		$ 2,500
11732	Each Additional Nail Plate		$ 2,500
63048	Each Additional Segment, Cervical, Thoracic Or Lumbar		$ 2,500
64484	Each Addtl Level; Injection,Transforaminal Epidural, W/fluoro Lumbar Or		$ 1,514
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (nonoperative)		$ 280
24071	EXC ARM/ELBOW LES SC = 3 CM		$ 1,514
21931	EXC BACK LES SC = 3 CM		$ 1,514

28039	EXC FOOT/TOE TUM SC > 1.5 CM		$ 1,514
25071	EXC FOREARM LES SC > 3 CM		$ 1,514
26111	EXC HAND LES SC > 1.5 CM		$ 1,514
26118	EXC HAND TUM RA > 3 CM		$ 1,514
27632	EXC LEG/ANKLE LES SC > 3 CM		$ 1,514
23071	EXC SHOULDER LES SC > 3 CM		$ 1,514
23073	EXC SHOULDER TUM DEEP > 5 CM		$ 1,514
27337	EXC THIGH/KNEE LES SC > 3 CM		$ 1,514
27339	EXC THIGH/KNEE TUM DEEP >5CM		$ 1,514
28086	EXCISE FOOT TENDON SHEATH		$ 4,861
28088	EXCISE FOOT TENDON SHEATH		$ 4,861
25118	EXCISE WRIST TENDON SHEATH		$ 5,980
26113	Excision Mass, Deep, 1.5cm Or Greater		$ 1,514
11750	Excision Nail And Nail Matrix, Partial Or Complete, For Permanent Removal		$ 974
11422	Excision Of Benign Lesion; Excised Diameter 1.1 To 2.0cm		$ 1,620
11424	Excision Of Benign Lesion; Excised Diameter 3.1 To 4.0cm		$ 3,594
28043	EXCISION OF FOOT LESION		$ 4,775
25111	Excision Of Ganglion, Wrist; Primary		$ 3,844
25112	Excision Of Ganglion, Wrist; Secondary		$ 3,844
27630	Excision Of Lesion Of Tendon Sheath Or Capsule (eg,cyst Or Ganglion) Leg/ankle		$ 4,966
26160	Excision Of Lesion Tendon Sheath Or Joint (eg,cyst,mucous Cyst,ganglion)		$ 3,844
64776	Excision Of Neuroma; Digital Nerve, 1 Or Both, Sam Digit		$ 4,248
64782	Excision Of Neuroma; Hand Or Foot, Except Digital Nerve		$ 4,248
24105	Excision Of Olecranon Bursa		$ 4,966
26200	Excision Or Curettage Bone Cyst Or Benight Tumor Of Metacarpal		$ 3,844
24110	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus		$ 4,966
27618	Excision Tumor, Soft Tissue Of Leg Or Ankle Area, Subcu; < 3cm		$ 3,594
28080	Excision, Morton Neuroma, Single, Each		$ 4,861
22830	Exploration Of Spinal Fusion		$ 15,000
20103	EXPLORE WOUND, EXTREMITY		$ 1,005
26080	EXPLORE/TREAT FINGER JOINT		$ 3,844
27331	EXPLORE/TREAT KNEE JOINT		$ 5,980
25101	EXPLORE/TREAT WRIST JOINT		$ 5,980
28008	Fasciotomy, Foot And/or Toe		$ 4,861
26498	FINGER TENDON TRANSFER		$ 6,157
15574	FORM SKIN PEDICLE FLAP		$ 5,100
28490	Fracture Care, Non-manipulative; Great Toe		$ 402
27786	Fracture Care, Non-manipulative; Lateral Malleolus		$ 402
28470	Fracture Care, Non-manipulative; Metatarsal		$ 402
27767	Fracture Care, Non-manipulative; Posterior Malleolus		$ 402
24670	Fracture Care, Non-manipulative; Ulnar Fx, Proximal End, Olecranon Or Coronoid		$ 402
25825	FUSE HAND BONES WITH GRAFT		$ 6,157

27870	FUSION OF ANKLE JOINT, OPEN		$ 15,843
26861	FUSION OF FINGER JNT, ADD0.00ON		$ 4,200
26471	FUSION OF FINGER TENDONS		$ 3,844
28730	FUSION OF FOOT BONES		$ 9,722
28740	FUSION OF FOOT BONES		$ 9,722
28715	FUSION OF FOOT BONES		$ 9,722
26850	FUSION OF KNUCKLE		$ 6,157
26516	FUSION OF KNUCKLE JOINT		$ 6,157
26844	FUSION/GRAFT OF HAND JOINT		$ 6,157
27687	Gastrocnemius Recession		$ 5,980
28289	Hallux Rigidus Correction W Cheilectomy, Debridement & Capsular Release 1st MTP		$ 4,861
26500	HAND TENDON RECONSTRUCTION		$ 3,844
15777	Implantation Of Biologic Implant		$ 1,514
64787	Implantation Of Nerve End Into Bone Or Muscle (list In Addition To Neuroma Exc)		$ 4,200
10060	Incision & Drainage Of Abscess; Simple Or Single (cyst,furuncle,paronychia)		$ 343
10140	Incision & Drainage Of Hematoma, Seroma Or Fluid Collection		$ 2,654
10180	Incision & Drainage, Complex, Postoperative Wound Infection		$ 4,166
22015	Incision & Drainage, Open, Of Deep Abscess (subfascia); Lumbar, Sacral		$ 4,166
10121	Incision & Removal Of Foreign Body, Subcutaneous Tissues		$ 3,594
10120	Incision & Removal Of Foreign Body, Subcutaneous Tissues; Simple		$ 343
10061	Incision And Drainage Of Abscess;complicated Or Multiple		$ 343
27301	Incision And Drainage Of Deep Abscess, Bursa Or Hematoma, Thigh Or Knee Region		$ 4,166
27603	Incision And Drainage, Leg Or Ankle; Deep		$ 4,166
20005	INCISION OF DEEP ABSCESS		$ 4,966
27707	INCISION OF FIBULA		$ 4,966
26455	INCISION OF FINGER TENDON		$ 3,844
26060	INCISION OF FINGER TENDON		$ 3,844
28234	INCISION OF FOOT TENDON		$ 4,861
28230	INCISION OF FOOT TENDON(S)		$ 4,861
28300	INCISION OF HEEL BONE		$ 9,722
27025	INCISION OF HIP/THIGH FASCIA		$ 4,166
28306	INCISION OF METATARSAL		$ 4,861
28307	INCISION OF METATARSAL		$ 4,861
28304	INCISION OF MIDFOOT BONES		$ 9,722
64772	INCISION OF SPINAL NERVE		$ 4,248
23405	INCISION OF TENDON & MUSCLE		$ 5,980
27705	INCISION OF TIBIA		$ 9,777
27709	INCISION OF TIBIA & FIBULA		$ 5,980
25085	INCISION OF WRIST CAPSULE		$ 4,966
28005	Incision, Bone Cortex Foot (incl Drilling Osteochondral Defect)		$ 4,861
25000	Incision, Extensor Tendon Sheath, Wrist (eg,deQuervains Disease)		$ 4,966
20605	Injection &/or Aspiration, Intermediate Joint Or Bursa		$ 539

20610	Injection &/or Aspiration, Major Joint Or Bursa		$ 539
62290	Injection Procedure For Discography, Each Level; Lumbar		$ 1,514
27370	Injection Procedure For Knee Arthrography		$ 539
64455	Injection(s), Anesth Agent And/or Steroid, Plantar Common Digitial Nerve(s)		$ 539
20553	Injection(s); Single Or Multiple Trigger Point(s), 3 Or More Muscle(s)		$ 539
20551	Injection(s); Single Tendon Origin/insertion		$ 539
20550	Injection(s);Single Tendon Sheath Or Ligament, Aponeurosis (eg,plantar fascia")"		$ 539
64450	Injection, Anesthetic Agent; Other Peripheral Nerve Or Branch		$ 539
64494	Injection, Paravertebral Facet Jt W/fluoro,lumbar Or Sacral, Second Level		$ 1,514
64493	Injection, Paravertebral Facet Jt W/fluoro,lumbar Or Sacral, Single Level		$ 1,514
20526	Injection, Therapeutic, Carpal Tunnel		$ 539
64483	Injection,Transforaminal Epidural, W/fluoro Lumbar Or Sacral,1 Level		$ 1,514
11981	Insertion Antibiotic Cement Or Other Non-biodegradable Drug Delivery Implant		$ 1,514
22515	Kyphoplasty Each Additional Vertebral Body		$ 500
22513	Kyphoplasty; Thoracic, Incl Fx Reduction & Bone Biopsy When Performed		$ 2,000
22514	Kyphoplasty;Lumbar,Incl Fx Reduction & Bone Biopsy, Unilateral Or Bilateral		$ 2,000
63267	Laminectomy For Excision Or Evacution Of Lesion Or Synovial Cyst; Lumbar		$ 10,505
63047	Laminectomy, Lumbar (unilateral Or Bilateral); Lateral Recess Stenosis		$ 10,505
63030	Laminotomy (hemilaminectomy) Or Microdiscectomy;1 Interspace, Lumbar, Unilateral		$ 10,505
27425	LAT RETINACULAR RELEASE OPEN		$ 5,980
12044	LAYER CLOSURE OF WOUND(S)		$ 354
12041	LAYER CLOSURE OF WOUND(S)		$ 354
25259	MANIPULATE WRIST W/ANESTHES		$ 402
27570	Manipulation Of Knee Joint Under General Anesthesia		$ 3,473
23700	Manipulation Of Shoulder Joint Under Anesthesia		$ 3,473
26341	Manipulation, Palmar Fascial Cord, Post Enzyme Inj		$ 1,514
69990	Microsurgical Techniques, Requiring Use Of Operating Microscope		$ 2,500
20985	Navigation		$ 1,500
64890	NERVE GRAFT, HAND OR FOOT		$ 7,889
64910	NERVE REPAIR W/ALLOGRAFT		$ 4,248
64859	NERVE SURGERY		$ 4,248
64718	Neuroplasty &/or Transposition;ulnar Nerve At Elbow, Cubital Tunnel		$ 4,248
64719	Neuroplasty And/or Transpostion; Ulnar Nerve At Wrist		$ 4,248
26615	Open Reduction Internal Fixation Metacarpal Fracture, Each Bone		$ 8,932
23515	Open Reduction Internal Fixation Of Clavicle Fracture		$ 13,615
24665	Open Reduction Internal Fixation Radial Head Or Neck, Incl Radial Head Exc		$ 8,932
27814	Open Treatment Bimalleolar Fracture, Includes Internal Fixation, When Performed		$ 8,932
25609	Open Treatment Distal Radial Intra-articular Fracture 3 Or More Fragments		$ 13,615
27829	Open Treatment Distal Tibiofibular Joint (syndesmosis) Disruption		$ 8,932
27766	Open Treatment Medial Malleolus Fracture, Incl Internal Fixation		$ 8,932
28415	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation		$ 8,932
28420	Open Treatment Of Calcaneal Fracture,with Primary Iliac Or Other Auto Bone Graft		$ 8,932

25628	Open Treatment Of Carpal Scaphoid (navicular) Fracture Incl Internal Fixation		$ 8,932
25607	Open Treatment Of Distal Radial Extra Articular Fracture W Internal Fixation		$ 13,615
27236	Open Treatment Of Femoral Fracture, Internal Fixation,Prosthetic Replace,bipolar		$ 13,613
24515	Open Treatment Of Humeral Shaft Fracture With Plate/screws		$ 13,615
27792	Open Treatment Of Lateral Malleolus Fracture, Incl Internal Fixation		$ 8,932
28645	Open Treatment Of Metatarsophalangeal Joint Dislocation, Incl Internal Fixation		$ 8,932
24635	Open Treatment Of Monteggia Type Fracture Dislocation		$ 13,615
28615	Open Treatment Of Tarsometatarsal Joint Dislocation, Incl Internal Fixation		$ 8,932
27758	Open Treatment Of Tibial Shaft Fx (w Or W/o Fibular Fx)		$ 8,932
27822	Open Treatment Trimalleolar Ankle Fracture		$ 8,932
27823	Open Treatment Trimalleolar Ankle Fracture With Fixation Of Posterior Lip		$ 13,615
24685	Open Treatment Ulnar Fracture, Proximal End, Olecranon Or Coronoid Process		$ 8,932
28118	Ostectomy, Calcaneus		$ 4,861
28119	Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release		$ 4,861
28116	Ostectomy, Excision Of Tarsal Coalition		$ 4,861
27415	OSTEOCHONDRAL KNEE ALLOGRAFT		$ 10,827
28308	Osteotomy, Metatarsal; Other Than First Metatarsal, Each		$ 4,861
28310	Osteotomy, Shortening, Angular Or Rotational Correction Prox Phalanx First Toe		$ 4,861
11055	Paring Or Cutting Benign Hyperkeratotic Lesion (eg, Corn Or Callus), Single		$ 260
28120	PART REMOVAL OF ANKLE/HEEL		$ 4,861
28110	PART REMOVAL OF METATARSAL		$ 4,861
28112	PART REMOVAL OF METATARSAL		$ 4,861
28124	Partial Excision Bone; Phalanx		$ 4,861
28122	Partial Excision Of Bone; Tarsal Or Metatarsal Bone		$ 4,861
24147	PARTIAL REMOVAL OF ELBOW		$ 5,980
27640	PARTIAL REMOVAL OF TIBIA		$ 9,777
28126	PARTIAL REMOVAL OF TOE		$ 4,861
25240	PARTIAL REMOVAL OF ULNA		$ 5,980
25119	PARTIAL REMOVAL OF ULNA		$ 5,980
27360	PARTIAL REMOVAL, LEG BONE(S)		$ 5,980
27350	Patellectomy Or Hemipatellectomy		$ 5,980
25606	Percutaneous Fixation Of Distal Radial Fracture Or Epiphyseal Separation		$ 6,074
27235	Percutaneous Pinning Femoral Fracture, Proximal End, Neck		$ 5,980
26650	Percutaneous Skeletal Fixation Of Bennett Fracture, With Manipulation		$ 6,074
24582	Percutaneous Skeletal Fixation Of Humeral Condylar Fracture, Medial Or Lateral		$ 6,074
26776	PIN FINGER DISLOCATION		$ 6,074
26756	PIN FINGER FRACTURE, EACH		$ 6,074
0232T	PRP Injection - Any Location		$ 1,514
10160	Puncture Aspiration Of Abscess, Hematoma, Bulla Or Cyst		$ 245
24149	RADICAL RESECTION OF ELBOW		$ 5,980
26437	REALIGNMENT OF TENDONS		$ 3,844
24366	RECONSTRUCT HEAD OF RADIUS		$ 25,506

25337	RECONSTRUCT ULNA/RADIOULNAR		$ 9,777
24346	Reconstruction Collateral Ligament, Elbow With Tendon Graft (incl Harvesting)		$ 9,777
27422	Reconstruction Of Dislocating Patella		$ 9,777
26525	RELEASE FINGER CONTRACTURE		$ 3,844
64726	RELEASE FOOT/TOE NERVE		$ 4,248
26520	RELEASE KNUCKLE CONTRACTURE		$ 3,844
28240	RELEASE OF BIG TOE		$ 4,861
28220	RELEASE OF FOOT TENDON		$ 4,861
27680	RELEASE OF LOWER LEG TENDON		$ 5,980
27681	RELEASE OF LOWER LEG TENDONS		$ 5,980
26442	RELEASE PALM & FINGER TENDON		$ 6,157
26040	RELEASE PALM CONTRACTURE		$ 6,157
26045	RELEASE PALM CONTRACTURE		$ 6,157
26123	RELEASE PALM CONTRACTURE		$ 6,157
26125	RELEASE PALM CONTRACTURE		$ 6,157
26121	RELEASE PALM CONTRACTURE		$ 6,157
26440	RELEASE PALM/FINGER TENDON		$ 3,844
23020	RELEASE SHOULDER JOINT		$ 9,777
25295	RELEASE WRIST/FOREARM TENDON		$ 4,966
64722	RELIEVE PRESSURE ON NERVE(S)		$ 4,248
11982	Removal Antibiotic Cement Or Other Non-biodegradable Drug		$ 4,861
25075	REMOVAL FOREARM LESION SUBCU		$ 3,594
26115	REMOVAL HAND LESION SUBCUT		$ 4,775
28100	REMOVAL OF ANKLE/HEEL LESION		$ 4,861
22855	Removal Of Anterior Instrumentation		$ 6,200
24201	REMOVAL OF ARM FOREIGN BODY		$ 3,594
26210	REMOVAL OF FINGER LESION		$ 3,844
28190	REMOVAL OF FOOT FOREIGN BODY		$ 974
28192	REMOVAL OF FOOT FOREIGN BODY		$ 3,594
28072	REMOVAL OF FOOT JOINT LINING		$ 4,861
28090	REMOVAL OF FOOT LESION		$ 4,861
28104	REMOVAL OF FOOT LESION		$ 4,861
25120	REMOVAL OF FOREARM LESION		$ 5,980
20525	Removal Of Foreign Body In Muscle Or Tendon Sheath; Deep Or Complicated		$ 4,775
20520	Removal Of Foreign Body In Muscle Or Tendon Sheath; Simple		$ 974
26320	REMOVAL OF IMPLANT FROM HAND		$ 4,861
20680	Removal Of Implant; Deep (eg,pin,screw,nail,rod,plate,metalband,buriedwire)		$ 4,861
20670	Removal Of Implant;superficial (eg,buried Wire, Pin Or Rod) Separate Procedure		$ 4,861
27340	REMOVAL OF KNEECAP BURSA		$ 4,966
28315	REMOVAL OF SESAMOID BONE		$ 4,861
23076	REMOVAL OF SHOULDER LESION		$ 4,775
27327	REMOVAL OF THIGH LESION		$ 4,775

28092	REMOVAL OF TOE LESIONS		$ 4,861
28108	REMOVAL OF TOE LESIONS		$ 4,861
25210	REMOVAL OF WRIST BONE		$ 6,157
25130	REMOVAL OF WRIST LESION		$ 5,980
20694	Removal, Under Anesthesia, Of External Fixation System		$ 4,861
24076	REMOVE ARM/ELBOW LESION		$ 4,775
24120	REMOVE ELBOW LESION		$ 4,966
27355	REMOVE FEMUR LESION		$ 5,980
27062	REMOVE FEMUR LESION/BURSA		$ 4,966
27347	REMOVE KNEE CYST		$ 4,966
27635	REMOVE LOWER LEG BONE LESION		$ 5,980
64784	REMOVE NERVE LESION		$ 4,248
24164	REMOVE RADIUS HEAD IMPLANT		$ 4,861
23330	REMOVE SHOULDER FOREIGN BODY		$ 1,620
64774	REMOVE SKIN NERVE LESION		$ 4,248
25105	REMOVE WRIST JOINT LINING		$ 5,980
25110	REMOVE WRIST TENDON LESION		$ 4,966
25116	REMOVE WRIST/FOREARM LESION		$ 4,966
28103	REMOVE/GRAFT FOOT LESION		$ 9,722
28107	REMOVE/GRAFT FOOT LESION		$ 9,722
25126	REMOVE/GRAFT FOREARM LESION		$ 5,980
64857	REPAIR ARM/LEG NERVE		$ 7,889
35207	REPAIR BLOOD VESSEL LESION		$ 8,980
35206	REPAIR BLOOD VESSEL LESION		$ 5,441
25394	REPAIR CARPAL BONE, SHORTEN		$ 3,844
28313	REPAIR DEFORMITY OF TOE		$ 4,861
27696	Repair Disrupted Ligament, Ankle; Both Collateral Ligaments		$ 5,980
27695	Repair Disrupted Ligament, Ankle; Collateral		$ 5,980
24359	REPAIR ELBOW DEB/ATTCH OPEN		$ 5,920
24358	REPAIR ELBOW W/DEB, OPEN		$ 5,920
27726	REPAIR FIBULA NONUNION		$ 6,200
26418	REPAIR FINGER TENDON		$ 3,844
26432	REPAIR FINGER TENDON		$ 3,844
26433	REPAIR FINGER TENDON		$ 3,844
26350	REPAIR FINGER/HAND TENDON		$ 6,157
26356	REPAIR FINGER/HAND TENDON		$ 6,157
28555	REPAIR FOOT DISLOCATION		$ 8,932
25260	REPAIR FOREARM TENDON/MUSCLE		$ 5,980
25270	REPAIR FOREARM TENDON/MUSCLE		$ 5,980
26540	REPAIR HAND JOINT		$ 3,844
26541	REPAIR HAND JOINT WITH GRAFT		$ 6,157
26410	REPAIR HAND TENDON		$ 3,844

