

Original

10-012

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAR 11 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: <i>Fresenius Medical Care River Forest</i>			
Street Address: <i>103 Forest Avenue</i>			
City and Zip Code: <i>River Forest 60305</i>			
County: <i>Cook</i>	Health Service Area	<i>7</i>	Health Planning Area:

Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care River Forest, LLC d/b/a Fresenius Medical Care River Forest</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>Coleen Muldoon</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care North America</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9118</i>
E-mail Address: <i>coleen.muldoon@fmc-na.com</i>
Fax Number: <i>708-498-9283</i>

Additional Contact

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

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

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Willem Olsthoorn</i>
Address of Site Owner: <i>Eeuwigelaan 30, 1861 CM Bergen, The Netherlands</i>
Street Address or Legal Description of Site: <i>103 Forest Avenue, River Forest, IL 60305</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 River Forest, LLC d/b/a Fresenius Medical Care River Forest</i>
Address: <i>920 Winter Street, Waltham, MA 02541</i>

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

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

Organizational Relationships

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

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

Flood Plain Requirements**NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION**

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

APPEND DOCUMENTATION AS ATTACHMENT A IN ORDER TO COMPLETE THE EAST 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 checked="" type="checkbox"/> Substantive</p> <p><input 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				20
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 River Forest, LLC, proposes to establish a 20 station in-center hemodialysis facility at 103 Forest Avenue, River Forest,, Illinois. The facility will be in leased space with the interior to be built out by the applicant. In conjunction with the establishment and certification of this facility, 20 stations will be discontinued at the Fresenius Oak Park Dialysis Center which is 1.5 miles away and is also in HSA 7. The result will be a 12 station facility at Oak Park.

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	1,567,008	N/A	1,567,008
Contingencies	156,759	N/A	156,759
Architectural/Engineering Fees	170,000	N/A	170,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	450,000	N/A	450,000
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 2,799,583 Equipment 300,250	3,099,833	N/A	3,099,833
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	5,443,600	N/A	5,443,600
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	2,285,622	N/A	2,285,622
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)	3,099,833	N/A	3,099,833
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	58,145	N/A	58,145
TOTAL SOURCES OF FUNDS	5,443,600	N/A	5,443,600

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 estimated at \$1,567,008 however \$58,145 of this cost will be paid to the landlord over the term of the lease. Although this amount is paid per the lease term over time, it relates directly to the construction costs and not rent per GSF.

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ 86,794.

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

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	5,443,600	11,629	11,629		11,629		
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	5,443,600	11,629	11,629		11,629		
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	5,443,600	11,629	11,629		11,629		

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care River Forest, 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.

[Handwritten Signature]

SIGNATURE

[Handwritten Signature]

SIGNATURE

PRINTED NAME Mark Fawcett
Vice President & Treasurer

PRINTED TITLE

PRINTED NAME Marc Lieberman
Asst. Treasurer

PRINTED TITLE

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

Notarization:
Subscribed and sworn to before me
this 19 day of Jan 2010

Signature of Notary

[Handwritten Signature: C Wynelle Scenna]

Signature of Notary

Seal



Seal

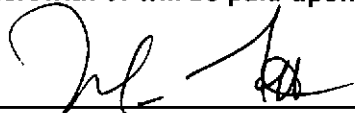
*Insert EXACT legal name of the applicant.

CERTIFICATION

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

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

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



 SIGNATURE

Mark Fawcett

 PRINTED NAME **Vice President & Treasurer**

 PRINTED TITLE



 SIGNATURE

Marc Lieberman

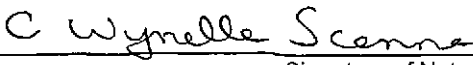
 PRINTED NAME **Asst Treasurer**

 PRINTED TITLE

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

Notarization:
 Subscribed and sworn to before me
 this 19 day of Jan 2010

 Signature of Notary



 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.

[Handwritten Signature]

SIGNATURE

Mark Fawcett
Vice President & Treasurer

PRINTED NAME

PRINTED TITLE

[Handwritten Signature]

SIGNATURE

Marc Lieberman
Asst. Treasurer

PRINTED NAME

PRINTED TITLE

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

Notarization:
Subscribed and sworn to before me
this 19 day of Jan 2010

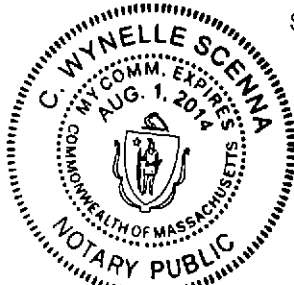
[Handwritten Signature]

Signature of Notary

Signature of Notary

Seal

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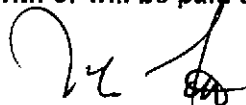
*Insert EXACT legal name of the applicant

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

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

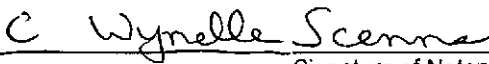


 SIGNATURE

Marc Lieberman
 PRINTED NAME
Asst. Treasurer
 PRINTED TITLE

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

Notarization:
 Subscribed and sworn to before me
 this 19 day of Jan 2010



 Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

Mark Fawcett
 SIGNATURE

Yoram Weberman
 SIGNATURE

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

PRINTED NAME **Yoram Weberman**
 Asst. Treasurer

PRINTED TITLE

PRINTED TITLE

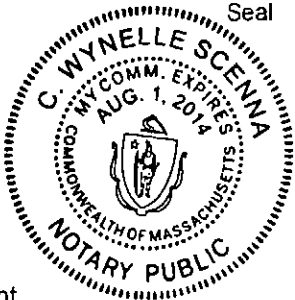
Notarization:
 Subscribed and sworn to before me
 this ____ day of _____

Notarization:
 Subscribed and sworn to before me
 this 19 day of Jan 2010

C. Wynelle Scenna
 Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

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

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

Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

Document **ALL** of the alternatives to the proposed project:

Examples of alternative options include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

PROJECT SERVICES UTILIZATION: NOT APPLICABLE - UTILIZATION STANDARDS APPLY

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

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

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

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

Provide the following information:

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

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

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

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELL SPACE

Submit the following:

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

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

SECTION VII. - CATEGORY OF SERVICE - REVIEW CRITERIA

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

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

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

A. Planning Area Need - Formula Need Calculation:

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

Planning Area HSA 7

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFSRB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
In-center Hemodialysis	20	142	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

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

EXAMPLE:

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

2. Projected Referrals

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

3. Project Service Demand - Based on Rapid Population Growth

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

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

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

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

1. Historical Service Demand

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

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

2. Projected Referrals

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

3. Projected Service Demand – Based on Rapid Population Growth

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

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

E. Service Accessibility - Service Restrictions

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

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

F. Unnecessary Duplication/Maldistribution

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

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

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

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

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

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

H. Staffing Availability

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

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

APPLICATION FORM.

I. Performance Requirements

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

K. Assurances

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

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

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

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

G. Criterion 1110.1430 - In-Center Hemodialysis

- 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
■ In-Center Hemodialysis		20	20		

- 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:

\$2,285,622 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.

3,099,833 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 of receipt.

58,145 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)

\$5,443,600 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)	
	-	134.75	-	-	11,629	-	-	1,567,008	1,567,008
Contingency	-	13.48	-	-	11,629	-	-	156,759	156,759
TOTALS	-	148.23	-	-	11,629	-	-	1,723,767	1,723,767

* Include the percentage (%) of space for circulation

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

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

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

D. Criterion 1120.310(d), Projected Operating Costs

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

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

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

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

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

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

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-77, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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Co - Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Ventures, LLC</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>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.

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>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 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>Rice Powell</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

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<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

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

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<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

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- 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

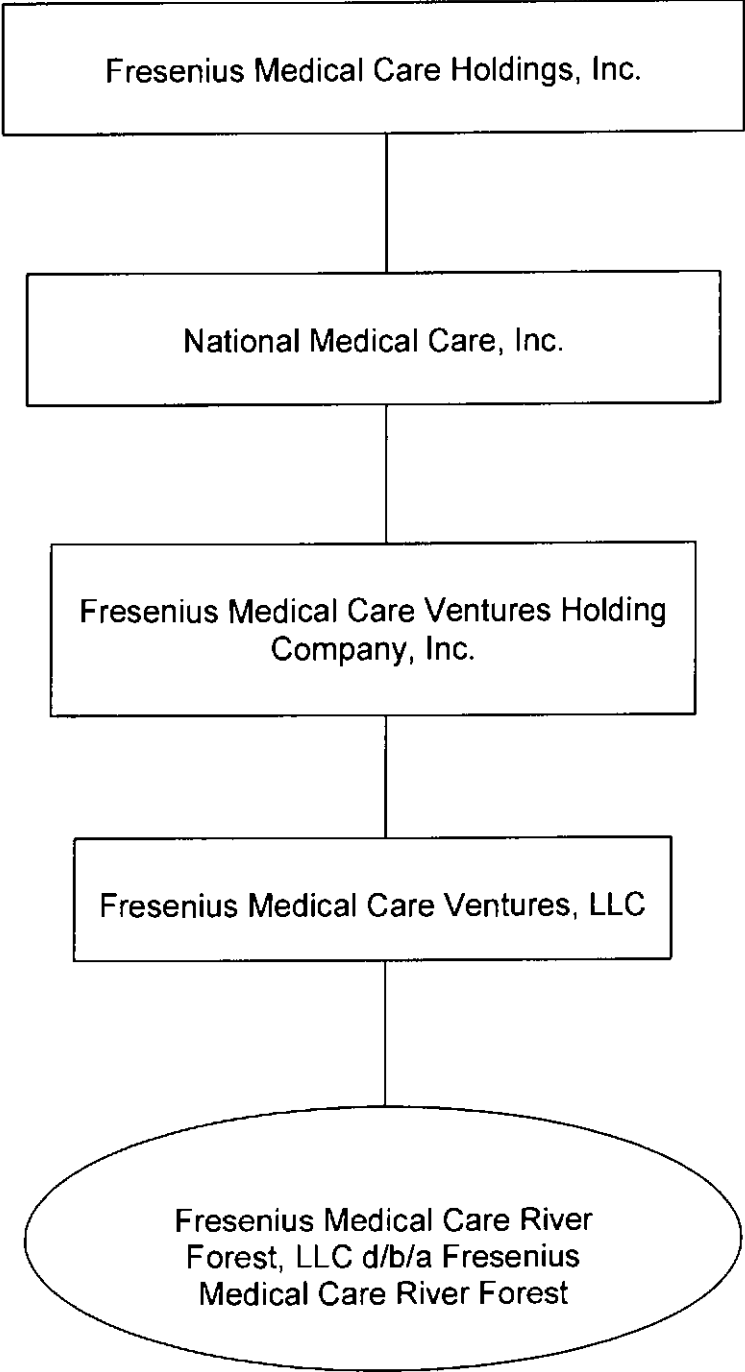
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Willem Olsthoorn*

Address of Site Owner: *Eeuwigelaan 30, 1861 CM Bergen, The Netherlands*

Street Address or Legal Description of Site: *103 Forest Avenue, River Forest, IL 60305*

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 RIVER FOREST, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JANUARY 14, 2010, 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 #: 1003501216

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 4TH day of FEBRUARY A.D. 2010 .

