

ORIGINAL
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JUL 28 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Surgery Center of Joliet	
Street Address: 301 N. Madison Street, Suite 100	
City and Zip Code: Joliet, IL 60435	
County: Will	Health Service Area 009 Health Planning Area: 197

Applicant /Co-Applicant Identification

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

Exact Legal Name: Surgery Center of Joliet, L.L.C.	
Address: 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435	
Name of Registered Agent: Margaret Schillaci	
Name of Chief Executive Officer: Peter Mihalakakos, MD	
CEO Address: 301 N. Madison Street, Suite 100	
Telephone Number: 815-744-1119	

Type of Ownership of Applicant/Co-Applicant

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

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Margaret Schillaci
Title: Administrator
Company Name: Surgery Center of Joliet
Address: 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435
Telephone Number: 815-744-1119
E-mail Address: mschillaci@surgerycenterofjoliet.com
Fax Number: 815-744-1151

Additional Contact

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

Name: Thomas J. Manak
Title: System Director Strategic Planning
Company Name: Provena Health
Address: 18925 Hickory Creek Drive, Mokena, Illinois, 60448
Telephone Number: 815-725-7133 x3236
E-mail Address: thomas.manak@provena.org
Fax Number: 815-773-7794

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: Margaret Schillaci

Title: Administrator

Company Name: Surgery Center of Joliet

Address: 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435

Telephone Number: 815-744-1119

E-mail Address: mschillaci@surgerycenterofjoliet.com

Fax Number: 815-744-1151

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Alter Medical Fund Joliet, LLC

Address of Site Owner: 5500 W. Howard Street, Skokie, IL, 60077

Street Address or Legal Description of Site: 301 N. Madison Street, Joliet, Illinois, 60435

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: Surgery Center of Joliet, L.L.C.

Address: 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435

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

- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements - NOT APPLICABLE

[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 - NOT APPLICABLE

[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: <input type="checkbox"/> Substantive <input checked="" type="checkbox"/> Non-substantive	Part 1120 Applicability or Classification: [Check one only.] <input checked="" type="checkbox"/> Part 1120 Not Applicable <input type="checkbox"/> Category A Project <input type="checkbox"/> Category B Project <input type="checkbox"/> 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.

Surgery Center of Joliet, LLC (SJOC) is seeking a certificate of need permit to discontinue its non-hospital based ambulatory surgery treatment center. SJOC is located in the Madison Medical Office Building at 301 N. Madison Street in Joliet. The Madison Medical Office Building is attached to Provena Saint Joseph Medical Center (PSJMC).

The space in which SJOC operates will become an outpatient surgery department of Provena Saint Joseph Medical Center. Patients who have historically received care at SJOC will now be served by PSJMC. Both hospital providers in Joliet, PSJMC and Silver Cross Hospital, have indicated their ability to care for all patients seen by SJOC without conditions, limitations, or discrimination.

SJOC reported 2,128 total surgery hours (including set-up and clean-up) in 2009 and 1,738 total surgery hours in 2008. This volume represents a 47 percent utilization in 2009 and 39 percent utilization in 2008 based on the standard of 1,500 hours per operating room.

This application includes letters from eleven area providers, both hospitals and ambulatory surgery treatment centers. None of them have indicated that there will be a negative impact on their facility with the discontinuation of SJOC. Many have stated they can accept some or all of the SJOC volume. Silver Cross Hospital and PSJMC have stated their willingness to accept all of SJOC patients without conditions, limitations, or discrimination. Letters from these providers are included in Appendix 3.

Section 1110.40 of the Board's rules classifies a discontinuation of a category of service as non-substantive. There are no capital costs associated with the proposed discontinuation of this non-hospital based ambulatory surgery service.

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$ _____		
Fair Market Value: \$ _____		

The project involves the establishment of a new facility or a new category of service
 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 \$ _____.

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): No later than December 31, 2010 with the objective being no later than 30 days after IHF&SRB approval.

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
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements – NOT APPLICABLE

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.**

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

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

Facility Bed Capacity and Utilization – NOT APPLICABLE

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

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Surgery Center of Joliet, L.L.C.* 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]
 SIGNATURE
Jeffrey L Brickman
 PRINTED NAME
 VICE CHAIRMAN, BOARD OF
 PRINTED TITLE MANAGERS

Holly Gunderson - Ratko
 SIGNATURE
Holly Gunderson - Ratko
 PRINTED NAME
 M.D. - MEMBER, BOARD OF
 PRINTED TITLE MANAGERS

Notarization:
Subscribed and sworn to before me
this 26 day of July, 2010

Notarization:
Subscribed and sworn to before me
this 27 day of July, 2010

Karen A Sellers
 Signature of Notary
 "OFFICIAL SEAL"
 Seal Karen A Sellers
 Notary Public, State of Illinois
 Commission Expires 2/28/2012
 *Insert EXACT legal name of the applicant

Karen A Sellers
 Signature of Notary
 "OFFICIAL SEAL"
 Seal Karen A Sellers
 Notary Public, State of Illinois
 Commission Expires 2/28/2012

SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
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	14
2	Site Ownership	15
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	16
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	17
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	18-33
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	34-38
44	Charity Care Information	39

File Number 0093980-3



To all to whom these Presents Shall Come, Greeting:

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

SURGERY CENTER OF JOLIET, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 13, 2003, 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.



Authentication #: 1018101690
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of JUNE A.D. 2010

Jesse White

SECRETARY OF STATE

COUNTY OF WILL 2009 LEVY PROPERTY TAX BILL
 FOR SERVICES PROVIDED BY THE TAXING DISTRICTS LISTED
 BELOW FROM JANUARY 1, 2009, THROUGH DECEMBER 31, 2009

PAT McGUIRE, WILL COUNTY TREASURER 1.884
 WILL COUNTY OFFICE BUILDING
 302 N. CHICAGO ST., JOLIET, IL 60432-4059
 8:30 A.M. - 4:30 P.M. MONDAY-FRIDAY
 PHONE (815) 740-4675 FAX 740-4686 TDD 740-4681
 AUTOMATED TAX INFORMATION (815) 740-4682
 WWW.WILLCOUNTYTREASURER.COM

30-07-07-302-005-0004

ALTER MEDICAL FUND JOLIET LLC
 % THE ALTER GROUP LTD
 5500 WEST HOWARD ST
 SKOKIE IL
 60077



ACRES	TAX CODE	PROP CLASS	2008 MARKET VALUE	SUPPLY ASSESSMENT FACTOR	PERMANENT INDEX NUMBER PIN	Land	0
	3011	C		1.0000	30-07-07-302-005-0004	Building	0
NET EQUALIZED VALUE			2008		2009	• Add'd Assessment	0
						• Improvement Exemption	0
						• Total Assessed Value	1,859,525
						• County Multiplier	1.0000
						• Equalized Value	1,859,525
						• Farm Land	0
						• Farm Building	0
						• Homestead Exemption	0
						• Citizen Exemption	0
						• Citizen Freeze Examp	0
						• Enterprise Zone Exemp	0
						• Open Space Exemp	0
						• Net Equalized Value	1,859,525
						• Tax Rate	2,902.51
						• Before Exemptions	117,884.36
						• Farm Exemptions	0
						• After Exemptions	117,884.36
						• Other Tax	0
						• Total Tax Due	117,884.36
* TOTAL AMOUNT *					7.1035	117,884.36	
1st due date 09/02/10		2nd due date 09/02/10		TOTAL AMOUNT DUE			
58,942.18		58,942.18		117,884.36			

4390.6910 *[Signature]*

AVOID PENALTIES. IF YOU MAIL YOUR PAYMENT, DO SO AT LEAST FIVE DAYS PRIOR TO THE DUE DATE.
 IMPORTANT INFORMATION ON REVERSE SIDE

2 **NOON**

30-07-07-302-005-0004
 ALTER MEDICAL FUND JOLIET LLC
 % THE ALTER GROUP LTD
 5500 WEST HOWARD ST
 SKOKIE IL
 60077

IF YOU HAVE NOT PAID YOUR TAXES BY SEPT 2, YOU MUST PAY ONE OF THE ABOVE AMOUNTS WHICH INCLUDES 1.5% INTEREST PER MONTH

THIS AMOUNT:
ON OR BEFORE SEPT 2, 2010
58,942.18
59,826.31
60,710.45
61,594.58
62,478.71
63,362.84

CONTACT COUNTY CLERK AFTER DEC. 1 FOR REDEMPTION AMOUNT.

30070730200500042800058942180005982631000607104500060720450006160458

1 **NOON**

30-07-07-302-005-0004
 ALTER MEDICAL FUND JOLIET LLC
 % THE ALTER GROUP LTD
 5500 WEST HOWARD ST
 SKOKIE IL
 60077

PLEASE USE THIS PERMANENT INDEX NUMBER 30-07-07-302-005-0004

1ST INSTALLMENT PAYMENT COURON

ONLY CERTIFIED FUNDS OR CASH ACCEPTED AFTER OCT. 1.

PAY THIS AMOUNT:
ON OR BEFORE JUNE 2, 2010
58,942.18
JUNE 3 through JULY 2
59,826.31
JULY 3 through AUG 2
60,710.45
AUG 3 through SEPT 2
61,594.58
SEPT 3 through OCT 2
62,478.71
OCT 3 through NOV 2
63,362.84

IF YOU HAVE NOT PAID YOUR TAXES BY JUNE 2, YOU MUST PAY ONE OF THE ABOVE AMOUNTS WHICH INCLUDES 1.5% INTEREST PER MONTH

30070730200500041900058942180005982631000607104500061594580006247871

Attachment 1 is a copy of the Certificate of Good Standing for Surgery Center of Joliet, LLC as is required for this section.

Ownership of Surgery Center of Joliet is as follows:

<u>Owner</u>	<u>Percentage Ownership</u>
Provena Saint Joseph Medical Center	49.5%
Associated Anesthesiologists	5.5%
Michael Gartlan, MD	5.5%
Susan Schneider, MD	5.5%
All Others - None Greater than 5%	34.0%
Total	<u>100.0%</u>

Surgery Center of Joliet, LLC is an independent limited liability corporation and there are no related parties.

SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

The applicant, SJOC, proposes to discontinue a category of service, a freestanding multi-specialty ambulatory surgery treatment center. As a result of the discontinuation of SJOC, 3 operating rooms (Class C), two special procedure rooms (Class B) will be discontinued. There are no beds in this project.

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

With the discontinuation 3 operating rooms and 2 special procedure rooms at SJOC, 1 examination room, 6 stage 1 post anesthesia recovery stations, and 6 stage 2 step-down ambulatory recovery stations will be discontinued.

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

Pending approval of the Review Board for the discontinuation, SJOC anticipates the discontinuation no later than December 31, 2010. However, the plans call for discontinuation within 30 days of approval by the Review Board.

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

The space will be leased to PSJMC to be used as a hospital based outpatient surgery facility. The facility is in a medical office building attached to the Medical Center. SJOC will continue to be the leaseholder of the space and own the equipment. PSJMC will sublease the space and lease the equipment from SJC. PSJMC will utilize the space in the same manner as SJOC – as an outpatient surgery and procedure facility.

As there are both operating rooms and procedure rooms in the space, patients who have used SJOC in the past will be able to come to the same suite in the Madison Medical Office Building for their ambulatory surgery and outpatient procedures such as colonoscopies.

In addition, the new outpatient surgery department will be available to all PSJMC patients who require outpatient surgery or procedures. Wayfinding will be simpler for those patients who will use the outpatient surgery department. The space is on the first floor of the medical office building conveniently located near the main entrance to the building.

There is no cost to the discontinuation and there is no anticipated cost to re-opening the space as the outpatient surgery department of PSJMC.

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

All medical records for SJOC patients will be kept either in hard copy or on disc in archiving and/or in the electronic medical records system on the PSJMC campus. Physicians of patients that have

been seen at SJOC and who will return to the PSJMC outpatient surgery department will need the historical records.

It is expected that all SJOC patient's medical records will be kept indefinitely, but at a minimum of ten years consistent with PSJMC record retention policy. This meets the legal requirements for medical record retention.

6. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.**

Attachment 10 – Exhibit 1 is the certification that all questionnaires and data required by the IHF&SRB or IDPH will be provided through the date of the discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

The Surgery Center of Joliet, LLC is not being dissolved and will respond to data requests of IHF&SRB or IDPH. In addition, PSJMC will also accept future correspondence regarding questionnaires and data requests as it relates to historical activity of SJOC.

REASONS FOR DISCONTINUATION

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

Board rules identify four examples of reasons for discontinuation. They are “1) insufficient volume or demand for the service; 2) lack of sufficient staff to adequately provide the service; 3) the facility or the service is not economically feasible, and the continuation impairs the facility’s financial viability; 4) the facility or the service is not in compliance with licensing or certification standards.”

The reason for the discontinuation does not fit neatly into one of the four examples.

Based on the original CON application which established the Surgery Center of Joliet, it was assumed that there would be sufficient volumes to support three operating rooms and two treatment / procedure rooms.

The application projected “3,632 cases resulting in 5,448 hours and a need for four operating rooms.” It was also stated that “it is anticipated that the proposed ASTC will surpass... target (operating room) utilization in the first year of operation.”

This utilization has not occurred. The following is the utilization of the operating rooms for each of the past three years and the rooms that could be justified based on actual volume.

	2007	2008	2009	3-Year Average
Surgical Hours	1,068	1,738	2,128	1,645
Avg. Surgical Hours per Room	356	579	709	548
Percentage Utilization	24%	39%	47%	37%
Justified ORs	1	2	2	2

The first year shown above, 2007, was the first full calendar year of operations for SJOC. In 2006, there were only 121 operating room hours.

Obviously, SJOC did not meet its projection of reaching the state standard of 1,500 surgical hours per room in the first full year of operation. And, it continues to underperform the state standard by operating at only 47% of the standard in 2009, the highest rate since it opened.

The volume in the CON application was based on physicians changing referral patterns and utilizing the surgery center based on their historical surgical caseload. That has not occurred. If a physician does not want to utilize SJOC he or she can schedule the cases at PSJMC as an outpatient surgical case.

As reported in the most recently published Annual Hospital Questionnaires the following is the surgical volume at PSJMC.

	2006	2007	2008	3-Year Average
Outpatient Surgical Hours	9,270	10,441	11,126	10,279
Inpatient Surgical Hours	11,376	11,754	14,247	12,459
Total Surgical Hours	20,646	22,195	25,373	22,738

The opening of Surgery Center of Joliet did not reduce the volume of outpatient surgical cases as was expected. Outpatient surgical time continued increase. Utilization of the operating rooms reached 169 percent of the IHF&SRB standard of 1,500 hours per room. Obviously, cases that could have been performed at the SJOC continued to be performed at PSJMC.

The SJOC has determined that this freestanding ASTC has not meet the overall goals and objectives of SJOC or supporting PSJMC in allowing outpatient surgery cases that traditionally would be performed at the hospital to be moved to an on-campus ASTC. The discontinuation of SJOC will not impact access to care as the space will be operated as a hospital based outpatient surgery facility – a hospital department.

The historical utilization SJOC has not met the volume goals and as a result has not met the financial objectives of the owners. The discontinuation is a business decision based on the economics of the current situation and the best interests of the owners. It will not affect access to ambulatory surgery services in the community.

It is important to note that the services and care provided at the SJOC will continue to be provided in the same location in the future. PSJMC will sublease the space and lease the equipment from SJOC. Staff and the management team will continue to operate the facility as in the past. The only operational change will be that the services will now be provided in a hospital outpatient department.

Discontinuation of SJOC as an ambulatory surgery treatment center and re-purposing it as an outpatient hospital department of PSJMC should decrease outpatient surgery cases and time in the main surgery suite in the hospital therefore providing capacity for the more complex inpatient cases.