24435	REPAIR HUMERUS WITH GRAFT		$ 15,843
24343	Repair Lateral Collateral Ligament, Elbow		$ 5,980
27676	REPAIR LOWER LEG TENDONS		$ 5,980
25431	REPAIR NONUNION CARPAL BONE		$ 6,157
27654	REPAIR OF ACHILLES TENDON		$ 9,777
27698	REPAIR OF ANKLE LIGAMENT		$ 5,980
64831	REPAIR OF DIGIT NERVE		$ 7,889
28200	REPAIR OF FOOT TENDON		$ 4,861
28208	REPAIR OF FOOT TENDON		$ 4,861
24430	REPAIR OF HUMERUS		$ 15,843
27659	REPAIR OF LEG TENDON, EACH		$ 4,966
11760	Repair Of Nail Bed		$ 354
27380	Repair Of Patellar Tendon		$ 4,966
27386	Repair Of Quadriceps Or Hamstring Rupture; Incl Fascial Or Tendon Graft		$ 4,966
27385	Repair Of Quadriceps Or Hamstring Rupture; Primary		$ 4,966
13132	REPAIR OF WOUND OR LESION		$ 354
13121	REPAIR OF WOUND OR LESION		$ 354
13131	REPAIR OF WOUND OR LESION		$ 354
25400	REPAIR RADIUS OR ULNA		$ 5,980
23410	REPAIR ROTATOR CUFF, ACUTE		$ 9,777
24342	Repair Ruptured Biceps Or Triceps Tendon, Distal, With Or Without Tendon Graft		$ 9,777
12005	Repair Simple Wound, Neck, Trunk +/or Extremities;12.6cm To 20.0cm		$ 354
12001	Repair Simple Wound, Neck, Trunk +/or Extremities;2.5 Or <		$ 354
12002	Repair Simple Wound, Neck, Trunk +/or Extremities;2.6cm To 7.5cm		$ 354
12004	Repair Simple Wound, Neck, Trunk +/or Extremities;7.6cm To 12.5cm		$ 354
24341	Repair Tendon Or Muscle, Each, Primary Or Secondary		$ 9,777
13133	REPAIR WOUND/LESION ADD ON		$ 600
25447	REPAIR WRIST JOINT(S)		$ 7,960
27658	Repair, Flexor Tendon, Leg;primary Without Graft, Each Tendon		$ 4,966
23412	Repair, Rotator Cuff; Open Or Mini-open Repair		$ 9,777
27650	Repair, Ruptured Achilles Tendon		$ 9,777
27652	REPAIR/GRAFT ACHILLES TENDON		$ 15,843
27724	REPAIR/GRAFT OF TIBIA		$ 8,500
25405	REPAIR/GRAFT RADIUS OR ULNA		$ 5,980
25440	REPAIR/GRAFT WRIST BONE		$ 15,843
25320	REPAIR/REVISE WRIST JOINT		$ 9,777
24345	REPR ELBW MED LIGMNT W/TISSU		$ 5,980
64708	REVISE ARM/LEG NERVE		$ 4,248
64702	REVISE FINGER/TOE NERVE		$ 4,248
64704	REVISE HAND/FOOT NERVE		$ 4,248
27438	REVISE KNEECAP WITH IMPLANT		$ 11,288
26531	REVISE KNUCKLE WITH IMPLANT		$ 11,288

27691	REVISE LOWER LEG TENDON		$ 9,777
25280	REVISE WRIST/FOREARM TENDON		$ 5,980
63042	Revision Hemilaminectomy Or Revision Microdiscectomy; Lumbar		$ 10,505
28238	REVISION OF FOOT TENDON		$ 9,722
24420	REVISION OF HUMERUS		$ 9,777
27442	REVISION OF KNEE JOINT		$ 7,960
27685	REVISION OF LOWER LEG TENDON		$ 5,980
25350	REVISION OF RADIUS		$ 15,843
23473	Revision Of Total Shoulder Arthroplasty; Humeral Or Glenoid Component		$ 40,000
13160	Secondary Closure Of Surgical Wound Or Dehiscence, Extensive Or Complicated		$ 5,100
25390	SHORTEN RADIUS OR ULNA		$ 5,980
15240	SKIN FULL GRAFT		$ 3,340
15241	SKIN FULL GRAFT ADD ON		$ 3,340
15100	SKIN SPLIT GRAFT		$ 5,100
15120	SKIN SPLIT GRAFT		$ 5,100
17999	SKIN TISSUE PROCEDURE		$ 3,340
14040	SKIN TISSUE REARRANGEMENT		$ 3,340
26145	TENDON EXCISION, PALM/FINGER		$ 3,844
26055	Tendon Sheath Incision (eg, For Trigger Finger)		$ 3,844
26477	TENDON SHORTENING		$ 3,844
26445	Tenolysis, Extensor Tendon, Hand OR Finger, Each Tendon		$ 3,844
27606	Tenotomy, Achilles Tendon; General Anesthesia		$ 4,966
27605	Tenotomy, Achilles Tendon; Local Anesthesia		$ 4,861
25290	Tenotomy, Open, Flexor Or Extensor Tendon, Each Tendon		$ 5,980
28232	Tenotomy, Open, Tendon Flexor; Toe, Single Tendon (separate Procedure)		$ 4,861
23472	Total Shoulder Arthroplasty		$ 35,000
27690	Transfer Or Transplant Of Single Tendon		$ 9,777
64479	Transforaminal Epidural Inj,w/fluoro;cervical Or Thoracic,SingleLevel,Unilateral		$ 1,514
25310	TRANSPLANT FOREARM TENDON		$ 9,777
26480	TRANSPLANT HAND TENDON		$ 6,157
26485	TRANSPLANT PALM TENDON		$ 6,157
26483	TRANSPLANT/GRAFT HAND TENDON		$ 6,157
28445	TREAT ANKLE FRACTURE		$ 8,932
28505	TREAT BIG TOE FRACTURE		$ 8,932
23550	TREAT CLAVICLE DISLOCATION		$ 8,932
24605	TREAT ELBOW DISLOCATION		$ 3,473
24615	TREAT ELBOW DISLOCATION		$ 13,615
26785	TREAT FINGER DISLOCATION		$ 6,074
26727	TREAT FINGER FRACTURE, EACH		$ 6,074
26765	TREAT FINGER FRACTURE, EACH		$ 8,932
26735	TREAT FINGER FRACTURE, EACH		$ 8,932
26746	TREAT FINGER FRACTURE, EACH		$ 8,932

25545	TREAT FRACTURE OF ULNA		$ 8,932
25575	TREAT FRACTURE RADIUS/ULNA		$ 13,615
25652	TREAT FRACTURE ULNAR STYLOID		$ 8,932
25608	TREAT FX RAD INTRA ARTICUL		$ 13,615
26685	TREAT HAND DISLOCATION		$ 8,932
26686	TREAT HAND DISLOCATION		$ 13,615
23615	TREAT HUMERUS FRACTURE		$ 13,615
24545	TREAT HUMERUS FRACTURE		$ 13,615
24579	TREAT HUMERUS FRACTURE		$ 13,615
23630	TREAT HUMERUS FRACTURE		$ 13,615
24538	TREAT HUMERUS FRACTURE		$ 6,074
24516	TREAT HUMERUS FRACTURE		$ 13,615
27535	TREAT KNEE FRACTURE		$ 13,615
27540	TREAT KNEE FRACTURE		$ 13,615
27524	TREAT KNEECAP FRACTURE		$ 8,932
27607	TREAT LOWER LEG BONE LESION		$ 4,966
27827	TREAT LOWER LEG FRACTURE		$ 13,615
27828	TREAT LOWER LEG FRACTURE		$ 13,615
26608	TREAT METACARPAL FRACTURE		$ 6,074
28485	TREAT METATARSAL FRACTURE		$ 8,932
24666	TREAT RADIUS FRACTURE		$ 13,615
23585	TREAT SCAPULA FRACTURE		$ 13,615
26665	TREAT THUMB FRACTURE		$ 8,932
28525	TREAT TOE FRACTURE		$ 8,932
25670	TREAT WRIST DISLOCATION		$ 6,074
20615	TREATMENT OF BONE CYST		$ 493
27756	TREATMENT OF TIBIA FRACTURE		$ 6,074
27759	Treatment Tibial Shaft Fracture By Intramedullary Implant		$ 13,615
24999	UPPER ARM/ELBOW SURGERY		$ 402
25430	VASC GRAFT INTO CARPAL BONE		$ 6,157
11765	Wedge Excision Of Skin Of Nail Fold		$ 387
15004	WND PREP CH/INF, F/N/HF/G		$ 1,252
15002	WND PREP, CH/INF, TRK/ARM/LG		$ 1,252
97605	Wound VAC Application < Or = To 50 Sq Cm		$ 1,541

ATTACHMENT 27

Criterion 1110.1540(k) – Assurances

Peer Review Program

The Applicant hereby attests that a peer review program will be implemented before the surgery center becomes operational. This program will evaluate cases and determine whether or not patient outcomes are consistent with quality standards established by federal and state law and regulations, plus any applicable quality standards required by professional organizations governing ASTC services. If patient outcomes do not meet or exceed such standards, the Applicant will have a quality improvement plan in place to address substandard patient outcomes.

Utilization Standards

(a) Summary

The State Board has established utilization standards for certain departments, clinical service areas, and facilities. Specifically, the Applicant must document that, by the end of the second year of operation, the annual utilization of the clinical service areas shall meet or exceed the applicable utilization standards. For ambulatory surgical treatment centers, the Applicant must demonstrate 1,500 of surgical time for each operating room requested. As the chart above illustrates, the Applicant will meet this state standard by the end of the first full year of operation following project completion, which is estimated to occur on or before July 31, 2017.

(b) Estimated Time Per Procedure

Per industry norms, the average turnover time per procedure will average around 90 minutes, which includes 15 minutes for setup time, 60 minutes to complete the surgical procedure, and 15 minutes for cleanup time. Thus, the average time per procedure will be a total of 1.5 hours, which is consistent with the national average for multi-specialty surgery centers that specialize in orthopedic, podiatry, and pain management medicine.

By the end of the first full year of operation, CY 2018, the Applicant expects to exceed the ASTC utilization standards for operating rooms. During CY 2018, the Applicant expects to see 2,537 procedures completed, at an average time per case of 1.5 hours, which will yield a total utilization of 3,808.5 hours for both operating rooms. That total equates to 1,904.25 hours per operating room. This total greatly exceeds the applicable utilization standard of 1,500 hours per operating room.

ATTACHMENT 39

Criterion 1120.120
Availability of Funds

The project will be entirely funded with cash made available to the CON permit Applicant resulting from physician investors purchasing units in the Applicant's limited liability company; therefore, Criterion 1120.120 is not applicable.

- A signed and notarized statement provided by the Applicant (i.e., the entity that will own and operate the proposed ambulatory surgical treatment center), immediately follows this page. The statement certifies that the project will be funded entirely by available cash.

See Attachment 42 for additional information not required by this review criterion.

January 5, 2016

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson St., 2nd Floor
Springfield IL 62761
Attention: State Board Chairperson Kathryn J. Olson

Re: Criterion 1120.140, Economic Feasibility, Reasonableness of Financing Arrangements

Dear Chairperson Olson:

Schaumburg Surgery Center, LLC (the "Applicant") will fund the development of the proposed ambulatory surgical treatment center, which will be located at 929 West Higgins Road, Schaumburg, Illinois 60195 (the "Project"), entirely with cash. The cash to cover the total estimated project costs and related costs will come from the sale and purchase of investment securities, specifically, the purchase of units in the Applicant's limited liability company. The fund will be available once each physician investor named in the accompanying certificate of need permit application completes the purchase of their respective number of units in the Applicant's limited liability company, which shall occur on a date following the granting of a certificate of need permit by the Illinois Health Facilities and Services Review Board. The Applicant will not be lending funds to the physician investors to complete the purchase of units in the Applicant's company.

Respectfully Submitted,

Ciro Cirrincione, M.D.
Manager
Schaumburg Surgery Center, LLC

NOTARY:

Subscribed and sworn to me this 5 day of January, 2016

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

ATTACHMENT 40

Criterion 1120.130
Financial Viability Waiver

The project will be entirely funded with cash made available to the CON permit Applicant resulting from physician investors purchasing units in the Applicant's limited liability company; therefore, Criterion 1120.130 is not applicable.

See Attachment 42 for additional information not required by this review criterion.

ATTACHMENT 41

Criterion 1120.130
Viability Ratios

The project will be entirely funded with cash made available to the CON permit Applicant resulting from physician investors purchasing units in the Applicant's limited liability company; therefore, Criterion 1120.130 is not applicable.

See Attachment 42 for additional information not required by this review criterion.

ATTACHMENT 42

Criterion 1120.140
Economic Feasibility

A. Reasonableness of Financing Arrangements

A signed and notarized statement from the Applicant is attached immediately following this attachment. The statement attests that the project is being funded entirely by available cash and that no financing will be secured to pay for the development of the proposed surgery center.

B. Conditions of Debt Financing

The only debt in this project results from a sublease that will be entered into between the site owner and the Applicant. The following documents are attached immediately following this attachment:

1. A copy of the Letter of Intent to Lease, which upon permit issuance, will be replaced by a formal lease agreement between the two parties as soon as said parties agree to the final terms for the lease agreement after CON permit issuance.

2. A signed and notarized statement from the Applicant, which certifies that the project involves the leasing of a health care facility, and that expenses related to the lease are less costly than constructing a new facility.

C. Reasonableness of Project and Related Costs

The following chart identifies the department impacted by the proposed project (the entire ASTC as proposed) and provides a cost and square footage allocation related to this modernization project.

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 Mod.		Gross Sq Ft New Circ.*		Gross Sq Ft Mod. Circ.*		Const. $ (AXC)	Mod. $ (BXE)	
ASTC (Clinical)		$179.48			5,025	0%		$901,876	$901,876
Contingency		$22.15			5,025	0%		$111,304	$111,304
TOTAL		$201.63			5,025	0%		$1,013,180	$1,013,180

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The following information represents the projected direct annual operating costs for the first full year operating at target utilization, but no more than two years following the date of project completion:

Year 2017

Operating Expenses: $1,700,000

Procedures: 2,537

Operating Expense/Procedure: $670.08

E. Total Effect of the Project on Capital Costs

The following information represents the total projected annual capital costs for the first full year operating at target utilization, but no more than two years following the date of project completion:

Year 2017

Capital Costs: $0

Procedures: 2,537

Capital Costs/Procedure: $0

There is no projected annual capital costs for the first full year of operation.

January 5, 2016

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson St., 2nd Floor
Springfield IL 62761
Attention: State Board Chairperson Kathryn J. Olson

Re: Criterion 1120.140, Economic Feasibility, Reasonableness of Financing Arrangements

Dear Chairperson Olson:

Schaumburg Surgery Center, LLC (the "Applicant") will fund the development of the proposed ambulatory surgical treatment center, which will be located at 929 West Higgins Road, Schaumburg, Illinois 60195 (the "Project"), entirely with cash. The cash to cover the total estimated project costs and related costs will come from the sale and purchase of investment securities, specifically, the purchase of units in the Applicant's limited liability company. The fund will be available once each physician investor named in the accompanying certificate of need permit application completes the purchase of their respective number of units in the Applicant's limited liability company, which shall occur on a date following the granting of a certificate of need permit by the Illinois Health Facilities and Services Review Board. The Applicant will not be lending funds to the physician investors to complete the purchase of units in the Applicant's company.

Respectfully Submitted,

Ciro Cirrincione, M.D.
Manager
Schaumburg Surgery Center, LLC

NOTARY:

Subscribed and sworn to me this 5 day of January, 2016

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

January 5, 2016

Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson St., 2nd Floor
Springfield IL 62761
Attention: State Board Chairperson Kathryn J. Olson

Re: Criterion 1120.140, Economic Feasibility, Conditions of Debt Financing

Dear Chairperson Olson:

Pursuant to State Board review criteria 1120.140(b), I hereby provide this signed and notarized statement, which certifies that the proposed project to establish an ambulatory surgical treatment center located at 929 West Higgins Road, Schaumburg, Illinois 60195 involves the leasing of a health care facility, and that expenses related to the lease are less costly than constructing a new facility.

Respectfully Submitted,

Ciro Cirrincione, M.D.
Manager
Schaumburg Surgery Center, LLC

NOTARY:

Subscribed and sworn to me this 5 day of January, 2016

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

January 5, 2016

Schaumburg Surgery Center, LLC
929 West Higgins Road
Schaumburg, Illinois 60195
Attention: Ciro Cirrincione, M.D.

RE: Letter of Intent – Sublease for ASTC Space
929 West Higgins Road, Schaumburg, Illinois 60195

Dear Dr. Cirrincione:

This letter of intent ("Letter of Intent") outlines the basic business terms and conditions upon which Barrington Orthopedic Specialists, Ltd., an Illinois corporation ("Tenant"), the lessee in an office lease agreement ("Office Lease") with Chicagoland Medical Portfolio DST, a Delaware trust ("Landlord"), is willing to enter into negotiations to sublease agreement (the "Sublease") a portion of the physician office building located at 929 West Higgins Road, Schaumburg, Illinois 60195 ("Building") to Schaumburg Surgery Center, LLC, an Illinois limited liabiliaty company ("Sublessee"), it being understood that additional terms and conditions remain to be negotiated between the parties.

1. ***BUILDING:***

   The Building is the two-story medical office building located at 929 West Higgins Road, Schaumburg, Illinois 60195.

2. ***USE:***

   Surgery center, medical office, administrative purposes, and any other lawful purpose.

3. ***PREMISES:***

   The Premises shall consist of approximately 5,025 square feet of the Building, subject to a more accurate determination based upon the preparation of a final floor plan for the Premises. The Premises is generally depicted on Exhibit A attached hereto. Tenant will sublease the Premises to Sublessee "as-is."

4. ***LEASE COMMENCEMENT:***

   The "Sublease Commencement Date" shall be first day of the calendar month following the date on which the Sublessee 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.

5. ***LEASE TERM:***

The term of the Sublease shall be for a period of ten (10) years commencing on the Lease Commencement Date (the "Sublease Term").

6. ***BASE RENT:***

The fair market rental value of the Premises is approximately $22.76 per square foot. This amount shall be used to calculate the base rent ("Base Rent") for the Premises. Base Rent shall be payable monthly, in advance, during the Sublease Term.

7. ***ADDITIONAL RENT:***

Sublessee will pay its proportionate share of operating expenses and real estate taxes for the Building.

8. ***OPTION TO RENEW:***

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

9. ***PARKING:***

Sublessee, Sublessee'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:***

Tenant and Sublessee 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, Sublessee cannot establish a surgery center within the Premises, or execute a binding real estate sublease in connection therewith, unless the Sublessee obtains a CON permit from the State Board. Sublessee agrees to proceed using 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 Sublease agreement and execute such agreement prior to the approval of the CON permit; provided, however, that such Sublease shall not be binding on either party prior to the approval of the CON permit, and the Sublease agreement shall contain a contingency clause indicating that the sublease agreement is not effective pending CON approval. Assuming the CON permit is granted, the effective date of the Sublease shall be the Sublease Commencement Date. In the event that the State Board does not grant a CON permit to the Sublessee, neither party shall have any

further obligation to the other party with regard to the negotiations, Sublease, or Premises contemplated by this Letter of Intent.

The terms and conditions set forth above shall not be binding upon Tenant or Sublessee until such time as the Sublease and all related documents have been: (i) approved by Tenant and Sublessee, and their respective principals, managers, and legal counsel; and (ii) fully executed by both Tenant and Sublessee 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,

TENANT:
Barrington Orthopedic Specialists, Ltd.