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
River Forest
CON - Establish a Dialysis Clinic
103 Forest Ave.
IHPA Log #002121609

December 23, 2009

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

Dear Ms. Wright:

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

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

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

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

Sincerely,

Anne E. Haaker
Anne E. Haaker
Deputy State Historic
Preservation Officer

2. Project Outline

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

Clinical Service Areas	Establish	Expand	Moderinize	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				20
Non-Hospital Based Ambulatory Surgery					
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	\$78,350
Temp Facilities, Controls, Cleaning, Waste Management	\$3,918
Concrete	\$20,058
Masonry	\$23,819
Metal Fabrications	\$11,753
Carpentry	\$137,740
Thermal, Moisture & Fire Protection	\$27,893
Doors, Frames, Hardware, Glass & Glazing	\$107,340
Walls, Ceilings, Floors, Painting	\$253,072
Specialities	\$19,588
Casework, FI Mats & Window Treatments	\$9,402
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	\$501,443
Wiring, Fire Alarm System, Lighting	\$302,119
Miscellaneous Construction Costs	\$70,515
Total	\$1,567,008

Contingencies

Contingencies **\$156,759**

Architectural/Engineering

Architecture/Engineering Fees **\$170,000**

Movable or Other Equipment

Water Treatment Equipment	103,000
Dialysis Equipment	43,000
Office Furniture & Equipment	144,000
Facility Automation	35,000
TVs & Accessories	87,000
Telephones	13,000
Generator	21,000
Other (Drains, etc.)	4,000
Total	450,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (11,629 GSF)	\$2,799,583
FMV Leased Dialysis Machines	295,350
FMV Leased Computers	4,900
Total	\$3,099,833

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	5,443,600	11,629	11,629		11,629		
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	5,443,600	11,629	11,629		11,629		
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	5,443,600	11,629	11,629		11,629		

Fresenius Medical Care Holdings, Inc. Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	538 E. Boughton Road	Boilingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign	14-2588	1405 W. Park Street	Champaign	61801
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 River Forest, 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: **Mark Fawcett**
Vice President & Treasurer

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

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

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

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal

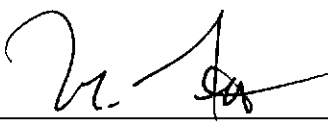


Certification & Authorization

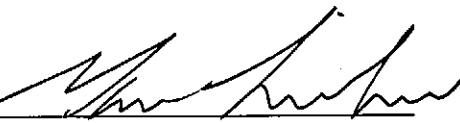
Fresenius Medical Care Ventures, LLC

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By: 

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

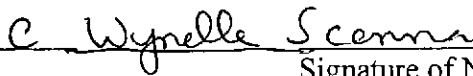
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Asst. Treasurer

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this 19 day of Jan, 2010

Signature of Notary



Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Ventures Holding Company, Inc.

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Vice President & Treasurer

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

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Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Seal

Certification & Authorization

National Medical Care, Inc.

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By: [Signature]

ITS: _____

Mark Fawcett
Vice President & Treasurer

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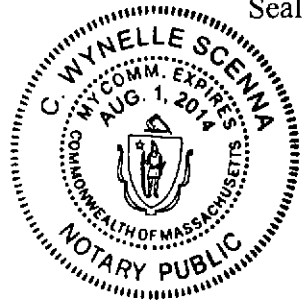
By: [Signature]

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Asst. Treasurer

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this 19 day of Jan, 2010

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: Mark Fawcett
Vice President & Assistant Treasurer

By: *[Signature]*

ITS: Marc Lieberman
Asst. Treasurer

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C Wynelle Scenna
Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1110.230 – Purpose of Project

The market area for this project consists of primarily Oak Park, River Forest, Forest Park, Maywood and the Austin community of Chicago. The majority of the renal patients from this market seek care at West Suburban Hospital in Oak Park and Oak Park Hospital.

The purpose of this project is to alleviate the cramped physical space at the Oak Park Dialysis Center while still caring for the current patients. This is to be accomplished by surrendering 20 of the 32 current stations there and creating a 20 station ESRD facility in River Forest which will serve the same patient population by transferring a portion of the patients from the Oak Park facility to the new River Forest facility.

Fresenius Oak Park has been in operation for 30 years at the same site at 733 Madison Street. The facility has expanded over the years and currently has 32 stations and is operating at 71% utilization. The physical space, approximately 7,000 GSF is very small for the amount of stations there. This amounts to 219 GSF per station, which is less than half of the current State Board standard of 470 GSF per station.

The creation of the River Forest facility, by removing 20 stations from Oak Park, will allow a more reasonable GSF at Oak Park. This will allow room to meet CMS guidelines as well as utilize updated technologies such as chair-side computers for medical records input and will allow for improved patient privacy. This will also allow for the Oak Park facility to be renovated and updated

The creation of a new spacious facility along with an updated and more spacious Oak Park facility will allow these ESRD patients a more satisfactory treatment environment/experience and will afford staff ample room to adequately care for the patients.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services in modern facilities, 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 current Oak Park facility as listed below:

- 91% of patients had a URR \geq 65%
- 96.26% of patients had a Kt/V \geq 1.2

Alternatives

- The alternative of doing nothing was not considered. The Oak Park facility is operating in an extremely cramped space creating difficulties with patients moving about the facility with wheel chairs and walkers as well as issues with patient privacy concerns with patient stations in close proximity to each other. It creates a poor working environment for our employees as well. There is limited space with regards to new CMS regulations and not enough space to place patient data systems between patient stations. There is no monetary cost to this alternative.
- The alternative of relocating the entire facility was considered but turned down. The facility has operated in its current location for 30 years and is in an ideal central location that is easily accessible and a short distance from Oak Park and West Suburban hospitals of which the majority of patients utilize as well as near the nephrologists offices located in Oak Park. For these reasons, Fresenius Medical Care did not want to completely leave this location. The building is in good condition, though cramped and in need of some aesthetic renovations, and has a reasonable rent of approximately \$100,000 a year. The desire was to keep the current site, along with creating a way to make more physical room for the current stations and patients. The alternative of relocating the entire current facility would have been approximately \$6,600,000 - over 1 million more than the current project.
- The alternative of using area facilities with excess capacity was not determined to be feasible. If stations were reduced at Oak Park Dialysis the 72 transfer patients would have to be scattered out to several area facilities such as Fresenius Meirose Park, Congress Parkway or Austin because no one facility could take all 72 patients. This would create a loss of continuity of care, as some of these patients would have to change physicians since the physicians cannot reasonably see patients at more than a handful of facilities. Currently the nephrologists are required to see each patient once a week aside from making hospital rounds and keeping office hours. ESRD patients also enjoy a sense of "family" at their dialysis center. They tend to become socially and/or emotionally dependent on seeing the same staff members for care and visiting with the other dialysis patients on their shift. Many create strong bonds and come to care for each other and support each other. To split up a facility amongst several different facilities would break these bonds and support systems and would be detrimental to the patients well being. Aside from being detrimental to the patients, this alternative would also create job loss for many of the employees at the Oak Park facility because of the reduced patient census. Dividing the Oak Park stations, patients and staff into two facilities would maintain continuity by keeping many of the patients together along with staff members and physicians and would prevent unemployment.
 - 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.

2. The alternative to expand an existing facility was not considered. The Oak Park facility is already in a cramped space that cannot be expanded. Expanding any other facility by 20 stations to accommodate the Oak Park patients would not be a reasonable solution. None of the nearby facilities have enough room to expand by that much and as an aside, a smaller facility 12-20 stations is more easily managed than a larger facility.
3. The alternative of establishing the River Forest facility at another site was considered. There were three other site options considered, though none were found to be suitable.

Site A – This site is a building currently occupied by a medical lab, however there was not ample parking (there was not even a place to park when touring the site). The building would have also needed extensive rehab work done. The cost would have been approximately \$4,000,000.

Site B - This was a former Comcast warehouse and was even larger than the current chosen site that contained a large loading ramp on the inside of the building. Costs would have been extensive to remove the ramp or build around it creating wasted space. This alternative was turned down. The cost would have been approximately \$5,500,000.

Site C - A plot of vacant land was also considered, however the size was excessive and the owner was unwilling to separate into smaller lots. The cost of the land alone would have been over a million dollars, making the cost of this site approximately \$6,000,000.

4. The current site, although larger than the State standard was chosen because of its many positive aspects. The building is in a nice location that is centrally located, yet not on a congested street. The parking lot is extensive allowing ample room for patients and staff as well as ambulance drop off and pick up of patients. Due to its size and ample parking Fresenius Medical Care plans to also locate a staff training center at this location along with administrative offices and a home dialysis department. The building itself has recently undergone a major renovation and will not require extensive build-out.

Fresenius Medical Care has thoroughly explored all options available and believes the current project would be the best solution to address the cramped space and to allow for continuity of care with the patients best interests in mind. Although, the cost of this project, \$5,443,600, 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 11,629 GSF. The State Standard for a 20 station facility is 9,400 GSF. The applicant realizes the size of space being leased is over this amount by 2,229 GSF. The site is a stand alone one tenant building, with the landlord requiring the entire space be leased as a whole. Many months were spent looking for a suitable site in the area with this one being the most desirable for a dialysis facility.

There are two reasons why Fresenius Medical Care chose this site. One being that it is in an ideal un-congested location, with a large parking lot for patients, staff and ample room for ambulance drop-off. The building itself has recently been completely rehabbed on the inside and the interior build-out by Fresenius will thus be limited.

Secondly Fresenius Medical Care has plans to place a staff training center here due to its central location, available space & parking availability. The site will also house administrative offices and a home therapies program.

Although there have been no exact plans drawn yet, the approximate allocation of the in-center hemodialysis clinic space is 9,000 GSF, which is within the State guidelines for GSF of a dialysis center. Fresenius Medical Care has found that it is wise healthcare planning to have space available on the forefront for future expansion to avoid the overcrowding experienced at the current Oak Park facility. The remainder of the space allocation will be approximately 1,100 GSF for administrative offices and 1,500 GSF for the staff training center.

Planning Area Need – Formula Need Calculation:

A. Planning Area Need - Formula Need Calculation:

1. Complete the requested information for each category of service involved:

Refer to 77 Ill. Adm. Code 1100 for information concerning planning areas, bed/station/key room deficits and occupancy/utilization standards.

