

Original
10-001

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

IAN 22 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care West Willow</i>
Street Address: <i>1444 - 1454 West Willow</i>
City and Zip Code: <i>Chicago 60620</i>
County: <i>Cook</i> Health Service Area <i>6</i> Health Planning Area:

Applicant Identification

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

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

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

Type of Ownership

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

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

Primary Contact

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

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

Additional Contact

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

Name: <i>Brian Brandenburg</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care North America</i>
Address: <i>557 W. Polk Street, Suite 203</i>
Telephone Number: <i>312-583-9072</i>
E-mail Address: <i>brian.brandenburg@fmc-na.com</i>
Fax Number: <i>312-583-9081</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>Elston Industrial Lofts, LLC</i>
Address of Site Owner: <i>550 W. Fullerton, Chicago, IL 60614</i>
Street Address or Legal Description of Site: <i>1444-1454 West Willow, Chicago, IL 60620</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 West Willow, LLC d/b/a Fresenius Medical Care West Willow</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
<ul style="list-style-type: none"> ○ 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.

Organizational Relationships

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

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

Flood Plain Requirements NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

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

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

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

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

3. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Fresenius Medical Care of West Willow, LLC, proposes to establish a 12 station in-center hemodialysis facility at 1444 – 1454 West Willow, Chicago, IL, 60622. The facility will be in leased space with the interior to be built out by the applicant. Upon the approval of the West Willow facility, Fresenius Medical Care will surrender 12 stations at its 33 station Chicago Kidney Center which will leave that facility at 21 stations.

Fresenius Medical Care West Willow will be in HSA 6.

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	1,059,480	N/A	1,059,480
Contingencies	105,867	N/A	105,867
Architectural/Engineering Fees	116,500	N/A	116,500
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	320,000	N/A	281,000
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 1,485,719 Equipment 179,425	1,665,144	N/A	1,665,144
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	3,266,991	N/A	3,266,991
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	1,019,173	N/A	1,019,173
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)	1,665,144	N/A	1,665,144
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	582,674	N/A	582,674
TOTAL SOURCES OF FUNDS	3,266,991	N/A	3,266,991
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

*Total construction cost is \$1,165,347 however \$582,674 of this cost will be paid to the landlord over term of the lease. Although paid per term of lease over time, it relates directly to construction costs and not rent per GSF.

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ 88,882.

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): December 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

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

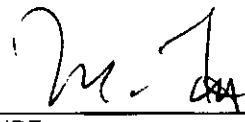


SIGNATURE

Marc Lieberman

PRINTED NAME ~~Asst.~~ Treasurer

PRINTED TITLE



SIGNATURE

Mark Fawcett

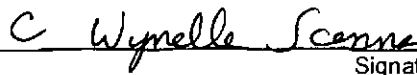
PRINTED NAME Vice President & Treasurer

PRINTED TITLE

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

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

Signature of Notary



Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

[Signature]
SIGNATURE

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

Mark Fawcett
PRINTED NAME
Vice President & Treasurer

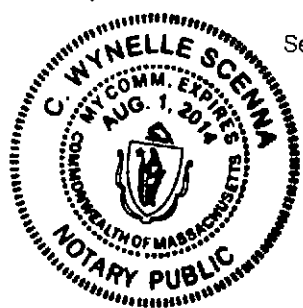
PRINTED TITLE

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

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

[Signature]
Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Fresenius Medical Care Ventures Holding Company, Inc. *

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

[Signature]
SIGNATURE

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

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

[Signature]
SIGNATURE

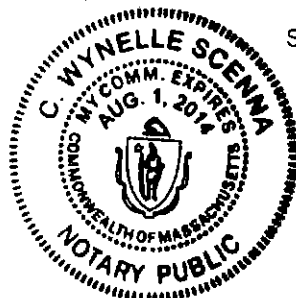
Mark Fawcett
PRINTED NAME
Vice President & Treasurer

PRINTED TITLE

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

[Signature] Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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

[Signature]
SIGNATURE

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

Mark Fawcett
PRINTED NAME
Vice President & Treasurer

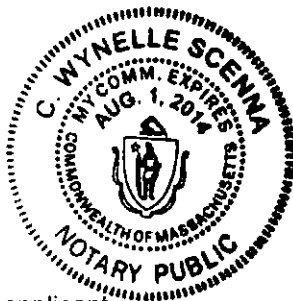
PRINTED TITLE

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

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

[Signature]
Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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

[Signature]
SIGNATURE

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

Mark Fawcett
PRINTED NAME
Vice President & Assistant Treasurer

PRINTED TITLE

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

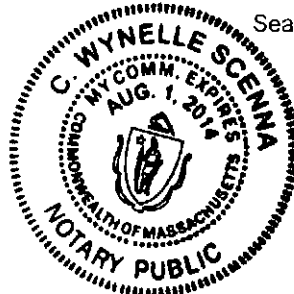
Notarization:
Subscribed and sworn to before me
this 21 day of Sept 2009

[Signature]
Signature of Notary

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 6

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
In-center Hemodialysis	12	+94	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 – PROJECT IS NOT AN EXISTING FACILITY
 If the applicant is an existing facility, document the number of referrals for the last two years for each category of service, as formatted below:

EXAMPLE:

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

2. Projected Referrals
 An applicant proposing to establish a category of service or establish a new hospital shall submit physician referral letters containing ALL of the information outlined in Criterion 1110.530(b)(3)
3. Project Service Demand - Based on Rapid Population Growth

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

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

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

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

1. Historical Service Demand

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

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

2. Projected Referrals

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

3. Projected Service Demand – Based on Rapid Population Growth

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

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

E. Service Accessibility - Service Restrictions

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

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

F. Unnecessary Duplication/Maldistribution

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

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

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

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

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

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

H. Staffing Availability

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

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

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

- 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:
- 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
<input checked="" type="checkbox"/> In-Center Hemodialysis		12	12		

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

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

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

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

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

T. Financial Feasibility

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

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

Yes No

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

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

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios

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

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

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

2. Variance

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

(continued)

B. Criterion 1120.210(b), Availability of Funds

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

\$1,019,173 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.

1,665,144 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.

582,674 Other Funds and Sources

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

\$3,266,991 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	-	-	8,100	-	-	1,059,480	1,059,480
Contingency	-	13.07	-	-	8,100	-	-	105,867	105,867
TOTALS	-	143.87	-	-	8,100	-	-	1,165,347	1,165,347

* 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 - 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	31-34
2	Site Ownership	35
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	36-37
4	Flood Plain Requirements	
5	Historic Preservation Act Requirements	38
6	Description of Project	39
7	Project and Sources of Funds Itemization	40-41
8	Cost Space Requirements	42
9	Discontinuation	
10	Background of the Applicant	43-49
11	Purpose of the Project	50
12	Alternatives to the Project	51-53
13	Size of the Project	54
14	Project Service Utilization	
15	Unfinished or Shell Space	
16	Assurances for Unfinished/Shell Space	
17	Master Design Project	
18	Mergers, Consolidations and Acquisitions	
	Categories of Service:	
19	Planning Area Need	55-56
20	Service Demand – Establishment of Category of Service	57-65
21	Service Demand – Expansion of Existing Category of Service	
22	Service Accessibility – Service Restrictions	66-79
22 & 23	MapQuest Travel Times & Maps	80-128
23	Unnecessary Duplication/Maldistribution	129-131
24	Category of Service Modernization	
25	Staffing Availability	132-146
26	Assurances	147
	Service Specific:	
27	Comprehensive Physical Rehabilitation	
28	Neonatal Intensive Care	
29	Open Heart Surgery	
30	Cardiac Catheterization	
31	In-Center Hemodialysis	148-156
32	Non-Hospital Based Ambulatory Surgery	
	General Long Term Care:	
33	Planning Area Need	
34	Service to Planning Area Residents	
35	Service Demand-Establishment of Category of Service	
36	Service Demand-Expansion of Existing Category of Service	
37	Service Accessibility	
38	Description of Continuum of Care	
39	Components	
40	Documentation	

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
41	Description of Defined Population to be Served	
42	Documentation of Need	
43	Documentation Related to Cited Problems	
44	Unnecessary Duplication of Service	
45	Maldistribution	
46	Impact of Project on Other Area Providers	
47	Deteriorated Facilities	
48	Documentation	
49	Utilization	
50	Staffing Availability	
51	Facility Size	
52	Community Related Functions	
53	Zoning	
54	Assurances	
	Service Specific (continued...):	
55	Specialized Long Term Care	
56	Selected Organ Transplantation	
57	Kidney Transplantation	
58	Subacute Care Hospital Model	
59	Post Surgical Recovery Care Center	
60	Children's Community-Based Health Care Center	
61	Community-Based Residential Rehabilitation Center	
	Clinical Service Areas Other than Categories of Service:	
62	Need Determination - Establishment	
63	Service Demand	
64	Referrals from Inpatient Base	
65	Physician Referrals	
66	Historical Referrals to Other Providers	
67	Population Incidence	
68	Impact of Project on Other Area Providers	
69	Utilization	
70	Deteriorated Facilities	
71	Necessary Expansion	
72	Utilization- Major Medical Equipment	
73	Utilization-Service or Facility	
	FEC:	
74	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
75	Financial Feasibility	157-169
76	Economic Feasibility	170-181
77	Safety Net Impact Statement	
	Financials	182

Co - Applicant Identification

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

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

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

Type of Ownership

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

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

Co - Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Ventures Holding Company, 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>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

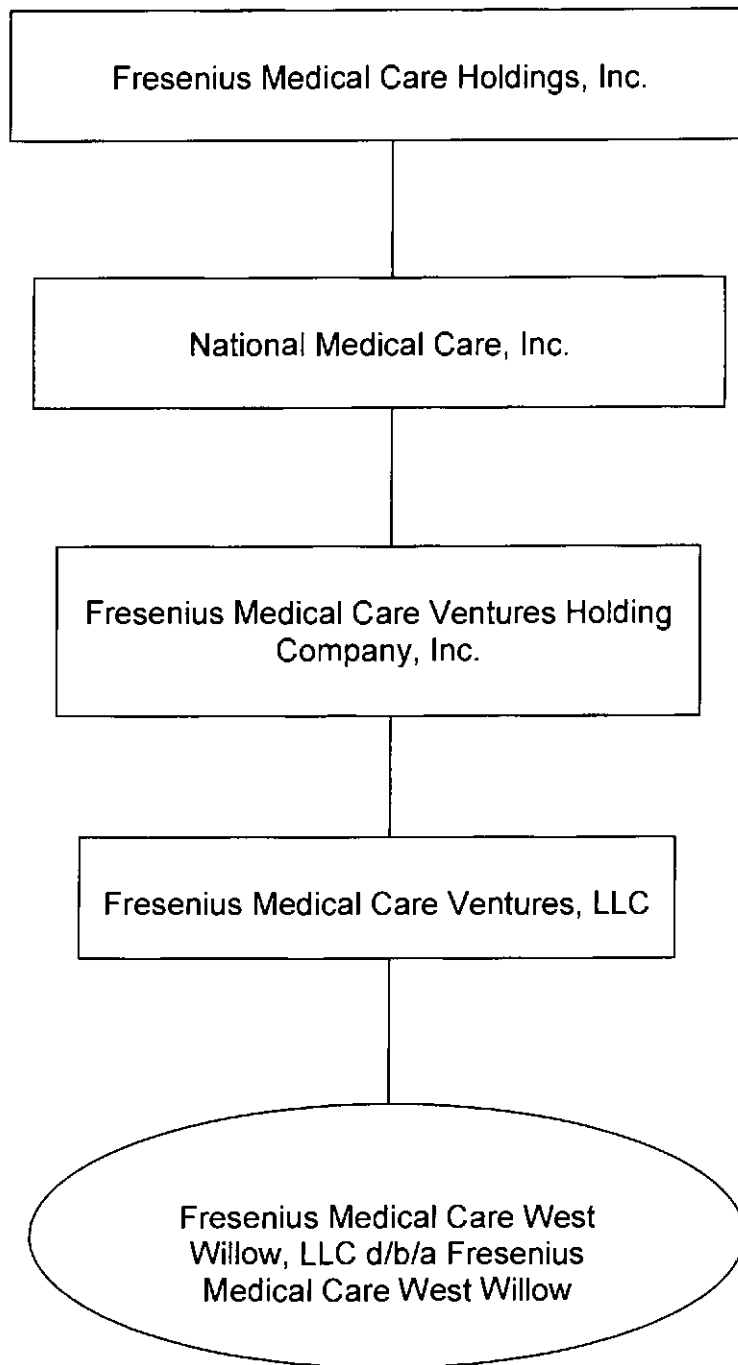
- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Elston Industrial Lofts, LLC</i>
Address of Site Owner: <i>550 W. Fullerton, Chicago, IL 60614</i>
Street Address or Legal Description of Site: <i>1444-1454 West Willow, Chicago, IL 60620</i>

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





To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE WEST WILLOW, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 24, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 0924601778

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
*my hand and cause to be affixed the Great Seal of
the State of Illinois, this 3RD
day of SEPTEMBER A.D. 2009 .*

Jesse White

SECRETARY OF STATE



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Cook County
Chicago

CON - Establish a Dialysis Clinic
1444 W. Willow St.
IHPA Log #006042909

May 13, 2009

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

Dear Ms. Wright:

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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.

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	52,974
Temp Facilities, Controls, Cleaning, Waste Management	2,649
Concrete	13,561
Masonry	16,104
Metal Fabrications	7,946
Carpentry	93,128
Thermal, Moisture & Fire Protection	18,859
Doors, Frames, Hardware, Glass & Glazing	72,574
Walls, Ceilings, Floors, Painting	171,106
Specialities	13,244
Casework, FI Mats & Window Treatments	6,357
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	339,034
Wiring, Fire Alarm System, Lighting	204,268
Miscellaneous Construction Costs	47,677
Total	\$1,059,480

Contingencies

Contingencies	\$105,867
---------------	------------------

Architectural/Engineering

Architecture/Engineering Fees	\$116,500
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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)	\$1,485,719
FMV Leased Dialysis Machines	174,525
FMV Leased Computers	4,900
Total	\$1,665,144

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	3,266,991	8,100	8,100		8,100		
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	3,266,991	8,100	8,100		8,100		

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	Bolingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham		S. Holland Avenue	Chicago	60633
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
Elgin		2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road	Elk Grove	60007
Evanston	14-2621	2953 Central Street	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lockport		Thornton Avenue	Lockport	60441
Lombard		1940 Springer Drive	Lombard	60148
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	14-2705	20 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
Palatine		Dundee Road	Palatine	60074

(Managed)

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	14-2707	2300 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
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
Steger		34th Street	Steger	60475
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 West Willow, 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 West Willow, 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 21 day of Sept, 2009

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal



Seal

Certification & Authorization

Fresenius Medical Care Ventures, LLC

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

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

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

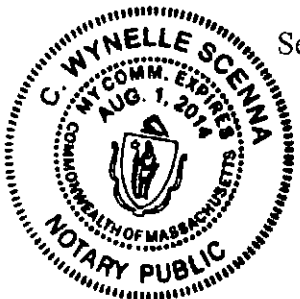
By: [Signature]
ITS: Mark Fawcett
Vice President & Treasurer

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

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

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Seal

Certification & Authorization

Fresenius Medical Care Ventures Holding Company, Inc.

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

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

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

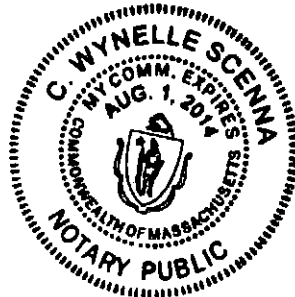
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2009

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

C Wynelle Scenna
Signature of Notary

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

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ITS: Marc Lieberman
Asst. Treasurer

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

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this _____ day of _____, 2009

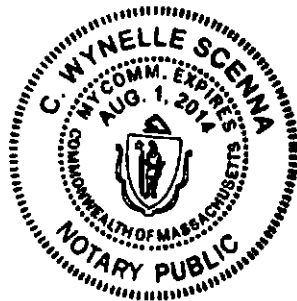
Notarization:
Subscribed and sworn to before me
this 21 day of Sept, 2009

Signature of Notary

C. Wynelle Scenna

Signature of Notary

Seal



Seal

Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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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 21 day of Sept, 2009

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Seal

Criterion 1110.230 – Purpose of Project

The purpose of this project is to provide access to life-sustaining dialysis services that will accommodate a growing ESRD population in a market area where current facilities are operating at high utilization levels. This market consists of mainly the Near North, Lincoln Park, Logan Square, Lakeview, Goose Island, Elston Corridor and stretches slightly into the Loop area of Chicago. This is in HSA 6, the city of Chicago.

The facilities in this market area are operating at high utilizations. One of the next closest Fresenius facilities, Fresenius Chicago at 42% and is located in the Loop area and is approximately 3 miles away. This facility will surrender 12 of its 33 stations upon the approval of the West Willow facility. That facility will then be at 67% utilization according to the September 2009 Renal Network Data.

Drs. Mohamed Salem and Mahmoud Salem, in practice with Optimum Kidney Care, have over 500 pre-ESRD patients in their practice. They have identified 162 pre-ESRD patients who reside in the above mentioned market. Given current facility utilization, there is not ample space to accommodate all of these patients. 69 of these patients have been identified to bring the West Willow facility to 80% by the end of the second year of operation. As well, the physician's have seen a 34% growth in ESRD patients in the past year. They will also be adding another nephrologist to their staff in the upcoming year to accommodate this influx of patients.

Overall the facilities within 30 minutes travel time are operating at 75% utilization (4,578 patients and 1,018 stations). By removing 12 stations at Fresenius Chicago to establish the West Willow facility, the area utilization will remain the same. However, the stations will be "relocated" to better serve the patient population where the need is identified. Those facilities situated in the West Willow market area are operating at 90% overall utilization (530 patients and 98 stations).

The establishment of Fresenius Medical Care West Willow will not add any additional stations to the State inventory.