From the public's perspective the only differences will be:

1. The public will see the facility labeled as a PSJMC outpatient surgery facility and
2. Patients that have a limited ability to pay for services and would not have been seen at SJOC will have access to the new PSJMC outpatient surgery center. Patients receiving care at the hospital based ambulatory surgery center will be subject to the Provena Health financial assistance policy. A copy of that policy is included in this attachment.

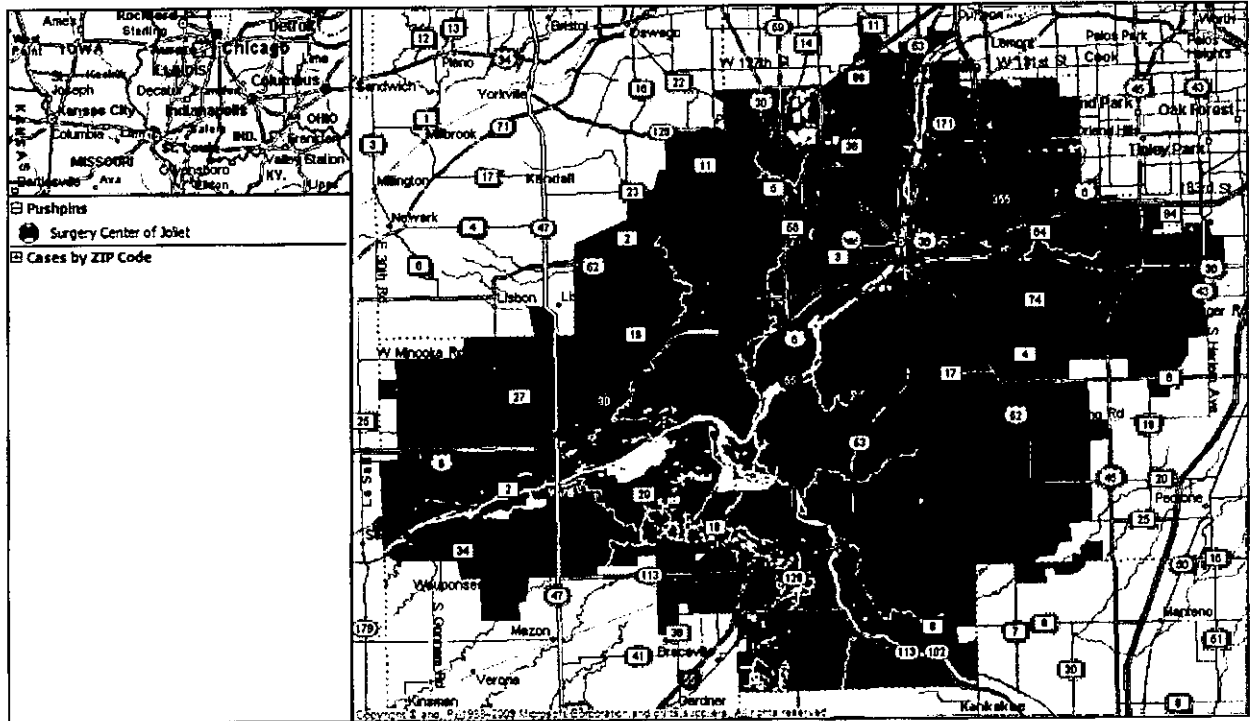
IMPACT ON ACCESS

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

Based on the 2009 patient origin data that was included in the recently filed Annual Ambulatory Surgery Center Questionnaire, the following table shows that patient origin information.

<u>Zip</u>	<u>City</u>	<u>Cases</u>	<u>Percent</u>	<u>Cum. %</u>
60435	Joliet	770	15.4%	15.4%
60586	Plainfield	388	7.8%	23.2%
60431	Joliet	352	7.1%	30.3%
60404	Shorewood	292	5.9%	36.1%
60410	Channahon	256	5.1%	41.3%
60436	Joliet	251	5.0%	46.3%
60403	Crest Hill	229	4.6%	50.9%
60447	Minooka	228	4.6%	55.5%
60451	New Lenox	222	4.5%	59.9%
60544	Plainfield	198	4.0%	63.9%
60441	Lockport	197	4.0%	67.8%
60433	Joliet	146	2.9%	70.8%
60450	Morris	141	2.8%	73.6%
60481	Wilmington	131	2.6%	76.2%
60416	Coal City	128	2.6%	78.8%
60446	Romeoville	126	2.5%	81.3%
60432	Joliet	97	1.9%	83.3%
60408	Braidwood	84	1.7%	84.9%
60442	Manhattan	80	1.6%	86.5%
60421	Elwood	65	1.3%	87.8%
60448	Mokena	60	1.2%	89.1%
60491	Homer Glen	36	0.7%	89.8%
60423	Frankfort	35	0.7%	90.5%
	All others	475	9.5%	100.0%
		<u>4,987</u>	<u>100.0%</u>	

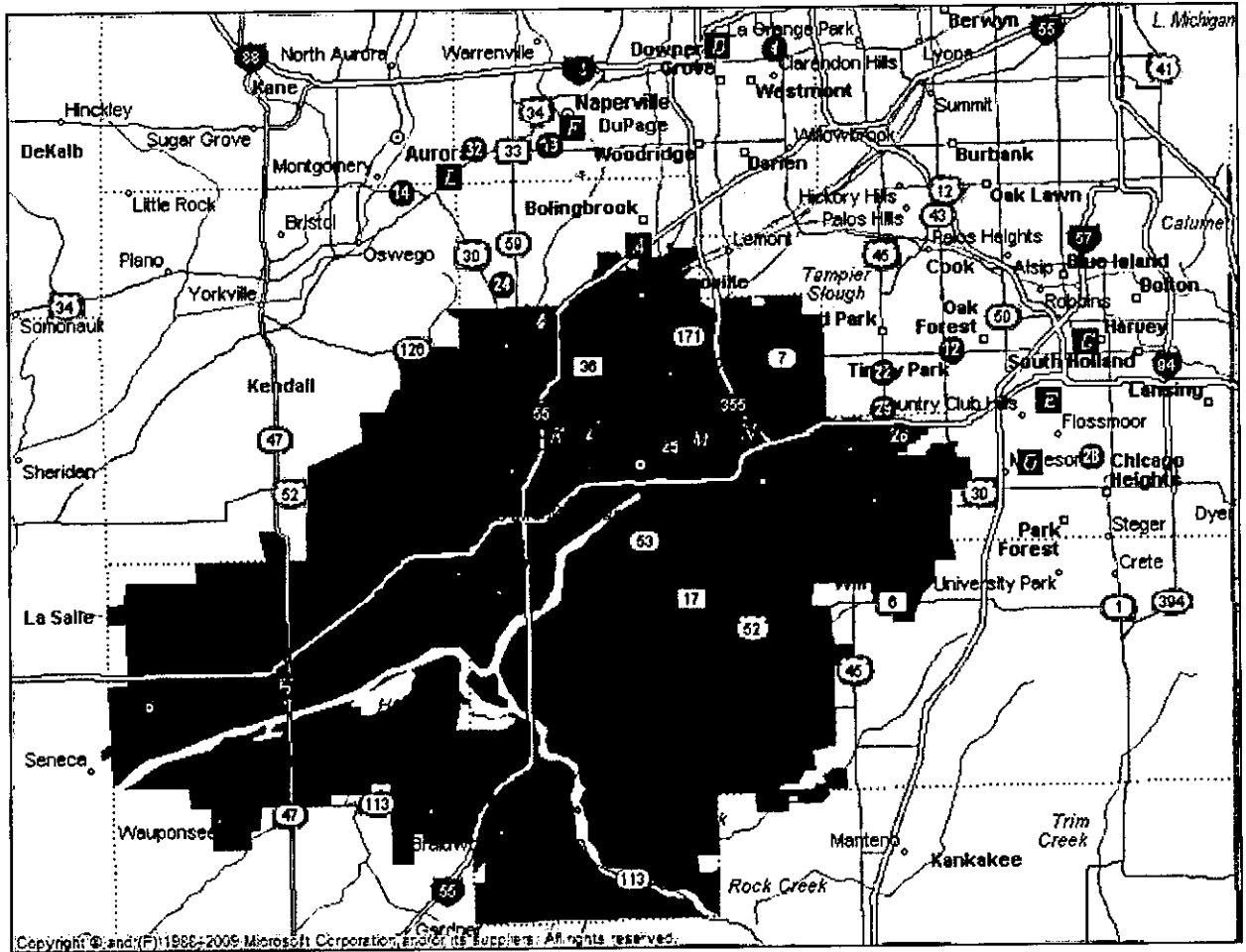
The zip codes that represent 90 percent of the cases represent the service area of Surgery Center of Joliet. The following map shows that service area. Most of this service area is within a 15 mile radius of SJOC.



Within the SJOC service area there are three hospitals and four ASTCs (excluding SJOC). One of the ASTCs only performs endoscopy procedures (Midwest Endoscopy) and the other has received approval for discontinuation (SCHCI – cath procedures only). The following table and map shows ASTCs and hospitals within the 45 minute adjusted drive time of SJOC and the SJOC service area. Those highlighted in yellow are within the SJOC service area.

Key	Facility	Street	City	Distance	Time	Adjusted Time
1	Surgery Center of Joliet	301 N. Madison Street	Joliet, IL 60435	0.00	0	0
K	Provena Saint Joseph Medical Center	333 N. Madison Street	Joliet, IL 60435	0.05	0	0
2	Amsurg Surgery Center	330 N. Madison Street	Joliet, IL 60435	0.05	0	0
25	SCHCI	1200 Maple Avenue	Joliet, IL 60432	5.26	16	18
M	Silver Cross Hospital	1200 Maple Street	Joliet, IL 60432	5.26	16	18
N	Silver Cross Hospital (new)	I-355 & U.S. 6	New Lenox, IL	14.04	21	24
24	Plainfield Surgery Center	24600 W. 127 th Street, Building C	Plainfield, IL 60585	13.38	24	28
A	Adventist Bolingbrook Hospital	500 Remington Road	Bolingbrook, IL 60440	18.68	24	28
29	Tinley Woods Surgery Center	18200 S. La Grange Road	Tinley Park, IL 60477	17.76	25	29
26	Southwest Surgery Center	19110 Darwin Drive	Mokena, IL 60448	18.27	25	29
H	Morris Hospital	150 W. High Street	Morris, IL 60450	21.76	26	30
22	Orland Park Surgical Center	9550 W 167 th Street	Orland Park, IL 60467	19.59	27	31
6	Deerpath Orthopedic Surgical Center	1051 W. Route 6	Morris, IL 60450	22.10	27	31
L	Rush Copley Medical Center	2000 Ogden Avenue	Aurora, IL 60504	20.12	32	37
17	Midwest Endoscopy Center	1243 Rickert Drive	Naperville, IL 60540	22.78	32	37
32	Castle Surgicenter, LLC	2111 Ogden Avenue	Aurora, IL 60504	20.40	33	38
F	Edward Hospital	801 S. Washington Street	Naperville, IL 60540	21.89	33	38
19	Naperville Surgical Centre	1263 Rickert Drive	Naperville, IL 60540	22.94	33	38
14	Kendall Pointe Surgery Center	100 W. Fifth Street	Oswego, IL 60543	21.18	34	39
12	Ingalls Same Day Surgery Center	6701 W. 159 th Street	Tinley Park, IL 60477	24.70	34	39
E	Advocate South Suburban Hospital	17800 S. Kedzie Avenue	Hazel Crest, IL 60429	27.01	35	40
O	St. James Hospital & Health Center	20201 S. Crawford	Olympia Fields, IL 60461	27.52	35	40
G	Ingalls Memorial Hospital	One Ingalls Drive	Harvey, IL 60426	29.41	39	45
28	Ambulatory Surgery Center of Downers Grove	4333 Main Street	Downers Grove, IL 60515	29.45	39	45
4	Chicago Prostate Cancer Surgery Center	815 Pasqueinelli Drive	Westmont, IL 60559	31.05	39	45
16	Midwest Center for Day Surgery	3811 Highland Avenue	Downers Grove, IL 60515	31.36	39	45
D	Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove, IL 60515	31.37	39	45

See Appendix 1 for MapQuest webpage printouts documenting the above travel times.



Note: Some of the locations have been adjusted slightly for location identification purposes only.

Within the 45 minute adjusted drive time of SJOC there is a total of 146 operating rooms in operation. Based on the standard of 1,500 hours per room there is an excess of 22.5 operating rooms. Of those 26 facilities, only five have a need for additional rooms. And, of those 5 only one is a freestanding ASTC, Amsurg Surgery Center in Joliet. Amsurg states in their letter (Appendix 3) that they have the ability "to accommodate (SJC) patients."

The largest need is at PSJMC where there is a need for 6.9 rooms. Given the plans for the SJOC space to become an outpatient surgical department of PSJMC, this will alleviate some of the overall need for additional ORs. It must be remembered that some of the OR need at PSJMC is for inpatient OR capacity.

The following table details the utilization of those facilities.

	2008			Rooms Justified	Available Rooms
	Rooms	Cases	Hours		
Adventist Bolingbrook Hospital	6	1,808	3,409	2.3	3.7
Advocate Good Samaritan Hospital	11	8,562	21,992	14.7	(3.7)
Advocate South Suburban Hospital	9	5,430	6,636	4.4	4.6
Ambulatory Surgery Center of Downers Grove	3	1,144	1,830	1.2	1.8
Castle Surgicenter, LLC	2	1,108	1,410	0.9	1.1
Chicago Prostate Cancer Surgery Center	2	1,482	1,482	1.0	1.0
Deerpath Orthopedic Surgical Center	2	828	939	0.6	1.4
Edward Hospital	18	14,283	29,634	19.8	(1.8)
Ingalls Memorial Hospital	9	7,763	11,190	7.5	1.5
Ingalls Same Day Surgery Center	4	4,311	5,717	3.8	0.2
Kendall Pointe Surgery Center	3	848	841	0.6	2.4
Midwest Center for Day Surgery	5	2,920	3,849	2.6	2.4
Midwest Endoscopy Center	Procedures Only			0.0	0.0
Morris Hospital	4	3,119	5,196	3.5	0.5
Naperville Surgical Centre	4	2,107	3,170	2.1	1.9
Orland Park Surgical Center	5	4,272	2,867	1.9	3.1
Plainfield Surgery Center	3	149	219	0.1	2.9
Provena Saint Joseph Medical Center	10	14,174	25,373	16.9	(6.9)
Rush Copley Medical Center	11	9,303	20,991	14.0	(3.0)
Amsurg Surgery Center	4	5,042	7,009	4.7	(0.7)
SCHCI	Discontinued			0.0	0.0
Silver Cross Hospital*	14	8,657	14,864	9.9	4.1
Southwest Surgery Center	4	1,689	1,277	0.9	3.1
St. James Hospital & Health Center	6	3,365	8,843	5.9	0.1
Surgery Center of Joliet	3	1,660	1,738	1.2	1.8
Tinley Woods Surgery Center	4	3,515	4,570	3.0	1.0
Total	146	107,539	185,046	123.5	22.5

* Number of rooms based on approved CON application

Source: 2008 Hospital Profiles and 2008 ASTC Profiles

Based on current capacity at facilities that provide surgical services within the SJOC adjusted 45 minute drive time service area there is an excess of operating rooms. Therefore, the discontinuation of SJOC will not impact access to services.

Eleven facilities have submitted letters to SJOC regarding the discontinuation of the ASTC. Of those, seven are in within the adjusted 45 minute drive time. Four of those seven have indicated their willingness to accept all the patients of SJOC and three stated there would be no impact.

Both PSJMC and Silver Cross Hospital have stated that it can accept all of the patients of SJOC without conditions, limitation or discrimination. Two ASTCs have stated they can accept all of the SJOC volume.

