

Original

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care Lindenhurst</i>	OCT 07 2009
Street Address: <i>Southeast corner of Grand Avenue & Red Oak Lane (see legal description page 36)</i>	
City and Zip Code: <i>Lindenhurst</i>	
County: <i>Lake</i>	Health Service Area <i>8</i>
Health Planning Area <i>HEALTH FACILITIES & SERVICES REVIEW BOARD</i>	

Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Lindenhurst, LLC d/b/a Fresenius Medical Care Lindenhurst</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Mats Wahlstrom</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

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

Type of Ownership

<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.

Primary Contact

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

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care North America</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9121</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>708-498-9334</i>

Additional Contact

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

Name: <i>Brian Brandenburg</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care North America</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9470</i>
E-mail Address: <i>brian.brandenburg@fmc-na.com</i>
Fax Number: <i>708-498-9283</i>

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>Hinshaw & Culbertson</i>
Address: <i>222 N. LaSalle Street, Suite 300, Chicago, IL 60601</i>
Telephone Number: <i>312-704-3253</i>
E-mail Address: <i>cranalli@hinshawlaw.com</i>
Fax Number: <i>312-704-3001</i>

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care North America</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9121</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>708-498-9334</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Waukegan Illinois Hospital Company, LLC</i>
Address of Site Owner: <i>4000 Meridian Blvd, Franklin, TN 37067</i>
Street Address or Legal Description of Site: <i>Southeast corner of Grand Avenue & Red Oak Lane, Lindenhurst, IL (see full legal description Attachment – 2)</i>

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: <i>Fresenius Medical Care Lindenhurst, LLC d/b/a Fresenius Medical Care Lindenhurst</i>
Address: <i>920 Winter Street, Waltham, MA 02541</i>

- | | | |
|---|--|--------------------------------|
| <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.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person 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-3**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**Flood Plain Requirements NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION**

[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.idph.state.il.us/about/hfpb.htm>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-5, 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)]

<p>Part 1110 Classification:</p> <p><input type="checkbox"/> Substantive</p> <p><input checked="" type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis	X				12
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

3. 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.

Fresenius Medical Care Lindenhurst, LLC, proposes to establish a 12 station in-center hemodialysis facility at the southeast corner of Grand Avenue and Red Oak Lane in Lindenhurst,, Illinois. The facility will be in leased space in the Vista Lindenhurst Medical Office Building (#07-140) with the interior to be built out by the applicant. This will also be on the Vista Lindenhurst Medical Center Campus.

Fresenius Medical Care Lindenhurst will be in HSA 8.

This project is "non-substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide chronic renal dialysis services

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-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	783,000	N/A	783,000
Contingencies	78,300	N/A	78,300
Architectural/Engineering Fees	86,000	N/A	86,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	296,000	N/A	296,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space Equipment	1,618,932 166,000	1,784,932	N/A
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	3,028,232	N/A	3,028,232
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	883,300	N/A	883,300
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	1,784,932	N/A	1,784,932
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	360,000*	N/A	360,000*
TOTAL SOURCES OF FUNDS	3,028,232	N/A	3,028,232

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

*Total construction cost is \$861,300; however \$360,000 of this cost will be paid to the landlord over the term of the lease. Although this amount is paid per the lease term over time, it relates directly to the construction costs and not rent per GSF.

Related Project Costs

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

Land acquisition is related to project Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \$52,294 .

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): September 30, 2011

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.

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

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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
CLINICAL							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

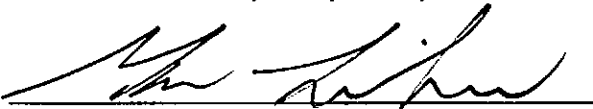
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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


SIGNATURE

PRINTED NAME Marc Lieberman
Asst. Treasurer

PRINTED TITLE

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


SIGNATURE

PRINTED NAME Mark Fawcett
Vice President & Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27 day of Sept 2009

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

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


SIGNATURE

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

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


SIGNATURE

Mark Fawcett
PRINTED NAME
Vice President & Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25 day of Sept 2009

C Wynelle Scenna
Signature of Notary

Seal



C Wynelle Scenna
Signature of Notary

Seal

*Insert EXACT legal name of the applicant

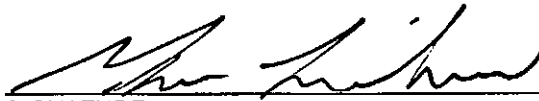
CERTIFICATION

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 Fresenius Medical Care Ventures Holding Company, Inc.*


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

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

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


SIGNATURE

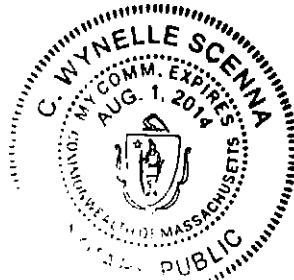
Mark Fawcett
PRINTED NAME
Vice President & Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25 day of Sept 2009

C Wynelle Scenna
Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

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 National Medical Care, Inc. * 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

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

Mark Fawcett
PRINTED NAME
Vice President & Treasurer

PRINTED TITLE

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

Notarization:
Subscribed and sworn to before me
this 21 day of Sept 2009

[Signature] Signature of Notary

Seal



Seal

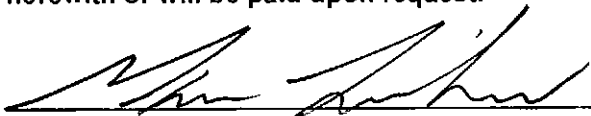
*Insert EXACT legal name of the applicant

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 Fresenius Medical Care Holdings, Inc. *
 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

Marc Lieberman
 PRINTED NAME
Asst. Treasurer

PRINTED TITLE

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


 SIGNATURE

Mark Fawcett
 PRINTED NAME
Vice President & Assistant Treasurer

PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 21 day of Sept 2009

C Wynelle Scenna
 Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS

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

Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

NOTE: The description of the "Purpose of the Project" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
 - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.
2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing bed space that results in excess square footage.

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

PROJECT SERVICES UTILIZATION: NOT APPLICABLE - UTILIZATION STANDARDS APPLY

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

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B.

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE - THERE IS NO UNFINISHED SHELL SPACE

Provide the following information:

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

- b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES: NOT APPLICABLE - THERE IS NO UNFINISHED SHELL SPACE

Submit the following:

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

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

SECTION VII. - CATEGORY OF SERVICE - REVIEW CRITERIA

1. This Section is applicable to all projects proposing establishment, expansion or modernization of **ALL categories of service that are subject to CON review**, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960], WITH THE EXCEPTION OF:
 - General Long Term Care;
 - Subacute Care Hospital Model;
 - Postsurgical Recovery Care Center Alternative Health Care Model;
 - Children's Community-Based Health Care Center Alternative Health Care Model; and
 - Community-Based Residential Rehabilitation Center Alternative Health Care Model.

If the project involves any of the above-referenced categories of service, refer to " SECTION VIII.- Service Specific Review Criteria" for applicable review criteria, and submit all necessary documentation for each service involved..

2. READ THE APPLICABLE REVIEW CRITERIA FOR EACH OF THE CATEGORIES OF SERVICE INVOLVED. [Refer to SECTION VIII regarding the applicable criteria for EACH action proposed, for EACH category of service involved.]
3. After identifying the applicable review criteria for each category of service involved (see the charts in Section VIII), provide the following information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Planning Area Need - Formula Need Calculation:

1. Complete the requested information for each category of service involved:
Refer to 77 Ill. Adm. Code 1100 for information concerning planning areas, bed/station/key room deficits and occupancy/utilization standards.

Planning Area HSA 8

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
In-center Hemodialysis	12	14 Excess	80%
(see attachment 19)			

Using the formatting above:

2. Indicate the number of beds/stations/key rooms proposed for each category of service.
3. Document that the proposed number of beds/stations/key rooms is in conformance with the projected deficit specified in 77 Ill. Adm. Code 1100.
4. Document that the proposed number of beds/stations/key rooms will be in conformance with the applicable occupancy/utilization standard(s) specified in Ill. Adm. Code 1100.

B. Planning Area Need - Service to the Planning Area Residents:

1. If establishing or expanding beds/stations/key rooms, document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
2. If expanding an existing category of service, provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, document that at least 50% of the projected patient volume will be from residents of the

area.

3. If expanding an existing category of service, submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

APPEND DOCUMENTATION AS ATTACHMENT -19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

C. Service Demand - Establishment of Category of Service

Document "Historical Referrals" and either "Projected Referrals" or "Project Service Demand - Based on Rapid Population Growth" :

1. Historical Referrals NOT APPLICABLE – NOT AN EXISTING FACILITY

If the applicant is an existing facility, document the number of referrals for the last two years for each category of service, as formatted below:

EXAMPLE:

Year	CY or FY	Category of Service	Patient Origin by Zip Code	Name & Specialty of Referring Physician	Name & Location of Recipient Hospital
2008	CY	Medical/Surgical	62761 [Patient Initials]	Dr. Hyde	Wellness Hospital

2. Projected Referrals

An applicant proposing to establish a category of service or establish a new hospital shall submit physician referral letters containing ALL of the information outlined in Criterion 1110.530(b)(3)

3. Project Service Demand - Based on Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand must be determined, as specified in the Criterion titled "Project Service Demand - Based on Rapid Population Growth".

APPEND DOCUMENTATION AS ATTACHMENT-20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

D. Service Demand - Expansion of an Existing Category of Service NOT APPLICABLE – PROJECT IS FOR ESTABLISHMENT OF A CATEGORY OF SERVICE

Document "Historical Service Demand" and either "Projected Referrals" or "Project Service Demand - Based on Rapid Population Growth" :

1. Historical Service Demand

Category of Service	Board Occupancy/Utilization Standards	Year One Indicate CY or FY	Year Two Indicate CY or FY
	[Indicate standards for the planning area.]		

- a. As formatted above, document that the average annual occupancy/utilization rate has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years;
- b. If patients have been referred to other facilities in order to receive the subject services, provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years

2. Projected Referrals

An applicant proposing to establish a category of service or establish a new hospital shall submit physician referral letters containing ALL of the information outlined in subsection(b)(4) of the criteria for the subject service(s).

3. Projected Service Demand – Based on Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand must be determined, as specified in the criterion titled "Projected Service Demand-Based on Rapid Population Growth" of the criteria for the subject service(s).

APPEND DOCUMENTATION AS ATTACHMENT-21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Service Accessibility - Service Restrictions

- 1. The applicant shall document that at least one of the factors listed in subsection (b)(5) of the criteria for subject service(s) exists in the planning area.
- 2. Provide documentation, as applicable, listed in subsection (b)(5) of the criteria for the subject service(s), concerning existing restrictions to service access:

APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Unnecessary Duplication/Maldistribution

- 1. Document that the project will not result in an unnecessary duplication, and provide the following information:
 - a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
 - b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
 - c. The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2. Document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as presented in subsection (c)(1) and (2) of the criteria for the subject service(s).
3. Document that, within 24 months after project completion, the proposed project:
 - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
 - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

APPEND DOCUMENTATION AS ATTACHMENT-23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Category of Service Modernization NOT APPLICABLE – PROJECT IS FOR ESTABLISHMENT OF A CATEGORY OF SERVICE

1. Document that the inpatient beds areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, citing factors, as listed in subsection (d)(1) of the criteria for the subject service(s), but not limited to the reasons cited in the rule.
2. Provide the following documentation of the need for modernization:
 - A. the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports;
 - B. the most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports;
3. Include other documentation, as applicable to the factors cited above:
 - A. Copies of maintenance reports;
 - B. Copies of citations for life safety code violations; and
 - C. Other pertinent reports and data.
4. Provide the annual occupancy/utilization for each category of service to be modernized, for each of the last three years.

APPEND DOCUMENTATION AS ATTACHMENT-24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

APPEND DOCUMENTATION AS ATTACHMENT-25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE

APPLICATION FORM.

I. Performance Requirements

READ the subsection titled "Performance Requirements" for the subject service(s).

K. Assurances

Submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy/utilization standards specified in 77 Ill. Adm Code 1100 for each category of service involved in the proposal.

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

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

G. Criterion 1110.1430 - In-Center Hemodialysis

1. In addition to addressing the Review Criteria for ALL category of service projects, applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations	# to Establish	# to Expand	# to Modernize
■ In-Center Hemodialysis		12	12		

3. READ the applicable review criteria outlined below and **submit required documentation for the criteria printed below in bold:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X

1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

APPEND DOCUMENTATION for "Support Services", Minimum Number of Stations" and Continuity of Care", AS ATTACHMENT-31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

T. Financial Feasibility

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes No .

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. **If no is indicated, submit the most recent three years' audited financial statements including the following:**

1. Balance sheet
2. Income statement
3. Change in fund balance
4. Change in financial position

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
	2008	2007	2006	2013
Enter Historical and/or Projected Years:				
Current Ratio	1.2	1.0	0.7	1.1
Net Margin Percentage	7.6%	7.3%	5.8%	6.7%
Percent Debt to Total Capitalization	39.5%	41.9%	41.8%	34.9%
Projected Debt Service Coverage	.01	0.02	0.02	0
Days Cash on Hand	7.2	10	6.416	6.4
Cushion Ratio	.65	1.09	0.55	0.11

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

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

(continued)

B. Criterion 1120.210(b), Availability of Funds

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

\$883,300 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

N/A Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

N/A Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

1,784,932 Debt Financing (indicate type(s) Letter of intent for lease, Equipment lease)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

N/A Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

N/A Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

360,000 Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project. (See letter of intent for lease - Tenant Improvement Allowance)

\$3,028,232 TOTAL FUNDS AVAILABLE**C. Criterion 1120.210(c), Operating Start-up Costs**

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

APPEND DOCUMENTATION AS ATTACHMENT 75, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

U. Economic Feasibility

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

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

A. Criterion 1120.310(a), Reasonableness of Financing Arrangements

Is the project classified as a Category B project? Yes No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Criterion 1120.310(b), Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

B. Criterion 1120.310(c), Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
	-	\$130.50	-	-	6,000	-	-		\$783,000
Contingency	-	13.05	-	-	6,000	-	-		78,300
TOTALS	-	143.55	-	-	6,000	-	-		\$861,300

* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)

- a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

D. Criterion 1120.310(d), Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

Is the project classified as a category B project? Yes No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

F. Criterion 1120.310(f), Non-patient Related Services

Is the project classified as a category B project and involve non-patient related services? Yes No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT -76, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SAFETY NET IMPACT STATEMENT that describes all of the following: NOT APPLICABLE – PROJECT
NON-SUBSTANTIVE**

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

APPEND DOCUMENTATION AS ATTACHMENT-77, 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:

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Co - Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Ventures, LLC.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Mats Wahlstrom</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

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

Type of Ownership

<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.

Co - Applicant Identification

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

Exact Legal Name: <i>National Medical Care, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Mats Wahlstrom</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

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

Type of Ownership

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input 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.

Co - Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Mats Wahlstrom</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

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

Type of Ownership

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input 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.

