

Original

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD RECEIVED APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION 056 0 2 2009

This Section must be completed for all projects.

HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care Burnham</i>
Street Address: <i>14020 S Torrence Avenue</i>
City and Zip Code: <i>Burnham 60633</i>
County: <i>Cook</i> Health Service Area <i>7</i> Health Planning Area:

Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Burnham</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

- Corporations and limited liability companies must provide an Illinois certificate of good standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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>Marilyn Duncan</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>708-498-9165</i>
E-mail Address: <i>marilyn.duncan@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>14020 Torrence Building, LLC, c/o Howard Powers</i>
Address of Site Owner: <i>P.O. Box 87655, Chicago, IL 60680</i>
Street Address or Legal Description of Site: <i>14020 Torrence Avenue, Burnham, IL 60633</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 of Illinois, LLC d/b/a Fresenius Medical Care Burnham</i>
Address: <i>920 Winter Street, Waltham, MA 02451</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

[Refer to application instructions.] **NOT APPLICABLE – NOT NEW CONSTRUCTION**

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 of Illinois, LLC, proposes to establish a 12 station in-center hemodialysis facility at 14020 Torrence Avenue, Burnham, IL 60633. Upon the approval of the Burnham facility, 5 stations will be surrendered at the Fresenius South Holland facility, which is nearby and also in HSA 7.

Fresenius Medical Care Burnham will be in HSA 7.

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	850,200	N/A	850,200
Contingencies	84,955	N/A	84,955
Architectural/Engineering Fees	93,500	N/A	93,500
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	320,000	N/A	320,000
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	1,397,655 179,425	1,577,080	1,577,080
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	2,925,735	N/A	2,925,735
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	1,348,655	N/A	1,348,655
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)	1,577,080	N/A	1,577,080
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	2,925,735	N/A	2,925,735
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ 79,257.

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): Dec 31, 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	2,925,735	6,500	6,500		6,500		
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	2,925,735	6,500	6,500		6,500		

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 of Illinois, 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.

Marc Lieberman
 SIGNATURE

Mark Fawcett
 SIGNATURE

PRINTED NAME Marc Lieberman
Asst. Treasurer
 PRINTED TITLE

PRINTED NAME Mark Fawcett
Vice President & Treasurer
 PRINTED TITLE

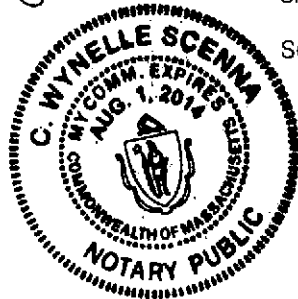
Notarization:
 Subscribed and sworn to before me
 this _____ day of _____

Notarization:
 Subscribed and sworn to before me
 this 24 day of August 2009

C. Wynelle Scenna
 Signature of Notary

Seal

Seal



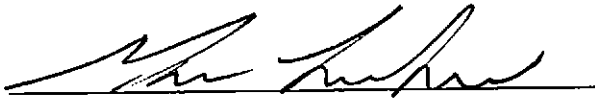
*Insert EXACT legal name of the applicant


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

PRINTED NAME **Marc Lieberman**
Asst. Treasurer
 PRINTED TITLE

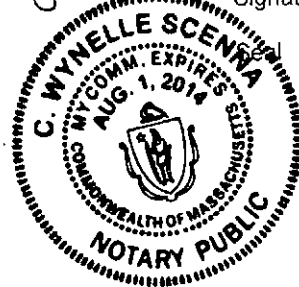
PRINTED NAME **Mark Fawcett**
Vice President & Treasurer
 PRINTED TITLE

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

Notarization:
 Subscribed and sworn to before me
 this 24 day of August 2009

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



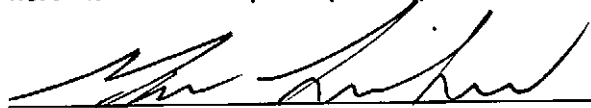
*Insert EXACT legal name of the applicant

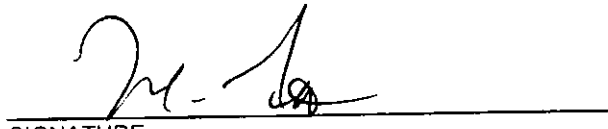
CERTIFICATION

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 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


 SIGNATURE

PRINTED NAME Marc Lieberman
Asst. Treasurer
 PRINTED TITLE

PRINTED NAME Mark Fawcett
Vice President & Assistant Treasurer
 PRINTED TITLE

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

Notarization:
 Subscribed and sworn to before me
 this 24 day of August 2007


 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 7

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
<i>In-center Hemodialysis</i>	12	117 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 - ESTABLISHING A NEW 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 **NOT APPLICABLE - BASED ON PROJECTED REFERRALS**

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)
	2007	2006	2005	2013
Enter Historical and/or Projected Years:				
Current Ratio	1.0	0.7	0.8	0.11
Net Margin Percentage	7.3%	5.8%	5.8%	7.7%
Percent Debt to Total Capitalization	41.9%	41.8%	32.6%	29.1%
Projected Debt Service Coverage	0.01	0.02	0.03	0.01
Days Cash on Hand	10	6.416	2.371	8.5
Cushion Ratio	1.1	0.55	0.17	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:

\$1,348,655 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.

1,577,080 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.

 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.

\$2,925,735 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)	
	-	130.80	-	-	6,500	-	-	850,200	850,200
Contingency	-	13.07	-	-	6,500	-	-	84,955	84,955
TOTALS	-	143.55	-	-	6,500	-	-	935,155	935,155

* 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:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification	31-32
2	Site Ownership	33
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	34-35
4	Flood Plain Requirements	
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9	Discontinuation	
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18	Mergers, Consolidations and Acquisitions	
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ATTACHMENT NO.		PAGES
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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

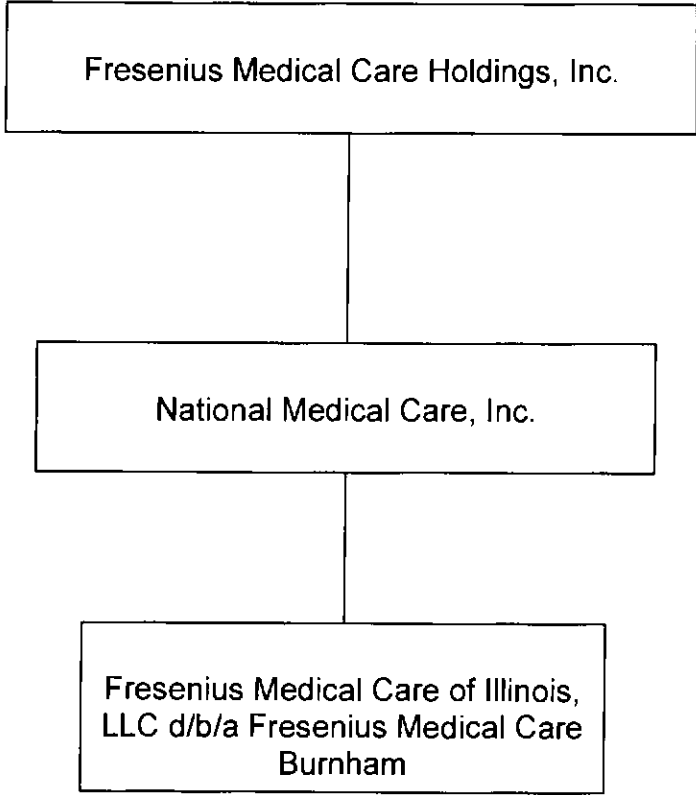
- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>14020 Torrence Building, LLC, c/o Howard Powers</i>
Address of Site Owner: <i>P.O. Box 87655, Chicago, IL 60680</i>
Street Address or Legal Description of Site: <i>14020 Torrence Avenue, Burnham, IL 60633</i>

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



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	\$42,510
Temp Facilities, Controls, Cleaning, Waste Management	2,126
Concrete	10,883
Masonry	12,923
Metal Fabrications	6,377
Carpentry	74,733
Thermal, Moisture & Fire Protection	15,134
Doors, Frames, Hardware, Glass & Glazing	58,239
Walls, Ceilings, Floors, Painting	137,307
Specialities	10,628
Casework, FI Mats & Window Treatments	5,101
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	272,064
Wiring, Fire Alarm System, Lighting	163,919
Miscellaneous Construction Costs	38,259
Total	\$850,200

Contingencies

Contingencies	\$84,955
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Architectural/Engineering

Architecture/Engineering Fees	\$93,500
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Movable or Other Equipment

Dialysis Chairs	\$15,000
Misc. Clinical Equipment	15,000
Clinical Furniture & Equipment	30,000
Office Equipment & Other Furniture	40,000
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	12,000
Generator	30,000
Facility Automation	20,000
Other miscellaneous	8,000
Total	\$320,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (6,500 GSF)	\$1,397,655
FMV Leased Dialysis Machines	174,525
FMV Leased Computers	4,900
Total	\$1,577,080

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	2,925,735	6,500	6,500		6,500		
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	2,925,735	6,500	6,500		6,500		

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

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	Boilingbrook	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 Biesterfeld 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

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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 of Illinois, 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 of Illinois, 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

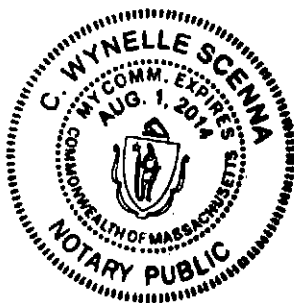
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 24 day of Aug, 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

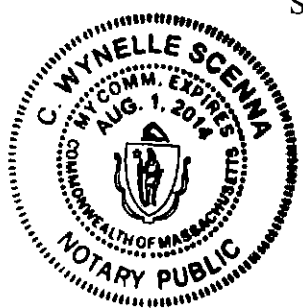
By: [Signature]
ITS: Mark Fawcett
Vice President & Treasurer

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

Notarization:
Subscribed and sworn to before me
this 24 day of August, 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]

ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]

ITS: Mark Fawcett
Vice President & Assistant Treasurer

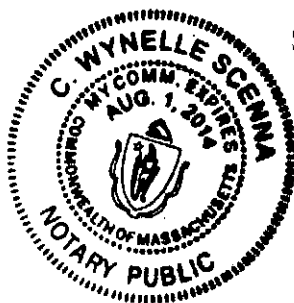
Notarization:
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this _____ day of _____, 2009

Notarization:
Subscribed and sworn to before me
this 24 day of Aug, 2009

C Wynelle Scenna
Signature of Notary

Signature of Notary

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Criterion 1110.230 – Purpose of Project

The purpose of this project is to create access to life-sustaining dialysis services to an area with a higher prevalence of End Stage Renal Disease (ESRD) in the market area surrounding Burnham consisting of South Deering, Roseland, Hegewisch, Dolton and Riverdale. Burnham is located just south of Chicago's Hegewisch neighborhood and shares the same zip code. This market area straddles HSA 6 & HSA 7. There is a higher prevalence of end stage renal disease in this market area due to the demographic makeup of the population. 71% of the population is African American and 15% are Hispanic. These two populations are disproportionately at risk for ESRD due to a higher prevalence of diabetes and hypertension, which are the leading causes of kidney failure. Add to that a poverty level of 18% and the result is an at risk population.

This area has high utilization due to the above mentioned factors. The overall utilization rate of the 30 minute travel area is 79%, which demonstrates need.

Dr. Yao and Dr. Rao's physician practice, Associates in Nephrology (AIN) that is supporting this facility have seen a 32% increase in ESRD patients in the last three years. They have identified 474 pre-ESRD patients who live in the market area for the Burnham facility with lab values indicative of kidney failure resulting in dialysis in the next 1-3 years. They expect 147 of these to be referred to the Burnham facility and the remainder to be referred to Fresenius Roseland, South Chicago, South Shore and Greenwood – all of which are operating above 80% utilization.

The establishment of Fresenius Medical Care Burnham is necessary due to the above mentioned utilizations and population characteristics to keep dialysis access available to this area of Chicago that is at a higher risk for kidney failure than the general population.

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

Alternatives

The alternative of utilizing current ESRD facilities in the area was not pursued due to high utilization of facilities and growth in the market area along with the high prevalence of ESRD. The overall utilization within 30 minutes of Burnham is 79%.

Facilities Within 30 Minutes of Fresenius Medical Care Burnham

Facility	Address	City	Zip Code	MapQuest		Adjusted Time	Sep-09 Util	Sep-09 Patients	Stations
				Miles	Time				
Fresenius South Holland	17225 Paxton Ave	South Holland	60473	4.48	10	12	64%	65	17*
DSI South Holland	16136 S Park Ave	South Holland	60473	5.28	10	12	80%	96	20
Fresenius Roseland	132 W 111th St	Chicago	60628	6.75	13	15	50%	36	12
UC Stony Island	8725 S Stony Island Ave	Chicago	60617	8.47	14	16	118%	163	23
Community Dialysis Harvey	16657 Halsted St	Harvey	60426	8.89	14	16	38%	36	16
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	6.6	15	17	86%	185	36
Fresenius Greenwood	1111 E 87th St	Chicago	60619	9.14	16	18	91%	153	28
Fresenius South Shore	2420 E 79th St	Chicago	60649	7.92	19	22	81%	78	16
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	9.98	19	22	84%	121	24
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	13.87	19	22	73%	96	22
DaVita Chicago Heights	177 E Joe Orr Rd	Chicago Hgts	60411	12.66	20	23	90%	86	16
DSI Markham	3053 W 159th St	Markham	60428	13.29	20	23	67%	97	24
Fresenius Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	11.93	21	24	80%	77	16
Fresenius Blue Island	12200 S Western Ave	Blue Island	60406	8.53	22	25	76%	109	20
Fresenius Steger	219 E 34th St	Steger	60475	15.34	22	25	0%	0	12
DaVita Beverly Dialysis	9415 S Western Ave	Chicago	60620	11.83	23	26	79%	57	12
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Pk	60805	12.02	23	26	98%	159	27
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	13.99	23	26	73%	87	20
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Pk	60803	14.64	23	26	75%	72	16
DaVita Emerald	710 W 43rd St	Chicago	60609	16.04	23	26	83%	119	24
DSI Hazel Crest	3470 183rd St	Hazel Crest	60429	13.34	24	28	99%	83	14
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	13.82	24	28	71%	68	16
UC Woodlawn	1164 E 55th St	Chicago	60615	15.51	25	29	113%	135	20
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	18.17	25	29	60%	58	16
Fresenius Bridgeport	825 W 35th St	Chicago	60609	17.18	26	30	83%	135	27
Fresenius Crestwood	4861 Cal Sag Rd	Crestwood	60445	18.4	26	30	67%	128	32
Total 30 Minute Drive Time Area							79%	2,499	526

*Upon approval of Fresenius Medical Care Burnham, Fresenius South Holland will surrender 5 stations from that facility that are not currently in use resulting in a 90% utilization rate. The overall utilization rate within 30 minutes would then be 80%.

Of the above underutilized facilities, Fresenius Roseland and Community Dialysis Harvey have been open less than 2 years and are not expected to be at 80% utilization yet. They are however on target for reaching 80% by the end of the second year of operation. One facility, Fresenius Steger, was permitted in September 2009 and is not expected to open until late 2010 and is expected to reach target utilization with a separate patient population in 2013. Two other facilities have recently expanded resulting in reduced utilizations. These are Fresenius Blue Island and Merrionette Park. Fresenius Ross-Englewood, will reduce by 4 stations upon approval of the Fresenius Chatham application to be heard January 12, 2009.