Planning Area HSA 7

Category of Service	No. of Beds/Stations/Key Rooms Proposed	HFPB Inventory Need or Excess	Part 1100 Occupancy/Utilization Standard
<i>In-center Hemodialysis</i>	20	142 Excess*	80%

*This Board has approved an amendment to 1100.630, which is the formula for need for dialysis stations in service areas. The current rule states that the target utilization rate is 80%, but then uses a mathematical formula which would result in a 100% utilization rate. The Board approved amendments to the rule to change the formula contained in the rule so that it is compatible with the 80% utilization target rate. The proposed amendment is pending before JCAR and there is no reason to think it will not pass, and obviously the Board supports it. If and when the rule is changed Health Service Area 7, where the proposed River Forest clinic is located, would have a need for 49 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 Cook County in HSA 7, more specifically the Oak Park/River Forest market area. 100% of the pre-ESRD patients reside in HSA 7. Due to the fact that Oak Park is on the border of HSA 6, The City of Chicago, a portion of the identified transfer patients will be coming from that HSA 6.

County	HSA	# Pre-ESRD Patients Who Will Be Referred to River Forest
Chicago/Cook Co	6	0
Suburban Cook Co	7	73 – 100%

County	HSA	Oak Park Dialysis Patients who will Transfer to River Forest
Chicago/Cook Co	6	23 – 32%
Suburban Cook Co	7	49 – 68%



February 25, 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 with Nephrology Associates of Northern Illinois (NANI) in the Oak Park/River Forest area for over 30 years. I am the Medical Director of the Fresenius Oak Park Dialysis Center. Over the years I have seen the Oak Park facility expand several times in a building that is not appropriately sized for the number of current stations (32). For this reason, I am in full support of the establishment of the proposed Fresenius Medical Care River Forest dialysis clinic by the surrendering of 20 stations at Oak Park and the subsequent transfer of patients from Oak Park to River Forest.

The Fresenius Oak Park facility has experienced an overall average mortality rate over the past three years of 10% of total patients treated at the facility over a one year period and an average 2% transplant rate based on the same number of patients, (see attached data).

Over the past three years the NANI practice in the Oak Park area was treating 426 hemodialysis patients at the end of 2007, 406 patients at the end of 2008 and 414 patients at the end of 2009, which is also the most recent quarter, as reported to The Renal Network. As well, over the past twelve months, NANI has admitted 441 hemodialysis patients to Fresenius Oak Park, Fresenius West Suburban, Fresenius Melrose Park and Fresenius North Avenue. 72 current ESRD patients of Oak Park Dialysis are expected to transfer to the River Forest facility upon certification. There are 139 pre-ESRD patients in the Oak Park/River Forest area. It is expected that 66 of them will be referred to the current Oak Park facility and 73 will be referred to the River Forest facility within 2 years after completion of the facility (see attached lists of patients by zip code).

I therefore urge the Board to approve the 20 station Fresenius River Forest clinic to alleviate cramped conditions in the Oak Park Dialysis Center while keeping access to dialysis treatment available for current and pre-ESRD patients in the Oak Park/River Forest area. Thank you for your consideration.

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

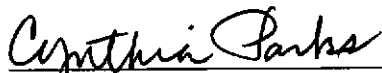
Sincerely,



Paul Balter, M.D.

Notarization:

Subscribed and sworn to before me
this 25 day of February, 2010



Signature of Notary

Seal





February 25, 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 with Nephrology Associates of Northern Illinois (NANI) in the Oak Park/River Forest area. I am the Medical Director of the Fresenius Austin Community Kidney Center. Due to the fact that the Fresenius Oak Park Dialysis Center is operating in cramped space, I am in full support of the establishment of the proposed Fresenius Medical Care River Forest dialysis clinic by the surrendering of 20 stations at Oak Park and the subsequent transfer of patients from Oak Park to River Forest.

The Fresenius Oak Park facility has experienced an overall average mortality rate over the past three years of 10% of total patients treated at the facility over a one year period and an average 2% transplant rate based on the same number of patients, (see attached data).

Over the past three years the NANI practice in the Oak Park area was treating 426 hemodialysis patients at the end of 2007, 406 patients at the end of 2008 and 414 patients at the end of 2009, which is also the most recent quarter, as reported to The Renal Network. As well, over the past twelve months, NANI has admitted 441 hemodialysis patients to Fresenius Oak Park, Fresenius West Suburban, Fresenius Melrose Park and Fresenius North Avenue. 72 current ESRD patients of Oak Park Dialysis are expected to transfer to the River Forest facility upon certification. There are 139 pre-ESRD patients in the Oak Park/River Forest area. It is expected that 66 of them will be referred to the current Oak Park facility and 73 will be referred to the River Forest facility within 2 years after completion of the facility (see attached lists of patients by zip code).

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Sincerely,

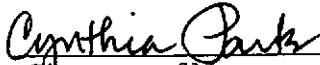


David Kracker, M.D.

Notarization:

Subscribed and sworn to before me

this 25 day of February, 2010



Signature of Notary

Seal





February 25, 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 with Nephrology Associates of Northern Illinois (NANI) in the Oak Park/River Forest area. I am the Medical Director of the Fresenius North Avenue Dialysis Center. Due to the fact that the Fresenius Oak Park Dialysis Center is operating in cramped space, I am in full support of the establishment of the proposed Fresenius Medical Care River Forest dialysis clinic by the surrendering of 20 stations at Oak Park and the subsequent transfer of patients from Oak Park to River Forest.

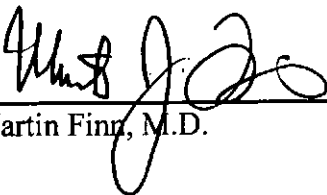
The Fresenius Oak Park facility has experienced an overall average mortality rate over the past three years of 10% of total patients treated at the facility over a one year period and an average 2% transplant rate based on the same number of patients, (see attached data).

Over the past three years the NANI practice in the Oak Park area was treating 426 hemodialysis patients at the end of 2007, 406 patients at the end of 2008 and 414 patients at the end of 2009, which is also the most recent quarter, as reported to The Renal Network. As well, over the past twelve months, NANI has admitted 441 hemodialysis patients to Fresenius Oak Park, Fresenius West Suburban, Fresenius Melrose Park and Fresenius North Avenue. 72 current ESRD patients of Oak Park Dialysis are expected to transfer to the River Forest facility upon certification. There are 139 pre-ESRD patients in the Oak Park/River Forest area. It is expected that 66 of them will be referred to the current Oak Park facility and 73 will be referred to the River Forest facility within 2 years after completion of the facility (see attached lists of patients by zip code).

I therefore urge the Board to approve the 20 station Fresenius River Forest clinic to alleviate cramped conditions in the Oak Park Dialysis Center while keeping access to dialysis treatment available for current and pre-ESRD patients in the Oak Park/River Forest area. Thank you for your consideration.


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

Sincerely,



Martin Finn, M.D.

Notarization:
Subscribed and sworn to before me
this 25 day of February, 2010



Signature of Notary

Seal



**CURRENT HEMODIALYSIS PATIENTS OF OAK PARK DIALYSIS WHO
WILL TRANSFER TO THE RIVER FOREST FACILITY UPON ITS
CERTIFICATION**

Zip Code	Patients
60103	1
60104	5
60130	7
60148	1
60153	6
60155	1
60301	1
60302	16
60304	4
60402	6
60453	1
60629	1
60636	1
60644	21
Total	72

**PRE - ESRD PATIENTS NANI EXPECTS TO REFER TO FRESENIUS
MEDICAL CARE RIVER FOREST BY 2 YEARS (24 MONTHS)
AFTER PROJECT COMPLETION**

Zip Code	Patients
60104	17
60130	13
60153	13
60155	3
60302	17
60304	1
60305	6
60402	3
Total	73

(The remaining 66 pre-ESRD patients of NANI who reside in the Oak Park/River Forest area will be referred to the Fresenius Oak Park Dialysis Center)

Zip Code	Patients
60644	43
60302	9
60304	7
60402	7
Total	66

**ADMISSIONS OF THE OAK PARK AREA NANI PRACTICE FOR THE
PREVIOUS TWELVE MONTHS - 01/01/2009 THROUGH 12/31/2009**

Zip Code	Fresenius Austin	Fresenius Melrose Park	Fresenius North Avenue	Fresenius Oak Park	Fresenius West Suburban	Grand Total
60101			1			1
60104		2	7	5	1	15
60106			1			1
60130				6		6
60131			12			12
60139			1			1
60153		1	10	2		13
60154			1	1		2
60155			2			2
60160		1	9			10
60162			3			3
60163			2			2
60164			11			11
60165			5		1	6
60171			2			2
60176			2			2
60188			1			1
60194			1			1
60301				1		1
60302			1	17	4	22
60304			2	7		9
60305			2	1	1	4
60402				8	1	9
60425					1	1
60435			1			1
60440			1	1	1	3
60451				1		1
60453				1		1
60455			1			1
60458					1	1
60525			1			1
60527	1					1
60534			1			1
60546			1			1
60607			1			1
60608	1					1
60612	1			3	1	5
60616			1			1
60620				1		1
60621				1	1	2
60623	1			3	2	6
60624	5			3	8	16
60628					1	1
60629				1	2	3
60634			4	1	1	6
60636				1		1
60638	1				1	2
60639	8		4	6	7	25
60644	22	1	3	24	30	80
60646			1			1
60647					2	2
60649				1	1	2
60651	31		7	11	42	91
60652	1					1
60653				1		1
60656			1			1
60657				1		1
60706			1		1	2
60707			20	2	3	25
60804				5	2	7
Grand Total	74	5	126	117	119	441

**PATIENTS OF OAK PARK/RIVER FOREST AREA NANI PRACTICE AT
YEAR END 2007 BY FACILITY AND ZIP CODE**

Zip Code	Fresenius Austin Community Kidney Center	Fresenius Melrose Park	Fresenius North Avenue	Fresenius Oak Park	Fresenius West Suburban	Total
46407					1	1
46410				1		1
60104		1	6	6	3	16
60130				5		5
60131			11			11
60153		2	6	2	7	17
60154			1	1		2
60155					2	2
60160		1	6			7
60162			2			2
60163			1			1
60164			7			7
60165			4			4
60171			3			3
60181			1			1
60188			1			1
60302			1	5	11	17
60304			1	4	3	8
60305			1	1	1	3
60402				4	2	6
60426					1	1
60431			1			1
60440					1	1
60451				1		1
60513					1	1
60534				1		1
60545			1			1
60604					1	1
60608	1					1
60609				1		1
60612				3	2	5
60620				1	1	2
60621					1	1
60622					2	2
60623				3	7	10
60624	3			2	20	25
60629				2	2	4
60630			1			1
60634			1	1	1	3
60636				1	1	2
60638					1	1
60639	1		2	4	13	20
60643	1					1
60644	8		1	17	65	91
60647					1	1
60649				2		2
60651	17		3	11	66	97
60652	1					1
60657				1		1
60706			2			2
60707			13	2	2	17
60804				6	5	11
60827					1	1
Total	32	4	77	88	225	426