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

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

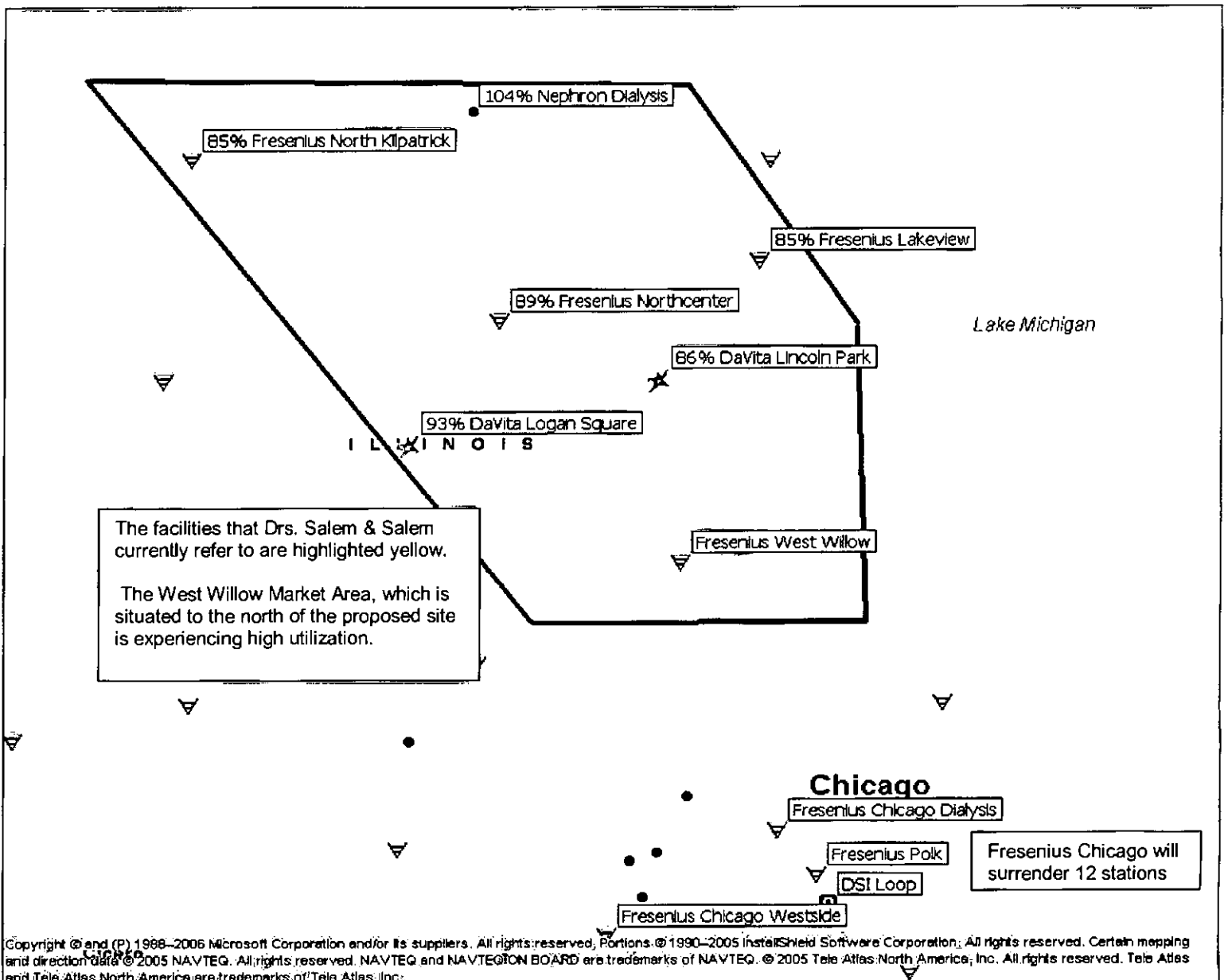
*All patient Data from The Renal Network Annual Statistical Reports

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.

Facilities Within the West Willow Market Area

The West Willow market area is located on the north side of Chicago. The facilities that Drs. Salem and Salem currently see patients in are all located on the north side with the exception of Fresenius Polk. For these physicians to effectively treat their patients and see them weekly, it would not make sense to send their patients to yet more facilities that are further south or southwest from their practice area. For this reason the DSI Loop and Fresenius Chicago Westside facilities, although underutilized, are not optimal choices for the patients identified for this project. The patients identified for West Willow reside mainly on the north side and although the distance may not be extreme, taking city travel into consideration, to go from the north side to the west side is an extensive trip. As well, the MapQuest travel time is figured on "the shortest travel time", which includes highway travel. If highway travel is excluded, and it should be since ESRD patients are generally ill and often elderly, travel times are much longer.



Those facilities below that are highlighted are the facilities that Drs. Salem & Salem currently see patients at. They are all in the same market area on the north side of Chicago with the exception of Fresenius Polk.

Facility	Address	City	MapQuest		Adjusted Time	Stations	Sept '09 Utilization
			Minutes	Miles			
Fresenius Lakeview	4008 N Broadway St	Chicago	3	1.43	4	10	85%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	6	1.94	8	22	86%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	6	3.25	8	33	42%
Circle Medical Management	1426 W Washington Blvd	Chicago	7	2.7	9	27	69%
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	7	3.08	9	20	93%
Fresenius Northcenter (E Belmont)	2620 W Addison St	Chicago	8	3.47	10	12	89%
Fresenius Polk	557 W Polk St	Chicago	8	3.99	10	24	76%
DSI Loop	1101 S Canal St	Chicago	8	4.16	10	28	43%
Rush	1653 W Congress Pkwy	Chicago	8	4.54	10	5	27%
Fresenius West Metro	1044 N Mozart St	Chicago	9	2.83	11	30	92%
Fresenius Northwestern Univ	710 N Fairbanks Ct	Chicago	9	3.9	11	44	77%
Cook Co. Hospital	1835 W Harrison St	Chicago	9	4.72	11	9	217%
U of I Hospital	1740 W Taylor St	Chicago	10	4.96	13	26	88%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	10	6.1	13	22	85%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	10	6.63	13	30	62%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	11	5.62	14	31	32%
Fresenius Prairie	1717 S Wabash Ave	Chicago	12	5.55	15	24	70%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	13	4.12	16	16	85%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	13	5.15	16	10	83%
Mt Sinai	2700 W 15th St	Chicago	13	6.25	16	16	64%
Nephron Dialysis	5140 N California Ave	Chicago	14	5.89	18	12	104%

Fresenius Chicago is the closest facility that currently has excess capacity and is operating 33 stations at 42% utilization. This facility has been at this site for approximately 15 years. While this was once a thriving facility in the 90's, over the years the area has changed significantly. The area is now completely built up. As a result there is no parking here for patients. A handful of patients are able to find on street parking in a limited number of handicap spaces. For this reason the census here has been continually declining. Aside from this, as the area has changed so have the property values and thus the rent. The rent has climbed to be one of our highest rental properties in Illinois. Due to these patient and financial concerns, we are reducing by 12 stations at this facility and are strategically looking at other options for this facility once our lease expires.

DSI Loop and Fresenius Chicago Westside are further away from where the West Willow market is and from where the patients reside. For patients to travel here from the north side where they live would likely be over 30 minutes travel time. If patients were to be referred to these facilities they would have to change physicians and loose the continuity of care and their patient/physician relationship. Drs. Salem & Salem already round at 6 facilities on the north side in this market area. Their practice has seen a 9% growth from 2007-2008 and growth tripled from 2008-2009 at 34%. Given these growing numbers it will become physically impossible, with travel included to make rounds at more facilities further away from their general market area. The practice is also adding another nephrologist in the upcoming year to accommodate this increase.

The Chicago Westside facility also has 6 stations that are in an area designated for pediatric use only. These stations cannot be used for adult treatments therefore depending on whether or not there are pediatric patients, the utilization for the facility can be skewed.

- 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 current high utilizations in this market and the growth the physicians have seen in their practice for this area, it is responsible healthcare planning to establish Fresenius Medical Care West Willow in an area of high utilization.
-
2. The alternative to expand existing facilities is being considered at Fresenius Lakeview, Northcenter and North Kilpatrick. However, this will simply put a Band-Aid on the problem of high utilizations. Drs. Salem and Salem are only two of many nephrologists who support the facilities in this market area. Each of these facilities has a separate and distinct physician/patient base. To add 2 stations to each of the above mentioned facilities would cost around \$40,000 each. These expansions only temporarily alleviate high utilizations.

 3. Fresenius Medical Care has thoroughly explored all options available and even is considering the possibility of acting on some of those such as adding stations at some facilities. This however, is only a partial solution given the physician's practice growth of 34% last year alone. The establishment of Fresenius Medical Care West Willow appears to be the most cost effective option to maintain dialysis access to the residents of this area. Planning for current need as seen in high utilizations and future growth is responsible healthcare planning. Although, the cost of this project, \$3,266,991, 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 8,100 GSF. A suitable site for exactly 5,640 GSF (State GSF standard) for this facility was not available. Even though the size is larger than the State standard, there will not be any unfinished space. 6,000 GSF will be used for the hemodialysis department and the remaining 2,000 GSF will house the home dialysis department, staff training facilities and a physician office.

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 6

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	94 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 6, where the proposed West Willow clinic is located, would have a need for 110 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 HSA 6, Chicago.

County	City	HSA	# Pre-ESRD Patients
Cook	Chicago	6	69

OPTIMUM KIDNEY CARE SC
SPECIALISTS IN HYPERTENSION AND KIDNEY DISEASE
3023 N. ASHLAND AVE. STE 1, CHICAGO, ILLINOIS 60657
PHONE (773) 525-4701 FAX (773) 442-0046

MOHAMED SALEM, MD, FACP
OSVALDO WAGENER, MD

MAHMOUD SALEM, MD
IZABELLA GURAU, MD

January 18, 2010

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

Dear Ms. Avery:

I am a nephrologist practicing on the north side of Chicago. I am writing in support of the Fresenius Medical Care West Willow CON application.

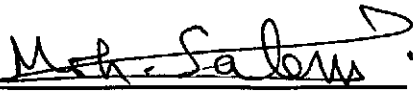
Over the past three years my partner, Dr. Mahmoud Salem, and I were treating 89 hemodialysis patients at the end of 2007, 97 patients at the end of 2008 and 119 patients at the end of 2009, as reported to The Renal Network at these facilities – Fresenius Medical Care Polk, Northcenter, West Belmont, Jackson Park, North Kilpatrick & Lakeview and at DaVita Lincoln Park & Montclare as well as Nephron Dialysis and The Center for Renal Replacement.. As of the most recent quarter, we are treating 119 hemodialysis patients at these facilities. As well, over the past twelve months we have referred 97 new patients for hemodialysis treatment.

We currently have approximately 537 pre-ESRD patients in our practice that have lab values indicative of the need for dialysis therapy within the next three to four years. We expect 69 of these to be referred to the Fresenius West Willow facility within 24 months of the completion of the facility. We also expect to refer approximately 93 patients for hemodialysis at the other facilities as listed above that we refer to now in that same time period.

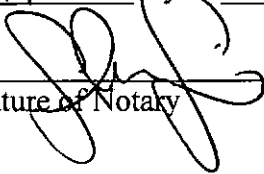
I respectfully ask the Board to approve Fresenius Medical Care West Willow to accommodate the growing ESRD population in this area. Thank you for your consideration.

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

Sincerely,

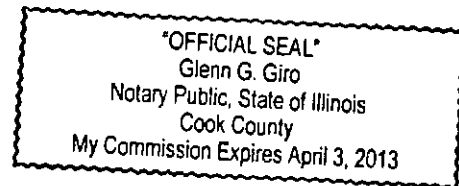

Mohamed Salem, M.D.

Notarization:
Subscribed and sworn to before me
this 19th day of January, 2010



Signature of Notary

Seal



OPTIMUM KIDNEY CARE SC
SPECIALISTS IN HYPERTENSION AND KIDNEY DISEASE
3023 N. ASHLAND AVE. STE 1, CHICAGO, ILLINOIS 60657
PHONE (773) 525-4701 FAX (773) 442-0046

MOHAMED SALEM, MD, FACP
OSVALDO WAGENER, MD

MAHMOUD SALEM, MD
IZABELLA GURAU, MD

January 18, 2010

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

Dear Ms. Avery:

I am a nephrologist practicing on the north side of Chicago. I am writing in support of the Fresenius Medical Care West Willow CON application.

Over the past three years my partner, Dr. Mohamed Salem, and I were treating 89 hemodialysis patients at the end of 2007, 97 patients at the end of 2008 and 119 patients at the end of 2009, as reported to The Renal Network at these facilities – Fresenius Medical Care Polk, Northcenter, West Belmont, Jackson Park, North Kilpatrick & Lakeview and at DaVita Lincoln Park & Montclare as well as Nephron Dialysis and The Center for Renal Replacement.. As of the most recent quarter, we are treating 119 hemodialysis patients at these facilities. As well, over the past twelve months we have referred 97 new patients for hemodialysis treatment.

We currently have approximately 537 pre-ESRD patients in our practice that have lab values indicative of the need for dialysis therapy within the next three to four years. We expect 69 of these to be referred to the Fresenius West Willow facility within 24 months of the completion of the facility. We also expect to refer approximately 93 patients for hemodialysis at the other facilities as listed above that we refer to now in that same time period.

I respectfully ask the Board to approve Fresenius Medical Care West Willow to accommodate the growing ESRD population in this area. Thank you for your consideration.

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

Sincerely,

M. Salem

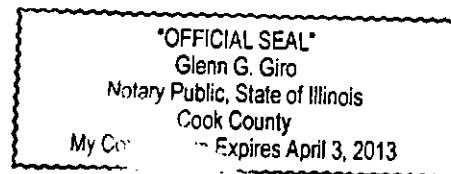
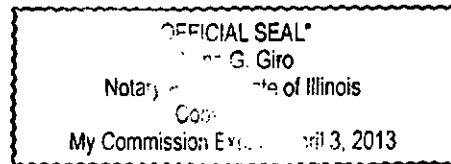
Mahmoud Salem, M.D.

Notarization:

Subscribed and sworn to before me
this 19th day of January, 2010

[Signature]
Signature of Notary

Seal



**PRE - ESRD PATIENTS DR. MOHAMED SALEM AND DR. MAHMOUD
SALEM EXPECT TO REFER TO FRESenius MEDICAL CARE WEST
WILLOW IN THE 1ST 2 YEARS (24 MONTHS)
AFTER PROJECT COMPLETION**

Zip Code	Pre ESRD
60625	7
60618	4
60640	5
60613	4
60614	18
60647	5
60639	4
60657	10
60610	5
60622	5
60608	1
60623	1
	69

NEW REFERRALS OF DR. MOHAMED SALEM AND DR. MAHMOUD SALEM
FOR THE PAST TWELVE MONTHS
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Zip Code	DAVITA		FRESENIUS MEDICAL CARE										Nephron Dialysis	Maple Avenue	Elmwood Care Nursing	Continental Care Center	
	Lincoln Park	Montclare	Polk	Northcenter	Lakeview	North Kilpatrick	Melrose Park	North Avenue	West Suburban	Villa Park	Oak Park	Jackson Park					
37354																1	
38068																1	
52732																1	
60101											1						
60104							2	1								1	
60131								1			1						
60139											1						
60153							2	2									
60154								1									
60164							1	2	1								
60165								1									
60171								1									
60181											1						
60187																	1
60302														1			
60402							1										
60440											1						
60501																1	
60540																	1
60605				1													1
60612																	1
60613	2																
60614				1													
60616																1	1
60618	2																
60619															3		
60621															1		
60622															1		
60623															1		
60624																1	
60625		1															5
60626							2									1	
60631											1						
60634											1						
60636																	1
60639															1		
60640																1	
60644															1		
60647																2	1
60649																1	
60651															1		
60707																	5
61103																	1
TOTAL	4	2	9	4	2	1	6	11	1	5	2	5	0	1	13	10	76

PATIENTS OF DR. MOHAMED SALEM AND DR. MAHMOUD SALEM
AT YEAR END 2007 BY FACILITY AND ZIP CODE

ZIP CODE	FRESENIUS MEDICAL CARE							Nephron Dialysis	DAVITA		Center For Renal Replacement	
	Polk	Northcenter	Melrose Park	West Belmont	Lakeview	Jackson Park	North Kilpatrick		Lincoln Park	Montclare		
46320	1											
60077	1										1	
60160			1									
60162	1											
60409	1											
60605	1											
60607	1											
60608	1											
60609	3											
60610	1											
60613	2							1				
60614	3								7			
60617	3											
60618	1							1	2			
60619	2					1						
60620	2											
60621	2											
60622	2											
60623	1											
60625							1	1	1			
60626	1											
60628	2											
60630							2					
60634										1		
60637	1											
60639	1						1		2			
60640	1											
60641	1							1				
60642	1											
60643	1											
60644	1											
60645	1			1					2			
60649	3											
60652	1											
60653	6											
60657	1				1							
60659											1	
60660	2	1						1	3			
60666	1											
60804										1		
TOTALS	54	1	1	1	1	1	4	5	17	2	2	89

**PATIENTS OF DR. MOHAMED SALEM & DR. MAHMOUD SALEM AT YEAR
END 2008 BY FACILITY AND ZIP CODE**

ZIP CODE	FRESENIUS MEDICAL CARE						Nephron Dialysis	Center for Renal Replacement	DAVITA		
	Polk	Northcenter	West Belmont	Lakeview	Jackson Park	North Kilpatrick			Montclare	Lincoln Park	
46320	1										
60077	1										
60499	1										
60605	1										
60607	1										
60608	1										
60609	3										
60610	2										
60612	1										
60613	1						1				
60614	3	1								8	
60615	1										
60617	4										
60618	1	1					1			1	
60619	2				1						
60620	1										
60621	3										
60622	2										
60623	1										
60625						2	3				
60628	3										
60630						2					
60632	1										
60634						1					
60638	1										
60639	3					1				1	
60640	1	1									
60641	1						1				
60642	1										
60643	2										
60644	1										
60645	1		1								
60647										1	
60649	4										
60651		1									
60652	1										
60653	5										
60657	1	1		2						1	
60660		1		1			1	1		2	
60804									1		
TOTAL	57	6	1	3	1	6	7	1	1	14	97

**PATIENTS OF DR. MOHAMED SALEM & DR. MAHMOUD SALEM AT YEAR
END 2009 AND ALSO 4TH QUARTER 2009
BY FACILITY AND ZIP CODE**

ZIP CODE	FRESENIUS MEDICAL CARE					Nephron Dialysis	Center For Renal Replacement	DAVITA		Continental Nursing Home	Lakeview Nursing Home	
	Polk	North- center	Lakeview	Jackson Park	North Kilpatrick			Montclare	Lincoln Park			
46320	1											
60077	2											
60187										1		
60499	1											
60601		1										
60605	1											
60607	1											
60608	1									1		
60609	4										1	
60610	1											
60612	1											
60613	1		1			1			1			
60614	3	3							6			
60615	1											
60616	1									1		
60617	4											
60618		1				2		1	1			
60619	6			1				1				
60620	1											
60621	4											
60622	2											
60623	2											
60625	1				1	2				6		
60626			1									
60628	5											
60630			1		2	1						
60631			1									
60632	1											
60636										1		
60638	1											
60639	1	1			1				1			
60640	1	1	1									
60641	1					1						
60642	1											
60643	2											
60644	2											
60646		1										
60647		1							1			
60649	5											
60651		1										
60653	6											
60657		1	3						1			
60659			1									
60660		1				1	1		2			
60666	1											
60712							1					
60804	2											
TOTAL	68	12	9	1	4	8	2	2	13	10	1	130

-6-
65

**In-center Hemodialysis Centers Within 30 minutes of
Fresenius Medical Care West Willow
1444 – 1454 West Willow, Chicago
According to MapQuest and Adjusted x 1.25**