Based on this availability of surgical capacity within an adjusted 45 minute travel time of SJOC and the willingness of providers to accept patients without conditions, limitation or discrimination, it does not appear that the discontinuation of SJOC will have an adverse effect upon access to surgical care for residents in the service area.

A unique set of circumstances is occurring with the discontinuation of the SJOC and the conversion of the space to an outpatient surgery department of PSJMC. From 2007 to 2009 only 1 patient received charity care as reported in the Annual Questionnaire submitted to IDPH by SJOC. This is expected to increase once SJOC is discontinued and the PSJMC outpatient surgery department becomes operational. As an outpatient surgery department of PSJMC, patients will be eligible for discounts based on a patient's ability to pay in accordance with the Provena Health and Provena Hospitals financial assistance policy. Following is that financial assistance policy. This policy information is available on the Provena Health website at <http://www.provena.org/body.cfm?id=17&oTopID=17> and is available at PSJMC.



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Financial Assistance

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It has always been and will always be Provena Health's Catholic mission to provide patients who are in need high-quality health care, regardless of their ability to pay. Your financial circumstances will not affect the care you receive. All patients will be treated with respect and fairness, regardless of their ability to pay. The amount of financial assistance you receive is determined by the Provena Health ministry you received care at and the associated financial assistance guidelines.

If you have need for healthcare services, but lack the means to pay, we encourage you to review our financial assistance programs. If you believe you may qualify, please complete and submit the applicable application.

In addition to our Financial Assistance Programs, you may also be eligible for public programs such as Medicaid, Medicare or AllKids. Applying for such programs may be required prior to applying for one of our Financial Assistance Programs. Provena will assist patients with state funded public programs and the enrollment process.

To apply for Financial Assistance, please choose the type of Provena ministry where you received services:

Financial Assistance Programs for Provena Hospitals	Financial Assistance Programs for Provena Medical Group
Financial Assistance Programs for Provena Senior Services	Financial Assistance Programs for Provena Home Care

If you have any questions or need additional assistance, please consult our Frequently Asked Questions, or contact us:

<http://www.provena.org/body.cfm?id=17&oTopID=17>

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Financial Assistance - Provena Health

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- Provena Covenant Medical Center: 217-337-2257
- Provena Saint Joseph Hospital: 847-931-5562
- Provena Saint Joseph Medical Center: 815-741-7146
- Provena St. Mary's Hospital: 815-937-2028
- Provena Mercy Medical Center: 630-801-2558
- Provena United Samaritans Medical Center: 217-443-5000 ext. 5128, 5151, 5497
- Provena Hospital Central Billing Office: 888-740-4111
- Provena Medical Group Billing Office: 877-928-6145
- Provena Home Health Patient Financial Services: 815-806-2300

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The screenshot shows the Provena Health website header. At the top left is the Provena Health logo. To the right is a search bar with a 'GO' button and a link to 'Advanced Search...'. Below the logo is a horizontal navigation menu with links to various Provena facilities: Provena Health, Provena Covenant Medical Center, Provena Mercy Medical Center, Provena Saint Joseph Hospital, Provena Saint Joseph Medical Center, Provena St. Mary's Hospital, Provena United Samaritans Medical Center, and Provena Life Connections (Senior Services, Home Care & Hospice). Below the menu is a banner with the Provena Health logo on the left and the text 'powerful healing.' on the right. At the bottom of the banner is a secondary navigation menu with links: Medical Services, Health & Wellness Information, Find a Physician, Maps & Directions, Careers, and Contact Us.

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This page is for Provena hospital charges ONLY.

Financial Assistance Programs for:

[Provena Medical Group](#) | [Provena Senior Services](#) | [Provena Home Care](#)

Provena Health offers a variety of financial assistance programs to meet the needs of our patients. Our programs apply only to Provena hospital charges. Please be aware you will receive a separate bill from each independent practitioner, or groups of practitioners, for care, treatment, or services provided. The Provena Health Financial Assistance Program does not apply to these charges.

In addition to the Provena Health Financial Assistance Programs, you may also be eligible for public programs such as Medicaid, Medicare or AllKids. Applying for such programs may be required prior to applying for a Provena Health Financial Assistance Program. Provena will assist patients with state funded public programs and the enrollment process.

The Provena Health Financial Assistance Programs include four programs:

1. **Uninsured Financial Assistance**
 - o Available to: Uninsured Patients
 - o Description: Offers free care or discounted care based on family size and income according to the Eligibility Criteria.
(Spanish: Normas de Elegibilidad para el Programa)
 - o How to Apply:
 - Complete the Financial Assistance Program Application.
(Spanish: Solicitud para el Programa de Asistencia Financiera Hospitalaria)
 - If applicable, complete the Room & Board Statement with the Application.
(Spanish: Declaración de Cuarto y Comida)

2. **Self-Pay Discount**
 - o Available to: Uninsured Patients
 - o Description: Offers an automatic 20% discount
 - o No application necessary

<http://www.provena.org/body.cfm?id=840>

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3. Catastrophic Discount

- o Available to: Uninsured and Insured Patients
- o Description: Limits the out-of-pocket costs when medical debts specific to medical care at Provena Health Hospitals exceed 25% of the patient's family gross income.
- o How to Apply: Determine if your out-of-pocket expenses exceed 25% of family gross income. If so, complete the Financial Assistance Program Application.
(Spanish: *Solicitud para el Programa de Asistencia Financiera Hospitalaria*)

4. Payment Plan Program

- o Available to: Uninsured and Insured Patients
- o Description: Assists patients with their financial obligations by establishing payment arrangements.
- o How to Apply: Contact a Financial Counselor * or the Central Billing Office at 888-740-4111 if you have already received a statement.

*** Financial Counselors:**

- Provena Covenant Medical Center: 217-337-2257
- Provena Mercy Medical Center: 630-801-2558
- Provena Saint Joseph Hospital: 847-931-5562
- Provena Saint Joseph Medical Center: 815-741-7146
- Provena St. Mary's Hospital: 815-937-2028
- Provena United Samaritans Medical Center: 217-443-5000, extentions 5128, 5151, or 5497
- Provena Health Central Billing Office: 888-740-4111

Policy: Provision for Financial Assistance - Provena Hospitals
Spanish: *Provisión para Asistencia Financiera - Hospitales Provena*

Policy: Self-pay Patients - Provena Hospitals

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Eligibility for financial assistance is reviewed according to the U.S. government's Federal Poverty Guidelines.

These guidelines are updated each year.

- To qualify for FREE services (100% financial assistance) your household income must be at or below 200% of the current Federal Poverty Guidelines. See chart below.
- To qualify for partial financial assistance, your Household Income must be between 200% to 600% of the Federal Poverty Guidelines.

Family Size	To qualify for 100% Financial Assistance you must earn this amount or less annually:	To qualify for partial Financial Assistance you must earn this amount or less annually:
1	\$21,660	\$64,980
2	\$29,140	\$87,420
3	\$36,620	\$109,860
4	\$44,100	\$132,300
5	\$51,580	\$154,740
6	\$59,060	\$177,180
7	\$66,540	\$199,620
8	\$74,020	\$222,060
9	\$81,500	\$244,500
10	\$88,980	\$266,940

Note: If you receive partial financial assistance, you are still responsible for paying your portion of the bill. However, we are committed to working with patients to develop payment terms that are appropriate based on their income and ability to pay. If we establish a payment plan for you, we will not charge interest on the account balance while you make the payments.

CALCULATION PROCESS

1. Patients who are at or below the 200% guideline will receive a full write-off of charges.

<http://www.provena.org/body.cfm?id=841>

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Eligibility Criteria - Hospitals - Provena Health

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2. For patients who exceed the 200% guideline, but have income less than the 600% guideline, a sliding scale will be used to determine the percent reduction of charges that will apply. The matrix for deductions is below:

DISCOUNT MATRIX

Percentage of Poverty Guidelines	Discount Percentage
Up to 200%	100%
201- 300%	90%
301 - 400%	80%
401 - 599%	75%
600%	* Approx. 72%

* Calculation based on IL Hospital uninsured discount Act

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<http://www.provena.org/body.cfm?id=841>

7/2/2010

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

SJOC sent letters to all existing hospitals and ASTCs within 45 minutes of SJOC. See Appendix 2. The letters and related documentation of the date and time the letters were received by the providers are included with each letter.

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

Appendix 3 includes impact statements received from other providers.

Letters from the following area providers have indicated their willingness to accept all SJC surgery patients without conditions, limitations or discrimination.

- Provena Saint Joseph Medical Center without conditions, limitations, or discrimination
- Silver Cross Hospital without conditions, limitations, or discrimination

Letters from the following area providers have indicated their willingness to accept all SJC surgery patients.

- AmSurg Surgery Center
- Ingalls Same Day Surgery

Letters from the following area providers have indicated the discontinuation of SJOC will have no impact on their facility.

- St. James Hospital and Health Centers
- Castle Surgicenter, Aurora
- Advocate South Suburban Hospital
- Palos Community Hospital

Letters from the following area providers have indicated their willingness to accept some of the SJC surgery patients that are outside the adjusted 45 minute service area

- Elmhurst Outpatient Surgery Center – 500 cases
- Eye Surgery Center of Hinsdale – only ophthalmology cases

Children's Memorial Hospital outpatient facility in Westmont also indicated that there would be no impact on their facility.

All responding providers either indicated that they could accept all or some of the SJOC patient volume or there would be no impact on their facility. No provider indicated that there would be any negative impact on their facility.



July 6, 2010

Mr. Dale Galassie, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Surgery Center of Joliet, LLC – Discontinuation Application Certification

Dear Mr. Galassie:

In accordance with Section 1110.130 of the Illinois Health Facilities and Services Review Board rules we hereby certify that all questionnaires and data required by the Review Board or Illinois Department of Public Health (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

Subsequent to approval by the Health Facilities and Services Review Board and subsequent discontinuation, we will contact the appropriate parties to obtain the necessary forms to complete and submit to the Review Board or IDPH within the 60 day time period.

Sincerely,

Margaret Schillaci
Administrator

Summary Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

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.**

The discontinuation of SJOC will enhance safety net services in the community as PSJMC has a financial assistance policy that will apply to patients using the outpatient surgical department to be housed in the space where SJOC is currently located. This will enhance access to ambulatory surgical services to residents of the service area.

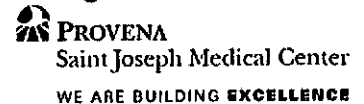
- 2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.**

The discontinuation of SJOC will have no impact on any provider or health care system to cross-subsidize safety net services. The closest provider is PSJMC and they have indicated in their letter of support that there will be no impact on their ability to subsidize safety net services. See following letter from Jeffrey Brickman, CEO, Provena Saint Joseph Medical Center which follows.

- 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.**

There will be no impact on safety net providers in Joliet as evidenced by the letter from PSJMC and Silver Cross Hospital's willingness to "accommodate all of the surgical cases and GI procedures currently being performed at (SJOC) without conditions, limitation or discrimination." These letters follow as part of Attachment 43.

333 North Madison Street
Joliet, IL 60435-6595
615 725-7133 Tel



Office of the President
Jeffrey L. Brickman

June 30, 2010

Ms. Marge Schillaci
Surgery Center of Joliet
301 N. Madison Street, Suite 100
Joliet, IL 60435

Re: Surgery Center of Joliet Discontinuation

Dear Ms. Schillaci:

I am in receipt of your request for an impact statement related to the discontinuation of the Surgery Center of Joliet as a freestanding ambulatory surgery treatment center.

With approval of the Illinois Health Services and Facilities Review Board, Surgery Center of Joliet, LLC (SCJ) will discontinue the operations of outpatient surgical services at 301 Madison Street in the Madison Medical Office Building on the Provena Saint Joseph Medical Center (PSJMC) campus. Subsequently, PSJMC will sublease the space and lease equipment from SCJ and operate the facility as a hospital based outpatient surgical facility. It will become a department of PSJMC.

That new hospital based outpatient surgical department will provide care to patients who have gone to SCJ in the past. PSJMC has the capacity to accommodate all of the surgical cases and procedures currently being performed at SCJ without conditions, limitation, or discrimination.

As a hospital department, financial assistance will be available to patients receiving care in the outpatient surgery department. Patients will now be eligible for financial assistance if their household income is less than 600% of the Federal Poverty Guidelines. If their household income is less than 200% of the Federal Poverty Guidelines they are eligible for 100% financial assistance (free care). In fact, PSJMC provided more than \$3.9 million of outpatient charity care (at cost) and more than \$7.2 million in total charity care (at cost) as reported in our 2009 Annual Hospital Questionnaire submitted to IDPH.

The SCJ discontinuation will have no impact on PSJMC or Provena Health related to cross-subsidization of safety net services. In addition, we do not believe there will be any impact on the overall safety net services PSJMC provides or are provided by any other healthcare providers in the area.

We believe the conversion from a non-hospital based, freestanding, ambulatory surgery treatment center to a hospital based ambulatory surgery department will allow PSJMC to accommodate all of the historical volume at SCJ and improve community access to outpatient surgical services.

Sincerely,



Jeffrey L. Brickman
System Senior Vice President and CEO



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals* National Award Winner
2004, 2005, 2006, 2007, 2008

June 14, 2010

Margaret Schillaci
Administrative Director
Surgery Center of Joliet, LLC
Madison Medical Plaza
301 N. Madison, Suite 100
Joliet, IL 60435

Dear Ms. Schillaci:

We are in writing in response to your letter informing us of the plans to discontinue your ASTC.

The impact of your facility closure on our facility would be minimal. In fact, Silver Cross Hospital has enough available capacity to accommodate all of the surgical cases and GI procedures currently being performed at your facility without conditions, limitation or discrimination.

Should you have any questions, please feel free to contact me.

Sincerely,


Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer

cc: Mike Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

1200 Maple Road • Joliet, Illinois 60432 • (815) 740-1100 • www.silvercross.org

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

- 1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.**
- 2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Serviced by Payer Source" and "Inpatient and Outpatient Net Revenue by Payer 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 services.**

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

Safety Net Information per PA 96-0031			
	2007	2008	2009
Charity Care			
Charity (# of patients)			
Inpatient	0	0	0
Outpatient	0	1	0
Total	0	1	0
Charity (cost in dollars)			
Inpatient	\$0	\$0	\$0
Outpatient	0	1,000	0
Total	\$0	\$1,000	\$0

Medicaid			
Medicaid (# of patients)			
Inpatient	0	0	0
Outpatient	4	22	52
Total	4	22	52
Medicaid (revenue)			
Inpatient	\$0	\$0	\$0
Outpatient	16,562	106,470	317,247
Total	\$16,562	\$106,470	\$317,247

The charity care and Medicaid information above is as reported to IDPH in the Ambulatory Surgical Treatment Center Questionnaire for 2009 or published in the ASTC Profiles by Facility, 2007 and 2008 as found on the IHF&RB website.

XII. Charity Care Information

Charity Care information MSUT be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the last 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 statements; 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 exiting facility, it shall submit the facility's project patient mix by payer source, anticipate 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.

Charity Care			
	2007	2008	2009
Net Patient Revenue	\$17,974,694	\$23,966,255	\$25,554,629
Amount of Charity Care (charges)	\$0	\$3,220	\$0
Cost of Charity Care	\$0	\$1,000	\$0

Except for "Amount of Charity Care (charges)", all the charity care information above is as reported to IDPH in the Ambulatory Surgical Treatment Center Questionnaire for 2009 or published in the ASTC Profiles by Facility, 2007 and 2008 as found on the IHF&RB website.

The following table was presented in Attachment 10 and shows all providers within a MapQuest travel time of 45 minutes. Subsequent pages are directly from MapQuest documenting distances and travel times.