**PATIENTS OF OAK PARK/RIVER FOREST AREA NANI PRACTICE AT
YEAR END 2008 BY FACILITY AND ZIP CODE**

Zip Code	Fresenius Austin Community Kidney Center	Fresenius Melrose Park	Fresenius North Avenue	Fresenius Oak Park	Fresenius West Suburban	Total
46410				1		1
60101			1			1
60104		1	6	4	3	14
60130				5	1	6
60131			9			9
60153		1	6	2	1	10
60154			1	1		2
60155			1		1	2
60160		1	7			8
60162			2			2
60163			1			1
60164			8		1	9
60165			3			3
60171			2			2
60188			1			1
60302				7	12	19
60304			2	3	3	8
60305			2			2
60402				5	1	6
60425					1	1
60440			1	1	1	3
60451				1		1
60527	1					1
60534				1		1
60546			1			1
60604					1	1
60608	1					1
60612	1			3	1	5
60620				1		1
60621				1		1
60622					1	1
60623	1			3	2	6
60624	5			1	17	23
60628			1			1
60629				1	1	2
60634			1	1		2
60636				1		1
60638					1	1
60639	2		2	4	14	22
60640					1	1
60644	15		3	12	64	94
60647					2	2
60651	24		5	9	66	104
60652	1				1	2
60656			1			1
60706			1			1
60707			8	2	3	13
60803					1	1
60804				2	3	5
Total	51	3	76	72	204	406

**PATIENTS OF OAK PARK/RIVER FOREST AREA NANI PRACTICE AT
YEAR END 2009 & MOST RECENT QUARTER BY FACILITY AND ZIP CODE**

Zip Code	Fresenius Austin Community Kidney Center	Fresenius Melrose Park	Fresenius North Avenue	Fresenius Oak Park	Fresenius West Suburban	Total
60101			1			1
60104		2	5	4	2	13
60106			1			1
60130				6		6
60131			10			10
60139			1			1
60153		1	6	2	1	10
60154			1	1		2
60155			1		1	2
60160		1	7			8
60162			3			3
60163			1			1
60164			9			9
60165			4			4
60171			2			2
60176			2			2
60194			1			1
60301				1		1
60302			1	11	11	23
60304			1	3	1	5
60305			1			1
60402				6	2	8
60425					1	1
60440			1	1	1	3
60453				1		1
60455			1			1
60525			1			1
60534			1		1	2
60546			1			1
60604					1	1
60607			1			1
60608	1					1
60612	1			3	2	6
60616			1			1
60621					1	1
60622					1	1
60623	1			3	3	7
60624	4			3	14	21
60629				1	2	3
60634			2		1	3
60636				1		1
60639	3		4	5	11	23
60640					1	1
60644	16	1	1	15	61	94
60647					1	1
60649				1		1
60651	21		6	8	53	88
60652	1				1	2
60653				1		1
60656			1			1
60657				1		1
60706			1			1
60707			15	1	3	19
60803					1	1
60804				4	4	8
85027			1			1
Total	48	5	- / - 96	83	182	414

63e

Oak Park Dialysis Mortality/Transplant Rates

2007 Total Permanent Hemodialysis Patients	Deaths	Transplants
228	30	6
100%	13%	3%

2008 Total Permanent Hemodialysis Patients	Deaths	Transplants
193	14	4
100%	7%	2%

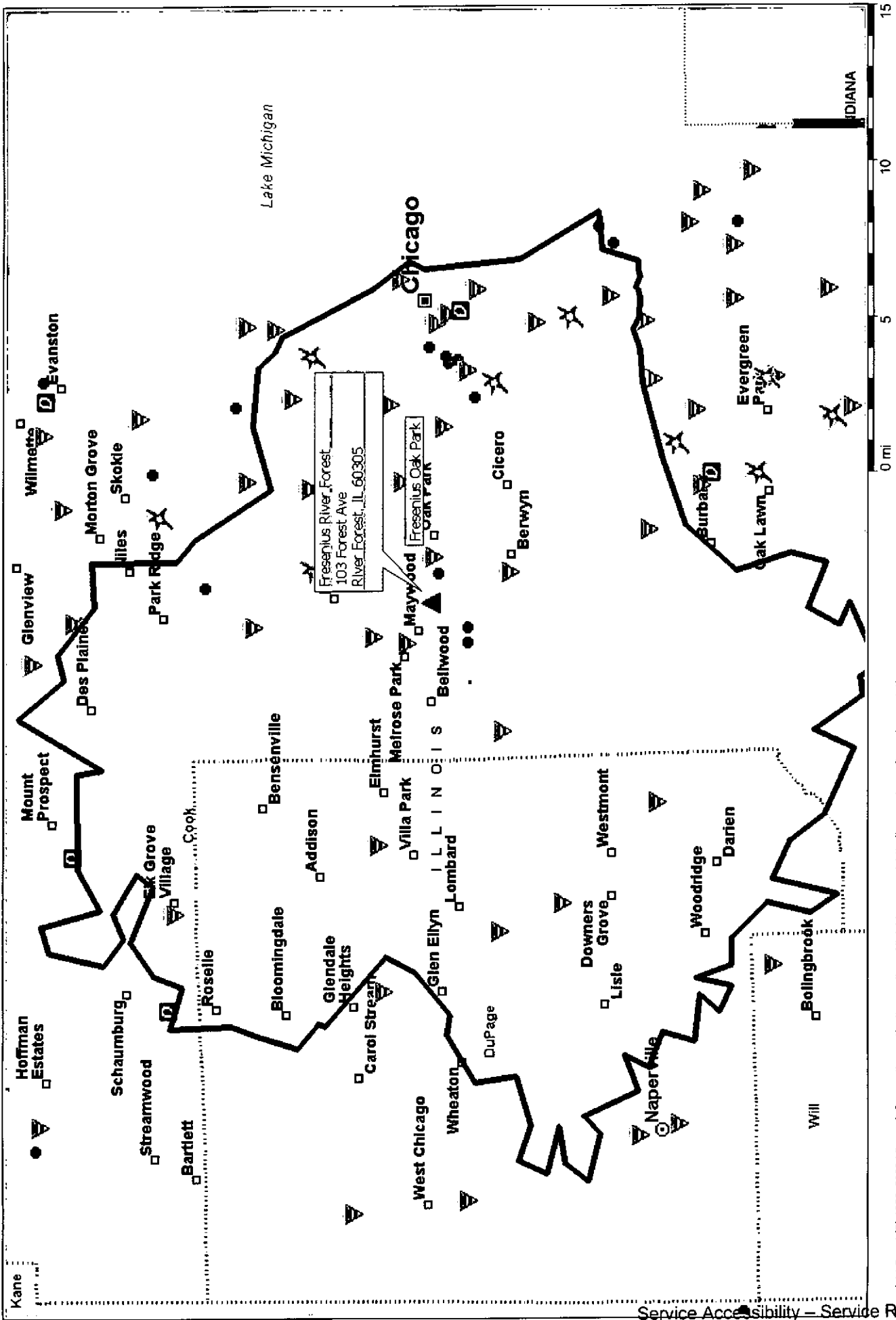
2009 Total Permanent Hemodialysis Patients	Deaths	Transplants
203	21	5
100%	10%	2%

Total Permanent Hemodialysis Patients 3 years	Deaths 3 Years	Transplants 3 years
624	65	15
100%	10%	2%

Facilities Within 30 Minutes of Fresenius River Forest

Facility	Address	City	MapQuest		MapQuest x 1.15	UTL Dec 09
			Miles	Time		
Maple Avenue Kidney Cntr	610 S Maple Ave	Oak Park	1.34	4	5	113%
Fresenius Oak Park	733 Madison St	Oak Park	1.78	5	6	71%
Fresenius Melrose Park	1111 Superior St	Melrose Park	1.94	6	7	57%
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	2.71	7	8	77%
Fresenius North Ave	719 W North Ave	Melrose Park	2.94	7	8	88%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	3.72	9	10	89%
Fresenius West Sub	518 N Austin Blvd	Oak Park	3.25	10	12	82%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	6.63	12	14	85%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	6.63	12	14	60%
Rush Hospital Dialysis	1653 W Congress Pkwy	Chicago	8.7	13	15	30%
Fresenius Austin	4800 W Chicago Ave	Chicago	6.36	14	16	56%
Cook Co. Hospital	1835 W Harrison St	Chicago	8.53	14	16	189%
Fresenius Westchester	2400 Wolf Road	Westchester	8.93	14	16	76%
U of I Hospital	1740 W Taylor St	Chicago	8.98	15	17	87%
DaVita Montclare	7009 W Belmont Ave	Chicago	5	16	18	81%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	6.48	16	18	65%
Mt Sinai	2700 W 15th St	Chicago	8.37	16	18	70%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	9.02	16	18	33%
Circle Medical Management	1426 W Washington Blvd	Chicago	9.2	16	18	68%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	9.91	16	18	53%
Fresenius Polk	557 W Polk St	Chicago	10.48	16	18	73%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	8.5	17	20	86%
DSI Loop	1101 S Canal St	Chicago	10.64	17	20	42%
DaVita Little Village	2335 W Cermak Rd	Chicago	9.39	18	21	86%
Fresenius West Metro	1044 N Mozart St	Chicago	9.11	19	22	93%
Fresenius Villa Park	200 E North Ave	Villa Park	11.96	19	22	85%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	12.85	19	22	89%
Fresenius Willowbrook	6300 Kingery Hwy	Willowbrook	14.15	20	23	85%
Fresenius Prairie	1717 S Wabash Ave	Chicago	12.03	21	24	75%
Fresenius Lombard	1940 Springer Dr	Lombard	13.62	21	24	0%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	13.03	22	25	77%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	7.64	24	28	80%
Resurrection Hospital Dialysis	7435 W Talcott Ave	Chicago	9.98	24	28	71%
DaVita Emerald	710 W 43rd St	Chicago	14.91	24	28	85%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	16.1	24	28	73%
Fresenius Bridgeport	825 W 35th St	Chicago	16.1	24	28	70%
Fresenius Midway	6201 W 63rd St	Chicago	10.93	25	29	0%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	14.98	25	29	90%
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	15.92	25	29	92%
Fresenius Elk Grove	901 Biesterfeld Rd	Elk Grove Village	18.03	25	29	71%
Fresenius Northcenter	2620 W Addison St	Chicago	16.31	26	30	88%
UC Lakepark	1531 E Hyde Park Blvd	Chicago	17.15	26	30	101%