Site Ownership

[Provide this information for each applicable site]

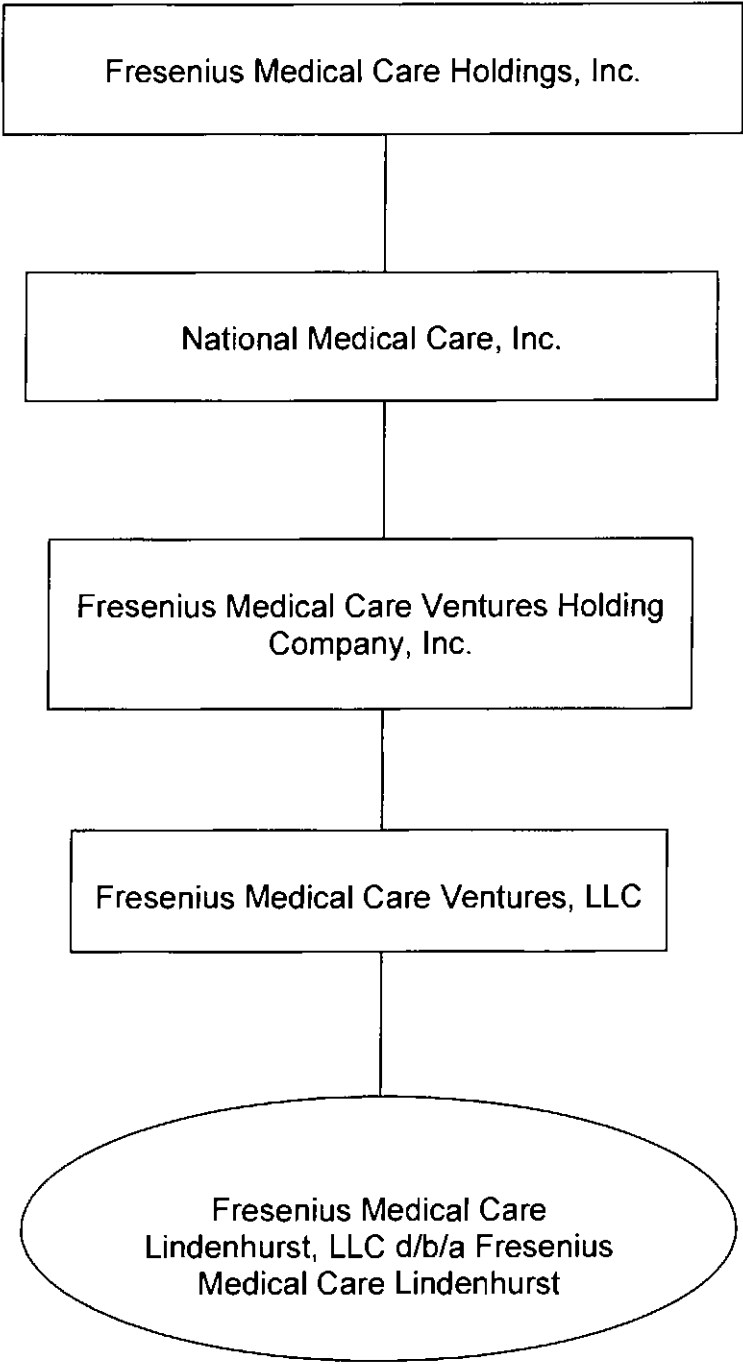
Exact Legal Name of Site Owner: <i>Waukegan Illinois Hospital Company, LLC</i>
Address of Site Owner: <i>4000 Meridian Blvd, Franklin, TN 37067</i>
Street Address or Legal Description of Site: <i>Southeast corner of Grand Avenue & Red Oak Lane, Lindenhurst, IL</i>

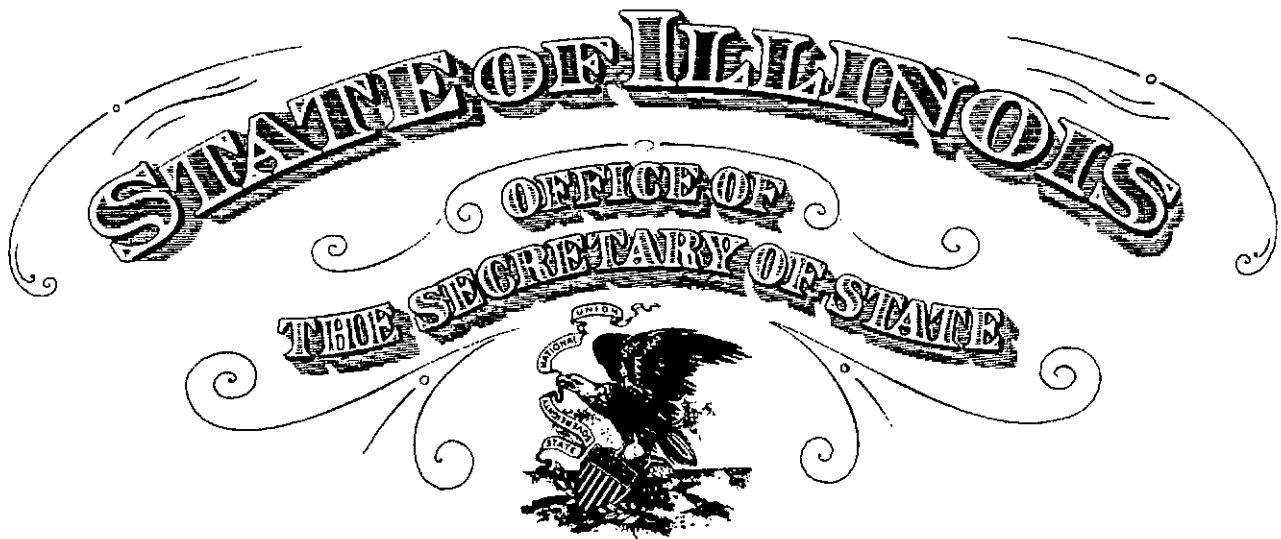
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

THAT PART OF THE NORTH 2276.0 FEET OF THE EAST HALF OF GOVERNMENT LOTS 1 AND 2 IN THE NORTHWEST QUARTER OF SECTION 3, TOWNSHIP 45 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN LAKE COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF SAID SECTION 3; THENCE SOUTH 00 DEGREES 27 MINUTES 27 SECONDS WEST, ALONG THE EAST LINE OF SAID NORTHWEST QUARTER, 40.00 FEET TO A POINT ON A LINE 40.00 FEET SOUTH OF AND PARALLEL TO THE NORTH LINE OF SAID NORTHWEST QUARTER; THENCE NORTH 89 DEGREES 56 MINUTES 05 SECONDS WEST, ALONG SAID PARALLEL LINE, 531.24 FEET TO THE POINT OF BEGINNING;

THENCE SOUTH 00 DEGREES 03 MINUTES 55 SECONDS WEST, 216.78 FEET; THENCE SOUTH 69 DEGREES 33 MINUTES 42 SECONDS WEST, 149.28 FEET TO A POINT OF CURVATURE; THENCE SOUTHWESTERLY, 129.65 FEET, ALONG A CURVE TANGENT TO THE LAST DESCRIBED COURSE, CONCAVE SOUTHEASTERLY, HAVING A RADIUS OF 245.00 FEET, A CHORD BEARING SOUTH 54 DEGREES 24 MINUTES 08 SECONDS WEST, 128.14 FEET TO A POINT ON A NON-TANGENT CURVE; THENCE WESTERLY, 227.75 FEET, ALONG SAID NON-TANGENT CURVE, CONCAVE SOUTHERLY, HAVING A RADIUS OF 429.38 FEET, AND A CHORD BEARING NORTH 73 DEGREES 11 MINUTES 03 SECONDS WEST, 225.09 FEET; THENCE SOUTH 00 DEGREES 31 MINUTES 29 SECONDS WEST, 68.88 FEET; THENCE NORTH 89 DEGREES 28 MINUTES 31 SECONDS WEST, 70.00 FEET; THENCE NORTH 00 DEGREES 31 MINUTES 29 SECONDS EAST, 68.86 FEET; THENCE NORTH 89 DEGREES 28 MINUTES 31 SECONDS WEST, 86.30 FEET; THENCE SOUTH 00 DEGREES 31 MINUTES 29 SECONDS WEST, 437.32 FEET TO A POINT ON THE SOUTH LINE OF THE NORTH 755.00 FEET OF SAID NORTHWEST QUARTER; THENCE NORTH 89 DEGREES 56 MINUTES 05 SECONDS WEST, ALONG SAID SOUTH LINE, 101.70 FEET TO A POINT ON THE EAST LINE OF THE WEST 80.00 FEET OF THE EAST HALF OF SAID NORTHWEST QUARTER; THENCE NORTH 00 DEGREES 31 MINUTES 29 SECONDS EAST, ALONG SAID EAST LINE, 425.00 FEET TO A POINT ON THE SOUTH LINE OF THE NORTH 330.00 FEET OF SAID NORTHWEST QUARTER; THENCE NORTH 89 DEGREES 56 MINUTES 05 SECONDS WEST, ALONG SAID SOUTH LINE, 14.00 FEET TO A POINT ON THE EAST LINE OF THE WEST 66.00 FEET OF THE EAST HALF OF SAID NORTHWEST QUARTER; THENCE NORTH 00 DEGREES 31 MINUTES 29 SECONDS EAST, ALONG SAID EAST LINE, 277.77 FEET TO A POINT ON THE SOUTHERLY LINE OF STATE ROUTE 132 PER DOCUMENT 4518155; THENCE EASTERLY, 344.47 FEET, ALONG SAID SOUTHERLY RIGHT OF WAY LINE, SAID LINE ALSO BEING A NON-TANGENT CURVE, CONCAVE SOUTHERLY, HAVING A RADIUS OF 49055.70 FEET, AND A CHORD BEARING OF SOUTH 89 DEGREES 58 MINUTES 40 SECONDS EAST, 344.47 FEET; THENCE SOUTH 89 DEGREES 46 MINUTES 36 SECONDS EAST, CONTINUING ALONG SAID SOUTHERLY RIGHT OF WAY OF LINE, 55.00 FEET TO A POINT ON THE EASTERLY RIGHT OF WAY LINE PER DOCUMENT 4518155; THENCE NORTH 00 DEGREES 13 MINUTES 24 SECONDS EAST, ALONG SAID EASTERLY RIGHT OF WAY, 12.12 FEET TO A POINT ON A LINE 40.00 FEET SOUTH OF AND PARALLEL TO THE NORTH LINE OF SAID NORTHWEST QUARTER; THENCE SOUTH 89 DEGREES 56 MINUTES 05 SECONDS EAST, ALONG SAID PARALLEL LINE, 329.83 FEET TO THE POINT OF BEGINNING.





To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE LINDENHURST, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON SEPTEMBER 30, 2009, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 0927800630

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 5TH day of OCTOBER A.D. 2009 .

Jesse White

SECRETARY OF STATE



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Lake County
Lindenhurst

CON - Establish a Dialysis Clinic
SE Corner Grand Ave. and Deep Lake Road,
IHPA Log #013082409

September 11, 2009

Lori Wright
Fresenius Medical Care
One Westbrook Corporate Center, Suite 1000
Westchester, IL 60154

Dear Ms. Wright:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis	X				12
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	\$38,388
Temp Facilities, Controls, Cleaning, Waste Management	1,588
Concrete	9,917
Masonry	11,815
Metal Fabrications	5,648
Carpentry	68,857
Thermal, Moisture, & Fire Protection	13,715
Doors, Frames, Hardware, Glass & Glazing	53,654
Walls, Ceilings, Floors, Painting	126,322
Specialties	9,606
Casework, FI Mats & Window Treatments	4,603
Piping, Sanitary Waste, HVAC, Ductwork, & Roof Penetrations	249,956
Wiring, Fire Alarm System, Lighting	150,682
Miscellaneous Construction Costs	34,956
Total	\$783,000

Contingencies

Contingencies	\$78,300
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Architectural/Engineering

Architecture/Engineering Fees	\$86,000
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Movable or Other Equipment

Dialysis Chairs	\$15,000
Misc. Clinical Equipment	15,000
Clinical Furniture & Equipment	21,000
Office Equipment & Other Furniture	30,000
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	12,000
Generator	30,000
Facility Automation	20,000
Other miscellaneous	3,000
Total	\$296,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (6,000 GSF)	\$1,618,932
FMV Leased Dialysis Machines	161,100
FMV Leased Computers	4,900
Total	\$1,784,932



HEALTH CARE FACILITIES GROUP
A Division of Irgens Development Partners, LLC

Milwaukee | Chicago | Phoenix

October 1, 2009

Mr. Loren Guzik
Director | Brokerage Services
Cushman & Wakefield of Illinois, Inc.
455 N. Cityfront Plaza Drive
NBC Tower, Suite 2800
Chicago, IL 60611

Dear Loren:

The anticipated hard and soft costs for the Vista Lindenhurst MOB associated with Fresenius' 6,000 RSF of space in the building (not including landlord TI allowance or direct Fresenius TI costs for the Fresenius suite) is equal to approximately \$1,009,980 (\$168.33/RSF). The cost is inclusive of land costs.

Sincerely,

IRGENS HEALTH CARE FACILITIES GROUP,
a division of Irgens Development Partners, LLC

A handwritten signature in black ink, appearing to read 'Rick A. Nelson'.

Rick A. Nelson
Vice President

RAN/scr

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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
CLINICAL							
ESRD	3,028,232		6,000		6,000		
Total Clinical	3,028,232		6,000		6,000		
NON CLINICAL							
Total Non-clinical	0		0		0		
TOTAL	3,028,232		6,000		6,000		

Fresenius Medical Care Holdings, Inc. Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	538 E. Boughton Road	Bolingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861-73 W. Cal Sag Road	Crestwood	60445
Decatur East	14-2503	1830 S. 44th St.	Decatur	62521
Deerfield		405 Lake Cook Road	Deerfield	60015
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	#4 West Main Street	DuQuoin	62832
East Belmont	14-2531	1331 W. Belmont	Chicago	60613
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elk Grove	14-2507	901 Biesterfield Road	Elk Grove	60007
Evanston	14-2621	2953 Central Street	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lutheran General	14-2559	8565 West Dempster	Niles	60714
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis		Hospital Drive	Metropolis	62960
Midway		6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	805 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Court	Ottawa	61350
Pekin	14-2571	600 S. 13th Street	Pekin	61554
Peoria Downtown	14-2574	410 R.B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield		2300 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607

(Managed)

Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Rockford	14-2615	1302 E. State Street	Rockford	61104
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
South Side	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	Illinois Rts 3&143, #7 Eastgate Plz.	East Alton	62024
Spoon River	14-2565	210 W. Walnut Street	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Villa Park	14-2612	200 E. North Ave.	Villa Park	60181
West Belmont	14-2523	4848 W. Belmont	Chicago	60641
West Chicago	14-2702	1855-1863 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., Ste. 5000	Oak Park	60302
Westchester	14-2520	2400 Wolf Road, STE 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, STE 408	Willowbrook	60527

Certification & Authorization

Fresenius Medical Care Lindenhurst, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Lindenhurst, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]
ITS: Mark Fawcett
Vice President & Treasurer

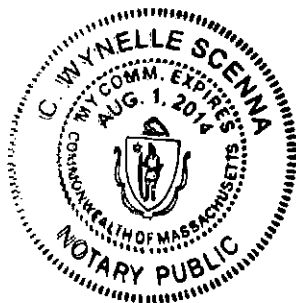
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 25 day of Sept, 2009

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Ventures, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Ventures, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: *Marc Lieberman*

ITS: Marc Lieberman
Asst. Treasurer

By: *Mark Fawcett*

ITS: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 25 day of Sept, 2009

Signature of Notary *C. Wynelle Scenna* Signature of Notary

Seal



Seal

Certification & Authorization

Fresenius Medical Care Ventures Holding Company, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Ventures Holding Company, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]
ITS: Mark Fawcett
Vice President & Treasurer

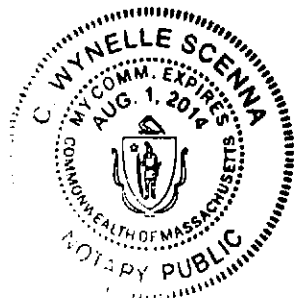
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 25 day of Sept, 2009

Signature of Notary C Wynelle Scenna

Signature of Notary _____

Seal



Seal

Certification & Authorization

National Medical Care, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against National Medical Care, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]
ITS: Mark Fawcett
Vice President & Treasurer

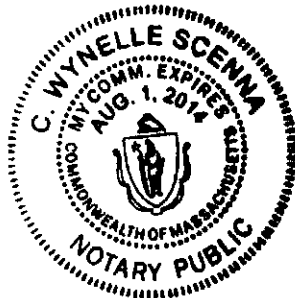
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 21 day of Sept, 2009

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
Marc Lieberman
ITS: Asst. Treasurer

By: [Signature]
ITS: Mark Fawcett
Vice President & Assistant Treasurer

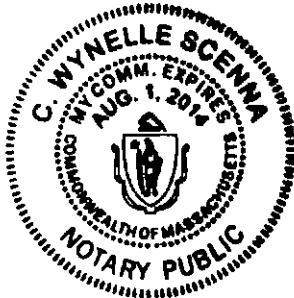
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 21 day of Sept, 2009

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal



Criterion 1110.230 – Purpose of Project

The purpose of this project is to provide access to life-sustaining dialysis services that will accommodate a growing ESRD population residing in Lake County. The facility will open up access to treatment times that are currently not available in the market area due to high utilizations.

