STATE OF ILLINOIS
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

**MEMORANDUM**

TO: Mike Constantino, Chief – Program Review Section
Division of Health Systems Development

FROM: Kathy J. Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Exemption to Certificate of Need # E-037-15

Facility: Memorial Hospital Belleville, Belleville
Discontinue Pediatrics Service

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This is to advise you that I have reviewed the above-captioned relinquishment request within the requirements in 77 IAC 1130.500 and 77 IAC 1130.520 and have determined the following:

✓ The request is in compliance with the requirements in 77 IAC 1130.520 and the change of ownership request is approved.

_____ This request is to be reviewed by the Health Facilities Planning Board.

_____ This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 IAC 1130.520.

_____ Other actions as follows:

Kathy J. Olson, Chairman
Illinois Health Facilities and Services
Review Board

2/16/16
Date