- 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 high current high utilizations and the growth the physicians have seen in their practice for this area (32% from 2006-2009), it is responsible healthcare planning to propose the Burnham facility now.
2. The alternative to expand an existing facility was not considered. A majority of the facilities that the AIN physicians refer to in this area have no room for expansion or have already expanded such as Fresenius South Shore for a cost of \$166,000, Merrionette Park \$39,000, Blue Island \$72,000, Evergreen Park and Bridgeport each approximately \$60,000. These expansions only temporarily alleviate high utilizations. Fresenius Medical Care has exhausted the alternative of expanding its facilities in this market.
 3. 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 Burnham appears to be the most cost effective option to maintain dialysis access to the residents of this area, who are at an increased risk of kidney failure as can be seen by the high utilizations in the area. Planning for future growth now is responsible healthcare planning. Although, the cost of this project, \$2,925,735, 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.

Criterion 1110.234, Size of Project

- The total space being leased is 6,500 GSF. The proposed in-center hemodialysis clinic will consist of 12 stations in 6,000 GSF. The remaining 500 GSF will be allotted for a PD (home dialysis) department. It is more efficient to house the PD department on the same site as the hemodialysis center.

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 7

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	117 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 7, where the proposed Burnham clinic is located, would have a need for 69 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 the Burnham market area. However this market area is on the border of HSA 6 & HSA 7. The facility actually falls in HSA 7. This facility was originally planned for the Hegewisch neighborhood in HSA 6, however the planned site became unavailable and a suitable site for a dialysis center was not found. The current site, although in HSA 7, is situated in the same zip code as Hegewisch.

County	City	HSA	# Pre-ESRD Patients
Cook	Chicago	6	111
Cook	Burnham, Dolton, Riverdale, Calumet City	7	36

ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street
Chicago, Illinois 60661
312) 654-2720

PAUL W. CRAWFORD, M.D., F.A.C.P.
AZZA S. SULEIMAN, M.D.
SATYA P. AHUJA, M.D., F.A.C.P., F.A.S.N.
MARIA I. SOBRERO, M.D.
VINITHA RAGHAVAN, M.D.
DANIEL KNIAZ, M.D., F.A.C.P.
EDGAR V. LERMA, M.D., F.A.S.N.
RAMESH SOUNDARARAJAN, M.D., F.A.C.P., F.A.S.N.
NEETHA S. DHANANJAYA, M.D.
MARK P. LEISCHNER, M.D.
SREEDEVI CHITTINENI, M.D.
CHIRAG P. PATEL, M.D.
MADHAV RAO, M.D.
APRIL BROOKS, M.D.
RIZWAN MOINUDDIN, D.O.

SUDESH K. VOHRA, M.D.
VIJAYKUMAR M. RAO, F.A.C.P., F.A.S.N.
CLARK MCCLURKIN, JR., M.D.
WADAH ATASSI, M.D., M.B.A.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
EDUARDO J. CREMER, M.D.
RICHARD HONG, M.D.
LO-KU CHIANG, M.D.
HARESH MUNI, M.D.
BOGDAN DERYLO, M.D., M.Sc.

November 10, 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 in practice with Associates in Nephrology (AIN) and am the Medical Director of the Fresenius Munster Indiana dialysis clinic and will be the Medical Director of Fresenius Medical Care Burnham. I am on staff at Roseland, South Suburban, St. James, & Trinity hospital in Illinois as well as Community Hospital of Indiana, Select Specialty & St. Margaret Mercy in Indiana. I currently follow patients at Fresenius South Chicago which is operating at 85% utilization. For this reason I am in full support of the proposed 12 station Fresenius Medical Care Burnham facility.

Over the past three years (in those facilities listed below) AIN was treating 629 hemodialysis patients at the end of 2006, 624 patients at the end of 2007 and 792 patients at the end of 2008, as reported to The Renal Network. As of the most recent quarter, AIN was treating 833 hemodialysis patients. This represents a 32% increase overall in the number of hemodialysis patients since 2006. As well, over the past twelve months AIN has referred 335 patients for dialysis services to Fresenius South Chicago, South Shore, Roseland, Hazel Crest, South Holland, Greenwood, Blue Island, Alsip, Southside, Greenwood and Evergreen Park. AIN currently has 474 pre-ESRD patients that live in the zip codes surrounding the Burnham area who will require dialysis therapy in the next one to three years. Of these, I expect that 147 of these patients would be referred to the Burnham facility within the first two years of its opening (see attached lists of patients by zip code). These patients all have lab values indicative of a patient in active kidney failure.

I therefore urge the Board to approve Fresenius Medical Care Burnham in order to keep access available to evidenced growing number of ESRD patients in the south Chicago, south suburban region. 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.

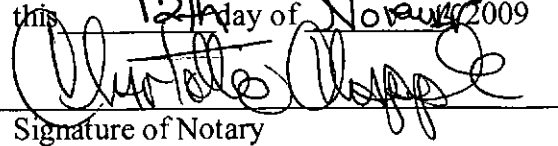
Sincerely,



Jim Jianling Yao, M.D.

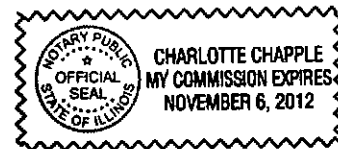
Notarization:

Subscribed and sworn to before me
this 12th day of November 2009



Signature of Notary

Seal



ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street
Chicago, Illinois 60661
312) 654-2720

PAUL W. CRAWFORD, M.D., F.A.C.P.
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SATYA P. AHUJA, M.D., F.A.C.P., F.A.S.N.
MARIA I. SOBRERO, M.D.
VINITHA RAGHAVAN, M.D.
DANIEL KNIAZ, M.D., F.A.C.P.
EDGAR V. LERMA, M.D., F.A.S.N.
RAMESH SOUNDARARAJAN, M.D., F.A.C.P., F.A.S.N.
NEETHA S. DHANANJAYA, M.D.
MARK P. LEISCHNER, M.D.
SREEDEVI CHITTINENI, M.D.
CHIRAG P. PATEL, M.D.
MADHAV RAO, M.D.
APRIL BROOKS, M.D.
RIZWAN MOINUDDIN, D.O.

SUDESH K. VOHRA, M.D.
VIJAYKUMAR M. RAO, F.A.C.P., F.A.S.N.
CLARK MCCLURKIN, JR., M.D.
WADAH ATASSI, M.D., M.B.A.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
EDUARDO J. CREMER, M.D.
RICHARD HONG, M.D.
LO-KU CHIANG, M.D.
HARESH MUNI, M.D.
BOGDAN DERYLO, M.D., M.Sc.

November 10, 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 in practice with Associates in Nephrology (AIN) and am also the Medical Director of the Fresenius South Holland and Hazel Crest Facilities. I have been practicing for 32 years and am on staff at Little Company of Mary, Roseland, St. James, South Suburban, St. Francis, St. Margaret Mercy – Indiana and Community Hospital of Indiana hospitals. I am in full support of the proposed 12 station Fresenius Medical Care Burnham facility.

Over the past three years (in those facilities listed below) AIN was treating 629 hemodialysis patients at the end of 2006, 624 patients at the end of 2007 and 792 patients at the end of 2008, as reported to The Renal Network. As of the most recent quarter, AIN was treating 833 hemodialysis patients. This represents a 32% increase overall in the number of hemodialysis patients since 2006. As well, over the past twelve months AIN has referred 335 new patients for hemodialysis services to Fresenius South Chicago, South Shore, Roseland, Hazel Crest, South Holland, Greenwood, Blue Island, Alsip, Southside, Greenwood and Evergreen Park. AIN currently has 474 pre-ESRD patients that live in the zip codes surrounding the Burnham area who will require dialysis therapy in the next one to three years. Of these, I expect that 147 of these patients would be referred to the Burnham facility within the first two years of its opening (see attached lists of patients by zip code). These patients all have lab values indicative of a patient in active kidney failure.

I therefore urge the Board to approve Fresenius Medical Care Burnham in order to keep access available to evidenced growing number of ESRD patients in the southeast Chicago/suburban region. 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.

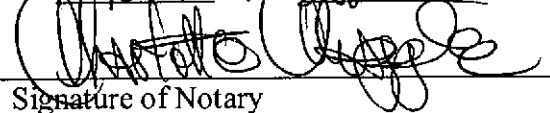
Sincerely,



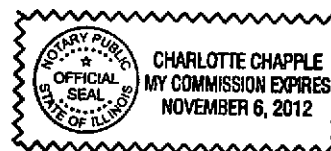
Vijaykumar Rao, M.D.

Notarization:

Subscribed and sworn to before me
this 18th day of November 2009


Signature of Notary

Seal



**PRE ESRD PATIENTS AIN EXPECTS TO REFER TO FRESENIUS MEDICAL
CARE BURNHAM IN THE 1ST 2 YEARS (24 MONTHS)
AFTER PROJECT COMPLETION**

ZIP CODE	PATIENTS
60409	6
60419	7
60617	59
60628	52
60827	11
60633	12
TOTAL	147

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

ZIP CODE	FRESENIUS ALSIP	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS HAZEL CREST	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS-ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH HOLLAND	FRESENIUS SOUTH SHORE	TOTAL
60115		1									1
60401				1							1
60406						1					1
60409		1							10		11
60411				1					2		3
60419									4		4
60425									1		1
60426	1	1		4		1			2		9
60428	1			3							4
60429				5					1		6
60430				6					1		7
60438									3		3
60443		1		3							4
60452				2					1		3
60453	1						1				2
60462				1							1
60471				1							1
60473									6		6
60475									1		1
60476									1		1
60478				2							2
60608						1					1
60609		1			1						2
60612		1									1
60615		1					1				2
60617		4	2					36		6	48
60619		2	3		4		1	8		2	20
60620		15	2	1	6	1	6	2		3	36
60621		1					8				9
60623										1	1
60626							1				1
60627						2					2
60628		13	2		1	21	1	12		5	55
60629		1			8		3				12
60632					2						2
60633								1			1
60636		1			2	2	5	1			11
60637		1						1			2
60638					1						1
60643	1	9	2			4	2	3	1		22
60649		1	3		1	1	1	3		9	19
60652		2									2
60653							1				1
60655		1									1
60660					1						1
60803	1										1
60827	1					1		2	4	1	9
TOTAL	6	58	14	30	27	35	31	69	38	27	335

PATIENTS OF AIN AT YEAR END 2006
BY FACILITY AND ZIP CODE FOR SOUTH CHICAGO & SOUTH SUBURBS

Zip Code	FRESENIUS ALSIP	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS HAZELCREST	FRESENIUS MARQUETTE PARK	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH HOLLAND	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
60143		1								1
60406	2	1				1				4
60409		1	2	2	1	1	10	1		18
60411				8		1	5			14
60417		1								1
60419				1		1	11	1		14
60422				1						1
60423		1								1
60425							3			3
60426	1			14			16			31
60428	1			2						3
60429	1		1	12			5			19
60430							2			2
60438			1	1			3			5
60443				3			2			5
60452				1			1			2
60461				1						1
60462	1			1						2
60465	1									1
60466				7			1			8
60469	1									1
60471				3			1			4
60472	1			3			1			5
60473							6			6
60475				1			1			2
60477		1		1						2
60478				7				1		8
60608						1				1
60609			2			4	2			8
60610						1				1
60613							1			1
60615		1	1				2	3	1	8
60616			2				1	1		4
60617		3	10		4	69	1	8		95
60619		1	14		2	23		5		45
60620		43	6	1	8	10	1	3		72
60621			1	1	4	3		1	1	11
60623		1					1			2
60625		1								1
60627			2		1			2		5
60628		14	7		6	17	2	18	1	65
60629		5	1		20	1	1			28
60632					7					7
60633						1	1			2
60636		3	3		9	2		1		18
60637			2		1	1		2		6
60638					2	1				3
60639		1								1
60643	1	5	3		3	3		4	2	21
60645		1				1				2
60649		1	5		3	11		16		36
60652		3								3
60653			1		1	1		2		5
60656								1		1
60803	1									1
60805									1	1
60827		2		1		1	3	3		10
60964				1						1
Grand Total	11	91	64	73	78	155	78	73	6	629

PATIENTS OF AIN AT YEAR END 2007
BY FACILITY AND ZIP CODE FOR SOUTH CHICAGO & SOUTH SUBURBS

ZIP CODE	FRESENIUS ALSIP	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS HAZELCREST	FRESENIUS MARQUETTE PARK	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH HOLLAND	TOTAL
46409		1							1
60406	3	3			1		1	1	9
60409		4	1	1			1	10	17
60411				5				3	8
60417		1							1
60419		4					1	10	15
60422				2					2
60425								4	4
60426	2	1		14			1	15	33
60428	2	1		2					5
60429	1			16				4	21
60430				3				1	4
60438			1	1				2	4
60443				5					5
60445				1					1
60448				1				1	2
60452				2				1	3
60453		2							2
60455		1							1
60462	1								1
60466				6				1	7
60468		1							1
60469	1								1
60471				3					3
60472	2			2				1	5
60473		3						7	10
60475				1				2	3
60477				4					4
60478				7					7
60609					4	1	3		8
60612					1				1
60615		2	1		1		1		5
60616							1		1
60617		8	8		2		46	1	65
60618							1		1
60619	1	12	19		1	1	13		47
60620		39	4	1	6	1	7	1	59
60621		5	1		3	6	2		17
60622									0
60623		1						1	2
60625		1				1			2
60627		1	2					1	4
60628	1	35	7	1	5	4	11	2	66
60629		5	1		22	2			30
60632					7				7
60633					1				1
60636		6	2		12	3	1		24
60637		4	3		1		4		12
60638							1		1
60639		1							1
60643	1	25	4		2		2		34
60649		6	5		3	1	9		24
60652	1	4							5
60653			1		1	1			3
60655		1							1
60803		2							2
60805		2							2
60827		9		1			2	7	19
Grand Total	16	191	60	79	73	21	108	76	624

PATIENTS OF AIN AT YEAR END 2008
BY FACILITY AND ZIP CODE FOR SOUTH CHICAGO & SOUTH SUBURBS

ZIP CODE	FRESENIUS ALSIP	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS HAZELCREST	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH HOLLAND	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
44121		1										1
46320								1				1
46322									1			1
46324									1			1
60406	2	3			1			2				8
60409		4	1		1				10			16
60411					6				3			9
60415		1										1
60417		1										1
60419		4			1			2	9			16
60422					2							2
60423		1										1
60425									4			4
60426	2	1			12			1	13			29
60428	2	1			3							6
60429	1				19				4			24
60430					3				1			4
60438									3			3
60443		2			4							6
60445					1							1
60448									1			1
60451					1							1
60452	1				2				1			4
60455		1				1						2
60459		1										1
60462	1											1
60466		1			5				1			7
60469	1											1
60471					3							3
60472	1				2				1			4
60473		2							12			14
60475					1				2			3
60477					3							3
60478					6					1		7
60609		2					1	3				6
60615		3			1			2		3		9
60616			1					2		1		4
60617		8	10		2			72	3	13		108
60619	1	11	16		3		2	20		4		57
60620		41	7	1	4	1	9	10		6		79
60621		4	1		3		10			2	1	21
60623					3				1			4
60624	1				1							2
60625		1										1
60626		1						1				2
60627		1	3					1	2	2		9
60628	1	37	7		5	17	3	16	2	12		100
60629		3	1		21							25
60632					7							7
60633					1			1				2
60636		5	1		12		8					26
60637		5	4		1		2	3		1		16
60638					1			1				2
60639		1										1
60640											1	1
60643	1	26	2		3	2	2	1	1	3		41
60649		9	5		4		1	10		19		48
60652		3										3
60653			1		1		1	1				4
60655		2										2
60660					1							1
60805		3									1	4
60827	1	8	1		2			1	4	3		20
Grand Total	16	198	61		78	76	20	39	151	80	70	792

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PATIENTS OF AIN AS OF MOST RECENT QUARTER
BY FACILITY AND ZIP CODE FOR SOUTH CHICAGO & SOUTH SUBURBS

ZIP CODE	FRESENIUS ALSIP	FRESENIUS BLUE ISLAND	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS HAZELCREST	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH HOLLAND	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
46322										1			1
60406	2	2	2			1			1				6
60409			5	2	1					12			20
60411					2					3			5
60415			1										1
60417			1										1
60419			2		1				1	9			13
60422					2								2
60423			1										1
60425										4			4
60426	3		1		12		1		1	10			28
60428	2		1		7								10
60429	1				17					4			22
60430					2					1			3
60438										3			3
60443			2		5							1	7
60445					1								1
60452										1			1
60455			1			1							2
60459			1										1
60462	1												1
60466			1		4					1			6
60469	1												1
60471					5								5
60472	1		1		2					1			5
60473			3							12			15
60475					1					1			2
60476										1			1
60477					2								2
60478					4							1	5
60605			1										1
60609			2			1		1	2				6
60615			3			1		1	1		3		6
60616									2		1		3
60617			10	8		2			80	3	14		117
60619	1		10	16		3		3	21		5		59
60620			44	7	2	9		9	9		6		86
60621			6			2		14	1		2		25
60623						2				1			3
60625			1										1
60626			1					2	1				4
60627			1	3			1			2	2		6
60628	1	1	37	7		4	25	2	22	2	9		110
60629			4	1		24		2		1			32
60632						8							8
60633						1			2				3
60636			6	1		12	1	9	1				30
60637			6	4		1		2	3		1		17
60638						1			1				2
60639			1										1
60643	1		25	2		3	5	2	3	3	2		46
60649			9	7		3	1	1	11		23		56
60652			2										2
60653				1		1							2
60655			1										1
60803	1												1
60805			1										1
60827	1		9	1	2				1	3	3		20
and Tot	16	3	203	60	72	80	34	48	164	79	73	1	833

CURRICULUM VITAE

Jim Jianling Yao, M. D., M.Sc.