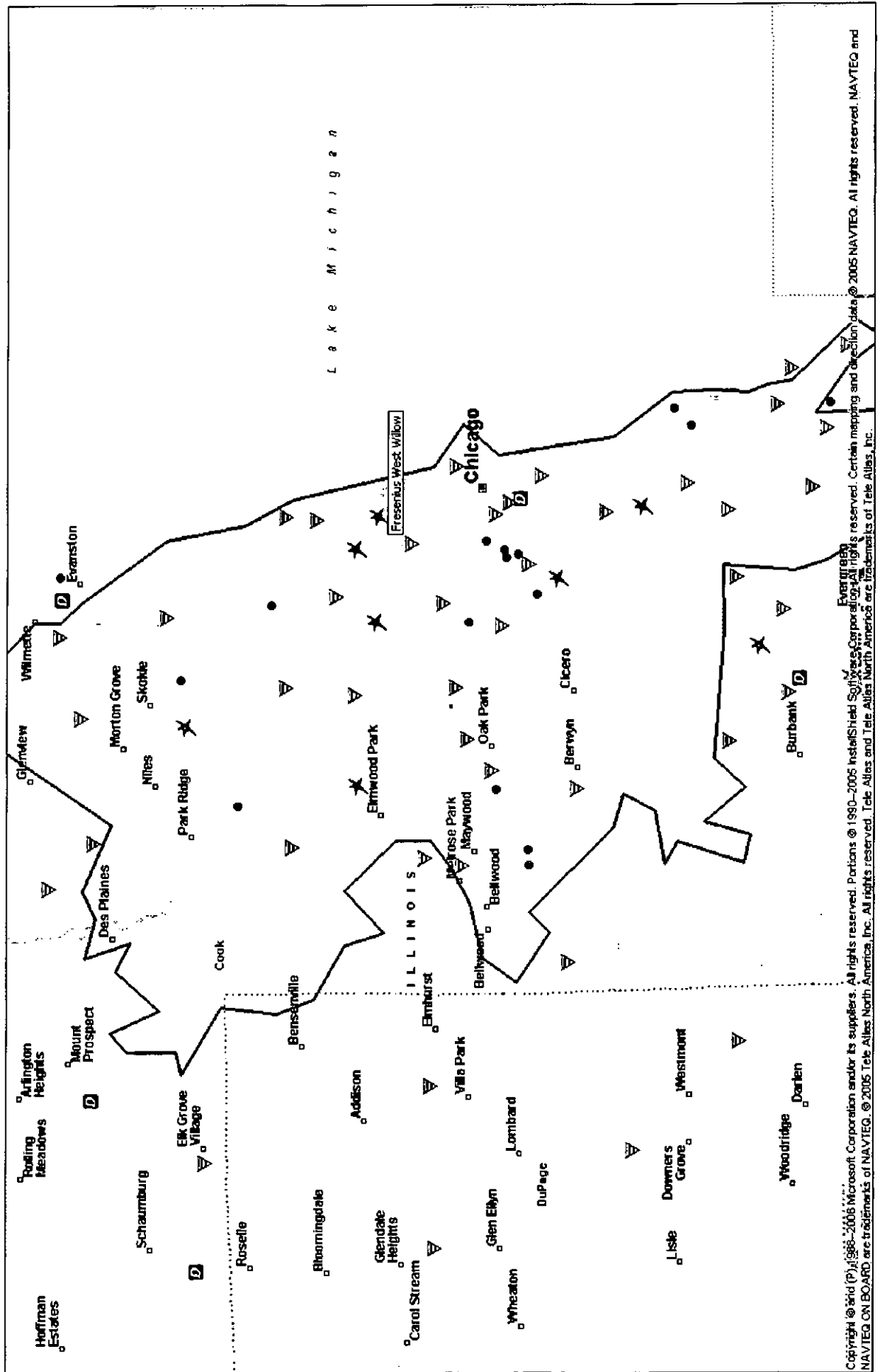
Facility	Address	City	MapQuest		Adjusted Time	Sept '09 Utilization
			Minutes	Miles		
Fresenius Lakeview	4008 N Broadway St	Chicago	3	1.43	4	85%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	6	1.94	8	86%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	6	3.25	8	42%*
Circle Medical Management	1426 W Washington Blvd	Chicago	7	2.7	9	69%
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	7	3.08	9	93%
Fresenius Northcenter (E Belmont)	2620 W Addison St	Chicago	8	3.47	10	89%
Fresenius Polk	557 W Polk St	Chicago	8	3.99	10	76%
DSI Loop	1101 S Canal St	Chicago	8	4.16	10	43%
Rush	1653 W Congress Pkwy	Chicago	8	4.54	10	27%
Fresenius West Metro	1044 N Mozart St	Chicago	9	2.83	11	92%
Fresenius Northwestern Univ	710 N Fairbanks Ct	Chicago	9	3.9	11	77%
Cook Co. Hospital	1835 W Harrison St	Chicago	9	4.72	11	217%
U of I Hospital	1740 W Taylor St	Chicago	10	4.96	13	88%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	10	6.1	13	85%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	10	6.63	13	62%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	11	5.62	14	32%
Fresenius Prairie	1717 S Wabash Ave	Chicago	12	5.55	15	70%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	13	4.12	16	85%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	13	5.15	16	83%
Mt Sinai	2700 W 15th St	Chicago	13	6.25	16	64%
Nephron Dialysis	5140 N California Ave	Chicago	14	5.89	18	104%
DaVita Little Village	2335 W Cermak Rd	Chicago	14	6.68	18	88%
Fresenius Bridgeport	825 W 35th St	Chicago	14	7.56	18	83%
Fresenius Uptown	4720 N Marine Dr	Chicago	15	5.03	19	46%
DaVita Emerald	710 W 43rd St	Chicago	15	8.42	19	83%
Resurrection	7435 W Talcott Ave	Chicago	15	9.58	19	77%
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	15	9.68	19	65%
DaVita Big Oaks	5623 W Touhy Ave	Niles	15	10.2	19	0%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	16	9.55	20	73%
UC Hydepark	1531 E Hyde Park Blvd	Chicago	17	10.66	21	99%
Maple Avenue Kidney Center	610 S Maple Ave	Oak Park	17	11.79	21	106%
Fresenius Austin	4800 W Chicago Ave	Chicago	18	5.63	23	44%
Fresenius West Sub	518 N Austin Blvd	Oak Park	18	11.24	23	86%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	18	12.3	23	59%
Fresenius Ross-Englewood	6333 S Green St	Chicago	19	11.32	24	91%
Fresenius Oak Park	733 Madison St	Oak Park	19	12.42	24	76%
Fresenius Skokie	9801 Woods Dr	Skokie	19	13.19	24	70%
DaVita Montclare	7009 W Belmont Ave	Chicago	20	9.25	25	77%
UC Woodlawn	1164 E 55th St	Chicago	20	11.21	25	113%
Fresenius Chatham	W 83rd St & Stewart Ave	Chicago	20	13.37	25	0
Fresenius Berwyn	2601 Harlem Ave	Berwyn	21	13.54	26	88%
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	21	14.15	26	79%
Fresenius Rogers Park	2277 Howard St	Chicago	22	12.65	28	62%
Fresenius Evanston	2953 Central St	Evanston	22	15.14	28	57%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	23	15.92	29	86%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	24	14.09	30	84%
Fresenius Melrose Park	1111 Superior St	Melrose Park	24	14.88	30	56%
Fresenius Greenwood	1111 E 87th St	Chicago	24	14.89	30	91%

*Upon the surrender of 12 stations at Chicago Kidney center, the facility will be at 67% utilization according to Sept 09 data.

(See map of facilities on following page)

Service Accessibility – Service Restrictions
ATTACHMENT - 22

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS MEDICAL CARE WEST WILLOW



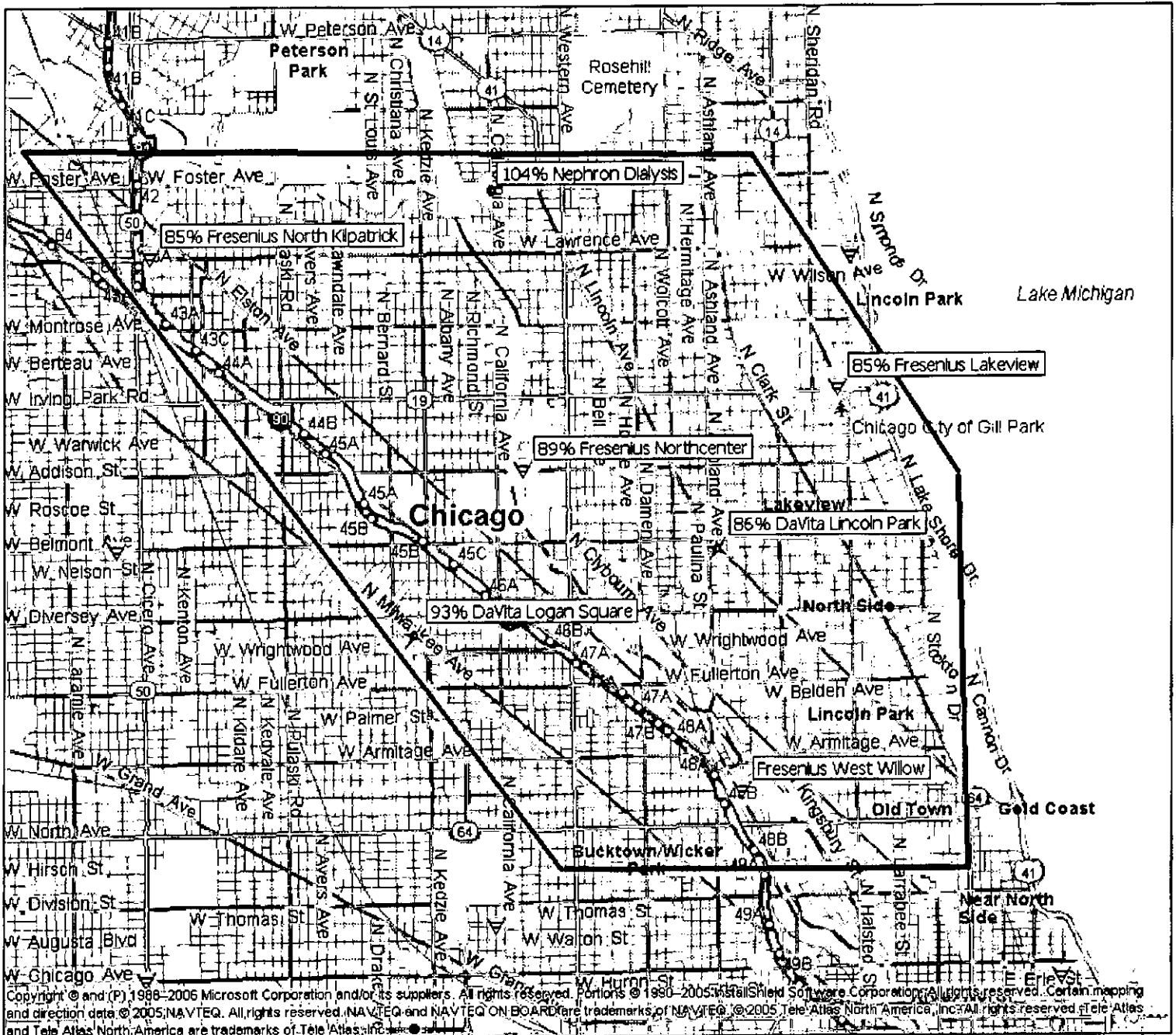
Service Accessibility – Service Restrictions
ATTACHMENT – 22

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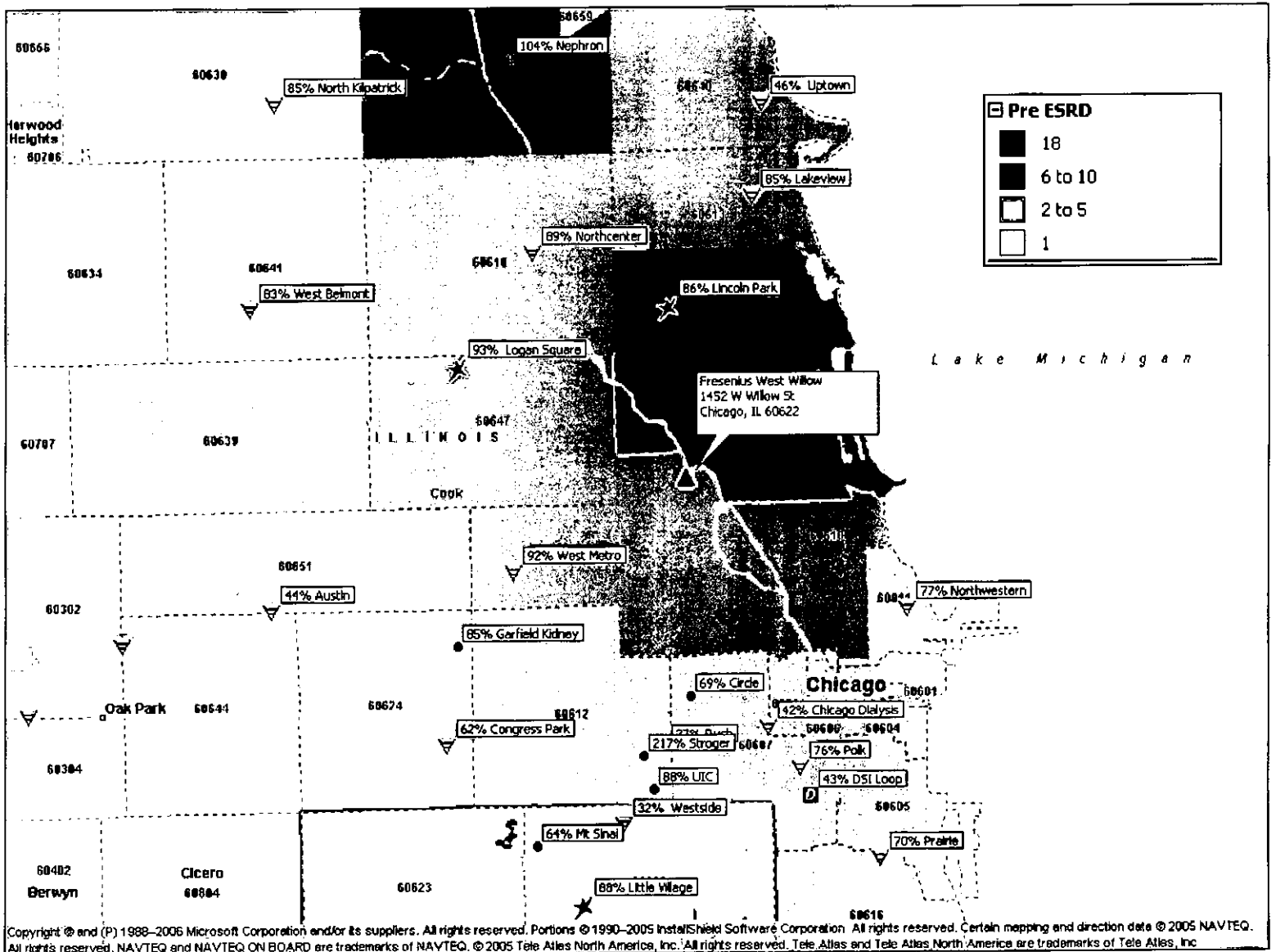
Service Accessibility – Service Restrictions

Although the proposed project does not meet the specific requirements of this criteria, the issue of access is problematic not due to restrictive policies but due to shifts not being available, which essentially places a restriction on the patient. Restrictions are placed on the patient when the facilities in the market area are near capacity, such as is the case in this north side market area.. Patients then have to be referred out of their area for dialysis. Access issues seen are restricted to the West Willow market area on the north side of Chicago and not to the 30 minute travel zone as a whole.

- Fresenius Medical Care West Willow is located in a market area that is seeing a need for more ESRD stations which is reflected in the high utilization of facilities in this market.



- The map below shows the demographics of the 69 pre-ESRD patients who will be referred to the West Willow facility in relationship to area facilities. All but 2 of the patients reside in this distinct market area. The majority of the pre-ESRD patients live in the immediate area of the facility.



The data on the following pages is from The Renal Network 9/10 Annual Statistical Report for 2008 and is being provided for the Board's information. Information is being supplied regarding ESRD numbers for the State of Illinois, i.e. new ESRD, total ESRD, transplants and deaths.

Newly Diagnosed Chronic ESRD Patients

(ESRD Incidence)

Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2008

Age Group	IL	Other	Total
00-04	6	0	6
05-09	3	0	3
10-14	5	2	7
15-19	22	2	24
20-24	46	2	48
25-29	70	2	72
30-34	99	6	105
35-39	160	3	163
40-44	187	4	191
45-49	285	6	291
50-54	407	12	419
55-59	495	18	513
60-64	562	11	573
65-69	573	9	582
70-74	534	8	542
75-79	524	5	529
80-84	445	0	445
>=85	347	3	350
Missing	0	0	0
Total	4770	93	4863
Gender			
Female	2050	41	2091
Male	2720	52	2772
Missing	0	0	0
Total	4770	93	4863
Race			
American Indian/Alaska Native	6	0	6
Asian	139	1	140
Black or African American	1534	15	1549
More than one race selected	17	0	17
Native Hawaiian or Other Pacific Islander	12	0	12
White	3046	57	3103
Missing	16	20	36
Total	4770	93	4863
Primary Diagnosis			
Cystic Kidney	88	5	93
Diabetes	1795	16	1811
Glomerulonephritis	267	5	272
Hypertension	1719	14	1733
Other	517	8	525
Other Urologic	59	0	59
Missing	15	27	42
Unknown	310	18	328
Total	4770	93	4863

Source of information: Network SIMS Database

Date of Preparation: May 2009

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.

This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.

This table includes 140 patients with transplant therapy as an initial treatment.

This table includes 66 patients receiving treatment at VA facilities.

Living ESRD Dialysis Patients
(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2008.

Age Group	IL	Other	Total
00-04	12	1	13
05-09	5	1	6
10-14	10	0	10
15-19	48	1	49
20-24	152	5	157
25-29	269	8	277
30-34	382	12	394
35-39	583	20	603
40-44	739	18	757
45-49	1041	15	1056
50-54	1480	39	1519
55-59	1739	40	1779
60-64	1891	26	1917
65-69	1802	46	1848
70-74	1729	44	1773
75-79	1492	41	1533
80-84	1116	29	1145
>=85	802	21	823
Missing	0	0	0
Total	15292	367	15659
Gender			
Female	6723	160	6883
Male	8569	207	8776
Missing	0	0	0
Total	15292	367	15659
Race			
American Indian/Alaska Native	29	0	29
Asian	428	11	439
Black or African American	6397	131	6528
More than one race selected	59	0	59
Native Hawaiian or Other Pacific Islander	64	3	67
White	8268	217	8485
Missing	47	5	52
Total	15292	367	15659
Primary Diagnosis			
Cystic Kidney	335	12	347
Diabetes	5965	127	6092
Glomerulonephritis	1308	39	1347
Hypertension	5010	111	5121
Other	1449	34	1483
Other Urologic	204	4	208
Missing	32	8	40
Unknown	989	32	1021
Total	15292	367	15659

Source of information: Network SIMS Database

Date of Preparation: May 2009

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.

This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.

The numbers may not reflect the true point prevalence due to different definitions for transient patients.

This table includes 99 patients receiving treatment at VA facilities.