By: _____
Title: _____

AGREED AND ACCEPTED:

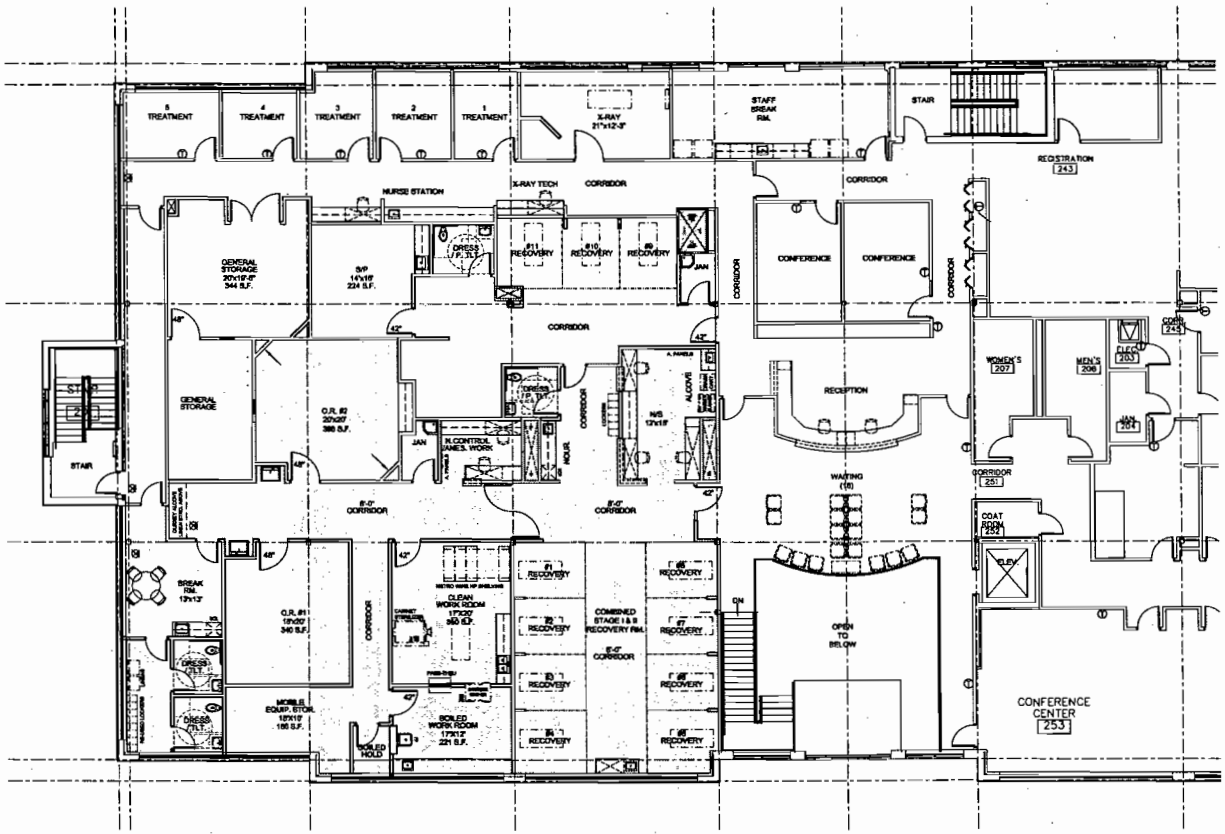
SUBLESSEE:
Schaumburg Surgery Center, LLC

By: _____
Title: _____

EXHIBIT A

Floor Plan

(see attached)



PROPOSED SECOND FLOOR

SCALE: 1/8" = 1'-0" (24x36)

4,378 S.F.

BARRINGTON ORTHOPEDIC SPECIALISTS
929 W. HIGGINS
SCHAUMBERG, IL

AMB Development Group

NORTH

11/17/2015

ATTACHMENT 43

Safety Net Impact Statement

Pursuant to regulatory changes promulgated by the State Board in 2014, the Safety Net Impact Statement formerly provided as Attachment 43 is now included in this permit application at Attachment 12(b) in connection with Criterion 1110.230(b).

ATTACHMENT 44

Charity Care and Medicaid Participation

Pursuant to the Illinois Health Facilities Planning Act, "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. All applicants and co-applicants are required to indicate the amount of charity care provided for the latest three audited fiscal years, the cost of such charity care and the ratio of that charity care cost to net patient revenue. *If an applicant is not an existing facility, the applicant is required to 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.*

Based on the foregoing requirements as applied to a newly-formed entity, please note the following:

The Applicant is a new business entity formed for the sole purpose of owning and operating the proposed ASTC. Consequently, the Applicant cannot provide historical data as it pertains to charity care. Nevertheless, the Applicant will be establishing a charity care program once the ASTC becomes operational and is financially viable. The Applicant also plans to enroll in the Medicaid program. The following charts show no historical caseload for the Applicant as it is a new entity, but also provides an estimate of payer mix during the first three years of operation after the ASTC becomes operational. The first two years anticipate a lower amount of Medicaid and charity care as the community will need to learn of these services during this period of time.

HISTORICAL CHARITY CARE			
	Year 2014	**Year 2015**	**Year 2016**
Net Patient Revenue	$0	$0	$0
Amount of Charity Care	$0	$0	$0
Cost of Charity Care	$0	$0	$0
MEDICAID			
	Year 2014	**Year 2015**	**Year 2016**
Medicaid (# of patients)	0	0	0
Medicaid (revenue)	$0	$0	$0
Total	**$0**	**$0**	**$0**

FORECASTED PAYER MIX			
	Year 2016	**Year 2017**	**Year 2018**
Private/Commercial Insurance	45.0%	46.5%	48.0%
Medicare	18.5%	19.0%	19.5%
Medicaid	0.5%	2.0%	4.0%
Self-Pay	15.8%	15.0%	12.5%
Third Party	1.5%	0.5%	0.5%
Worker's Compensation	18.2%	15.5%	13.5%
Charity Care	0.5%	1.5%	2.0%
TOTAL	**100.0%**	**100.0%**	**100.0%**

Although the Applicant is committed to participating in Medicaid, and fully intends to offer a charity care program, the numbers provided above are nothing more than estimates based on similarly-situated ASTCs.

Please find attached a draft charity care policy and application form.

ATTACHMENT 44
Charity Care Information

Financial Assistance Policy

In order to serve patients who may not have health insurance or other means to pay for necessary surgical services, Schaumburg Surgery Center (SCC) offers a comprehensive program of financial assistance for people in need of surgical services. Our ***Patient Assistance Program*** may be able to provide you with free or reduced-cost surgical services, if you meet the program's eligibility requirements.

Government Health Care Programs

SCC participates in several government-sponsored health care programs, including the Illinois Medical Assistance Program (i.e., Medicaid). Before you can be considered for our Patient Assistance Program, you must apply for Medicaid coverage, unless we independently determine that you are not likely to qualify for the program. If you would like more information regarding the Medicaid program, please contact the surgery center's Manager.

Patient Assistance Program Eligibility

If you need help covering the cost of surgical procedures to be performed at our surgery center, you must apply for financial assistance ***before*** any such procedures are performed. There is no cost or fee required to apply for coverage by our Patient Assistance Program.

Eligibility for the program is based on your total household income. If your total household income is at or below 200% of the federal poverty level (FPL), as set forth annually by the U.S. Department of Health and Human Services, surgical services will be provided without expectation of payment. If your total household income is over 200% FPL, but less than 300% FPL, surgical services will be provided at a discounted cost, which will be determined on a sliding scale based on your total household income. Sliding scale discounts range from 10% to 90% off the cost of care. To apply, complete the attached ***Financial Assistance Screening Application*** and mail it to Schaumburg Surgey Center, 929 West Higgins Road, Schaumurg, Illinois 60195, c/o Financial Assistance Program.

Coverage Not Guaranteed

SCC must balance each patient's need for financial assistance with our responsibility to maintain the financial viability of the surgery center. To allow us to continue serving patients in our community, SCC may not be able to cover the cost of your care even if you qualify for coverage by this program. Contact the surgery center's Manager if you have questions about this policy.

SCHAUMBURG
Surgery Center
Specializing in You

FINANCIAL ASSISTANCE SCREENING APPLICATION

Patient Name: _____ Account #: _____

Current Address: _____ Phone Number: _____

By submitting this application, you are informing us that you are unable to pay for surgical services that you hope to receive at Schaumburg Surgery Center (SCC). Before SCC will consider covering all or part of your costs, you must complete this form, answering every question, and provide certain information as identified below.

1. Are you employed at this time? YES ☐ NO ☐

If yes, what is your annual income? _____

Please provide a copy of your last two pay stubs along with this application.

2. Do you have any self-employment income? YES ☐ NO ☐

If yes, what is total amount of this income? _____

3. Do you have any retirement, social security, or disability income? YES ☐ NO ☐

If yes, what is total amount of this income? _____

4. Are you married? YES ☐ NO ☐

If yes, is your spouse covered under medical insurance that might pay for your health care costs? YES ☐ NO ☐

5. Do you have any credit cards (e.g., Visa, MasterCard, Discover, American Express) that you could use to pay your physician bill? YES ☐ NO ☐

6. Do you have a savings or checking account? YES ☐ NO ☐

7. Is someone providing room and board for you? YES ☐ NO ☐

If yes, what is their name and relationship to you?

Name: _____ Relationship: _____

8. Will this person confirm in writing the level of support they give to you? YES ☐ NO ☐

If yes, please provide a name, address, and phone number for this person:

_____

_____

9. If you have no support, how do you pay for your living expenses? Please provide a brief description below:

_____

_____

_____

10. What is your estimated annual income from all sources?

$_____

If you have additional sources of income, please provide further explanation on a separate page.

11. If appropriate, please fill out the attached "Medical Expenses & Outstanding Balances" form below, which identifies and describes the expenses that you have not been able to pay or that have outstanding balances.

12. Is there anything else that you want to explain that may be relevant our determination? If yes, please provide a brief explanation below:

If additional space is needed, please provide your explanation on a separate page.

{signatures on following page}

SCHAUMBURG
Surgery Center
Specializing in You

I attest that the above information and all documentation provided are complete and accurate as shown. I realize that at any time, should any of this information prove to be false, I will accept responsibility for full payment of the balance. I understand that a credit inquiry may be conducted in order to evaluate my eligibility.

Requested By:

_____
Patient's Printed Name

Patient Signature:

_____ _____
Patient Signature (or Guardian's Signature if Minor) Date

_____
Guardian's Printed Name (If Applicable)

Witness:

_____
Print Witness' Name

Witness Signature:

_____ _____
Witness' Signature Date

COVERAGE NOT GUARANTEED

SCC MUST BALANCE EACH PATIENT'S NEED FOR FINANCIAL ASSISTANCE WITH OUR RESPONSIBILITY TO MAINTAIN THE FINANCIAL VIABILITY OF THE SURGERY CENTER. TO ALLOW US TO CONTINUE SERVING PATIENTS IN OUR COMMUNITY, SCC MAY NOT BE ABLE TO COVER THE COST OF YOUR CARE EVEN IF YOU QUALIFY FOR COVERAGE BY THIS PROGRAM. CONTACT THE SURGERY CENTER'S MANAGER IF YOU HAVE QUESTIONS ABOUT THIS POLICY.

Initial: _____

SCHAUMBURG
Surgery Center
Specializing in You

MEDICAL EXPENSES & OUTSTANDING BALANCES

Patient Name: _____ Account #: _____

Current Address: _____ Phone Number: _____

Name of Medical Facility, Physician, Physician Group, or Other Type of Health Care Provider	Month/Year of First Bill	Dollar Amount Remaining Due to Medical Facility, Etc.

If additional space is needed, please provide on a separate page.

APPENDIX 1

Physician Referral Letters

(see attached)

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 21 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	0
Alexian Brothers Medical Center	Hospital	8
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	13
Hawthorn Surgery Center	ASTC	0
	TOTAL	**21**

Based on my historical referrals, I anticipate referring 21 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Paul Nourbash, M.D.

Subscribed and sworn to me this 4 day of January, 2016 RK.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 235 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	139
Alexian Brothers Medical Center	Hospital	11
Northwest Community Hospital	Hospital	45
St. Alexius Medical Center	Hospital	33
Hawthorn Surgery Center	ASTC	7
	TOTAL	**235**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 205 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Mark Yaffe, M.D.

Subscribed and sworn to me this 4 day of JANUARY, 2016.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 150 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	45
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	105
Hawthorn Surgery Center	ASTC	0
	TOTAL	**150**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my Schaumburg Surgery Center, LLC referrals, I anticipate referring 120 surgical cases each year to the ASTC proposed by once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Keith Schroeder, M.D.

Subscribed and sworn to me this 17 day of December, 2015.

Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 230 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	67
Alexian Brothers Medical Center	Hospital	23
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	140
Hawthorn Surgery Center	ASTC	0
	TOTAL	**230**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 200 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Sean Jereb, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 18, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 150 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	96
Alexian Brothers Medical Center	Hospital	27
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	27
Hawthorn Surgery Center	ASTC	0
	TOTAL	**150**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 120 surgical cases each year to the ASTC proposed by ***Schaumburg Surgery Center LLC, Schaumburg, Illinois*** once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Ciro Cirrincione, M.D.

Subscribed and sworn to me this 18 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 39 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	19
Alexian Brothers Medical Center	Hospital	3
Northwest Community Hospital	Hospital	5
St. Alexius Medical Center	Hospital	12
Hawthorn Surgery Center	ASTC	0
	TOTAL	**39**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 39 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Russell Benuck, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center, LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 282 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	38
Alexian Brothers Medical Center	Hospital	2
Northwest Community Hospital	Hospital	192
St. Alexius Medical Center	Hospital	50
Hawthorn Surgery Center	ASTC	0
	TOTAL	**282**

BARRINGTON
Orthopedic Specialists
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Based on my historical referrals, I anticipate referring 222 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Jason Rotstein, M.D.

Subscribed and sworn to me this 6 day of January, 2016 PK

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 344 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	118
Alexian Brothers Medical Center	Hospital	1
Northwest Community Hospital	Hospital	45
St. Alexius Medical Center	Hospital	180
Hawthorn Surgery Center	ASTC	0
	TOTAL	**344**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 284 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Matthew Bernstein, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

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ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 20, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center, LLC, Schaumburg, IL

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 18 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	0
Alexian Brothers Medical Center	Hospital	1
Northwest Community Hospital	Hospital	9
St. Alexius Medical Center	Hospital	8
Hawthorn Surgery Center	ASTC	0
	TOTAL	**18**

BARRINGTON
Orthopedic Specialists
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Based on my historical referrals, I anticipate referring 18 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Anubhav Jagadish, M.D.

Subscribed and sworn to me this 20 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 195 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	58
Alexian Brothers Medical Center	Hospital	10
Northwest Community Hospital	Hospital	51
St. Alexius Medical Center	Hospital	76
Hawthorn Surgery Center	ASTC	0
	TOTAL	**195**

BARRINGTON
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Based on my historical referrals, I anticipate referring 165 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Thomas Obermeyer, M.D.

Subscribed and sworn to me this 17 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am an orthopedic surgeon. Over the past twelve months I performed a total of 96 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	0
Alexian Brothers Medical Center	Hospital	18
Northwest Community Hospital	Hospital	26
St. Alexius Medical Center	Hospital	52
Hawthorn Surgery Center	ASTC	0
	TOTAL	**96**

BARRINGTON
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Specializing in You

Based on my historical referrals, I anticipate referring 96 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Richard Rabinowitz, M.D.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am a Podiatric surgeon. Over the past twelve months I performed a total of 232 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	56
Alexian Brothers Medical Center	Hospital	101
Northwest Community Hospital	Hospital	1
St. Alexius Medical Center	Hospital	74
Hawthorn Surgery Center	ASTC	0
	TOTAL	**232**

BARRINGTON
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Based on my historical referrals, I anticipate referring 202 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Narendra Patel, D.P.M.

Subscribed and sworn to me this 26 day of December, 2015.

Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am a Podiatric surgeon. Over the past twelve months I performed a total of 190 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	168
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	1
St. Alexius Medical Center	Hospital	21
Hawthorn Surgery Center	ASTC	0
	TOTAL	**190**

Based on my historical referrals, I anticipate referring 160 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within

the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Raymond O'Hara, D.P.M.

Subscribed and sworn to me this 17 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 26, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am a Podiatric surgeon. Over the past twelve months I performed a total of 35 outpatient surgery cases. Surgery cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	13
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	20
St. Alexius Medical Center	Hospital	7
Hawthorn Surgery Center	ASTC	0
	TOTAL	**35**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 35 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Lynette Mahoney, D.P.M.

Subscribed and sworn to me this 26 day of December, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

January 11, 2016

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center ASTC in Schaumburg, Illinois

Dear Ms. Avery:

I am a Physiatrist. Over the past twelve months I performed a total of 1858 outpatient surgical and office based cases. Cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	38
Barrington Orthopedic Specialists, Ltd. Bartlett	Hospital	712
Barrington Orthopedic Specialists, Ltd. Schaumburg	Hospital	1108
	TOTAL	**1858**

Based on my historical referrals, I anticipate referring 650 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within

the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Brooke Belcher, M.D.

Subscribed and sworn to me this 11 day of January, 2016. RK.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

BARRINGTON
Orthopedic Specialists
Specializing in You

December 17, 2015

Ms. Courtney Avery, Administrator

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Schaumburg Surgery Center LLC, Schaumburg, Illinois

Dear Ms. Avery:

I am a Physiatrist. Over the past twelve months I performed a total of 118 outpatient cases. Cases in this category of service will constitute the majority of my surgical work in the future. During the past twelve months, I referred my surgical cases to the following hospitals and ambulatory surgical treatment centers ("ASTCs").

Name of Healthcare Facility	**Type of Healthcare Facility**	**Hospital/Licensed ASTC (Number of Cases) Most Recent 12 Month Period**
Hoffman Estates Surgery Center	ASTC	52
Alexian Brothers Medical Center	Hospital	0
Northwest Community Hospital	Hospital	0
St. Alexius Medical Center	Hospital	66
Hawthorn Surgery Center	ASTC	7
	TOTAL	**118**

BARRINGTON
Orthopedic Specialists
Specializing in You

Based on my historical referrals, I anticipate referring 118 surgical cases each year to the ASTC proposed by Schaumburg Surgery Center, LLC once it becomes operational. I certify that these patients will reside within the CON Permit Applicant's proposed geographic service area. I further certify that aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

David Tashima, M.D.

Subscribed and sworn to me this 17 day of Dember, 2015.