Facility	Street	City	Distance	Time	Adjusted Time
Surgery Center of Joliet	301 N. Madison Street	Joliet, IL 60435	0.00	0	0
Provena Saint Joseph Medical Center	333 N. Madison Street	Joliet, IL 60435	0.05	0	0
Amsurg Surgery Center	330 N. Madison Street	Joliet, IL 60435	0.05	0	0
SCHCI	1200 Maple Avenue	Joliet, IL 60432	5.26	16	18
Silver Cross Hospital	1200 Maple Street	Joliet, IL 60432	5.26	16	18
Silver Cross Hospital (new)	I-355 & U.S. 6	New Lenox, IL	14.04	21	24
Plainfield Surgery Center	24600 W. 127 th Street, Building C	Plainfield, IL 60585	13.38	24	28
Adventist Bolingbrook Hospital	500 Remington Road	Bolingbrook, IL 60440	18.68	24	28
Tinley Woods Surgery Center	18200 S. La Grange Road	Tinley Park, IL 60477	17.76	25	29
Southwest Surgery Center	19110 Darwin Drive	Mokena, IL 60448	18.27	25	29
Morris Hospital	150 W. High Street	Morris, IL 60450	21.76	26	30
Orland Park Surgical Center	9550 W 167 th Street	Orland Park, IL 60467	19.59	27	31
Deerpath Orthopedic Surgical Center	1051 W. Route 6	Morris, IL 60450	22.10	27	31
Rush Copley Medical Center	2000 Ogden Avenue	Aurora, IL 60504	20.12	32	37
Midwest Endoscopy Center	1243 Rickert Drive	Naperville, IL 60540	22.78	32	37
Castle Surgicenter, LLC	2111 Ogden Avenue	Aurora, IL 60504	20.40	33	38
Edward Hospital	801 S. Washington Street	Naperville, IL 60540	21.89	33	38
Naperville Surgical Centre	1263 Rickert Drive	Naperville, IL 60540	22.94	33	38
Kendall Pointe Surgery Center	100 W. Fifth Street	Oswego, IL 60543	21.18	34	39
Ingalls Same Day Surgery Center	6701 W. 159 th Street	Tinley Park, IL 60477	24.70	34	39
Advocate South Suburban Hospital	17800 S. Kedzie Avenue	Hazel Crest, IL 60429	27.01	35	40
St. James Hospital & Health Center	20201 S. Crawford	Olympia Fields, IL 60461	27.52	35	40
Ingalls Memorial Hospital	One Ingalls Drive	Harvey, IL 60426	29.41	39	45
Ambulatory Surgery Center of Downers Grove	4333 Main Street	Downers Grove, IL 60515	29.45	39	45
Chicago Prostate Cancer Surgery Center	815 Pasqueinelli Drive	Westmont, IL 60559	31.05	39	45
Midwest Center for Day Surgery	3811 Highland Avenue	Downers Grove, IL 60515	31.36	39	45
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove, IL 60515	31.37	39	45

Provena Saint Joseph Medical Center



MAPQUEST.

Trip to 333 Madison St
Joliet, IL 60435-8200
0.05 miles

Notes



301 Madison St, Joliet, IL 60435-6549



1. Start out going NORTH on MADISON ST.

go 0.0 mi



2. 333 MADISON ST is on the LEFT.

go 0.0 mi



333 Madison St, Joliet, IL 60435-8200

Total Travel Estimate : 0.05 miles

Amsurg Surgery Center



MAPQUEST.

Trip to 330 Madison St
Joliet, IL 60435-6565
0.05 miles

Notes



301 Madison St, Joliet, IL 60435-6549



1. Start out going NORTH on MADISON ST.

go 0.0 ml



2. 330 MADISON ST is on the RIGHT.

go 0.0 ml



330 Madison St, Joliet, IL 60435-6565

Total Travel Estimate : 0.05 miles

SCHCI

MAPQUEST.

Trip to 1200 Maple Rd
 Joliet, IL 60432-1439
 5.26 miles - about 16 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.1 mi |
| | 3. Turn RIGHT onto N HAMMES AVE. | go 0.2 mi |
| | 4. Turn LEFT onto US-52 / W JEFFERSON ST. Continue to follow W JEFFERSON ST. | go 3.0 mi |
| | 5. W JEFFERSON ST becomes N COLLINS ST. | go 0.6 mi |
| | 6. Turn RIGHT onto E JACKSON ST / US-6. Continue to follow US-6. | go 1.2 mi |
| | 7. 1200 MAPLE RD is on the RIGHT. | go 0.0 mi |



1200 Maple Rd, Joliet, IL 60432-1439

Total Travel Estimate : 5.26 miles - about 16 minutes

Silver Cross Hospital

MAPQUEST.

Notes



Trip to Silver Cross Hospital
 1200 Maple Rd, Joliet, IL 60432 - (815) 740-1100
 5.26 miles - about 16 minutes



301 Madison St, Joliet, IL 60435-6549



1. Start out going **SOUTH** on **MADISON ST** toward **W ONEIDA ST.** go 0.2 mi



2. Turn **LEFT** onto **W ONEIDA ST.** go 0.1 mi



3. Turn **RIGHT** onto **N HAMMES AVE.** go 0.2 mi



4. Turn **LEFT** onto **US-52 / W JEFFERSON ST.** Continue to follow **W JEFFERSON ST.** go 3.0 mi



5. **W JEFFERSON ST** becomes **N COLLINS ST.** go 0.6 mi



6. Turn **RIGHT** onto **E JACKSON ST / US-6.** Continue to follow **US-6.** go 1.2 mi



7. **1200 MAPLE RD** is on the **RIGHT.** go 0.0 mi



Silver Cross Hospital - (815) 740-1100
 1200 Maple Rd, Joliet, IL 60432
 Total Travel Estimate : 5.26 miles - about 16 minutes

Plainfield Surgery Center

MAPQUEST.

Trip to 24600 W 127th St
 Plainfield, IL 60585-9507
 13.38 miles - about 24 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 3.2 mi |
| | 5. Turn RIGHT onto BROOK FOREST AVE / IL-59.
Continue to follow IL-59 N. | go 8.9 mi |
| | 6. Turn SLIGHT LEFT. | go 0.1 mi |
| | 7. Turn LEFT onto W 127TH ST. | go 0.7 mi |
| | 8. 24600 W 127TH ST. | go 0.0 mi |



24600 W 127th St, Plainfield, IL 60585-9507

Total Travel Estimate : 13.38 miles - about 24 minutes

Adventist Bolingbrook Hospital

MAPQUEST.

Notes

Trip to Adventist Bolingbrook Hospital

500 Remington Blvd, Bolingbrook, IL 60440
 - (630) 312-5000
 18.68 miles - about 24 minutes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 2.6 mi |
| | 5. Merge onto I-55 N toward CHICAGO. | go 14.0 mi |
| | 6. Take the IL-53 exit, EXIT 267 , toward BOLINGBROOK / ROMEOVILLE. | go 0.2 mi |
| | 7. Turn LEFT onto IL-53 N / S BOLINGBROOK DR. | go 0.2 mi |
| | 8. Turn LEFT onto REMYINGTON BLVD. | go 1.1 mi |
| | 9. 500 REMINGTON BLVD is on the RIGHT. | go 0.0 mi |



Adventist Bolingbrook Hospital - (630) 312-5000
500 Remington Blvd, Bolingbrook, IL 60440
 Total Travel Estimate : 18.68 miles - about 24 minutes

Tinley Woods Surgery Center

MAPQUEST.

Trip to 18200 la Grange Rd
 Tinley Park, IL 60487-7721
 17.76 miles - about 25 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.5 mi |
| | 3. Turn RIGHT onto N LARKIN AVE / IL-7. | go 1.0 mi |
| | 4. Merge onto I-80 E toward GARY INDIANA. | go 14.9 mi |
| | 5. Take the US-45 / LA GRANGE RD exit, EXIT 145. | go 0.4 mi |
| | 6. Turn SLIGHT LEFT to take the ramp toward US-45 N. | go 0.0 mi |
| | 7. Turn LEFT onto US-45 N / LA GRANGE RD. | go 0.7 mi |
| | 8. Make a U-TURN at 183RD ST onto LA GRANGE RD / US-45 S. | go 0.0 mi |
| | 9. 18200 LA GRANGE RD is on the RIGHT. | go 0.0 mi |



18200 la Grange Rd, Tinley Park, IL 60487-7721

Total Travel Estimate : 17.76 miles - about 25 minutes

Southwest Surgery Center

MAPQUEST.

Trip to 19110 Darvin Dr
 Mokena, IL 60448-8595
 18.27 miles - about 25 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.5 mi |
| | 3. Turn RIGHT onto N LARKIN AVE / IL-7. | go 1.0 mi |
| | 4. Merge onto I-80 E toward GARY INDIANA. | go 14.9 mi |
| | 5. Take the US-45 S exit, EXIT 145. | go 0.5 mi |
| | 6. Merge onto US-45 S / LA GRANGE RD. | go 0.5 mi |
| | 7. Turn LEFT onto 191ST ST / CR-84. | go 0.6 mi |
| | 8. Turn RIGHT onto DARVIN DR. | go 0.0 mi |
| | 9. 19110 DARVIN DR is on the RIGHT. | go 0.0 mi |



19110 Darvin Dr, Mokena, IL 60448-8595
 Total Travel Estimate : 18.27 miles - about 25 minutes

Morris Hospital

MAPQUEST.

Trip to Morris Hospital & Healthcare
 150 W High St, Morris, IL 60450 - (815)
 942-2932
 21.76 miles - about 26 minutes

Notes



301 Madison St, Joliet, IL 60435-6549



1. Start out going **SOUTH** on **MADISON ST** toward **W ONEIDA ST.** go 0.2 mi



2. Turn **LEFT** onto **W ONEIDA ST.** go 0.5 mi



3. Turn **RIGHT** onto **N LARKIN AVE / IL-7.** go 0.8 mi



4. Merge onto **I-80 W** toward **MOLINE / ROCK ISLAND.** go 18.3 mi



5. Take the **IL-47** exit, **EXIT 112**, toward **MORRIS / YORKVILLE.** go 0.3 mi



6. Turn **LEFT** onto **IL-47 S / DIVISION ST.** go 1.5 mi



7. Turn **RIGHT** onto **E HIGH ST.** go 0.2 mi



8. **150 W HIGH ST.** go 0.0 mi



Morris Hospital & Healthcare - (815) 942-2932
150 W High St, Morris, IL 60450

Total Travel Estimate : 21.76 miles - about 26 minutes

Orland Park Surgical Center

MAPQUEST.

Trip to [9600-9619] W 167th St
 Orland Park, IL 60467
 19.59 miles - about 27 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.5 mi |
| | 3. Turn RIGHT onto N LARKIN AVE / IL-7. | go 1.0 mi |
| | 4. Merge onto I-80 E toward GARY INDIANA. | go 14.9 mi |
| | 5. Take the US-45 / LA GRANGE RD exit, EXIT 145. | go 0.4 mi |
| | 6. Turn SLIGHT LEFT to take the ramp toward US-45 N. | go 0.0 mi |
| | 7. Turn LEFT onto US-45 N / LA GRANGE RD. | go 2.5 mi |
| | 8. Turn LEFT onto W 167TH ST. | go 0.0 mi |
| | 9. [9600-9619] W 167TH ST. | go 0.0 mi |



[9600-9619] W 167th St, Orland Park, IL 60467

Total Travel Estimate : 19.59 miles - about 27 minutes

Deerpath Orthopedic Surgical Center

MAPQUEST.

**Trip to 1051 W Us Route 6
Morris, IL 60450-4200
22.10 miles - about 27 minutes**

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.5 mi |
| | 3. Turn RIGHT onto N LARKIN AVE / IL-7. | go 0.8 mi |
| | 4. Merge onto I-80 W toward MOLINE / ROCK ISLAND. | go 18.3 mi |
| | 5. Take the IL-47 exit, EXIT 112 , toward MORRIS / YORKVILLE. | go 0.3 mi |
| | 6. Turn LEFT onto IL-47 S / DIVISION ST. | go 1.2 mi |
| | 7. Turn RIGHT onto BEDFORD RD / US-6. Continue to follow US-6. | go 0.9 mi |
| | 8. 1051 W US ROUTE 6. | go 0.0 mi |



1051 W Us Route 6, Morris, IL 60450-4200
Total Travel Estimate : 22.10 miles - about 27 minutes

Rush-Copley Medical Center

MAPQUEST.

Trip to Rush-Copley Medical Center
 2000 Ogden Ave, Aurora, IL 60504 - (630) 978-6200
 20.12 miles - about 32 minutes

Notes
















Ready to Rebuild Your Retirement?



If you have a \$500,000 portfolio, download the guide by *Forbes* columnist and money manager Ken Fisher. It's called "The 15-Minute Retirement Plan." Even if you have something else in place right now, it *still* makes sense to request your guide!

 [Click here to download](#)

FISHER INVESTMENTS

A 301 Madison St, Joliet, IL 60435-6549

- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
|  | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
|  | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
|   | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 3.2 mi |
|   | 5. Turn RIGHT onto BROOK FOREST AVE / IL-59. Continue to follow IL-59. | go 6.0 mi |
|  | 6. Turn LEFT onto W LOCKPORT ST. | go 1.0 mi |
|  | 7. Turn RIGHT onto W LINCOLN HWY. | go 1.0 mi |
|   | 8. W LINCOLN HWY becomes US-30. | go 7.5 mi |
|   | 9. Turn RIGHT onto US-34 E / OGDEN AVE. | go 0.9 mi |

- | | | |
|---|-------------------------------------|-----------|
|  | 10. Turn LEFT onto COPLEY HOSPITAL. | go 0.0 mi |
|  | 11. 2000 OGDEN AVE. | go 0.0 mi |

B Rush-Copley Medical Center - (630) 978-6200
 2000 Ogden Ave, Aurora, IL 60504
 Total Travel Estimate : 20.12 miles - about 32 minutes

Midwest Endoscopy Center

MAPQUEST.

Trip to 1243 Rickert Dr
 Naperville, IL 60540-0954
 22.78 miles - about 32 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 2.6 mi |
| | 5. Merge onto I-55 N toward CHICAGO. | go 10.3 mi |
| | 6. Take the WEBER RD exit, EXIT 263. | go 0.3 mi |
| | 7. Turn LEFT onto S WEBER RD / CR-88. | go 2.0 mi |
| | 8. Turn LEFT onto W 111TH ST / HASSERT BLVD. | go 2.1 mi |
| | 9. Turn RIGHT onto PLAINFIELD-NAPERVILLE RD / NAPERVILLE RD / CR-14. Continue to follow PLAINFIELD-NAPERVILLE RD. | go 4.6 mi |
| | 10. Stay STRAIGHT to go onto RICKERT DR. | go 0.3 mi |
| | 11. Make a U-TURN at S RIVER RD onto RICKERT DR. | go 0.0 mi |

12. 1243 RICKERT DR is on the RIGHT. go 0.0 mi




1243 Rickert Dr, Naperville, IL 60540-0954
 Total Travel Estimate : 22.78 miles - about 32 minutes

Castle Surgicenter

MAPQUEST.

Trip to 2111 Ogden Ave
Aurora, IL 60504-7597
20.40 miles - about 33 minutes

Notes
















Ready to Rebuild Your Retirement?

If you have a \$500,000 portfolio, download the guide by *Forbes* columnist and money manager Ken Fisher. It's called "The 15-Minute Retirement Plan." Even if you have something else in place right now, it *still* makes sense to request your guide!