Growth of the area and high overall utilization can be seen for this area in the chart below.

- **Actual Utilization of Combined Dialysis Facilities Within 30 Minutes of Lindenhurst**

Year	Patients*	Stations*	Utilization
2005	363	96	63%
2006	388	108	60%
2007	427	108	66%
2008	443	108	68%
Jun-09	490	108	76%
State Standard	518	108	80%

518 patients are needed for this 30 minute area to be at 80% utilization. This will only take 28 more patients to achieve.

For those facilities within 30 minutes travel time there are a total of 108 stations dialyzing 490 patients. This results in an overall actual utilization of 76%. It will only take 28 more patients before the overall actual utilization is at 80%. Dr. Trob and Dr. Patel have identified 118 pre-ESRD who will begin dialysis in the next 1-3 years.

Constant growth is also evidenced in this area by the numbers of ESRD patients per zip code for the area within 30 minutes over the past five years.

- **ESRD Census by Zip Code for 30 Minute Travel Zone**

Network ESRD Patients*						Growth				
2004	2005	2006	2007	2008	Jun-09	05 v 04	06 v 05	07 v 06	08 v 07	09 v 08
439	466	486	508	526	545	6%	4%	5%	4%	4%

*Patient data obtained from The Renal Network

The goal of Fresenius Medical Care is to keep dialysis access available to this patient population as we continue to monitor the growth in this area. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would have the same quality outcomes as the other Fresenius facilities in Illinois as listed below.

- 90.55% of patients had a URR \geq 65%
- 92.66% of patients had a Kt/V \geq 1.2

*All patient Data from The Renal Network Annual Statistical Reports (see attached methodology worksheets)

Alternatives

1. The alternative of utilizing current ESRD facilities in the area was not pursued for several reasons. The most obvious one being that the patient census and thus utilization of facilities within 30 minutes travel time of Lindenhurst has been consistently growing.
 - o **All Facilities**

Year	Patients*	Stations*	Utilization
2005	363	96	63%
2006	388	108	60%
2007	427	108	66%
2008	443	108	68%
Jun-09	490	108	76%

State Standard	518	108	80%
-----------------------	------------	------------	------------

518 patients are needed for this 30 minute area to be at 80% utilization. This would only take 28 more patients to achieve.

*Patient numbers from The Renal Network Annual Reports and station counts from IDPH

- o **Facilities With High Utilizations**

There are 7 facilities within 30 minutes. Five of these seven facilities within 30 minutes travel time are operating just below the 80% target utilization and up to almost 100%. The two facilities near 100% are Fresenius Round Lake and Fresenius Gurnee. Both of these facilities have been over-utilized for several years.

Clinic	Address	City	Miles	Time	Rounded Time	Utilization Jun-09
Fresenius Round Lake	401 Nippersink	Round Lake	6.22	15	17	93%
Fresenius Gurnee	101 N Greenleaf	Gurnee	10.5	16	18	99%
DSI Waukegan	1616 Grand Ave	Waukegan	11.69	22	25	76%
Fresenius Lake Bluff	101 Waukegan	Lake Bluff	15.13	23	26	75%
DaVita Lake County	918 Milwaukee	Libertyville	14.59	25	29	75%

The other three facilities that are operating just below the 80% utilization target are DSI Waukegan, Fresenius Lake Bluff and DaVita Lake County, all of which have seen continued historical growth. These three are 25-29 minutes away from the proposed Lindenhurst facility. Although they may be within 30 minutes by MapQuest adjusted, they are not in reality reasonable distances for dialysis patients to have to travel for dialysis even if they could accommodate the patient's identified for Lindenhurst, which they cannot.

o **Remaining Facilities:**

Clinic	Address	City	Miles	Time	Rounded Time	Utilization Jun-09
DaVita Lake Villa	37809 N. Rt. 59	Lake Villa	3.61	7	8	44%
Fresenius Antioch	301 W Depot	Antioch	5.68	12	14	58%

- **DaVita Lake Villa** - This facility could accommodate 32 of the 118 pre-ESRD patients identified by Dr. Trob, Dr. Patel and Dr. Nora before reaching the State target utilization of 80%. However with the other facilities in the area at and above target utilization, there will be no room for the remaining 86 pre-ESRD patients. This also does not account for those physicians that currently admit patients to the DaVita Lake Villa facility or Fresenius Round Lake and Gurnee. Furthermore, even if the physicians for the Lindenhurst facility admitted 32 patients to Lake Villa, they would still have 86 patients for Lindenhurst, which would put that facility still above capacity at 119%.

- **Fresenius Antioch** – This facility opened in 2006 and has seen continued growth, however slower than expected. One reason for this was that patients from the far northeast corner of Lake County who were expected to dialyze there do not have available transportation to Antioch. These patients are only able to obtain transportation to Fresenius Gurnee or DSI Waukegan. Many transportation services do not cross township lines and the only bus that goes to Antioch from here requires transfers, which is difficult for patients who are elderly, ill or many times in wheelchairs. This has kept the utilization high at Gurnee. **Due to this situation, Fresenius Medical Care would like to discontinue two stations at Antioch, which would bring the utilization up to 70%, in conjunction with the approval of Fresenius Lindenhurst.** This will create a more evenly distribution of stations in Lake County.

- o There is no monetary cost associated with the alternative of using area facilities. The cost to the healthcare system as far as Medicare and Medicaid are concerned remains the same regardless of where the patient dialyzes since the reimbursement does not change. The only cost is to the welfare of the ESRD patients who reside in this area as it pertains to access. With the ESRD growth seen in this area of an average 4% yearly, it is responsible healthcare planning to propose the Lindenhurst facility, which will not be open until 2011 when the need will be even greater.

2. The alternative to expand an existing facility was not considered. Fresenius Gurnee expanded by two stations in 2002 and is planning on adding another two stations in the upcoming months. Even with this addition, the utilization will still be above target at 86% utilization. Fresenius Round Lake has no additional room to expand. Fresenius Lake Bluff is planning on adding one additional station to account for high growth there. However, this will not have an effect on the Lindenhurst area since this facility is 26 minutes away adjusted time and is not in the direct market area of Lindenhurst. The cost of this addition is approximately \$20,000. There is not room for any additional stations there. Fresenius Antioch has room to expand, however the growth there has been slow and the additional stations are not needed at Antioch, which is why the decision was made to discontinue 2 stations with the approval of Fresenius Medical Care Lindenhurst.

3. Fresenius Medical Care did have the option to seek out alternative sites on which to establish the Lindenhurst facility, however the current site is located in the Vista Lindenhurst Medical Office Building on the Campus of the new Vista Lindenhurst Medical Center. **We find it is to the patient's advantage when a dialysis clinic can be placed on hospital grounds.** This option offers the patients the convenience of having all of their medical services in one place. The cost of establishing the facility at another site was not determined, since no other site was sought.

4. Fresenius Medical Care has thoroughly explored all options available and even acted on some of those such as adding stations. This however, is only a partial solution. The establishment of Fresenius Medical Care Lindenhurst appears to be the most cost effective option to maintain dialysis access to the ESRD population of this region. Planning for future growth now is responsible healthcare planning. Although, the cost of this project, \$3,028,232, is higher than doing nothing, the cost is an issue only to Fresenius Medical Care and we are able to sustain this cost. There is no increase to healthcare costs to the patient since Medicare covers all dialysis patients and is a needed service that a patient cannot seek unless medically necessary.

*All patient data obtained from The Renal Network annual statistical report

Criterion 1110.234, Size of Project

- The total space being leased is 6,000 GSF. The proposed in-center hemodialysis clinic will consist of 12 stations in 5,754 GSF. This is only 9.5 GSF per station over the state standard of 470 GSF per station or a total 114 GSF for the project. The remaining 246 GSF will consist of a PD (home dialysis) department. A suitable site for exactly 5,640 GSF for the hemodialysis department was not available.

Planning Area Need – Formula Need Calculation:

A. Planning Area Need - Formula Need Calculation:

- 1. Complete the requested information for each category of service involved:**
Refer to 77 Ill. Adm. Code 1100 for information concerning planning areas, bed/station/key room deficits and occupancy/utilization standards.

Planning Area HSA 8

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFPB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
<i>In-center Hemodialysis</i>	12	14 Excess*	80%

*This Board has approved an amendment to 1100.630, which is the formula for need for dialysis stations in service areas. The current rule states that the target utilization rate is 80%, but then uses a mathematical formula which would result in a 100% utilization rate. The Board approved amendments to the rule to change the formula contained in the rule so that it is compatible with the 80% utilization target rate. The proposed amendment is pending before JCAR and there is no reason to think it will not pass, and obviously the Board supports it. **If and when the rule is changed Health Service Area 8, where the proposed Lindenhurst clinic is located, would have a need for 31 ESRD stations based on the five year projection contained in the amendment to the proposed rule.**

Planning Area Need – Service To Planning Area Residents:

2. Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of northeast HSA 8, Lake County. Below is the break down of the HSA of residence of the 118 pre-ESRD and 2 transfer patients identified for Fresenius Medical Care Lindenhurst.

County	HSA	# Pre-ESRD Patients
Lake	8	118

October 1, 2009

Ms. Courtney Avery
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:


I am a nephrologist practicing in northeast Lake County. I have also served as Medical Director of the Fresenius Medical Care Lake Bluff dialysis center for the past three years. Due to the significant growth of ESRD I have seen at Fresenius Lake Bluff and the surrounding area during this time I am in full support of the proposed 12 station Fresenius Medical Care Lindenhurst facility. The two closest Fresenius facilities that I admit my patients to, Gurnee and Round Lake, are both operating near capacity and I find it difficult at times to find a spot for my patients at a time of day when they have available transportation. I do admit to Fresenius Antioch, however this is almost to the Wisconsin border and is not a convenient option for most of my patients.

Over the past three years I was treating 48 hemodialysis patients at the end of 2006, 50 patients at the end of 2007 and 50 patients at the end of 2008, as reported to The Renal Network at these facilities – Fresenius Antioch, Round Lake, Gurnee, Lake Bluff and DaVita Lake County. As of the most recent quarter, I am treating 52 hemodialysis patients at these facilities. As well, over the past twelve months I have referred 31 new patients for hemodialysis treatment. I have 188 pre-ESRD patients in my practice, a majority of which I expect to begin dialysis within the next three years. Of those I expect 93 to be referred to the Fresenius Lindenhurst facility within 24 months of the completion of the facility. I also have two patients currently dialyzing at Fresenius Round Lake that I expect to transfer to Fresenius Lindenhurst. (see attached lists of patients by zip code)

I respectfully ask the Board to approve Fresenius Medical Care Lindenhurst to alleviate high utilization at area clinics and to keep access to dialysis treatment available to the growing ESRD population in this area. Thank you for your consideration.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

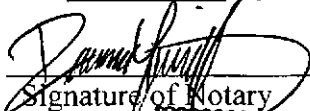
Sincerely,



Joshua Trob, M.D.

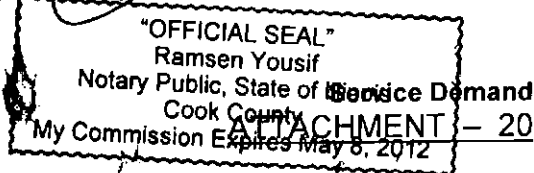
Notarization:

Subscribed and sworn to before me
this 1st day of October, 2009



Signature of Notary

Seal



**PATIENTS EXPECTED TO TRANSFER TO
FRESENIUS MEDICAL CARE LINDENHURST
FROM FRESENIUS ROUND LAKE**

Zip Code	Patients
60073	2

**PRE - ESRD PATIENTS DR. TROB EXPECTS TO REFER TO FRESENIUS
MEDICAL CARE LINDENHURST IN THE 1ST 2 YEARS (24 MONTHS)
AFTER PROJECT COMPLETION**

Zip Code	Patients
60002	9
60020	3
60030	23
60031	19
60041	8
60046	15
60073	7
60083	1
60087	5
60099	3
Total	93

NEW REFERRALS OF DR. TROB FOR THE PAST TWELVE MONTHS
SEPTEMBER 1, 2008 THROUGH AUGUST 31, 2009

Zip Code	Fresenius Lake Bluff	Fresenius Gurnee	Fresenius Round Lake	Fresenius Antioch	DaVita Lake County	Total
60002				2		2
60002			1			1
60015	1					1
60020	1					1
60022	1					1
60031	1					1
60045	4					4
60048					1	1
60064	3					3
60073			5			5
60084			1			1
60085		2				2
60085	2					2
60085			1			1
60088	1					1
60099	2					2
60634	1					1
60659						0
99999					1	1
Total	17	2	8	2	2	31

PATIENTS OF DR. TROB AT YEAR END 2006
BY FACILITY AND ZIP CODE

Zip Code	Fresenius Lake Bluff	Fresenius Gurnee	Fresenius Round Lake	Fresenius Antioch	DaVita Lake County	Total
53179				1		1
60002				2		2
60030					1	1
60030	1					1
60030			2			2
60031		2				2
60031	2					2
60031					1	1
60031			1			1
60035	1					1
60045	1					1
60046			1			1
60047					1	1
60048	2					2
60048					1	1
60060					1	1
60061	3					3
60061					1	1
60064	3					3
60067					1	1
60073			5			5
60073						0
60074					1	1
60083						0
60085		1				1
60085	6					6
60085					1	1
60087		1				1
60087	1					1
60090					1	1
60099	1					1
60099					1	1
Total	21	4	9	3	11	48