Facilities Within 30 Minutes of Fresenius River Forest

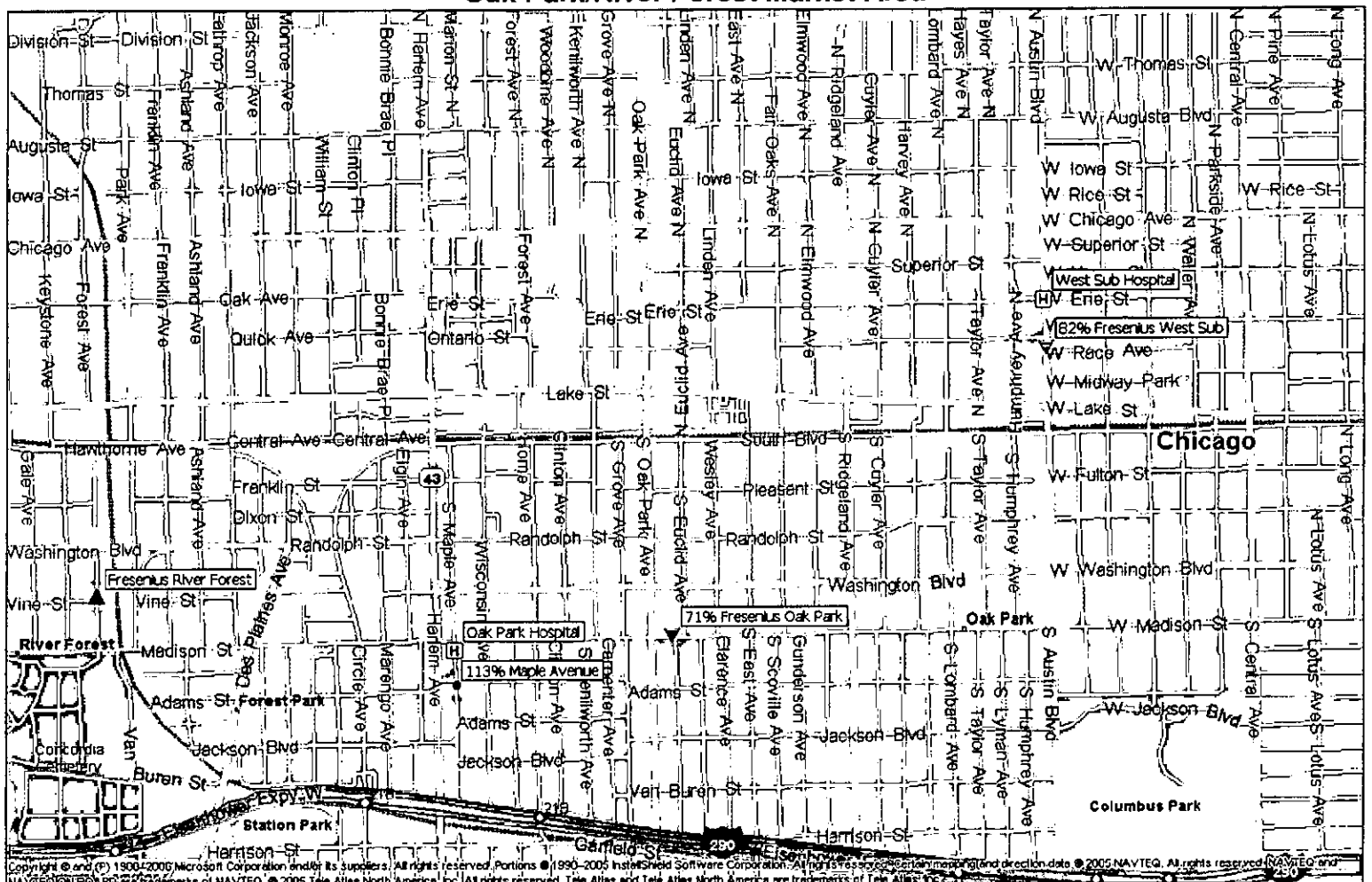


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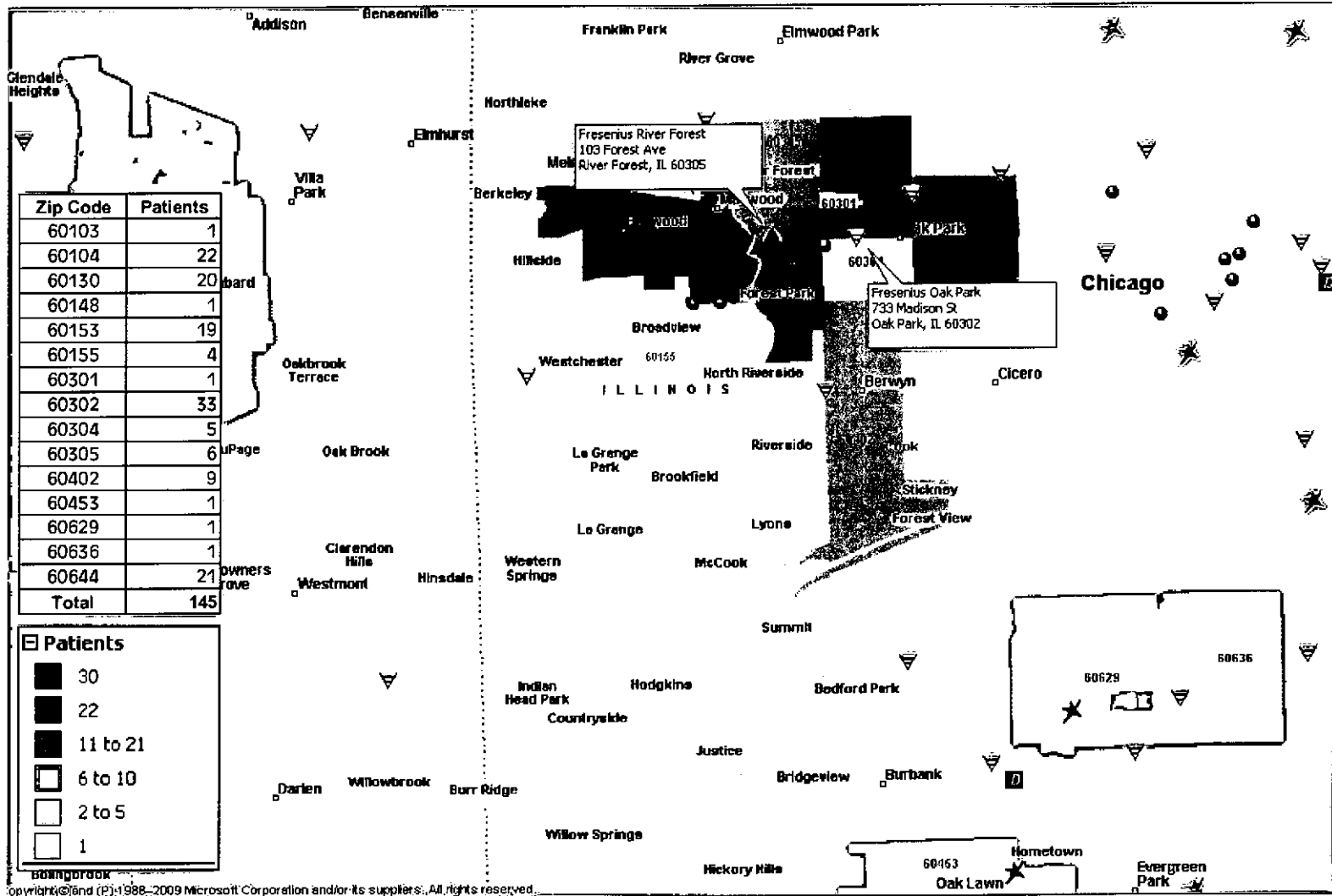
Service Accessibility – Service Restrictions

- The establishment of the 20 station Fresenius Medical Care River Forest facility is not going to add any additional stations to the ESRD inventory for HSA 7. After the approval and certification of the River Forest facility, 20 stations will be surrendered at Fresenius Oak Park. This is being done to alleviate the physical overcrowding as far as space is concerned at that facility. Access is problematic at this facility as it pertains to the small space the facility is in along with limited parking. Access is also problematic due to the high utilization of facilities in the immediate area.
- There are three main ESRD facilities supporting the Oak Park/River Forest area communities. They are Fresenius West Suburban at 82%, Fresenius Oak Park at 71% and Maple Avenue Kidney Center at 113%. This is a combined utilization of 82% (90 stations and 443 patients). There are two hospitals in Oak Park, West Suburban and Oak Park Hospitals that a majority of these patients utilize.

Oak Park/River Forest Market Area



Demographics of the 145 Pre ESRD & Transfer Patients Identified Who Will Be Referred to Fresenius Medical Care River Forest






MAPQUEST.


Trip to 610 S Maple Ave
Oak Park, IL 60304-1091
1.34 miles - about 4 minutes


Notes



TO MAPLE AVENUE KIDNEY CENTER


★ 103 Forest Ave, River Forest, IL 60305-2003


-  1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi


-  2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi

-  3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi

-   4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.3 mi

-  5. Turn **LEFT** onto **MONROE ST.** go 0.0 mi

-  6. Turn **RIGHT** onto **S MAPLE AVE.** go 0.0 mi

-  7. **610 S MAPLE AVE** is on the **LEFT.** go 0.0 mi

★ 610 S Maple Ave, Oak Park, IL 60304-1091
Total Travel Estimate : 1.34 miles - about 4 minutes

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
MAPQUEST.

Trip to 733 Madison St
 Oak Park, IL 60302-4419
 1.78 miles - about 5 minutes

Notes

TO FRESENIUS OAK PARK

★ 103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
|  | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
|  | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
|   | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.1 mi |
|  | 5. Turn LEFT onto WASHINGTON BLVD. | go 0.5 mi |
|  | 6. Turn RIGHT onto S OAK PARK AVE. | go 0.1 mi |
|  | 7. Turn LEFT onto MADISON ST. | go 0.0 mi |
|  | 8. 733 MADISON ST is on the RIGHT. | go 0.0 mi |

★ 733 Madison St, Oak Park, IL 60302-4419
 Total Travel Estimate : 1.78 miles - about 5 minutes

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MAPQUEST.

Trip to 1111 Superior St
Melrose Park, IL 60160-4138
1.94 miles - about 6 minutes

Notes

TO FRESENIUS MELROSE PARK

A **103 Forest Ave, River Forest, IL 60305-2003**



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **LEFT** onto **WASHINGTON BLVD.** go 0.7 mi



3. Turn **RIGHT** onto **S 1ST AVE / IL-171.** go 0.4 mi



4. Turn **LEFT** onto **LAKE ST.** go 0.7 mi



5. Turn **RIGHT** onto **N 11TH AVE.** go 0.0 mi



6. Turn **LEFT** onto **SUPERIOR ST.** go 0.0 mi



7. **1111 SUPERIOR ST** is on the **LEFT.** go 0.0 mi

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

Total Travel Estimate : 1.94 miles - about 6 minutes

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MAPQUEST.