Renal Transplant by Transplant Center
Number of transplants performed by transplant center calendar year 2007 and
calendar year 2008

Transplant Center	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
	2007	2008	2007	2008
140067	32	49	0	380
140088	89	94	0	0
140119	104	116	0	0
140148	27	21	219	163
140150	99	100	380	434
140276	46	81	637	0
140281	269	260	0	0
143300	15	17	0	0
IL Total	681	738		
NETWORK TOTAL	681	738		

Source of information: Network SIMS Database/CMS-2744

Date of Preparation: May 2009

* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center.

Provider not operational in 2007

^ Provider not operational in 2008

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year
2008

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	5	1	0	6
05-09	2	0	0	2
10-14	6	1	0	7
15-19	11	9	1	21
20-24	6	14	1	21
25-29	19	15	4	38
30-34	24	20	0	44
35-39	30	31	5	66
40-44	36	26	7	69
45-49	36	30	10	76
50-54	55	32	12	99
55-59	72	27	8	107
60-64	52	29	10	91
65-69	37	15	5	57
70-74	28	7	1	36
75-79	4	3	0	7
80-84	0	0	0	0
>=85	0	0	0	0
Missing	0	0	0	0
Total	423	260	64	747
Gender				
Female	146	104	21	271
Male	277	156	43	476
Missing	0	0	0	0
Total	423	260	64	747
Race				
American Indian/Alaska Native	0	0	0	0
Asian	18	9	1	28
Black or African American	151	55	10	216
More than one race selected	3	2	2	7
Native Hawaiian or Other Pacific Islander	0	3	0	3
White	241	177	50	468
Missing	10	14	1	25
Total	423	260	64	747
Primary Diagnosis				
Cystic Kidney	16	14	8	38
Diabetes	137	60	18	215
Glomerulonephritis	51	46	19	116
Hypertension	100	48	4	152
Other	65	48	11	124
Other Urologic	10	1	0	11
Missing	11	20	1	32
Unknown	33	23	3	59
Total	423	260	64	747

Source of information: Network SIMS Database

Date of Preparation: May 2009

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.

This table includes 0 patients receiving treatment at VA facilities.

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death
for calendar year 2008

Age Group	IL	Other	Total
00-04	2	0	2
05-09	0	0	0
10-14	1	0	1
15-19	0	0	0
20-24	3	0	3
25-29	17	1	18
30-34	17	1	18
35-39	32	0	32
40-44	63	4	67
45-49	111	5	116
50-54	166	5	171
55-59	234	6	240
60-64	284	8	292
65-69	410	14	424
70-74	447	9	456
75-79	518	16	534
80-84	483	6	489
>=85	468	8	476
Missing	0	0	0
Total	3256	83	3339
Gender			
Female	1474	34	1508
Male	1782	49	1831
Missing	0	0	0
Total	3256	83	3339
Race			
American Indian/Alaska Native	1	0	1
Asian	50	4	54
Black or African American	1026	30	1056
More than one race selected	9	0	9
Native Hawaiian or Other Pacific Islander	7	0	7
White	2155	47	2202
Missing	8	2	10
Total	3256	83	3339
Primary Diagnosis			
Cystic Kidney	26	0	26
Diabetes	1285	32	1317
Glomerulonephritis	125	4	129
Hypertension	1240	30	1270
Other	307	6	313
Other Urologic	41	1	42
Missing	7	2	9
Unknown	225	8	233
Total	3256	83	3339
Primary Cause of Death			
Cardiac	1002	27	1029
Gastro Intestinal	18	0	18

Infection	283	5	288
Liver Disease	24	1	25
Vascular	122	2	124
Missing	16	1	17
Other	636	17	653
Unknown	1155	30	1185
Total	3256	83	3339

Source of information: Network SIMS Database

Date of Preparation: May 2009

Race: The categories are from the CMS-2728 Form.

Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.


This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.


This table includes 17 patients receiving treatment at VA facilities.


MAPQUEST


Total Time: 3 minutes Total Distance: 1.43 miles


A: 4720 N Marine Dr, Chicago, IL 60640-5120


-  1: Start out going NORTH on N MARINE DR toward W LAKESIDE PL. 0.1 mi


-  2: Turn RIGHT onto W LAWRENCE AVE. 0.0 mi


-  3: Merge onto US-41 S/N LAKE SHORE DR. 0.9 mi

-  4: Take the ramp toward IL-19/IRVING PARK RD. 0.1 mi

-  5: Turn SLIGHT LEFT onto N MARINE DR. 0.1 mi

-  6: Turn RIGHT onto W IRVING PARK RD/IL-19. 0.3 mi

-  7: Turn RIGHT onto N BROADWAY ST. 0.0 mi

-  8: End at 4008 N Broadway St Chicago, IL 60613-2111

B: 4008 N Broadway St, Chicago, IL 60613-2111

Fresenius Lakeview

Total Time: 3 minutes Total Distance: 1.43 miles

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80


ATTACHMENT - 22+23


MAPQUEST


Total Time: 6 minutes Total Distance: 1.94 miles


A: 1452 W Willow St, Chicago, IL 60642-1524

-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi

-  2: Turn RIGHT onto N ELSTON AVE. 0.4 mi

-  3: Turn SLIGHT RIGHT onto N ASHLAND AVE. 1.5 mi

-  4: Turn SHARP RIGHT onto N LINCOLN AVE. 0.0 mi

-  5: End at 3157 N Lincoln Ave Chicago, IL 60657-3111 *DaVita Lincoln Park*

B: 3157 N Lincoln Ave, Chicago, IL 60657-3111

Total Time: 6 minutes Total Distance: 1.94 miles

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81


ATTACHMENT - 22+23


MAPQUEST


Total Time: 6 minutes Total Distance: 3.25 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.4 mi

-  5: Take the WEST ADAMS ST exit, EXIT 51F. 0.1 mi

-  6: Turn RIGHT onto W ADAMS ST. 0.1 mi

-  7: Turn LEFT onto S GREEN ST. 0.1 mi

-  8: Turn LEFT onto W JACKSON BLVD. 0.0 mi

-  9: End at 820 W Jackson Blvd Chicago, IL 60607-3026

B: 820 W Jackson Blvd, Chicago, IL 60607-3026

Fresenius Chicago

Total Time: 6 minutes Total Distance: 3.25 miles

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82


ATTACHMENT - 22+23


MAPQUEST


Total Time: 7 minutes Total Distance: 2.70 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 1.0 mi

-  5: Take EXIT 50A toward OGDEN AVE. 0.2 mi

-  6: Stay STRAIGHT to go onto N RACINE AVE. 0.1 mi

-  7: Turn SLIGHT RIGHT onto N OGDEN AVE. 0.8 mi

-  8: Turn LEFT onto W WASHINGTON BLVD/W WASHINGTON ST. 0.1 mi

-  9: End at 1426 W Washington Blvd Chicago, IL 60607-1821

B: 1426 W Washington Blvd, Chicago, IL 60607-1821

Circle Medical Management

Total Time: 7 minutes Total Distance: 2.70 miles

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83


ATTACHMENT - 22+23


MAPQUEST


Total Time: 7 minutes Total Distance: 3.08 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi


-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-90 W/I-94 W/KENNEDY EXPY W. 1.4 mi

-  5: Take the DIVERSEY AVE exit, EXIT 46B. 0.3 mi

-  6: Turn SLIGHT LEFT onto W DIVERSEY AVE. 0.7 mi

-  7: Turn LEFT onto N KEDZIE AVE. 0.2 mi

-  8: Turn SLIGHT RIGHT onto N MILWAUKEE AVE. 0.1 mi

-  9: End at 2659 N Milwaukee Ave Chicago, IL 60647-1643

B: 2659 N Milwaukee Ave, Chicago, IL 60647-1643 *Davita Logan Square*

Total Time: 7 minutes Total Distance: 3.08 miles


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84


MAPQUEST


Total Time: 8 minutes Total Distance: 3.47 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi


-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-90 W/I-94 W/KENNEDY EXPY W. 1.4 mi

-  5: Take the DIVERSEY AVE exit, EXIT 46B. 0.3 mi

-  6: Turn SLIGHT LEFT onto W DIVERSEY AVE. 0.2 mi

-  7: Turn RIGHT onto N CALIFORNIA AVE. 1.0 mi

-  8: Turn RIGHT onto W ADDISON ST. 0.2 mi

-  9: End at 2620 W Addison St Chicago, IL 60618-5905

B: 2620 W Addison St, Chicago, IL 60618-5905 *Fresenius Northcenter (E. Belmont)*

Total Time: 8 minutes Total Distance: 3.47 miles

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85


ATTACHMENT - 22+23


MAPQUEST.


Total Time: 8 minutes Total Distance: 3.99 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE.
0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64.
0.2 mi


- 
4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT.
2.5 mi


- 
5: Take the I-290 W/EISENHOWER EXPY/CONGRESS PKWY exit, EXIT 51H-I, toward WEST SUBURBS/CHICAGO LOOP.
0.1 mi


- 
6: Take the CONGRESS PKWY exit, EXIT 51I, on the LEFT toward CHICAGO LOOP.
0.3 mi


- 
7: Merge onto I-290 E/EISENHOWER EXPY E.
0.1 mi

- 
8: Take the exit toward CANAL ST.
0.2 mi

- 
9: Turn RIGHT onto W HARRISON ST.
0.1 mi

- 
10: Turn LEFT onto S CLINTON ST.
0.2 mi

- 
11: Turn RIGHT onto W POLK ST.
0.0 mi

- 
12: End at 557 W Polk St Chicago, IL 60607-4388

B: 557 W Polk St, Chicago, IL 60607-4388

Fresenius Polk

Total Time: 8 minutes Total Distance: 3.99 miles

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86

ATTACHMENT - 22+23

MAPQUEST

Total Time: 8 minutes Total Distance: 4.16 miles

A: 1452 W Willow St, Chicago, IL 60642-1524

-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi
-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi
-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi
-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi
-  5: Take the I-290 W/EISENHOWER EXPY/CONGRESS PKWY exit, EXIT 51H-I, toward WEST SUBURBS/CHICAGO LOOP. 0.1 mi
-  6: Take the CONGRESS PKWY exit, EXIT 51I, on the LEFT toward CHICAGO LOOP. 0.3 mi
-  7: Merge onto I-290 E/EISENHOWER EXPY E. 0.1 mi
-  8: Take the exit toward CANAL ST. 0.2 mi
-  9: Turn LEFT onto W HARRISON ST. 0.0 mi
-  10: Turn RIGHT onto S CANAL ST. 0.4 mi
-  11: End at 1101 S Canal St Chicago, IL 60607-4901

B: 1101 S Canal St, Chicago, IL 60607-4901

DSI Loop

Total Time: 8 minutes Total Distance: 4.16 miles

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87

ATTACHMENT - 22+23

MAPQUEST

Total Time: 8 minutes Total Distance: 4.54 miles

A: 1452 W Willow St, Chicago, IL 60642-1524



1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi



2: Turn LEFT onto N ELSTON AVE. 0.2 mi



3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi



4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi



5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 1.1 mi



6: Take EXIT 28B toward ASHLAND AVE/PAULINA ST. 0.2 mi



7: Turn SLIGHT LEFT onto W VAN BUREN ST. 0.2 mi



8: Turn LEFT onto S PAULINA ST. 0.1 mi



9: Turn LEFT onto W CONGRESS PKWY. 0.1 mi



10: End at 1653 W Congress Pkwy Chicago, IL 60612-3833

B: 1653 W Congress Pkwy, Chicago, IL 60612-3833

Rush University Dialysis








Total Time: 8 minutes Total Distance: 4.54 miles

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MAPQUEST

Total Time: 9 minutes Total Distance: 2.83 miles

A: 1452 W Willow St, Chicago, IL 60642-1524

-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi
-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi
-  3: Turn RIGHT onto W NORTH AVE/IL-64. 1.3 mi
-  4: Turn LEFT onto N WESTERN AVE. 0.5 mi
-  5: Turn RIGHT onto W DIVISION ST. 0.6 mi
-  6: Turn LEFT onto N MOZART ST. 0.2 mi
-  7: End at 1044 N Mozart St Chicago, IL 60622-2789

B: 1044 N Mozart St, Chicago, IL 60622-2789

Fresenius West Metro

Total Time: 9 minutes Total Distance: 2.83 miles

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09

ATTACHMENT - 22+23

MAPQUEST

Total Time: 9 minutes Total Distance: 3.90 miles

A: 1452 W Willow St, Chicago, IL 60642-1524

-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi
-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi
-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi
-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 1.2 mi
-  5: Take EXIT 50B toward EAST OHIO ST. 1.1 mi
-  6: Stay STRAIGHT to go onto W OHIO ST. 0.9 mi
-  7: Turn LEFT onto N FAIRBANKS CT. 0.2 mi
-  8: End at 710 N Fairbanks Ct Chicago, IL 60611-3013

B: 710 N Fairbanks Ct, Chicago, IL 60611-3013

Fresenius Northwestern University


Total Time: 9 minutes Total Distance: 3.90 miles


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MAPQUEST


Total Time: 10 minutes Total Distance: 4.96 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi


-  5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 1.1 mi

-  6: Take EXIT 28B toward ASHLAND AVE/PAULINA ST. 0.2 mi

-  7: Turn SLIGHT LEFT onto W VAN BUREN ST. 0.1 mi

-  8: Turn LEFT onto S ASHLAND AVE. 0.5 mi

-  9: Turn RIGHT onto W TAYLOR ST. 0.2 mi

-  10: End at 1740 W Taylor St Chicago, IL 60612-7232

B: 1740 W Taylor St, Chicago, IL 60612-7232

U of I Hospital


Total Time: 10 minutes Total Distance: 4.96 miles


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MAPQUEST


Total Time: 10 minutes Total Distance: 6.10 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn **RIGHT** onto N ELSTON AVE. 0.3 mi


-  3: Turn **LEFT** onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-94 W. 4.9 mi

-  5: Take the WILSON AVE exit, EXIT 43A. 0.2 mi

-  6: Turn **LEFT** onto W WILSON AVE. 0.1 mi

-  7: Turn **RIGHT** onto N CICERO AVE/IL-50. 0.3 mi

-  8: Turn **RIGHT** onto W LAWRENCE AVE. 0.1 mi

-  9: End at 4800 N Kilpatrick Ave Chicago, IL 60630-1725 *Fresenius North Kilpatrick*

B: 4800 N Kilpatrick Ave, Chicago, IL 60630-1725

Total Time: 10 minutes Total Distance: 6.10 miles

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92

ATTACHMENT - 22+23

MAPQUEST

Total Time: 10 minutes Total Distance: 6.63 miles

A: 1452 W Willow St, Chicago, IL 60642-1524

- | | | |
|---|---|--------|
|  | 1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. | 0.1 mi |
|  | 2: Turn LEFT onto N ELSTON AVE. | 0.2 mi |
|  | 3: Turn RIGHT onto W NORTH AVE/IL-64. | 0.2 mi |
|  | 4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. | 2.5 mi |
|  | 5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. | 3.4 mi |
|  | 6: Take EXIT 26B toward HOMAN AVE. | 0.2 mi |
|  | 7: Stay STRAIGHT to go onto W CONGRESS PKWY. | 0.0 mi |
|  | 8: Turn RIGHT onto S HOMAN AVE. | 0.1 mi |
|  | 9: Turn LEFT onto W VAN BUREN ST. | 0.0 mi |
|  | 10: End at 3410 W Van Buren St Chicago, IL 60624-3358 | |

B: 3410 W Van Buren St, Chicago, IL 60624-3358

Fresenius Congress Parkway


Total Time: 10 minutes Total Distance: 6.63 miles


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MAPQUEST


Total Time: 11 minutes Total Distance: 5.62 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi

-  5: Merge onto I-290 WEISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 1.6 mi

-  6: Take EXIT 28A toward DAMEN AVE. 0.1 mi

-  7: Stay STRAIGHT to go onto W VAN BUREN ST. 0.0 mi

-  8: Turn LEFT onto S DAMEN AVE. 0.8 mi

-  9: End at 1340 S Damen Ave Chicago, IL 60608-1169

B: 1340 S Damen Ave, Chicago, IL 60608-1169

Fresenius Chicago Westside

Total Time: 11 minutes Total Distance: 5.62 miles

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94


ATTACHMENT - 22+23


MAPQUEST


Total Time: 12 minutes Total Distance: 5.55 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE.
0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64.
0.2 mi


- 
4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT.
2.5 mi


- 
5: Take the I-290 W/EISENHOWER EXPY/CONGRESS PKWY exit, EXIT 51H-I, toward WEST SUBURBS/CHICAGO LOOP.
0.1 mi


- 
6: Take the CONGRESS PKWY exit, EXIT 51I, on the LEFT toward CHICAGO LOOP.
0.3 mi


- 
7: Merge onto I-290 E/EISENHOWER EXPY E.
0.4 mi

- 
8: I-290 E/EISENHOWER EXPY E becomes W CONGRESS PKWY.
0.5 mi

- 
9: Turn RIGHT onto S STATE ST.
1.1 mi

- 
10: Turn LEFT onto E 16TH ST.
0.1 mi

- 
11: Turn RIGHT onto S WABASH AVE.
0.1 mi

- 
12: End at 1717 S Wabash Ave Chicago, IL 60616-1219

B: 1717 S Wabash Ave, Chicago, IL 60616-1219

Fresenius Prairie

Total Time: 12 minutes Total Distance: 5.55 miles

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95


ATTACHMENT - 22 +23


MAPQUEST


Total Time: 13 minutes Total Distance: 4.12 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 2.0 mi


-  4: Turn LEFT onto N HUMBOLDT DR. 0.8 mi

-  5: N HUMBOLDT DR becomes N SACRAMENTO BLVD. 0.6 mi

-  6: Turn RIGHT onto W FRANKLIN BLVD. 0.4 mi

-  7: Turn RIGHT onto N SPAULDING AVE. 0.0 mi

-  8: Turn LEFT onto W FRANKLIN BLVD. 0.0 mi

-  9: End at 3250 W Franklin Blvd Chicago, IL 60624-1509

B: 3250 W Franklin Blvd, Chicago, IL 60624-1509 *Garfield Kidney Center*

Total Time: 13 minutes Total Distance: 4.12 miles

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96


ATTACHMENT - 22 + 23


MAPQUEST


Total Time: 13 minutes Total Distance: 5.15 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi

-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi

-  4: Merge onto I-90 W/I-94 W/KENNEDY EXPY W. 2.2 mi

-  5: Take the BELMONT AVE exit, EXIT 45C. 0.2 mi

-  6: Turn SLIGHT LEFT onto W BELMONT AVE. 2.2 mi

-  7: End at 4935 W Belmont Ave Chicago, IL 60641-4332 *Fresenius West Belmont*

B: 4935 W Belmont Ave, Chicago, IL 60641-4332

Total Time: 13 minutes Total Distance: 5.15 miles

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97


ATTACHMENT - 22+23


MAPQUEST


Total Time: 13 minutes Total Distance: 6.25 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE. 0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