Roxane Keany
Notary Public

Seal:

OFFICIAL SEAL
ROXANE KEANY
Notary Public - State of Illinois
My Commission Expires Dec 18, 2018

APPENDIX 2

List of Health Care Facilities Within Forty-Five (45) Minutes Travel Time of Proposed ASTC

A. AMBULATORY SURGICAL TREATMENT CENTERS

#	Name	Address	City	Zip	Min	Miles
1	Hoffman Estates Surgery Center, LLC	1555 Barrington Rd.	Hoffman Estates	60169	4	2.93
2	1800 McDonough Road Surgery Center, LLC, d/b/a Ashton Center	1800 McDonough Rd.	Hoffman Estates	60192	11	7.22
3	Illinois Hand & Upper Extremity Center	515 W. Algonquin Rd.	Arlington Heights	60005	11	6.13
4	Northwest Surgicare, Ltd., d/b/a Northwest Surgicare	1100 W. Central Rd.	Arlington Heights	60005	12	6.81
5	Northwest Community Day Surgery Center	675 W. Kirchhoff Rd.	Arlington Heights	60005	13	7.40
6	Aiden Center for Day Surgery, LLC	1580 W. Lake Street	Addison	60101	15	10.55
7	Barrington Pain and Spine Institute, LLC	600 Hart Rd.	Barrington	60010	17	10.30
8	Advantage Health Care, Ltd.	203 E. Irving Park Rd.	Wood Dale	60191	18	11.43
9	Apollo Surgical Center, LLC	2750 S. River Rd.	Des Plaines	60018	20	16.98
10	Elgin Gastroenterology Endoscopy Center, LLC	745 Fletcher Dr.	Elgin	60123	20	14.05
11	Foot & Ankle Surgery Facility, Ltd., d/b/a Regenerative Surgery Center	1455 E. Golf Rd.	Des Plaines	60016	22	11.27

#	Name	Address	City	Zip	Min	Miles
12	Loyola Ambulatory Surgery Center at Oakbrook, LP	929 W. Higgins Rd.	Schaumburg	60195	23	18.24
13	River North Surgical Suites Inc., d/b/a Elmhurst Foot & Ankle Surg	340 W. Butterfield Rd.	Elmhurst	60126	24	18.84
14	Loyola Ambulatory Surgery Center	1S224 Summit Ave.	Oakbrook Terrace	60181	25	18.63
15	Children's Outpatient Services at Westchester	2301 Enterprise Dr.	Westchester	60154	25	20.82
16	DMG Surgical Center, LLC	2725 Technology Dr.	Lombard	60148	25	20.33
17	Algonquin Road Surgery Center	2550 W. Algonquin Rd.	Lake in the Hills	60102	26	17.84
18	Elmhurst Outpatient Surgery Center	1200 S. York Rd.	Elmhurst	60126	26	19.68
19	LGH-A/Golf ASTC, LLC, d/b/a Golf Surgical Center, LLC	8901 Golf Rd.	Des Plaines	60016	26	13.45
20	Midwest Day Surgery, LLC, d/b/a Midwest Center for Day Surgery	3811 Highland Ave.	Downers Grove	60515	26	20.55
21	Oak Brook Surgical Centre, Inc., The	2425 W. 22nd Street	Oak Brook	60523	26	19.60
22	Ambulatory Surgicenter of Downers Grove, Ltd.	4333 Main Street	Downers Grove	60515	27	21.35
23	Chicago Prostate Cancer Surgery Center	815 Pasquinelli Dr.	Westmont	60559	27	20.84
24	Eye Surgery Center of Hinsdale, LLC	950 N. York Rd.	Hinsdale	60521	27	22.78

APPENDIX 2
List of Facilities

#	Name	Address	City	Zip	Min	Miles
25	Hinsdale Surgical Center, LLC	908 N. Elm Street	Hinsdale	60521	27	22.44
26	Illinois Sports Medicine & Orthopedic Surgery Center, LLC	9000 Waukegan Rd.	Morton Grove	60053	28	21.95
27	Loyola University Medical Center, d/b/a Loyola University ASC	2160 S. 1st. Ave.	Maywood	60153	28	23.32
28	Glen Endoscopy Center, LLC, The	2551 Compass Rd.	Glenview	60026	29	19.48
29	Ravine Way Surgery Center, LLC, d/b/a Ravine Way Surgery Center	2350 Ravine Way	Glenview	60025	30	19.95
30	Center for Surgery, The	475 E. Diehl Rd.	Naperville	60563	30	26.16
31	Westmont Surg Ctr, LLC, d/b/a Salt Creek Surgery Center	530 N. Cass Ave.	Westmont	60559	30	22.59
32	United Therapy	120 N La Grange Rd.	LaGrange	60525	31	23.87
33	NovaMed Surgery Center of River Forest, LLC	7427 Lake Street	River Forest	60305	32	25.27
34	Valley Ambulatory Surgery Center	2210 Dean Street	St. Charles	60175	32	23.49
35	Elmwood Park Same Day Surgery, LLC	1614 N. Harlem Ave.	Elmwood Park	60707	33	22.09
36	Hawthorn Place Outpatient Surgery Center	240 Center Dr.	Vernon Hills	60061	33	22.84
37	North Shore Same Day Surgery, LLC, d/b/a North Shore Surgical	3725 W. Touhy Ave.	Lincolnwood	60712	33	25.69

APPENDIX 2
List of Facilities

#	Name	Address	City	Zip	Min	Miles
38	Ritacca Laser Center, Ltd.	230 Center Dr.	Vernon Hills	60061	33	22.86
39	Cadence DuPage Orthopedics ASC	27650 Ferry Rd.	Warrenville	60555	34	19.97
40	Naperville Fertility Center, Inc.	3 N. Washington Street	Naperville	60540	35	27.29
41	Fox Valley Orthopaedic Institute	2525 Kaneville Rd.	Geneva	60134	38	26.72
42	Tri-Cities Surgery Center, LLC	345 Delnor Dr.	Geneva	60134	38	25.93
43	Midwest Endoscopy Center, LLC	1243 Rickert Dr.	Naperville	60540	39	31.18
44	Naperville Surgical Centre	1263 Rickert Dr.	Naperville	60540	39	31.27
45	Lake Forest Endoscopy	1475 E. Belvidere Rd.	Grayslake	60034	40	24.90
46	Northwestern Lake Forest Hospital, d/b/a Northwestern Grayslake	1745 Belvidere Rd.	Grayslake	60030	40	25.14
47	Lake Bluff IL Endoscopy ASC, LLC, The, d/b/a Northshore Endoscopy	101 Waukegan Rd.	Lake Bluff	60044	41	30.89
48	Dreyer Ambulatory Surgery Center	1221 N. Highland Ave.	Aurora	60506	45	30.56
49	DMG Pain Management Surgery Center, LLC	2940 Rollingridge Rd.	Naperville	60564	48	29.81
50	Dupage Eye Surgery Center, LLC	2015 N. Main Street	Wheaton	60187	48	29.81

APPENDIX 2
List of Facilities

B. HOSPITALS

#	Name	Address	City	Zip	Min	Miles
1	St. Alexius Medical Center	1555 Barrington Rd.	Hoffman Estates	60169	4	2.93
2	Alexian Brothers Medical Center	800 Biesterfield Rd.	Elk Grove Village	60007	11	7.27
3	Northwest Community Hospital	800 W. Central Rd.	Arlington Heights	60005	12	6.93
4	Adventist Glen Oaks-Hospital	701 Winthrop Ave.	Glendale Heights	60139	19	14.05
5	Advocate Sherman Hospital	1425 N. Randall Rd.	Elgin	60123	19	14.03
	Advocate Good Shepherd Hospital	450 IL Highway 22	Barrington	60010	19	11.55
6	Advocate Lutheran General Hospital	1775 Dempster Street	Park Ridge	60068	22	19.02
7	Presence Holy Family Medical Center	100 N. River Rd.	Des Plaines	60016	22	11.29
8	Presence Saint Joseph Hospital	77 N. Airlite Street	Elgin	60123	23	12.85
9	Advocate Good Samaritan Hospital	3815 Highland Ave.	Downers Grove	60515	25	20.54
10	Northwestern Medicine Central DuPage Hospital	25 N. Winfield Rd.	Winfield	60190	25	14.93
11	Elmhurst Memorial Hospital	155 E. Brush Hill Rd.	Elmhurst	60126	26	19.62
12	NorthShore University HealthSystem Glenbrook Hospital	2100 Pfingsten Rd.	Glenview	60026	27	18.39

#	Name	Address	City	Zip	Min	Miles
13	Gottlieb Memorial Hospital	701 W. North Ave.	Melrose Park	60160	28	20.05
14	Westlake Hospital	1225 Lake St.	Melrose Park	60160	28	19.93
15	Loyola Medical Center	2160 1st Ave.	Maywood	60153	28	23.57
16	Adventist Hinsdale Hospital	120 N. Oak Street	Hinsdale	60521	29	23.08
17	Rush Oak Park Hospital	520 S. Maple Ave.	Oak Park	60304	30	24.29
18	Adventist La Grange Memorial Hospital	5101 Willow Springs Rd.	La Grange	60525	32	25.31
19	West Suburban Medical Center	3 Erie Ct.	Oak Park	60302	34	26.92
20	Edward Hospital	801 S. Washington Street	Naperville	60540	35	28.34
21	Linden Oaks at Edward	801 S. Washington Street	Naperville	60540	35	28.34
22	Skokie Hospital	9600 Gross Point Rd.	Skokie	60076	36	18.92
23	Northwestern Medicine Delnor Hospital	300 Randall Rd.	Geneva	60134	36	25.52
24	Centegra Hospital McHenry	4201 W. Medical Center Dr.	McHenry	60050	37	25.75
25	MacNeal Hospital	3249 Oak Park Ave.	Berwyn	60402	37	27.28
26	NorthShore University HealthSystem Highland Park Hospital	777 Park Ave. W.	Highland Park	60035	38	25.53
27	Northwestern Medicine Lake Forest Hospital	660 N. Westmoreland Rd.	Lake Forest	60045	39	29.54

APPENDIX 2
List of Facilities

#	Name	Address	City	Zip	Min	Miles
28	Presence Saint Francis Hospital	355 Ridge Ave.	Evanston	60202	39	28.40
29	Advocate Condell Medical Center	301 S. Milwaukee Ave.	Libertyville	60048	40	23.28
30	NorthShore University HealthSystem Evanston Hospital	2650 Ridge Ave.	Evanston	60201	43	22.23
31	Presence Mercy Medical Center	1325 N. Highland Ave.	Aurora	60506	45	30.38

APPENDIX 2
List of Facilities

APPENDIX 3

MapQuest Time & Distance

(see attached)

mapquest

Trip to:
1800 Mcdonough Rd
Hoffman Estates, IL 60192-4520
7.22 miles / 11 minutes

Notes
1800 McDonough Road Surgery Center, LLC
d/b/a Aston Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↱	59	4. Turn **right** onto **Sutton Rd / IL-59**. Map	**1.1 Mi** *6.1 Mi Total*
↰		5. Turn **left** onto **Shoe Factory Rd**. Map	**1.0 Mi** *7.1 Mi Total*
↰		6. Turn **left** onto **McDonough Rd**. Map	**0.1 Mi** *7.2 Mi Total*
■		7. **1800 MCDONOUGH RD** is on the **right**. Map	
	B	**1800 Mcdonough Rd**, Hoffman Estates, IL 60192-4520	

Total Travel Estimate: **7.22 miles - about 11 minutes**

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Trip to:
203 E Irving Park Rd
Wood Dale, IL 60191-2045
11.43 miles / 18 minutes

Notes
Advantage Health Care, Ltd.

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**3.1 Mi** *6.9 Mi Total*
	5 EXIT	5. Take the **Thorndale Ave** exit, **EXIT 5**, toward **Elgin O'Hare Expy**. Map	**0.3 Mi** *7.2 Mi Total*
↖		6. Keep **left** at the fork in the ramp. Map	**0.1 Mi** *7.3 Mi Total*
←		7. Turn **left** onto **Thorndale Ave**. Map	**2.4 Mi** *9.8 Mi Total*
→		8. Turn **right** onto **N Wood Dale Rd**. Map	**1.4 Mi** *11.2 Mi Total*
←	19	9. Turn **left** onto **E Irving Park Rd / IL-19**. Map	**0.2 Mi** *11.4 Mi Total*
■		10. **203 E IRVING PARK RD** is on the **left**. Map	
	B	**203 E Irving Park Rd**, Wood Dale, IL 60191-2045	

Total Travel Estimate: **11.43 miles - about 18 minutes**

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Trip to:
1580 W Lake St
Addison, IL 60101-1171
10.55 miles / 15 minutes

Notes
Aiden Center for Day Surgery, LLC

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet**. Map	**0.8 Mi** *9.1 Mi Total*
EXIT	6. Take the **US-20 / Lake St** exit. Map	**0.8 Mi** *9.8 Mi Total*
RAMP	7. Keep **left** to take the ramp toward **Addison**. Map	**0.02 Mi** *9.9 Mi Total*
EAST 20	8. Turn **left** onto **US-20 E / Lake St**. Map	**0.6 Mi** *10.5 Mi Total*
WEST 20	9. Make a **U-turn** at **Marcus Dr** onto **W Lake St / US-20 W**. Map	**0.06 Mi** *10.6 Mi Total*
■	10. **1580 W LAKE ST** is on the **right**. Map	
B	**1580 W Lake St**, Addison, IL 60101-1171	

Total Travel Estimate: **10.55 miles - about 15 minutes**

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Trip to:
4333 Main St
Downers Grove, IL 60515-2845
21.35 miles / 27 minutes

Notes
Ambulatory Surgicenter of Downers Grove, Ltd.

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT	SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**9.4 Mi** *17.7 Mi Total*
20-22 EXIT		6. Take the **IL-56 / Butterfield Rd** exit, **EXIT 20-22**. Map	**0.7 Mi** *18.4 Mi Total*
RAMP		7. Keep **left** to take the ramp toward **Oak Brook**. Map	**0.03 Mi** *18.4 Mi Total*
↰	56	8. Turn **left** onto **IL-56 / Butterfield Rd**. Map	**0.7 Mi** *19.1 Mi Total*
↗		9. Turn **slight right** onto **ramp**. Map	**0.2 Mi** *19.3 Mi Total*
↑		10. Keep **right** at the fork in the ramp. Map	**0.1 Mi** *19.4 Mi Total*
↱		11. Turn **right** onto **County Hwy-9 / Highland Ave**. Continue to follow **County Hwy-9**. Map	**1.8 Mi** *21.3 Mi Total*
↑		12. **County Hwy-9** becomes **Main St**. Map	**0.06 Mi** *21.3 Mi Total*
↶		13. Make a **U-turn** at **Sherman St** onto **Main St**. Map	**0.04 Mi** *21.4 Mi Total*

■ 14. **4333 MAIN ST** is on the **right**. Map

4333 Main St, Downers Grove, IL 60515-2845

Total Travel Estimate: **21.35 miles - about 27 minutes**

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Trip to:
2750 S River Rd
Des Plaines, IL 60018-4101
16.98 miles / 20 minutes

Notes
Apollo Surgical Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↗	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**12.3 Mi** *14.5 Mi Total*
↗	NORTH 294	5. Merge onto **I-294 N / Tri State Tollway N** toward **Milwaukee** (Portions toll). Map	**1.7 Mi** *16.2 Mi Total*
EXIT ↗		6. Take the **West Touhy Ave** exit. Map	**0.3 Mi** *16.4 Mi Total*
↗		7. Merge onto **E Touhy Ave**. Map	**0.1 Mi** *16.5 Mi Total*
↰		8. Turn **left** onto **S River Rd**. Map	**0.4 Mi** *17.0 Mi Total*
■		9. **2750 S RIVER RD** is on the **right**. Map	
	B	**2750 S River Rd**, Des Plaines, IL 60018-4101	

Total Travel Estimate: **16.98 miles - about 20 minutes**

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Trip to:
600 Hart Rd
Barrington, IL 60010-2603
10.30 miles / 17 minutes

Notes
Barrington Pain and Spine Institute, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.05 Mi** *0.05 Mi Total*
↶	72	2. Make a **U-turn** at **Churchill Rd** onto **W Higgins Rd / IL-72**. Map	**2.4 Mi** *2.4 Mi Total*
↱		3. Turn **right** onto **Barrington Rd**. Map	**5.3 Mi** *7.7 Mi Total*
↑		4. **Barrington Rd** becomes **S Hough St**. Map	**1.3 Mi** *9.0 Mi Total*
↰		5. Turn **left** onto **W Main St**. Map	**0.7 Mi** *9.7 Mi Total*
↱		6. Turn **right** onto **Hart Rd**. Map	**0.6 Mi** *10.3 Mi Total*
■		7. **600 HART RD** is on the **left**. Map	
	B	**600 Hart Rd**, Barrington, IL 60010-2603	

Total Travel Estimate: **10.30 miles - about 17 minutes**

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Trip to:
27650 Ferry Rd
Warrenville, IL 60555
19.97 miles / 34 minutes

Notes
Cadence Ambulatory Surgery Center

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱	2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱ 58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Map	**2.3 Mi** *2.6 Mi Total*
↰	4. Turn **left** onto **Barrington Rd**. Map	**4.0 Mi** *6.6 Mi Total*
↑	5. **Barrington Rd** becomes **County Farm Rd**. Map	**7.0 Mi** *13.6 Mi Total*
↱	6. Turn **right** onto **Geneva Rd / County Hwy-21**. Map	**0.3 Mi** *13.9 Mi Total*
↰	7. Turn **left** onto **Winfield Rd**. Map	**5.1 Mi** *19.1 Mi Total*
↰	8. Turn **left** onto **Warrenville Rd**. Map	**0.6 Mi** *19.7 Mi Total*
↱	9. Turn **right** onto **Ferry Rd / County Hwy-3**. Map	**0.3 Mi** *20.0 Mi Total*
■	10. **27650 FERRY RD** is on the **right**. Map	
B	**27650 Ferry Rd**, Warrenville, IL 60555	

Total Travel Estimate: **19.97 miles - about 34 minutes**

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Trip to:
815 Pasquinelli Dr
Westmont, IL 60559-1276
20.84 miles / 27 minutes

Notes
Chicago Prostate Cancer Surgery Center

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗ EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**4.4 Mi** *12.7 Mi Total*
10A EXIT SOUTH 83	6. Merge onto **IL-83 S** via **EXIT 10A**. Map	**7.6 Mi** *20.3 Mi Total*
↗	7. Turn **slight right** onto **Oakmont Ln**. Map	**0.2 Mi** *20.5 Mi Total*
↰	8. Turn **left** onto **Pasquinelli Dr**. Map	**0.3 Mi** *20.8 Mi Total*
■	9. **815 PASQUINELLI DR** is on the **left**. Map	
B	**815 Pasquinelli Dr**, Westmont, IL 60559-1276	

Total Travel Estimate: **20.84 miles - about 27 minutes**

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Trip to:
2301 Enterprise Dr
Westchester, IL 60154-5801
20.82 miles / 25 minutes

Notes
Children's Outpatient Services at Westchester

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**9.2 Mi** *17.5 Mi Total*
15A EXIT	SOUTH 294	6. Merge onto **I-294 S / Tri State Tollway S** via **EXIT 15A** toward **Indiana** (Portions toll). Map	**2.3 Mi** *19.8 Mi Total*
EXIT		7. Take the **22nd St / Cermak Rd** exit. Map	**0.2 Mi** *20.1 Mi Total*
RAMP		8. Keep **right** to take the ramp toward **Westchester**. Map	**0.06 Mi** *20.1 Mi Total*
↑		9. Merge onto **W 22nd St**. Map	**0.04 Mi** *20.2 Mi Total*
↑		10. **W 22nd St** becomes **Cermak Rd**. Map	**0.5 Mi** *20.7 Mi Total*
↱		11. Turn **right** onto **Enterprise Dr**. Map	**0.2 Mi** *20.8 Mi Total*
■		12. **2301 ENTERPRISE DR** is on the **left**. Map	
	B	**2301 Enterprise Dr**, Westchester, IL 60154-5801	

Total Travel Estimate: **20.82 miles - about 25 minutes**

mapquest

Trip to:
2940 Rollingridge Rd
Naperville, IL 60564-4216
29.81 miles / 48 minutes

Notes
DMG Pain Management Surgery Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**24.7 Mi** *29.8 Mi Total*
↱		5. Turn **right** onto **Rollingridge Rd**. Map	**0.06 Mi** *29.8 Mi Total*
■		6. **2940 ROLLINGRIDGE RD** is on the **left**. Map	
	B	**2940 Rollingridge Rd**, Naperville, IL 60564-4216	

Total Travel Estimate: **29.81 miles - about 48 minutes**

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Trip to:
2725 Technology Dr
Lombard, IL 60148-5675
20.33 miles / 25 minutes

Notes
DMG Surgical Center, LLC

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**9.4 Mi** *17.7 Mi Total*
20-22 EXIT	6. Take the **IL-56 / Butterfield Rd** exit, **EXIT 20-22**. Map	**0.7 Mi** *18.4 Mi Total*
RAMP	7. Keep **left** to take the ramp toward **Oak Brook**. Map	**0.03 Mi** *18.4 Mi Total*
← 56	8. Turn **left** onto **IL-56 / Butterfield Rd**. Map	**1.7 Mi** *20.1 Mi Total*
→	9. Turn **right** onto **Technology Dr**. Map	**0.2 Mi** *20.3 Mi Total*
■	10. **2725 TECHNOLOGY DR** is on the **left**. Map	
B	**2725 Technology Dr**, Lombard, IL 60148-5675	

Total Travel Estimate: **20.33 miles - about 25 minutes**

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Trip to:
1221 N Highland Ave
Aurora, IL 60506-1404
30.56 miles / 45 minutes

Notes
Dreyer Ambulatory Surgery Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**17.3 Mi** *22.4 Mi Total*
↗	WEST 88	5. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** (Portions toll). Map	**6.5 Mi** *28.9 Mi Total*
EXIT ↗		6. Take the **IL-31** exit toward **Aurora / Batavia**. Map	**0.5 Mi** *29.4 Mi Total*
↖		7. Keep **left** at the fork in the ramp. Map	**0.03 Mi** *29.4 Mi Total*
↗	31	8. Merge onto **IL-31 / S Lincolnway** toward **Aurora / ILLINOIS MATHEMATICS AND SCIENCE ACADEMY**. Map	**0.3 Mi** *29.8 Mi Total*
↱		9. Take the 2nd **right** onto **Sullivan Rd**. Map	**0.4 Mi** *30.2 Mi Total*
↰		10. Turn **left** onto **N Highland Ave**. Map	**0.4 Mi** *30.6 Mi Total*
■		11. **1221 N HIGHLAND AVE** is on the **left**. Map	
	B	**1221 N Highland Ave**, Aurora, IL 60506-1404	