PATIENTS OF DR. TROB AT YEAR END 2007
BY FACILITY AND ZIP CODE

Zip Code	Fresenius Lake Bluff	Fresenius Gurnee	Fresenius Round Lake	Fresenius Antioch	DaVita Lake County	Total
60002				5		5
60030					1	1
60030	1					1
60030			1			1
60031	3					3
60031					1	1
60031		1				1
60031			1			1
60044	1					1
60045	1					1
60046			1			1
60048					2	2
60048	1					1
60048					1	1
60060					2	2
60061					1	1
60061	3					3
60064	3					3
60067					1	1
60073			6			6
60073						0
60074					1	1
60081				1		1
60083						0
60084					1	1
60085	5					5
60087		1				1
60099	2					2
60099					1	1
60099				1		1
Total	20	2	9	7	12	50

PATIENTS OF DR. TROB AT YEAR END 2008
BY FACILITY AND ZIP CODE

Zip Code	Fresenius Lake Bluff	Fresenius Gurnee	Fresenius Round Lake	DaVita Lake County	Total
60002					0
60030				1	1
60030	1				1
60030			1		1
60031	3				3
60031		2			2
60031				1	1
60040	1				1
60044	1				1
60045	1				1
60048				3	3
60048	1				1
60048				1	1
60060				3	3
60061				1	1
60061	2				2
60064	6				6
60067				1	1
60073			6		6
60073					0
60074				1	1
60083					0
60085		1			1
60085	5				5
60087	3				3
60089				1	1
60099	2				2
60099				1	1
60099					0
Total	26	3	7	14	50

PATIENTS OF DR. TROB AT END OF 2nd QUARTER 2009
BY FACILITY AND ZIP CODE

Zip Code	Fresenius Lake Bluff	Fresenius Gurnee	Fresenius Round Lake	Fresenius Antioch	DaVita Lake County	Total
53181				1		1
60002						0
60030					1	1
60030	1					1
60031	2					2
60031					1	1
60031		2				2
60044	1					1
60045					1	1
60045	3					3
60048					4	4
60048	1					1
60060					3	3
60061					1	1
60061	1					1
60064	6					6
60067					1	1
60073			8			8
60083						0
60085	6					6
60087	2					2
60088	1					1
60089					1	1
60099	2					2
60099					1	1
60099				1		1
60659						0
Total	26	2	8	2	14	52

September 30, 2009

Ms. Courtney Avery
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

We are writing in support of the proposed Fresenius Medical Care Lindenhurst dialysis clinic. We are both nephrologists practicing in Lake County, Illinois and are part of the Northshore Nephrology practice, which oversees the Highland Park Hospital dialysis facility. I, Shalini Patel, M.D., am also the Medical Director of the newly approved Fresenius Medical Care Deerfield dialysis center.

We currently refer patients to Highland Park Hospital dialysis, Fresenius Lake Bluff and Fresenius Deerfield, which just opened on September 14th. We are seeing an ever increasing Chronic Kidney Disease (CKD) population in our practice, reaching out into the western edges of Lake County. Given this growth, and high utilization at area facilities, the Lindenhurst clinic is warranted to provide for continued access to care.

We expect to support Dr. Trob and Fresenius Medical Care Lindenhurst by referring 25 of our current pre-ESRD patients there for dialysis within 2 years of the opening of the facility. These patients are showing lab values that indicate they are in stages 3 & 4 of CKD and are expected to require dialysis therapy in 1-3 years from now. These patients live in the Lindenhurst area and the ability to receive treatment near their homes is crucial for their quality of life.

We respectfully ask the Board to approve Fresenius Medical Care Lindenhurst to provide for this growing ESRD population in Lake County. Thank you for your consideration.

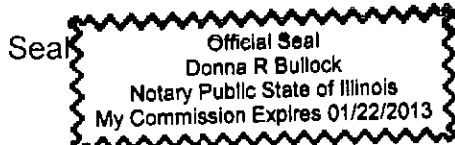
We attest to the fact that to the best of our knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Notarization:

Subscribed and sworn to before me
this 7th day of October, 2009

Donna R Bullock

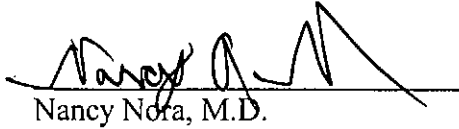
Signature of Notary



Sincerely,



Shalini Patel, M.D.



Nancy Nora, M.D.

**PRE - ESRD PATIENTS DR. PATEL & DR. NORA EXPECT TO REFER TO
FRESENIUS MEDICAL CARE LINDENHURST
IN THE 1ST 2 YEARS (24 MONTHS) AFTER PROJECT COMPLETION**

ZIP CODE	PATIENTS
60046	3
60083	1
60073	3
60002	3
60020	2
60041	1
60030	2
60031	10
TOTAL	25

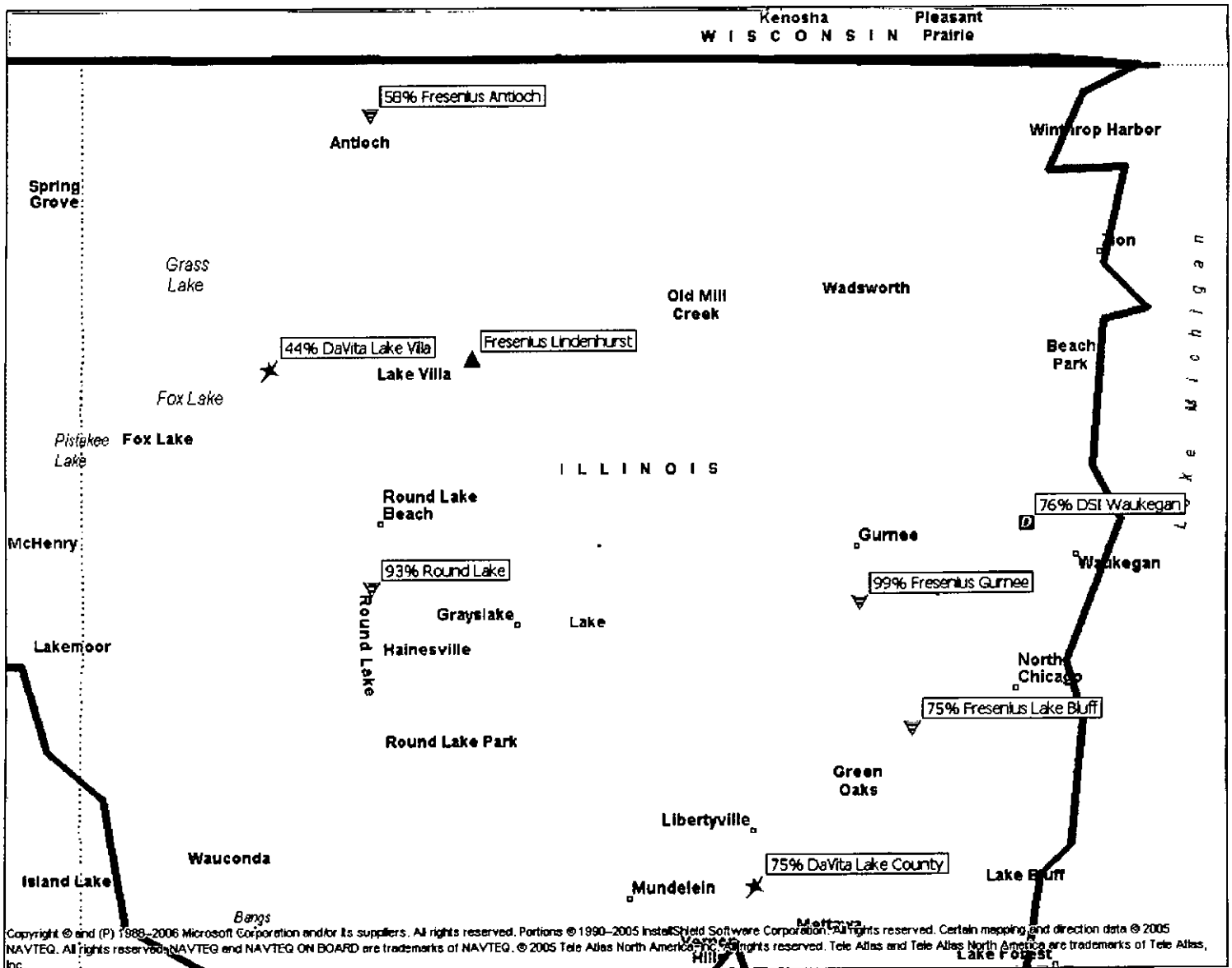
Service Accessibility – Service Restrictions

Although the proposed project does not meet the specific requirements of this criteria, the issue of access is problematic not due to restrictive policies but due to current facilities operating at high utilization levels which essentially places a restriction on the patient by reducing facility choices and shift choices. Access restrictions exist that pertain to transportation, scheduling and facilities operating near capacity.

- Fresenius Medical Care Lindenhurst is located in north central Lake County in HSA 8. There are seven other dialysis facilities operating within 30 minutes adjusted MapQuest time. Of these 7, 2 Fresenius Medical Care Facilities are operating near 100% utilization, 5 facilities are operating almost at the 80% target utilization and only 2 are operating at lower utilization levels. The Fresenius Antioch facility, at 58% utilization, is willing to discontinue 2 stations in conjunction with the approval of Fresenius Lindenhurst in an effort to create a more even distribution of stations by placing them where there is greater need. The DaVita Lake Villa facility, which is operating at 44% utilization, could reasonably accommodate 32 patients before reaching the State target of 80% utilization, however this will leave no place for the remaining 86 pre-ESRD identified for the Lindenhurst facility, not to mention the pre-ESRD who currently see other physicians in the area.
- The map on the following page shows the relationship of the demographics of the pre-ESRD patients identified for the Lindenhurst facility and the utilization of area facilities. The majority of these facilities are operating near target utilization standards to near 100% utilization. The only two facilities that could accommodate any of Dr. Trob or Dr. Patel and Nora's patients are Fresenius Antioch or DaVita Lake Villa. These facilities combined could only take 40 patients before they both were at 80% utilization. This is less than half of the patients the physicians supporting this project have identified. There would be no place to send the remaining patients without over-utilizing area clinics, which causes access problems to patients with schedule times. This also does not account for the numerous other nephrologists who practice in this area and refer patients to all these same facilities. Due to previously noted ESRD growth in this area, the Lindenhurst facility is needed to keep access to dialysis open as the area facilities go beyond 80% towards capacity.
- One of the access problems that occur when facilities go beyond 80% utilization is the lack of treatment times that enable patients to find viable transportation options. There are limited resources beyond the patient driving themselves, which is often not possible due to age and illness, or relying on a family member three days each week. This in itself creates access problems. There are township transportation services for seniors and those with disabilities which may provide rides to dialysis patients, provided the scheduled treatment is on an early shift in the day. However, these services do not operate on weekends or after 4pm. It is for this reason a patient using this service needs the most sought after treatment time which is earlier in the day and also on the Monday – Wednesday – Friday schedule (a dialysis patient has to go for treatment three days a week). In addition, these services do not generally cross county or township lines, making the service even more inaccessible. This issue has led to the slow growth at the Fresenius Antioch facility since patient's have easier transportation access to Fresenius Gurnee. However this facility is now operating at 99% utilization.

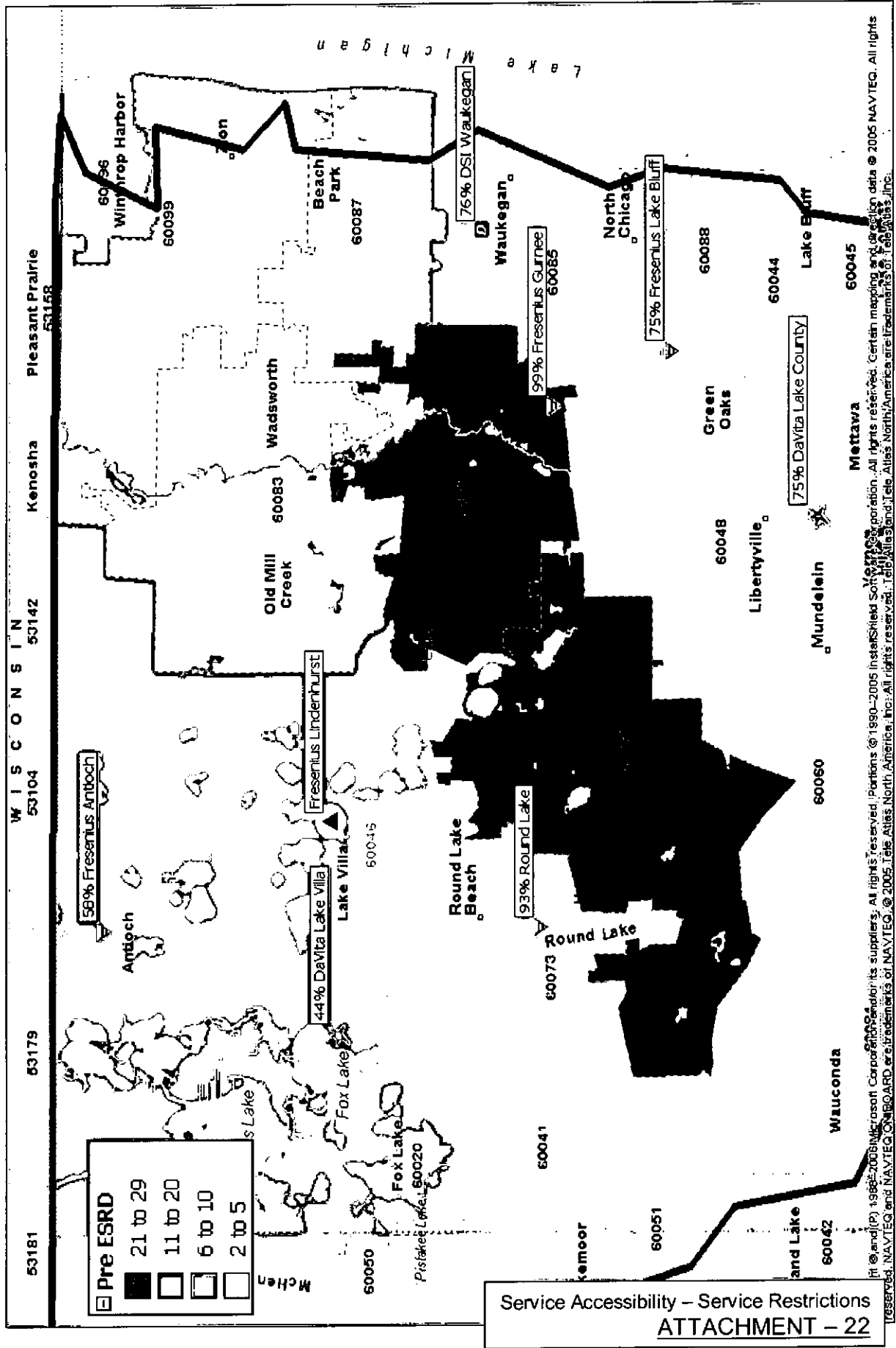
In-center Hemodialysis Centers Within 30 minutes of Fresenius Medical Care Lindenhurst

Clinic	Address	City	Miles	Time	Rounded Time	Utilization Jun-09	Comments
DaVita Lake Villa	37809 N. Rt. 59	Lake Villa	3.61	7	8	44%	Will discontinue 2 stations upon Lindenhurst CON approval - bringing utilization up to 70%
Fresenius Antioch	301 W Depot	Antioch	5.68	12	14	58%	
Fresenius Round Lake	401 Nippersink	Round Lake	6.22	15	17	93%	
Fresenius Gurnee	101 N Greenleaf	Gurnee	10.5	16	18	99%	
DSI Waukegan	1616 Grand Ave	Waukegan	11.69	22	25	76%	
Fresenius Lake Bluff	101 Waukegan	Lake Bluff	15.13	23	26	75%	
DaVita Lake County	918 Milwaukee	Libertyville	14.59	25	29	75%	



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Demographics of Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Lindenhurst



MAPQUEST.