- 
4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi


- 
5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 1.6 mi


- 
6: Take EXIT 28A toward DAMEN AVE. 0.1 mi

- 
7: Stay STRAIGHT to go onto W VAN BUREN ST. 0.0 mi

- 
8: Turn LEFT onto S DAMEN AVE. 0.2 mi

- 
9: Turn SLIGHT RIGHT onto W OGDEN AVE. 1.2 mi

- 
10: Turn LEFT onto S WASHTENAW AVE. 0.1 mi

- 
11: End at 2700 W 15th St Chicago, IL 60608-1610

B: 2700 W 15th St, Chicago, IL 60608-1610

Mt. Sinai Dialysis

Total Time: 13 minutes Total Distance: 6.25 miles

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98


ATTACHMENT - 22+23


MAPQUEST


Total Time: 14 minutes Total Distance: 6.68 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn **LEFT** onto N ELSTON AVE. 0.2 mi


-  3: Turn **RIGHT** onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the **LEFT**. 2.5 mi


-  5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 1.6 mi


-  6: Take **EXIT 28A** toward DAMEN AVE. 0.1 mi


-  7: Stay **STRAIGHT** to go onto W VAN BUREN ST. 0.0 mi

-  8: Turn **LEFT** onto S DAMEN AVE. 0.2 mi

-  9: Turn **SLIGHT RIGHT** onto W OGDEN AVE. 0.7 mi

-  10: Turn **SLIGHT LEFT** onto S WESTERN AVE. 0.9 mi

-  11: Turn **LEFT** onto W CERMAK RD. 0.0 mi

-  12: End at 2335 W Cermak Rd Chicago, IL 60608-3811

B: 2335 W Cermak Rd, Chicago, IL 60608-3811

Davita Little Village

Total Time: 14 minutes Total Distance: 6.68 miles

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99


ATTACHMENT - 22+23


MAPQUEST


Total Time: 9 minutes Total Distance: 4.72 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE.
0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64.
0.2 mi


- 
4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT.
2.5 mi


- 
5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS.
1.1 mi

- 
6: Take EXIT 28B toward ASHLAND AVE/PAULINA ST.
0.2 mi

- 
7: Turn SLIGHT LEFT onto W VAN BUREN ST.
0.1 mi

- 
8: Turn LEFT onto S ASHLAND AVE.
0.1 mi

- 
9: Turn RIGHT onto W HARRISON ST.
0.3 mi

- 
10: End at 1835 W Harrison St Chicago, IL 60612-3771

B: 1835 W Harrison St, Chicago, IL 60612-3771

Cook County Hospital

Total Time: 9 minutes Total Distance: 4.72 miles

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100


ATTACHMENT - 22423


MAPQUEST


Total Time: 14 minutes Total Distance: 5.89 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn **RIGHT** onto N ELSTON AVE. 0.3 mi


-  3: Turn **LEFT** onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-90 W/I-94 W/KENNEDY EXPY W. 2.2 mi

-  5: Take the BELMONT AVE exit, EXIT 45C. 0.2 mi

-  6: Turn **RIGHT** onto N KEDZIE AVE. 2.0 mi

-  7: Turn **RIGHT** onto W LAWRENCE AVE. 0.5 mi

-  8: Turn **LEFT** onto N CALIFORNIA AVE. 0.4 mi

-  9: End at 5140 N California Ave Chicago, IL 60625-3645

B: 5140 N California Ave, Chicago, IL 60625-3645 *Nephron Dialysis*


Total Time: 14 minutes Total Distance: 5.89 miles


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MAPQUEST


Total Time: 14 minutes Total Distance: 7.56 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn **LEFT** onto N ELSTON AVE.
0.2 mi


- 
3: Turn **RIGHT** onto W NORTH AVE/IL-64.
0.2 mi

- 
4: Merge onto I-90 E/I-94 E via the ramp on the **LEFT**.
6.1 mi

- 
5: Take **EXIT 55A** toward 35TH ST.
0.2 mi

- 
6: Turn **SLIGHT LEFT** onto S WENTWORTH AVE.
0.1 mi

- 
7: Turn **RIGHT** onto W 35TH ST.
0.8 mi

- 
8: End at 825 W 35th St Chicago, IL 60609-1511

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

Fresenius Bridgeport

Total Time: 14 minutes Total Distance: 7.56 miles

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102


ATTACHMENT - 22 +23


MAPQUEST


Total Time: 15 minutes Total Distance: 5.03 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi

-  2: Turn RIGHT onto N ELSTON AVE. 0.4 mi

-  3: Turn SLIGHT RIGHT onto N ASHLAND AVE. 3.5 mi

-  4: Turn RIGHT onto W LAWRENCE AVE. 1.0 mi

-  5: Turn RIGHT onto N MARINE DR. 0.1 mi

-  6: End at 4720 N Marine Dr Chicago, IL 60640-5120

B: 4720 N Marine Dr, Chicago, IL 60640-5120

Fresenius Uptown

Total Time: 15 minutes Total Distance: 5.03 miles

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MAPQUEST

Total Time: 15 minutes Total Distance: 8.42 miles

A: 1452 W Willow St, Chicago, IL 60642-1524



1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi



2: Turn LEFT onto N ELSTON AVE. 0.2 mi



3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi



4: Merge onto I-90 E/I-94 E via the ramp on the LEFT. 7.1 mi



5: Take EXIT 56A toward 43RD ST. 0.2 mi



6: Turn SLIGHT LEFT onto S WENTWORTH AVE. 0.0 mi



7: Turn RIGHT onto W 43RD ST. 0.6 mi



8: End at 710 W 43rd St Chicago, IL 60609-3435

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

Davita Emerald

Total Time: 15 minutes Total Distance: 8.42 miles

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104


ATTACHMENT - 22+23


MAPQUEST


Total Time: 15 minutes Total Distance: 9.58 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi


-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi

-  4: Merge onto I-90 W/I-94 W/KENNEDY EXPY W. 4.9 mi

-  5: Keep LEFT to take I-90 W/KENNEDY EXPY W via EXIT 43B toward O'HARE-ROCKFORD. 3.2 mi

-  6: Take EXIT 81B toward SAYRE AVE. 0.2 mi

-  7: Stay STRAIGHT to go onto W TALCOTT AVE. 0.8 mi

-  8: End at 7435 W Talcott Ave Chicago, IL 60631-3707

B: 7435 W Talcott Ave, Chicago, IL 60631-3707 *Resurrection Dialysis*

Total Time: 15 minutes Total Distance: 9.58 miles

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105


ATTACHMENT - 22+23


MAPQUEST


Total Time: 15 minutes Total Distance: 9.68 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi


-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-94 W. 8.1 mi

-  5: Take EXIT 39B toward EAST TOUHY AVE. 0.2 mi

-  6: Keep LEFT at the fork to go on N CICERO AVE/IL-50. 0.1 mi

-  7: Turn RIGHT onto W TOUHY AVE. 0.4 mi

-  8: Turn SHARP LEFT onto N LINCOLN AVE/US-41. 0.2 mi

-  9: End at 7301 N Lincoln Ave Lincolnwood, IL 60712-1709

B: 7301 N Lincoln Ave, Lincolnwood, IL 60712-1709 *Center for Renal Replacement*


Total Time: 15 minutes Total Distance: 9.68 miles


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MAPQUEST


Total Time: 15 minutes Total Distance: 10.20 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn **RIGHT** onto N ELSTON AVE. 0.3 mi

-  3: Turn **LEFT** onto W ARMITAGE AVE. 0.1 mi

-  4: Merge onto I-94 W. 8.5 mi

-  5: Take the **WEST TOUHY AVE** exit, EXIT 39A. 0.2 mi

-  6: Turn **SLIGHT RIGHT** onto W TOUHY AVE. 0.9 mi

-  7: End at 5623 W Touhy Ave Niles, IL 60714-4019

B: 5623 W Touhy Ave, Niles, IL 60714-4019

Davita Big Oaks

Total Time: 15 minutes Total Distance: 10.20 miles

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107


ATTACHMENT - 22 +23


MAPQUEST


Total Time: 16 minutes Total Distance: 9.55 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE.
0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64.
0.2 mi


- 
4: Merge onto I-90 E/I-94 E via the ramp on the LEFT.
5.2 mi


- 
5: Keep LEFT to take I-90 EXPRESS LN E/I-94 EXPRESS LN E/DAN RYAN EXPRESS LN E toward GARFIELD BLVD.
2.2 mi


- 
6: Take the I-90-LOCAL/I-94-LOCAL exit.
0.3 mi


- 
7: Merge onto I-90 E/I-94 E/DAN RYAN EXPY E.
0.8 mi

- 
8: Take EXIT 57 toward GARFIELD BLVD.
0.2 mi

- 
9: Stay STRAIGHT to go onto S WELLS ST.
0.1 mi

- 
10: Turn LEFT onto W GARFIELD BLVD/W 55TH ST.
0.1 mi

- 
11: Turn LEFT onto S WENTWORTH AVE.
0.1 mi

- 
12: End at 5401 S Wentworth Ave Chicago, IL 60609-6300

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

Fresenius Garfield

Total Time: 16 minutes Total Distance: 9.55 miles

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108


ATTACHMENT - 22 + 23


MAPQUEST


Total Time: 17 minutes Total Distance: 10.66 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E via the ramp on the LEFT. 4.0 mi


-  5: Merge onto I-55 N/STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR. 2.2 mi

-  6: Merge onto S LAKE SHORE DR/US-41 S. 3.4 mi

-  7: Take the ramp toward HYDE PARK BLVD. 0.2 mi

-  8: Turn LEFT onto S CHICAGO BEACH DR/S SHORE DR. 0.1 mi

-  9: S CHICAGO BEACH DR/S SHORE DR becomes E HYDE PARK BLVD/E 51ST ST. 0.2 mi

-  10: End at 1531 E Hyde Park Blvd Chicago, IL 60615-3039

B: 1531 E Hyde Park Blvd, Chicago, IL 60615-3039 *UC Hyde park*

Total Time: 17 minutes Total Distance: 10.66 miles

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109


ATTACHMENT - 22 +23


MAPQUEST


Total Time: 17 minutes Total Distance: 11.79 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi


-  5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 8.2 mi

-  6: Take the IL-43/HARLEM AVE exit, EXIT 21B, on the LEFT. 0.3 mi

-  7: Turn RIGHT onto IL-43/S HARLEM AVE/HARLEM AVE. 0.3 mi

-  8: Turn RIGHT onto MONROE ST. 0.0 mi

-  9: Turn RIGHT onto S MAPLE AVE. 0.0 mi

-  10: End at 610 S Maple Ave Oak Park, IL 60304-1091

B: 610 S Maple Ave, Oak Park, IL 60304-1091 *Maple Avenue Kidney Center*


Total Time: 17 minutes Total Distance: 11.79 miles


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MAPQUEST


Total Time: 18 minutes Total Distance: 11.24 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi

-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi

-  5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 6.6 mi

-  6: Take the AUSTIN BLVD exit, EXIT 23A, on the LEFT. 0.3 mi

-  7: Turn RIGHT onto S AUSTIN BLVD. 1.4 mi

-  8: End at 518 N Austin Blvd Oak Park, IL 60302

B: West Suburban Kidney Ctr: 518 N Austin Blvd, Oak Park, IL 60302, (708) 386-5550

Fresenius West Suburban

Total Time: 18 minutes Total Distance: 11.24 miles

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)))


ATTACHMENT - 22 23


MAPQUEST


Total Time: 18 minutes Total Distance: 12.30 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi

-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi

-  4: Merge onto I-90 W/I-94 W/KENNEDY EXPY W. 4.9 mi

-  5: Keep LEFT to take I-90 W/KENNEDY EXPY W via EXIT 43B toward O'HARE-ROCKFORD. 5.3 mi

-  6: Merge onto IL-171 S/N CUMBERLAND AVE via EXIT 79A. 1.6 mi

-  7: End at 4701 N Cumberland Ave Chicago, IL 60656-4239

B: 4701 N Cumberland Ave, Chicago, IL 60656-4239

Fresenius Norridge

Total Time: 18 minutes Total Distance: 12.30 miles

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112


ATTACHMENT - 22+23


MAPQUEST


Total Time: 18 minutes Total Distance: 5.63 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 1.3 mi

-  4: Turn LEFT onto N WESTERN AVE. 0.5 mi

-  5: Turn RIGHT onto W DIVISION ST. 2.0 mi

-  6: Turn LEFT onto N PULASKI RD. 0.5 mi

-  7: Turn RIGHT onto W CHICAGO AVE. 1.0 mi

-  8: End at 4800 W Chicago Ave Chicago, IL 60651-3223

B: 4800 W Chicago Ave, Chicago, IL 60651-3223 *Fresenius Austin*

Total Time: 18 minutes Total Distance: 5.63 miles

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113


ATTACHMENT - 22423


MAPQUEST


Total Time: 19 minutes Total Distance: 11.32 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE. 0.1 mi


- 
2: Turn **LEFT** onto N ELSTON AVE. 0.2 mi


- 
3: Turn **RIGHT** onto W NORTH AVE/IL-64. 0.2 mi


- 
4: Merge onto I-90 E/I-94 E via the ramp on the **LEFT**. 5.2 mi


- 
5: Keep **LEFT** to take I-90 EXPRESS LN E/I-94 EXPRESS LN E/DAN RYAN EXPRESS LN E toward GARFIELD BLVD. 3.9 mi


- 
6: Merge onto I-90 E/I-94 E/DAN RYAN EXPY E toward SKYWAY/INDIANA TOLL RD. 0.5 mi


- 
7: Take **EXIT 58B** toward 63RD ST. 0.2 mi

- 
8: Turn **SLIGHT LEFT** onto S YALE AVE. 0.0 mi

- 
9: Turn **RIGHT** onto W 63RD ST. 0.8 mi

- 
10: Turn **LEFT** onto S PEORIA ST. 0.2 mi

- 
11: Turn **LEFT** onto S GREEN ST. 0.0 mi

- 
12: End at 6333 S Green St Chicago, IL 60621-1943

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

Fresenius Ross - Englewood

Total Time: 19 minutes Total Distance: 11.32 miles

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114


ATTACHMENT - 22+23


MAPQUEST


Total Time: 19 minutes Total Distance: 12.42 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi

-  5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 8.2 mi

-  6: Take the IL-43/HARLEM AVE exit, EXIT 21B, on the LEFT. 0.3 mi

-  7: Turn RIGHT onto IL-43/S HARLEM AVE/HARLEM AVE. 0.4 mi

-  8: Turn RIGHT onto MADISON ST. 0.6 mi

-  9: End at 733 Madison St Oak Park, IL 60302-4419

B: 733 Madison St, Oak Park, IL 60302-4419

Fresenius Oak Park

Total Time: 19 minutes Total Distance: 12.42 miles

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115


ATTACHMENT - 22+23

MAPQUEST


Total Time: 19 minutes Total Distance: 13.19 miles

A: 1452 W Willow St, Chicago, IL 60642-1524

-  1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn **RIGHT** onto N ELSTON AVE. 0.3 mi


-  3: Turn **LEFT** onto W ARMITAGE AVE. 0.1 mi

-  4: Merge onto I-94 W. 11.1 mi

-  5: Merge onto IL-58 W/DEMPSTER ST via EXIT 37A. 0.5 mi

-  6: Turn **RIGHT** onto CENTRAL AVE. 0.4 mi

-  7: CENTRAL AVE becomes HARMS RD. 0.6 mi

-  8: Turn **RIGHT** onto GOLF RD. 0.2 mi

-  9: End at 9801 Woods Dr Skokie, IL 60077-1074

B: 9801 Woods Dr, Skokie, IL 60077-1074

Fresenius Skokie

Total Time: 19 minutes Total Distance: 13.19 miles

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116


ATTACHMENT - 22 + 23


MAPQUEST


Total Time: 20 minutes Total Distance: 9.25 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi


-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-90 W/I-94 W/KENNEDY EXPY W. 3.7 mi

-  5: Take the PULASKI RD exit, EXIT 44B, toward IL-19/IRVING PARK RD. 0.3 mi

-  6: Turn LEFT onto W IRVING PARK RD/IL-19. 3.4 mi

-  7: Turn LEFT onto N OAK PARK AVE. 1.0 mi

-  8: Turn RIGHT onto W BELMONT AVE. 0.3 mi

-  9: End at 7009 W Belmont Ave Chicago, IL 60634-4533 *Davita Montclare*

B: 7009 W Belmont Ave, Chicago, IL 60634-4533

Total Time: 20 minutes Total Distance: 9.25 miles

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117


ATTACHMENT - 22+23


MAPQUEST


Total Time: 20 minutes Total Distance: 11.21 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE.
0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64.
0.2 mi


- 
4: Merge onto I-90 E/I-94 E via the ramp on the LEFT.
4.0 mi


- 
5: Merge onto I-55 N/STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR.
2.2 mi


- 
6: Merge onto S LAKE SHORE DR/US-41 S.
2.9 mi

- 
7: Take the 47TH ST ramp.
0.2 mi

- 
8: Turn RIGHT onto E 47TH ST.
0.4 mi

- 
9: Turn LEFT onto S WOODLAWN AVE.
1.0 mi

- 
10: Turn RIGHT onto E 55TH ST.
0.1 mi

- 
11: End at 1164 E 55th St Chicago, IL 60615-5115

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

Total Time: 20 minutes Total Distance: 11.21 miles

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118

ATTACHMENT - 22 + 23



MAPQUEST.