Total Travel Estimate: **30.56 miles - about 45 minutes**

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Trip to:
2015 N Main St
Wheaton, IL 60187-3152
29.81 miles / 48 minutes

Notes
Dupage Eye Surgery Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**24.7 Mi** *29.8 Mi Total*
↱		5. Turn **right** onto **Rollingridge Rd**. Map	**0.06 Mi** *29.8 Mi Total*
■		6. **2940 ROLLINGRIDGE RD** is on the **left**. Map	
	B	**2015 N Main St**, Wheaton, IL 60187-3152	

Total Travel Estimate: **29.81 miles - about 48 minutes**

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Trip to:
745 Fletcher Dr
Elgin, IL 60123-4738
14.05 miles / 20 minutes

Notes
Elgin Gastroenterology Endoscopy Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.05 Mi** *0.05 Mi Total*
	72	2. Make a **U-turn** at **Churchill Rd** onto **W Higgins Rd / IL-72**. Map	**4.9 Mi** *4.9 Mi Total*
	59	3. Turn **left** onto **New Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**0.4 Mi** *5.4 Mi Total*
	WEST 90	4. Merge onto **I-90 W / Jane Addams Memorial Tollway W** toward **Rockford** (Portions toll). Map	**5.2 Mi** *10.6 Mi Total*
	SOUTH 31	5. Merge onto **IL-31 S / N State St**. Map	**0.9 Mi** *11.5 Mi Total*
		6. Turn **right** onto **Big Timber Rd**. Map	**1.1 Mi** *12.6 Mi Total*
		7. Turn **left** onto **N McLean Blvd**. Map	**0.4 Mi** *13.0 Mi Total*
		8. Take the 3rd **right** onto **Royal Blvd**. Map	**1.0 Mi** *14.0 Mi Total*
		9. Turn **right** onto **Fletcher Dr**. Map	**0.09 Mi** *14.1 Mi Total*
■		10. **745 FLETCHER DR** is on the **right**. Map	
	B	**745 Fletcher Dr**, Elgin, IL 60123-4738	

Total Travel Estimate: **14.05 miles - about 20 minutes**

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Trip to:
1200 S York Rd
Elmhurst, IL 60126
19.68 miles / 26 minutes

Notes
Elmhurst Outpatient Surgery Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**8.5 Mi** *16.7 Mi Total*
	14A EXIT	6. Take the **St Charles Rd W** exit, **EXIT 14A**. Map	**0.3 Mi** *17.0 Mi Total*
↑		7. Merge onto **E Saint Charles Rd**. Map	**0.8 Mi** *17.9 Mi Total*
↰		8. Turn **left** onto **S York St**. Map	**1.5 Mi** *19.4 Mi Total*
↑		9. **S York St** becomes **York Rd**. Map	**0.3 Mi** *19.7 Mi Total*
■		10. **1200 S YORK RD** is on the **right**. Map	
	B	**1200 S York Rd**, Elmhurst, IL 60126	

Total Travel Estimate: **19.68 miles - about 26 minutes**

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Trip to:
1614 N Harlem Ave
Elmwood Park, IL 60707-4302
22.09 miles / 33 minutes

Notes
Elmwood Park Same Day Surgery, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**7.1 Mi** *15.4 Mi Total*
	13A EXIT	6. Merge onto **E North Ave** via **EXIT 13A** toward **US-20 E / Lake St / I-294 N / Milwaukee**. Map	**6.5 Mi** *21.8 Mi Total*
↰		7. Turn **left** onto **N 72nd Ct**. Map	**0.1 Mi** *21.9 Mi Total*
↱		8. Turn **right** onto **W Wabansia Ave**. Map	**0.07 Mi** *22.0 Mi Total*
↱	43	9. Take the 1st **right** onto **N Harlem Ave / IL-43**. Map	**0.08 Mi** *22.1 Mi Total*
■		10. **1614 N HARLEM AVE**. Map	
	B	**1614 N Harlem Ave**, Elmwood Park, IL 60707-4302	

Total Travel Estimate: **22.09 miles - about 33 minutes**

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Trip to:
950 N York Rd
Hinsdale, IL 60521-2906
22.78 miles / 27 minutes

Notes
Eye Surgery Center of Hinsdale, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**9.2 Mi** *17.5 Mi Total*
15A EXIT	SOUTH 294	6. Merge onto **I-294 S / Tri State Tollway S** via **EXIT 15A** toward **Indiana** (Portions toll). Map	**4.1 Mi** *21.6 Mi Total*
↑	WEST 34	7. Merge onto **E Ogden Ave / US-34 W**. Map	**0.8 Mi** *22.4 Mi Total*
↱		8. Turn **right** onto **N York Rd**. Map	**0.1 Mi** *22.6 Mi Total*
↰		9. Turn **left**. Map	**0.2 Mi** *22.7 Mi Total*
↱		10. Turn **right** onto **N York Rd**. Map	**0.03 Mi** *22.8 Mi Total*
■		11. **950 N YORK RD** is on the **right**. Map	
	B	**950 N York Rd**, Hinsdale, IL 60521-2906	

Total Travel Estimate: **22.78 miles - about 27 minutes**

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Trip to:
1455 E Golf Rd
Des Plaines, IL 60016-1206
11.27 miles / 22 minutes

Notes
Foot & Ankle Surgery Facility, Ltd.
d/b/a Regenerative Surgery Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖		2. Turn **slight left** onto **W Golf Rd / IL-58**. Continue to follow **W Golf Rd**. Map	**9.8 Mi** *10.1 Mi Total*
↱	58	3. Enter next roundabout and take the 2nd exit onto **E Golf Rd / IL-58**. Map	**1.2 Mi** *11.3 Mi Total*
■		4. **1455 E GOLF RD** is on the **right**. Map	
	B	**1455 E Golf Rd**, Des Plaines, IL 60016-1206	

Total Travel Estimate: **11.27 miles - about 22 minutes**

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Trip to:
2525 Kaneville Rd
Geneva, IL 60134-2578
26.72 miles / 38 minutes

Notes
Fox Valley Orthopaedic Institute

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**2.6 Mi** *7.7 Mi Total*
↗	WEST 20	5. Merge onto **US-20 W** toward **Elgin**. Map	**7.4 Mi** *15.1 Mi Total*
EXIT ↗		6. Take the **Randall Rd** exit. Map	**0.2 Mi** *15.3 Mi Total*
↱		7. Keep **right** at the fork in the ramp. Map	**0.05 Mi** *15.3 Mi Total*
↗		8. Merge onto **Randall Rd**. Map	**11.1 Mi** *26.4 Mi Total*
↱		9. Turn **right** onto **Fargo Blvd**. Map	**0.2 Mi** *26.6 Mi Total*
↱		10. Take the 2nd **right** onto **Kaneville Rd**. Map	**0.2 Mi** *26.7 Mi Total*
■		11. **2525 KANEVILLE RD** is on the **right**. Map	
	B	**2525 Kaneville Rd**, Geneva, IL 60134-2578	

Total Travel Estimate: **26.72 miles - about 38 minutes**

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Trip to:
240 Center Dr
Vernon Hills, IL 60061-1518
22.84 miles / 33 minutes

Notes
Hawthorn Place Outpatient Surgery Center LP

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↗	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi** *4.1 Mi Total*
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi** *5.2 Mi Total*
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**7.2 Mi** *12.5 Mi Total*
EXIT ↗		7. Take the **East Lake Cook Rd** exit. Map	**0.3 Mi** *12.8 Mi Total*
↗		8. Merge onto **Lake Cook Rd**. Map	**1.5 Mi** *14.2 Mi Total*
↰		9. Turn **left** onto **N Arlington Heights Rd**. Map	**1.4 Mi** *15.7 Mi Total*
↰	83	10. Turn **left** onto **McHenry Rd / IL-83**. Continue to follow **IL-83**. Map	**4.5 Mi** *20.2 Mi Total*
↑	NORTH 45	11. Stay **straight** to go onto **US-45 N / S Lake St**. Map	**0.2 Mi** *20.3 Mi Total*
↱	60	12. Take the 1st **right** onto **Townline Rd / IL-60**. Map	**2.1 Mi** *22.4 Mi Total*
↰		13. Turn **left** onto **N Fairway Dr**. Map	**0.08 Mi** *22.5 Mi Total*

↑	14. **N Fairway Dr** becomes **Mall Dr**. Map	**0.2 Mi** *22.7 Mi Total*
↰	15. Turn **left** onto **Center Dr**. Map	**0.2 Mi** *22.8 Mi Total*
■	16. **240 CENTER DR** is on the **right**. Map	
B	**240 Center Dr**, Vernon Hills, IL 60061-1518	

Total Travel Estimate: **22.84 miles - about 33 minutes**

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Trip to:
908 N Elm St
Hinsdale, IL 60521-2600
22.44 miles / 27 minutes

Notes
Hinsdale Surgical Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**9.2 Mi** *17.5 Mi Total*
15A EXIT	SOUTH 294	6. Merge onto **I-294 S / Tri State Tollway S** via **EXIT 15A** toward **Indiana** (Portions toll). Map	**4.1 Mi** *21.6 Mi Total*
↑	WEST 34	7. Merge onto **E Ogden Ave / US-34 W**. Map	**0.7 Mi** *22.3 Mi Total*
↱		8. Turn **right** onto **N Elm St**. Map	**0.10 Mi** *22.4 Mi Total*
■		9. **908 N ELM ST** is on the **left**. Map	
	B	**908 N Elm St**, Hinsdale, IL 60521-2600	

Total Travel Estimate: **22.44 miles - about 27 minutes**

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Trip to:
1555 Barrington Rd
Hoffman Estates, IL 60169-1018
2.93 miles / 4 minutes

Notes
Hoffman Estates Surgery Center, LLC

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱	2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱ 58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Map	**2.3 Mi** *2.5 Mi Total*
↱	4. Turn **right** onto **Barrington Rd**. Map	**0.4 Mi** *2.9 Mi Total*
■	5. **1555 BARRINGTON RD** is on the **right**. Map	
B	**1555 Barrington Rd**, Hoffman Estates, IL 60169-1018	

Total Travel Estimate: **2.93 miles - about 4 minutes**

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Trip to:
515 W Algonquin Rd
Arlington Heights, IL 60005-4411
6.13 miles / 11 minutes

Notes
Illinois Hand & Upper Extremity Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖		2. Turn **slight left** onto **W Golf Rd / IL-58**. Continue to follow **W Golf Rd**. Map	**5.3 Mi** *5.6 Mi Total*
↗	62	3. Turn **slight right** onto **W Algonquin Rd / IL-62**. Map	**0.5 Mi** *6.1 Mi Total*
■		4. **515 W ALGONQUIN RD** is on the **right**. Map	
	B	**515 W Algonquin Rd**, Arlington Heights, IL 60005-4411	

Total Travel Estimate: **6.13 miles - about 11 minutes**

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Trip to:
9000 Waukegan Rd
Morton Grove, IL 60053-2111
21.95 miles / 28 minutes

Notes
Illinois Sports Medicine & Orthopedic Surgery Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↗	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**12.3 Mi** *14.5 Mi Total*
↗	NORTH 294	5. Merge onto **I-294 N / Tri State Tollway N** toward **Milwaukee** (Portions toll). Map	**3.5 Mi** *18.0 Mi Total*
EXIT ↗		6. Take the **Dempster St / US-14 E** exit. Map	**0.3 Mi** *18.3 Mi Total*
↗		7. Merge onto **E Dempster St**. Map	**3.4 Mi** *21.7 Mi Total*
↰	43	8. Turn **left** onto **Waukegan Rd / US-14 W / IL-43 / IL-58**. Continue to follow **Waukegan Rd / IL-43 / IL-58**. Map	**0.3 Mi** *22.0 Mi Total*
■		9. **9000 WAUKEGAN RD** is on the **left**. Map	
	B	**9000 Waukegan Rd**, Morton Grove, IL 60053-2111	

Total Travel Estimate: **21.95 miles - about 28 minutes**

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Trip to:
8901 Golf Rd
Des Plaines, IL 60016
13.45 miles / 26 minutes

Notes
LGH-A/Golf ASTC, LLC
d/b/a Golf Surgical Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖		2. Turn **slight left** onto **W Golf Rd / IL-58**. Continue to follow **W Golf Rd**. Map	**9.8 Mi** *10.1 Mi Total*
↱		3. Enter next roundabout and take the 2nd exit onto **E Golf Rd**. Map	**3.3 Mi** *13.4 Mi Total*
↶	58	4. Make a **U-turn** at **David Pl** onto **Golf Rd / IL-58**. Map	**0.07 Mi** *13.5 Mi Total*
■		5. **8901 GOLF RD**. Map	
	B	**8901 Golf Rd**, Des Plaines, IL 60016	

Total Travel Estimate: **13.45 miles - about 26 minutes**

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Trip to:
Oakbrook Terrace, IL
18.24 miles / 23 minutes

Notes
Loyola Ambulatory Surgery Center at Oakbrook, LP

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗ EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**4.4 Mi** *12.7 Mi Total*
10A EXIT ↗	6. Merge onto **IL-83 S** via **EXIT 10A**. Map	**5.0 Mi** *17.7 Mi Total*
↑ WEST 56	7. Merge onto **IL-56 W / Butterfield Rd**. Map	**0.5 Mi** *18.2 Mi Total*
■	8. Welcome to **OAKBROOK TERRACE, IL**. Map	
B	**Oakbrook Terrace, IL**	

Total Travel Estimate: **18.24 miles - about 23 minutes**

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Trip to:
2160 S 1st Ave
Maywood, IL 60153-3328
23.32 miles / 28 minutes

Notes
Loyola University Medical Center
d/b/a Loyola University ASC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**13.9 Mi** *22.1 Mi Total*
	20 EXIT	6. Take **EXIT 20** toward **IL-171 / 1st Ave**. Map	**0.2 Mi** *22.3 Mi Total*
↑		7. Merge onto **Bataan Dr**. Map	**0.07 Mi** *22.4 Mi Total*
↱	171	8. Turn **right** onto **S 1st Ave / IL-171**. Map	**0.9 Mi** *23.3 Mi Total*
■		9. **2160 S 1ST AVE** is on the **right**. Map	
	B	**2160 S 1st Ave**, Maywood, IL 60153-3328	

Total Travel Estimate: **23.32 miles - about 28 minutes**

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Trip to:
3811 Highland Ave
Downers Grove, IL 60515-1555
20.55 miles / 26 minutes

Notes
Midwest Day Surgery, LLC
d/b/a Midwest Center for Day Surgery

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**9.4 Mi** *17.7 Mi Total*
20-22 EXIT	6. Take the **IL-56 / Butterfield Rd** exit, **EXIT 20-22**. Map	**0.7 Mi** *18.4 Mi Total*
RAMP	7. Keep **left** to take the ramp toward **Oak Brook**. Map	**0.03 Mi** *18.4 Mi Total*
↰ 56	8. Turn **left** onto **IL-56 / Butterfield Rd**. Map	**0.7 Mi** *19.1 Mi Total*
↗	9. Turn **slight right** onto **ramp**. Map	**0.2 Mi** *19.3 Mi Total*
↱	10. Keep **right** at the fork in the ramp. Map	**0.1 Mi** *19.4 Mi Total*
↱	11. Turn **right** onto **County Hwy-9 / Highland Ave**. Map	**1.1 Mi** *20.5 Mi Total*
↶	12. Make a **U-turn** at **Black Oak Dr** onto **Highland Ave / County Hwy-9**. Map	**0.01 Mi** *20.5 Mi Total*
■	13. **3811 HIGHLAND AVE** is on the **right**. Map	
B	**3811 Highland Ave**, Downers Grove, IL 60515-1555	

Total Travel Estimate: **20.55 miles - about 26 minutes**

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Trip to:
1243 Rickert Dr
Naperville, IL 60540-0954
31.18 miles / 39 minutes

Notes
Midwest Endoscopy Center, LLC

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT ↖ SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**15.2 Mi** *23.5 Mi Total*
↑	6. Merge onto **63rd St** toward **Hobson Rd / Woodridge / Naperville**. Map	**0.4 Mi** *23.9 Mi Total*
↑	7. Stay **straight** to go onto **Hobson Rd**. Map	**4.7 Mi** *28.5 Mi Total*
↰	8. Turn **left** onto **Washington St**. Map	**0.1 Mi** *28.7 Mi Total*
↱	9. Take the 1st **right** onto **75th St**. Map	**1.9 Mi** *30.6 Mi Total*
↱	10. Turn **right** onto **Rickert Dr**. Map	**0.4 Mi** *31.0 Mi Total*
↶	11. Make a **U-turn** onto **Rickert Dr**. Map	**0.1 Mi** *31.2 Mi Total*
■	12. **1243 RICKERT DR**. Map	
B	**1243 Rickert Dr**, Naperville, IL 60540-0954	

Total Travel Estimate: **31.18 miles - about 39 minutes**

mapquest

Trip to:
3 N Washington St
Naperville, IL 60540-4780
27.29 miles / 35 minutes

Notes
Naperville Fertility Center, Inc.

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT	SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**12.8 Mi** *21.1 Mi Total*
EXIT		6. Take the **US-34 / Ogden Ave** exit. Map	**0.5 Mi** *21.5 Mi Total*
↑	WEST 34	7. Merge onto **Ogden Ave / US-34 W** toward **Lisle**. Map	**5.0 Mi** *26.6 Mi Total*
↰		8. Turn **left** onto **N Washington St**. Map	**0.7 Mi** *27.3 Mi Total*
■		9. **3 N WASHINGTON ST** is on the **right**. Map	
	B	**3 N Washington St**, Naperville, IL 60540-4780	

Total Travel Estimate: **27.29 miles - about 35 minutes**

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Trip to:
1263 Rickert Dr
Naperville, IL 60540-0954
31.27 miles / 39 minutes

Notes
Naperville Surgical Centre

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**15.2 Mi** *23.5 Mi Total*
↑	6. Merge onto **63rd St** toward **Hobson Rd / Woodridge / Naperville**. Map	**0.4 Mi** *23.9 Mi Total*
↑	7. Stay **straight** to go onto **Hobson Rd**. Map	**4.7 Mi** *28.5 Mi Total*
↰	8. Turn **left** onto **Washington St**. Map	**0.1 Mi** *28.7 Mi Total*
↱	9. Take the 1st **right** onto **75th St**. Map	**1.9 Mi** *30.6 Mi Total*
↱	10. Turn **right** onto **Rickert Dr**. Map	**0.4 Mi** *31.0 Mi Total*
↶	11. Make a **U-turn** onto **Rickert Dr**. Map	**0.2 Mi** *31.3 Mi Total*
■	12. **1263 RICKERT DR** is on the **right**. Map	
B	**1263 Rickert Dr**, Naperville, IL 60540-0954	

Total Travel Estimate: **31.27 miles - about 39 minutes**

mapquest

Trip to:
3725 W Touhy Ave
Lincolnwood, IL 60712-2603
25.69 miles / 33 minutes

Notes
North Shore Same Day Surgery, LLC
d/b/a North Shore Surgical

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↑	EAST 90	4. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**18.3 Mi** *20.4 Mi Total*
	84 EXIT	5. Take the **Lawrence Ave** exit, **EXIT 84**, toward **4800 N**. Map	**0.2 Mi** *20.6 Mi Total*
↖		6. Turn **slight left** onto **W Lawrence Ave**. Map	**0.5 Mi** *21.1 Mi Total*
↰	50	7. Turn **left** onto **N Cicero Ave / IL-50**. Map	**0.5 Mi** *21.6 Mi Total*
↱		8. Turn **right** onto **W Foster Ave**. Map	**0.1 Mi** *21.7 Mi Total*
↑	WEST 94	9. Merge onto **I-94 W / Edens Expy N** via the ramp on the **left**. Map	**2.2 Mi** *23.9 Mi Total*
	39B EXIT	10. Take **EXIT 39B** toward **TOUHY**. Map	**0.3 Mi** *24.2 Mi Total*
↰	50	11. Turn **left** onto **N Cicero Ave / IL-50**. Map	**0.1 Mi** *24.3 Mi Total*
↱		12. Turn **right** onto **W Touhy Ave**. Map	**1.3 Mi** *25.7 Mi Total*
■		13. **3725 W TOUHY AVE** is on the **right**. Map	
	B	**3725 W Touhy Ave**, Lincolnwood, IL 60712-2603	