Total Travel Estimates: 7 minutes / 3.61 miles

A: Red Oak Ln & E Grand Ave, Lindenhurst, IL 60046



1: Start out going WEST on E GRAND AVE/IL-132 toward WOODHEAD DR.

3.4 mi



2: Turn LEFT onto IL-59/GRAND AVE.

0.2 mi



3: 37809 N IL ROUTE 59.

0.0 mi

B: 37809 N Il Route 59, Lake Villa, IL 60046-7332

DaVita Lake Villa

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MapQuest Travel Time
ATTACHMENT - 22 & 23

MAPQUEST.

Total Travel Estimates: 12 minutes / 5.68 miles

A: Red Oak Ln & E Grand Ave, Lindenhurst, IL 60046

- START
↑
83
1: Start out going **WEST** on **E GRAND AVE/IL-132** toward **WOODHEAD DR.**
0.8 mi
- ↘
2: Turn **SLIGHT RIGHT** onto **IL-83/N MILWAUKEE AVE.** Continue to follow **IL-83.**
4.7 mi
- ↘
3: Turn **RIGHT** onto **ORCHARD ST.**
0.2 mi
- ↑
4: **ORCHARD ST** becomes **W DEPOT ST.**
0.0 mi
- END
5: **301 W DEPOT ST** is on the **LEFT.**
0.0 mi

B: 301 W Depot St, Antioch, IL 60002-1525 *Fresenius Antioch*

Total Travel Estimates: 12 minutes / 5.68 miles

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MapQuest Travel Time
ATTACHMENT – 22 & 23

MAPQUEST.

Total Travel Estimates: 15 minutes / 6.22 miles

A: Red Oak Ln & E Grand Ave, Lindenhurst, IL 60046



1: Start out going **WEST** on **E GRAND AVE/IL-132** toward **WOODHEAD DR.** 1.8 mi



2: Turn **LEFT** onto **N CEDAR LAKE RD/CR-28/CR-V63.** 4.4 mi



3: Turn **LEFT** onto **NIPPERSINK AVE/CR-28/CR-V63.** 0.0 mi



4: **401 W NIPPERSINK RD.** 0.0 mi

B: 401 W Nippersink Rd, Round Lake, IL 60073-3280

Fresenius Round Lake


Total Travel Estimates: 15 minutes / 6.22 miles

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MAPQUEST.

Total Travel Estimates: 16 minutes / 10.50 miles


A: Red Oak Ln & E Grand Ave, Lindenhurst, IL 60046

- 



1: Start out going EAST on E GRAND AVE/IL-132 toward E VICTORY DR.

6.4 mi
- 



2: Merge onto I-94 E toward CHICAGO (Portions toll).

1.6 mi
- 


3: Take the IL-21/MILWAUKEE AVE exit.

0.4 mi
- 



4: Turn LEFT onto IL-21/MILWAUKEE AVE/S RIVERSIDE DR.

0.6 mi
- 

5: Turn RIGHT onto WASHINGTON ST/W WASHINGTON ST/CR-45/CR-A22.

1.5 mi
- 

6: Turn LEFT onto N GREENLEAF AVE.

0.1 mi
- 

7: 101 N GREENLEAF ST.

0.0 mi

B: 101 N Greenleaf St, Gurnee, IL 60031

Fresenius Gurnee

Total Travel Estimates: 16 minutes / 10.50 miles

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**MapQuest Travel Time
 ATTACHMENT - 22 & 23**

MAPQUEST.

Total Travel Estimates: 22 minutes / 11.69 miles

A: Red Oak Ln & E Grand Ave, Lindenhurst, IL 60046



1: Start out going **EAST** on **E GRAND AVE/IL-132** toward **E VICTORY DR**. Continue to follow **E GRAND AVE**.

11.7 mi



2: **1616 GRAND AVE** is on the **LEFT**.

0.0 mi

B: 1616 Grand Ave, Waukegan, IL 60085-3600

DSI Waukegan

Total Travel Estimates: 22 minutes / 11.69 miles

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MapQuest Travel Time
ATTACHMENT - 22 & 23

MAPQUEST.

Total Travel Estimates: 23 minutes / 15.13 miles

A: Red Oak Ln & E Grand Ave, Lindenhurst, IL 60046



1: Start out going **EAST** on **E GRAND AVE/IL-132** toward **E VICTORY DR.** 6.4 mi



2: Merge onto **I-94 E** toward **CHICAGO** (Portions toll). 5.2 mi



3: Take the **IL-137/BUCKLEY RD** exit. 0.4 mi



4: Turn **LEFT** onto **IL-137 E/BUCKLEY RD.** 0.7 mi



5: Turn **RIGHT** onto **WAUKEGAN RD/IL-43 S.** 2.5 mi



6: **101 WAUKEGAN RD.** 0.0 mi

B: 101 Waukegan Rd, Lake Bluff, IL 60044-3012

Fresenius Lake Bluff

Total Travel Estimates: 23 minutes / 15.13 miles

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MapQuest Travel Time
ATTACHMENT - 22 & 23

MAPQUEST.

Total Travel Estimates: 25 minutes / 14.59 miles

A: Red Oak Ln & E Grand Ave, Lindenhurst, IL 60046

- START
1: Start out going **EAST** on **E GRAND AVE/IL-132** toward **E VICTORY DR.** 6.4 mi
- 2: Merge onto **I-94 E** toward **CHICAGO** (Portions toll). 1.6 mi
- EXIT
3: Take the **IL-21/MILWAUKEE AVE** exit. 0.4 mi
- 21
 Turn **RIGHT** onto **IL-21/MILWAUKEE AVE/S RIVERSIDE DR.** Continue to follow **IL-21/MILWAUKEE AVE.** 6.2 mi
- END
5: **918 S MILWAUKEE AVE.** 0.0 mi

B: 918 S Milwaukee Ave, Libertyville, IL 60048-3229 DaVita Lake County

Total Travel Estimates: 25 minutes / 14.59 miles

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MapQuest Travel Time
ATTACHMENT – 22 & 23

Unnecessary Duplication/Maldistribution

1(A-B) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Lindenhurst is 1 station per 4,982 residents according to the 2000 census. If population growth is taken into consideration the ratio for 2005-7 would be 1 station per 5,441 residents, one and a half higher than the State average.

Zip Codes	Population	Stations	Facility
60002	19,442	12	Fresenius Antioch
60020	6,457		
60030	32,340		
60031	37,461	14	Fresenius Gurnee
60041	9,286		
60044	15,516	16	Fresenius Lake Bluff
60045	22,248		
60046	30,225	12	DaVita Lake Villa
60048	28,562	16	DaVita Lake County
60050	47,813		
60060	37,027		
60061	20,328		
60064	16,121		
60071	2,905		
60073	39,115	16	Fresenius Round Lake
60081	8,321		
60083	5,387		
60084	13,061		
60085	72,937	22	DSI Waukegan
60087	23,530		
60088	13,319		
60096	6,853		
60099	29,882		
Totals	538,136	108	

Total population within a 30 minute* travel time of Fresenius Lindenhurst is 538,136 according to the 2000 Census. (According to the US Census Bureau, Lake County has seen a 9.2% growth from 2000 to 2005-7. With this consideration, the census within 30 minutes would be 567,645.

According to the Sept 9, 2009 Station Inventory (3,385 stations) and the 2005-7 U.S. Census Bureau projection (12,783,049), the State ratio of stations to population is 1/3776.

*Travel time is MapQuest x 1.15



U.S. Census Bureau
American FactFinder

FACT SHEET

Lake County, Illinois

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	644,356			map	brief
Male	324,034	50.3	49.1%	map	brief
Female	320,322	49.7	50.9%	map	brief
Median age (years)	33.8	(X)	35.3	map	brief
Under 5 years	52,978	8.2	6.8%	map	
18 years and over	454,992	70.6	74.3%		
65 years and over	54,989	8.5	12.4%	map	brief
One race	631,427	98.0	97.6%		
White	516,189	80.1	75.1%	map	brief
Black or African American	44,741	6.9	12.3%	map	brief
American Indian and Alaska Native	1,801	0.3	0.9%	map	brief
Asian	25,105	3.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	308	0.0	0.1%	map	brief
Some other race	43,283	6.7	5.5%	map	
Two or more races	12,929	2.0	2.4%	map	brief
Hispanic or Latino (of any race)	92,716	14.4	12.5%	map	brief
Household population	623,378	96.7	97.2%	map	brief
Group quarters population	20,978	3.3	2.8%	map	
Average household size	2.88	(X)	2.59	map	brief
Average family size	3.33	(X)	3.14	map	
Total housing units	225,919			map	
Occupied housing units	216,297	95.7	91.0%		brief
Owner-occupied housing units	168,301	77.8	66.2%	map	
Renter-occupied housing units	47,996	22.2	33.8%	map	brief
Vacant housing units	9,622	4.3	9.0%	map	

Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	398,265				
High school graduate or higher	344,806	86.6	80.4%	map	brief
Bachelor's degree or higher	153,726	38.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	48,101	10.9	12.7%	map	brief
Disability status (population 5 years and over)	76,658	13.4	19.3%	map	brief
Foreign born	95,536	14.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	151,353	62.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	149,121	61.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	126,548	21.4	17.9%	map	brief

Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	337,181	71.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	30.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	66,973	(X)	41,994	map	
Median family income in 1999 (dollars)	76,424	(X)	50,046	map	
Per capita income in 1999 (dollars)	32,102	(X)	21,587	map	
Families below poverty level	6,590	4.0	9.2%	map	brief
Individuals below poverty level	35,714	5.7	12.4%	map	

Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	150,663				brief
Median value (dollars)	198,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,614	(X)	1,088	map	
Not mortgaged (dollars)	526	(X)	295		

Unnecessary Duplication/Maldistribution
ATTACHMENT - 23

(X) Not applicable.

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U.S. Census Bureau
American FactFinder

FACT SHEET

Lake County, Illinois

2005-2007 American Community Survey 3-Year Estimates - what's this?

Data Profile Highlights:

NOTE: Data from the 2008 American Community Survey (ACS) are available from the data sets page. Additional data for areas with a population greater than 20,000 are scheduled to be released in October.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Social Characteristics - show more >>	Estimate	Percent	U.S.	Margin of Error	
Average household size	2.95	(X)	2.60	+/-0.02	map
Average family size	3.46	(X)	3.19	+/-0.03	
Population 25 years and over	438,454			+/-162	
High school graduate or higher	(X)	88.0	84.0%	(X)	map
Bachelor's degree or higher	(X)	41.0	27.0%	(X)	map
Civilian veterans (civilian population 18 years and over)	40,530	8.2	10.4%	+/-1,525	map
Disability status (population 5 years and over)	60,073	9.4	15.1%	+/-2,166	
Foreign born	127,133	18.1	12.5%	+/-2,556	map
Male, Now married, except separated (population 15 years and over)	154,407	57.4	52.6%	+/-2,038	
Female, Now married, except separated (population 15 years and over)	149,244	55.3	48.5%	+/-2,117	
Speak a language other than English at home (population 5 years and over)	175,460	26.9	19.5%	+/-2,730	map
Household population	688,037			+/-307	
Group quarters population	(X)	(X)	(X)	(X)	

Economic Characteristics - show more >>	Estimate	Percent	U.S.	Margin of Error	
In labor force (population 16 years and over)	374,407	70.9	64.7%	+/-2,943	map
Mean travel time to work in minutes (workers 16 years and over)	30.6	(X)	25.1	+/-0.4	map
Median household income (in 2007 inflation-adjusted dollars)	76,940	(X)	50,007	+/-1,139	map
Median family income (in 2007 inflation-adjusted dollars)	88,851	(X)	60,374	+/-1,503	map
Per capita income (in 2007 inflation-adjusted dollars)	36,968	(X)	26,178	+/-679	
Families below poverty level	(X)	4.4	9.8%	(X)	
Individuals below poverty level	(X)	6.2	13.3%	(X)	map

Housing Characteristics - show more >>	Estimate	Percent	U.S.	Margin of Error	
Total housing units	250,050			+/-149	
Occupied housing units	233,617	93.4	88.4%	+/-1,372	
Owner-occupied housing units	185,936	79.6	67.3%	+/-1,842	
Renter-occupied housing units	47,681	20.4	32.7%	+/-1,521	
Vacant housing units	16,433	6.6	11.6%	+/-1,378	
Owner-occupied homes	185,936			+/-1,842	map
Median value (dollars)	290,200	(X)	181,800	+/-4,455	map
Median of selected monthly owner costs					
With a mortgage (dollars)	2,065	(X)	1,427	+/-23	map
Not mortgaged (dollars)	758	(X)	402	+/-11	

ACS Demographic Estimates - show more >>	Estimate	Percent	U.S.	Margin of Error	
Total population	703,706			*****	
Male	353,442	50.2	49.2%	+/-161	
Female	350,264	49.8	50.8%	+/-161	
Median age (years)	34.9	(X)	36.4	+/-0.1	
Under 5 years	51,899	7.4	6.9%	+/-95	

Attachment - 23

Unnecessary Duplication/Maldistribution

C. In-center Hemodialysis Centers Within 30 minutes of Fresenius Medical Care Lindenhurst

Clinic	Address	City	Miles	Time	Rounded Time	Utilization Jun-09	Comments
DaVita Lake Villa	37809 N. Rt. 59	Lake Villa	3.61	7	8	40%	Will discontinue 2 stations upon Lindenhurst CON approval - bringing utilization up to 70%
Fresenius Antioch	301 W Depot	Antioch	5.68	12	14	58%	
Fresenius Round Lake	401 Nippersink	Round Lake	6.22	15	17	93%	
Fresenius Gurnee	101 N Greenleaf	Gurnee	10.5	16	18	99%	
DSI Waukegan	1616 Grand Ave	Waukegan	11.69	22	25	76%	
Fresenius Lake Bluff	101 Waukegan	Lake Bluff	15.13	23	26	75%	
DaVita Lake County	918 Milwaukee	Libertyville	14.59	25	29	73%	

Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Lindenhurst will not create a maldistribution of services. As noted on the previous page, the ratio of stations to population within 30 minutes travel time exceeds the State ratio (1/3,776 by one and a half times as much. (Based on 3,385 stations as of the September 9, 2009 State Inventory and State population estimated for 2005-7 of 12,783,049).