[Click here to download](#)

FISHER INVESTMENTS®

A 301 Madison St, Joliet, IL 60435-6549

- | | | |
|---|---|-----------|
|  | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
|  | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
|  | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
|   | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 3.2 mi |
|   | 5. Turn RIGHT onto BROOK FOREST AVE / IL-59.
Continue to follow IL-59. | go 6.0 mi |
|  | 6. Turn LEFT onto W LOCKPORT ST. | go 1.0 mi |
|  | 7. Turn RIGHT onto W LINCOLN HWY. | go 1.0 mi |
|   | 8. W LINCOLN HWY becomes US-30. | go 7.5 mi |
|   | 9. Turn RIGHT onto US-34 E / OGDEN AVE. | go 1.2 mi |

 10. 2111 OGDEN AVE is on the RIGHT. go 0.0 mi

B 2111 Ogden Ave, Aurora, IL 60504-7597
Total Travel Estimate : 20.40 miles - about 33 minutes

Edward Hospital



Notes

Trip to Edward Hospital & Health Service

801 S Washington St, Naperville, IL 60540 -
 (630) 527-3000
 21.89 miles - about 33 minutes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 2.6 mi |
| | 5. Merge onto I-55 N toward CHICAGO. | go 10.3 mi |
| | 6. Take the WEBER RD exit, EXIT 263. | go 0.3 mi |
| | 7. Turn LEFT onto S WEBER RD / CR-88. Continue to follow S WEBER RD. | go 3.8 mi |
| | 8. S WEBER RD becomes N NAPERVILLE RD / CR-11 / S NAPER BLVD. | go 0.8 mi |
| | 9. Turn LEFT onto S WASHINGTON ST. | go 3.6 mi |
| | 10. 801 S WASHINGTON ST is on the LEFT. | go 0.0 mi |



Edward Hospital & Health Service - (630) 527-3000
 801 S Washington St, Naperville, IL 60540

Total Travel Estimate : 21.89 miles - about 33 minutes

Naperville Surgical Centre

MAPQUEST.

Trip to 1263 Rickert Dr
 Naperville, IL 60540-0954
 22.94 miles - about 33 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 2.6 mi |
| | 5. Merge onto I-55 N toward CHICAGO. | go 10.3 mi |
| | 6. Take the WEBER RD exit, EXIT 263. | go 0.3 mi |
| | 7. Turn LEFT onto S WEBER RD / CR-88. | go 2.0 mi |
| | 8. Turn LEFT onto W 111TH ST / HASSERT BLVD. | go 2.1 mi |
| | 9. Turn RIGHT onto PLAINFIELD-NAPERVILLE RD / NAPERVILLE RD / CR-14. Continue to follow PLAINFIELD-NAPERVILLE RD. | go 4.6 mi |
| | 10. Stay STRAIGHT to go onto RICKERT DR. | go 0.3 mi |
| | 11. Make a U-TURN at S RIVER RD onto RICKERT DR. | go 0.2 mi |
| | 12. 1263 RICKERT DR is on the RIGHT. | go 0.0 mi |



1263 Rickert Dr, Naperville, IL 60540-0954
 Total Travel Estimate : 22.94 miles - about 33 minutes

Kendall Pointe Surgery Center

MAPQUEST.

Trip to 100 5th St
 Oswego, IL 60543-8338
 21.18 miles - about 34 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 3.2 mi |
| | 5. Turn RIGHT onto BROOK FOREST AVE / IL-59.
Continue to follow IL-59. | go 6.0 mi |
| | 6. Turn LEFT onto W LOCKPORT ST. | go 1.0 mi |
| | 7. Turn RIGHT onto W LINCOLN HWY. | go 1.0 mi |
| | 8. W LINCOLN HWY becomes US-30. | go 7.5 mi |
| | 9. Turn LEFT onto US-30 / US-34. | go 0.3 mi |
| | 10. Turn SLIGHT RIGHT. | go 0.1 mi |
| | 11. Turn SLIGHT RIGHT onto US-30. | go 1.4 mi |
| | 12. Turn LEFT onto 5TH ST. | go 0.2 mi |
| | 13. 100 5TH ST is on the LEFT. | go 0.0 mi |



100 5th St, Oswego, IL 60543-8338
 Total Travel Estimate : 21.18 miles - about 34 minutes

Ingalls Same Day Surgery Center

MAPQUEST.

**Trip to 6701 159th St
Tinley Park, IL 60477-1758
24.70 miles - about 34 minutes**

Notes



301 Madison St, Joliet, IL 60435-6549



1. Start out going **SOUTH** on **MADISON ST** toward **W ONEIDA ST.** go 0.2 mi



2. Turn **LEFT** onto **W ONEIDA ST.** go 0.5 mi



3. Turn **RIGHT** onto **N LARKIN AVE / IL-7.** go 1.0 mi



4. Merge onto **I-80 E** toward **GARY INDIANA.** go 18.6 mi



5. Merge onto **IL-43 N / HARLEM AVE** via **EXIT 148B.** go 3.9 mi



6. Turn **RIGHT** onto **W 159TH ST / US-6.** go 0.5 mi



7. **6701 159TH ST** is on the **RIGHT.** go 0.0 mi



6701 159th St, Tinley Park, IL 60477-1758

Total Travel Estimate : 24.70 miles - about 34 minutes

Advocate South Suburban Hospital

MAPQUEST.

Notes

Trip to Advocate South Suburban Hospital

17800 Kedzie Ave, Hazel Crest, IL 60429 -
 (708) 799-8000
 27.01 miles - about 35 minutes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.5 mi |
| | 3. Turn RIGHT onto N LARKIN AVE / IL-7. | go 1.0 mi |
| | 4. Merge onto I-80 E toward GARY INDIANA. | go 24.0 mi |
| | 5. Take the KEDZIE AVE exit, EXIT 154. | go 0.2 mi |
| | 6. Turn RIGHT onto KEDZIE AVE. | go 1.1 mi |
| | 7. 17800 KEDZIE AVE. | go 0.0 mi |



Advocate South Suburban Hospital - (708) 799-8000

17800 Kedzie Ave, Hazel Crest, IL 60429

Total Travel Estimate : 27.01 miles - about 35 minutes

St. James Hospital & Health Center

MAPQUEST.

Notes

Trip to St James Hospital & Health Center

20201 Crawford Ave, Olympia Fields,
IL 60461 - (708) 747-4000
27.52 miles - about 35 minutes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.5 mi |
| | 3. Turn RIGHT onto N LARKIN AVE / IL-7. | go 1.0 mi |
| | 4. Merge onto I-80 E toward GARY INDIANA. | go 20.8 mi |
| | 5. Merge onto I-57 S via EXIT 151A toward MEMPHIS. | go 2.8 mi |
| | 6. Take the EAST VOLLMER RD exit, EXIT 342A. | go 0.3 mi |
| | 7. Merge onto VOLLMER RD. | go 1.5 mi |
| | 8. Turn RIGHT onto CRAWFORD AVE / PULASKI RD. | go 0.4 mi |
| | 9. 20201 CRAWFORD AVE. | go 0.0 mi |



St James Hospital & Health Center - (708) 747-4000
20201 Crawford Ave, Olympia Fields, IL 60461
 Total Travel Estimate : 27.52 miles - about 35 minutes

Ingalls Memorial Hospital

MAPQUEST.

Trip to Ingalls Memorial Hospital
 1 Ingalls Dr, Harvey, IL 60426 - (708) 915-5600
 29.44 miles - about 39 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn LEFT onto W ONEIDA ST. | go 0.5 mi |
| | 3. Turn RIGHT onto N LARKIN AVE / IL-7. | go 1.0 mi |
| | 4. Merge onto I-80 E toward INDIANA. | go 24.6 mi |
| | 5. Merge onto I-294 N via EXIT 155 on the LEFT toward WISCONSIN (Portions toll). | go 1.4 mi |
| | 6. Merge onto US-6 E / W 169TH ST. | go 1.3 mi |
| | 7. Turn LEFT onto WOOD ST. | go 0.4 mi |
| | 8. Turn RIGHT onto W 166TH ST. | go 0.0 mi |
| | 9. Turn LEFT onto INGALLS DR. | go 0.0 mi |
| | 10. 1 INGALLS DR is on the LEFT. | go 0.0 mi |



Ingalls Memorial Hospital - (708) 915-5600
 1 Ingalls Dr, Harvey, IL 60426
 Total Travel Estimate : 29.44 miles - about 39 minutes

Ambulatory Surgery Center of Downers Grove














MAPQUEST.



Trip to 4433 Main St
Downers Grove, IL 60515
29.45 miles - about 39 minutes

Notes



A 301 Madison St, Joliet, IL 60436-6549

- | | | |
|---|--|------------|
|  | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
|  | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
|  | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
|   | 4. Turn RIGHT onto US-62 / W JEFFERSON ST. | go 2.6 mi |
|   | 5. Merge onto I-55 N toward CHICAGO. | go 15.7 mi |
|  | 6. Take the I-355-TOLL exit, EXIT 269, toward NORTHWEST SUBURBS / SOUTHWEST SUBURBS. | go 0.5 mi |
|   | 7. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY via the exit on the LEFT toward NORTHWEST SUBURBS (Portions toll). | go 7.4 mi |
|  | 8. Take the US-34 / OGDEN AVE exit. | go 0.3 mi |
|   | 9. Merge onto US-34 E / OGDEN AVE toward DOWNERS GROVE. | go 2.3 mi |

- | | | |
|---|----------------------------------|-----------|
|  | 10. Turn RIGHT onto MAIN ST. | go 0.1 mi |
|  | 11. 4433 MAIN ST is on the LEFT. | go 0.0 mi |

B 4433 Main St, Downers Grove, IL 60515
Total Travel Estimate : 29.45 miles - about 39 minutes

Chicago Prostate Surgery Center

MAPQUEST.

Trip to 815 Pasquinelli Dr
Westmont, IL 60559-1276
31.05 miles - about 39 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 2.6 mi |
| | 5. Merge onto I-55 N toward CHICAGO. | go 21.4 mi |
| | 6. Merge onto IL-83 N / KINGERY HWY via EXIT 274 toward KINGERY RD. | go 5.5 mi |
| | 7. Take the US-34 ramp. | go 0.3 mi |
| | 8. Turn SLIGHT RIGHT onto US-34 / W OGDEN AVE. | go 0.2 mi |
| | 9. Turn RIGHT onto PASQUINELLI DR. | go 0.5 mi |
| | 10. 815 PASQUINELLI DR is on the RIGHT. | go 0.0 mi |



815 Pasquinelli Dr, Westmont, IL 60559-1276
Total Travel Estimate : 31.05 miles - about 39 minutes

Midwest Center for Day Surgery

MAPQUEST.

Trip to 3811 Highland Ave
 Downers Grove, IL 60515-1555
 31.36 miles - about 39 minutes

Notes



A 301 Madison St, Joliet, IL 60436-6549

- | | | |
|--|--|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 2.6 mi |
| | 5. Merge onto I-55 N toward CHICAGO. | go 15.7 mi |
| | 6. Take the I-355-TOLL exit, EXIT 269, toward NORTHWEST SUBURBS / SOUTHWEST SUBURBS. | go 0.5 mi |
| | 7. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY via the exit on the LEFT toward NORTHWEST SUBURBS (Portions toll). | go 7.2 mi |
| | 8. Merge onto I-88 E / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll). | go 3.6 mi |
| | 9. Take the HIGHLAND AVE exit. | go 0.3 mi |
| | 10. Merge onto HIGHLAND AVE / CR-9 S toward GOOD SAMARITAN HOSPITAL / MIDWESTERN COLLEGE / KELLER COLLEGE. | go 1.0 mi |
| | 11. 3811 HIGHLAND AVE is on the LEFT. | go 0.0 mi |

B 3811 Highland Ave, Downers Grove, IL 60515-1555
 Total Travel Estimate : 31.36 miles - about 39 minutes

Advocate Good Samaritan Hospital

MAPQUEST.

Trip to Advocate Good Samaritan Hospital
 3815 Highland Ave, Downers Grove, IL 60515 - (630) 275-5900
 31.37 miles - about 39 minutes

Notes



301 Madison St, Joliet, IL 60435-6549

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on MADISON ST toward W ONEIDA ST. | go 0.2 mi |
| | 2. Turn RIGHT onto W ONEIDA ST. | go 0.2 mi |
| | 3. Turn LEFT onto SPRINGFIELD AVE. | go 0.2 mi |
| | 4. Turn RIGHT onto US-52 / W JEFFERSON ST. | go 2.6 mi |
| | 5. Merge onto I-55 N toward CHICAGO. | go 15.7 mi |
| | 6. Merge onto I-355 N / VETERANS MEMORIAL TOLLWAY via EXIT 269 toward NORTHWEST SUBURBS (Portions toll). | go 7.7 mi |
| | 7. Merge onto I-88 E / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll). | go 3.6 mi |
| | 8. Take the HIGHLAND AVE exit. | go 0.3 mi |
| | 9. Merge onto HIGHLAND AVE / CR-9 S toward GOOD SAMARITAN HOSPITAL / MIDWESTERN COLLEGE / KELLER COLLEGE. | go 1.0 mi |
| | 10. 3815 HIGHLAND AVE is on the LEFT. | go 0.0 mi |



Advocate Good Samaritan Hospital - (630) 275-5900
 3815 Highland Ave, Downers Grove, IL 60515

Letters were sent to the following facilities within an adjusted 45 minute drive time.

Adventist Bolingbrook Hospital
Advocate South Suburban Hospital
Ambulatory Surgery Center of Downers Grove
Castle Surgicenter, LLC
Chicago Prostate Cancer Surgery Center
Deerpath Orthopedic Surgical Center
Edward Hospital
Ingalls Memorial Hospital
Ingalls Same Day Surgery Center
Kendall Pointe Surgery Center
Midwest Center for Day Surgery
Midwest Endoscopy Center
Morris Hospital
Naperville Surgical Centre
Orland Park Surgical Center
Plainfield Surgery Center
Provena Saint Joseph Medical Center
Rush Copley Medical Center
SCA Amsurg Surgery Center
SCHCI
Silver Cross Hospital
Southwest Surgery Center
St. James Hospital & Health Center
Tinley Woods Surgery Center



June 8, 2010

Mr. Rick Mace
 Adventist Bolingbrook Hospital
 500 Remington Road
 Bolingbrook, IL 60440

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Mace:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

Recent rules require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Surgery Center of Joliet and request that they address the impact of the proposed discontinuation on their facilities.

Management of the SCOJ has determined that due to payment limitation on the types of cases seen at SCOJ it would be appropriate to shift these cases to an outpatient surgery department of Provena Saint Joseph Medical Center. If the discontinuation is approved, the space currently leased by SCOJ will be leased by PSJMC and operated as an on campus outpatient surgery department. The building that houses SCOJ is attached to PSJMC. Therefore, we anticipate that there will be no change in where those patients receive care.

As part of the discontinuation process, we are requesting that you provide us with a letter indicating the impact of our discontinuation on your facility.