345

Total Travel Estimate: **25.69 miles - about 33 minutes**

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Trip to:
675 W Kirchhoff Rd
Arlington Heights, IL 60005-2371
7.40 miles / 13 minutes

Notes
Northwest Community Day Surgery Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**4.8 Mi** *5.1 Mi Total*
↰		3. Turn **left** onto **New Wilke Rd**. Map	**1.5 Mi** *6.7 Mi Total*
↱		4. Turn **right** onto **W Kirchhoff Rd**. Map	**0.7 Mi** *7.4 Mi Total*
■		5. **675 W KIRCHHOFF RD** is on the **right**. Map	
	B	**675 W Kirchhoff Rd**, Arlington Heights, IL 60005-2371	

Total Travel Estimate: **7.40 miles - about 13 minutes**

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Trip to:
1100 W Central Rd
Arlington Heights, IL 60005-2401
6.81 miles / 12 minutes

Notes
Northwest Surgicare, Ltd.
d/b/a Northwest Surgicare

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**4.8 Mi** *5.1 Mi Total*
↰		3. Turn **left** onto **New Wilke Rd**. Map	**1.1 Mi** *6.2 Mi Total*
↱		4. Turn **right** onto **W Central Rd**. Map	**0.5 Mi** *6.7 Mi Total*
↩		5. Make a **U-turn** onto **W Central Rd**. Map	**0.09 Mi** *6.8 Mi Total*
■		6. **1100 W CENTRAL RD**. Map	
	B	**1100 W Central Rd**, Arlington Heights, IL 60005-2401	

Total Travel Estimate: **6.81 miles - about 12 minutes**

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Trip to:
1475 E Belvidere Rd
Grayslake, IL 60030
24.90 miles / 40 minutes

Notes
Northwestern Grayslake Ambulatory Surgery Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**5.2 Mi** *6.4 Mi Total*
↱		4. Turn **right** onto **Baldwin Rd**. Map	**0.2 Mi** *6.6 Mi Total*
↱	EAST 14	5. Take the 1st **right** onto **W Northwest Hwy / US-14 E**. Map	**0.6 Mi** *7.2 Mi Total*
↰		6. Turn **left** onto **N Quentin Rd**. Map	**6.6 Mi** *13.7 Mi Total*
↰		7. Turn **left** onto **N Old McHenry Rd / County Hwy-32 / County Hwy-V77**. Map	**0.3 Mi** *14.1 Mi Total*
↱		8. Turn **right** onto **N Midlothian Rd / County Hwy-32 / County Hwy-V73**. Continue to follow **N Midlothian Rd**. Map	**3.6 Mi** *17.7 Mi Total*
↰	60	9. Turn **left** onto **W IL Route 60 / IL-60 / IL-83**. Map	**2.0 Mi** *19.7 Mi Total*
↱	83	10. Turn **right** onto **N IL Route 83 / IL-83**. Map	**3.9 Mi** *23.6 Mi Total*
↖	83	11. Turn **slight left** onto **S IL Route 83 / IL-83**. Map	**0.3 Mi** *23.8 Mi Total*
↱	120	12. Take the 1st **right** onto **E Belvidere Rd / IL-120**. Map	**1.1 Mi** *24.9 Mi Total*
■		13. **1475 E BELVIDERE RD** is on the **right**. Map	
	B	**1475 E Belvidere Rd**, Grayslake, IL 60030	

Total Travel Estimate: **24.90 miles - about 40 minutes**

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Trip to:
1745 E Belvidere Rd
Grayslake, IL 60030-2214
25.14 miles / 40 minutes

Notes
Northwestern Lake Forest Hospital
d/b/a Northwestern Grayslake

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**5.2 Mi** *6.4 Mi Total*
↱		4. Turn **right** onto **Baldwin Rd**. Map	**0.2 Mi** *6.6 Mi Total*
↱	EAST 14	5. Take the 1st **right** onto **W Northwest Hwy / US-14 E**. Map	**0.6 Mi** *7.2 Mi Total*
↰		6. Turn **left** onto **N Quentin Rd**. Map	**6.6 Mi** *13.7 Mi Total*
↰		7. Turn **left** onto **N Old McHenry Rd / County Hwy-32 / County Hwy-V77**. Map	**0.3 Mi** *14.1 Mi Total*
↱		8. Turn **right** onto **N Midlothian Rd / County Hwy-32 / County Hwy-V73**. Continue to follow **N Midlothian Rd**. Map	**3.6 Mi** *17.7 Mi Total*
↰	60	9. Turn **left** onto **W IL Route 60 / IL-60 / IL-83**. Map	**2.0 Mi** *19.7 Mi Total*
↱	83	10. Turn **right** onto **N IL Route 83 / IL-83**. Map	**3.9 Mi** *23.6 Mi Total*
↖	83	11. Turn **slight left** onto **S IL Route 83 / IL-83**. Map	**0.3 Mi** *23.8 Mi Total*
↱	120	12. Take the 1st **right** onto **E Belvidere Rd / IL-120**. Map	**1.3 Mi** *25.1 Mi Total*
■		13. **1745 E BELVIDERE RD** is on the **right**. Map	
	B	**1745 E Belvidere Rd**, Grayslake, IL 60030-2214	

Total Travel Estimate: **25.14 miles - about 40 minutes**

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Trip to:
7427 Lake St
River Forest, IL 60305-1817
25.27 miles / 32 minutes

Notes
NovaMed Surgery Center of River Forest, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**15.4 Mi** *23.7 Mi Total*
	21B EXIT	6. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. Map	**0.2 Mi** *23.9 Mi Total*
↰	43	7. Turn **left** onto **Harlem Ave / IL-43**. Map	**1.0 Mi** *24.9 Mi Total*
↰		8. Turn **left** onto **Lake St**. Map	**0.3 Mi** *25.3 Mi Total*
■		9. **7427 LAKE ST** is on the **left**. Map	
	B	**7427 Lake St**, River Forest, IL 60305-1817	

Total Travel Estimate: **25.27 miles - about 32 minutes**

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Trip to:
2425 W 22nd St
Oak Brook, IL 60523-1204
19.60 miles / 26 minutes

Notes
Oak Brook Surgical Centre, Inc., The

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**4.4 Mi** *12.7 Mi Total*
10A EXIT	SOUTH 83	6. Merge onto **IL-83 S** via **EXIT 10A**. Map	**5.0 Mi** *17.7 Mi Total*
↑	WEST 56	7. Merge onto **IL-56 W / Butterfield Rd**. Map	**1.6 Mi** *19.3 Mi Total*
↰		8. Turn **left** onto **W 22nd St**. Map	**0.2 Mi** *19.6 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: **19.60 miles - about 26 minutes**

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Trip to:
2350 Ravine Way
Glenview, IL 60025-7626
19.95 miles / 30 minutes

Notes
Ravine Way Surgery Center, LLC
d/b/a Ravine Way Surgery Center

		929 W Higgins Rd, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↑	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi** *4.1 Mi Total*
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi** *5.2 Mi Total*
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**4.1 Mi** *9.3 Mi Total*
EXIT ↗		7. Take the **Palatine Rd E** exit. Map	**0.4 Mi** *9.7 Mi Total*
↑		8. Merge onto **W Palatine Rd**. Map	**1.4 Mi** *11.1 Mi Total*
↑		9. Stay **straight** to go onto **Palatine Road Express Ln**. Map	**1.1 Mi** *12.2 Mi Total*
↖		10. Keep **left** at the fork to continue on **Palatine Road Express Ln**. Map	**2.2 Mi** *14.4 Mi Total*
↑		11. **Palatine Road Express Ln** becomes **E Palatine Rd**. Map	**0.3 Mi** *14.7 Mi Total*
↖		12. Keep **left** at the fork to continue on **E Palatine Rd**. Map	**0.9 Mi** *15.6 Mi Total*
↑		13. **E Palatine Rd** becomes **Willow Rd**. Map	**3.8 Mi** *19.4 Mi Total*

	14. Turn **right** onto **Ravine Way**. Map	**0.5 Mi** *19.9 Mi Total*
	15. **2350 RAVINE WAY** is on the **right**. Map	
	2350 Ravine Way, Glenview, IL 60025-7626	

Total Travel Estimate: **19.95 miles - about 30 minutes**

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Trip to:

230 Center Dr

Vernon Hills, IL 60061-1518

22.86 miles / 33 minutes

Notes

Ritacca Laser Center, Ltd.

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↗	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi** *4.1 Mi Total*
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi** *5.2 Mi Total*
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**7.2 Mi** *12.5 Mi Total*
EXIT ↗		7. Take the **East Lake Cook Rd** exit. Map	**0.3 Mi** *12.8 Mi Total*
↗		8. Merge onto **Lake Cook Rd**. Map	**1.5 Mi** *14.2 Mi Total*
↰		9. Turn **left** onto **N Arlington Heights Rd**. Map	**1.4 Mi** *15.7 Mi Total*
↰	83	10. Turn **left** onto **McHenry Rd / IL-83**. Continue to follow **IL-83**. Map	**4.5 Mi** *20.2 Mi Total*
↑	NORTH 45	11. Stay **straight** to go onto **US-45 N / S Lake St**. Map	**0.2 Mi** *20.3 Mi Total*

12. Take the 1st **right** onto **Townline Rd / IL-60**. Map	**2.1 Mi** *22.4 Mi Total*
13. Turn **left** onto **N Fairway Dr**. Map	**0.08 Mi** *22.5 Mi Total*
14. **N Fairway Dr** becomes **Mall Dr**. Map	**0.2 Mi** *22.7 Mi Total*
15. Turn **left** onto **Center Dr**. Map	**0.2 Mi** *22.9 Mi Total*
16. **230 CENTER DR** is on the **right**. Map	
230 Center Dr, Vernon Hills, IL 60061-1518	

Total Travel Estimate: **22.86 miles - about 33 minutes**

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Trip to:
340 W Butterfield Rd
Elmhurst, IL 60126-5076
18.84 miles / 24 minutes

Notes
River North Surgical Suites Inc.
d/b/a Elmhurst Foot & Ankle Surg

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**4.4 Mi** *12.7 Mi Total*
10A EXIT	SOUTH 83	6. Merge onto **IL-83 S** via **EXIT 10A**. Map	**5.1 Mi** *17.8 Mi Total*
↑	EAST 56	7. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**1.1 Mi** *18.8 Mi Total*
■		8. **340 W BUTTERFIELD RD** is on the **right**. Map	
	B	**340 W Butterfield Rd**, Elmhurst, IL 60126-5076	

Total Travel Estimate: **18.84 miles - about 24 minutes**

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Trip to:
475 E Diehl Rd
Naperville, IL 60563-1353
26.16 miles / 30 minutes

Notes
The Center for Surgery

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT ↖ SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**9.4 Mi** *17.7 Mi Total*
20-22 EXIT ↗ WEST 88	6. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** via **EXIT 20-22** toward **Aurora** (Portions toll). Map	**6.9 Mi** *24.6 Mi Total*
EXIT ↗	7. Take the exit toward **Naperville Rd**. Map	**0.3 Mi** *24.9 Mi Total*
↖	8. Keep **left** at the fork in the ramp. Map	**0.04 Mi** *24.9 Mi Total*
↰	9. Turn **left** onto **Freedom Dr**. Map	**0.4 Mi** *25.3 Mi Total*
↱	10. Turn **right** onto **E Diehl Rd**. Map	**0.8 Mi** *26.2 Mi Total*
■	11. **475 E DIEHL RD** is on the **right**. Map	
B	**475 E Diehl Rd**, Naperville, IL 60563-1353	

Total Travel Estimate: **26.16 miles - about 30 minutes**

360

mapquest

Trip to:
2551 Compass Rd
Glenview, IL 60026-8003
19.48 miles / 29 minutes

Notes
The Glen Endoscopy Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi**
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi**
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi**
↗	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi**
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi**
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**4.1 Mi**
EXIT ↗		7. Take the **Palatine Rd E** exit. Map	**0.4 Mi**
↗		8. Merge onto **W Palatine Rd**. Map	**1.4 Mi**
↑		9. Stay **straight** to go onto **Palatine Road Express Ln**. Map	**1.1 Mi**
↖		10. Keep **left** at the fork to continue on **Palatine Road Express Ln**. Map	**2.2 Mi**
↑		11. **Palatine Road Express Ln** becomes **E Palatine Rd**. Map	**0.3 Mi**
↖		12. Keep **left** at the fork to continue on **E Palatine Rd**. Map	**0.9 Mi**
↑		13. **E Palatine Rd** becomes **Willow Rd**. Map	**3.1 Mi**
↱		14. Turn **right** onto **Patriot Blvd**. Map	**0.5 Mi**
↰		15. Turn **left** onto **Compass Rd**. Map	**0.2 Mi**

16. **2551 COMPASS RD**. Map

2551 Compass Rd, Glenview, IL 60026-8003

Total Travel Estimate: **19.48 miles - about 29 minutes**

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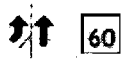
Trip to:
101 Waukegan Rd
Lake Bluff, IL 60044-1687
30.89 miles / 41 minutes

Notes
The Lake Bluff IL Endoscopy ASC, LLC d/b/a Northshore Endoscopy

		929 W Higgins Rd, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↑	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi** *4.1 Mi Total*
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi** *5.2 Mi Total*
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**4.1 Mi** *9.3 Mi Total*
EXIT ↗		7. Take the **Palatine Rd E** exit. Map	**0.4 Mi** *9.7 Mi Total*
↑		8. Merge onto **W Palatine Rd**. Map	**1.4 Mi** *11.1 Mi Total*
↑		9. Stay **straight** to go onto **Palatine Road Express Ln**. Map	**1.1 Mi** *12.2 Mi Total*
↰		10. Keep **left** at the fork to continue on **Palatine Road Express Ln**. Map	**2.2 Mi** *14.4 Mi Total*
↑		11. **Palatine Road Express Ln** becomes **E Palatine Rd**. Map	**0.3 Mi** *14.7 Mi Total*
↰		12. Keep **left** at the fork to continue on **E Palatine Rd**. Map	**0.9 Mi** *15.6 Mi Total*
↑		13. **E Palatine Rd** becomes **Willow Rd**. Map	**0.9 Mi** *16.5 Mi Total*

	14. Merge onto **I-294 N / Tri State Tollway N** via the ramp on the **left** (Portions toll). Map	**4.5 Mi** *21.1 Mi Total*
	15. **I-294 N / Tri State Tollway N** becomes **I-94 W / Tri State Tollway N** (Portions toll). Map	**5.5 Mi** *26.5 Mi Total*
	16. Take the **IL-60** exit toward **Town Line Rd**. Map	**0.2 Mi** *26.8 Mi Total*
	17. Merge onto **W Kennedy Rd / IL-60** toward **Lake Forest / COLLEGES / LAKE FOREST AND GRADUATE SCHOOL**. Map	**1.5 Mi** *28.2 Mi Total*
	18. Turn **left** onto **N Waukegan Rd / IL-43**. Map	**2.7 Mi** *30.9 Mi Total*
	19. **101 WAUKEGAN RD** is on the **right**. Map	
	101 Waukegan Rd, Lake Bluff, IL 60044-1687	

Total Travel Estimate: **30.89 miles - about 41 minutes**

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Trip to:
345 Delnor Dr
Geneva, IL 60134-4220
25.93 miles / 38 minutes

Notes
Tri-Cities Surgery Center, LLC

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**2.6 Mi** *7.7 Mi Total*
↗	WEST 20	5. Merge onto **US-20 W** toward **Elgin**. Map	**7.4 Mi** *15.1 Mi Total*
EXIT ↗		6. Take the **Randall Rd** exit. Map	**0.2 Mi** *15.3 Mi Total*
↱		7. Keep **right** at the fork in the ramp. Map	**0.05 Mi** *15.3 Mi Total*
↗		8. Merge onto **Randall Rd**. Map	**10.1 Mi** *25.4 Mi Total*
↱		9. Turn **right** onto **Williamsburg Ave**. Map	**0.1 Mi** *25.5 Mi Total*
↰		10. Turn **left** onto **Delnor Dr**. Map	**0.1 Mi** *25.7 Mi Total*
↱		11. Take the 1st **right** to stay on **Delnor Dr**. Map	**0.3 Mi** *25.9 Mi Total*
■		12. **345 DELNOR DR** is on the **left**. Map	
	B	**345 Delnor Dr**, Geneva, IL 60134-4220	

Total Travel Estimate: **25.93 miles - about 38 minutes**

365

mapquest

Trip to:
120 N La Grange Rd
La Grange, IL 60525-2040
23.36 miles / 30 minutes

Notes
United Urology Center LaGrange

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**10.2 Mi** *18.5 Mi Total*
17 EXIT		6. Take **EXIT 17** toward **US-45 / US-12 / US-20 / Mannheim Rd**. Map	**1.1 Mi** *19.5 Mi Total*
17A EXIT	EAST 12	7. Merge onto **US-45 S / US-20 E / US-12 E** via **EXIT 17A**. Map	**3.8 Mi** *23.4 Mi Total*
■		8. **120 N LA GRANGE RD**. Map	
	B	**120 N La Grange Rd**, La Grange, IL 60525-2040	

Total Travel Estimate: **23.36 miles - about 30 minutes**

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Trip to:
2210 Dean St
St Charles, IL 60175-1032
23.49 miles / 32 minutes

Notes
Valley Ambulatory Surgery Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**2.6 Mi** *7.7 Mi Total*
↗	WEST 20	5. Merge onto **US-20 W** toward **Elgin**. Map	**7.4 Mi** *15.1 Mi Total*
EXIT ↗		6. Take the **Randall Rd** exit. Map	**0.2 Mi** *15.3 Mi Total*
↱		7. Keep **right** at the fork in the ramp. Map	**0.05 Mi** *15.3 Mi Total*
↗		8. Merge onto **Randall Rd**. Map	**8.1 Mi** *23.4 Mi Total*
↱		9. Turn **right** onto **Dean St / County Hwy-53**. Map	**0.07 Mi** *23.5 Mi Total*
■		10. **2210 DEAN ST**. Map	
	B	**2210 Dean St**, St Charles, IL 60175-1032	

Total Travel Estimate: **23.49 miles - about 32 minutes**

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Trip to:
530 N Cass Ave
Westmont, IL 60559-1503
22.59 miles / 30 minutes

Notes
Westmont Surg Ctr, LLC
d/b/a Salt Creek Surgery Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**4.4 Mi** *12.7 Mi Total*
10A EXIT	SOUTH 83	6. Merge onto **IL-83 S** via **EXIT 10A**. Map	**8.0 Mi** *20.7 Mi Total*
↑	WEST 34	7. Merge onto **Ogden Ave / US-34 W**. Map	**1.8 Mi** *22.5 Mi Total*
↰		8. Turn **left** onto **N Cass Ave**. Map	**0.1 Mi** *22.6 Mi Total*
■		9. **530 N CASS AVE**. Map	
	B	**530 N Cass Ave**, Westmont, IL 60559-1503	

Total Travel Estimate: **22.59 miles - about 30 minutes**

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Trip to:
701 Winthrop Ave
Glendale Heights, IL 60139-1405
14.05 miles / 19 minutes

Notes
Adventist GlenOaks-Hospital

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet**. Map	**2.5 Mi** *10.8 Mi Total*
EXIT	6. Take the **Army Trail Rd** exit. Map	**0.4 Mi** *11.2 Mi Total*
RAMP	7. Keep **right** to take the ramp toward **Bloomingdale / Glendale Hts**. Map	**0.04 Mi** *11.2 Mi Total*
↑	8. Merge onto **W Army Trail Rd**. Map	**1.2 Mi** *12.5 Mi Total*
↰	9. Turn **left** onto **Glen Ellyn Rd**. Map	**1.4 Mi** *13.9 Mi Total*
↰	10. Turn **left** onto **Winthrop Ave**. Map	**0.2 Mi** *14.0 Mi Total*
■	11. **701 WINTHROP AVE**. Map	
B	**701 Winthrop Ave**, Glendale Heights, IL 60139-1405	

Total Travel Estimate: **14.05 miles - about 19 minutes**

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Trip to:
120 N Oak St
Hinsdale, IL 60521-3800
23.08 miles / 29 minutes