3A. Fresenius Medical Care Lindenhurst will not have an adverse effect on any other area ESRD provider in that 116 of the 118 patients identified for this facility are new pre-ESRD patients. Only two patients will be transferred from Fresenius Round Lake, which is operating at 93% utilization. No patients will be transferred from any other facility. Furthermore, Drs. Trob, Patel and Nora will still refer patients to the other ESRD facilities they currently refer to, on an ongoing basis per the patient's preference and home address. Some of these facilities are operating at high utilizations (Fresenius Gurnee, Round Lake, Lake Bluff, DaVita Lake County and Highland Park Hospital). There are only two facilities within 30 minutes that are operating at low utilizations.

- Fresenius Antioch is only at 58% utilization. This facility has been unable to reach the 80% State target utilization due to transportation issues. Patients who live in the most northeastern part of Lake County can only reach the Antioch facility by private car. Many patients need to take public medical transportation and these services from northeast Lake County will not drive to Antioch. The only service that does transport to Antioch requires the patients to make bus transfers, which is not acceptable to this patient population that is generally elderly, ill and often times in wheelchairs. For this reason, the patients from this area go to Fresenius Gurnee, where there is available transportation for them. The Fresenius Lindenhurst facility will be more centrally located on a hospital campus allowing for more transportation options for patients.

Fresenius Antioch is willing to discontinue 2 of its 12 stations in order to put them closer to where the patients live and the need is, at the Lindenhurst site. This will reduce Antioch's utilization to 70% and help to create a more even distribution of stations in Lake County.

- Dr. Trob has admitting privileges at DaVita Lake Villa, but currently does not have any patients there. He will admit patients there per their preference and/or home address. However, this facility is further away from where a majority of the patients reside who will be referred to Lindenhurst and cannot accommodate the high number of pre-ESRD patients he has identified for Lindenhurst.

The Lindenhurst facility will open up additional needed access to dialysis treatment for patients of these physicians. It will also alleviate high utilization at Fresenius Gurnee and Round Lake by creating another option for patients from this area.

B. Not applicable – applicant is not a hospital

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Trob is currently the Medical Director for Fresenius Medical Care Lake Bluff and has been in this capacity for 4 years. Attached is his curriculum vitae. Also attached are the curriculum vitae of referring physicians, Shalini Patel, M.D. and Nancy Nora, M.D.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

CURRICULUM VITAE

Joshua R. Trob, M.D.

PERSONAL INFORMATION:

Home Address:

EDUCATION AND TRAINING:

**Fellowship
Nephrology
University of Chicago
Section of Nephrology
Chicago, IL
7/99 - 6/01**

**Residency
Internal Medicine
Barnes-Jewish Hospital
Washington University School of Medicine
St. Louis, MO
7/96 - 6/98**

**Internship
Internal Medicine
Barnes Hospital
Washington University School of Medicine
St. Louis, MO
7/95 - 6/96**

**Doctor of Medicine
Harvard Medical School
Boston, MA
9/91 - 6/95**

**A.B. Honors, Chemistry and Physics
Harvard College
Cambridge, MA
9/88 - 6/91**

**University of Michigan
Ann Arbor, MI
9/87 - 5/88**

PROFESSIONAL EXPERIENCE:

**Donald R. Steinmuller, M.D., S.C.
Vernon Hills, IL
9/03 - present**

**Nephrology Associates of Northern Illinois
Elk Grove Village, IL
7/01 - 9/03**

**Attending Physician
Barnes-Jewish Hospital
7/98 - 6/99**

TEACHING APPOINTMENTS: Instructor in Clinical Medicine
Washington University School of Medicine
St. Louis, MO
7/98 - 6/99

LICENSURE: State of Illinois Medical License, 1999
State of Missouri Medical License, 1996

CERTIFICATION: United States Medical Licensing Examination, 1996
Diplomate, American Board of Internal Medicine, 1998
Nephrology Board Certification, 2002

HONORS AND AWARDS: Phi Beta Kappa, Harvard College
Graduated Magna cum Laude, Harvard College
Dean's List, Harvard College
James B. Angell Scholar, University of Michigan

RESEARCH: Clinical study of renal effects of fenoldopam in patients with systemic inflammatory response syndrome
University of Chicago, Section of Nephrology
Chicago, IL
2000 - 2001

M.D. Thesis Work, Laboratory of C. Ronald Kahn, M.D.
Insulin Stimulation of MAP and S6 Kinases in Liver and Muscle of Intact Rat
Joslin Diabetes Center
Boston, MA
1992 - 1993

PUBLICATIONS: Trob JR. Hepatitis C and cryoglobulinemic glomerulonephritis II: management. MDVista Journal of Medicine [serial online]. February 2001.
www.mdvista.com - website now offline

Trob JR. Hepatitis C and cryoglobulinemic glomerulonephritis I. MDVista Journal of Medicine [serial online]. December 2000.
www.mdvista.com - website now offline

Katznelson L, Bogan JS, Trob JR, et al. Biochemical assessment of Cushing's disease in patients with corticotroph macroadenomas. J Clin Endocrinol Metab 1998;83:1619-23.

PROFESSIONAL ORGANIZATIONS: American College of Physicians

REFERENCES available upon request.

SHALINI PATEL, MD

PERSONAL DATA

Date of Birth: July 26, 1969

EXPERIENCE

July 2000 – Present
Practicing Nephrology
Involved in managing patients in all aspects of Nephrology,
including Transplantation
Hospital privileges at Highland Park and Lake Forest Hospital

MEDICAL TRAINING

July 1998 – June 2000 Fellowship in Nephrology
University of Louisville; Kentucky

July 1995 – June 1998 Residency in Internal Medicine
Overlook Hospital; Columbia University – New York

July 1994 – June 1995 Transitional Year
Jersey Shore Hospital; UMDNJ – New Jersey

January 1993 – MBBS (Bachelor of Medicine and Surgery)
B.J. Medical College; Gujarat University – India

**EXAMINATIONS
PASSED**

Board certified in Nephrology, 2001

Board re-certified in Internal Medicine, 2007
Board certified in Internal Medicine, 1998

USMLE Step I, June 1993
USMLE Step II, March 1994

MEDICAL LICENSURE

Illinois State License
License #036-102203

1655 Lake Cook Road, Apt #340
 Highland Park, IL 60035
 (847) 579-0279

OBJECTIVE

Seeking a challenging position to practice **NEPHROLOGY** and **INTERNAL MEDICINE**

Experience

July 2000 - Present
Practicing Nephrology / Internal Medicine in Illinois
Involved in managing patients in all aspects of Nephrology including Transplantation

MEDICAL TRAINING

July 1998 - June 2000 Fellowship in Nephrology
University of Louisville; Kentucky

July 1995 - June 1998 Residency in Internal Medicine
Overlook Hospital; Columbia University - New York

July 1994 - June 1995 Transitional Year
Jersey Shore Hospital; UMDNJ - New Jersey

Jan. 1993 - MBBS (Bachelor of Medicine & Surgery)
B. J. Medical College; Gujarat University - India

EXAMINATIONS PASSED

BOARD ELICIBLE IN NEPHROLOGY, Nov. 2000

BOARD CERTIFIED IN INTERNAL MEDICINE, Nov. 1998

USMLE Step 1 June 1993 (81%), USMLE Step 2 Mar. 1994 (77%)

FLEX 1 & 2 December 1993 (81% & 76%)

All above examinations passed at first attempt

VISA STATUS

U. S. CITIZEN

NANCY A. NORA M D

PERSONAL DATA:

Date of Birth: February 27, 1958
Chicago, Illinois

EDUCATION:

1972 - 1976 Regina Dominican High School
Wilmette, Illinois

1976 - 1979 St. Louis University
St. Louis, Missouri

1979 - 1985 Royal College of Surgeons
Dublin, Ireland
M.D. 1985

1985 - 1988 Resident, Internal Medicine
St. Francis Hospital
Evanston, Illinois

1988 - 1991 Nephrology Fellowship
Northwestern University
Chicago, Illinois

EXAMINATIONS:

FMGEMS - 1984

FLEX - 1986

ABIM Internal Medicine - 1988
Certificate #119058

ABIM Nephrology - 1992
Certificate #119058
Re-certified - 2001
Certificate #119058

MEDICAL LICENSURE:

Illinois State
Medical License
#036-074215

HONORS AND AWARDS:

1973 Academic Scholarship
St. Louis University

1979 - 1985 Honors in several courses;
Graduated top 10% of class
Royal College of Surgeons

HONORS AND AWARDS: (con't)

- 1985 Intern of the Year
St. Francis Hospital
- 1988 Outstanding Clinical Research paper
St. Francis Hospital
- 1989 Finalist; Clinical Research Fellowship
American Kidney Foundation
- 2001 Chicago Magazine
Top Doctors in Chicago (Nephrology)
- 2003 Summer/Fall Chicago Consumers Checkbook
Chicago Areas Top Doctors
- 2003 Chicago Magazine
Top Doctors in Chicago (Nephrology)

PROFESSIONAL EXPERIENCE:

- January 1995 to January 1996 Medical Director Highland Park
Hospital Dialysis Unit
- 1991 to Current David S. Ginsburg, M.D., FACP, Ltd.

PROFESSIONAL MEMBERSHIPS:

- American Medical Association
- Illinois State Medical Society
- Chicago Medical Society
- American Society of Nephrology

COMMITTEES SERVED ON THROUGH HIGHLAND PARK AND EVANSTON HOSPITALS:

- 01/01/93 to Current Ethics (as member)
- 06/01/92 to 12/31/95 CME/Library (as member)
- 01/01/94 to 10/2000 Medical Care Evaluation
Committee - Medicine (as officer)
- 01/01/94 to 2001 Pharmacy & Therapeutics (as member)
- 01/01/93 to Current Renal Dialysis (as member)
- 2003 to Current Medical Executive Committee Evanston
Northwestern Healthcare

PUBLICATIONS:

Principles and clinical uses of diuretic therapy., 167 REFS,
Mujais SK; Nora NA; Levin ML, Prog Cardiovasc Dis 1992
Nov - Dec; 35 (3): 221 - 45.

NANCY A. NORA, M.D.

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PUBLICATIONS CONT.:

Vasopressin resistance in potassium depletion: role of Na-K pump., Mujais SK; Nora NA; Chen Y, *AMJ Physiol* 1992 Oct; 263 (4 pt 2): F705 - 10.

Discordant aspects of aldosterone resistance in potassium depletion., Mujais SK; Chen Y; Nora NA, *AMJ Physiol* 1992 Jun; 262 (6 pt 2): F972 - 9.

Interpretation of hypercalcemia in a patient with end-stage renal disease., Nora NA; Singer I, *Arch Intern Med* 1992 June; 152 (6): 1321 - 2.

Severe acute peripartum hypernatremia., Nora NA; Hedger R; Battle DC, *AMJ Kidney Disease* 1992 Apr; 19 (4) 385 - 8.

Uremic goiter: the malevolent iodide (editorial), Nora NA; Mujais SK, *Int. J Artif Organs* 1991 Oct; 14 (10): 662 - 4.

Use of iodinated contrast media in patients with chronic renal insufficiency and in end-stage renal disease (editorial), Nora NA; Krumlovsky FA, *Int J Artif Organs* 1991 Apr; 14 (4): 196 - 8.


Control of hypertension and reversal of renal failure in undifferentiated connective tissue disease by enalapril (letter; comment), Levin ML; Ginsburg DS; Nora NA, *Arch Intern Med* 1990 Apr; 150 (4): 916, 918.

Hypokalemic, hypophosphatemic thyrotoxic periodic paralysis., 12 REFS, Nora NA; Berns AS, *AMJ Kidney Dis* 1989 Mar; 13 (3): 247 - 9.

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President of the Northern Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Lindenhurst, I certify the following:

Fresenius Medical Care Lindenhurst will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Lindenhurst facility, just as they currently are able to at all Fresenius Medical Care facilities.



Signature

Brian Brandenburg
Printed Name

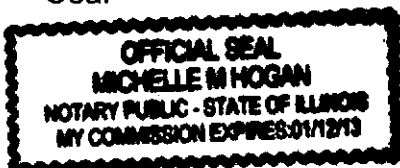
Regional Vice President
Title

Subscribed and sworn to before me
this 9th day of September, 2009



Signature of Notary

Seal

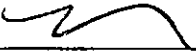


Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Northern Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Lindenhurst, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Lindenhurst in the first two years of operation, the facility anticipates achieving and maintaining the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 90.55% of patients had a URR \geq 65%
 - o 92.66% of patients had a Kt/V \geq 1.2

and same is expected for Fresenius Medical Care Lindenhurst.

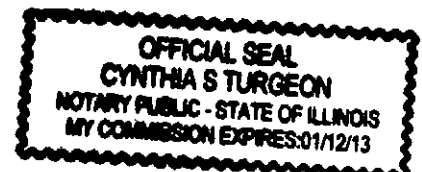


Signature

Brian Brandenburg/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 9th day of SEPT, 2009

Cynthia S. Turgeon
Signature of Notary




Seal

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the Northern Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 II. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Medical Care Lindenhurst during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Vista Medical Center, Lindenhurst:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



Signature

Brian Brandenburg/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 9th day of SEPT, 2009

Cynthia S. Turgeon
Signature of Notary

Seal



AFFILIATION AGREEMENT

This AGREEMENT made as of this 21st day of Sept., 2009 ("Effective Date"), between **Vista Medical Center East** (hereinafter referred to as "Hospital") and Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care (hereinafter referred to as "Company").
Lindenhurst

WHEREAS, Company desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. 405.2160, and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and Company is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis;

1. The hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of Company's patients. If, in the opinion of a member of Company's medical staff, any patient requires emergency hospitalization, the hospital agrees that it will provide a bed for such a patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at Company, the responsible physician shall notify the patient's physician of record, as indicated in Company's files, and shall promptly notify the Emergency Room physician of the particular emergency. Company shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. There will be an interchange, within one working day, of the patient LongTerm Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from Company, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.
2. In the event the patient must be transferred directly from Company to the Hospital, Company shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.
3. Company shall keep medical records of all treatments rendered to patients by Company. These medical records shall conform to applicable standards of professional practice. If requested by the Hospital, Company shall provide complete copies of all medical records

of a patient treated by Company who is, at the time of the request, an inpatient at the Hospital.

4. The Hospital shall accept any patient of Company referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the Company attending physician has arranged for inpatient hospital physician coverage,
5. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company either at the Hospital or at an affiliated hospital:
 - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
 - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
 - c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and
 - d. Blood Bank services to be performed by the Hospital.
6. Company shall have no responsibility for any inpatient care rendered by the hospital. Once a patient has been referred by Company to the Hospital, Hospital agrees to indemnify Company against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.
7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice. Company shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company.
8. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to

the proximity to the Hospital to facilitate the transfer of patients, and communication between the facilities.

9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located.
In accordance with 42 C.F. R. 405.2162, Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.
10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, said patient may be referred to Company for outpatient treatment at a facility operated by Company which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.
11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
12. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and Company's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Company and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.
14. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.
15. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

Vista Medical Center East
 1324 North Sheridan Road
 Waukegan, IL 60085

Attn: Barbara J. Martin
 President and Chief Executive Officer

To Company:

Fresenius Medical Care
 One Westbrook Corp Center
 Westchester, IL 60154
 Attn: Administrator
 Brian Brandenburg
 Regional Vice President

With a copy to:

c/o Fresenius Medical Care North America
 920 Winter Street
 Waltham, MA 02451-1457
 Attn: Corporate Legal Department

16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.
17. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of

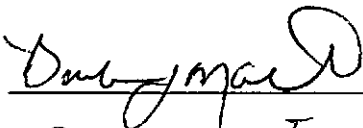
the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.


18. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State where Company is located, without respect to its conflicts of law rules.
19. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.
20. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date above written.

Hospital: Vista Medical Center East

**Company: Fresenius Medical Care of
Illinois, LLC**

By: 

By: 

Name: Barbara J. Martine

Name: Brian Brandenburg

Title: CEO

Title: KVP

Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Lindenhurst is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Lindenhurst will have twelve dialysis stations thereby meeting this requirement.



HEALTH CARE FACILITIES GROUP
a division of Irgens Development Limited, LLC

Milwaukee | Chicago | Phoenix

DRAFT TERM SHEET

July 21, 2009

Mr. Loren Guzik
Associate Director
CUSHMAN & WAKEFIELD OF ILLINOIS, INC.
455 North Cityfront Plaza Drive, Suite 2800
Chicago, IL 60611

RE: Vista Medical Office Building

Dear Loren:

The purpose of this letter is to confirm your client's intent to locate an office at the planned Vista Medical Office Building in Lindenhurst, Illinois. This new medical office building ("MOB") will be located on Grand Avenue adjacent to the Vista Surgery Center. It is anticipated your client will rent space at this location under the following terms and conditions (subject to change):

- Location:** MOB to be constructed at the intersection of Grand Avenue and Red Oak Lane in Lindenhurst, Illinois
- Building Description:** 3-story building consisting of approximately 60,000 total rentable square feet ("RSF") including about 20,000 RSF per floor
- Landlord:** Deep Lake Development Partners, LLC
- Parking:** Surface parking at a ratio of 5 parking spaces per 1,000 square feet of building area
- Premises:** Approximately 6,000 RSF - 1st Floor - Space planning will need to be coordinated with Vista Health System.
- Term:** An initial term of fifteen (15) years
- Option to Renew:** None
- Permitted Use:** Clinical space for dialysis and related activities in compliance with Vista Health System medical staff requirements and use restrictions.
- Base Rent:** \$23.00 per RSF per year
- Operating Expense:** (Direct Pass Through)
Year 1: Estimated at \$8.00 per RSF
Year 2: Estimated at \$8.75 per RSF due to full complement of projected real estate taxes

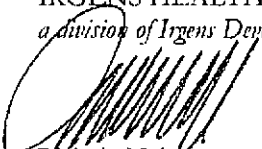
- Annual Escalation:** 3.5%
- Improvement Allowance:** \$60.00 per RSF for suite design and interior improvements. All construction and design costs in excess of the allowance are the responsibility of the Tenant.
- Suite Design:** Landlord to retain a health care architect to work with you on the custom-design of your office space.
- Lease Guaranty:** Lease will be guaranteed by an entity acceptable to Landlord.
- Conditions & Approvals:** The timing of the building opening is targeted for fall-2010 but is subject to change depending upon the landlord's ability to secure financing, public approvals and complete other pre-development activities. Personal obligations are required for the space lease if the Tenant is designated as a Service Corporation (S.C.) and/or Limited Liability Company (LLC).

Both parties acknowledge that the terms and conditions as outlined above are subject to change and agree to pursue, in good faith, a formal lease for the office space as defined herein. Please confirm by signing where indicated below.

Should you have any questions, please feel free to call me at (847) 444-0400. We look forward to working with you.

Sincerely,

IRGENS HEALTH CARE FACILITIES GROUP,
a division of Irgens Development Partners, LLC



Rick A. Nelson
 Vice President

This expression of interest is acknowledged by:

Signed: _____

Date: _____

It is understood this letter is a non-binding expression of interest. Should any unforeseen event or circumstances prevent Tenant from pursuing its interest in the project, Tenant is under no obligation to Irgens Development Partners, LLC. It is further understood that a signed rental agreement is the only acceptable format to preserve Tenant's space and location in the building. The undersigned acknowledges that the purpose of this Letter of Intent is to provide a clear indication of interest in the project to the building's owner(s).

EXHIBIT 1

LEASE SCHEDULE NO. 769-0002105-016
(True Lease)

LESSOR: SIEMENS FINANCIAL SERVICES, INC.
("Lessor")

Address: 170 Wood Ave South
Iselin, NJ 08830

LESSEE: NATIONAL MEDICAL CARE, INC.
a Delaware corporation
("Lessee")
Address: 920 Winter Street
Waltham, MA 02461

1. Lessor and Lessee have entered into a Master Equipment Lease Agreement dated as of March 10, 2008 ("Master Lease"), including this Schedule (together, the "Lease"), pursuant to which Lessor and Lessee have agreed to lease the equipment described in Exhibit A hereto (the "Equipment"). Lessee and Lessor each reaffirm all of its respective representations, warranties and covenants set forth in the Master Lease, all of the terms and provisions of which are incorporated herein by reference, as of the date hereof. Lessee further certifies to Lessor that Lessee has selected the Equipment and prior to the execution of this Schedule has received and approved a purchase order, purchase agreement or supply contract under which the Equipment will be acquired for purposes of this Lease.

2. The Acquisition Cost of the Equipment is: \$ 3,673,373.64.

3. The Equipment will be located at the location specified in Exhibit A hereto, unless the Equipment is of the type normally used at more than one location (such as vehicular equipment, construction machinery or the like), in which case the Equipment will be used in the area specified on Exhibit A hereto.

4. TERM OF LEASE: The term for which the Equipment shall be leased shall be for 72 months (the "Initial Lease Term"), commencing on the Lease Term Commencement Date as set forth in the Acceptance Certificate to this Schedule, and expiring 03/30/2015, unless renewed, extended, or sooner terminated in accordance with the terms of the Lease.

5. RENT: (a) Payable in monthly installments on the 26th day of each month during the Initial Lease Term as follows:

Rental Payment Numbers	Number of Rental Payments	Amount of Each Rental Payment
1-72	72	\$53,954.37

Lessor will invoice Lessee for all sales, use and/or personal property taxes as and when due and payable in accordance with applicable law, unless Lessee delivers to Lessor a valid exemption certificate with respect to such taxes. Delivery of such certificate shall constitute Lessee's representation and warranty that no such tax shall become due and payable with respect to the Equipment and Lessee shall indemnify and hold harmless Lessor from and against any and all liability or damages, including late charges and interest which Lessor may incur by reason of the assessment of such tax.

6. OTHER PAYMENTS:

(a) Lessee agrees to pay Rental Payments in advance.

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7. **EARLY TERMINATION OPTION:** So long as no Event of Default under the Lease, nor any event which upon notice or lapse of time or both would constitute such an Event of Default has occurred and is continuing, Lessee shall have the option to terminate the Lease for all, but not less than all, of the Equipment on the rental payment date for the twenty-fourth (24th) monthly rental payment (the "Early Termination Date"). Lessee shall notify Lessor in writing of Lessee's intention to exercise such termination option at least ninety (90) days prior to the Early Termination Date of such Lease. Lessee shall pay to Lessor on the Early Termination Date an aggregate amount (the "Termination Amount") equal to: (i) all rental payments, late charges and other amounts due and owing under the Lease, including the rental payment due on the Early Termination Date; plus (ii) any and all taxes, assessments and other charges due in connection with the termination of the Lease; plus (iii) 64% of the original Acquisition Cost of the Equipment as set forth herein.

In addition to the payment of the Termination Amount, Lessee shall return all of the Equipment to Lessor on the Early Termination Date pursuant to and in the condition required by the terms of the Lease.

In the event Lessee shall not pay the Termination Amount on the Early Termination Date and return the Equipment to Lessor pursuant to, and in the condition required by the Lease, then the Lease Term for the Equipment shall continue in full force and effect and this Early Termination Option shall be null and void and of no further force or effect.

8. **EARLY PURCHASE OPTION:** So long as no Event of Default under the Lease, nor any event which upon notice or lapse of time or both would constitute such an Event of Default has occurred and is continuing, Lessee shall have the option to terminate the Lease and purchase all, but not less than all, of the Equipment on the rental payment date for the sixtieth (60th) monthly rental payment (the "Early Purchase Option Date"). Lessee shall notify Lessor in writing of Lessee's intention to exercise such early purchase option at least ninety (90) days prior to the Early Purchase Option Date of such Lease. Lessee shall pay to Lessor on the Early Purchase Option Date an aggregate amount (the "Purchase Price") equal to: (i) all rental payments, late charges and other amounts due and owing under the Lease, including the rental payment due on the Early Purchase Option Date; plus (ii) any and all taxes, assessments and other charges due in connection with the termination of the Lease and the purchase of the Equipment; plus (iii) 28.02% of the original Acquisition Cost of the Equipment as set forth herein.

Provided that Lessor shall have received the Purchase Price on the Early Purchase Option Date, Lessor shall convey all of its right, title and interest in and to the Equipment to Lessee on the Early Purchase Option Date, on an "AS-IS", "WHERE-IS" BASIS WITHOUT REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, and without recourse to Lessor; provided however, that notwithstanding anything else herein to the contrary, Lessor shall warrant that the Equipment is free and clear of all liens, charges and encumbrances created by, through or under Lessor, and that Lessor has good and lawful right, power and authority to sell said Equipment to Lessee.

In the event Lessee shall not pay the Purchase Price on the Early Purchase Option Date then the Initial Lease Term or any renewal term for the Equipment shall continue in full force and effect and this Early Purchase Option shall be null and void and of no further force or effect.

9. **PURCHASE OPTION:** So long as no Event of Default, nor any event which upon notice or lapse of time or both would constitute an Event of Default, has occurred and is continuing under the Lease, and the Lease has not been earlier terminated, and upon not less than ninety (90) days prior written notice, Lessee shall have the option, upon expiration of the Initial Lease Term, renewal term or Extended Term, to purchase all, but not less than all, of Lessor's right, title and interest in and to the Equipment at the end of the Lease Term for a Purchase Option Price (hereinafter defined), on the last day of the Lease Term, in immediately available funds.

The Purchase Option Price shall be equal to the Fair Market Value of the Equipment (hereinafter defined) plus any sales, use, property or excise taxes on or measured by such sale, any other amounts accrued and unpaid under the Lease and any other expenses of transfer including UCC termination fees.

The "Fair Market Value" of the Equipment, shall be determined on the basis of, and shall be equal in amount to the value which would be obtained in, an arm's-length transaction between an informed and willing buyer-seller (other than a lessee currently in possession or a used equipment dealer) and an informed and willing seller under no compulsion to sell and, in such determination, costs of removal from the location of current use shall not be a deduction from such value. For purposes of determining Fair Market Value it will be assumed that as of the date of determination that the Equipment is in at least the condition required by the Lease. If during or after the period of thirty (30) days from Lessor's receipt of the aforesaid written notice from Lessee of Lessee's intention to exercise said purchase option, Lessor and Lessee determine that they cannot agree upon such fair market value, then such value shall be determined in accordance with the foregoing definition by a qualified independent appraiser as selected by mutual agreement between Lessor and Lessee, or failing such agreement, by a panel of three independent appraisers, one of whom shall be selected by Lessor, the second by Lessee and the third designated by the first two selected. If any party refuses or fails to appoint an appraiser or a third appraiser cannot be agreed upon by the other two appraisers, such appraiser or appraisers shall be selected in accordance with the rules for commercial arbitration of the

015 Exhibit 12.doc

American Arbitration Association. The appraisers shall be instructed to make such determination within a period of twenty (20) days following appointment, and shall promptly communicate such determination in writing to Lessor and Lessee. The determination of Fair Market Value so made by the sole appraiser or by a majority of the appraisers, if there is more than one, shall be conclusively binding upon both Lessor and Lessee. All appraisal costs, fees and expenses shall be payable by Lessee. The sale of the Equipment by Lessor to Lessee shall be on an AS-IS, WHERE-IS basis, without recourse to, or warranty by, Lessor; provided however, that notwithstanding anything else herein to the contrary, Lessor shall warrant that the Equipment is free and clear of all liens, charges and encumbrances created by, through or under Lessor, and that Lessor has good and lawful right, power and authority to sell said Equipment to Lessee.

Lessee shall be deemed to have waived this Purchase Option unless it provides Lessor written notice of its irrevocable election to exercise this option within fifteen (15) days after Lessee is advised of the Fair Market Value of the Equipment.

Lessee may elect to return all, but not less than all, of the Equipment at the end of the Initial Lease Term or any renewal term, provided that such return will only be permitted if (i) the Lessee provides the Lessor with written notice of its intention to return the Equipment not less than ninety (90) days prior to the end of the Initial Term, and (ii) the return of the Equipment is in accordance with the terms of the Lease and any Schedules, Acceptance Certificate, Riders, Exhibits and Addenda thereto.

If, for any reason whatsoever, the Lessee does not purchase the Equipment at the end of the Initial Lease Term or any renewal term in accordance with the foregoing, or exercise their option to return the Equipment as set forth above, the lease term of the Equipment shall end without further action on the part of Lessee be extended on a month-to-month basis with rentals payable monthly calculated at one hundred five percent (105%) of the highest monthly rental payable during the Initial Lease Term (the "Extended Term"). At the end of such Extended Term, the Lessee shall have the option to either: (i) return the Equipment to the Lessor in accordance with the terms of the Lease; or (ii) purchase the Equipment for its then Fair Market Value as determined in accordance with the provisions set forth above. The Extended Term shall continue until (a) Lessee provides Lessor with not less than ninety (90) days prior written notice of the anticipated date Lessee will return the Equipment and Lessee returns the Equipment in accordance with the return provisions of this Lease, or (b) Lessee provides Lessor with not less than ninety (90) days prior written notice of Lessee's exercise of its Fair Market Value purchase option with respect to the Equipment.

10. STIPULATED LOSS VALUES:

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
1	101.47	37	60.22
2	100.61	38	58.94
3	99.55	39	57.66
4	98.66	40	56.37
5	97.55	41	55.08
6	96.63	42	53.78
7	95.48	43	52.47
8	94.41	44	51.16
9	93.33	45	49.84
10	92.25	46	48.51
11	91.15	47	47.18
12	90.05	48	45.84
13	88.95	49	44.50
14	87.83	50	43.15
15	86.71	51	41.79
16	85.68	52	40.43
17	84.44	53	39.06
18	83.29	54	37.69
19	82.14	55	36.31

015 Exhibits 12.doc

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	56	34.92
21	79.81	57	33.63
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.08	61	27.89
26	73.88	62	26.47
27	72.65	63	25.04
28	71.44	64	23.61
29	70.22	65	22.17
30	68.99	66	20.72
31	67.76	67	19.27
32	66.52	68	17.82
33	65.27	69	16.35
34	64.01	70	14.88
35	62.75	71	13.40
36	61.49	72	11.92

Stipulated Loss Values are due in addition to the Rental Payment due on the same date.

IN WITNESS WHEREOF, the parties hereto certify that they have read, accepted and caused this Individual Leasing Record to be duly executed by their respective officers thereunto duly authorized.

Dated: 3/30/09

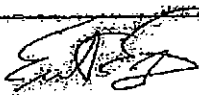
LESSOR:

Siemens Financial Services, Inc.