Notes

TO FRESENIUS CHATHAM

Trip to W 83rd St & S Stewart Ave

Chicago, IL 60620

13.37 miles - about 20 minutes



1452 W Willow St, Chicago, IL 60642-1524



1. Start out going **SOUTHWEST** on **W WILLOW ST** toward **N ELSTON AVE.**

go 0.0 mi



2. Turn **LEFT** onto **N ELSTON AVE.**

go 0.2 mi



3. Turn **RIGHT** onto **W NORTH AVE / IL-64.**

go 0.2 mi



4. Merge onto **I-90 E / I-94 E** via the ramp on the **LEFT.**

go 5.2 mi



5. Keep **LEFT** to take **I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E** toward **GARFIELD BLVD.**

go 5.5 mi



6. **I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E** becomes **I-94 E / DAN RYAN EXPY E.**

go 1.4 mi



7. Take **EXIT 61A** toward **83RD ST.**

go 0.2 mi



8. Keep **RIGHT** at the fork in the ramp.

go 0.2 mi



9. Turn **SLIGHT LEFT** onto **S LAFAYETTE AVE.**

go 0.0 mi



10. Turn **RIGHT** onto **W 83RD ST.**

go 0.4 mi



11. **W 83RD ST & S STEWART AVE.**

go 0.0 mi



W 83rd St & S Stewart Ave, Chicago, IL 60620

119

Total Travel Estimate : 13.37 miles - about 20 minutes

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120


MAPQUEST


Total Time: 21 minutes Total Distance: 13.54 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going **SOUTHWEST** on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn **LEFT** onto N ELSTON AVE. 0.2 mi


-  3: Turn **RIGHT** onto W NORTH AVE/IL-64. 0.2 mi

-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the **LEFT**. 2.5 mi

-  5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward **WEST** SUBURBS. 8.2 mi

-  6: Take the IL-43/HARLEM AVE exit, EXIT 21B, on the **LEFT**. 0.3 mi

-  7: Turn **LEFT** onto IL-43/S HARLEM AVE/HARLEM AVE. Continue to follow IL-43/S HARLEM AVE. 2.1 mi

-  8: End at 2601 Harlem Ave Berwyn, IL 60402-2100

B: 2601 Harlem Ave, Berwyn, IL 60402-2100

Fresenius Berwyn











Total Time: 21 minutes Total Distance: 13.54 miles

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MAPQUEST

Total Time: 21 minutes Total Distance: 14.15 miles

A: 1452 W Willow St, Chicago, IL 60642-1524

- | | | |
|---|---|--------|
|  | 1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. | 0.1 mi |
|  | 2: Turn LEFT onto N ELSTON AVE. | 0.2 mi |
|  | 3: Turn RIGHT onto W NORTH AVE/IL-64. | 0.2 mi |
|  | 4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. | 2.5 mi |
|  | 5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. | 9.8 mi |
|  | 6: Take the IL-171/1ST AVE exit, EXIT 20. | 0.1 mi |
|  | 7: Stay STRAIGHT to go onto HARRISON ST. | 0.1 mi |
|  | 8: Turn LEFT onto IL-171/S 1ST AVE. | 0.5 mi |
|  | 9: Turn RIGHT onto W ROOSEVELT RD. | 0.7 mi |
|  | 10: End at 1201 W Roosevelt Rd Maywood, IL 60153-4046 | |

B: 1201 W Roosevelt Rd, Maywood, IL 60153-4046

Loyola Dialysis

Total Time: 21 minutes Total Distance: 14.15 miles

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122


ATTACHMENT - 22+23


MAPQUEST


Total Time: 22 minutes Total Distance: 15.14 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi


-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-94 W. 12.5 mi

-  5: Take the OLD ORCHARD RD exit, EXIT 35. 0.1 mi

-  6: Turn RIGHT onto OLD ORCHARD RD. 1.2 mi

-  7: Turn SLIGHT LEFT onto GROSS POINT RD. 0.2 mi

-  8: Turn SLIGHT RIGHT onto CENTRAL ST. 0.6 mi

-  9: End at 2953 Central St Evanston, IL 60201-1245

Fresenius Evanston

B: 2953 Central St, Evanston, IL 60201-1245

Total Time: 22 minutes Total Distance: 15.14 miles

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123


ATTACHMENT - 22 +23


MAPQUEST


Total Time: 22 minutes Total Distance: 12.65 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn RIGHT onto N ELSTON AVE. 0.3 mi


-  3: Turn LEFT onto W ARMITAGE AVE. 0.1 mi


-  4: Merge onto I-94 W. 8.1 mi

-  5: Take EXIT 39B toward EAST TOUHY AVE. 0.2 mi

-  6: Keep LEFT at the fork to go on IL-50. 0.6 mi

-  7: IL-50 becomes SKOKIE BLVD/US-41. 0.0 mi

-  8: Turn RIGHT onto W HOWARD ST. 3.1 mi

-  9: End at 2277 W Howard St Chicago, IL 60645-1922

B: 2277 W Howard St, Chicago, IL 60645-1922

Fresenius Rogers Park

Total Time: 22 minutes Total Distance: 12.65 miles

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124


ATTACHMENT - 22+23


MAPQUEST


Total Time: 23 minutes Total Distance: 15.92 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE.
0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64.
0.2 mi


- 
4: Merge onto I-90 E/I-94 E via the ramp on the LEFT.
5.2 mi


- 
5: Keep LEFT to take I-90 EXPRESS LN E/I-94 EXPRESS LN E/DAN RYAN EXPRESS LN E toward GARFIELD BLVD.
3.9 mi


- 
6: Merge onto I-90 E/I-94 E/DAN RYAN EXPY E toward SKYWAY/INDIANA TOLL RD.
0.9 mi


- 
7: Keep LEFT to take I-90 E/CHICAGO SKWY E via EXIT 59A toward INDIANA TOLL RD (Portions toll).
5.0 mi

- 
8: Take the ANTHONY AVENUE exit toward 92ND STREET.
0.2 mi

- 
9: Turn LEFT onto S ANTHONY AVE.
0.1 mi

- 
10: Turn SLIGHT LEFT onto E 92ND ST.
0.2 mi

- 
11: Turn SLIGHT RIGHT onto S SOUTH CHICAGO AVE.
0.0 mi

- 
12: End at 9212 S South Chicago Ave Chicago, IL 60617-4512

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

Fresenius South Chicago

Total Time: 23 minutes Total Distance: 15.92 miles

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125

ATTACHMENT - 22+23

MAPQUEST

Total Time: 24 minutes Total Distance: 14.09 miles

A: 1452 W Willow St, Chicago, IL 60642-1524

- | | | |
|---|--|--------|
|  | 1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. | 0.1 mi |
|  | 2: Turn LEFT onto N ELSTON AVE. | 0.2 mi |
|  | 3: Turn RIGHT onto W NORTH AVE/IL-64. | 0.2 mi |
|  | 4: Merge onto I-90 E/I-94 E via the ramp on the LEFT. | 5.2 mi |
|  | 5: Keep LEFT to take I-94 EXPRESS LN E/DAN RYAN EXPRESS LN E toward GARFIELD BLVD. | 5.5 mi |
|  | 6: I-94 EXPRESS LN E/DAN RYAN EXPRESS LN E becomes I-94 E/DAN RYAN EXPY E. | 0.3 mi |
|  | 7: Take EXIT 60A toward 75TH ST. | 0.2 mi |
|  | 8: Keep RIGHT at the fork in the ramp. | 0.1 mi |
|  | 9: Turn SLIGHT LEFT onto S LAFAYETTE AVE. | 0.1 mi |
|  | 10: Turn LEFT onto W 75TH ST. | 2.1 mi |
|  | 11: Turn RIGHT onto S STONY ISLAND AVE. | 0.1 mi |
|  | 12: Turn LEFT onto E 75TH PL. | 0.0 mi |
|  | 13: End at 7531 S Stony Island Ave Chicago, IL 60649-3954 | |

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

Fresenius Jackson Park

Total Time: 24 minutes Total Distance: 14.09 miles

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126


ATTACHMENT - 22 + 23


MAPQUEST


Total Time: 24 minutes Total Distance: 14.88 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


-  1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE. 0.1 mi


-  2: Turn LEFT onto N ELSTON AVE. 0.2 mi


-  3: Turn RIGHT onto W NORTH AVE/IL-64. 0.2 mi


-  4: Merge onto I-90 E/I-94 E/KENNEDY EXPY E via the ramp on the LEFT. 2.5 mi


-  5: Merge onto I-290 W/EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS. 9.8 mi


-  6: Take the IL-171/1ST AVE exit, EXIT 20. 0.1 mi


-  7: Stay STRAIGHT to go onto HARRISON ST. 0.1 mi

-  8: Turn RIGHT onto S 1ST AVE/IL-171. 1.2 mi

-  9: Turn LEFT onto LAKE ST. 0.7 mi

-  10: Turn RIGHT onto N 11TH AVE. 0.1 mi

-  11: Turn LEFT onto SUPERIOR ST. 0.0 mi

-  12: End at 1111 Superior St Melrose Park, IL 60160-4138

B: 1111 Superior St, Melrose Park, IL 60160-4138

Fresenius Melrose Park

Total Time: 24 minutes Total Distance: 14.88 miles

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127


ATTACHMENT - 22 +23


MAPQUEST


Total Time: 24 minutes Total Distance: 14.89 miles


A: 1452 W Willow St, Chicago, IL 60642-1524


- 
1: Start out going SOUTHWEST on W WILLOW ST toward N ELSTON AVE.
0.1 mi


- 
2: Turn LEFT onto N ELSTON AVE.
0.2 mi


- 
3: Turn RIGHT onto W NORTH AVE/IL-64.
0.2 mi


- 
4: Merge onto I-90 E/I-94 E via the ramp on the LEFT.
5.2 mi


- 
5: Keep LEFT to take I-94 EXPRESS LN E/DAN RYAN EXPRESS LN E toward GARFIELD BLVD.
5.5 mi

- 
6: I-94 EXPRESS LN E/DAN RYAN EXPRESS LN E becomes I-94 E/DAN RYAN EXPY E.
2.0 mi

- 
7: Take EXIT 61B toward 87TH ST.
0.2 mi

- 
8: Stay STRAIGHT to go onto S LAFAYETTE AVE.
0.1 mi

- 
9: Turn LEFT onto W 87TH ST.
1.5 mi

- 
10: End at 1111 E 87th St Chicago, IL 60619-7038

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

Fresenius Greenwood

Total Time: 24 minutes Total Distance: 14.89 miles

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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 West Willow is 1 station per 3,550 residents according to the 2000 census (1,002 stations and 3,557,660 residents). The State ratio is 1 station per 3,700 residents.

Zip Code	Population	Stations	Facility
60016	58,611		
60018	29,950		
60025	49,574		
60029	354		
60053	21,668		
60068	37,732		
60076	34,263		
60077	25,040	14	Fresenius Skokie
60091	27,386		
60093	19,528		
60104	20,471		
60130	15,688		
60131	19,342		
60141	247		
60153	26,863	30	Loyola Dialysis
60154	16,714		
60155	8,254		
60160	23,034	18	Fresenius Melrose Park
60162	8,513		
60171	10,681		
60176	11,636		
60201	41,977	20	Fresenius Evanston
60202	32,208		
60203	4,691		
60301	2,158		
60302	32,527	78	Fresenius West Sub Fresenius Oak Park
60304	17,839	12	Maple Avenue Kidney Center
60305	11,635		
60402	60,373	26	Fresenius Berwyn
60501	11,175		
60534	10,212		
60546	15,700		
60601	5,591		
60602	70		
60603	378		
60604	78		
60605	12,423		
60606	1,682		
60607	15,552	112	Fresenius Chicago Fresenius Polk Medical Circle DSI Loop
60608	92,472	47	Fresenius Chicago Westside Mt Sinai
60609	79,469	73	Fresenius Bridgeport DaVita Emerald Garfield Fresenius
60610	47,513		
60611	26,522	44	Fresenius Northwestern
60612	37,990	40	Rush County Hosp Hosp Cook U of IL

Continued

60613	50,548	10	Fresenius Lakeview
60614	65,474		
60615	45,096	40	UC Lakepark UC Woodlawn
60616	47,073	24	Fresenius Prairie
60617	96,288	36	Fresenius South Chicago
60618	98,147	12	Fresenius Northcenter
60619	74,963	28	Fresenius Greenwood
60620	85,771	12	Fresenius Chatham
60621	47,514	16	Fresenius Ross-Englewood
60622	76,015	30	Fresenius West Metro
60623	108,144		
60624	45,647	46	Fresenius Congress Pkwy Garfield Kidney Center
60625	91,351	12	Nephron Dialysis
60626	59,251		
60629	113,984		
60630	54,781	22	Fresenius North Kilpatrick
60631	28,832	14	Resurrection
60632	87,577		
60634	74,164	16	DaVita Montclare
60636	51,451		
60637	57,090		
60638	55,788		
60639	92,951		
60640	74,030	12	Fresenius Uptown
60641	73,824	10	Fresenius West Belmont
60644	59,059		
60645	44,197	20	Fresenius Rogers Park
60646	27,016		
60647	98,769	20	DaVita Logan Square
60649	54,823	24	Fresenius Jackson Park
60651	77,583	16	Fresenius Austin
60653	34,502		
60654	7		
60656	27,129	18	Fresenius Norridge
60657	66,789	22	DaVita Lincoln Park
60659	39,155		
60660	47,726		
60661	4,382		
60706	22,809		
60707	42,621		
60712	12,371	16	Center For Renal Replacement
60714	31,051	12	DaVita Big Oaks
60804	86,133		
Total	3,557,660	1,002	1/3,550

- Total population within 30 minute travel time of Fresenius West Willow is 3,557,660 according to the 2000 census
- Illinois population according to the 05-07 estimated census is 12,783,049.
- January 2010 station inventory for IL is 3,454.
- 30 Minute travel zone is MapQuest x 1.25

Unnecessary Duplication/Maldistribution

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

Facility	Address	City	MapQuest		Adjusted Time	Stations	Sept '09 Utilization
			Minutes	Miles			
Fresenius Lakeview	4008 N Broadway St	Chicago	3	1.43	4	10	85%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	6	1.94	8	22	86%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	6	3.25	8	33	42%
Circle Medical Management	1426 W Washington Blvd	Chicago	7	2.7	9	27	69%
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	7	3.08	9	20	93%
Fresenius Northcenter (E Belmont)	2620 W Addison St	Chicago	8	3.47	10	12	89%
Fresenius Polk	557 W Polk St	Chicago	8	3.99	10	24	76%
DSI Loop	1101 S Canal St	Chicago	8	4.16	10	28	43%
Rush	1653 W Congress Pkwy	Chicago	8	4.54	10	5	27%
Fresenius West Metro	1044 N Mozart St	Chicago	9	2.83	11	30	92%
Fresenius Northwestern Univ	710 N Fairbanks Ct	Chicago	9	3.9	11	44	77%
Cook Co. Hospital	1835 W Harrison St	Chicago	9	4.72	11	9	217%
U of I Hospital	1740 W Taylor St	Chicago	10	4.96	13	26	88%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	10	6.1	13	22	85%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	10	6.63	13	30	62%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	11	5.62	14	31	32%
Fresenius Prairie	1717 S Wabash Ave	Chicago	12	5.55	15	24	70%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	13	4.12	16	16	85%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	13	5.15	16	10	83%
Mt Sinai	2700 W 15th St	Chicago	13	6.25	16	16	64%
Nephron Dialysis	5140 N California Ave	Chicago	14	5.89	18	12	104%
DaVita Little Village	2335 W Cermak Rd	Chicago	14	6.68	18	16	88%
Fresenius Bridgeport	825 W 35th St	Chicago	14	7.56	18	27	83%
Fresenius Uptown	4720 N Marine Dr	Chicago	15	5.03	19	12	46%
DaVita Emerald	710 W 43rd St	Chicago	15	8.42	19	24	83%
Resurrection	7435 W Talcott Ave	Chicago	15	9.58	19	14	77%
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	15	9.68	19	16	65%
DaVita Big Oaks	5623 W Touhy Ave	Niles	15	10.2	19	12	0%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	16	9.55	20	22	73%
UC Hydepark	1531 E Hyde Park Blvd	Chicago	17	10.66	21	20	99%
Maple Avenue Kidney Center	610 S Maple Ave	Oak Park	17	11.79	21	12	106%
Fresenius Austin	4800 W Chicago Ave	Chicago	18	5.63	23	16	44%
Fresenius West Sub	518 N Austin Blvd	Oak Park	18	11.24	23	46	86%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	18	12.3	23	18	59%
Fresenius Ross-Englewood	6333 S Green St	Chicago	19	11.32	24	16	91%
Fresenius Oak Park	733 Madison St	Oak Park	19	12.42	24	32	76%
Fresenius Skokie	9801 Woods Dr	Skokie	19	13.19	24	14	70%
DaVita Montclare	7009 W Belmont Ave	Chicago	20	9.25	25	16	77%
UC Woodlawn	1164 E 55th St	Chicago	20	11.21	25	20	113%
Fresenius Chatham	W 83rd St & Stewart Ave	Chicago	20	13.37	25	12	
Fresenius Berwyn	2601 Harlem Ave	Berwyn	21	13.54	26	26	88%
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	21	14.15	26	30	79%
Fresenius Rogers Park	2277 Howard St	Chicago	22	12.65	28	20	62%
Fresenius Evanston	2953 Central St	Evanston	22	15.14	28	20	57%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	23	15.92	29	36	86%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	24	14.09	30	24	84%
Fresenius Melrose Park	1111 Superior St	Melrose Park	24	14.88	30	18	56%
Fresenius Greenwood	1111 E 87th St	Chicago	24	14.89	30	28	91%

Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care West Willow will not create a maldistribution of services. As noted previously, the ratio of stations to population within 30 minutes travel time is similar to the State ratio. Due to the fact that no additional stations are being added to the inventory (12 stations will be surrendered at the Fresenius Chicago also in HSA 6) the ratio will remain the same. The only effect which will be a positive one, is that the stations will be redistributed in the same HSA to more effectively meet the needs of the current patient population.

- 3A. Fresenius Medical Care West Willow will not have an adverse effect on any other area ESRD provider in that 69 patients identified for this facility are new pre-ESRD patients. No patients will be transferred from any other facility. Furthermore, Drs. Salem and Salem will still refer patients to the other ESRD facilities they currently refer to, on an ongoing basis per the patient's preference and home address. They are:

Fresenius Polk – 76%
Fresenius Northcenter – 89%
Fresenius Lakeview – 85%
Fresenius North Kilpatrick – 85%
Nephron Dialysis – 104%
DaVita Lincoln Park – 86%

The West Willow facility will open up additional needed access to dialysis treatment for patients of these physicians as market area facilities are operating at high utilization levels.

- B. Not applicable – applicant is not a hospital

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Mohamed Salem will be the Medical Director for Fresenius Medical West Willow. Attached is his curriculum vitae.

Attached also is supporting physician, Dr. Mahmoud Salem's 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.

CURRICULUM VITAE

Mohamed Medhat Salem, MD, FACP

Chief, Section of Nephrology

Saint Joseph Hospital

2900 North Lakeshore Drive

Chicago , IL 60657

PERSONAL INFORMATION:

Address (Office) 3023-25 N. Ashland Ave.

First Floor

Chicago, IL 60657

Address (Home)

Chicago, IL 60657

Tel (Residence): 773-755-0954

Tel (Office): 773-525-4701

Marital Status: Married

Citizenship: USA

LICENSURE:

State Of Illinois 036-072417

DEA Number: BS-0675819

CERTIFICATION:

American Board of Nephrology

11/1990.

Recertification American Board of Nephrology

2000

American Board of Internal Medicine

9/1988

FLEX

12/85

V.Q.E.

9/83.

M.B B.Ch. 12/1977

EDUCATION:

FELLOWSHIP:

Nephrology

Northwestern University

Chicago, Illinois

From 7/1988 to 7/1991

RESIDENCY:

Internal Medicine

Cook County Hospital

Chicago, Illinois

From 7/1986 to 6/1988

INTERNSHIP:

Internal Medicine

Cook County Hospital

Chicago, Illinois

From 7/1985 to 6/1986

MEDICAL SCHOOL:

Cairo University Faculty of Medicine

Cairo, Egypt

From 10/1972 to 12/1977

Dec 77. MD Diploma (M.B B.Ch.)

UNDERGRADUATE:

Cairo University, Faculty of Science

Sept 72. Pre Medical Diploma.

OTHER PROFESSIONAL EXPERIENCES:

Rotating Internship:

Cairo University Hospitals

From 3/1978 to 2/1979

MILITARY SERVICE:

Military Hospital in Cairo, Egypt

From 6/1979 to 10/1980

RESIDENCY:

Heliopolis Hospital, Cairo, Egypt

From 11/1980 to 12/1981

GENERAL PRACTICE:

Institut d' Hygiene Sociale,

Dakar, Senegal, West Africa

From 12/1981 to 7/1984

Chief Section of Nephrology. Resurrection Health Care. St. Joseph Hospital.