Trip to 1201 W Roosevelt Rd
Maywood, IL 60153-4046
2.71 miles - about 7 minutes

Notes

TO LOYOLA DIALYSIS CENTER

103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**

go 0.1 mi



2. Turn **LEFT** onto **WASHINGTON BLVD.**

go 0.7 mi



3. Turn **LEFT** onto **S 1ST AVE / IL-171.**

go 1.3 mi



4. Turn **RIGHT** onto **W ROOSEVELT RD.**

go 0.7 mi



5. 1201 W ROOSEVELT RD.

go 0.0 mi

1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate : 2.71 miles - about 7 minutes

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MAPQUEST.

Trip to 719 W North Ave
Melrose Park, IL 60160-1612
2.94 miles - about 7 minutes

Notes

TO FRESENIUS NORTH AVENUE



103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **LEFT** onto **WASHINGTON BLVD.** go 0.7 mi



3. Turn **RIGHT** onto **S 1ST AVE / IL-171.** go 1.8 mi



4. Turn **LEFT** onto **W NORTH AVE / IL-64 W.** go 0.4 mi



5. **719 W NORTH AVE** is on the **RIGHT.** go 0.0 mi



719 W North Ave, Melrose Park, IL 60160-1612

Total Travel Estimate : 2.94 miles - about 7 minutes

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MAPQUEST.

Trip to 2601 Harlem Ave
Berwyn, IL 60402-2100
3.72 miles - about 9 minutes

Notes

TO FRESENIUS BERWYN

103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** Continue to follow **N HARLEM AVE / IL-43.** go 2.8 mi



5. **2601 HARLEM AVE.** go 0.0 mi

2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate : 3.72 miles - about 9 minutes

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MAPQUEST.


Trip to West Suburban Kidney Ctr
518 N Austin Blvd # 5000, Oak Park,
IL 60302 - (708) 386-5550
3.25 miles - about 10 minutes


Notes



TO FRESENIUS WEST SUBURBAN


 **103 Forest Ave, River Forest, IL 60305-2003**


-  1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi


-  2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi


-  3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi

-   4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.1 mi

-  5. Turn **LEFT** onto **WASHINGTON BLVD.** go 1.6 mi

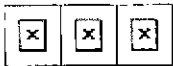
-  6. Turn **LEFT** onto **N AUSTIN BLVD.** go 0.6 mi

-  7. **518 N AUSTIN BLVD # 5000.** go 0.0 mi

 **West Suburban Kidney Ctr - (708) 386-5550**
518 N Austin Blvd # 5000, Oak Park, IL 60302
Total Travel Estimate : 3.25 miles - about 10 minutes

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MAPQUEST.

Trip to 3410 W Van Buren St
 Chicago, IL 60624-3358
 6.63 miles - about 12 minutes

Notes

TO FRESENIUS CONGRESS PARKWAY

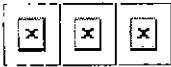
103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|--|---|-----------|
| | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
| | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
| | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
| | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
| | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 4.2 mi |
| | 6. Take EXIT 26A toward INDEPENDENCE BLVD. | go 0.1 mi |
| | 7. Stay STRAIGHT to go onto W HARRISON ST. | go 0.6 mi |
| | 8. Turn LEFT onto S HOMAN AVE. | go 0.1 mi |
| | 9. Turn LEFT onto W VAN BUREN ST. | go 0.0 mi |
| | 10. 3410 W VAN BUREN ST is on the RIGHT. | go 0.0 mi |

3410 W Van Buren St, Chicago, IL 60624-3358
 Total Travel Estimate : 6.63 miles - about 12 minutes

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MAPQUEST.

Trip to 1653 W Congress Pkwy
Chicago, IL 60612-3833
8.70 miles - about 13 minutes

Notes

TO RUSH UNIVERSITY MEDICAL CENTER
DIALYSIS

103 Forest Ave, River Forest, IL 60305-2003

- 1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi

- 2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi

- 3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi

- 4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi

- 5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 6.8 mi

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

- 7. Stay **STRAIGHT** to go onto **W CONGRESS PKWY.** go 0.0 mi

- 8. **1653 W CONGRESS PKWY** is on the **RIGHT.** go 0.0 mi

1653 W Congress Pkwy, Chicago, IL 60612-3833
Total Travel Estimate : 8.70 miles - about 13 minutes

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MAPQUEST.

Trip to 4800 W Chicago Ave
 Chicago, IL 60651-3223
 6.36 miles - about 14 minutes

Notes

TO FRESENIUS AUSTIN

103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi



5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 2.9 mi



6. Take **EXIT 24B** toward **IL-50 / CICERO AVE.** go 0.2 mi



7. Turn **SLIGHT LEFT** onto **W LEXINGTON ST.** go 0.0 mi



8. Turn **LEFT** onto **IL-50 / S CICERO AVE.** go 1.6 mi



9. Turn **LEFT** onto **W CHICAGO AVE.** go 0.0 mi



10. **4800 W CHICAGO AVE** is on the **RIGHT.** go 0.0 mi

4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate : 6.36 miles - about 14 minutes

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MAPQUEST.

Trip to 1835 W Harrison St
Chicago, IL 60612-3771
8.53 miles - about 14 minutes

Notes

TO COOK COUNTY HOSPITAL DIALYSIS

103 Forest Ave, River Forest, IL 60305-2003

- 1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi

- 2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi

- 3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi

- 4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi

- 5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 6.5 mi

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

- 7. Stay **STRAIGHT** to go onto **W CONGRESS PKWY.** go 0.2 mi

- 8. Turn **RIGHT** onto **S WOLCOTT AVE.** go 0.0 mi

- 9. Turn **LEFT** onto **W HARRISON ST.** go 0.0 mi

- 10. **1835 W HARRISON ST** is on the **RIGHT.** go 0.0 mi

1835 W Harrison St, Chicago, IL 60612-3771
Total Travel Estimate : 8.53 miles - about 14 minutes

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MAPQUEST.

Trip to Fresenius Medical Care
2400 Wolf Rd, Westchester, IL 60154 -
(708) 409-8769
8.93 miles - about 14 minutes



Notes

TO FRESENIUS WESTCHESTER

 **103 Forest Ave, River Forest, IL 60305-2003**

 1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi

 2. Turn **LEFT** onto **WASHINGTON BLVD.** go 0.7 mi

  3. Turn **LEFT** onto **S 1ST AVE / IL-171.** go 0.8 mi

 4. Turn **RIGHT** onto **HARRISON ST.** go 0.0 mi

  5. Merge onto **I-290 W / EISENHOWER EXPY W** via the ramp on the **LEFT.** go 3.6 mi


  6. Keep **LEFT** to take **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via **EXIT 15A** toward **AURORA / I-294 S / INDIANA** (Portions toll). go 0.5 mi

  7. Merge onto **I-294 S** toward **INDIANA** (Portions toll). go 1.8 mi

 8. Take the **CERMAK RD / 22ND STREET** exit. go 0.1 mi

 9. Take the ramp toward **WESTCHESTER.** go 0.0 mi

 10. Merge onto **W 22ND ST / CERMAK RD.** go 0.9 mi

 11. Turn **RIGHT** onto **WOLF RD / S WOLF RD.** Continue to follow **WOLF RD.** go 0.3 mi

80

END

12. 2400 WOLF RD.

go 0.0 mi



Fresenius Medical Care - (708) 409-8769
2400 Wolf Rd, Westchester, IL 60154

Total Travel Estimate : 8.93 miles - about 14 minutes

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MAPQUEST.

Trip to 1740 W Taylor St
Chicago, IL 60612-7232
8.98 miles - about 15 minutes

Notes

TO U OF I HOSPITAL DIALYSIS



103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi



5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 6.5 mi



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



7. Stay **STRAIGHT** to go onto **W CONGRESS PKWY.** go 0.3 mi



8. Turn **RIGHT** onto **S WOOD ST.** go 0.4 mi



9. Turn **LEFT** onto **W TAYLOR ST.** go 0.0 mi



10. **1740 W TAYLOR ST** is on the **LEFT.** go 0.0 mi



1740 W Taylor St, Chicago, IL 60612-7232

Total Travel Estimate : 8.98 miles - about 15 minutes

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MAPQUEST.

Trip to 7009 W Belmont Ave
Chicago, IL 60634-4533
5.00 miles - about 16 minutes

Notes

TO DAUITA MONTCLARE

 **103 Forest Ave, River Forest, IL 60305-2003**



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi




4. Turn **LEFT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** Continue to follow **N HARLEM AVE / IL-43.** go 3.8 mi



5. Turn **RIGHT** onto **W BELMONT AVE.** go 0.3 mi



6. **7009 W BELMONT AVE** is on the **RIGHT.** go 0.0 mi

 **7009 W Belmont Ave, Chicago, IL 60634-4533**

Total Travel Estimate : 5.00 miles - about 16 minutes

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MAPQUEST.

Trip to 4701 N Cumberland Ave
Norridge, IL 60706-2905
6.48 miles - about 16 minutes

Notes

TO FRESENIUS NORRIDGE

 **103 Forest Ave, River Forest, IL 60305-2003**



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**

go 0.1 mi



2. Turn **LEFT** onto **WASHINGTON BLVD.**

go 0.7 mi



3. Turn **RIGHT** onto **S 1ST AVE / IL-171**. Continue to follow **IL-171 N.**

go 5.7 mi



4. **4701 N CUMBERLAND AVE.**

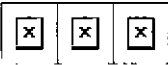
go 0.0 mi

 **4701 N Cumberland Ave, Norridge, IL 60706-2905**

Total Travel Estimate : 6.48 miles - about 16 minutes

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MAPQUEST.

Trip to 2700 W 15th St
Chicago, IL 60608-1610
8.37 miles - about 16 minutes

Notes

TO MT SINAI DIALYSIS



103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi



5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 5.2 mi



6. Take the **SACRAMENTO BLVD** exit, **EXIT 27A.** go 0.2 mi



7. Turn **RIGHT** onto **S SACRAMENTO BLVD.** go 0.5 mi



8. Turn **LEFT** onto **W ROOSEVELT RD.** go 0.3 mi



9. Turn **RIGHT** onto **S CALIFORNIA AVE.** go 0.4 mi



10. Turn **LEFT** onto **W OGDEN AVE.** go 0.1 mi



11. Turn **RIGHT** onto **S WASHTENAW AVE.** go 0.0 mi

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12. 2700 W 15TH ST.

go 0.0 mi



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

Total Travel Estimate : 8.37 miles - about 16 minutes

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MAPQUEST.