1931 Cherrywood Court
Munster Indiana 46321
Phone: 219-865-0408

PERSONAL INFORMATION

Date of Birth: March 09, 1956
Place of Birth: Yuling, Hunan, China
Citizenship Status: U.S.A.
Marital Status: Married
Spouse: Nancy Yao

EDUCATION

Medical School:

Central South University Xiang-Ya School of Medicine
Hunan, China
01/01/77 - 12/20/82 Bachelor in Medicine
October 27, 1988 Masters Degree in Medicine

Residency:

07/01/98 - 06/30/99 Barnes-Jewish Hospital
Anatomic Pathology Washington University School of Medicine
St. Louis, Missouri

07/01/99 - 09/30/02 Charleston Area Medical Center
Internal Medicine West Virginia University School of Medicine
Charleston, West Virginia

Fellowship:

03/30/90 - 02/28/92 Michael Reese Hospital and Medical Center
Research Fellowship Chicago, Illinois
Medicine/Division of Cardiology

10/14/02 - 06/30/04 The University of Rochester
Nephrology Strong Memorial Hospital

CURRICULUM VITAE (continued)
Jim Jianling Yao, M. D., M.Sc.

CERTIFICATIONS:

December 20, 1997 0-568-400-6	ECFMG
October 2003 Internal Medicine	The American Board of Internal Medicine Certificate No. 217040
October 2005 Nephrology	The American Board of Internal Medicine Certificate No. 217040

LICENSES:

036-115173 01/30/2006	State of Illinois Physician and Surgeon License
336-076272	State of Illinois Physician Control Substance License
BY9668798 BY7874060	DEA Illinois DEA Indiana
01061528A 12/02/2005	State of Indiana Physician License
01061528B 12/21/2005	State of Indiana Control Substance License
MD114808 07/98 - 06/99	State of Missouri Physician and Surgeon Temporary Training License
20925 07/15/02 - 06/30/07	West Virginia Board of Medicine Medicine and Surgery
226962 Inactive	New York State Physician and Surgeon
L9565 50134190	Texas State Physician License Control Substance License

CURRICULUM VITAE (continued)
Jim Jianling Yao, M. D., M.Sc.

WORK HISTORY

- 01/06 - Present Associates in Nephrology, S.C.**
210 South Des Plaines Street
Chicago, Illinois 60661
- 06/06 - Present Medical Director**
Fresenius Dialysis Center
314 Ridge Road
Munster, Indiana 46321
- 07/04 - 01/06** **Central Texas Nephrology Associates**
2915 Saulsbury Drive
Temple, TX
- 10/95 - 06/98** **Instructor/Research Associate**
Department of Medicine/Nephrology
The University of Chicago, Pritzker School of Medicine
Chicago, Illinois
- 03/92 - 09/95** **Instructor/Research Associate, faculty member,**
Department of Biochemistry
Rush Medical College
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois 60612
- 07/85 - 02/90** **Physician/Instructor**
Department of Medicine
Xiang-Ya Hospital
Central South University Xiang-Ya School of Medicine
Changsha, China
- 12/82 - 08/85** **Resident Physician**
Department of Medicine
Central South University Xiang-Ya School of Medicine
Changsha, China

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CURRICULUM VITAE (continued)
Jim Jianling Yao, M. D., M.Sc

HONORS AND AWARDS:

- 1994 Recipient of the "New Investigator Recognition Award"
Sponsored by The Orthopedic Research Society (America,
internal competition).
- 1989 Recipient of the National Excellent Research Article
Award" sponsored by The National Training Center of
Cardiovascular Research, The Chinese Journal of
Circulation, and The Academic Medical Institute of China-
Fuwal Hospital

RESEARCH EXPERIENCE:

Approximately eight-years' biomedical research with
about forty publications in peer-viewed journals; recipient
of two highly competitive awards and research grants.

PROFESSIONAL MEMBERSHIP:

American Society of Nephrology
American Society for Bone and Mineral Research
Renal Physicians Association
Illinois State Medical Society

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CURRICULUM VITAE

Vijaykumar Rao, M.D., F.A.C.P., F.A.S.N

DATE OF BIRTH: January 9, 1950

EMPLOYMENT:
1980 - Present Associates in Nephrology
2003 - Present President
210 S. Des Plaines
Chicago, Illinois 60661
(312) 654-2720

EDUCATION:
1964 - 1966 S.D. College, Alleppey, India
Pre-Degree

1967-1971 Armed Forces Medical College Poona, India
M.B.B.S., equivalent to M.D.

INTERNSHIP:
1/72 - 12/72 King Edward Memorial Hospital
Bombay, India
Rotating Internship

1/73 - 12/73 Safdarjung Hospital
New Delhi, India
House Surgeon

1/74 - 7/76 Post Graduate Institute of Medical Education
& Research, Chandigarh, India
Clinical Resident

7/76 - 6/77 St. Joseph's Hospital & Medical Center
Paterson, New Jersey
Straight Internship in Internal Medicine

RESIDENCY:
7/77 - 6/78 St. Joseph's Hospital & Medical Center
Paterson, New Jersey
Resident / Internship in Internal Medicine

FELLOWSHIP:
7/78 - 6/80 University of Chicago, Pritzker School of Medicine
Billings Hospital & Michael Reese Hospital, Chicago
Fellow in Nephrology

HONORS & AWARDS:

The Dr. Gopal Atmaram Mhaskar Prize and the Janakibaoi Ramchandra Memorial Prize for securing highest number of marks in midwifery and gynecology.

Chief of Airstaff: Bronze Medal for standing second in physiology.

Asok Kumar S. Patel Memorial Silver Medal for standing first in pharmacology.

Headquarters Southern command gold Medal for standing in surgery.

TCF Gold Medal for standing first in obstetrics and gynecology.

TEACHING ACTIVITY:

Two years as a teaching resident in Medicine: Post-Graduate Institute of Medical Education and Research. Chandigarh, India

Presently involved in teaching medical student and residents and participating in seminars, conferences and consultation rounds.

ACADEMIC TITLE

Assistant Professor of Medicine
Rush Medical College, 1985 – Present

Adjunct Professor of Surgery
Northwestern University, 1992 - Present

LICENSURE

Federal Licensure Examination (FLEX) 1977
Maryland 1977-1997 No: D21138
Illinois 1978- present No: 36-58283
Indiana 1996- present No: 01035059

**CERTIFICATION
No. 67601**

American Board of Internal Medicine
Internal Medicine 1978
Nephrology 1980

07/01/1992

Fellow, American College of Physicians

07/01/2005

Fellow, American Society of Nephrology

Vijaykumar Rao, M.D., F.A.C.P., F.A.S.N.

CURRICULUM VITAE (continued)

MEMBERSHIP

American College of Physicians, Fellow
American Society of Nephrology
American Society of Apheresis
American Heart Association
American College of Physicians of India
American Association of Physicians from India
International Society of Nephrology
National Kidney Foundation
Renal Physician Association

HOSPITAL APPOINTMENTS

EHS Trinity
Little Company of Mary Hospital
Roseland Community Hospital
St. James Hospital
 Olympia Fields
 Chicago Heights
South Suburban Hospital
St. Francis Hospital of Blue Island
St. Margaret Mercy, Indiana
The Community Hospital of Indiana

**HOSPITAL COMMITTEE
APPOINTMENTS**

1985 – 2000

Hyde Park Hospital
 Member, Intensive Care Unit Committee
 President-Elect, Medical Staff
1987 – 1989
 Member, Medical Staff Executive Committee
1987 – 1994
 Member, Board of Trustees
1989 – 1991
 President, Medical Staff
1989 – 1994
 Member, Quality Assurance Committee

1989 – 1991

Trinity Hospital
 Chairman, Credential Committee
 Member, Medical Executive Committee

1990 – Present

South Suburban Hospital
 Member, Medical Advisory Committee

1990 – 1993

South Suburban Hospital
 Member, P & T Committee

1999 – 2001

South Suburban Hospital
 Chief, Department of Medicine

2001 – Present

South Suburban Hospital
 Member, Credentials Committee

2007 – Present

South Suburban Hospital
 President, Medical Staff

Vijaykumar Rao, M.D., F.A.C.P., F.A.S.N.
CURRICULUM VITAE (continued)

PAGE 4

**RESEARCH &
PUBLICATIONS:**

IgA Nephrology in Progressive Renal Disease
Lee, Rao, et., al. 1982

Provision of Antioxidant Therapy in Hemodialysis
Patients (PATH) Study

NIH Clinical Research Training Course
Clinical Investigator, Intramural Research Program

CLINIC AFFILIATIONS:

1997 – Present
Medical Director

Fresenius Dialysis Center
South Holland, Illinois

1997 – Present
Medical Director

Fresenius Dialysis Center
Hazel Crest, Illinois

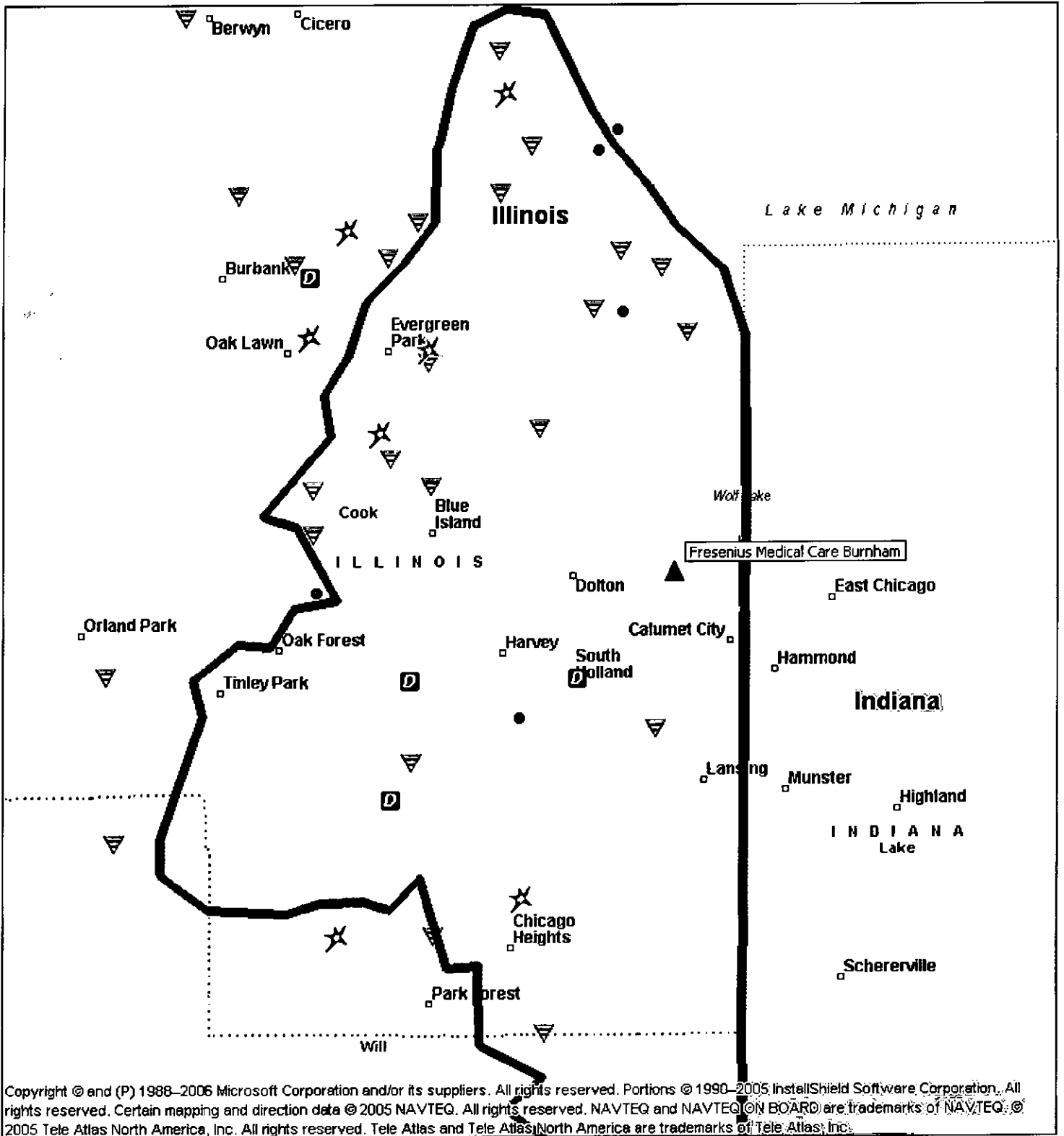
Updated 04/09/2007

**In-center Hemodialysis Centers Within 30 minutes of
Fresenius Medical Care Burnham
14020 S. Torrence
According to MapQuest and Adjusted x 1.15**

Facility	Address	City	Zip Code	MapQuest		Adjusted Rounded Time
				Miles	Time	
Fresenius South Holland	17225 Paxton Ave	South Holland	60473	4.48	10	12
DSI South Holland	16136 S Park Ave	South Holland	60473	5.28	10	12
Fresenius Roseland	132 W 111th St	Chicago	60628	6.75	13	15
UC Stony Island	8725 S Stony Island Ave	Chicago	60617	8.47	14	16
Community Dialysis Harvey	16657 Halsted St	Harvey	60426	8.89	14	16
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	6.6	15	17
Fresenius Greenwood	1111 E 87th St	Chicago	60619	9.14	16	18
Fresenius South Shore	2420 E 79th St	Chicago	60649	7.92	19	22
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	9.98	19	22
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	13.87	19	22
DaVita Chicago Heights	177 E Joe Orr Rd	Chicago Heights	60411	12.66	20	23
DSI Markham	3053 W 159th St	Markham	60428	13.29	20	23
Fresenius Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	11.93	21	24
Fresenius Blue Island	12200 S Western Ave	Blue Island	60406	8.53	22	25
Fresenius Steger	219 E 34th St	Steger	60475	15.34	22	25
DaVita Beverly Dialysis	9415 S Western Ave	Chicago	60620	11.83	23	26
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	12.02	23	26
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	13.99	23	26
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	14.64	23	26
DaVita Emerald	710 W 43rd St	Chicago	60609	16.04	23	26
DSI Hazel Crest	3470 183rd St	Hazel Crest	60429	13.34	24	28
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	13.82	24	28
UC Woodlawn	1164 E 55th St	Chicago	60615	15.51	25	29
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	18.17	25	29
Fresenius Bridgeport	825 W 35th St	Chicago	60609	17.18	26	30
Fresenius Crestwood	4861 Cal Sag Rd	Crestwood	60445	18.4	26	30

(See map of facilities on following page)

**Facilities Within 30 Minutes Travel Time of
Fresenius Medical Care Burnham
14020 S. Torrence, Burnham**



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Service Accessibility – Service Restrictions

The issue of access is problematic due to current area facilities operating at high utilization levels, a patient population that is disproportionately effected by kidney disease and a high percentage of individuals living below the poverty level (18%).