Our utilization from January, 2008 through May, 2010 is as follows:

Timeperiod	Surgical Cases	Surgical Hours	GI Procedures	GI Procedure Hours
2008	1,225	1,068	2,316	769
2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

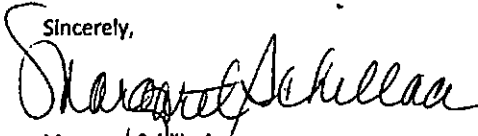
We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx Express US Airbill 8581 4934 0920

1 From *From physical product*
 Date 07/18/10 Sender's FedEx Account Number 3400-4802-4
 Sender's Name M. Schillaci Phone 815 744-1119
 Company BURGERY CENTER OF JOLIET LLC
 Address 301 MADISON ST STE 100
 City JOLIET State IL ZIP 60435

2 Your Internal Billing Reference OPTIONAL

3 To
 Recipient's Name Rick mace Phone ()
 Company Adventist Bollingbrook Hospital
 Recipient's Address 600 Remington Rd
 Address Bollingbrook State IL ZIP 60440
 0340920998

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 Signature Required - Restricted Signature Only

519



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U.S. Mail: PO Box 727
Memphis, TN 38194-4643
Telephone: 901-369-3600

June 11,2010

Dear Customer:

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Signed for by:	K.STRUPEL		
Service type:	Standard Envelope		



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Tracking number:	858149340920	Ship date:	Jun 8, 2010
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Recipient:
US

Shipper:
US

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June 8, 2010

Mr. Michael Engelhart
 Advocate South Suburban Hospital
 17800 S. Kedzie Avenue
 Hazel Crest, IL 60429

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Engelhart:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Management of the SCOJ has determined that due to payment limitation on the types of cases seen at SCOJ it would be appropriate to shift these cases to an outpatient surgery department of Provena Saint Joseph Medical Center. If the discontinuation is approved, the space currently leased by SCOJ will be leased by PSJMC and operated as an on campus outpatient surgery department. The building that houses SCOJ is attached to PSJMC. Therefore, we anticipate that there will be no change in where those patients receive care.

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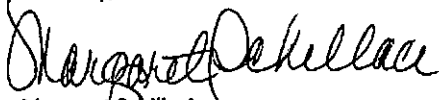
We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Surgery Center of Joliet, LLC, Madison Medical Plaza 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx Express US Airbill

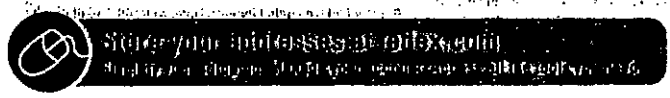
Tracking Number 8581 4934 0882

Sender's Copy

1 From Please print or type
 Date 6/18/10 Sender's FedEx Account Number 3400-4802-4
 Sender's Name M. Schillaci Phone 815 744-1119
 Company SURGERY CENTER OF JOLIET LLC
 Address 301 MADISON ST STE 100
 City JOLIET State IL ZIP 60435

2 Your Internal Billing Reference OPTIONAL

3 To Recipient's Name Michael Engelhart Phone ()
 Company Advocate South Suburban Hospital
 Recipient's Address 17800 S. Kedzie Ave
 City Hazel Crest State IL ZIP 60429
 Tracking Number 0340920998



4a Express Package Service
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 4b Express Freight Service
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 FedEx 4Day Freight FedEx 5Day Freight
 5 Packaging FedEx Envelope FedEx Tube FedEx Box FedEx Pallet
 6 Special Handling
 SATURDAY Delivery HOLD (Weekday) HOLD (Weekend)
 HOLD (Holiday) Signature Required Signature Required (Adult)
 No Signature Required Signature Required (Adult)
 7 Payment Cash Credit Card Bill Me
 Bill Me (Invoicing) Bill Me (Statement of Work)
 Bill Me (Statement of Work) Bill Me (Statement of Work)
 8 NEW Residential Delivery Signature Options
 No Signature Required Signature Required Signature Required (Adult)
 Signature Required (Adult) Signature Required (Adult)
 9 **519**



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Customer Support Trace
3875 Airways Boulevard
Module H, 4th Floor
Memphis, TN 38116

U.S. Mail: PO Box 727
Memphis, TN 38194-4643
Telephone: 901-369-3600

June 11, 2010

Dear Customer:

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Signed for by:	D.SONETZ		
Service type:	Standard Envelope		



Shipping Information:

Tracking number:	858149340882	Ship date:	Jun 8, 2010
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Recipient:
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Shipper:
US

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1.800.GoFedEx 1.800.463.3339



June 8, 2010

Ms. Inga Ferdkoff
 Ambulatory Surgery Center of Downers Grove
 4333 Main Street
 Downers Grove, IL 60515

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Ferdkoff:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

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Express

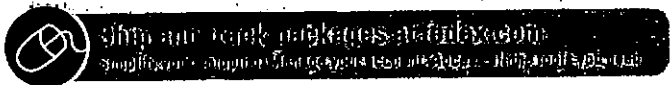
8581 4934 0698

Sender's Copy

1 From Please print and print font
 Date 6/8/10 Sender's FedEx Account Number 3400-4802-4
 Sender's Name M. Schillaci Phone (815) 744-1119
 Company SURGERY CENTER OF JOLIET LLC
 Address 301 MADISON ST STE 100
 City JOLIET State IL Zip 60435

2 Your Internal Billing Reference OPTIONAL

3 To
 Recipient's Name Inna Ferdkoff Phone
 Company Ambulatory Surgery center of Downers Grove
 Recipient's Address 4333 main St.
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 Signature Required
 Signature Required - Adult Signature
 Signature Required - Restricted Signature
 Signature Required - Restricted Signature (Over 18)
 Signature Required - Restricted Signature (Over 21)
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 Signature Required - Restricted Signature (Over 30)
 Signature Required - Restricted Signature (Over 35)
 Signature Required - Restricted Signature (Over 40)
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 Signature Required - Restricted Signature (Over 55)
 Signature Required - Restricted Signature (Over 60)
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 Signature Required - Restricted Signature (Over 80)
 Signature Required - Restricted Signature (Over 85)
 Signature Required - Restricted Signature (Over 90)
 Signature Required - Restricted Signature (Over 95)
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 Total Insurance 00 \$
 Total Charges 00 \$
 Total Payment Due 00 \$



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Telephone: 901-369-3600

June 11,2010

Dear Customer:

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June 8, 2010

Ms. Donna L. Wilson
 Castle Surgicenter, LLC
 2111 Ogden Avenue
 Aurora, IL 60504

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Wilson:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

Recent rules require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Surgery Center of Joliet and request that they address the impact of the proposed discontinuation on their facilities.

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We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx. US Airbill Express

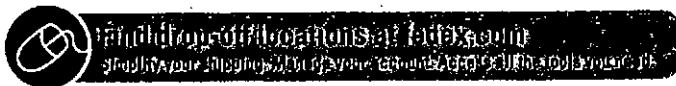
8568 9313 4623

1 From *Please print and press hard*
 Date 01/08/10 Sender's FedEx Account Number 3400-4802-4
 Sender's Name M. Schillaci Phone (815) 744-1119
 Company SURGERY CENTER OF JOLIET LLC
 Address 301 MADISON ST STE 100
 City JOLIET State IL ZIP 60435

2 Your Internal Billing Reference OPTIONAL

3 To
 Recipient's Name Donna Wilson Phone
 Company Castle Surgicenter, LLC
 Recipient's Address 2111 Ogden Ave
 Address
 City Aurora State IL ZIP 60504

0338351339



0215 Sender's Copy

4a Express Package Service
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Telephone: 901-369-3600

June 11, 2010

Dear Customer:

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Service type:	Standard Envelope		



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June 8, 2010

Ms. Jennifer Cichon
Chicago Prostate Cancer Surgery Center
815 Pasqueinelli Drive
Westmont, IL 60559

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Cichon:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

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If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx Express US Airbill

8581 4934 1087

1 From From this information

Date: 01/27/10 Sender's FedEx Account Number: 3400-4802-4

Sender's Name: J. Schillaci Phone: 815-744-1119

Company: SURGERY CENTER OF JOLIET LLC

Address: 301 MADISON ST STE 100

City: JOLIET State: IL ZIP: 60435

2 Your Internal Billing Reference How do distributors bill you on this? OPTIONAL

3 To

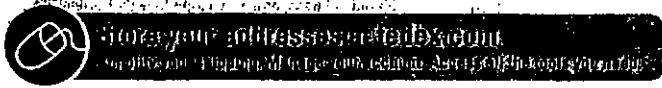
Recipient's Name: Jennifer Cichon Phone:

Company: Chicago Prostate Cancer Surgery Center

Recipient's Address: 815 Pasquinielli Dr.

Address: Westmont State: IL ZIP: 60559

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June 11, 2010

Dear Customer:

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June 8, 2010

Mr. Eric Anderson
Deerpath Orthopedic Surgical Center
1051 W. Route 6
Morris, IL 60450

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Anderson:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx. US Airbill Express

8581 4934 1065

1 From *01/07/10* Sender's FedEx Account Number **3400-4802-4**

Sender's Name **M. Schillaci** Phone **(815) 744-1119**

Company **SURGERY CENTER OF JOLIET LLC**

Address **301 MADISON ST STE 100**

City **JOLIET** State **IL** ZIP **60435**

2 Your Internal Billing Reference **OPTIONAL**

3 To Recipient's Name **Eric Anderson** Phone

Company **Deerpark Orthopedic Surgical Center**

Recipient's Address **1051 W. Route 6**

City **Morris** State **IL** ZIP **60450**

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Telephone: 801-369-3600

June 11, 2010

Dear Customer:

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Signed for by:	S.FITZPATRICK		
Service type:	Standard Envelope		



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June 8, 2010

Ms. Pam Davis
Edward Hospital
801 S. Washington Street
Naperville, IL 60540

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Davis:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

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Express

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1 From *Please print and print clearly*

Date 06/18/10 Sender's FedEx Account Number 3400-4802-4

Sender's Name M. Schillaci Phone (815) 744-1119

Company SURGERY CENTER OF JOLIET LLC

Address 301 MADISON ST. STE 100

City JOLIET State IL ZIP 60435

2 Your Invoicing Billing Reference OPTIONAL

3 To Recipient's Name Pam Davis Phone ()

Company Edward Hospital

Address 801 S. Washington St

City NAPERVILLE State IL ZIP 60540

Tracking Number 0340920998

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June 11, 2010

Dear Customer:

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Signed for by:	V.GARCIA		
Service type:	Standard Envelope		



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June 8, 2010

Mr. Kurt Johnson
 Ingalls Memorial Hospital
 One Ingalls Drive
 Harvey, IL 60426

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Johnson:

Surgery Center of Joliet, LLC (SCJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

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Express

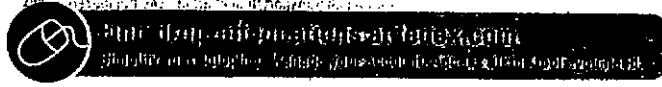
8581 4934 0860

1 From **Date** 01/18/10 **Sender's FedEx Account Number** 3400-4802-4
Sender's Name M. Schillaci **Phone** (815) 744-1119
Company SURGERY CENTER OF JOLIET LLC
Address 301 MADISON ST STE 100
City JOLIET **State** IL **ZIP** 60435

2 Your Internal Billing Reference OPTIONAL

3 To **Recipient's Name** Kurt Johnson **Phone**
Company Ingalls Memorial Hospital
Recipient's Address One Ingalls Dr.
City Harvey **State** IL **ZIP** 60426

0340920998



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Telephone: 901-369-3600

June 11, 2010

Dear Customer:

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Signed for by:	G.SEINER		
Service type:	Standard Envelope		



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Shipper:
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June 8, 2010

Ms. Anne Cole
Ingalls Same Day Surgery Center
6701 W. 159th Street
Tinley Park, IL 60477

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Cole:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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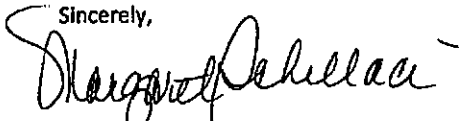
Timeperiod	Surgical Cases	Surgical Hours	GI Procedures	GI Procedure Hours
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2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx Express US Airbill 8581 4934 1000

Sender's Copy

1 From Sender's FedEx Account Number 3400-4802-4

Date 07/13/10 Sender's FedEx Account Number 3400-4802-4

Sender's Name M. Schilliacci Phone 815 744-1119

Company SURGERY CENTER OF JOLIET LLC

Address 301 MADISON ST STE 100

City JOLIET State IL ZIP 60435

2 Your Internal Billing Reference OPTIONAL

3 To Recipient's Name Anne Cole Phone ()

Company Inga 115 Same Day Surgery Center

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City Thorley Park State IL ZIP 60477

Phone 0340920998

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June 8, 2010

Ms. Angie Burns
Kendall Pointe Surgery Center
100 W. Fifth Street
Oswego, IL 60543

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Burns:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

Recent rules require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Surgery Center of Joliet and request that they address the impact of the proposed discontinuation on their facilities.

Management of the SCOJ has determined that due to payment limitation on the types of cases seen at SCOJ it would be appropriate to shift these cases to an outpatient surgery department of Provena Saint Joseph Medical Center. If the discontinuation is approved, the space currently leased by SCOJ will be leased by PSJMC and operated as an on campus outpatient surgery department. The building that houses SCOJ is attached to PSJMC. Therefore, we anticipate that there will be no change in where those patients receive care.

As part of the discontinuation process, we are requesting that you provide us with a letter indicating the impact of our discontinuation on your facility.

Our utilization from January, 2008 through May, 2010 is as follows:

Timeperiod	Surgical Cases	Surgical Hours	GI Procedures	GI Procedure Hours
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2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Schillaci". The signature is written in black ink and is positioned above the printed name.

Margaret Schillaci
Administrative Director

FedEx *US Airbill*
Express

8581 4934 0985

Sender's Copy

1 From **Sender's Name** M. Schiacci **Sender's FedEx Account Number** 3400-4802-4 **Phone** (815) 744-1119

Company SURGERY CENTER OF JOLIET LLC

Address 301 MADISON ST STE 100

City JOLIET **State** IL **ZIP** 60435

2 Your Internal Billing Reference OPTIONAL

3 To **Recipient's Name** Amje Burns **Phone** _____

Company Hendall Pointe Surgery Center

Address 100 W. Fifth St.

City Osvego **State** IL **ZIP** 60543

Phone 0340920998



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June 11,2010

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Service type:	Standard Envelope		



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June 8, 2010

Mr. Ronald Ladniak
 Midwest Center for Day Surgery
 3811 Highland Avenue
 Downers Grove, IL 60515

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Ladniak:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Jan - May 2010	623	936	1,303	1,303

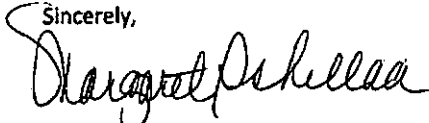
We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

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1 From Please print and copy back Sender's FedEx Account Number 3400-4802-4

Date: 11/19/10

Sender's Name: M. Schillaci Phone: (815) 744-1119

Company: SURGERY CENTER OF JOLIET LLC

Address: 301 MADISON ST STE 100

City: JOLIET State: IL ZIP: 60435

2 Your financial Billing Reference OPTIONAL


3 To Recipient's Name: Ronald Ladniak Phone: ()

Company: Midwest Center for Day Surgery

Recipient's Address: 3011 Highland Ave

Address: Downer's Grove State: IL ZIP: 60515

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June 11,2010

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June 8, 2010

Mr. Jim Kolb
 Midwest Endoscopy Center
 1243 Rickert Drive
 Naperville, IL 60540

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Kolb:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Surgery Center of Joliet, LLC, Madison Medical Plaza, 301 N. Madison, Suite 100, Joliet, IL 60435 Tel: (815) 744-1119 Fax: (815) 744-1151

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

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1 From Please print and print hard

Date: 6/18/10 Sender's FedEx Account Number: 3400-4802-4

Sender's Name: M. Schillaci Phone: (815) 744-1119

Company: SURGERY CENTER OF JOLIET LLC

Address: 801 MADISON ST STE 100

City: JOLIET State: IL ZIP: 60435

2 Your Internal Billing Reference OPTIONAL

3 To Recipient's Name: Jim Koib Phone: / /

Company: Midwest Endoscopy Center

Recipient's Address: 1243 Rickert Dr.

