



Antitrust Bureau
115 S. LaSalle St.
Chicago, IL 60603

Email: HealthTransactions@ilag.gov

Healthcare Transaction Notice Instructions and Form

General Instructions

Who Should Use This Form

This form should be used to provide notice only if a health care facility or provider organization is: (1) a party to a covered transaction that is not HSR-reportable and (2) such transaction does not require a change of ownership application to be filed with the Illinois Health Facilities and Services Review Board.

If the transaction is HSR-reportable, you do not need to submit this form. Instead, please email a copy of the HSR filing to HealthTransactions@ilag.gov.

If the party filed an application for a change of ownership with the Illinois Health Facilities and Services Review Board, you do not need to submit this form. The Health Facilities and Services Review Board is required to notify the Attorney General.

For all other covered transactions, please submit notice by emailing the completed form to HealthTransactions@ilag.gov. Please note that the signature in the Declaration must be a wet signature.

All parties to a covered transaction must submit notice to the Illinois Attorney General's Office no later than 30 days prior to the transaction's closing or effective date.

Requests for Additional Information

The Attorney General may make any requests for additional information from the parties that is relevant to its investigation of the covered transaction within 30 days of the date notice is received. If the Attorney General requests additional information, the covered transaction may not proceed until 30 days after the parties have substantially complied with the request.

Confidentiality

Information submitted to the Illinois Attorney General's Office pursuant to 740 ILCS 10/7.2a, including this notice form, shall be treated as if produced pursuant to a subpoena for purposes of maintaining the confidentiality of such information. This information is exempt from Freedom of Information Requests.

Additional Information

If you would like to submit additional information and need more space, you may submit additional attachments alongside this form.

Pre-Submission Questions

Before completing the Healthcare Transaction Notice Form, please answer the following questions to determine whether you are required to submit this form.

1. Does the transaction require filing a premerger notification with the Federal Trade Commission or the United States Department of Justice to comply with the Hart-Scott-Rodino Antitrust Improvements Act of 1976, 15 U.S.C. 18a?

If yes, please email a copy of the party's HSR filing to HealthTransactions@ilag.gov. The party is not required to submit this Health Care Transaction Notice Form. After submission, you will receive a reply confirming receipt on or before the next business day.

2. Has the party filed a health care facility change of ownership application for the transaction with the Illinois Health Facilities and Services Review Board, in compliance with the Illinois Health Facilities Planning Act?

If yes, the notice requirement is satisfied. No submission to the Attorney General is required. The Health Facilities and Services Review Board is required to notify the Attorney General.

If the answer to both pre-screening questions is NO, please proceed to completing the Healthcare Transaction Notice Form.

Healthcare Transaction Notice Form

Date: _____

Parties to the Transaction or Contracting Affiliation:

Party A (Filing Party): _____

Current Business Address: _____

Party B: _____

Current Business Address: _____

Party C and additional Parties (if applicable): _____

Current Business Address: _____

1. Anticipated effective date of proposed merger, acquisition or contracting affiliation:

2. Provide a brief description of the nature and purpose of the proposed merger, acquisition or contracting affiliation:

3. Identify all locations where health care services are currently provided by Party A (*Filing Party*)

4. Any additional information you would like to provide, please do so here.

5. Contact Information for the Party submitting the form:

Party: _____

Address: _____

Contact Name: _____

Title: _____

Phone: _____

Email: _____

Are you represented by an attorney? Yes _____ No _____

Attorney Name and
Address (if applicable): _____

Attorney Phone: _____

Attorney Email: _____

Declaration

I, _____, declare under penalty of perjury under the law of Illinois that the foregoing is true and correct.

Signature: _____

Title or Position: _____

Company: _____

Date: _____

City and State: _____

SUBMIT