- Fresenius Medical Care Burnham is located just south of the Hegewisch neighborhood of south Chicago. It is not considered to be a part of the city of Chicago, however it does share a Chicago zip code with Hegewisch. The residents of this market area, which includes South Deering, Roseland, Dolton, Calumet City, Burnham, Hegewisch and Riverdale are predominantly African American (71%), and Hispanic (15%) who experience a higher risk of diabetes and high blood pressure, which are the leading causes of kidney failure. This in itself explains why area facilities are operating at high utilizations. The chart below shows the statistics of the make-up of the population of this area and the poverty statistics.

Zip Code	Area	2000 Census Population	# African American	# Hispanic	# Below Poverty Level	# Pre-ESRD for Burnham Facility	Total # Pre-ESRD Patients of AIN Physicians
60617	South Deering	96,288	52,543	33,019	19,599	59	201
60628	Roseland	87,827	83,224	2,748	17,739	52	175
60409	Calumet City	39,065	20,664	4,233	4,690	6	30
60419	Dolton	25,567	21,046	802	2,115	7	28
60827	Riverdale	33,209	29,405	1,185	9,193	11	28
60633	Hegewisch/Burnham	13,262	2,472	3,029	1,277	12	12
	Totals	295,218	209,354	45,016	54,613	147	474

Summary of Above Numbers

Total Population	% African American	% Hispanic	% Below Poverty Level
295,218	71%	15%	18%

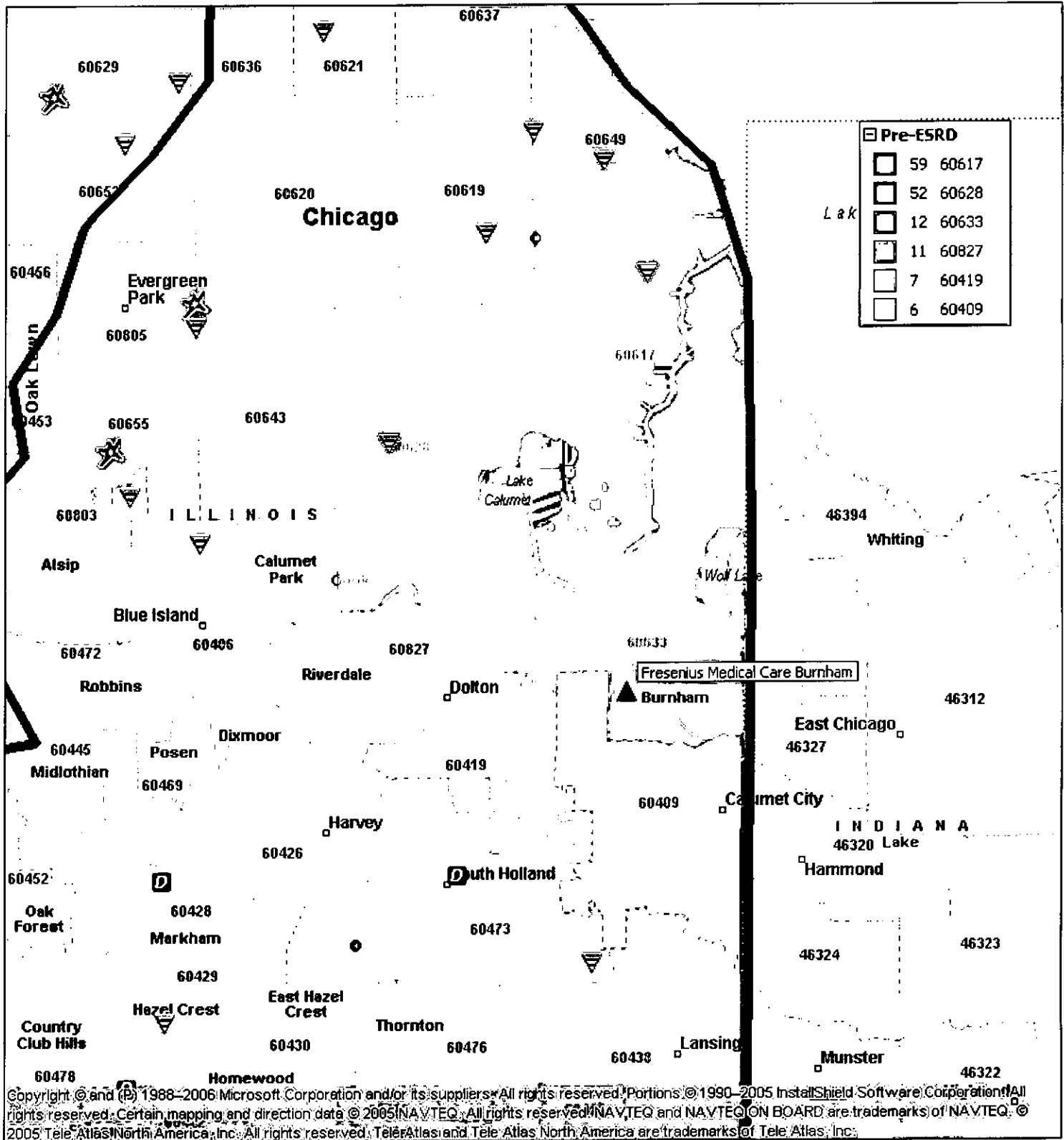
Data taken from the US Census Bureau for 2000.

- Another hindrance to residents of this area, as seen above, is the income levels. Populations with inadequate income are often underserved when it comes to healthcare and the population in this market has an 18% poverty level, This is 4.5% higher than Cook County and 7.3% higher than Illinois during the same time frame. Fresenius Medical Care strives to serve all patient populations regardless of economic situation. Fresenius Medical Care will accept any patient for treatment regardless of their ability to pay.

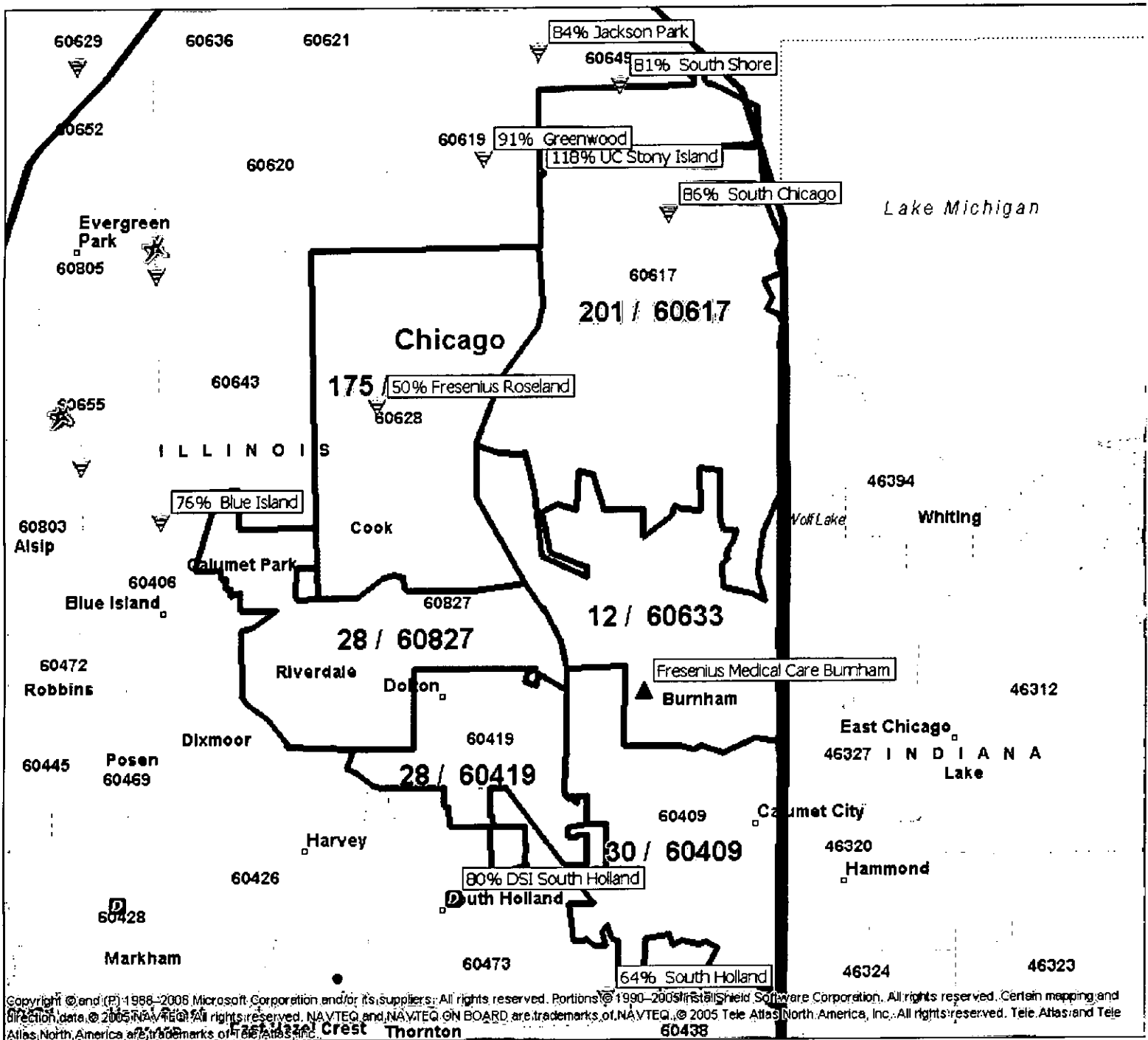
- The map on the following page shows the relationship of the demographics of the 147 pre-ESRD patients identified for the Burnham facility and the map on the page after that shows the demographics of all 474 pre-ESRD patients of the physicians for this market and the utilization of area facilities.

The majority of these facilities are operating near target utilization standards to above 100% utilization. There is only one facility within this market that is operating well below target utilization, Fresenius Roseland. This facility has been open just a little over a year and is already more than halfway to meeting target utilization due to the high prevalence of ESRD in this area. This facility also cannot accommodate the 147 patients identified for Burnham. As well, the physicians also have identified another 123 pre-ESRD who reside in the Roseland neighborhood who will also require dialysis treatment in the next 1-3 years. This number does not include the 52 pre-ESRD from Roseland who will be referred to Burnham. The Fresenius South Holland facility is currently at 64% utilization; however 5 stations, currently not in use will be discontinued at that facility upon the approval of Fresenius Burnham. This will result in a 90% utilization for that facility.

DEMOGRAPHICS OF THE 147 PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS MEDICAL CARE BURNHAM

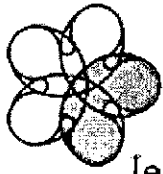


DEMOGRAPHICS OF ALL 474 PRE-ESRD PATIENTS OF ASSOCIATES IN NEPHROLOGY (AIN) WHO LIVE WITHIN THE ZIP CODES IDENTIFIED FOR THE BURNHAM FACILITY



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Of the 474 pre-ESRD patients identified by Drs. Yao and Rao of AIN, 147 would be expected to be referred to the Burnham facility. The remaining 327 would be referred to other area facilities such as South Holland, Blue Island, Roseland, South Chicago, Greenwood and South Shore. These facilities are all operating near or at 80% utilization to above capacity. The Fresenius South Holland facility, once it surrenders its 5 stations (resulting in a 12 station facility) will be at 90%. The only other facility with availability to serve this population is Fresenius Roseland at 50%. However, it will only take 21 more patients to bring this facility to 80% and AIN has 175 pre-ESRD in that zip code alone.



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Ten Facts About African Americans And Kidney Disease

Due to high rates of diabetes, high blood pressure and heart disease, African Americans have an increased risk of developing kidney failure, and requiring dialysis treatments or a kidney transplant to sustain life. African Americans need to be aware of these risk factors and visit their doctor or clinic regularly to check their blood sugar, blood pressure, urine protein and kidney function. Following are ten facts about African Americans and chronic kidney disease:

1. African Americans suffer from End Stage Renal Disease disproportionately. In 2004, the incidence of kidney failure per million population was 968 in African Americans, compared with 263 in white Americans.¹ African Americans constitute about 32 percent of all patients treated for kidney failure in the U.S., but only about 12 percent of the overall U.S. population.¹
2. African Americans also develop kidney failure at an earlier age than white Americans. In 2006, the mean age for African-Americans at the start of treatment for kidney failure was 56.4 years, compared with 59.6 in white Americans.¹
3. Diabetes is the leading cause of kidney failure in African Americans. The prevalence of diabetes in African Americans is much higher than in white Americans. Among those aged 40 to 74 years, the rate is 11.2 percent for white Americans, compared with 18.2 percent for African Americans.²
4. Approximately 13.3 percent of all African Americans over 20 years of age (3.2 million) have diabetes. On average, African Americans are twice as likely to have diabetes as white Americans of similar age.
5. National surveys conducted over the past 35 years show that the number of cases of diabetes among African Americans has doubled. Yet, about a third of the diabetes cases among African Americans are undiagnosed.²
6. The most common type of diabetes in African Americans is type 2 diabetes. The risk factors for this type of diabetes include: family history, impaired glucose tolerance, diabetes during pregnancy, high blood insulin levels and insulin resistance, obesity and physical inactivity.²
7. African Americans with diabetes are more likely to develop complications of diabetes and to have greater disability from these complications than white Americans. African-Americans experience kidney failure about four times more often than white Americans with diabetes. They are also more likely to develop other serious complications such as heart disease and strokes and to experience greater disability than white Americans with diabetes. Death rates associated with diabetes are 20 percent higher for African American men and 40 percent higher for African American women, compared with their white counterparts.²
8. High blood pressure is the second leading cause of kidney failure among African Americans, accounting for 34

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ATTACHMENT - 22

percent of the new cases each year.¹ However, high blood pressure remains the leading cause of death overall in African Americans because of its link with heart attacks and strokes.²

9. It is not known for sure why African Americans are more prone to develop high blood pressure. More than 40 percent of African Americans are believed to have high blood pressure, however.³ African-Americans also have higher death rates from causes related to high blood pressure. In 2004, for example, the death rates per 100,000 population from high blood pressure were 15.6 for white men, 49.9 for black men, 14.3 for white women and 40.6 for black women.³
10. The incident rate of diabetic end stage kidney failure has increased steadily among African Americans.

Sources Facts and Statistics:

1. U.S. Renal Data System 2006 Annual Data Report (www.usrds.org)
2. "Diabetes in African Americans," from the National Kidney and Urologic Diseases Information Clearinghouse (www.niddk.nih.gov)
3. American Heart Association High Blood Pressure Statistics (www.americanheart.org)
4. "Early Identification of Renal Disease Among African Americans: A Continuing Problem," M Thornhill-Joynes and M. Moore, *Nephrology News & Issues*, November 1995, p.16-18.