Address: Naperville State: IL ZIP: 60540

0340920998



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June 11,2010

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June 8, 2010

Mr. Thomas Meyer
 Morris Hospital
 150 W. High Street
 Morris, IL 60450

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Meyer:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

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8581 4934 0850

Sender's Copy

1 From **Sender's FedEx Account Number** 3400-4802-4

Date **6/18/10** Sender's Name **M. Schillaci** Phone **(815) 744-1119**

Company **SURGERY CENTER OF JOLIET LLC**

Address **301 MADISON ST STE 100**

City **JOLIET** State **IL** ZIP **60435**

2 Your Internal Billing Reference OPTIONAL

3 To Recipient's Name **Thomas Meyer** Phone ()

Company **Morris Hospital**

Recipient's Address **150 W. High Street**

City **Morris** State **IL** ZIP **60450**

0340920998



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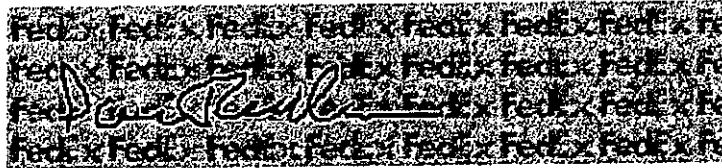
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June 8, 2010

Mr. Ronald Ladniak
 Naperville Surgical Centre
 1263 Rickert Drive
 Naperville, IL 60540

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Ladniak:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx US Airbill Express

FedEx Tracking Number 8581 4934 0780

1 From: Date: 6/18/10 Sender's Name: M. Schillaci Company: SURGERY CENTER OF JOLIET LLC Address: 301 MADISON ST STE 100 City: JOLIET State: IL ZIP: 60435

2 Your Internal Billing Reference OPTIONAL

3 To: Recipient's Name: Ronald Ladniak Company: Naperville Surgical Centre Recipient's Address: 1703 Rickert Dr. City: Naperville State: IL ZIP: 60540

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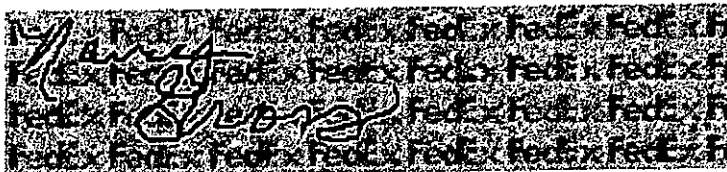
June 11, 2010

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June 8, 2010

Ms. Erika Horstmann
Orland Park Surgical Center
9550 W 167th Street
Orland Park, IL 60467

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Horstmann:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,

A handwritten signature in black ink that reads "Margaret Schillaci". The signature is written in a cursive style with a large initial "M".

Margaret Schillaci
Administrative Director

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8581 4934 0757

1 From **Sender's name and street**
 Date **07/07/10** Sender's FedEx Account Number: **3400-4802-4**
 Sender's Name **M. Schilliacci** Phone **(815) 744-1119**
 Company **SURGERY CENTER OF JOLIET LLC**
 Address **301 MADISON ST STE 100**
 City **JOLIET** State **IL** ZIP **60435**

2 Your Internal Billing Reference OPTIONAL

3 To Recipient's Name **Erika Horstmann**
 Company **Orland Park Surgical Center**
 Recipient's Address **9550 W 147th St**
 City **Orland Park** State **IL** ZIP **60467**
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Telephone: 801-369-3800

June 11, 2010

Dear Customer:

The following is the proof-of-delivery for tracking number 858149340757.

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June 8, 2010

Ms. Barb Ebling
 Plainfield Surgery Center
 24600 W. 127th Street, Bldg. C
 Plainfield, IL 60585

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Ebling:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

Recent rules require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Surgery Center of Joliet and request that they address the impact of the proposed discontinuation on their facilities.

Management of the SCOJ has determined that due to payment limitation on the types of cases seen at SCOJ it would be appropriate to shift these cases to an outpatient surgery department of Provena Saint Joseph Medical Center. If the discontinuation is approved, the space currently leased by SCOJ will be leased by PSJMC and operated as an on campus outpatient surgery department. The building that houses SCOJ is attached to PSJMC. Therefore, we anticipate that there will be no change in where those patients receive care.

As part of the discontinuation process, we are requesting that you provide us with a letter indicating the impact of our discontinuation on your facility.

Our utilization from January, 2008 through May, 2010 is as follows:

Timeperiod	Surgical Cases	Surgical Hours	GI Procedures	GI Procedure Hours
2008	1,225	1,068	2,316	769
2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx US Airbill Express

Tracking Number 8581 4934 0735

Sender's Copy

1 From **Sender's Name** M. Schillaci **Sender's FedEx Account Number** 3400-4802-4

Company SURGERY CENTER OF JOLIET LLC

Address 301 MADISON ST STE 100

City JOLIET **State** IL **ZIP** 60435

2 Your Internal Billing Reference OPTIONAL

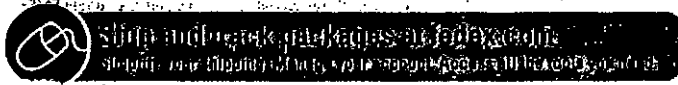
3 To **Recipient's Name** Barb Ebling **Phone** ()

Company Plainfield Surgery Center

Address 74100 W. 127th St, Building C

City Plainfield **State** IL **ZIP** 60585

Phone 0340920998



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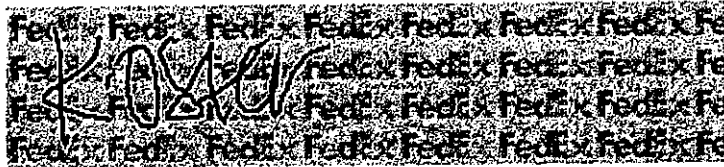
June 11,2010

Dear Customer:

The following is the proof-of-delivery for tracking number 858149340735.

Delivery Information:

Status:	Delivered	Delivery date:	Jun 9, 2010 14:16
Signed for by:	K.OSTER		
Service type:	Standard Envelope		



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June 8, 2010

Mr. Jeffrey L. Brickman
 Provena Saint Joseph Medical Center
 333 N. Madison Street
 Joliet, IL 60435

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Brickman:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director


FedEx US Airbill
Express

Tracking Number 8581 4934 0827

1 From *Please print and underline*
 Date: 01/21/10 Sender's FedEx Account Number: 3400-4802-4
 Sender's Name: M. Schillaci Phone: (815) 744-1119
 Company: SURGERY CENTER OF JOLIET LLC
 Address: 301 MADISON ST STE 100
 City: JOLIET State: IL ZIP: 60435

2 Your Internal Billing Reference OPTIONAL

3 To
 Recipient's Name: Jeffrey Brickman Phone: _____
 Company: Provena St. Joseph Medical Center
 Recipient's Address: 333 N. Madison St.
 Address: Joliet State: IL ZIP: 60435
 Tracking Number: 0340920998

 **Phishing information report**
 Shipping and Billing Manager: _____

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 Signature of Third Party
 Signature of Receiver
 Signature of Sender
 Signature of Agent
 Signature of Other
 Signature of Addressee
 Signature of Shipper
 Signature of Third Party
 Signature of Receiver
 Signature of Sender
 Signature of Agent
 Signature of Other

7 NEW Residential Delivery Signature Options
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 Indirect Signature
 Signature of Addressee
 Signature of Shipper
 Signature of Third Party
 Signature of Receiver
 Signature of Sender
 Signature of Agent
 Signature of Other

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Telephone: 901-369-3600

June 11, 2010

Dear Customer:

The following is the proof-of-delivery for tracking number 858149340827.

Delivery Information:

Status:	Delivered	Delivery date:	Jun 9, 2010 10:27
Signed for by:	D.LUZBITEK		
Service type:	Standard Envelope		



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June 8, 2010

Mr. Barry C. Finn
Rush Copley Medical Center
2000 Ogden Avenue
Aurora, IL 60504

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Finn:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Schillaci".

Margaret Schillaci
Administrative Director

FedEx US Airbill Express

8581 4934 0816

Sender's Copy

1 From: **018110** Sender's FedEx Account Number **3400-4802-4**

Sender's Name: **M. Schillaci** Phone: **(815) 744-1119**

Company: **SURGERY CENTER OF JOLIET LLC**

Address: **301 MADISON ST STE 100**

City: **JOLIET** State: **IL** ZIP: **60435**

2 Your Internal Billing Reference OPTIONAL

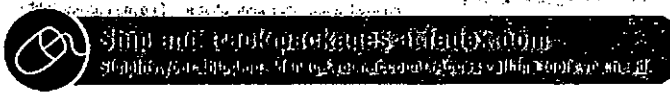
3 To: Recipient's Name: **Barry C. Finn** Phone: ()

Company: **Rush Copley Medical Center**

Recipient's Address: **1000 Ogden Ave**

Address: **Aurora** State: **IL** ZIP: **60504**

0340920958



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June 11, 2010

Dear Customer:

The following is the proof-of-delivery for tracking number 858149340816.

Delivery Information:

Status:	Delivered	Delivery date:	Jun 9, 2010 08:28
Signed for by:	K. BOLEN		
Service type:	Standard Envelope		



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June 8, 2010

Ms. Sue Sorg
 SCA Amsurg Surgery Center
 330 N. Madison Street
 Joliet, IL 60435

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Sorg:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx US Airbill Express

Tracking Number 8568 9313 4634

0215 Sender's Copy

1 From Please print and print hard.

Date 01/01/10 Sender's FedEx Account Number 3400-4802-4

Sender's Name M. Schillaci Phone (815) 744-1119

Company SURGERY CENTER OF JOLIET LLC

Address 301 MADISON ST STE 100

City JOLIET State IL ZIP 60435

2 Your Internal Billing Reference OPTIONAL

3 To

Recipient's Name Sue Song Phone ()

Company SCA Amisurg Surgery Center

Recipient's Address 330 N. Madison St.

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Address

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June 11, 2010

Dear Customer:

The following is the proof-of-delivery for tracking number 856893134634.

Delivery Information:

Status:	Delivered	Delivery date:	Jun 9, 2010 13:03
Signed for by:	J.HARTLEY		
Service type:	Standard Envelope		



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Tracking number:	856893134634	Ship date:	Jun 8, 2010
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Shipper:
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June 8, 2010

Ms. Marybeth Antone
SCHCI
1200 Maple Avenue
Joliet, IL 60432

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Antone:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret Schillaci". The signature is fluid and cursive, with a horizontal line extending from the end.

Margaret Schillaci
Administrative Director

FedEx. US Airbill
Express

8581 4934 0724

1 From 018110 Sender's FedEx Account Number 3400-4802-4

Sender's Name M. Schillaci Phone 815 744-1119

Company SURGERY CENTER OF JOLIET LLC

Address 301 MADISON ST STE 100

City JOLIET State IL ZIP 60435

2 Your Internal Billing Reference OPTIONAL

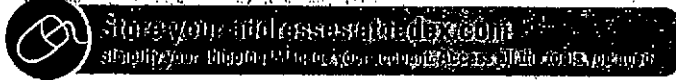
3 To Recipient's Name Marybeth Antone Phone

Company SCHCI

Recipient's Address 1200 maple Ave

City Joliet State IL ZIP 60432

0340920998



Sender's Copy

4 Express Package Services

Priority Overnight Standard Overnight First Overnight

2 Day Express Saver International Priority

5 Express Freight Services

1 Day Freight 2 Day Freight 3 Day Freight

6 By Packaging

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7 International Services

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8 NEW! Residential Delivery Signature

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Memphis, TN 38194-4643
Telephone: 901-389-3600

June 11, 2010

Dear Customer:

The following is the proof-of-delivery for tracking number 858149340724.

Delivery Information:

Status:	Delivered	Delivery date:	Jun 8, 2010 09:26
Signed for by:	T.GARNETT		
Service type:	Standard Envelope		



Shipping Information:

Tracking number:	858149340724	Ship date:	Jun 8, 2010
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Recipient:	Shipper:
US	US

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June 8, 2010

Mr. Paul Pawlak
Silver Cross Hospital
1200 Maple Street
Joliet, IL 60432

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Pawlak:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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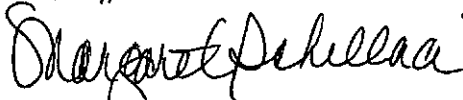
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2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

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Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx Express US Airbill

Tracking Number 8581 4934 0805

1 From: 0810 Sender's FedEx Account Number: 3400-4802-4

Sender's Name: M. Schillaci Phone: 815 744-1119

Company: SURGERY CENTER OF JOLIET LLC

Address: 301 MADISON ST STE 100

City: JOLIET State: IL Zip: 60435

2 Your Internal Billing Reference OPTIONAL

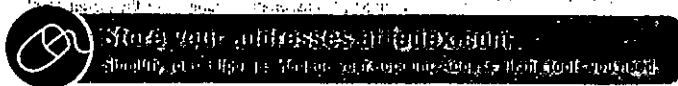
3 To: Recipient's Name: Paul Pawlak Phone: ()

Company: Silver Cross Hospital

Recipient's Address: 1200 maple St

City: Joliet State: IL Zip: 60432

0340720998



Sender's Copy

4a Express Package Service

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FedEx 1Day Freight
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5 Packaging

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 FedEx Box
 FedEx Pallet

6 Special Handling

Signature Required
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 Signature Adult
 Signature Restricted Adult
 Signature Restricted Adult (18+)

7 Payment Method

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8 NEW Residential Delivery Signature Options

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 Direct Signature
 Signature Restricted

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Telephone: 901-369-3600

June 11, 2010

Dear Customer:

The following is the proof-of-delivery for tracking number 858149340805.

Delivery Information:

Status:	Delivered	Delivery date:	Jun 9, 2010 09:26
Signed for by:	T.GARNETT		
Service type:	Standard Envelope		



Shipping Information:

Tracking number:	858149340805	Ship date:	Jun 8, 2010
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Recipient:
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Shipper:
US

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June 8, 2010

Mr. Michael Cherny
 Southwest Surgery Center
 19110 Darwin Drive
 Mokena, IL 60448

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Cherny:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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Management of the SCOJ has determined that due to payment limitation on the types of cases seen at SCOJ it would be appropriate to shift these cases to an outpatient surgery department of Provena Saint Joseph Medical Center. If the discontinuation is approved, the space currently leased by SCOJ will be leased by PSJMC and operated as an on campus outpatient surgery department. The building that houses SCOJ is attached to PSJMC. Therefore, we anticipate that there will be no change in where those patients receive care.

As part of the discontinuation process, we are requesting that you provide us with a letter indicating the impact of our discontinuation on your facility.

Our utilization from January, 2008 through May, 2010 is as follows:

Timeperiod	Surgical Cases	Surgical Hours	GI Procedures	GI Procedure Hours
2008	1,225	1,068	2,316	769
2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,



Margaret Schillaci
Administrative Director

FedEx US Airbill
Express

Tracking Number: 8581 4934 0713

1 From *Please print and use bold*

DR# 018110 Sender's FedEx Account Number: 3400-4802-4

Sender's Name: M. Schillaci Phone: (815) 744-1119

Company: SURGERY CENTER OF JOLIET LLC

Address: 301 MADISON ST STE 100

City: JOLIET State: IL ZIP: 60435

2 Your Internal Billing Reference: OPTIONAL

3 To

Recipient's Name: Michael Cherry Phone:

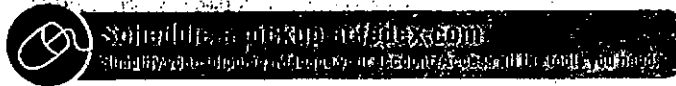
Company: Southwest Surgery Center

Recipient's Address: 19110 Darwin Dr.

Address:

City: Mokena State: IL ZIP: 60448

0340920998



Sender's Copy

4a Express Package Service

4b Express Freight Service

5 Packaging

6 Special Handling

7 Payment

8 NEW Residential Delivery Signature Options

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Customer Support Trace
3875 Airways Boulevard
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Memphis, TN 38116

U.S. Mail: PO Box 727
Memphis, TN 38194-4643
Telephone: 901-369-3600

June 11,2010

Dear Customer:

The following is the proof-of-delivery for tracking number 858149340713.