Notes
Adventist Hinsdale Hospital

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗ EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**9.2 Mi** *17.5 Mi Total*
15A EXIT SOUTH 294	6. Merge onto **I-294 S / Tri State Tollway S** via **EXIT 15A** toward **Indiana** (Portions toll). Map	**4.1 Mi** *21.6 Mi Total*
↑ WEST 34	7. Merge onto **E Ogden Ave / US-34 W**. Map	**0.5 Mi** *22.1 Mi Total*
↰	8. Turn **left** onto **N County Line Rd**. Map	**0.7 Mi** *22.8 Mi Total*
↱	9. Turn **right** onto **E Hickory St**. Map	**0.1 Mi** *22.9 Mi Total*
↰	10. Take the 1st **left** onto **N Oak St**. Map	**0.2 Mi** *23.1 Mi Total*
■	11. **120 N OAK ST** is on the **right**. Map	
B	**120 N Oak St**, Hinsdale, IL 60521-3800	

Total Travel Estimate: **23.08 miles - about 29 minutes**

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Trip to:
5101 Willow Springs Rd
La Grange, IL 60525-2600
25.31 miles / 32 minutes

Notes
Adventist La Grange Memorial Hospital

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
1.	Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
2.	Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
3.	Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
4.	Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
5.	Keep **right** to take **I-290 E** toward **Chicago**. Map	**9.2 Mi** *17.5 Mi Total*
6.	Merge onto **I-294 S / Tri State Tollway S** via **EXIT 15A** toward **Indiana** (Portions toll). Map	**4.5 Mi** *22.0 Mi Total*
7.	Merge onto **US-34 E / E Ogden Ave**. Map	**1.6 Mi** *23.6 Mi Total*
8.	Turn **right** onto **Gilbert Ave**. Map	**1.0 Mi** *24.6 Mi Total*
9.	**Gilbert Ave** becomes **Willow Springs Rd**. Map	**0.6 Mi** *25.2 Mi Total*
10.	Make a **U-turn** onto **Willow Springs Rd**. Map	**0.1 Mi** *25.3 Mi Total*
11.	**5101 WILLOW SPRINGS RD** is on the **right**. Map	
B	**5101 Willow Springs Rd**, La Grange, IL 60525-2600	

Total Travel Estimate: **25.31 miles - about 32 minutes**

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Trip to:
801 S Milwaukee Ave
Libertyville, IL 60048-3204
23.28 miles / 40 minutes

Notes
Advocate Condell Medical Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**5.2 Mi** *6.4 Mi Total*
↱		4. Turn **right** onto **Baldwin Rd**. Map	**0.2 Mi** *6.6 Mi Total*
↱	EAST 14	5. Take the 1st **right** onto **W Northwest Hwy / US-14 E**. Map	**0.6 Mi** *7.2 Mi Total*
↰		6. Turn **left** onto **N Quentin Rd**. Map	**6.6 Mi** *13.7 Mi Total*
↰		7. Turn **left** onto **N Old McHenry Rd / County Hwy-32 / County Hwy-V77**. Map	**0.3 Mi** *14.1 Mi Total*
↱		8. Turn **right** onto **N Midlothian Rd / County Hwy-32 / County Hwy-V73**. Continue to follow **N Midlothian Rd**. Map	**5.0 Mi** *19.1 Mi Total*
↱	176	9. Turn **right** onto **W Maple Ave / IL-176**. Continue to follow **IL-176**. Map	**3.6 Mi** *22.7 Mi Total*
↱	21	10. Turn **right** onto **S Milwaukee Ave / IL-21**. Map	**0.6 Mi** *23.3 Mi Total*
■		11. **801 S MILWAUKEE AVE** is on the **right**. Map	
	B	**801 S Milwaukee Ave**, Libertyville, IL 60048-3204	

Total Travel Estimate: **23.28 miles - about 40 minutes**

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Trip to:
3815 Highland Ave
Downers Grove, IL 60515-1500
20.54 miles / 25 minutes

Notes
Advocate Good Samaritan Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT	SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**9.4 Mi** *17.7 Mi Total*
20-22 EXIT		6. Take the **IL-56 / Butterfield Rd** exit, **EXIT 20-22**. Map	**0.7 Mi** *18.4 Mi Total*
RAMP		7. Keep **left** to take the ramp toward **Oak Brook**. Map	**0.03 Mi** *18.4 Mi Total*
↰	56	8. Turn **left** onto **IL-56 / Butterfield Rd**. Map	**0.7 Mi** *19.1 Mi Total*
↗		9. Turn **slight right** onto **ramp**. Map	**0.2 Mi** *19.3 Mi Total*
↗		10. Keep **right** at the fork in the ramp. Map	**0.1 Mi** *19.4 Mi Total*
↱		11. Turn **right** onto **County Hwy-9 / Highland Ave**. Map	**1.1 Mi** *20.5 Mi Total*
↶		12. Make a **U-turn** at **Black Oak Dr** onto **Highland Ave / County Hwy-9**. Map	**0.01 Mi** *20.5 Mi Total*
■		13. **3815 HIGHLAND AVE** is on the **right**. Map	
	B	**3815 Highland Ave**, Downers Grove, IL 60515-1500	

Total Travel Estimate: **20.54 miles - about 25 minutes**

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Trip to:
1775 Dempster St
Park Ridge, IL 60068-1143
19.02 miles / 22 minutes

Notes
Advocate Lutheran General Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↗	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**12.3 Mi** *14.5 Mi Total*
↗	NORTH 294	5. Merge onto **I-294 N / Tri State Tollway N** toward **Milwaukee** (Portions toll). Map	**3.5 Mi** *18.0 Mi Total*
↗	EAST 14	6. Merge onto **E Dempster St / US-14 E**. Map	**1.0 Mi** *19.0 Mi Total*
■		7. **1775 DEMPSTER ST**. Map	
	B	**1775 Dempster St**, Park Ridge, IL 60068-1143	

Total Travel Estimate: **19.02 miles - about 22 minutes**

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Trip to:
1425 N Randall Rd
Elgin, IL 60123
14.03 miles / 19 minutes

Notes
Advocate Sherman Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.05 Mi** *0.05 Mi Total*
↶	72	2. Make a **U-turn** at **Churchill Rd** onto **W Higgins Rd / IL-72**. Map	**4.9 Mi** *4.9 Mi Total*
↰	59	3. Turn **left** onto **New Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**0.4 Mi** *5.4 Mi Total*
↱	WEST 90	4. Merge onto **I-90 W / Jane Addams Memorial Tollway W** toward **Rockford** (Portions toll). Map	**7.2 Mi** *12.6 Mi Total*
EXIT ↗		5. Take the **Randall Rd** exit. Map	**0.4 Mi** *13.0 Mi Total*
RAMP		6. Keep **right** to take the ramp toward **Elgin**. Map	**0.07 Mi** *13.1 Mi Total*
↰		7. Turn **left** onto **County Hwy-34 / Randall Rd**. Map	**0.8 Mi** *13.8 Mi Total*
↰		8. Turn **left** onto **Holmes Rd**. Map	**0.2 Mi** *14.0 Mi Total*
↑		9. Go **straight**. Map	**0.04 Mi** *14.0 Mi Total*
■		10. **1425 N RANDALL RD**. Map	
	B	**1425 N Randall Rd**, Elgin, IL 60123	

Total Travel Estimate: **14.03 miles - about 19 minutes**

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Trip to:
1640 Moon Lake Blvd
Hoffman Estates, IL 60169-1010
2.10 miles / 3 minutes

Notes
Alexian Brothers Behavioral Health Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.05 Mi** *0.05 Mi Total*
↶	72	2. Make a **U-turn** at **Churchill Rd** onto **W Higgins Rd / IL-72**. Map	**1.8 Mi** *1.9 Mi Total*
↰		3. Turn **left** onto **Moon Lake Blvd**. Map	**0.2 Mi** *2.1 Mi Total*
■		4. **1640 MOON LAKE BLVD** is on the **right**. Map	
	B	**1640 Moon Lake Blvd**, Hoffman Estates, IL 60169-1010	

Total Travel Estimate: **2.10 miles - about 3 minutes**

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Trip to:
800 Biesterfield Rd
Elk Grove Village, IL 60007-3311
7.27 miles / 11 minutes

Notes
Alexian Brothers Medical Center

	929 W Higgins Rd, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E / IL-53 S** via the ramp on the **left**. Map	**2.0 Mi** *5.8 Mi Total*
EXIT 4	5. Take the **Biesterfield Rd / IL-53 S** exit, **EXIT 4**. Map	**0.3 Mi** *6.1 Mi Total*
↰	6. Turn **left** onto **IL-53 / Biesterfield Rd**. Continue to follow **Biesterfield Rd**. Map	**0.9 Mi** *6.9 Mi Total*
↶	7. Make a **U-turn** onto **Biesterfield Rd**. Map	**0.3 Mi** *7.3 Mi Total*
■	8. **800 BIESTERFIELD RD** is on the **right**. Map	
	800 Biesterfield Rd, Elk Grove Village, IL 60007-3311	

Total Travel Estimate: **7.27 miles - about 11 minutes**

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Trip to:
555 Wilson Ln
Des Plaines, IL 60016-4729
12.02 miles / 23 minutes

Notes
Chicago Behavioral Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖		2. Turn **slight left** onto **W Golf Rd / IL-58**. Continue to follow **W Golf Rd**. Map	**9.8 Mi** *10.1 Mi Total*
↱	58	3. Enter next roundabout and take the 2nd exit onto **E Golf Rd / IL-58**. Map	**0.6 Mi** *10.8 Mi Total*
↗		4. Turn **slight right** onto **Rand Rd / US-12 E**. Continue to follow **Rand Rd**. Map	**1.2 Mi** *11.9 Mi Total*
↱		5. Turn **right** onto **Wilson Ln**. Map	**0.09 Mi** *12.0 Mi Total*
■		6. **555 WILSON LN** is on the **left**. Map	
	B	**555 Wilson Ln**, Des Plaines, IL 60016-4729	

Total Travel Estimate: **12.02 miles - about 23 minutes**

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Trip to:
801 S Washington St
Naperville, IL 60540-7443
28.34 miles / 35 minutes
Notes
Edward Hospital

Find high school yearbooks

I graduated in: 1998 1988 1978

classmates

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT ↖ SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**14.0 Mi** *22.2 Mi Total*
18 EXIT ↗	6. Take the **Maple Ave** exit, **EXIT 18**. Map	**0.4 Mi** *22.7 Mi Total*
RAMP	7. Keep **right** to take the ramp toward **Lisle / Naperville**. Map	**0.06 Mi** *22.7 Mi Total*
↑	8. Merge onto **Maple Ave**. Map	**2.8 Mi** *25.5 Mi Total*
↑	9. **Maple Ave** becomes **Chicago Ave / County Hwy-17**. Map	**2.0 Mi** *27.6 Mi Total*
↰	10. Turn **left** onto **S Washington St**. Map	**0.7 Mi** *28.3 Mi Total*
■	11. **801 S WASHINGTON ST** is on the **right**. Map	

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B **801 S Washington St**, Naperville, IL 60540-7443

Total Travel Estimate: **28.34 miles - about 35 minutes**

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Trip to:
155 E Brush Hill Rd
Elmhurst, IL 60126-5658
19.62 miles / 26 minutes

Notes
Elmhurst Memorial Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**4.4 Mi** *12.7 Mi Total*
10A EXIT ↗	SOUTH 83	6. Merge onto **IL-83 S** via **EXIT 10A**. Map	**5.1 Mi** *17.8 Mi Total*
↑	EAST 56	7. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.9 Mi** *18.7 Mi Total*
↱		8. Turn **right** onto **Commonwealth Ln**. Map	**0.2 Mi** *18.9 Mi Total*
↑		9. **Commonwealth Ln** becomes **W Brush Hill Rd**. Map	**0.7 Mi** *19.6 Mi Total*
■		10. **155 E BRUSH HILL RD** is on the **left**. Map	
	B	**155 E Brush Hill Rd**, Elmhurst, IL 60126-5658	

Total Travel Estimate: **19.62 miles - about 26 minutes**

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Trip to:
701 W North Ave
Melrose Park, IL 60160-1631
20.05 miles / 28 minutes

Notes
Gottlieb Memorial Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**7.1 Mi** *15.4 Mi Total*
	13A EXIT	6. Merge onto **E North Ave** via **EXIT 13A** toward **US-20 E / Lake St / I-294 N / Milwaukee**. Map	**4.7 Mi** *20.0 Mi Total*
↶	64	7. Make a **U-turn** at **Riverwoods Dr** onto **W North Ave / IL-64**. Map	**0.03 Mi** *20.1 Mi Total*
■		8. **701 W NORTH AVE** is on the **right**. Map	
	B	**701 W North Ave**, Melrose Park, IL 60160-1631	

Total Travel Estimate: **20.05 miles - about 28 minutes**

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Notes

Kindred Hospital Chicago Northlake

Trip to:

365 E North Ave
Northlake, IL 60164-2628
17.54 miles / 22 minutes

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗ EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**7.1 Mi** *15.4 Mi Total*
13A EXIT EAST 20	6. Merge onto **US-20 E / IL-64 / E North Ave** via **EXIT 13A** toward **US-20 E / Lake St / I-294 N / Milwaukee**. Map	**0.5 Mi** *15.8 Mi Total*
↖ 64	7. Turn **slight left** onto **E North Ave / IL-64**. Map	**1.6 Mi** *17.4 Mi Total*
↱	8. Turn **right** onto **E North Ave**. Map	**0.01 Mi** *17.5 Mi Total*
↰	9. Turn **left** to stay on **E North Ave**. Map	**0.09 Mi** *17.5 Mi Total*
■	10. **365 E NORTH AVE** is on the **right**. Map	
B	**365 E North Ave**, Northlake, IL 60164-2628	

Total Travel Estimate: **17.54 miles - about 22 minutes**

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Trip to:
801 S Washington St
Naperville, IL 60540-7443
28.34 miles / 35 minutes

Notes
Linden Oaks at Edward

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
7 EXIT SOUTH 355	5. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet** (Portions toll). Map	**14.0 Mi** *22.2 Mi Total*
18 EXIT	6. Take the **Maple Ave** exit, **EXIT 18**. Map	**0.4 Mi** *22.7 Mi Total*
RAMP	7. Keep **right** to take the ramp toward **Lisle / Naperville**. Map	**0.06 Mi** *22.7 Mi Total*
↑	8. Merge onto **Maple Ave**. Map	**2.8 Mi** *25.5 Mi Total*
↑	9. **Maple Ave** becomes **Chicago Ave / County Hwy-17**. Map	**2.0 Mi** *27.6 Mi Total*
↰	10. Turn **left** onto **S Washington St**. Map	**0.7 Mi** *28.3 Mi Total*
■	11. **801 S WASHINGTON ST** is on the **right**. Map	
B	**801 S Washington St**, Naperville, IL 60540-7443	

Total Travel Estimate: **28.34 miles - about 35 minutes**

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Trip to:
3249 Oak Park Ave
Berwyn, IL 60402-3052
27.28 miles / 37 minutes

Notes
MacNeal Hospital

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗ EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**15.4 Mi** *23.7 Mi Total*
21B EXIT	6. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. Map	**0.2 Mi** *23.9 Mi Total*
↱ 43	7. Turn **right** onto **IL-43 / Harlem Ave**. Map	**2.6 Mi** *26.5 Mi Total*
↰	8. Turn **left** onto **31st St**. Map	**0.5 Mi** *27.0 Mi Total*
↱	9. Turn **right** onto **Oak Park Ave**. Map	**0.2 Mi** *27.3 Mi Total*
■	10. **3249 OAK PARK AVE** is on the **left**. Map	
B	**3249 Oak Park Ave**, Berwyn, IL 60402-3052	

Total Travel Estimate: **27.28 miles - about 37 minutes**

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mapquest

Trip to:
26w171 Roosevelt Rd
Wheaton, IL 60187
16.18 miles / 27 minutes

Notes
Marianjoy Rehabilitation Hospital & Clinics

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Map	**2.3 Mi** *2.6 Mi Total*
↰		4. Turn **left** onto **Barrington Rd**. Map	**4.0 Mi** *6.6 Mi Total*
↑		5. **Barrington Rd** becomes **County Farm Rd**. Map	**9.2 Mi** *15.8 Mi Total*
↰	38	6. Turn **left** onto **W Roosevelt Rd / IL-38**. Map	**0.4 Mi** *16.2 Mi Total*
■		7. **26W171 ROOSEVELT RD**. Map	
	B	**26w171 Roosevelt Rd**, Wheaton, IL 60187	

Total Travel Estimate: **16.18 miles - about 27 minutes**

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Trip to:
2650 Ridge Ave
Evanston, IL 60201-1718
22.23 miles / 43 minutes

Notes
NorthShore University HealthSystem
Evanston Hospital

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	2. Turn **slight left** onto **W Golf Rd / IL-58**. Continue to follow **W Golf Rd**. Map	**9.8 Mi** *10.1 Mi Total*
↱	3. Enter next roundabout and take the 2nd exit onto **E Golf Rd**. Map	**8.8 Mi** *18.9 Mi Total*
↰	4. Turn **left** onto **Gross Point Rd**. Map	**0.9 Mi** *19.8 Mi Total*
↗	5. Turn **slight right** onto **Central St**. Map	**2.3 Mi** *22.1 Mi Total*
↰	6. Turn **left** onto **Ridge Ave**. Map	**0.1 Mi** *22.2 Mi Total*
■	7. **2650 RIDGE AVE**. Map	
B	**2650 Ridge Ave**, Evanston, IL 60201-1718	

Total Travel Estimate: **22.23 miles - about 43 minutes**

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Trip to:
2100 Pfingsten Rd
Glenview, IL 60026-1301
18.39 miles / 27 minutes

Notes
NorthShore University HealthSystem
Glenbrook Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↑	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi** *4.1 Mi Total*
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi** *5.2 Mi Total*
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**4.1 Mi** *9.3 Mi Total*
EXIT ↗		7. Take the **Palatine Rd E** exit. Map	**0.4 Mi** *9.7 Mi Total*
↑		8. Merge onto **W Palatine Rd**. Map	**1.4 Mi** *11.1 Mi Total*
↑		9. Stay **straight** to go onto **Palatine Road Express Ln**. Map	**1.1 Mi** *12.2 Mi Total*
↖		10. Keep **left** at the fork to continue on **Palatine Road Express Ln**. Map	**2.2 Mi** *14.4 Mi Total*
↑		11. **Palatine Road Express Ln** becomes **E Palatine Rd**. Map	**0.3 Mi** *14.7 Mi Total*
↖		12. Keep **left** at the fork to continue on **E Palatine Rd**. Map	**0.9 Mi** *15.6 Mi Total*
↑		13. **E Palatine Rd** becomes **Willow Rd**. Map	**1.8 Mi** *17.5 Mi Total*

↱	14. Turn **right** onto **Pfingsten Rd**. Map	**0.9 Mi** *18.4 Mi Total*
■	15. **2100 PFINGSTEN RD**. Map	
B	**2100 Pfingsten Rd**, Glenview, IL 60026-1301	

Total Travel Estimate: **18.39 miles - about 27 minutes**

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Trip to:
777 Park Ave W
Highland Park, IL 60035-2433
25.53 miles / 38 minutes

Notes
NorthShore University HealthSystem
Highland Park Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↑	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi** *4.1 Mi Total*
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi** *5.2 Mi Total*
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**7.2 Mi** *12.5 Mi Total*
EXIT ↗		7. Take the **East Lake Cook Rd** exit. Map	**0.3 Mi** *12.8 Mi Total*
↑		8. Merge onto **Lake Cook Rd**. Map	**6.8 Mi** *19.5 Mi Total*
↰		9. Turn **left** onto **Saunders Rd**. Map	**1.0 Mi** *20.5 Mi Total*
↱		10. Turn **right** onto **Deerfield Rd**. Map	**4.1 Mi** *24.6 Mi Total*
↑		11. **Deerfield Rd** becomes **Central Ave**. Map	**0.1 Mi** *24.7 Mi Total*
↰		12. Turn **left** onto **Beverly Pl**. Map	**0.5 Mi** *25.2 Mi Total*
↱		13. Turn **right** onto **Park Ave W**. Map	**0.3 Mi** *25.5 Mi Total*

14. **777 PARK AVE W** is on the **left**. Map

777 Park Ave W, Highland Park, IL 60035-2433

Total Travel Estimate: **25.53 miles - about 38 minutes**

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Trip to:
9600 Gross Point Rd
Skokie, IL 60076-1214
18.92 miles / 36 minutes

Notes
NorthShore University HealthSystem
Skokie Hospital

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	2. Turn **slight left** onto **W Golf Rd / IL-58**. Continue to follow **W Golf Rd**. Map	**9.8 Mi** *10.1 Mi Total*
↱	3. Enter next roundabout and take the 2nd exit onto **E Golf Rd**. Map	**8.8 Mi** *18.9 Mi Total*
↰	4. Turn **left** onto **Gross Point Rd**. Map	**0.01 Mi** *18.9 Mi Total*
■	5. **9600 GROSS POINT RD** is on the **left**. Map	
B	**9600 Gross Point Rd**, Skokie, IL 60076-1214	

Total Travel Estimate: **18.92 miles - about 36 minutes**

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Trip to:
800 W Central Rd
Arlington Heights, IL 60005-2349
6.93 miles / 12 minutes

Notes
Northwest Community Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**4.8 Mi** *5.1 Mi Total*
↰		3. Turn **left** onto **New Wilke Rd**. Map	**1.1 Mi** *6.2 Mi Total*
↱		4. Turn **right** onto **W Central Rd**. Map	**0.7 Mi** *6.9 Mi Total*
↶		5. Make a **U-turn** at **S Fernandez Ave** onto **W Central Rd**. Map	**0.07 Mi** *6.9 Mi Total*
■		6. **800 W CENTRAL RD** is on the **right**. Map	
	B	**800 W Central Rd**, Arlington Heights, IL 60005-2349	

Total Travel Estimate: **6.93 miles - about 12 minutes**

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Trip to:

25 N Winfield Rd

Winfield, IL 60190

14.93 miles / 25 minutes

Notes

Northwestern Medicine Central DuPage Hospital

advertisement

Is Ken Fisher nuts?