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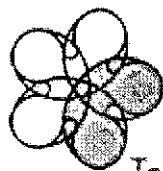
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Ten Facts About Diabetes and Kidney Disease in Hispanic Americans

Diabetes is the sixth leading cause of death in the U.S. and the most common cause of kidney failure in adults.¹ Hispanic Americans have a high rate of diabetes. This increases their chance of developing serious complications such as chronic kidney disease², heart disease and strokes. However, when individuals with diabetes follow their treatment plan carefully and keep their blood sugar and blood pressure under control, they can greatly reduce their risk of having these complications.

1. Of 30 million Hispanic Americans, about 2.5 million (9.5 percent) have been diagnosed with diabetes. About one-third of the cases of diabetes in Hispanic Americans are undiagnosed.¹
2. On average, Hispanic Americans are nearly twice as likely to have diabetes as non-Hispanic whites of similar age.¹
3. Diabetes is even more common among middle-aged and older Hispanic Americans. About 25 to 30 percent of those 50 or older have diabetes.
4. Diabetes is twice as common in Mexican American and Puerto Rican adults as in non-Hispanic whites. The prevalence of diabetes in Cuban Americans is lower, but still higher than that of non-Hispanic whites.
5. About 90 to 95 percent of Hispanic Americans with diabetes have type 2 diabetes. This type of diabetes usually develops in adults over 45, but is becoming more common in younger people. It occurs because the body is unable to use insulin properly. It is treated with diet, exercise, diabetes pills and, sometimes, injected insulin.
6. About five percent of Hispanic Americans with diabetes have type 1 diabetes, which usually develops before age 20, and is always treated with insulin injections.
7. Diabetes can be diagnosed by:
 - o a fasting blood glucose test of 126 or greater
 - o a nonfasting blood glucose test of 200 or greater in people who have symptoms of diabetes.
 - o an abnormal oral glucose tolerance test with two-hour glucose of 200 or greater.

A positive test should be confirmed on another day, using any of these tests.

8. The risk factors for diabetes include:
 - a family history of diabetes
 - obesity
 - physical inactivity
 - unbalanced diet
9. Diabetes is the leading cause of kidney disease in the U.S. Because Hispanic Americans have a higher risk for developing diabetes and kidney disease, they should have the following tests for early detection of kidney disease.

disease:

- blood pressure measurement
 - a urine test for protein
 - a blood test to estimate glomerular filtration rate (GFR) a measure of kidney function.
10. Studies have shown that early detection and treatment can halt or slow the progression of diabetic kidney disease. Treatment includes careful control of blood sugar and blood pressure. Special high blood pressure medications called angiotensin converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs) help to preserve kidney function. When someone loses 85 percent or more of his or her kidney function, dialysis treatments or a kidney transplant are required to sustain life.

Sources Facts and Statistics:

1. "Diabetes in Hispanic Americans," National Institute of Diabetes, Digestive and Kidney Disease (www.niddk.nih.gov).
2. "Diabetes and Chronic Kidney Disease, National Kidney Foundation (www.kidney.org)

September 2008

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U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 60617 *South Deering*

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	96,288			map	brief
Male	44,975	46.7	49.1%	map	brief
Female	51,313	53.3	50.9%	map	brief
Median age (years)	32.1	(X)	35.3	map	brief
Under 5 years	7,893	8.2	6.8%	map	
18 years and over	67,207	69.8	74.3%		
65 years and over	11,066	11.5	12.4%	map	brief
One race	94,005	97.6	97.6%		
White	22,735	23.6	75.1%	map	brief
Black or African American	52,543	54.6	12.3%	map	brief
American Indian and Alaska Native	438	0.5	0.9%	map	brief
Asian	190	0.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	41	0.0	0.1%	map	brief
Some other race	18,058	18.8	5.5%	map	
Two or more races	2,283	2.4	2.4%	map	brief
Hispanic or Latino (of any race)	33,019	34.3	12.5%	map	brief
Household population	96,146	99.9	97.2%	map	brief
Group quarters population	142	0.1	2.8%	map	
Average household size	3.04	(X)	2.59	map	brief
Average family size	3.56	(X)	3.14	map	
Total housing units	34,367			map	
Occupied housing units	31,600	91.9	91.0%		brief
Owner-occupied housing units	19,482	61.7	66.2%	map	
Renter-occupied housing units	12,118	38.3	33.8%	map	brief
Vacant housing units	2,767	8.1	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	57,816				
High school graduate or higher	39,636	68.6	80.4%	map	brief
Bachelor's degree or higher	7,729	13.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	6,194	9.2	12.7%	map	brief
Disability status (population 5 years and over)	20,612	23.3	19.3%	map	brief
Foreign born	14,926	15.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	15,115	46.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	14,982	38.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	29,008	32.8	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	38,708	55.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	40.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	35,534	(X)	41,994	map	
Median family income in 1999 (dollars)	39,604	(X)	50,046	map	
Per capita income in 1999 (dollars)	15,226	(X)	21,587	map	
Families below poverty level	4,107	17.3	9.2%	map	brief
Individuals below poverty level	19,599	20.5	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	15,391				brief
Median value (dollars)	90,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	959	(X)	1,088	map	
Not mortgaged (dollars)	318	(X)	295		

(X) Not applicable.

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 ATTACHMENT - 22



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 60628 *Roseland*

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	87,827			map	brief
Male	40,081	45.6	49.1%	map	brief
Female	47,746	54.4	50.9%	map	brief
Median age (years)	33.0	(X)	35.3	map	brief
Under 5 years	6,590	7.5	6.8%	map	
18 years and over	61,351	69.9	74.3%		
65 years and over	9,998	11.4	12.4%	map	brief
One race	86,984	99.0	97.6%		
White	2,285	2.6	75.1%	map	brief
Black or African American	83,224	94.8	12.3%	map	brief
American Indian and Alaska Native	130	0.1	0.9%	map	brief
Asian	66	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	13	0.0	0.1%	map	brief
Some other race	1,266	1.4	5.5%	map	
Two or more races	843	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	2,748	3.1	12.5%	map	brief
Household population	87,025	99.1	97.2%	map	brief
Group quarters population	802	0.9	2.8%	map	
Average household size	3.22	(X)	2.59	map	brief
Average family size	3.69	(X)	3.14	map	
Total housing units	29,308			map	
Occupied housing units	27,023	92.2	91.0%		brief
Owner-occupied housing units	17,658	65.3	66.2%	map	
Renter-occupied housing units	9,365	34.7	33.8%	map	brief
Vacant housing units	2,285	7.8	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	52,758				
High school graduate or higher	38,750	73.4	80.4%	map	brief
Bachelor's degree or higher	6,612	12.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	6,926	11.3	12.7%	map	brief
Disability status (population 5 years and over)	20,309	25.1	19.3%	map	brief
Foreign born	2,047	2.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,669	37.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,714	29.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,907	6.0	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	36,502	56.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	45.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	38,210	(X)	41,994	map	
Median family income in 1999 (dollars)	42,011	(X)	50,046	map	
Per capita income in 1999 (dollars)	14,504	(X)	21,587	map	
Families below poverty level	3,528	17.1	9.2%	map	brief
Individuals below poverty level	17,739	20.5	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	14,849				brief
Median value (dollars)	86,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)		map	brief
With a mortgage (dollars)	952	(X)	1,088	map	
Not mortgaged (dollars)	327	(X)	295		

(X) Not applicable.

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U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 60409

Calumet City

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	39,065			map	brief
Male	18,156	46.5	49.1%	map	brief
Female	20,909	53.5	50.9%	map	brief
Median age (years)	33.8	(X)	35.3	map	brief
Under 5 years	3,015	7.7	6.8%	map	
18 years and over	27,872	71.3	74.3%		
65 years and over	4,992	12.8	12.4%	map	brief
One race	38,235	97.9	97.6%		
White	15,156	38.8	75.1%	map	brief
Black or African American	20,664	52.9	12.3%	map	brief
American Indian and Alaska Native	97	0.2	0.9%	map	brief
Asian	207	0.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	22	0.1	0.1%	map	brief
Some other race	2,089	5.3	5.5%	map	
Two or more races	830	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	4,233	10.8	12.5%	map	brief
Household population	39,043	99.9	97.2%	map	brief
Group quarters population	22	0.1	2.8%	map	
Average household size	2.58	(X)	2.59	map	brief
Average family size	3.20	(X)	3.14	map	
Total housing units	15,960			map	
Occupied housing units	15,151	94.9	91.0%		brief
Owner-occupied housing units	9,621	63.5	66.2%	map	
Renter-occupied housing units	5,530	36.5	33.8%	map	brief
Vacant housing units	809	5.1	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	24,526				
High school graduate or higher	19,784	80.7	80.4%	map	brief
Bachelor's degree or higher	3,438	14.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,304	11.9	12.7%	map	brief
Disability status (population 5 years and over)	7,132	19.9	19.3%	map	brief
Foreign born	2,819	7.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,417	49.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,455	39.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	5,284	14.7	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	18,459	64.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	36.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	38,840	(X)	41,994	map	
Median family income in 1999 (dollars)	46,071	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,170	(X)	21,587	map	
Families below poverty level	984	9.7	9.2%	map	brief
Individuals below poverty level	4,690	12.1	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	7,695				brief
Median value (dollars)	90,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,011	(X)	1,088	map	
Not mortgaged (dollars)	303	(X)	295	map	

(X) Not applicable.

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Service Accessibility - Service Restrictions

ATTACHMENT - 22



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 60419 *Dolton*

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	25,567			map	brief
Male	11,853	46.4	49.1%	map	brief
Female	13,714	53.6	50.9%	map	brief
Median age (years)	33.3	(X)	35.3	map	brief
Under 5 years	1,909	7.5	6.8%	map	
18 years and over	17,393	68.0	74.3%		
65 years and over	2,358	9.2	12.4%	map	brief
One race	25,283	98.9	97.6%		
White	3,682	14.4	75.1%	map	brief
Black or African American	21,046	82.3	12.3%	map	brief
American Indian and Alaska Native	44	0.2	0.9%	map	brief
Asian	137	0.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	371	1.5	5.5%	map	
Two or more races	284	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	802	3.1	12.5%	map	brief
Household population	25,336	99.1	97.2%	map	brief
Group quarters population	231	0.9	2.8%	map	
Average household size	2.99	(X)	2.59	map	brief
Average family size	3.42	(X)	3.14	map	
Total housing units	8,919			map	
Occupied housing units	8,486	95.1	91.0%		brief
Owner-occupied housing units	6,925	81.6	66.2%	map	
Renter-occupied housing units	1,561	18.4	33.8%	map	brief
Vacant housing units	433	4.9	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	15,221				
High school graduate or higher	12,531	82.3	80.4%	map	brief
Bachelor's degree or higher	2,345	15.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,005	11.5	12.7%	map	brief
Disability status (population 5 years and over)	4,142	17.6	19.3%	map	brief
Foreign born	991	3.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,245	51.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,244	40.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,933	8.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,451	67.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	39.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	47,979	(X)	41,994	map	
Median family income in 1999 (dollars)	52,613	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,022	(X)	21,587	map	
Families below poverty level	442	6.7	9.2%	map	brief
Individuals below poverty level	2,115	8.4	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,330				brief
Median value (dollars)	92,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)		map	brief
With a mortgage (dollars)	1,084	(X)	1,088	map	
Not mortgaged (dollars)	339	(X)	295		

(X) Not applicable.

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Service Accessibility Service Restrictions
ATTACHMENT - 22



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 60827 *Riverdale*

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	33,209			map	brief
Male	15,074	45.4	49.1%	map	brief
Female	18,135	54.6	50.9%	map	brief
Median age (years)	26.5	(X)	35.3	map	brief
Under 5 years	3,344	10.1	6.8%	map	
18 years and over	20,597	62.0	74.3%		
65 years and over	2,137	6.4	12.4%	map	brief
One race	32,843	98.9	97.6%		
White	2,778	8.4	75.1%	map	brief
Black or African American	29,405	88.5	12.3%	map	brief
American Indian and Alaska Native	72	0.2	0.9%	map	brief
Asian	41	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	11	0.0	0.1%	map	brief
Some other race	536	1.6	5.5%	map	
Two or more races	366	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	1,185	3.6	12.5%	map	brief
Household population	33,143	99.8	97.2%	map	brief
Group quarters population	66	0.2	2.8%	map	
Average household size	3.08	(X)	2.59	map	brief
Average family size	3.55	(X)	3.14	map	
Total housing units	11,763			map	
Occupied housing units	10,772	91.6	91.0%		brief
Owner-occupied housing units	5,203	48.3	66.2%	map	
Renter-occupied housing units	5,569	51.7	33.8%	map	brief
Vacant housing units	991	8.4	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	17,357				
High school graduate or higher	13,298	76.6	80.4%	map	brief
Bachelor's degree or higher	1,721	9.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,119	10.3	12.7%	map	brief
Disability status (population 5 years and over)	6,166	20.6	19.3%	map	brief
Foreign born	1,065	3.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,943	41.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,160	31.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,112	7.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	13,853	63.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	41.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	32,118	(X)	41,994	map	
Median family income in 1999 (dollars)	36,059	(X)	50,046	map	
Per capita income in 1999 (dollars)	13,262	(X)	21,587	map	
Families below poverty level	2,091	25.5	9.2%	map	brief
Individuals below poverty level	9,193	28.0	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	4,680				brief
Median value (dollars)	84,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	968	(X)	1,088	map	
Not mortgaged (dollars)	291	(X)	295		

(X) Not applicable.

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Service Accessibility - Service Restrictions
 ATTACHMENT - 22



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 60633

Hegewisch/Bornham

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	13,262			map	brief
Male	6,419	48.4	49.1%	map	brief
Female	6,843	51.6	50.9%	map	brief
Median age (years)	37.2	(X)	35.3	map	brief
Under 5 years	905	6.8	6.8%	map	
18 years and over	9,915	74.8	74.3%		
65 years and over	2,055	15.5	12.4%	map	brief
One race	12,760	96.2	97.6%		
White	8,771	66.1	75.1%	map	brief
Black or African American	2,472	18.6	12.3%	map	brief
American Indian and Alaska Native	76	0.6	0.9%	map	brief
Asian	76	0.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	1,364	10.3	5.5%	map	
Two or more races	502	3.8	2.4%	map	brief
Hispanic or Latino (of any race)	3,029	22.8	12.5%	map	brief
Household population	12,935	97.5	97.2%	map	brief
Group quarters population	327	2.5	2.8%	map	
Average household size	2.55	(X)	2.59	map	brief
Average family size	3.20	(X)	3.14	map	
Total housing units	5,472			map	
Occupied housing units	5,077	92.8	91.0%		brief
Owner-occupied housing units	3,900	76.8	66.2%	map	
Renter-occupied housing units	1,177	23.2	33.8%	map	brief
Vacant housing units	395	7.2	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	8,867				
High school graduate or higher	6,595	74.4	80.4%	map	brief
Bachelor's degree or higher	988	11.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,320	13.3	12.7%	map	brief
Disability status (population 5 years and over)	2,441	20.2	19.3%	map	brief
Foreign born	1,488	11.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,548	50.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,595	47.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,092	24.9	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,956	57.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	35.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	40,792	(X)	41,994	map	
Median family income in 1999 (dollars)	50,546	(X)	50,046	map	
Per capita income in 1999 (dollars)	18,802	(X)	21,587	map	
Families below poverty level	275	8.2	9.2%	map	brief
Individuals below poverty level	1,277	9.9	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,049				brief
Median value (dollars)	93,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)		map	brief
With a mortgage (dollars)	931	(X)	1,088	map	
Not mortgaged (dollars)	275	(X)	295		

(X) Not applicable.