By: Carol Walters

Name: CAROL WALTERS

Title: VICE PRESIDENT DOCUMENTATION



Ernest Errigo
Sr. Transaction Coordinator

LESSEE:

National Medical Care, Inc.

By: [Signature]

Name: MARK FADLETT

Title: TREASURER

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DELL**QUOTATION**

QUOTE #: 485293558

Customer #: 84405601

Contract #: 70137

Customer Agreement #: Dell Std Terms

Quote Date: 4/22/09

Date: 4/22/09 12:33:14 PM

Customer Name: FRESENIUS MEDICAL CARE N A

TOTAL QUOTE AMOUNT:	\$975.02		
Product Subtotal:	\$864.59		
Tax:	\$46.43		
Shipping & Handling:	\$64.00		
Shipping Method:	Ground	Total Number of System Groups:	1

GROUP: 1	QUANTITY: 1	SYSTEM PRICE: \$584.51	GROUP TOTAL: \$584.51
Base Unit:	OptiPlex 760 Small Form Factor Base Standard PSU (224-2219)		
Processor:	OptiPlex 760, Core 2 Duo E7300/2.66GHz, 3M, 1066FSB (311-9514)		
Memory:	2GB, Non-ECC, 800MHz DDR2, 2X1GB OptiPlex (311-7374)		
Keyboard:	Dell USB Keyboard, No Hot Keys English, Black, OptiPlex (330-1987)		
Monitor:	Dell UltraSharp 1708FP BLK w/AdjStn, 17 inch, 1x08FPBLK OptiPlex, Precision and Latitude (320-7682)		
Video Card:	Integrated Video, GMA 4500, Dell OptiPlex 760 and 960 (320-7407)		
Hard Drive:	80GB SATA 3.0Gb/s and 8MB DataBurst Cache, Dell OptiPlex (341-8006)		
Floppy Disk Drive:	No Floppy Drive with Optical Filler Panel, Dell OptiPlex Small Form Factor (341-4609)		
Operating System:	Windows XP PRO SP3 with Windows Vista Business License English, Dell OptiPlex (420-9570)		
Mouse:	Dell USB 2 Button Optical Mouse with Scroll, Black OptiPlex (330-2733)		
NIC:	ASF Basic Hardware Enabled Systems Management (330-2901)		
CD-ROM or DVD-ROM Drive:	24X24 CDRW/DVD Combo, with Cyberlink Power DVD, No Media Media, Dell OptiPlex 960 Small Form Factor (313-7071)		
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 8.1, with Media, Dell OptiPlex/Precision (420-9179)		
Sound Card:	Heat Sink, Mainstream, Dell OptiPlex Small Form Factor (311-9520)		
Speakers:	Dell AX510 black Sound Bar for UltraSharp Flat Panel Displays Dell OptiPlex/Precision/ Latitude (313-6414)		
Cable:	OptiPlex 760 Small Form Factor Standard Power Supply (330-1984)		
Documentation Diskette:	Documentation, English, Dell OptiPlex (330-1710)		
Documentation Diskette:	Power Cord, 125V, 2M, C13, Dell OptiPlex (330-1711)		
Factory Installed Software:	No Dell Energy Smart Power Management Settings, OptiPlex (467-3664)		
Feature:	Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 760 Vista (330-2019)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response Initial Year (991-6370)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response 2 Year Extended (991-3642)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Initial Year (992-6507)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (992-6508)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, Initial (984-6640)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, 2 Year Extended (984-0002)		
Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport			

Dell Computer Lease

file://C:\Documents and Settings\wright\Local Settings\Temp\notes4C7D04\Quote ATTACHMENT 9-75

Service:	or call 1-866-516-31 (989-3449)
Installation:	Standard On-Site Installation Declined (900-9987)
Installation:	Standard On-Site Installation Declined (900-9987)
Misc:	Shipping Material for System Cypher Small Form Factor, Dell OptiPlex (330-2193)
	Vista Premium Downgrade Relationship Desktop (310-9161)
	CFI Routing SKU (365-0257)
	CFI, Rollup, Integration Service, Image Load (366-1416)
	CFI, Rollup, Custom Project, Fee for ESLH (366-1551)
	CFI, Rollup, Integration Services, BIOS Setting (366-1556)
	CFI, Information, Vista To WXP ONLY, Factory Install (372-6272)
	CFI, Software, Image, Quick Image, Titan, Factory Install (372-9740)
	CFI, BIOS, Across Line Of Business, Wakeup-on-lan, Enable, Factory Install (374-4558)
	CFI, Information, OptiPlex 760 Only, Factory Install (374-8402)

SOFTWARE & ACCESSORIES			
Product	Quantity	Unit Price	Total
Office 2007 Sngl C 021-07777 (A0748570)	1	\$259.68	\$259.68
Windows Server CAL 2008 Sngl MVL Device CAL C R18-02830 (A1511502)	1	\$20.40	\$20.40
Number of S & A Items: 2		S&A Total Amount: \$280.08	

SALES REP:	PHIL CLINTON	PHONE:	1800-274-3355
Email Address:	Phil_Clinton@Dell.com	Phone Ext:	723-3128

For your convenience, your sales representative, quote number and customer number have been included to provide you with faster service when you are ready to place your order. Orders may be faxed to the attention of your sales representative to 1-866-230-4217. You may also place your order online at www.dell.com/qto

This quote is subject to the terms of the agreement signed by you and Dell, or absent such agreement, to Dell's Terms of Sale.

Prices and tax rates are valid in the U.S. only and are subject to change.

****Sales/use tax is a destination charge, i.e. based on the "ship to" address on your purchase order. Please indicate your taxability status on your PO. If exempt, please fax exemption certificate to Dell Tax Department at 888-863-8778, referencing your customer number. If you have any questions regarding tax please call 800-433-9019 or email Tax_Department@dell.com. ****

All product and pricing information is based on latest information available. Subject to change without notice or obligation.

LCD panels in Dell products contain mercury, please dispose properly. Please contact Dell Financial Services' Asset Recovery Services group for EPA compliant disposal options at US_Dell_ARS_Requests@dell.com. Minimum quantities may apply.

Shipments to California: For certain products, a State Environmental Fee Of Up to \$10 per item may be applied to your invoice as early as Jan 1, 2005. Prices in your cart do not reflect this fee. More Info: or refer to URL www.dell.com/environmentalfee



Fresenius Medical Care

September 30, 2009

Fresenius Medical Care Holdings, Inc (the Company or FMCH) provides the internal financing necessary for all acquisitions and construction for its wholly-owned subsidiaries.

The Financial and Economic Ratios for FMCH are as follows:

	<u>Required</u>	<u>12/07</u>	<u>12/08</u>	<u>12/09</u>	<u>12/10</u>	<u>12/11</u>	<u>12/12</u>	<u>12/13</u>
Net Margin (Last Twelve Months)	3.5%	7.3%	7.6%	6.7%	6.7%	6.7%	6.7%	6.7%
Debt to Total Capitalization	80.0%	41.9%	39.5%	34.9%	34.9%	34.9%	34.9%	34.9%
Days Cash on Hand	45.0	**10.0	**7.2	**6.4	**6.4	**6.4	**6.4	**6.4
Current Ratio	1.5	**1.0	**1.2	**1.1	**1.1	**1.1	**1.1	**1.1
Cushion Ratio	5.0	** 1.09	** .65	**0.64	**0.64	**0.64	**0.64	**0.64
Projected Debt Service Coverage	1.75	.02	(.01)	0	0	0	0	0

**** As discussed with Illinois CON Board on January 23, 2006, these ratios are inappropriate measures of liquidity or measures of ability to meet upcoming required payments. Well managed companies with debt will seek to minimize cash on hand, accelerate accounts receivable collections, and pay payables no sooner than required in order to minimize interest expense and reduce leverage.**

The amounts for 2007/2008 represent actuals from the FMCH, Inc financials. The remainder of 2009 and the projected years are an extension of our most recent performance.

The Company currently has in excess of \$500 million of readily available liquidity. In addition, the Company has moderate leverage (currently less than 2.75x Funded Debt/EBITDA) and an S&P credit rating of BBB- on the Senior Secured bank debt. The Company's healthy financial position and abundant liquidity indicate that the Company has the ability to support the acquisition and development of additional dialysis centers. Additionally, the Company has more than adequate capability to meet all of its expected financial obligations over the next twelve months and its long term outlook is strong and stable.

Mark Fawcett
Vice President, Treasurer
Fresenius Medical Care NA

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter St Waltham, MA 02451 (781) 402-2668

Section V. Review Criteria Relating To Financial Feasibility (FIN)

A. Criterion 1120.210.a, Financial Viability

2. Variance

*Ratios provided are for Fresenius Medical Care, Holdings, Inc. Fresenius Medical Care Lindenhurst, LLC, Fresenius Medical Care Ventures, LLC, Fresenius Medical Care Ventures Holding Company, Inc. and National Medical Care, Inc. do not maintain audited financial statements. Fresenius Medical Care Holdings, Inc. is willing and able to provide financial support to Fresenius Medical Care Lindenhurst, LLC if necessary.

2008 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with Project #09-028 and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.210(c), Operating Start-up Costs

Estimated 1-month personnel expense:	\$32,643
Estimated 2 weeks medical expense:	2,368
Estimated 2 weeks rent expense:	8,781
Estimated 1-month other expense:	<u>13,624</u>
Total:	\$57,416

It is estimated that \$57,416 in start up costs will be incurred. No deficits are anticipated from the operation. Total funding for the project is available from cash and securities.

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Lindenhurst, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *Marc Lieberman*
Marc Lieberman
Title: Asst. Treasurer

By: *Mark Fawcett*
Title: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 25 day of Sept, 2009

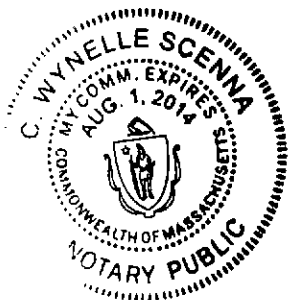
Signature of Notary

C. Wynelle Scenna

Signature of Notary

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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Ventures, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *Marc Lieberman*

ITS: Marc Lieberman
Asst. Treasurer

By: *Mark Fawcett*

ITS: Mark Fawcett
Vice President & Treasurer

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Signature of Notary *C. Wynelle Scenna* Signature of Notary

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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Ventures Holding Company, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

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ITS: Marc Lieberman
Asst. Treasurer

By: *Mark Fawcett*

ITS: Mark Fawcett
Vice President & Treasurer

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Signature of Notary *C Wynelle Scenna* Signature of Notary

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Criterion 1120.310(a) Reasonableness of Financing Arrangements

National Medical Care, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *[Signature]*
ITS: Marc Lieberman
Asst. Treasurer

By: *[Signature]*
ITS: Mark Fawcett
Vice President & Treasurer

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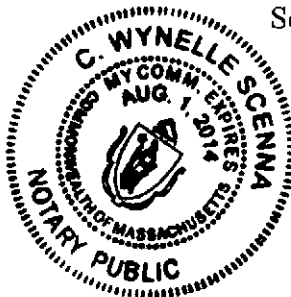
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this 21 day of Sept, 2009

Signature of Notary *C. Wynelle Scenna*

Signature of Notary

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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: [Signature]

ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]

Mark Fawcett
ITS: Vice President & Assistant Treasurer

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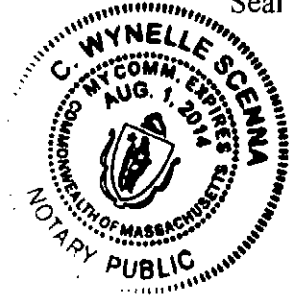
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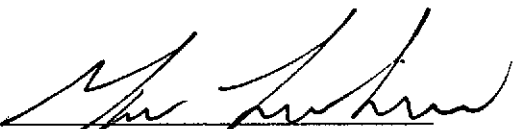
Criterion 1120.310(b) Conditions of Debt Financing

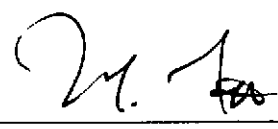
Fresenius Medical Care Lindenhurst, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and


The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
ITS: Marc Lieberman
Asst. Treasurer

By: 
ITS: Mark Fawcett
Vice President & Treasurer

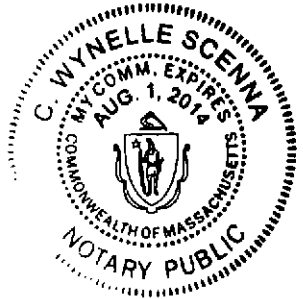
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Signature of Notary  Signature of Notary

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Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Ventures, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: *Marc Lieberman*
ITS: Asst. Treasurer

By: *Mark Fawcett*
ITS: Mark Fawcett
Vice President & Treasurer

Notarization:
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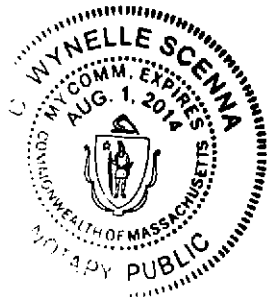
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Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Ventures Holding Company, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: *Marc Lieberman*

ITS: Marc Lieberman
Asst. Treasurer

By: *Mark Fawcett*

ITS: Mark Fawcett
Vice President & Treasurer

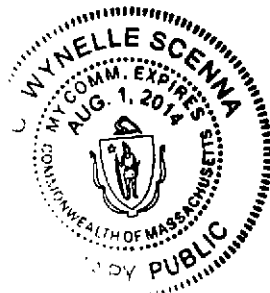
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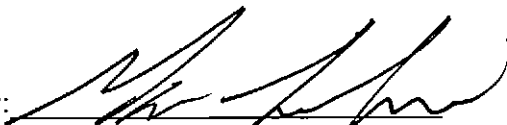
Criterion 1120.310(b) Conditions of Debt Financing


National Medical Care, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
Marc Lieberman
ITS: Asst. Treasurer

By: 
ITS: Mark Fawcett
Vice President & Treasurer

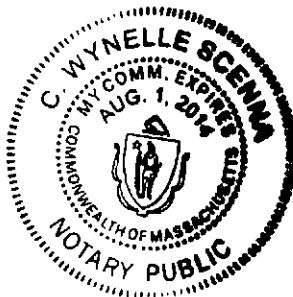
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Signature of Notary C. Wynelle Scenna Signature of Notary _____

Seal

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Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

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Marc Lieberman
ITS: Asst. Treasurer

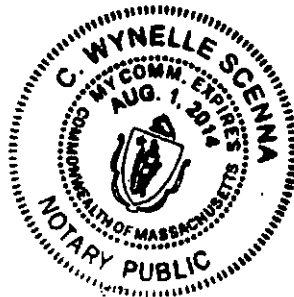
By: *Mark Fawcett*
Mark Fawcett
ITS: vice President & Assistant Treasurer

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Criterion 1120.310 (d) – Projected Operating Costs

Year 2013

Salaries \$567,430

Benefits 141,858

Supplies 123,120

Total \$832,408

Annual Treatments 9,048

Cost Per Treatment \$92.00

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2013

Depreciation/Amortization	\$78,959
Interest	<u>0</u>
CAPITAL COSTS	\$78,959
Treatments:	9,048
Capital Cost per treatment	\$8.73