Some Wall Streeters think he is, because Ken, famous *Forbes* columnist and head of Fisher Investments, is giving away his new Report to investors with $500,000 or more portfolios. Is that you? You should have this timely Report, with a stock forecast you won't find anywhere else. You'll see quickly: Ken Fisher not only isn't nuts. He's the one with the brains.

GOT THAT? GET THIS. CLICK HERE.

FISHER INVESTMENTS

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱	2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱ 58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Map	**2.3 Mi** *2.6 Mi Total*
↰	4. Turn **left** onto **Barrington Rd**. Map	**4.0 Mi** *6.6 Mi Total*
↑	5. **Barrington Rd** becomes **County Farm Rd**. Map	**7.0 Mi** *13.6 Mi Total*
↱	6. Turn **right** onto **Geneva Rd / County Hwy-21**. Map	**0.3 Mi** *13.9 Mi Total*
↰	7. Turn **left** onto **Winfield Rd**. Map	**1.0 Mi** *14.9 Mi Total*
■	8. **25 N WINFIELD RD**. Map	
B	**25 N Winfield Rd**, Winfield, IL 60190	

Total Travel Estimate: **14.93 miles - about 25 minutes**

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Trip to:
300 Randall Rd
Geneva, IL 60134-4203
25.52 miles / 36 minutes

Notes
Northwestern Medicine Delnor Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**2.6 Mi** *7.7 Mi Total*
↱↑	WEST 20	5. Merge onto **US-20 W** toward **Elgin**. Map	**7.4 Mi** *15.1 Mi Total*
EXIT ↗		6. Take the **Randall Rd** exit. Map	**0.2 Mi** *15.3 Mi Total*
↱		7. Keep **right** at the fork in the ramp. Map	**0.05 Mi** *15.3 Mi Total*
↱↑		8. Merge onto **Randall Rd**. Map	**10.2 Mi** *25.5 Mi Total*
■		9. **300 RANDALL RD** is on the **right**. Map	
	B	**300 Randall Rd**, Geneva, IL 60134-4203	

Total Travel Estimate: **25.52 miles - about 36 minutes**

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Trip to:
660 N Westmoreland Rd
Lake Forest, IL 60045
29.54 miles / 39 minutes

Notes
Northwestern Medicine Lake Forest Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↑	EAST 90	4. Merge onto **I-90 E / Jane Addams Memorial Tollway E** toward **Chicago** (Portions toll). Map	**2.0 Mi** *4.1 Mi Total*
EXIT ↗		5. Take the **IL-53 N** exit toward **Northwest Suburbs**. Map	**1.1 Mi** *5.2 Mi Total*
↑	NORTH 53	6. Merge onto **IL-53 N** via the ramp on the **left**. Map	**4.1 Mi** *9.3 Mi Total*
EXIT ↗		7. Take the **Palatine Rd E** exit. Map	**0.4 Mi** *9.7 Mi Total*
↑		8. Merge onto **W Palatine Rd**. Map	**1.4 Mi** *11.1 Mi Total*
↑		9. Stay **straight** to go onto **Palatine Road Express Ln**. Map	**1.1 Mi** *12.2 Mi Total*
↖		10. Keep **left** at the fork to continue on **Palatine Road Express Ln**. Map	**2.2 Mi** *14.4 Mi Total*
↑		11. **Palatine Road Express Ln** becomes **E Palatine Rd**. Map	**0.3 Mi** *14.7 Mi Total*
↖		12. Keep **left** at the fork to continue on **E Palatine Rd**. Map	**0.9 Mi** *15.6 Mi Total*
↑		13. **E Palatine Rd** becomes **Willow Rd**. Map	**0.9 Mi** *16.5 Mi Total*

NORTH 294	14. Merge onto **I-294 N / Tri State Tollway N** via the ramp on the **left** (Portions toll). Map	**4.5 Mi** *21.1 Mi Total*
WEST 94	15. **I-294 N / Tri State Tollway N** becomes **I-94 W / Tri State Tollway N** (Portions toll). Map	**5.5 Mi** *26.5 Mi Total*
EXIT	16. Take the **IL-60** exit toward **Town Line Rd**. Map	**0.2 Mi** *26.8 Mi Total*
60	17. Merge onto **W Kennedy Rd / IL-60** toward **Lake Forest / COLLEGES / LAKE FOREST AND GRADUATE SCHOOL**. Map	**1.5 Mi** *28.2 Mi Total*
43	18. Turn **left** onto **N Waukegan Rd / IL-43**. Map	**0.5 Mi** *28.7 Mi Total*
	19. Turn **right** onto **W Deerpath**. Map	**0.3 Mi** *29.1 Mi Total*
	20. Take the 2nd **left** onto **N Westmoreland Rd**. Map	**0.5 Mi** *29.5 Mi Total*
	21. **660 N WESTMORELAND RD**. Map	
B	**660 N Westmoreland Rd**, Lake Forest, IL 60045	

Total Travel Estimate: **29.54 miles - about 39 minutes**

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Trip to:
100 N River Rd
Des Plaines, IL 60016-1209
11.29 miles / 22 minutes

Notes
Presence Holy Family Medical Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖		2. Turn **slight left** onto **W Golf Rd / IL-58**. Continue to follow **W Golf Rd**. Map	**9.8 Mi** *10.1 Mi Total*
↱	58	3. Enter next roundabout and take the 2nd exit onto **E Golf Rd / IL-58**. Map	**1.2 Mi** *11.3 Mi Total*
↰	NORTH 45	4. Turn **left** onto **N River Rd / US-45 N**. Map	**0.01 Mi** *11.3 Mi Total*
■		5. **100 N RIVER RD** is on the **left**. Map	
	B	**100 N River Rd**, Des Plaines, IL 60016-1209	

Total Travel Estimate: **11.29 miles - about 22 minutes**

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Trip to:
1325 N Highland Ave
Aurora, IL 60506-1402
30.38 miles / 45 minutes

Notes
Presence Mercy Medical Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**4.9 Mi** *5.1 Mi Total*
↰	59	4. Turn **left** onto **Sutton Rd / IL-59**. Continue to follow **IL-59**. Map	**17.3 Mi** *22.4 Mi Total*
↗	WEST 88	5. Merge onto **I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W** (Portions toll). Map	**6.5 Mi** *28.9 Mi Total*
EXIT ↗		6. Take the **IL-31** exit toward **Aurora / Batavia**. Map	**0.5 Mi** *29.4 Mi Total*
↖		7. Keep **left** at the fork in the ramp. Map	**0.03 Mi** *29.4 Mi Total*
↗	31	8. Merge onto **IL-31 / S Lincolnway** toward **Aurora / ILLINOIS MATHEMATICS AND SCIENCE ACADEMY**. Map	**0.3 Mi** *29.8 Mi Total*
↱		9. Take the 2nd **right** onto **Sullivan Rd**. Map	**0.4 Mi** *30.2 Mi Total*
↰		10. Turn **left** onto **N Highland Ave**. Map	**0.2 Mi** *30.4 Mi Total*
■		11. **1325 N HIGHLAND AVE** is on the **left**. Map	
	B	**1325 N Highland Ave**, Aurora, IL 60506-1402	

Total Travel Estimate: **30.38 miles - about 45 minutes**

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Trip to:
355 Ridge Ave
Evanston, IL 60202-3328
28.40 miles / 39 minutes

Notes
Presence Saint Francis Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.4 Mi** *0.4 Mi Total*
↖	58	2. Turn **slight left** onto **W Golf Rd / IL-58**. Map	**0.8 Mi** *1.2 Mi Total*
↰		3. Turn **left** onto **N Roselle Rd**. Map	**0.9 Mi** *2.1 Mi Total*
↑	EAST 90	4. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**18.3 Mi** *20.4 Mi Total*
84 EXIT ↗		5. Take the **Lawrence Ave** exit, **EXIT 84**, toward **4800 N**. Map	**0.2 Mi** *20.6 Mi Total*
↖		6. Turn **slight left** onto **W Lawrence Ave**. Map	**0.5 Mi** *21.1 Mi Total*
↰	50	7. Turn **left** onto **N Cicero Ave / IL-50**. Map	**0.5 Mi** *21.6 Mi Total*
↱		8. Turn **right** onto **W Foster Ave**. Map	**0.1 Mi** *21.7 Mi Total*
↑	WEST 94	9. Merge onto **I-94 W / Edens Expy N** via the ramp on the **left**. Map	**2.2 Mi** *23.9 Mi Total*
39B EXIT ↗		10. Take **EXIT 39B** toward **TOUHY**. Map	**0.3 Mi** *24.2 Mi Total*
↰	50	11. Turn **left** onto **N Cicero Ave / IL-50**. Continue to follow **IL-50**. Map	**0.6 Mi** *24.8 Mi Total*
↑	NORTH 41	12. **IL-50** becomes **US-41 N / Skokie Blvd**. Map	**0.05 Mi** *24.8 Mi Total*
↱		13. Turn **right** onto **Howard St**. Map	**3.2 Mi** *28.1 Mi Total*

↰	14. Turn **left** onto **Ridge Ave**. Map	**0.3 Mi** *28.4 Mi Total*
■	15. **355 RIDGE AVE** is on the **right**. Map	
B	**355 Ridge Ave**, Evanston, IL 60202-3328	

Total Travel Estimate: **28.40 miles - about 39 minutes**

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Trip to:
77 N Airlite St
Elgin, IL 60123-4912
12.85 miles / 23 minutes

Notes
Presence Saint Joseph Hospital, Elgin

A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
	2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Continue to follow **IL-58**. Map	**9.1 Mi** *9.3 Mi Total*
58	4. Turn **left** onto **Dundee Ave / IL-58**. Continue to follow **IL-58**. Map	**0.6 Mi** *10.0 Mi Total*
	5. Turn **right** onto **E Highland Ave / IL-58**. Continue to follow **E Highland Ave**. Map	**0.9 Mi** *10.9 Mi Total*
	6. Turn **slight left** onto **Larkin Ave**. Map	**1.6 Mi** *12.5 Mi Total*
	7. Turn **right** onto **N Airlite St**. Map	**0.3 Mi** *12.8 Mi Total*
	8. **77 N AIRLITE ST** is on the **right**. Map	
B	**77 N Airlite St**, Elgin, IL 60123-4912	

Total Travel Estimate: **12.85 miles - about 23 minutes**

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Trip to:
8311 W Roosevelt Rd
Forest Park, IL 60130-2529
23.07 miles / 28 minutes

Notes
Riveredge Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**13.9 Mi** *22.1 Mi Total*
	20 EXIT	6. Take **EXIT 20** toward **IL-171 / 1st Ave**. Map	**0.2 Mi** *22.3 Mi Total*
↑		7. Merge onto **Bataan Dr**. Map	**0.07 Mi** *22.4 Mi Total*
↱	171	8. Turn **right** onto **S 1st Ave / IL-171**. Map	**0.5 Mi** *22.8 Mi Total*
↰		9. Turn **left** onto **Roosevelt Rd**. Map	**0.2 Mi** *23.1 Mi Total*
■		10. **8311 W ROOSEVELT RD** is on the **left**. Map	
	B	**8311 W Roosevelt Rd**, Forest Park, IL 60130-2529	

Total Travel Estimate: **23.07 miles - about 28 minutes**

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Trip to:
5601 S County Line Rd
Hinsdale, IL 60521-4875
24.76 miles / 33 minutes

Notes
RML Specialty Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**4.4 Mi** *12.7 Mi Total*
10A EXIT	SOUTH 83	6. Merge onto **IL-83 S** via **EXIT 10A**. Map	**9.9 Mi** *22.7 Mi Total*
EXIT		7. Take the **55th St E** exit. Map	**0.4 Mi** *23.1 Mi Total*
↑		8. Merge onto **W 55th St / County Hwy-35**. Map	**1.5 Mi** *24.6 Mi Total*
↱		9. Turn **right** onto **S County Line Rd**. Map	**0.2 Mi** *24.8 Mi Total*
■		10. **5601 S COUNTY LINE RD** is on the **left**. Map	
	B	**5601 S County Line Rd**, Hinsdale, IL 60521-4875	

Total Travel Estimate: **24.76 miles - about 33 minutes**

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Notes

Rush Oak Park Hospital

Trip to:

520 S Maple Ave
Oak Park, IL 60304-1022
24.29 miles / 30 minutes

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
⇡	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**15.4 Mi** *23.7 Mi Total*
	21B EXIT	6. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. Map	**0.2 Mi** *23.9 Mi Total*
↰	43	7. Turn **left** onto **Harlem Ave / IL-43**. Map	**0.3 Mi** *24.2 Mi Total*
↱		8. Turn **right** onto **Monroe St**. Map	**0.04 Mi** *24.3 Mi Total*
↱		9. Turn **right** onto **S Maple Ave**. Map	**0.02 Mi** *24.3 Mi Total*
■		10. **520 S MAPLE AVE**. Map	
	B	**520 S Maple Ave**, Oak Park, IL 60304-1022	

Total Travel Estimate: **24.29 miles - about 30 minutes**

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Trip to:
1555 Barrington Rd
Hoffman Estates, IL 60169-1018
2.93 miles / 4 minutes

Notes
St. Alexius Medical Center

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**0.2 Mi** *0.2 Mi Total*
↱		2. Take the 1st **right** onto **Salem Dr**. Map	**0.07 Mi** *0.2 Mi Total*
↱	58	3. Take the 1st **right** onto **W Golf Rd / IL-58**. Map	**2.3 Mi** *2.5 Mi Total*
↱		4. Turn **right** onto **Barrington Rd**. Map	**0.4 Mi** *2.9 Mi Total*
■		5. **1555 BARRINGTON RD** is on the **right**. Map	
	B	**1555 Barrington Rd**, Hoffman Estates, IL 60169-1018	

Total Travel Estimate: **2.93 miles - about 4 minutes**

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Trip to:
3 Erie Ct
Oak Park, IL 60302-2507
26.92 miles / 34 minutes

Notes
West Suburban Medical Center

		Download Free App
A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	
●	1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗	2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗	3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑ EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗ EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**16.9 Mi** *25.2 Mi Total*
23A EXIT	6. Take the **Austin Blvd** exit, **EXIT 23A**, on the **left** toward **6000 W**. Map	**0.3 Mi** *25.5 Mi Total*
↰	7. Turn **left** onto **S Austin Blvd**. Map	**1.4 Mi** *26.9 Mi Total*
↰	8. Turn **left** onto **Erie Ct**. Map	
■	9. **3 ERIE CT** is on the **left**. Map	
B	**3 Erie Ct**, Oak Park, IL 60302-2507	

Total Travel Estimate: **26.92 miles - about 34 minutes**

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Trip to:
1225 Lake St
Melrose Park, IL 60160-4039
19.93 miles / 28 minutes

Notes
Westlake Hospital

	A	**929 W Higgins Rd**, Schaumburg, IL 60195-3203	Download Free App
●		1. Start out going **east** on **W Higgins Rd / IL-72** toward **Churchill Rd**. Map	**3.7 Mi** *3.7 Mi Total*
↗		2. Turn **slight right** toward **I-290 E / Chicago**. Map	**0.04 Mi** *3.7 Mi Total*
↗		3. Turn **slight right** onto **W Frontage Rd**. Map	**0.06 Mi** *3.8 Mi Total*
↑	EAST 290	4. Merge onto **I-290 E** via the ramp on the **left**. Map	**4.5 Mi** *8.3 Mi Total*
↗	EAST 290	5. Keep **right** to take **I-290 E** toward **Chicago**. Map	**7.1 Mi** *15.4 Mi Total*
13A EXIT	EAST 20	6. Merge onto **US-20 E / IL-64 / E North Ave** via **EXIT 13A** toward **US-20 E / Lake St / I-294 N / Milwaukee**. Map	**0.5 Mi** *15.8 Mi Total*
↑		7. Merge onto **W Lake St** toward **Milwaukee**. Map	**4.1 Mi** *19.9 Mi Total*
■		8. **1225 LAKE ST**. Map	
	B	**1225 Lake St**, Melrose Park, IL 60160-4039	

Total Travel Estimate: **19.93 miles - about 28 minutes**

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APPENDIX 4

CON Permit Application Cross-Reference Table

Old Attachment #	Attachment Description	New Attachment #
1	Applicant Ownership Information	1
2	Site Ownership	2
3	Licensee/Operator of Facility	3
4	Organizational Relationships	4
5	Flood Plain	5
6	Historic Preservation Compliance	6
7	Project Cost and Sources of Funds	7
9	Cost Space Requirements	9
11	Background of Applicant • Criterion 1110.1540(b) • Cross-Reference to Attachment 27	11
12	Purpose of the Project • Criterion 1110.230(a)	12(a)
43	Safety Net Impact Statement • Criterion 1110.230(b)	12(b)
13	Alternatives • Criterion 1110.230(c)	13
14	Project Scope: Size of Project • Criterion 1110.234(a)	14
15	Project Services Utilization • Criterion 1110.234(b) • Criterion 1110.234(c)	15
16	Unfinished or Shell Space • Criterion 1110.234(d)	16
17	Assurances • Criterion 1110.234(e)	17
N/A	Identification of ASTC Categories of Service • New Criterion	ASTC Categories of Service 1110.1540(a)(5)
27	Background of Applicant • New Criterion	Background of Applicant 1110.1540(b)
27	Target Population • Old Criterion 1540(b)	Geographic Service Area Need 1110.1540(c)

27	Projected Patient Volume • Old Criterion 1540(c)	Service Demand: Est. of ASTC 1110.1540(d)
27	Treatment Room Need Assessment • Criterion 1540(d)	Treatment Room Need Assm't 1110.1540(f)
27	Impact on Other Facilities • Criterion 1540(e)	Unnecessary Duplication/Mald. 1110.1540(h)
27	Establishment of New Facilities • Criterion 1540(f)	Service Accessibility 1110.1540(g)
27	Charge Commitment • Criterion 1540(g)	Charge Commitment 1110.1540(j)
27	Staffing • New Criterion	Staffing 1110.1540(i)
27	Assurances • New Criterion	Assurances 1110.1540(k)
39	Availability of Funds • Criterion 1120.120	39
40	Financial Viability Waiver • Criterion 1120.130	40
41	Viability Ratios • Criterion 1120.130	41
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44	Charity Care and Medicaid Participation • No criterion	44
Appendix 1	Physician Referral Letters	Appendix 1
Appendix 2	Hospitals/ASTCs within 45 Minutes Travel Time	Appendix 2
Appendix 3	MapQuest Time and Distance Print Outs	Appendix 3

APPENDIX 4

CON Permit Application Cross-Reference Table