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Service Accessibility Service Restrictions
 ATTACHMENT - 22



U.S. Census Bureau
American FactFinder

FACT SHEET

Cook 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	5,376,741			map	brief
Male	2,603,532	48.4	49.1%	map	brief
Female	2,773,209	51.6	50.9%	map	brief
Median age (years)	33.6	(X)	35.3	map	brief
Under 5 years	388,201	7.2	6.8%	map	
18 years and over	3,978,922	74.0	74.3%		
65 years and over	630,265	11.7	12.4%	map	brief
One race	5,240,518	97.5	97.6%		
White	3,025,760	56.3	75.1%	map	brief
Black or African American	1,405,361	26.1	12.3%	map	brief
American Indian and Alaska Native	15,496	0.3	0.9%	map	brief
Asian	260,170	4.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2,561	0.0	0.1%	map	brief
Some other race	531,170	9.9	5.5%	map	
Two or more races	136,223	2.5	2.4%	map	brief
Hispanic or Latino (of any race)	1,071,740	19.9	12.5%	map	brief
Household population	5,283,124	98.3	97.2%	map	brief
Group quarters population	93,617	1.7	2.8%	map	
Average household size	2.68	(X)	2.59	map	brief
Average family size	3.38	(X)	3.14	map	
Total housing units	2,096,121			map	
Occupied housing units	1,974,181	94.2	91.0%		brief
Owner-occupied housing units	1,142,677	57.9	66.2%	map	
Renter-occupied housing units	831,504	42.1	33.8%	map	brief
Vacant housing units	121,940	5.8	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	3,454,738				
High school graduate or higher	2,684,397	77.7	80.4%	map	brief
Bachelor's degree or higher	968,642	28.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	352,791	8.9	12.7%	map	brief
Disability status (population 5 years and over)	973,558	19.7	19.3%	map	brief
Foreign born	1,064,703	19.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,000,731	50.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	981,148	44.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,537,763	30.8	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	2,620,175	63.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	32.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	45,922	(X)	41,994	map	
Median family income in 1999 (dollars)	53,784	(X)	50,046	map	
Per capita income in 1999 (dollars)	23,227	(X)	21,587	map	
Families below poverty level	135,038	10.6	9.2%	map	brief
Individuals below poverty level	713,040	13.5	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	816,532				brief
Median value (dollars)	157,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,324	(X)		map	
Not mortgaged (dollars)	405	(X)	295	map	

(X) Not applicable.

Service Accessibility - Service Restrictions

ATTACHMENT - 22



U.S. Census Bureau
American FactFinder

FACT SHEET

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	12,419,293			map	brief
Male	6,080,336	49.0	49.1%	map	brief
Female	6,338,957	51.0	50.9%	map	brief
Median age (years)	34.7	(X)	35.3	map	brief
Under 5 years	876,549	7.1	6.8%	map	
18 years and over	9,173,842	73.9	74.3%		
65 years and over	1,500,025	12.1	12.4%	map	brief
One race	12,184,277	98.1	97.6%		
White	9,125,471	73.5	75.1%	map	brief
Black or African American	1,876,875	15.1	12.3%	map	brief
American Indian and Alaska Native	31,006	0.2	0.9%	map	brief
Asian	423,603	3.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4,610	0.0	0.1%	map	brief
Some other race	722,712	5.8	5.5%	map	
Two or more races	235,016	1.9	2.4%	map	brief
Hispanic or Latino (of any race)	1,530,262	12.3	12.5%	map	brief
Household population	12,097,512	97.4	97.2%	map	brief
Group quarters population	321,781	2.6	2.8%	map	
Average household size	2.63	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	4,885,615			map	
Occupied housing units	4,591,779	94.0	91.0%		brief
Owner-occupied housing units	3,088,884	67.3	66.2%	map	
Renter-occupied housing units	1,502,895	32.7	33.8%	map	brief
Vacant housing units	293,836	6.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	7,973,671				
High school graduate or higher	6,493,228	81.4	80.4%	map	brief
Bachelor's degree or higher	2,078,049	26.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,003,572	11.0	12.7%	map	brief
Disability status (population 5 years and over)	1,999,717	17.6	19.3%	map	brief
Foreign born	1,529,058	12.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,628,842	56.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,577,351	51.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,220,719	19.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	6,230,617	65.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	28.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	46,590	(X)	41,994	map	
Median family income in 1999 (dollars)	55,545	(X)	50,046	map	
Per capita income in 1999 (dollars)	23,104	(X)	21,587	map	
Families below poverty level	244,303	7.8	9.2%	map	brief
Individuals below poverty level	1,291,958	10.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,470,338				brief
Median value (dollars)	130,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)	(X)	map	brief
With a mortgage (dollars)	1,198	(X)	1,088	map	
Not mortgaged (dollars)	353	(X)	295		

Service Accessibility Service Restrictions
ATTACHMENT - 22

(X) Not applicable.

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TO FRESENIUS SOUTH HOLLAND

Total Travel Estimates: 10 minutes / 4.48 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129



1: Start out going SOUTH on S TORRENCE AVE toward E 141ST ST. 3.7 mi



2: Turn RIGHT onto 167TH ST/E 170TH ST. Continue to follow E 170TH ST. 0.5 mi



3: Turn LEFT onto PAXTON AVE. 0.2 mi



4: 17225 PAXTON AVE is on the LEFT. 0.0 mi

B: 17225 Paxton Ave, South Holland, IL 60473-3757

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TO DSI SOUTH HOLLAND

Total Travel Estimates: 10 minutes / 5.28 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 
1: Start out going SOUTH on S TORRENCE AVE toward E 141ST ST.
1.2 mi
- 

2: Turn RIGHT onto SIBLEY BLVD/IL-83.
1.0 mi
- 

3: Merge onto I-94 E/BISHOP FORD FWY.
1.6 mi
- 

4: Merge onto US-6 W/E 162ND ST via EXIT 73A.
1.4 mi
- 
5: Turn RIGHT onto S PARK AVE.
0.1 mi
- 
6: 16136 S PARK AVE is on the LEFT.
0.0 mi

B: 16136 S Park Ave, South Holland, IL 60473-1511

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MapQuest Travel Times
ATTACHMENT - 22 & 23



TO FRESENIUS ROSELAND

Total Travel Estimates: 13 minutes / 6.75 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 
1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**
1.3 mi
- 
2: Turn **LEFT** onto **E 130TH ST.**
1.4 mi
- 

3: Merge onto **I-94 W/BISHOP FORD FWY.**
2.2 mi
- 
4: Take the **111TH ST** exit, **EXIT 66A.**
0.2 mi
- 
5: Take the **I-94 W** ramp.
0.1 mi
- 
6: Take the **111TH STREET** exit, **EXIT 66A.**
0.1 mi
- 
7: Turn **LEFT** onto **E 111TH ST.**
1.5 mi
- 
8: **132 W 111TH ST** is on the **RIGHT.**
0.0 mi

B: 132 W 111th St, Chicago, IL 60628-4215

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TO UC STONY ISLAND

Total Travel Estimates: 14 minutes / 8.47 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 


1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**

1.3 mi
- 


2: Turn **LEFT** onto **E 130TH ST.**

1.4 mi
- 


3: Merge onto **I-94 W/BISHOP FORD FWY.**

3.0 mi
- 


4: Take the **103RD ST/STONY ISLAND AVE** exit, **EXIT 65.**

0.6 mi
- 

5: Merge onto **S STONY ISLAND EXT.**

1.2 mi
- 

6: **S STONY ISLAND EXT** becomes **S STONY ISLAND AVE.**

1.0 mi
- 

7: **8725 S STONY ISLAND AVE** is on the **RIGHT.**

0.0 mi

B: 8725 S Stony Island Ave, Chicago, IL 60617-2709

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TO COMMUNITY DIALYSIS HARVEY

Total Travel Estimates: 14 minutes / 8.89 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- | | | |
|--|--|--------|
| | 1: Start out going SOUTH on S TORRENCE AVE toward E 141ST ST. | 1.2 mi |
| | 2: Turn RIGHT onto SIBLEY BLVD/IL-83. | 1.0 mi |
| | 3: Merge onto I-94 E/BISHOP FORD FWY. | 2.6 mi |
| | 4: Keep RIGHT to take BISHOP FORD FWY via EXIT 74A/B toward DANVILLE/IOWA/WISCONSIN. | 0.5 mi |
| | 5: Merge onto I-294 N/I-80 W via EXIT 74B toward IOWA/WISCONSIN (Portions toll). | 2.5 mi |
| | 6: Take the HALSTED ST/IL-1 N exit. | 0.6 mi |
| | 7: Turn SLIGHT RIGHT onto IL-1/HALSTED ST. | 0.4 mi |
| | 8: 16657 HALSTED ST is on the RIGHT. | 0.0 mi |

B: 16657 Halsted St, Harvey, IL 60426-6112

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92



TO FRESENIUS SOUTH CHICAGO

Total Travel Estimates: 15 minutes / 6.60 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129



1: Start out going NORTH on S TORRENCE AVE toward E 140TH ST. 5.5 mi



2: Stay STRAIGHT to go onto S COLFAX AVE. 0.2 mi



3: Turn RIGHT onto E 95TH ST/US-12/US-20/ULYSSES S GRANT MEMORIAL HWY. 0.5 mi



4: Turn LEFT onto S COMMERCIAL AVE. 0.3 mi



5: Turn SLIGHT LEFT onto S SOUTH CHICAGO AVE. 0.1 mi



6: 9212 S SOUTH CHICAGO AVE is on the RIGHT. 0.0 mi

B: 9212 S South Chicago Ave, Chicago, IL 60617-4512

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MAPQUEST.

TO FRESENIUS GREENWOOD

Total Travel Estimates: 16 minutes / 9.14 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 
1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**
1.3 mi
- 
2: Turn **LEFT** onto **E 130TH ST.**
1.4 mi
- 
3: Merge onto **I-94 W/BISHOP FORD FWY.**
3.0 mi
- 
4: Take the **103RD ST/STONY ISLAND AVE** exit, **EXIT 65.**
0.6 mi
- 
5: Merge onto **S STONY ISLAND EXT.**
1.2 mi
- 
6: **S STONY ISLAND EXT** becomes **S STONY ISLAND AVE.**
1.0 mi
- 
7: Turn **SLIGHT LEFT** onto **E 87TH ST.**
0.7 mi
- 
8: **1111 E 87TH ST** is on the **LEFT.**
0.0 mi

B: 1111 E 87th St, Chicago, IL 60619-7038

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MapQuest Travel Times
ATTACHMENT - 22 & 23


94





TO FRESENIUS SOUTH SHORE


Total Travel Estimates: 19 minutes / 7.92 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129


-  1: Start out going NORTH on S TORRENCE AVE toward E 140TH ST. 5.5 mi

-  2: Stay STRAIGHT to go onto S COLFAX AVE. 1.0 mi

-  3: Turn LEFT onto S SOUTH CHICAGO AVE. 0.4 mi

-  4: Turn SLIGHT RIGHT onto S YATES BLVD/S YATES AVE. 1.0 mi

-  5: Turn RIGHT onto E 79TH ST. 0.0 mi

-  6: 2420 E 79TH ST is on the LEFT. 0.0 mi

B: 2420 E 79th St, Chicago, IL 60649-5112

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MapQuest Travel Times
ATTACHMENT - 22 & 23



TO FRESENIUS JACKSON PARK

Total Travel Estimates: 19 minutes / 9.98 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- | | | |
|---|---|--------|
|  | 1: Start out going NORTH on S TORRENCE AVE toward E 140TH ST. | 1.3 mi |
|  | 2: Turn LEFT onto E 130TH ST. | 1.4 mi |
|  | 3: Merge onto I-94 W/BISHOP FORD FWY. | 3.0 mi |
|  | 4: Take the 103RD ST/STONY ISLAND AVE exit, EXIT 65. | 0.6 mi |
|  | 5: Merge onto S STONY ISLAND EXT. | 1.2 mi |
|  | 6: S STONY ISLAND EXT becomes S STONY ISLAND AVE. | 2.1 mi |
|  | 7: Keep RIGHT at the fork to continue on S STONY ISLAND AVE. | 0.5 mi |
|  | 8: 7531 S STONY ISLAND AVE is on the RIGHT. | 0.0 mi |

B: 7531 S Stony Island Ave, Chicago, IL 60649-3954

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TO FRESENIUS GARFIELD

Total Travel Estimates: 19 minutes / 13.87 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 
1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**
1.3 mi
- 
2: Turn **LEFT** onto **E 130TH ST.**
1.4 mi
- 

3: Merge onto **I-94 W.**
10.8 mi
- 
4: Take **EXIT 57** toward **GARFIELD BLVD.**
0.3 mi
- 
5: Stay **STRAIGHT** to go onto **S WENTWORTH AVE.**
0.2 mi
- 
6: **5401 S WENTWORTH AVE** is on the **RIGHT.**
0.0 mi

B: 5401 S Wentworth Ave, Chicago, IL 60609-6300

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97



TO DAVITA CHICAGO HEIGHTS

Total Travel Estimates: 20 minutes / 12.66 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 
1: Start out going **SOUTH** on **S TORRENCE AVE** toward **E 141ST ST.**
1.2 mi
- 

2: Turn **RIGHT** onto **SIBLEY BLVD/IL-83.**
1.0 mi
- 

3: Merge onto **I-94 E/BISHOP FORD FWY.**
2.6 mi
- 
4: Keep **RIGHT** to take **BISHOP FORD FWY** via **EXIT 74A/B** toward **DANVILLE/IOWA/WISCONSIN.**
3.6 mi
- 
5: Take the **GLENWOOD-DYER RD** exit.
0.3 mi
- 
6: Turn **RIGHT** onto **GLENWOOD DYER RD.**
0.7 mi
- 
7: Turn **LEFT** onto **S COTTAGE GROVE AVE.**
1.2 mi
- 
8: Turn **RIGHT** onto **E JOE ORR RD.**
2.0 mi
- 
9: **177 E JOE ORR RD** is on the **RIGHT.**
0.0 mi

B: 177 E Joe Orr Rd, Chicago Heights, IL 60411





















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MAPQUEST.

TO DSI MARKHAM

Total Travel Estimates: 20 minutes / 13.29 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- | | | |
|---|--|--------|
|  | 1: Start out going SOUTH on S TORRENCE AVE toward E 141ST ST. | 1.2 mi |
|   | 2: Turn RIGHT onto SIBLEY BLVD/IL-83. | 1.0 mi |
|   | 3: Merge onto I-94 E/BISHOP FORD FWY. | 2.6 mi |
|  | 4: Keep RIGHT to take BISHOP FORD FWY via EXIT 74A/B toward DANVILLE/IOWA/WISCONSIN. | 0.5 mi |
|   | 5: Merge onto I-294 N via EXIT 74B toward IOWA/WISCONSIN (Portions toll). | 5.6 mi |
|   | 6: Take I-294 EXPRESS N (Portions toll). | 0.6 mi |
|   | 7: I-294 EXPRESS N becomes I-294 N (Portions toll). | 0.5 mi |
|   | 8: Merge onto US-6 W/W 159TH ST. | 0.9 mi |
|  | 9: Turn RIGHT onto TROY AVE. | 0.1 mi |
|  | 10: Turn RIGHT onto W 158TH ST. | 0.1 mi |
|  | 11: Turn RIGHT onto ALBANY AVE. | 0.1 mi |
|   | 12: Turn LEFT onto W 159TH ST/US-6. | 0.0 mi |
|  | 13: 3053 W 159TH ST is on the RIGHT. | 0.0 mi |

B: 3053 W 159th St, Markham, IL 60428-4003

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MapQuest Travel Times
ATTACHMENT - 22 & 23

99



TO FRESENIUS HAZELCREST

Total Travel Estimates: 21 minutes / 11.93 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- | | | |
|--|--|--------|
| | 1: Start out going SOUTH on S TORRENCE AVE toward E 141ST ST. | 1.2 mi |
| | 2: Turn RIGHT onto SIBLEY BLVD/IL-83. | 1.0 mi |
| | 3: Merge onto I-94 E/BISHOP FORD FWY. | 2.6 mi |
| | 4: Keep RIGHT to take BISHOP FORD FWY via EXIT 74A/B toward DANVILLE/IOWA/WISCONSIN. | 0.5 mi |
| | 5: Merge onto I-294 N/I-80 W via EXIT 74B toward IOWA/WISCONSIN (Portions toll). | 2.5 mi |
| | 6: Take the HALSTED ST/IL-1 N exit. | 0.6 mi |
| | 7: Turn SLIGHT RIGHT onto IL-1/HALSTED ST. | 0.0 mi |
| | 8: Turn LEFT onto 171ST ST. | 1.4 mi |
| | 9: Turn LEFT onto WOOD ST/GOVERNORS HWY. | 0.6 mi |
| | 10: WOOD ST/GOVERNORS HWY becomes 175TH ST. | 1.3 mi |
| | 11: Turn LEFT onto E CARRIAGE WAY. | 0.1 mi |
| | 12: 17524 E CARRIAGEWAY DR. | 0.0 mi |

B: 17524 E Carriageway Dr, Hazel Crest, IL 60429-2187

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MapQuest Travel Times
ATTACHMENT - 22 & 23

100

MAPQUEST.