Trip to 1340 S Damen Ave
Chicago, IL 60608-1169
9.02 miles - about 16 minutes

Notes

TO FRESENIUS CHICAGO WESTSIDE

103 Forest Ave, River Forest, IL 60305-2003

-  1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi
-  2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi
-  3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi
-   4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi
-   5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 6.5 mi
-  6. Take **EXIT 28A** toward **DAMEN AVE.** go 0.1 mi
-  7. Stay **STRAIGHT** to go onto **W CONGRESS PKWY.** go 0.0 mi
-  8. Turn **RIGHT** onto **S DAMEN AVE.** go 0.8 mi
-  9. **1340 S DAMEN AVE.** go 0.0 mi

1340 S Damen Ave, Chicago, IL 60608-1169 Total Travel Estimate : 9.02 miles - about 16 minutes

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MAPQUEST.

Trip to 1426 W Washington Blvd

Chicago, IL 60607-1821













9.20 miles - about 16 minutes

Notes

TO CIRCLE MEDICAL DIALYSIS



103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
|  | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
|  | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
|   | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
|   | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 6.5 mi |
|  | 6. Take EXIT 28A toward DAMEN AVE. | go 0.1 mi |
|  | 7. Stay STRAIGHT to go onto W CONGRESS PKWY. | go 0.2 mi |
|  | 8. Turn SLIGHT LEFT onto W OGDEN AVE. | go 0.7 mi |
|  | 9. Turn RIGHT onto W WASHINGTON BLVD / W WASHINGTON ST. | go 0.0 mi |
|  | 10. 1426 W WASHINGTON BLVD is on the LEFT. | go 0.0 mi |



1426 W Washington Blvd, Chicago, IL 60607-1821

Total Travel Estimate : 9.20 miles - about 16 minutes

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MAPQUEST.

Trip to 820 W Jackson Blvd
 Chicago, IL 60607-3026
 9.91 miles - about 16 minutes

Notes

TO FRESENIUS CHICAGO

★ 103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|--|---|-----------|
| | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
| | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
| | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
| | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
| | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 7.4 mi |
| | 6. Take EXIT 29A toward RACINE AVE. | go 0.2 mi |
| | 7. Stay STRAIGHT to go onto W CONGRESS PKWY. | go 0.0 mi |
| | 8. Turn LEFT onto S RACINE AVE. | go 0.2 mi |
| | 9. Turn RIGHT onto W JACKSON BLVD. | go 0.5 mi |
| | 10. 820 W JACKSON BLVD is on the LEFT. | go 0.0 mi |

★ 820 W Jackson Blvd, Chicago, IL 60607-3026
 Total Travel Estimate : 9.91 miles - about 16 minutes

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MAPQUEST.

Trip to 557 W Polk St
 Chicago, IL 60607-4388
 10.48 miles - about 16 minutes

Notes

TO FRESENIUS POLK

103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|--|---|-----------|
| | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
| | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
| | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
| | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
| | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 8.4 mi |
| | 6. Take the exit toward CANAL ST. | go 0.2 mi |
| | 7. Turn RIGHT onto W HARRISON ST. | go 0.0 mi |
| | 8. Turn LEFT onto S CLINTON ST. | go 0.2 mi |
| | 9. Turn RIGHT onto W POLK ST. | go 0.0 mi |
| | 10. 557 W POLK ST is on the LEFT. | go 0.0 mi |

557 W Polk St, Chicago, IL 60607-4388
 Total Travel Estimate : 10.48 miles - about 16 minutes

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MAPQUEST.

Trip to 3250 W Franklin Blvd
 Chicago, IL 60624-1509
 8.50 miles - about 17 minutes


Notes

TO GARFIELD KIDNEY CENTER


103 Forest Ave, River Forest, IL 60305-2003

- 



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**

go 0.1 mi
- 



2. Turn **RIGHT** onto **WASHINGTON BLVD.**

go 0.3 mi
- 


3. **WASHINGTON BLVD** becomes **RANDOLPH ST.**

go 0.5 mi
- 



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.**

go 0.7 mi
- 



5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT**.

go 5.2 mi
- 


6. Take the **SACRAMENTO BLVD** exit, **EXIT 27A.**

go 0.2 mi
- 


7. Turn **LEFT** onto **S SACRAMENTO BLVD.**

go 0.6 mi
- 


8. Turn **LEFT** onto **W WASHINGTON BLVD.**

go 0.3 mi
- 

9. Turn **RIGHT** onto **N KEDZIE AVE.**

go 0.5 mi
- 

10. Turn **LEFT** onto **W FRANKLIN BLVD.**

go 0.1 mi
- 

11. **3250 W FRANKLIN BLVD** is on the **RIGHT.**

go 0.0 mi

3250 W Franklin Blvd, Chicago, IL 60624-1509

91

Total Travel Estimate : 8.50 miles - about 17 minutes

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MAPQUEST.

Trip to 1101 S Canal St
 Chicago, IL 60607-4901
 10.64 miles - about 17 minutes

Notes

TO DSI LOOP

103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|--|---|-----------|
| | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
| | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
| | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
| | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
| | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 8.4 mi |
| | 6. Take the exit toward CANAL ST. | go 0.2 mi |
| | 7. Turn LEFT onto W HARRISON ST. | go 0.0 mi |
| | 8. Turn RIGHT onto S CANAL ST. | go 0.4 mi |
| | 9. 1101 S CANAL ST is on the LEFT. | go 0.0 mi |

1101 S Canal St, Chicago, IL 60607-4901
 Total Travel Estimate : 10.64 miles - about 17 minutes

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MAPQUEST.

Trip to 2335 W Cermak Rd
 Chicago, IL 60608-3811
 9.39 miles - about 18 minutes

Notes

TO DAVITA LITTLE VILLAGE

103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|--|---|-----------|
| | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
| | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
| | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
| | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
| | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 5.8 mi |
| | 6. Take EXIT 27C toward WESTERN AVE / 2400 W. | go 0.3 mi |
| | 7. Stay STRAIGHT to go onto W CONGRESS PKWY. | go 0.0 mi |
| | 8. Turn RIGHT onto S WESTERN AVE. | go 1.6 mi |
| | 9. Turn LEFT onto W CERMAK RD. | go 0.0 mi |
| | 10. 2335 W CERMAK RD. | go 0.0 mi |

2335 W Cermak Rd, Chicago, IL 60608-3811
 Total Travel Estimate : 9.39 miles - about 18 minutes

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MAPQUEST.

Trip to 1044 N Mozart St
 Chicago, IL 60622-2789
 9.11 miles - about 19 minutes

Notes

TO FRESINIUS WEST METRO

 **103 Forest Ave, River Forest, IL 60305-2003**

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
|  | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
|  | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
|  |  4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
|  |  5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 5.2 mi |
|  | 6. Take the SACRAMENTO BLVD exit, EXIT 27A. | go 0.2 mi |
|  | 7. Turn LEFT onto S SACRAMENTO BLVD. | go 1.7 mi |
|  | 8. Turn RIGHT onto W AUGUSTA BLVD. | go 0.1 mi |
|  | 9. Turn LEFT onto N RICHMOND ST. | go 0.1 mi |
|  | 10. Turn RIGHT onto W THOMAS ST. | go 0.1 mi |
|  | 11. Turn RIGHT onto N MOZART ST. | go 0.0 mi |

END

12. 1044 N MOZART ST is on the RIGHT.

go 0.0 mi



1044 N Mozart St, Chicago, IL 60622-2789

Total Travel Estimate : 9.11 miles - about 19 minutes

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MAPQUEST.

Trip to 200 E North Ave
Villa Park, IL 60181-1221
11.96 miles - about 19 minutes

Notes

TO FRESENIUS VILLA PARK



103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **LEFT** onto **WASHINGTON BLVD.** go 0.7 mi



3. Turn **LEFT** onto **S 1ST AVE / IL-171.** go 0.8 mi



4. Turn **RIGHT** onto **HARRISON ST.** go 0.0 mi



5. Merge onto **I-290 W / EISENHOWER EXPY W** via the ramp on the **LEFT.** go 3.6 mi



6. Keep **LEFT** to take **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via **EXIT 15A** toward **AURORA / I-294 S / INDIANA** (Portions toll). go 0.5 mi



7. Merge onto **IL-38 W / ROOSEVELT RD.** go 2.6 mi



8. Merge onto **IL-83 N / KINGERY HWY.** go 3.2 mi



9. Turn **LEFT** onto **W NORTH AVE / IL-64 W.** go 0.4 mi



10. **200 E NORTH AVE** is on the **RIGHT.** go 0.0 mi



200 E North Ave, Villa Park, IL 60181-1221

Total Travel Estimate : 11.96 miles - about 19 minutes

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MAPQUEST.


Trip to 3825 Highland Ave
Downers Grove, IL 60515-1552
12.85 miles - about 19 minutes



Notes


TO FRESENIUS DOWNERS GROVE



103 Forest Ave, River Forest, IL 60305-2003



- 
1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**
go 0.1 mi



- 
2. Turn **LEFT** onto **WASHINGTON BLVD.**
go 0.7 mi


- 

3. Turn **LEFT** onto **S 1ST AVE / IL-171.**
go 0.8 mi


- 
4. Turn **RIGHT** onto **HARRISON ST.**
go 0.0 mi


- 

5. Merge onto **I-290 W / EISENHOWER EXPY W** via the ramp on the **LEFT.**
go 3.6 mi


- 

6. Keep **LEFT** to take **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via **EXIT 15A** toward **AURORA / I-294 S / INDIANA** (Portions toll).
go 2.0 mi

- 

7. Keep **RIGHT** at the fork to continue on **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).
go 4.3 mi

- 
8. Take the **HIGHLAND AVE** exit.
go 0.2 mi

- 
9. Take the ramp toward **MIDWESTERN COLLEGE / KELLER COLLEGE.**
go 0.0 mi

- 
10. Turn **LEFT** onto **HIGHLAND AVE / CR-9 S.**
go 1.1 mi

- 
11. **3825 HIGHLAND AVE.**
go 0.0 mi

3825 Highland Ave, Downers Grove, IL 60515-1552

Total Travel Estimate : 12.85 miles - about 19 minutes

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MAPQUEST.


Trip to 6300 Kingery Hwy
 Willowbrook, IL 60527-2248
 14.15 miles - about 20 minutes

Notes

TO FRESENIUS WILLOWBROOK

 **103 Forest Ave, River Forest, IL 60305-2003**

- | | | |
|---|--|-----------|
|  | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
|  | 2. Turn LEFT onto WASHINGTON BLVD. | go 0.7 mi |
|   | 3. Turn LEFT onto S 1ST AVE / IL-171. | go 0.8 mi |
|  | 4. Turn RIGHT onto HARRISON ST. | go 0.0 mi |
|   | 5. Merge onto I-290 W / EISENHOWER EXPY W via the ramp on the LEFT. | go 3.6 mi |
|   | 6. Keep LEFT to take I-88 W / RONALD REAGAN MEMORIAL TOLLWAY via EXIT 15A toward AURORA / I-294 S / INDIANA (Portions toll). | go 2.0 mi |
|   | 7. Keep RIGHT at the fork to continue on I-88 W / RONALD REAGAN MEMORIAL TOLLWAY (Portions toll). | go 1.7 mi |
|   | 8. Merge onto IL-83 S / KINGERY HWY. | go 5.3 mi |
|  | 9. 6300 KINGERY HWY. | go 0.0 mi |

 **6300 Kingery Hwy, Willowbrook, IL 60527-2248**
 Total Travel Estimate : 14.15 miles - about 20 minutes

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MAPQUEST.