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Service type:	Standard Envelope		



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June 8, 2010

Mr. Seth Warren
 St. James Hospital & Health Center
 20201 S. Crawford
 Olympia Fields, IL 60461

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Warren:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

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As part of the discontinuation process, we are requesting that you provide us with a letter indicating the impact of our discontinuation on your facility.

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Jan - May 2010	623	936	1,303	1,303

We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Schillaci".

Margaret Schillaci
Administrative Director

FedEx Express US Airbill

8581 4934 0790

Sender's Copy

1 From: **018110** Sender's FedEx Account Number: **3400-4802-4**

Sender's Name: **M. Schillaci** Phone: **(815) 744-1119**

Company: **SURGERY CENTER OF JOLIET LLC**

Address: **301 MADISON ST STE 100**

City: **JOLIET** State: **IL** ZIP: **60435**

2 Your Internal Billing Reference: **OPTIONAL**

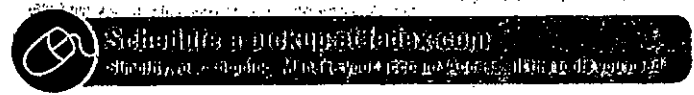
3 To: Recipient's Name: **Seth Warren** Phone: **()**

Company: **St. James Hospital & Health Center**

Recipient's Address: **2001 S. Crawford**

Address: **Olympia Fields** State: **IL** ZIP: **(60416)**

0340920998



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Telephone: 801-369-3600

June 11, 2010

Dear Customer:

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Service type:	Standard Envelope		



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Shipper:
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June 8, 2010

Mr. Ronald Ladniak
 Tinley Woods Surgery Center
 18200 S. La Grange Road
 Tinley Park, IL 60477

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Mr. Ladniak:

Surgery Center of Joliet, LLC (SCOJ), a multispecialty ASTC, is preparing an application to discontinue the Surgery Center of Joliet. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board, the discontinuation will occur no later than December 31, 2010.

Recent rules require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Surgery Center of Joliet and request that they address the impact of the proposed discontinuation on their facilities.

Management of the SCOJ has determined that due to payment limitation on the types of cases seen at SCOJ it would be appropriate to shift these cases to an outpatient surgery department of Provena Saint Joseph Medical Center. If the discontinuation is approved, the space currently leased by SCOJ will be leased by PSJMC and operated as an on campus outpatient surgery department. The building that houses SCOJ is attached to PSJMC. Therefore, we anticipate that there will be no change in where those patients receive care.

As part of the discontinuation process, we are requesting that you provide us with a letter indicating the impact of our discontinuation on your facility.

Our utilization from January, 2008 through May, 2010 is as follows:

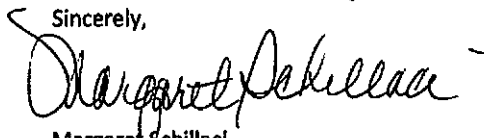
Timeperiod	Surgical Cases	Surgical Hours	GI Procedures	GI Procedure Hours
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2009	1,516	2,128	3,471	3,471
Jan - May 2010	623	936	1,303	1,303

We would appreciate advising us as to whether your facility has capacity to assume additional cases without conditions, limitation, or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and surgery or procedure hours your facility could accept.

Please send your response to me, Margaret Schillaci, Surgery Center of Joliet, 301 N. Madison Street, Suite 100, Joliet, Illinois, 60435. You may also send a copy directly to Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, Illinois, 62761.

If you have any questions, please call Tom Manak at 815-725-7133 x3236.

Sincerely,

A handwritten signature in black ink that reads "Margaret Schillaci". The signature is written in a cursive style with a large initial "M".

Margaret Schillaci
Administrative Director

FedEx. US Airbill Express

Tracking Number 8694 2862 4767

From Please print and sign here. Date 6/18/10 Sender's FedEx Account Number 3100 DCX 4100 Ultimate ONLY. Sender's Name M. Schillaci phone (815) 744-1119 Company Surgery Center of Joliet Address 301 Madison St Suite 100 City Joliet State IL ZIP 60435

Your Internal Billing Reference OPTIONAL

To Recipient's Name Ronald Ladniak Phone Company Tinley Woods Surgery Center Recipient's Address 18200 S. LaGrange Rd. City Tinley Park State IL ZIP 60477



Sender's Copy form with sections: 4a Express Package Service, 4b Express Freight Service, 5 Packaging, 6 Special Handling, 7 Payment, 8 Residential Delivery Signature Options. Includes checkboxes for various services and a 520 stamp.



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Memphis, TN 38194-4643
Telephone: 901-369-3600

June 11, 2010

Dear Customer:

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Signed for by:	D.NASENT		
Service type:	Standard Envelope		



Shipping Information:

Tracking number:	869428624767	Ship date:	Jun 8, 2010
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Recipient:
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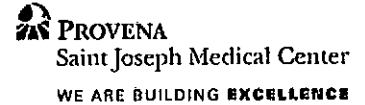
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Letters were received from the listed providers and are included beginning on the next page.

- Provena Saint Joseph Medical Center
- Silver Cross Hospital
- Amsurg Surgery Center
- Ingalls Same Day Surgery
- St. James
- Castle Surgicenter
- Advocate South Suburban Hospital
- Palos Community Hospital
- Elmhurst Outpatient Surgery Center
- Eye Surgery Center of Hinsdale
- Children's Memorial Hospital

333 North Madison Street
Joliet, IL 60435-6595
815 725-7133 Tel



Office of the President
Jeffrey L. Brickman

June 30, 2010

Ms. Marge Schillaci
Surgery Center of Joliet
301 N. Madison Street, Suite 100
Joliet, IL 60435

Re: Surgery Center of Joliet Discontinuation

Dear Ms. Schillaci:

I am in receipt of your request for an impact statement related to the discontinuation of the Surgery Center of Joliet as a freestanding ambulatory surgery treatment center. With approval of the Illinois Health Services and Facilities Review Board, Surgery Center of Joliet, LLC (SCJ) will discontinue the operations of outpatient surgical services at 301 Madison Street in the Madison Medical Office Building on the Provena Saint Joseph Medical Center (PSJMC) campus. Subsequently, PSJMC will sublease the space and lease equipment from SCJ and operate the facility as a hospital based outpatient surgical facility. It will become a department of PSJMC.

That new hospital based outpatient surgical department will provide care to patients who have gone to SCJ in the past. PSJMC has the capacity to accommodate all of the surgical cases and procedures currently being performed at SCJ without conditions, limitation, or discrimination.

As a hospital department, financial assistance will be available to patients receiving care in the outpatient surgery department. Patients will now be eligible for financial assistance if their household income is less than 600% of the Federal Poverty Guidelines. If their household income is less than 200% of the Federal Poverty Guidelines they are eligible for 100% financial assistance (free care). In fact, PSJMC provided more than \$3.9 million of outpatient charity care (at cost) and more than \$7.2 million in total charity care (at cost) as reported in our 2009 Annual Hospital Questionnaire submitted to IDPH.

The SJC discontinuation will have no impact on PSJMC or Provena Health related to cross-subsidization of safety net services. In addition, we do not believe there will be any impact on the overall safety net services PSJMC provides or are provided by any other healthcare providers in the area.

We believe the conversion from a non-hospital based, freestanding, ambulatory surgery treatment center to a hospital based ambulatory surgery department will allow PSJMC to accommodate all of the historical volume at SCJ and improve community access to outpatient surgical services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey L. Brickman', is written over a printed name and title.

Jeffrey L. Brickman
System Senior Vice President and CEO



THE WAY YOU SHOULD BE TREATED

A Thomson Reuters 100 Top Hospitals® National Award Winner
2004, 2005, 2006, 2007, 2008

June 14, 2010

Margaret Schillaci
Administrative Director
Surgery Center of Joliet, LLC
Madison Medical Plaza
301 N. Madison, Suite 100
Joliet, IL 60435


Dear Ms. Schillaci:

We are in writing in response to your letter informing us of the plans to discontinue your ASTC.

The impact of your facility closure on our facility would be minimal. In fact, Silver Cross Hospital has enough available capacity to accommodate all of the surgical cases and GI procedures currently being performed at your facility without conditions, limitation or discrimination.

Should you have any questions, please feel free to contact me.

Sincerely,


Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer

cc: Mike Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

1200 Maple Road • Joliet, Illinois 60432 • (815) 740-1100 • www.silvercross.org

AMSURG SURGERY CENTER

July 16, 2010

RECEIVED
JUL 20 2010

BY:.....

Ms. Marge Schillaci
Administrative Director
Surgery Center of Joliet
301 N. Madison Street
Suite 100
Joliet, IL 60435

Re: Discontinuation of the Surgery Center of Joliet, LLC

Dear Marge:

I received your letter dated June 8 informing AmSurg of the discontinuation of the Surgery Center of Joliet LLC. Please know that AmSurg is willing and able to accommodate your patients when your center closes. If AmSurg can be of any assistance please feel free to contact me.

Sincerely,



Sue Sorg
Administrator
AmSurg Surgery Center
998 129th Infantry Drive
Joliet, IL 60435
(815) 744-3000

998 129th Infantry Drive Joliet, IL 60435 : 815 744 3000



IN THE INGALLS FAMILY CARE CENTER
6701 WEST 159TH STREET
TINLEY PARK, ILLINOIS 60477
PHONE: 708-429-0222
FAX: 708-429-0233

RECEIVED
JUN 14

BY:.....

June 10, 2010

Ms. Marge Schillaci
Surgery Center of Joliet, L.L.C.
301 N. Madison Suite 100
Joliet, IL. 60435

Dear Ms. Schillaci:

Thank you for your letter of notification on June 8, 2010. Ingalls Same Day Surgery Center has capacity to serve the community of patients should there be the need. We are a multispecialty ACS, and can provide services in all specialties.

Our current hours of operation are Monday through Friday, 7:00 AM to 4:30PM. We have the capacity to accommodate at least 100-150 cases per month. We are Medicare certified and have contracts with most payers. We do not however, contract with Medicaid.

Wishing you the best on your reorganization.

Sincerely,

Anne Cole
Anne Cole
Administrator

Cc: Mike Constatino
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL. 62761



CASTLE
SURGICENTER, LLC

Your Choice for
Excellence

3000 OGDEN AVE.
JOLIET, IL 60435
PHONE: 630.978.3800
FAX: 630.978.3882

RECEIVED
JUN 25 2010

BY:..... June 17, 2010

Ms. Margaret Schillaci, Administrative Director
Surgery Center of Joliet, LLC
Madison Medical Plaza
301 North Madison, Suite 100
Joliet, IL 60435

Dear Ms. Schillaci:

In regard to your letter regarding Surgery Center of Joliet preparing to discontinue the surgery center, it will have no impact on Castle Surgicenter, LLC.

If you have any questions, please do not hesitate to call me at 630 978-3800, extension 131.

Sincerely,

Donna Wilson, Executive Director
Castle Surgicenter, LLC

DW:me

Accredited by the



ACCREDITATION
ASSOCIATION
FOR AMBULATORY
CARE, INC.

17800 South Kedzie Avenue
Hazel Crest, Illinois 60429-0989
Telephone 708.799.8000



RECEIVED
JUL 01 2010

June 24, 2010

BY:.....

Ms. Margaret Schillaci
Administrative Director
Surgery Center of Joliet
301 North Madison Street
Suite 100
Joliet, IL 60435

Re: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Schillaci:

This letter is in response to the discontinuation of the Surgery Center of Joliet. This discontinuation will have no impact on Advocate South Suburban Hospital.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth Purcell".

Beth Purcell
Vice President, Business Development
Advocate South Suburban Hospital

**Palos Community Hospital**

12251 S. 80th Avenue Palos Heights, Illinois 60463 (708) 923-4000

Executive Offices

RECEIVED
JUN 18 2010

BY:.....

June 16, 2010

Ms. Margaret Schillaci
Administrative Director
Surgery Center of Joliet
301 North Madison Street
Suite 100
Joliet, Illinois 60435

Dear Ms. Schillaci:

Palos Community Hospital anticipates no impact on our facility as a consequence of your discontinuation. Furthermore, we anticipate that your current patient volume will be accommodated through the outpatient surgery department of Provena St. Joseph Medical Center.

While Palos Community Hospital has capacity to assume additional outpatient surgery cases, we cannot commit to an estimate of patients in the absence of surgical type or physician information.

Sincerely,


Timothy J. Brosnan
Vice President, Planning & Community Relations

TJB:gmk



ELMHURST
OUTPATIENT SURGERY CENTER

RECEIVED
JUN 18 2010

BY:

June 16, 2010

Ms. Margaret Schillaci
Surgery Center of Joliet
301 N. Madison Street
Joliet, IL 60435

RE: Discontinuation of Surgery Center of Joliet, LLC

Dear Ms. Schillaci:

This letter is in response to your letter dated June 8, 2010.

Elmhurst Outpatient Surgery Center (EOSC) does have the capacity to accept additional cases. Based on our current 2010 projections and what we believe our capacity to be, EOSC can assume approximately 500 additional cases. The determining factors would be the surgeons' willingness to obtain privileges at EOSC and the patients' willingness to travel to our location.

If you have any additional questions, please contact me at 630/758.8801 or via email at tmentz@eosc.org.

Regards,

Tina Madonia Mentz
Executive Director

Cc: Mike Constantino, Illinois Health Facilities and Services Review Board, 525 W. Jefferson Street, 2nd Floor, Springfield, IL 62761

ELMHURST OUTPATIENT SURGERY CENTER, LLC
1200 SOUTH YORK ROAD, SUITE 1400
ELMHURST, ILLINOIS 60126-6533
PHONE 630.758.8800 FAX 630.758.8805
www.eosc.org

Margaret Schillaci
Surgery Center of Joliet
301 North Madison Street
Suite 100
Joliet, IL 60435

RECEIVED
JUN 14 2010

BY:.....

June 9, 2010

Dear Ms. Schillaci:

I am the medical director of the Eye Surgery Center of Hinsdale. I do not anticipate a negative impact on the Eye Surgery Center of Hinsdale because of the discontinuation of the Surgery Center of Joliet. Although we do see some patients from Joliet I would anticipate most of these patients transferring their care to Provena Saint Joseph Medical Center's outpatient surgery center. We are an ophthalmology-only ASC and would be able to accept additional patients should that be necessary. Please contact me at the office if I can be of further assistance.

Sincerely,



Brian D. Smith, MD

Cc: Mike Costantino
Illinois health Facilities and Services Review Board
525 West Jefferson, 2nd floor
Springfield, IL 62761

Children's Memorial Hospital
2300 Children's Plaza, Chicago, Illinois 60614-3363
773.880.4000
www.childrensmemorial.org



Children's Memorial
Foundation
Children's Memorial
Medical Group
Children's Memorial
Research Center
Pediatric Faculty
Foundation



NORTHWESTERN
UNIVERSITY
Faculty of
Northwestern University's
Feinberg School of Medicine

June 16, 2010

RECEIVED
JUN 25 2010

BY:

Ms. Margaret Schillaci
Administrative Director
Surgery Center of Joliet, LLC
Madison Medical Plaza
301 N. Madison, Suite 100
Joliet, IL 60435

Re: Discontinuation of Surgery Center of Joliet, LLC.

Dear Ms. Schillaci:

In response to your letter of June 8, 2010, on behalf of Children's Memorial Hospital, I confirm that the proposed discontinuation of your facility in Joliet should have no impact on our outpatient operations in Westchester, Illinois.

Yours truly,

Tom Schubnell

tschubnell@childrensmemorial.org
Ph.: (773) 880-4206
Fax: (773) 880-6367