TO FRESENIUS BLUE ISLAND

Total Travel Estimates: 22 minutes / 8.53 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129



1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.** 1.3 mi



2: Turn **LEFT** onto **E 130TH ST.** 3.1 mi



3: **E 130TH ST** becomes **S INDIANA AVE.** 0.3 mi



4: Turn **SLIGHT LEFT** onto **E 127TH ST.** 3.2 mi



5: Turn **RIGHT** onto **WESTERN AVE.** 0.6 mi



6: **12200 WESTERN AVE** is on the **LEFT.** 0.0 mi

B: 12200 Western Ave, Blue Island, IL 60406-1398


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TO FRESENIUS STEGER


Total Travel Estimates: 22 minutes / 15.34 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129


-  1: Start out going **SOUTH** on **S TORRENCE AVE** toward **E 141ST ST.** 1.2 mi


-   2: Turn **RIGHT** onto **SIBLEY BLVD/IL-83.** 1.0 mi


-   3: Merge onto **I-94 E/BISHOP FORD FWY.** 2.6 mi

-  4: Keep **RIGHT** to take **BISHOP FORD FWY** via **EXIT 74A/B** toward **DANVILLE/IOWA/WISCONSIN.** 7.1 mi

-  5: Turn **RIGHT** onto **E SAUK TRL.** 2.0 mi

-  6: Turn **LEFT** onto **STATE ST.** 0.9 mi

-  7: Turn **RIGHT** onto **E 34TH ST/E STEGER RD.** 0.4 mi

-  8: **219 E 34TH ST** is on the **RIGHT.** 0.0 mi

B: 219 E 34th St, Steger, IL 60475-1201

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MAPQUEST.

TO DAVITA BEVERLY

Total Travel Estimates: 23 minutes / 11.83 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- | | | |
|---|---|--------|
|  | 1: Start out going NORTH on S TORRENCE AVE toward E 140TH ST. | 1.3 mi |
|  | 2: Turn LEFT onto E 130TH ST. | 1.4 mi |
|  | 3: Merge onto I-94 W/BISHOP FORD FWY. | 5.0 mi |
|   | 4: Merge onto I-57 S via EXIT 63 on the LEFT toward MEMPHIS. | 1.2 mi |
|  | 5: Take EXIT 357 toward IL-1/HALSTED ST. | 0.2 mi |
|  | 6: Stay STRAIGHT to go onto W 98TH PL. | 0.1 mi |
|  | 7: Turn RIGHT onto S HALSTED ST/IL-1 N. Continue to follow S HALSTED ST. | 0.4 mi |
|   | 8: Turn LEFT onto US-12 W/US-20 W/W 95TH ST/ULYSSES S GRANT MEMORIAL HWY. | 2.0 mi |
|  | 9: Turn RIGHT onto S WESTERN AVE. | 0.1 mi |
|  | 10: 9415 S WESTERN AVE is on the RIGHT. | 0.0 mi |

B: 9415 S Western Ave, Chicago, IL 60643-6700

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MapQuest Travel Times
ATTACHMENT - 22 & 23


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TO FRESENIUS EVERGREEN PARK

Total Travel Estimates: 23 minutes / 12.02 miles



A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 



1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**

1.3 mi
- 


2: Turn **LEFT** onto **E 130TH ST.**

1.4 mi
- 



3: Merge onto **I-94 W/BISHOP FORD FWY.**

5.0 mi
- 



4: Merge onto **I-57 S** via **EXIT 63** on the **LEFT** toward **MEMPHIS.**

1.2 mi
- 



5: Take **EXIT 357** toward **IL-1/HALSTED ST.**

0.2 mi
- 


6: Stay **STRAIGHT** to go onto **W 98TH PL.**

0.1 mi
- 


7: Turn **RIGHT** onto **S HALSTED ST/IL-1 N.** Continue to follow **S HALSTED ST.**

0.4 mi
- 


8: Turn **LEFT** onto **US-12 W/US-20 W/W 95TH ST/ULYSSES S GRANT MEMORIAL HWY.**

2.0 mi
- 

9: Turn **LEFT** onto **S WESTERN AVE.**

0.3 mi
- 

10: **9730 S WESTERN AVE** is on the **RIGHT.**

0.0 mi

B: 9730 S Western Ave, Evergreen Park, IL 60805-2814

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MapQuest Travel Times
ATTACHMENT – 22 & 23












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MAPQUEST.

TO FRESINIUS ROSS-ENGLEWOOD

Total Travel Estimates: 23 minutes / 13.99 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- | | | |
|---|--|--------|
|  | 1: Start out going NORTH on S TORRENCE AVE toward E 140TH ST. | 1.3 mi |
|  | 2: Turn LEFT onto E 130TH ST. | 1.4 mi |
|  | 3: Merge onto I-94 W. | 9.1 mi |
|  | 4: Take EXIT 59B toward MARQUETTE RD/67TH ST. | 0.2 mi |
|  | 5: Keep RIGHT at the fork in the ramp. | 0.2 mi |
|  | 6: Turn LEFT onto W 67TH ST/W MARQUETTE RD. | 1.0 mi |
|  | 7: Turn RIGHT onto S HALSTED ST. | 0.5 mi |
|  | 8: Turn LEFT onto W 63RD ST. | 0.1 mi |
|  | 9: Turn LEFT onto S PEORIA ST. | 0.2 mi |
|  | 10: Turn LEFT onto S GREEN ST. | 0.0 mi |
|  | 11: 6333 S GREEN ST is on the RIGHT. | 0.0 mi |

B: 6333 S Green St, Chicago, IL 60621-1943

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MapQuest Travel Times
ATTACHMENT - 22 & 23


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TO FRESENIUS MERRIONETTE PARK


Total Travel Estimates: 23 minutes / 14.64 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129


- 
1: Start out going NORTH on S TORRENCE AVE toward E 140TH ST.
1.3 mi


- 
2: Turn LEFT onto E 130TH ST.
1.4 mi


- 
3: Merge onto I-94 W/BISHOP FORD FWY.
5.0 mi


- 
4: Merge onto I-57 S via EXIT 63 on the LEFT toward MEMPHIS.
4.2 mi

- 
5: Take EXIT 354 toward 119TH ST.
0.2 mi

- 
6: Stay STRAIGHT to go onto S MARSHFIELD AVE.
0.2 mi

- 
7: Turn RIGHT onto W 119TH ST.
2.0 mi

- 
8: Turn RIGHT onto S KEDZIE AVE.
0.3 mi

- 
9: 11650 S KEDZIE AVE is on the LEFT.
0.0 mi

B: 11650 S Kedzie Ave, Merrionette Park, IL 60803-6302

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MapQuest Travel Times
ATTACHMENT - 22 & 23


106


MAPQUEST.



TO DAVITA EMERALD



Total Travel Estimates: 23 minutes / 16.04 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129



- 
1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**
1.3 mi


- 
2: Turn **LEFT** onto **E 130TH ST.**
1.4 mi


- 

3: Merge onto **I-94 W.**
9.3 mi


- 

4: Keep **LEFT** to take **I-94 EXPRESS LN W/DAN RYAN EXPRESS LN W** toward **PERSHING RD.**
2.3 mi


- 
5: Take the **I-90-LOCAL/I-94-LOCAL** exit.
0.5 mi

- 

6: Merge onto **I-90 W/I-94 W/DAN RYAN EXPY W.**
0.4 mi

- 
7: Take **EXIT 56A** toward **43RD ST.**
0.2 mi

- 
8: Turn **SLIGHT LEFT** onto **S LASALLE ST.**
0.0 mi

- 
9: Turn **LEFT** onto **W 43RD ST.**
0.7 mi

- 
10: **710 W 43RD ST** is on the **RIGHT.**
0.0 mi

B: 710 W 43rd St, Chicago, IL 60609-3435

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MapQuest Travel Times
ATTACHMENT - 22 & 23


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MAPQUEST.



TO DSI HAZEL CREST


Total Travel Estimates: 24 minutes / 13.34 miles



A: 14020 S Torrence Ave, Burnham, IL 60633-2129


- 
1: Start out going SOUTH on S TORRENCE AVE toward E 141ST ST.
1.2 mi



- 

2: Turn RIGHT onto SIBLEY BLVD/IL-83.
1.0 mi


- 

3: Merge onto I-94 E/BISHOP FORD FWY.
2.6 mi


- 
4: Keep RIGHT to take BISHOP FORD FWY via EXIT 74A/B toward DANVILLE/IOWA/WISCONSIN.
0.5 mi


- 

5: Merge onto I-294 N/I-80 W via EXIT 74B toward IOWA/WISCONSIN (Portions toll).
2.5 mi


- 
6: Take the HALSTED ST/IL-1 N exit.
0.6 mi


- 

7: Turn SLIGHT RIGHT onto IL-1/HALSTED ST.
0.0 mi


- 
8: Turn LEFT onto 171ST ST.
1.4 mi

- 
9: Turn LEFT onto WOOD ST/GOVERNORS HWY.
0.6 mi

- 
10: WOOD ST/GOVERNORS HWY becomes 175TH ST.
0.7 mi

- 
11: Turn LEFT onto GOVERNORS HWY.
1.0 mi

- 
12: Turn RIGHT onto 183RD ST.
1.0 mi

- 
13: 3470 W 183RD ST is on the RIGHT.
0.0 mi

B: 3470 W 183rd St, Hazel Crest, IL 60429-2428

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


108

MAPQUEST.


TO DAVITA MT GREENWOOD

Total Travel Estimates: 24 minutes / 13.82 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 


1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**

1.3 mi
- 


2: Turn **LEFT** onto **E 130TH ST.**

1.4 mi
- 


3: Merge onto **I-94 W/BISHOP FORD FWY.**

5.0 mi
- 


4: Merge onto **I-57 S** via **EXIT 63** on the **LEFT** toward **MEMPHIS.**

3.4 mi
- 


5: Take the **111TH ST** exit, **EXIT 355.**

0.3 mi
- 


6: Turn **RIGHT** onto **W 111TH ST.**

0.1 mi
- 


7: Turn **LEFT** onto **S VINCENNES AVE.**

0.2 mi
- 

8: Turn **RIGHT** onto **W MONTEREY AVE.**

0.3 mi
- 

9: **W MONTEREY AVE** becomes **W 111TH ST.**

1.8 mi
- 

10: **3401 W 111TH ST** is on the **LEFT.**

0.0 mi

B: 3401 W 111th St, Chicago, IL 60655-3329

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MapQuest Travel Times
ATTACHMENT - 22 & 23


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MAPQUEST.



TO UC WOODLAWN


Total Travel Estimates: 25 minutes / 15.51 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129


- 
1: Start out going NORTH on S TORRENCE AVE toward E 140TH ST.
1.3 mi


- 
2: Turn LEFT onto E 130TH ST.
1.4 mi


- 

3: Merge onto I-94 W.
10.8 mi


- 
4: Take EXIT 57 toward GARFIELD BLVD.
0.3 mi


- 
5: Stay STRAIGHT to go onto S WENTWORTH AVE.
0.1 mi


- 
6: Turn RIGHT onto W GARFIELD BLVD/W 55TH ST.
0.8 mi

- 
7: W GARFIELD BLVD/W 55TH ST becomes MORGAN DR.
0.2 mi

- 
8: Turn SLIGHT LEFT onto RAINEY DR.
0.2 mi

- 
9: RAINEY DR becomes PAYNE DR.
0.1 mi

- 
10: Turn RIGHT onto E GARFIELD BLVD/E 55TH ST. Continue to follow E 55TH ST.
0.5 mi

- 
11: 1164 E 55TH ST is on the LEFT.
0.0 mi

B: 1164 E 55th St, Chicago, IL 60615-5115

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MapQuest Travel Times
ATTACHMENT = 22 & 23

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TO FRESENIUS ALSIP

Total Travel Estimates: 25 minutes / 18.17 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- | | | |
|--|--|--------|
| | 1: Start out going SOUTH on S TORRENCE AVE toward E 141ST ST. | 1.2 mi |
| | 2: Turn RIGHT onto SIBLEY BLVD/IL-83. | 1.0 mi |
| | 3: Merge onto I-94 E/BISHOP FORD FWY. | 2.6 mi |
| | 4: Keep RIGHT to take BISHOP FORD FWY via EXIT 74A/B toward DANVILLE/IOWA/WISCONSIN. | 0.5 mi |
| | 5: Merge onto I-294 N via EXIT 74B toward IOWA/WISCONSIN (Portions toll). | 5.6 mi |
| | 6: Take I-294 EXPRESS N (Portions toll). | 0.6 mi |
| | 7: I-294 EXPRESS N becomes I-294 N (Portions toll). | 6.0 mi |
| | 8: Merge onto IL-50 N/S CICERO AVE. | 0.6 mi |
| | 9: 12250 S CICERO AVE is on the LEFT. | 0.0 mi |

B: 12250 S Cicero Ave, Alsip, IL 60803-2946

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TO FRESENIUS BRIDGEPORT

Total Travel Estimates: 26 minutes / 17.18 miles


A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 


1: Start out going **NORTH** on **S TORRENCE AVE** toward **E 140TH ST.**

1.3 mi
- 


2: Turn **LEFT** onto **E 130TH ST.**

1.4 mi
- 


3: Merge onto **I-94 W.**

9.3 mi
- 


4: Keep **LEFT** to take **I-94 EXPRESS LN W/DAN RYAN EXPRESS LN W** toward **PERSHING RD.**

2.3 mi
- 


5: Take the **I-90-LOCAL/I-94-LOCAL** exit.

0.5 mi
- 


6: Merge onto **I-90 W/I-94 W/DAN RYAN EXPY W.**

1.1 mi
- 


7: Take **EXIT 55A** toward **35TH ST.**

0.2 mi
- 

8: Stay **STRAIGHT** to go onto **S LASALLE ST.**

0.3 mi
- 

9: Turn **LEFT** onto **W 35TH ST.**

0.9 mi
- 

10: **825 W 35TH ST.**

0.0 mi

B: 825 W 35th St, Chicago, IL 60609-1511

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TO FRESENIUS CRESTWOOD

Total Travel Estimates: 26 minutes / 18.40 miles

A: 14020 S Torrence Ave, Burnham, IL 60633-2129

- 1: Start out going **SOUTH** on **S TORRENCE AVE** toward **E 141ST ST.**

1.2 mi
- 2: Turn **RIGHT** onto **SIBLEY BLVD/IL-83.**

1.0 mi
- 3: Merge onto **I-94 E/BISHOP FORD FWY.**

2.6 mi
- 4: Keep **RIGHT** to take **BISHOP FORD FWY** via **EXIT 74A/B** toward **DANVILLE/IOWA/WISCONSIN.**

0.5 mi
- 5: Merge onto **I-294 N** via **EXIT 74B** toward **IOWA/WISCONSIN** (Portions toll).