From July 1997 to Present

MEDICAL SOCIETIES:

Fellow, American College of Physicians

Member, American Medical Association

Member, Illinois Medical Society

Member, National Kidney Foundation

135

Member, American Society of Nephrology

Member, International Society of Nephrology

Member, Medical Advisory Board of the National Kidney
Foundation of Illinois

Member European Dialysis and Transplant Association

Honors

- **Teaching attending of the year** at St. Joseph Hospital for the academic year 1993-1994
- Ranked among top 12 educators by residents at St. Joseph Hospital for the academic year 1991-1992
- Ranked among top 12 educators by residents at St. Joseph Hospital for the academic year 1992-1993
- Certificate of Recognition by the American Association of Family Practice for the academic year 1993-1994
- Ranked among top 12 educators by residents at St. Joseph Hospital 1994 and 1995
- Elected as **Fellow of the American College of Physician**, January 1999

Previous Appointments:

Assistant Professor of Clinical Medicine

Northwestern University

August 1991 to June 2002

PUBLICATIONS:

- D Batlle, M Salem, et al. More on therapy for hyperkalemia in renal insufficiency (Letter). *N Engl J Med* 320:1496 1989.
- M Salem, G Rombola, DC Batlle. A Na-independent, ATP-Dependent, NEM-sensitive mechanism of ipH regulation in rat lymphocytes. Abstract presented at the central society of nephrology, held in Chicago on 11/2/90: Chicago, Ill.
- M Salem, Mujais SK. Coronary Revascularization in Dialysis Patients, The Need for Vigilance. *Inter J Artificial Organs*. 14:7-9; 1991
- M Salem, Batlle DC. Extra renal potassium homeostasis, implications for treatment of severe hyperkalemia. In Depth Review. *Am J Kidney Dis*. 18:421-440,1991
- M Salem, Ing TS, P Ivanovich, J Daugirdas: Adverse reactions to Dialysis Membranes, *Nephrol Dial and Transplant* 9 (suppl 2): 127-137, 1994
- M. Salem, John F. Brennan. Anaphylactoid Reactions in Dialysis Patients: pathogenesis and management. *Seminars in Dialysis*- Vol. 8, No 4(Jul-Aug) pp 212-219, 1995
- M Salem, D. Batlle. Metabolic Acidosis. *Textbook of Nephrology*. Third Edition, 1995. Massry and Glasscock Editors. Pages 430- 449, chapter23,. Publisher Williams & Wilkins, Baltimore, Maryland
- M Salem, D Batlle. Hypokalemia and Hyperkalemia. *Current Practice of Medicine*. R. Bone Editor. Churchill Livingstone, Inc Publisher 1996
- Serafino Garella and M. Salem, Disorders of Acid base Balance, Oxford text book of nephrology, Second Edition, 1997
- M. Salem, Book Review. Immunologic Renal Diseases. *Chicago Medicine* vol. 102, no 4, p 20, 1999
- M. Salem, D Batlle.. Hypokalemia and Hyperkalemia. *Current Practice of Medicine*. Reference Journal of Medicine. August 1999. Antonio Gotto . Editor. Saulo Klahr, Section Editor.

Curriculum Vitae



Mahmoud Mikhles Salem, M.D.

Date of birth: September 2, 1955

Citizenship: USA

Social Security #: 437-47-7521

Office Address:

3023 North Ashland Avenue, First Floor
Chicago, IL 60657
Phone: 773-525-4701
Fax 773-305-0950
Pager 773-781-6029
Mobile 773-562-4909
E mail salem.mahmoud@gmail.com

Home Address:

Chicago, IL 60610

Current Position: Attending Nephrologist

**Clinical Associate Professor of Medicine
University of Illinois at Chicago,**

EDUCATION

PreMed Cairo University, Cairo, Egypt Biology/Chemistry 1973-1974

M.D. Cairo University, Cairo, Egypt MD 1974-1979

GRADUATE MEDICAL EDUCATION

Intern Medicine Cairo Univ. Hospitals 3/80 - 3/81

Resident Medicine Cairo Univ. Hospitals 6/81 - 6/82

Fellow Tropical
Medicine Tulane University
New Orleans - LA 6/82 - 6/83

Intern Medicine Cook County Hospital
Chicago, IL 12/83 - 12/84

Resident Medicine Cook County Hospital
Chicago, IL 12/84 - 12/86

**Chief
Resident** Medicine Cook County Hospital
Chicago, IL 12/86 - 3/87

Fellow Nephrology Northwestern University
Chicago - Illinois 7/90 - 6/92

PROFESSIONAL EXPERIENCE

Associate Professor of Medicine University of Mississippi Medical School, Department of Medicine, Section of Nephrology
Jackson, Mississippi, USA 7/1/99 – 7/31/2006
Medical Director of Dialysis

Assistant Prof. of Medicine University of Mississippi Medical School, Department of Medicine, Section of Nephrology
Jackson, Mississippi, USA 10/1/93- 6/30/99

Internist Sparta/Gundersen Clinic
Sparta, WI, USA 8/1/92- 9/30/93

Assistant Prof. of Medicine Jordan University of Science
Irbid, Jordan 8/1/89 - 6/30/90

Internist

Private Practice, Cairo, Egypt

4/1/87 - 6/30/89

PROFESSIONAL ACTIVITY

1. Honors

M.D. graduated summa cum laude 1979

Winner of the National Kidney Foundation 1992 senior fellow research grant.

Winner of the "Outstanding teacher award" 2006-2007 from IL Masonic Medical Residency Program

2. Membership in Professional organizations

International Society of Nephrology 1991-present

American Society of Nephrology 1995-present

American College of Physicians 1987-present

American College of Emergency Physicians 1991-present

Member of the Editorial Board of Home Hemodialysis International 1999-present

Licenses

Mississippi No. 13785 issued 3/31/94, expires 6/30/2007

Illinois state no. 036-070619, issued 6/28/85, expires 7/31/2011

IL Controlled Substance License# 336076233

Washington state no. 0021168, issued 10/7/83, expires 9/2/1994

Wisconsin state no. 28189, issued 1/16/87, expires 11/1/1997

Ohio State No. 65187, issued 6/9/1993, expires 1/1/2000

California # C 043171 issued 2/16/94, expires 9/30/1996

DEA no. BS2272110, issued 6/6/90, expires 2/28/2011

Medicare UPIN# K27597 (Group# 212924)

National Provider Identification Number (NPI) # 1790743169

Medicaid ID# 0360706191

Malpractice Insurance: ISMIE policy# 63037

Effective Date 7/1/2006

Expires 7/1/2009

Limit of Liability 1-3 million \$

Address: 20 N Michigan Ave

Suite 700 Chicago, IL 60602

Phone 800-782-4767

Fax 312-782-223

Certification

Board Certified in Internal Medicine September 16, 1987 Certificate # 112035

Board Certified in Nephrology 1992. Certificate # 112035

Recertification in 2002

ECFMG permanent standard certificate no. 359-765-5, issued 10/6/83

FLEX # 000028683 in Dec 82

M.D from Cairo University, Cairo, Egypt in Dec 79

Basic and Advanced Cardiac Life Support certification

Publications

Articles:

1. Salem MM, Mujais SK: *Gaps in the Anion Gap*. Archives of Internal Medicine. 1992;52:1625-1629.
2. Salem MM, Mujais SK. *Technical and Functional Considerations in choosing a Hollow-Fiber Dialyzer*. Dialysis Therapy. Nissenson AR and Fine R. Eds. Second edition. 1993;65-73.
3. Salem MM, Mujais SK. *Technical and Functional Considerations in choosing a Parallel-Plate Dialyzer*. Dialysis Therapy. Nissenson AR and Fine R. Eds. Second edition. 1993;74.
4. Salem MM, Abu-Jawdeh G, Ivanovich P, Mujais SK: *End Stage Renal Disease and Malignancy*. International Journal of Artificial Organs. 1992;15 (11):644-7

5. Salem MM, Chen, Y, Mujais SK: *Potassium Adaptation in Hypothyroidism. Changes in Transport ATPases*. American Journal of Physiology. 1993; 264:F31-F36
6. Salem MM, Ivanovich P, Mujais SK. *Biocompatibility of Dialysis Membranes*. Contributions to Nephrology. 1993; 103:55-64
7. Salem MM, Mujais SK. *Gastrointestinal Tract in Uremia*. Textbook of Nephrology. Al-Massry. (Editor). Third Edition. 1994.
8. Salem MM. Renal Ammoniogenesis and Interorgan Cooperation in Acid-Base Homeostasis. By A. Tizianello, et al. Book Review. Digestive Diseases and Sciences. Vol. 40, No. 7 (July 1995) p 1602
9. Salem MM, Mujais SK. *Unique Aspects of Blood Pressure Control in Disability*. Medical Management of Long-term Disability. Greene D, MD. Ed. Butterworth Heinman (Publisher). Second edition 1996; pp 34-43.
10. Salem MM. *Hypertension in the Hemodialysis Population: A Survey of 649 Patients*. Am J Kid Dis. 1995;25:461-468
11. Salem MM, Kirschner K. *Diuretics Plus Albumin*. Diuretic Agents. Donald Seldin and Gerhard Giebisch (Editors). Academic Press, California, USA (in press).
12. Salem MM, Bower J. *Hypertension in the Hemodialysis Population: Any Relation to One Year Survival*. Am J Kid Dis. November 1996;28:737-740.
13. Salem MM. *Hypertension in the Hemodialysis Population*. An Editorial Review. International Journal of Artificial Organs. 1996; Volume 19, No. 12, p 693-694
14. Taylor R, Bower J, Salem M. *Coma and Acidosis Following Hemodialysis*. J Am Soc Nephrology. May 1997;8: 853-857.
15. Salem MM, Davis M. *Effect of One Year Hemodialysis on Weight and Blood Pressure*. Artificial Organs. May 1997;21, No 5, p 402-404
16. Salem MM. *Hyperparathyroidism in the Hemodialysis Population: A Survey of 612 Patients*. American Journal of Kidney Diseases. June 1997, Vol 29, No 6 pp 862-865
17. Salem MM, Taylor R. *Management of hypertension in the renal clinic: Are we successful?* (Accepted in Contemporary Dialysis and Nephrology)
18. Salem MM, Kirchner KA. *Albumin as an Adjunct to Diuretics for the Treatment of Edema*. In Diuretic Agents: Clinical Physiology and Pharmacology. 1997 by Academic Press. pp 271-279
19. Salem MM. *Hypertension in the Hemodialysis Population: Any Relation to Two Years Survival*. Nephrology Dialysis Transplantation. 1999 14:125-128

20. Salem MM. *Hypertension in the Hemodialysis Population: High Time for Answers*. Editorial. Am J Kidney Disease. Vol 33, No 3 (March), 1999: pp 592-594
21. Gwen Oldenquest and Mahmoud Salem. *Parenteral Copper Sulfate Poisoning Causing Acute Renal Failure*. Nephrology Dialysis Transplantation. (1999) 14:441-443
22. M. Salem. *Hypertension in the Hemodialysis Population: How Little do We Know?* Saudi Journal of Kidney Diseases and Transplantation. 1999;10(3):283-285
23. Julia Breyer Lewis, M.D.; Mahmoud M. Salem, M.D.; Glenn M. Chertow, M.D, M.P.H.; Lawrence S. Weisberg, M.D; Frank McGrew, M.D.; Thomas C. Marbury, M.D.; and Robin L. Allgren., Ph.D, for the Anaritide Acute Renal Failure Study Group. *Atrial Natriuretic Factor in Oliguric Acute Renal Failure*. Am J Kid Dis 2000;36(4):767-774
24. Gregory Crenshaw, Steven Bigler, Mahmoud Salem, Errol D. Crook. *Focal Segmental Glomerulosclerosis in African Americans: Effects of Steroids and ACE Inhibition*. Am J Med Sci. 2000;319(5):320-5
25. Salem MM. Is Hypertension Beneficial to the Conventional Hemodialysis Patient? Hemodial Int. 2000;4, 59-61
26. Salem MM. Treatment of Hypertension in the Hemodialysis Population: beneficial or Not?. Current Hypertension Reports. 2000;2 (5):441-444
27. Crook Errol D. MD; Flack, JohnM. MD; Salem, Mahmoud MD; Salahudeen, Abdulla K. MD; Hall, John PhD. Primary Renal Disease as a Cardiovascular Risk Factor. Am J Med Sci 2002;324(3):138-145

Abstracts:

1. Salem MM. Serum Calcium, the Parathyroid and Hypertension in the Hemodialysis Population. J Am Soc Nephrol. 1995;6:648
2. Mujais SK, Salem,MM. Renal Na:K Pump: regulatory Role of the p450 Enzyme System. J Am Soc Nephrol. 1995;6:759
3. Nawaz M, Crook E, Salem M, Bower J, Salahudeen A. Cervical spine abscess with cord compression: An unusual and previously unreported complication of subclavian vein cannula. Am J Kid Dis. 1996,
4. Salem MM, Taylor R. Management of Hypertension in the Renal Clinic: Are we successful? Am J Kidney Diseases. 1997
5. Basu A, Fleischmann E, Salem MM, Bower JD, Salahudeen AK. Inverse relationship between body mass index (BMI) and blood pressure in patients on hemodialysis. Presented in the Southern section meeting of the American federation of Clinical research in New Orleans on Feb 18th, 1999
6. Grenshaw G, Salem M, Bigler S, Crook ED. Focal segmental glomerulosclerosis in African Americans. Effects of steroids and ACE inhibition. Presented in the Southern section meeting of the American federation of Clinical research in New Orleans on Feb 18th, 1999
7. Steven Clark, Stephanie Elkins, Bernadette Deogaygay, and Mahmoud Salem. Ayoung woman with severe hypercalcemia. Journal of the Mississippi State Medical Association. Vol XLI no 6, June 2000 page 608

Reviewer:

Home Hemodialysis International

Kidney International

American Journal of Kidney Diseases

Editorial Board Membership:

Hemodialysis International

Seminars in Nephrology Guest Editor on Pathogenesis of Hypertension

Grants: Principal Investigator for the Losartan study \$ 48,000

Principal Investigator for the Auriculin study Research Fund: \$ 38,000

Principal Investigator for the "NESP Study" from Amgen \$ 20,000

Invited Lectures:

1. Grand Rounds on "Hypertensive Nephrosclerosis" at St. Joseph Hospital in Chicago, IL on 12/6/95
2. Lectured on "Hypertension in the Hemodialysis Poulation" to Neomedica nephrology foundation members in Chicago, IL on 12/7/95
3. Lectured on "Is Hypertension good or Bad for the Conventional Hemodialysis Patietnt?" in the 20th International Conference on Dialysis on 2/27/00 in San Francisco, California.

Lectures:

1. Adequacy of Dialysis. Clinical Nephrology Conference. 1/24/96 Nephrology Division, UMC.
2. ASN Report. Food for Thought. Nephrology Division Research Conference. UMC 1/29/96
3. Peritoneal Dialysis Conference Report. What's new in Peritoneal Dialysis?. 3/13/96
4. Taught Physical Exam course for 13 weeks (2 hours a week) for second year medical students from 2/5/96 till 5/15/96
5. Statistics: a commonsense approach. Lecture to nephrology division on 6/20/96

Criterion 1110.1430 (e)(5) Medical Staff

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

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



Signature

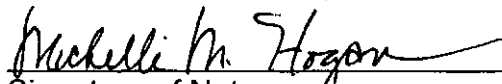
Brian Brandenburg

Printed Name

Regional Vice President

Title

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



Signature of Notary

Seal



146

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Medical Care West Willow in the first two years of operation, the facility anticipates achieving and maintaining the utilization standard, specified in 77 III. 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 West Willow.

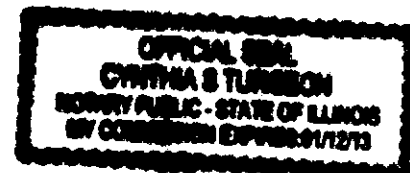


Signature

Brian Brandenburg/Regional Vice President
Name/Title

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

Cynthia S. Targen
Signature of Notary



Seal

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the Northern Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. 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 West Willow 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 St. Joseph Hospital, Chicago:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



Signature

Brian Brandenburg/Regional Vice President
Name/Title

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

Cynthia S. Turgeon
Signature of Notary

Seal



AFFILIATION AGREEMENT

This AGREEMENT made as of this 9th day of Sept., 2009 ("Effective Date"), between Saint Joseph Hospital, an Illinois not-for-profit corporation (hereinafter referred to as "Hospital") and Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care West Willow (hereinafter referred to as "Company") (each a "Party" and collectively the "Parties").

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

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

NOW, THEREFORE, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein:

1. Hospital agrees to make the facilities and personnel of its routine emergency services available for the treatment of acute potentially life-threatening emergencies, which may occur to any of Company's patients, provided that Hospital has the capacity to treat the Company's patients. If, in the opinion of a member of Company's medical staff, any patient requires emergency hospitalization, Hospital agrees to exercise its reasonable best efforts to provide for prompt admission of transferred patients and, to the extent reasonably possible under the circumstances, to give preference to Company's patients requiring transfer from Company. Notice of the transfer shall be given by Company as far in advance as possible.
2. Company shall keep all medical records of all treatments rendered to patients by Company. These medical records shall conform to applicable standards of professional practice. In the event of an emergency at Company, the responsible physician shall notify the patient's physician of record, as indicated in Company's files, and shall promptly notify the Hospital's emergency room physician of the particular emergency. Company shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate medical records at the time of transfer, at no cost to Hospital. The medical records shall contain all information necessary or useful in the care and treatment of patients referred to the Hospital from Company, a physician's order to transfer the patient and shall be accompanied by all information regarding the patient's medications, and clear directions as to who may make medical decisions on behalf of the patient, with copies of any power of attorney for medical decision making or, in the absence of such document, a list of next of kin, if feasible, to assist Hospital in determining appropriate medical decision makers in the event the patient is or becomes

unable to do so. In addition, the responsible physician recommending the transfer shall communicate directly with Hospital's emergency department prior to the transfer.

3. There will be an interchange, within one working day, of the patient Comprehensive Assessment(CA) and Plan of Care(POC), (each patient is assessed upon admittance and from this assessment the facility team, made up of Registered Nurse, Physician, Patient, Social Worker and Dietician, write up a goal oriented treatment plan or POC), and of any supplemental information necessary or useful in the care and treatment of patients transferred from Company to Hospital. Company shall supplement such information on becoming aware of any additional information necessary or useful for the care and treatment of the patients transferred. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.
4. In the event the patient must be transferred directly from Company to the Hospital, Company shall provide for the security of, and be accountable for, the patient's personal effects (including money, clothing, jewelry, personal papers, and articles for personal hygiene) during the transfer.
5. The Company shall keep an accurate and current log of all patients transferred to the Hospital and the disposition of such patient transfers. The Hospital shall accept patients of Company referred to the Hospital for elective reasons according to the established routine of Hospital, after the Company's attending physician has arranged for inpatient hospital admission.
6. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company and admitted to Hospital:
 - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
 - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
 - c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and
 - d. Blood bank services to be performed by the Hospital, or a third party provider.
7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, and Medicare/Medicaid certification standards, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice.