5.6 mi
- 6: Take **I-294 EXPRESS N** (Portions toll).

0.6 mi
- 7: **I-294 EXPRESS N** becomes **I-294 N** (Portions toll).

5.6 mi
- 8: Take the **127TH ST** exit.

0.3 mi
- 9: Turn **LEFT** onto **W 127TH ST.**

0.3 mi
- 10: Turn **LEFT** onto **IL-50 S/S CICERO AVE/IL-83 S.**

0.6 mi
- 11: Turn **SLIGHT RIGHT** onto **CAL SAG RD.**

0.1 mi
- 12: **4861 CAL SAG RD** is on the **LEFT.**

0.0 mi

B: 4861 Cal Sag Rd, Crestwood, IL 60445-4415

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Unnecessary Duplication/Maldistribution

3. The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Burnham is 1 station per 2,687 residents according to the 2000 census.

Zip Code	Population	ESRD Patients	Stations	Facility
60406	25,370	37	20	Fresenius Blue Island
60409	39,065	109		
60411	60,461	145	16	DaVita Chicago Heights
60417	15,780	19		
60419	25,567	73		
60422	9,224	9		
60425	9,011	17		
60426	47,649	148	16	Community Dialysis
60428	12,620	20	24	DSI Markham
60429	16,070	63	30	Fresenius Hazel Crest DSI Hazel Crest
60430	21,152	23		
60438	28,950	41		
60445	25,979	39	32	Fresenius Crestwood
60452	27,899	29		
60461	4,637	16		
60469	4,703	8		
60472	6,672	26		
60473	22,218	57	37	Fresenius South Holland DSI South Holland
60475	9,180	10	12	Fresenius Steger
60476	2,601	8		
60477	56,840	49		
60478	16,168	46		
60609	79,461	164	73	Fresenius Garfield DaVita Emerald Fresenius Bridgeport
60615	45,096	98	20	UC Woodlawn
60617	96,288	269	59	UC Stony Island Fresenius South Chicago
60619	74,963	285	28	Fresenius Greenwood
60620	85,771	370	12	Fresenius Steger
60621	47,514	195	20	Fresenius Ross-Englewood
60628	87,827	334	12	Fresenius Roseland
60633	13,262	26		
60636	51,451	160		
60637	57,090	161		
60643	52,568	168		
60649	54,823	189	40	Fresenius South Shore Fresenius Jackson Park
60652	39,126	60		
60653	34,502	110		
60655	29,138	20	16	DaVita Mt. Greenwood
60803	22,757	26	32	Fresenius Merrionette Park Fresenius Alsip
60805	20,821	28	27	Evergreen Park
60827	33,209	66		
Totals	1,413,483	3,721	526	

According to the 2005-2007 Estimated Illinois Census, the State ratio is 1 station per 3,763 people.

While, the State station to population ratio is higher than the ratio in the Burnham area, the Burnham area density of ESRD patients needs to be taken into account. 1 out of every 835 (0.12%) persons in Illinois is an ESRD patient while, in the Burnham 30-minute area, 1 out of every 380 (0.26%) persons has end stage renal disease. ESRD prevalence in this area is twice as high as the State prevalence, thus requiring a need for a higher density of dialysis stations in order to provide for an adequate distribution of stations for this area.

- Total population within a 30 minute travel time of Fresenius Burnham is 1,413,483 according to the 2000 Census.
- Illinois population according to the 05-07 estimated census is 12,783,049
- Oct 2009 station inventory for IL is 3,397
- ESRD Population for Illinois & 30 Minute Travel Zone obtained from The Renal Network
- 30 Minutes Travel time is MapQuest x 1.15

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Yao is currently the Medical Director for Fresenius Medical Care Munster Indiana. Attached is his curriculum vitae.

Dr. Rao is currently the Medical Director for Fresenius Medical Care South Holland and Hazel Crest. Attached is his curriculum vitae.

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.

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President of the Central 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 Burnham, I certify the following:

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

Marilyn Duncan
Signature

Marilyn Duncan
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 24th day of November, 2009

Michelle M. Hogan
Signature of Notary

Seal




Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Central 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 Hegewisch, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Burnham 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 Burnham.




Signature

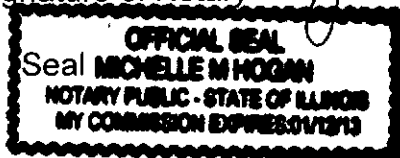
Marilyn Duncan/Regional Vice President

Name/Title

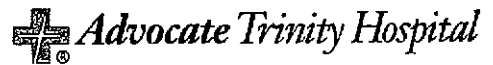
Subscribed and sworn to before me
this 24th day of November, 2009



Signature of Notary



2320 East 93rd Street
Chicago, Illinois 60617-9984
Telephone 773.967.2000



November 16, 2009

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

Dear Ms. Wright:

Advocate Trinity Hospital (Hospital), will serve as a back-up hospital for emergent treatment, evaluation, possible admission, and dialysis services for those patients dialyzing at Fresenius Medical Care Burnham.

Patients with end-stage renal disease from your facility who require emergency treatment or hospitalization as medically determined by the attending physician will be accepted and cared for by Advocate Trinity Hospital. Admission is contingent upon bed availability. The Hospital will provide the needed diagnostic or any other physician ordered hospital-based services, which would include rehabilitation, blood bank, psychiatric, and pathological laboratory services.

Advocate Trinity Hospital will continue as a back-up hospital for Fresenius Medical Care Burnham with this agreement, until one of the parties notifies the other in writing of a change. This notice will be made 30 days prior to termination of the agreement.

Sincerely,

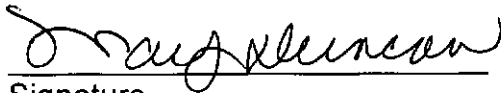
A handwritten signature in cursive script that reads "Jonathan R. Bruss".

Jonathan R. Bruss
President

Criterion 1110.1430 (f) – Support Services

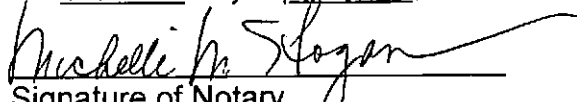
I am the Regional Vice President of the Central Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 II. Admin Code 1110.1430, I certify to the following:

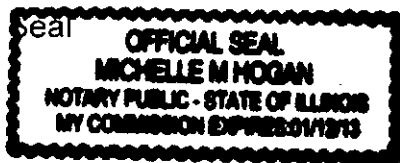
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Medical Care Burnham during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory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


Signature

Marilyn Duncan/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 24th day of November, 2009


Signature of Notary



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Burnham 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 Burnham will have twelve dialysis stations thereby meeting this requirement.

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.



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	**0.65	**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

ATTACHMENT - 75

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 of Illinois, LLC 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 National Medical Care, Inc. and hence Fresenius Medical Care of Illinois, LLC if necessary.

Charles DiNaso Jr.
4931 West 173 Street, Unit E
Country Club Hills, IL 60478
708-647-9280
Fax 708-647-9282

October 13, 2009

Mr. Paul Schindlbeck
Fresenius Medical Care
One Westbrook Corporate Center, Suite 1000
Westchester, IL 60154

Re: New Fresenius Medical Care Facility (approximately 6,500 square feet)
14020 Torrence Avenue, Burnham, IL

Dear Paul:

On behalf of Charles DiNaso Jr. and/or a to-be-formed limited liability company ("Landlord"), we are pleased to present the following proposal to Fresenius Medical Care ("Tenant"). This letter of intent supersedes all other previous letters of intent. The substantive terms and conditions of our proposal are, but not necessarily limited to, the following:

- Building:** 14020 Torrence Avenue, Burnham, IL ("Building").
- Term:** Fifteen (15) years, (approximately 6,500 square feet) with annual increases of three percent (3%) per year beginning in Year 4. Tenant will have three (3) five (5) year options to renew with annual rental increases of three percent (3%).
- Rent:** Base Rent is \$19.75 per square foot NNN.

<u>Year</u>	<u>Monthly Rent</u>
Year 1	\$10,679.92
Year 2	\$10,679.92
Year 3	\$10,679.92
Year 4	\$11,018.85
Year 5	\$11,349.42
Year 6	\$11,689.90
Year 7	\$12,040.60
Year 8	\$12,401.81
Year 9	\$12,773.87
Year 10	\$13,157.08
Year 11	\$13,551.80
Year 12	\$13,958.35
Year 13	\$14,377.10
Year 14	\$14,808.41
Year 15	\$15,252.67

Commencement Date: The Term will commence on the earlier of: (i) ninety (90) days after Landlord achieves substantial completion of the Building shell; or (ii) 60 days after Tenant's receipt of the Tenant Building permit.

**Operating Expenses &
Real Estate Taxes:**

Tenant will be responsible for its proportionate share of real estate taxes, insurance and common area maintenance.

Utilities:

All gas and electricity consumed in the Premises for heat, air conditioning, lights, outlets and other incidental uses shall either be separately metered and at the Tenant's sole cost and expense or paid by Landlord and reimbursed by Tenant. Tenant shall be required to engage and pay for its refuse removal service.

Security Deposit:

A *minimum-security* deposit of three (3) months of rent is required.

Guaranty:

Tenant and/or its parent company will guaranty the Lease.

**Building and Tenant
Improvements:**

Landlord shall deliver the Building in a shell condition at Landlord's expense, interpreted as adequate electrical power installed for Tenant's operation (no less than 600 amp/208 volt, 3-phase or equal depending availability), and an adequate HVAC system for the space, the presence of gas service (if available), the presence of sewer service no less than a 4 inch line and the presence of a water service no less than a 2 inch line. Tenant shall be responsible for all additional build out at its sole cost and expense, subject to Landlord's prior written approval which will not be unreasonably withheld.

**Preliminary Improvement
Plans:**

Landlord will provide Tenant with architectural drawings of the proposed building with detailed specifications. Space plans may be provided to the Tenant upon request.

Parking:

Landlord and Tenant will agree on the number and location of the Tenant parking spaces during the architectural drawing phase of the project. Parking will be sufficient to satisfy Tenant's requirements and the City of Burnham building codes. Notwithstanding the foregoing, Landlord will attempt to provide approximately 26 parking spaces.

Signage:

Tenant will be permitted to place a sign at the location as approved by Landlord and subject to the City of Burnham building codes.

Cleaning:

None.

Contingency:

The terms of this letter of intent is contingent on the following two matters: (i) Tenant will obtain a "certificate of need" for the premises on or before May 1, 2010; and (2) Landlord completing the acquisition of the premises where the Building will be built on or before May 31, 2010.

Withdrawal Of Offer:

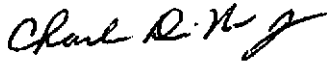
The terms and conditions of this proposal shall expire on October 23, 2009 at 5:00 PM.

The terms and conditions of this proposal are confidential and should not be shared or discussed with individuals beyond those directly involved in this transaction. All space described in this proposal is

Mr. Paul Schindlbeck
October 13, 2009
Page 3

subject to prior leasing or withdrawal at any time. Neither party shall be legally bound by this proposal or any acceptance thereof until such time as both parties formally execute and deliver the appropriate Lease documents. This proposal is also contingent upon final ownership approval and review of financial statements. If the above terms and conditions are acceptable, please indicate so by signing below and returning to my attention.

Sincerely,



Charles DiNaso Jr.

cc: Howard J. Powers II, Esq.

ACCEPTED AND AGREED on this _____ day of _____ 2009

Fresenius Medical Care, USA

By: _____
Name: _____
Its: _____

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 Quote

ATTACHMENT 10-75

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

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: 820 Winter Street
Waltham, MA 02451

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.

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-user (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

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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 and 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

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Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	56	34.92
21	79.81	57	33.53
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.06	61	27.89
26	73.86	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	61.48	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: 3/29/09

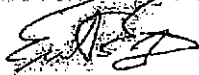
LESSOR:

Siemens Financial Services, Inc.

By: Carol Walters

Name: CAROL WALTERS
 Title: VICE PRESIDENT-DOCUMENTATION

Title: _____



Ernest Errigo
 Sr. Transaction Coordinator

LESSEE:

National Medical Care, Inc.

By: Mark Fawcett

Name: MARK FAWCETT

Title: TREASURER

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Criterion 1120.210(c), Operating Start-up Costs

Estimated 1-month personnel expense:	\$57,311
Estimated 2 weeks medical expense:	6,439
Estimated 2 weeks rent expense:	5,007
Estimated 1-month other expense:	<u>10,500</u>
Total:	\$79,257

It is estimated that \$79,257 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.

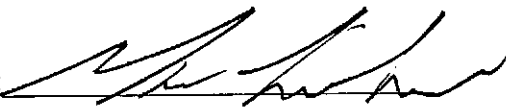
Criterion 1120.310(b) Conditions of Debt Financing


Fresenius Medical Care of Illinois, 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

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

Notarization:
Subscribed and sworn to before me
this 24 day of Aug, 2009


Signature of Notary

Signature of Notary

Seal



Seal

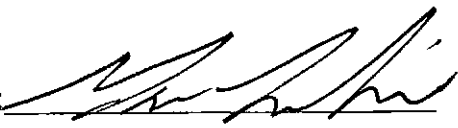
Criterion 1120.310(b) Conditions of Debt Financing

National Medical Care, Inc.

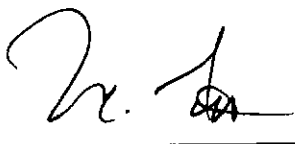
In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby attest to the fact that:

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: 

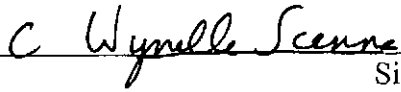
ITS: Marc Lieberman
Asst. Treasurer

By: 

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 24 day of August, 2009

Signature of Notary  Signature of Notary

Seal

Seal



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.

By: *Marc Lieberman*

ITS: Marc Lieberman
Asst. Treasurer

By: *Mark Fawcett*

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 24 day of August, 2009

Signature of Notary *C. Wynelle Scenna*

Signature of Notary

Seal

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care of Illinois, 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: [Signature]

Title: Marc Lieberman
Asst. Treasurer

By: [Signature]

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 24 day of August, 2009

C. Wynelle Scenna

Signature of Notary

[Signature]

Signature of Notary

Seal

Seal



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

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

Notarization:
Subscribed and sworn to before me
this 24 day of Sept 2009

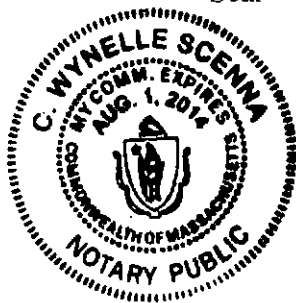
C Wynelle Scenna

Signature of Notary

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]

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 24 day of Aug, 2009

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal



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Criterion 1120.310 (d) – Projected Operating Costs

Year 2013

Salaries	\$550,184
Benefits	137,546
Supplies	<u>167,402</u>
Total	\$855,132

Annual Treatments	8,986
Cost Per treatment	\$95.16

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

CY 2013

Depreciation/Amortization	\$118,940
Interest	0
CAPITAL COSTS	\$118,940
Treatments:	8,986
Capital Cost per treatment	\$13.24