Company shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid. Company represents and warrants that neither it, nor any employee, officer, director or agent thereof is: (i) excluded from participation under Medicare, Medicaid of any federal or state funded health care program rules and regulations; (ii) a "sanctioned person" under any federal or state program or law; or (iii) has been listed on the General Services Administration's list of Parties excluded from Federal Programs. Company shall promptly notify Hospital if it receives notice of any actual or alleged infraction, violation, default, or breach of the same. Company shall treat such commitments as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives.

8. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the faculties.
9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located.
10. In accordance with 42 C.F. R. 405.2162, Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.
11. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director, if the patient has elected to receive services at Company. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, and the patient has elected to receive outpatient hemodialysis services at Company, Hospital will work cooperatively with Company to effect the proper transfer of patient. There will be an interchange, within one working day, of the patient CA and POC, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital.
12. This Agreement shall be non-exclusive. Either Party shall be free to enter into any other similar arrangement at any time and nothing in this Agreement shall be construed as limiting the right of either Party to affiliate or contract with any other hospital, nursing home, home health agency, school or other entity on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or marks

in any promotional or advertising material without first obtaining the written consent of the other Party.

13. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the Parties shall own and operate their individual facilities wholly independent of each other, each Party acting as an independent contractor with respect to the other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each Party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
14. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, comprehensive general liability insurance and professional liability insurance coverage, covering it and its own staff, and with respect to Company, its physicians, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of the Party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance coverage, if and as requested. Company and Hospital further agree to maintain, for a reasonable period following the termination of this Agreement, any insurance coverage required hereunder if underwritten on a claims-made basis. Either Party may provide for the insurance coverage set forth in this Section through self-insurance. Each Party shall notify the other in writing, by certified mail, of any action or suit filed and shall give prompt notice of any claim made against either by any person or entity that may result in litigation related in any way to this Agreement.
15. Each Party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the Party's breach of this Agreement, and of the negligent errors and omissions or willfull misconduct of the indemnifying Party, its agents, servants, employees and independent contractors (excluding the other Party) in the performance of or conduct related to this Agreement. This Section shall survive termination of this Agreement.
16. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time. Company shall promptly notify Hospital is it receives notice of any actual or alleged infraction, violation, default, or breach of the same.
17. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one Party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by traceable courier service (such as Federal Express) or by registered or certified mail, return receipt requested, postage prepaid, to such Party at the following address:

To the Hospital:

Saint Joseph Hospital
2900 N. Lake Shore Drive
Chicago, IL 60657
Attn: Ronald Struxness, CEO

To Company:

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

With a copy to:

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

All notices shall be deemed to have been given, if by hand or traceable courier service, at the time of the delivery to the receiving Party at the address set forth above or to such other address on the receiving Party may designate by notice hereunder, or if sent by certified or registered mail, on the 2nd business day after such mailing.

18. If any provisions of this Agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be unaffected. Further, the Parties shall modify the applicable provisions in writing to conform to such regulation, law, guideline, or standard established by such regulatory agency.
19. This Agreement contains the entire understanding of the Parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the Parties, their respective successors and assigns.
20. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois, without respect to its conflicts of law rules.
21. The term of this Agreement is for one (1) year, beginning on the Effective Date, and **will automatically renew for successive one year periods unless terminated pursuant to Section(s) 22 and 23.** The initial term and all renewal terms shall collectively be the "Term" of this Agreement.
22. Either Party may terminate this Agreement, at any time without cause, upon thirty (30) days prior written notice to the other Party.

23. A Party shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:
- (a) If such Party determines that the continuation of this Agreement would endanger Patient care;
 - (b) Violation by the other Party of any material provision of this Agreement, which violation continues for a period of thirty (30) days after receipt of written notice by the other Party specifying the violation;
 - (c) A general assignment by the other Party for the benefit of creditors; the institution by or against the other Party, as debtor, of proceedings of any nature under any law of the United States or any state, whether now existing or currently enacted or amended, for the relief of debtors, provided that in the event such proceedings instituted against the other Party remain unstayed or undismissed for thirty (30) days; the liquidation of the other Party for any reason; or the appointment of a receiver to take charge of the other Party's affairs, provided such appointment remains undischarged for thirty (30) days. Such termination of the provisions of this Agreement shall not affect obligations which accrued prior to the effective date of such termination;
 - (d) Exclusion of the other Party from participation in the Medicare or Medicaid programs or conviction of the other Party of a felony related to the provision of health care services;
 - (e) Except with respect to a change from one accrediting organization to another, the other Party's loss or suspension of any certification, license, accreditation (including Healthcare Facilities Accreditation Program ("HFAP") or other applicable accreditation), or other approval necessary to render Patient care services; and
 - (f) In the event of insufficient coverage as defined in Section 16 herein, or lapse of coverage.
24. The Parties agree that nothing contained in this Agreement shall require either Party to refer or admit patients to, or order any goods or services from, the other Party.
25. Neither Party is under any obligation to refer or transfer Patients to the other Party and neither Party will receive any payment for any Patient referred or transferred to the other Party. A Party may refer or transfer Patients to any facility based on the professional judgment of the treating physician and the individual needs and wishes of the Patients.
26. Neither Party may assign its rights or delegate its obligations under this agreement without the prior written consent of the other, except that either Party may assign all or Part of its rights and delegate all or part of its obligations under this Agreement to any

entity controlled by or under common control with such Party, or a successor in interest to substantially all of the assets of such Party.

- 27. This Agreement shall be binding upon, and shall inure to the benefit to the Parties hereto, their respective successors and permitted assigns.
- 28. No covenant or condition of this Agreement can be waived, except the extent set forth in writing by the waiving Party.
- 29. The Parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

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

Hospital:

Saint Joseph Hospital

**Company: Fresenius Medical Care ,
Of Illinois, LLC, d/b/a Fresenius Medical
Care West Willow**

By: 

Name: Roberta Luskin-Hawk, M.D.

Title: Executive Vice President and CEO

By: 

Name: Brian Brandenburg

Title: Regional Vice President

Criterion 1110.1430 (g) – Minimum Number of Stations

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

1.56

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 West Willow, LLC, Fresenius Medical Care Ventures, LLC, Fresenius Medical Care Ventures Holding Company, Inc., and National Medical Care, Inc. do not maintain audited financial statements. Fresenius Medical Care Holdings, Inc. is willing and able to provide financial support to National Medical Care, Inc. and hence Fresenius Medical Care West Willow, LLC if necessary.



8700 West Bryn Mawr
Chicago, Illinois 60631
TEL 773-714-9300
FAX 773-714-8253
www.painewetzel.com

April 3, 2009

Mr. Loren Guzik
Cushman & Wakefield
455 N. Cityfront Plaza, Suite 2800
Chicago, IL, 60611

RE: **Fresenius Medical Care Dialysis Center**
Request for Proposal – 1452 W. Willow Street, Chicago, Illinois

Dear Loren,

Please see below the terms and conditions that Ownership would be willing to lease space to Fresenius Medical Care in response to your request for proposal dated March 25, 2009.

OWNERSHIP:

ELSTON INDUSTRIAL LOFTS, LLC
550 W. Fullerton, Chicago, Illinois, 60614

LOCATION:

1452 W. Willow, Chicago, Illinois, 60622
Pin # 20-566-9330-0000

INITIAL SPACE REQUIREMENTS:

8,100 SF of actual space with 440 SF of mezzanine space.

HOURS OF OPERATION:

Please be advised that FMC may have employees and / or patients on site 24 hours per day 6 days per week. FMC is not open on Sundays.

PRIMARY TERM:

FMC desires an initial lease term of ten (10) years.

POSSESSION DATE:

FMC will have the right to take possession of the premises upon approval of the Certificate Of Need to complete its necessary improvements.

COMMENCEMENT DATE:

For purposes of establishing an actual Commencement Date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the lease that may be tied to a Commencement Date. To be determined.

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the lease. Options based upon fair market value, with mediation if the two parties cannot come to agreement.

RENTAL RATE:

\$16.00 (NNN). Based on 8,500 SF including mezzanine space and access to hallway / loading dock. A 6B tax incentive has been approved and set in place. This incentive reduces the taxes by roughly 50% and the benefit is passed on to the Tenant.

158

ONCOR INTERNATIONAL

Letter of Intent for Leased Space

ATTACHMENT – 75

OFFICES IN 220 CITIES: UNITED STATES, DENMARK, FRANCE, GERMANY, INDIA, AUSTRIA, RUSSIA, CHINA, AUSTRALIA, UNITED KINGDOM, JAPAN, ITALY, SPAIN, SWITZERLAND, CZECH REPUBLIC, BELGIUM, POLAND, NORWAY, UKRAINE, SWEDEN, FINLAND, HUNGARY, BRAZIL, CHILE, ARGENTINA, IRELAND

CONCESSIONS:

Concessions include a ninety (90) day build-out allowance. Discounted work provided by Landlord on electrical, HVAC and other build-out requirements.

**ESTIMATED COMMON
AREA EXPENSES AND
REAL ESTATE TAXES:**

Taxes: \$1.00 psf
CAM: \$0.35

TENANT IMPROVEMENTS:

Space will be delivered in following condition:

1. New double door glass store front, with handicap accessible ramp as discussed.
2. Awning over front of space (Brown chocolate color)
3. Two (2) ADA compliant washrooms to code as requested.
4. Convert the standard 400 amp electrical into 800 amp/208 volt, 3 phase power as requested.
5. Landlord estimates that 15 ton HVAC system will be adequate for this space. HVAC system will be installed and distributed. If HVAC requirement based on engineering recommendation, we will provide up to 20 ton at no additional charge.
6. Install and distribute the standard lighting fixtures. If Tenant wants a specific lighting fixture they will need to provide lighting fixture, Ownership will install free of charge.
7. The presence of gas service: the presence of local City sewer service no less than a 4" line; and the presence of local City water service no less than a 2" line; and floor drain per drawings.
8. It is estimated that the complete build out for FMC will be \$800,000. The build out includes all private offices, general office area, locker room, all dialysis stations, water treatment room, lunch room and all above items. Ownership is willing to co-pay 50% of this construction with FMC paying 50% for this tenant improvement, as long as owner is used sole to provide all work. This does not include any mechanical special equipment the tenant will need for their operation.

FIRE SUPPRESSION:

Sprinkler system (Wet)

**SPACE PLANNING/
ARCHITECTURAL AND
MECHANICAL DRAWINGS:**

FMC will provide all space planning and architectural and mechanical drawings required to build out the Tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the Tenant's responsibility.

**PRELIMINARY
IMPROVEMENT PLAN:**

At this time, please provide one-eighth inch architectural drawings of the proposed demised premises and detailed building specifications. Please email AutoCads to loren.guzik@cushwake.com

PARKING:

Approximately 100 car parking will be available. Landlord will work with Tenant in designating an ambulance drop off and handicapped spaces.

**CORPORATE
IDENTIFICATION:**

FMC will be responsible for all signage both at the front of the building and in front of their space. All signage will need to adhere to City of Chicago code and Landlord's approval.

**ASSIGNMENT/
SUBLETTING:**

FMC requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

**ZONING AND
RESTRICTIVE COVENANTS:**

PMD 2A allows for Medical uses. However Tenant is responsible to confirm that use is acceptable and to apply for all City and Business licenses.

FINANCING:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

The building has a clean phase II environmental report.

EXCLUSIVE TERRITORY:

Landlord agrees not to lease space under its control to another dialysis provider within a five mile radius of the proposed location.

CON CONTINGENCY:

Landlord and FMC understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a
Letter of Intent for Leased Space
ATTACHMENT - 75

CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to October 2009. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. In the event that the Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by October 2009, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

SECURITY:

Fresenius Medical Care Holding will fully guarantee the lease.

BROKERAGE FEE:

Per separate agreement.

**BROKERAGE
REPRESENTATION:**

Landlord and Tenant both acknowledge that no brokers have been involved in this transaction except for Paine/Wetzel ONCOR International; Michael Nelson and Al Schulman from Paine/Wetzel ONCOR Associates represent the Owner, Loren Guzik from Cushman & Wakefield of Illinois, Inc. represent the Tenant.

This offer is not intended to be contractual in nature and only an executed lease delivered to both parties can bind the parties to this transaction. It is expressly understood, agreed, and hereby acknowledged, that only upon the proper execution of a fully completed, formal lease contract, with all the lease terms and conditions clearly defined and included therein, will there then be any obligation, of any kind or nature, incurred or created between the herein parties in connection with the referenced property.

We look forward to completing this lease transaction with you.

Sincerely,

**PAINE/WETZEL ASSOCIATES, INC.
ONCOR INTERNATIONAL**



Michael D. Nelson
Senior Associate
773.714.2121

Cc: Albert Schulman, Paine/Wetzel

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 03/30/2016, 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) 84% 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 and 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

015 Exhibits 12,600

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	98.55	40	56.37
5	97.55	41	55.08
6	96.53	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	85.58	52	40.43
17	84.44	53	39.06
18	83.29	54	37.69
19	82.14	55	36.31

015 Exhibit 12.500

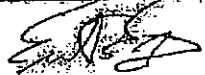
164

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	56	34.92
21	79.81	57	33.63
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.06	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	68.98	66	20.72
31	67.76	67	19.27
32	66.52	68	17.82
33	65.27	69	16.35
34	64.01	70	14.88
35	62.75	71	13.40
36	61.49	72	11.92

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

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

Dated: 3/30/09
 LESSOR:
 Siemens Financial Services, Inc.
 By: Carol Walters
 Name: CAROL WALTERS
 Title: VICE PRESIDENT DOCUMENTATION



Ernest Errigo
 Sr. Transaction Coordinator

LESSEE:
 National Medical Care, Inc.
 By: [Signature]
 Name: MARK FAWCETT
 Title: TREASURER

015 Exhibits 12.doc

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 (313-8414)		
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 (467-3564)		
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			

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

Computer Quote ATTACHMENT - 75

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>20,125</u>
Total:	\$88,882

It is estimated that \$88,882 in start up costs will be incurred. No deficits are anticipated from the operation. Total funding for the project is available from cash and securities.

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care West Willow, LLC

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

By: *Marc Lieberman*

Title: Marc Lieberman
Asst. Treasurer

By: *Mark Fawcett*

Title: Mark Fawcett
Vice President & Treasurer

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

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

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

Seal



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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Ventures, LLC

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

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ITS: Marc Lieberman
Asst. Treasurer

By: *Mark Fawcett*
ITS: Mark Fawcett
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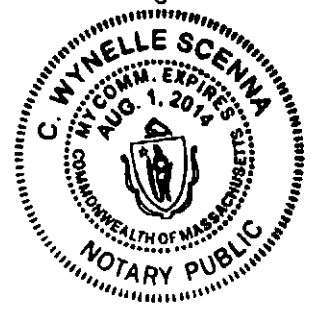
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C. Wynelle Scenna

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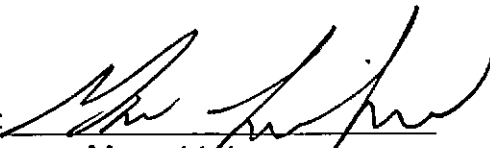


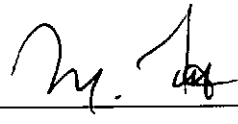
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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Ventures Holding Company, Inc.

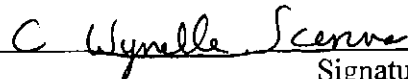
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By: 
 Marc Lieberman
ITS: Asst. Treasurer

By: 
ITS: Mark Fawcett
 Vice President & Treasurer

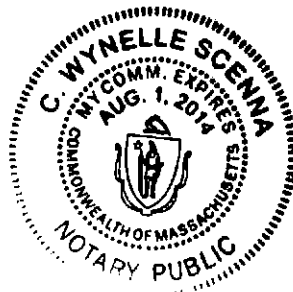
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Signature of Notary 

Signature of Notary _____

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Criterion 1120.310(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 & Treasure

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

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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

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Signature of Notary C. Wynelle Scenna Signature of Notary

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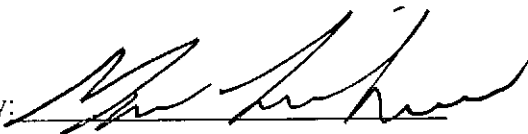
Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care West Willow, LLC

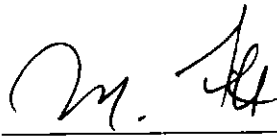
In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby attest to the fact that:

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

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

By: 


ITS: Marc Lieberman
Asst. Treasurer

By: 

ITS: Mark Fawcett
Vice President & Treasurer

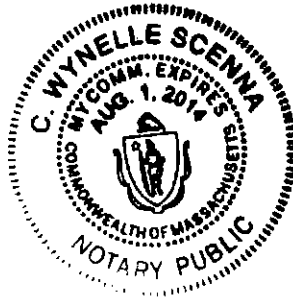
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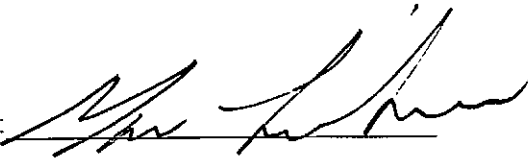
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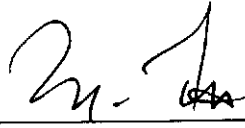
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Asst. Treasurer

By: 

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Vice President & Treasurer

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Criterion 1120.310(b) Conditions of Debt Financing

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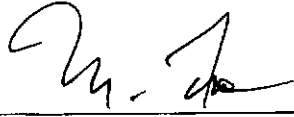
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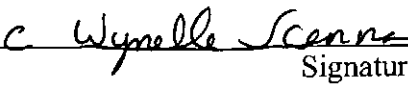
ITS: Marc Lieberman
Asst. Treasurer

By: 

ITS: Mark Fawcett
Vice President & Treasurer

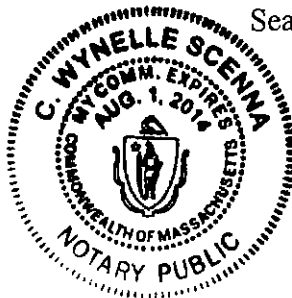
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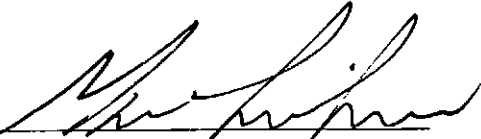
Criterion 1120.310(b) Conditions of Debt Financing

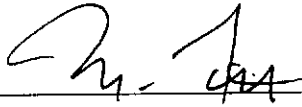
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Asst. Treasurer

By: 
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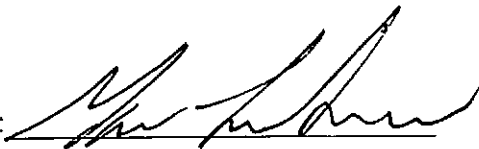
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Fresenius Medical Care Holdings, Inc.

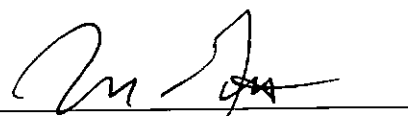
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Asst. Treasurer

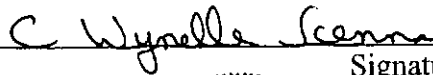
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Seal



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	9,048
Cost Per treatment	\$94.51

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:	9,048
Capital Cost per treatment	\$13.15

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.