Trip to 1717 S Wabash Ave
Chicago, IL 60616-1219
12.03 miles - about 21 minutes

Notes

TO FRESENIUS PRAIRIE



103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**

go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.**

go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.**

go 0.5 mi



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.**

go 0.7 mi



5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.**

go 8.7 mi



6. **I-290 E / EISENHOWER EXPY E** becomes **W CONGRESS PKWY.**

go 0.5 mi



7. Turn **RIGHT** onto **S STATE ST.**

go 1.1 mi



8. Turn **LEFT** onto **E 16TH ST.**

go 0.0 mi



9. Turn **RIGHT** onto **S WABASH AVE.**

go 0.0 mi



10. **1717 S WABASH AVE** is on the **LEFT.**

go 0.0 mi



1717 S Wabash Ave, Chicago, IL 60616-1219

Total Travel Estimate : 12.03 miles - about 21 minutes

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MAPQUEST.

Trip to 1940 Springer Dr

Lombard, IL 60148-6419


13.62 miles - about 21 minutes


Notes



TO FRESENIUS LOMBARD






103 Forest Ave, River Forest, IL 60305-2003



- 
1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**
go 0.1 mi



- 
2. Turn **LEFT** onto **WASHINGTON BLVD.**
go 0.7 mi


- 

3. Turn **LEFT** onto **S 1ST AVE / IL-171.**
go 0.8 mi


- 
4. Turn **RIGHT** onto **HARRISON ST.**
go 0.0 mi


- 

5. Merge onto **I-290 W / EISENHOWER EXPY W** via the ramp on the **LEFT.**
go 3.6 mi


- 

6. Keep **LEFT** to take **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via **EXIT 15A** toward **AURORA / I-294 S / INDIANA** (Portions toll).
go 2.0 mi

- 

7. Keep **RIGHT** at the fork to continue on **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** (Portions toll).
go 4.3 mi

- 
8. Take the **HIGHLAND AVE** exit.
go 0.2 mi

- 
9. Take the ramp toward **CHIROPRACTIC COLLEGE.**
go 0.0 mi

- 
10. Turn **RIGHT** onto **HIGHLAND AVE / CR-9 N.** Continue to follow **HIGHLAND AVE.**
go 0.8 mi

- 
11. Turn **LEFT** onto **E 22ND ST.**
go 0.8 mi

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12. Turn **RIGHT** onto **S FINLEY RD.**

go 0.1 mi



13. Turn **LEFT** onto **FOXWORTH BLVD.**

go 0.1 mi



14. Turn **RIGHT** onto **SPRINGER DR.**

go 0.1 mi



15. **1940 SPRINGER DR** is on the **LEFT.**

go 0.0 mi



1940 Springer Dr, Lombard, IL 60148-6419

Total Travel Estimate : 13.62 miles - about 21 minutes

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MAPQUEST.

Notes

TO FRESENIUS NORTHWESTERN


Trip to 710 N Fairbanks Ct

Chicago, IL 60611-3013

13.03 miles - about 22 minutes



103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
|  | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
|  | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
|   | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
|   | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 8.0 mi |
|   | 6. Merge onto I-90 W / I-94 W / KENNEDY EXPY W toward WISCONSIN. | go 1.5 mi |
|  | 7. Take the EAST OHIO ST exit, EXIT 50B. | go 0.8 mi |
|  | 8. Stay STRAIGHT to go onto W OHIO ST. | go 0.9 mi |
|  | 9. Turn LEFT onto N FAIRBANKS CT. | go 0.2 mi |
|  | 10. 710 N FAIRBANKS CT is on the LEFT. | go 0.0 mi |



710 N Fairbanks Ct, Chicago, IL 60611-3013

Total Travel Estimate : 13.03 miles - about 22 minutes



MAPQUEST.

Trip to 4943 W Belmont Ave
Chicago, IL 60641-4332
7.64 miles - about 24 minutes

Notes

TO FRESENIUS WEST BELMONT

103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi



4. Turn **LEFT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** Continue to follow **N HARLEM AVE / IL-43.** go 3.8 mi



5. Turn **RIGHT** onto **W BELMONT AVE.** go 2.9 mi



6. **4943 W BELMONT AVE** is on the **RIGHT.** go 0.0 mi

4943 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate : 7.64 miles - about 24 minutes

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MAPQUEST.


Trip to 7435 W Talcott Ave
Chicago, IL 60631-3707
9.98 miles - about 24 minutes



Notes



TO RESURRECTION HOSPITAL DIALYSIS


★ 103 Forest Ave, River Forest, IL 60305-2003



- 
1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**
go 0.1 mi



- 
2. Turn **LEFT** onto **WASHINGTON BLVD.**
go 0.7 mi


- 

3. Turn **RIGHT** onto **S 1ST AVE / IL-171**. Continue to follow **IL-171 N.**
go 6.9 mi


- 

4. Merge onto **I-90 E / KENNEDY EXPY E.**
go 1.2 mi

- 
5. Take **EXIT 81A** toward **IL-43 / HARLEM AVE.**
go 0.2 mi

- 

6. Stay **STRAIGHT** to go onto **W HIGGINS AVE / IL-72 E.**
go 0.2 mi

- 

7. Turn **LEFT** onto **N HARLEM AVE / IL-43.**
go 0.3 mi

- 
8. Turn **LEFT** onto **W TALCOTT AVE.**
go 0.4 mi

- 
9. **7435 W TALCOTT AVE** is on the **LEFT.**
go 0.0 mi

★ 7435 W Talcott Ave, Chicago, IL 60631-3707

Total Travel Estimate : 9.98 miles - about 24 minutes

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MAPQUEST.

Trip to 710 W 43rd St
 Chicago, IL 60609-3435
 14.91 miles - about 24 minutes

Notes

TO DAVITA EMERALD

103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|--|---|-----------|
| | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
| | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
| | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
| | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
| | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 8.0 mi |
| | 6. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E. | go 4.4 mi |
| | 7. Take EXIT 56A toward 43RD ST. | go 0.2 mi |
| | 8. Turn SLIGHT LEFT onto S WENTWORTH AVE. | go 0.0 mi |
| | 9. Turn RIGHT onto W 43RD ST. | go 0.6 mi |
| | 10. 710 W 43RD ST is on the RIGHT. | go 0.0 mi |

710 W 43rd St, Chicago, IL 60609-3435
 Total Travel Estimate : 14.91 miles - about 24 minutes

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MAPQUEST.


Trip to 5401 S Wentworth Ave
Chicago, IL 60609-6300
16.10 miles - about 24 minutes


Notes


TO FRESENIUS GARFIELD







103 Forest Ave, River Forest, IL 60305-2003



- 
1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.**
go 0.1 mi



- 
2. Turn **RIGHT** onto **WASHINGTON BLVD.**
go 0.3 mi


- 
3. **WASHINGTON BLVD** becomes **RANDOLPH ST.**
go 0.5 mi



- 

4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.**
go 0.7 mi


- 

5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.**
go 8.0 mi


- 

6. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E.**
go 2.5 mi

- 

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

- 
8. Take the **I-90-LOCAL / I-94-LOCAL** exit.
go 0.3 mi

- 

9. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E.**
go 0.8 mi

- 
10. Take **EXIT 57** toward **GARFIELD BLVD.**
go 0.2 mi

- 
11. Stay **STRAIGHT** to go onto **S WELLS ST.**
go 0.0 mi



12. Turn LEFT onto W GARFIELD BLVD / W 55TH ST.

go 0.0 mi



13. Turn LEFT onto S WENTWORTH AVE.

go 0.2 mi



14. 5401 S WENTWORTH AVE is on the RIGHT.

go 0.0 mi



5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate : 16.10 miles - about 24 minutes

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MAPQUEST.

Trip to 825 W 35th St
 Chicago, IL 60609-1511
 14.04 miles - about 23 minutes

Notes

TO FRESENIUS BRIDGEPORT

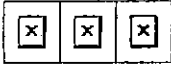
★ 103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|---|---|-----------|
|  | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
|  | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
|  | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
|   | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
|   | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 8.0 mi |
|   | 6. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E. | go 3.4 mi |
|  | 7. Take EXIT 55A toward 35TH ST. | go 0.2 mi |
|  | 8. Turn SLIGHT LEFT onto S WENTWORTH AVE. | go 0.0 mi |
|  | 9. Turn RIGHT onto W 35TH ST. | go 0.8 mi |
|  | 10. 825 W 35TH ST is on the LEFT. | go 0.0 mi |

★ 825 W 35th St, Chicago, IL 60609-1511
 Total Travel Estimate : 14.04 miles - about 23 minutes

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MAPQUEST.

Trip to 6201 W 63rd St
Chicago, IL 60638-5009
10.93 miles - about 25 minutes

Notes

TO FRESENIUS MIDWAY

103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **LEFT** onto **WASHINGTON BLVD.** go 0.7 mi



3. Turn **LEFT** onto **S 1ST AVE / IL-171**. Continue to follow **IL-171 S.** go 7.4 mi



4. **IL-171 S** becomes **ARCHER AVE.** go 0.4 mi



5. Turn **RIGHT** onto **S HARLEM AVE / IL-43.** go 0.9 mi



6. Turn **SLIGHT RIGHT** onto **W 63RD ST.** go 0.2 mi



7. Turn **LEFT** to stay on **W 63RD ST.** go 1.4 mi



8. **6201 W 63RD ST** is on the **RIGHT.** go 0.0 mi

6201 W 63rd St, Chicago, IL 60638-5009

Total Travel Estimate : 10.93 miles - about 25 minutes

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MAPQUEST.

Trip to 3157 N Lincoln Ave
Chicago, IL 60657-3111
14.98 miles - about 25 minutes

Notes

TO DAVITA LINCOLN PARK



103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi



5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 8.0 mi



6. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN.** go 3.5 mi



7. Take the **ARMITAGE AVE** exit, **EXIT 48A.** go 0.2 mi



8. Turn **SHARP RIGHT** onto **W ARMITAGE AVE.** go 0.0 mi



9. Turn **LEFT** onto **N ASHLAND AVE.** go 1.5 mi



10. Turn **SHARP RIGHT** onto **N LINCOLN AVE.** go 0.0 mi



11. **3157 N LINCOLN AVE** is on the **LEFT.** go 0.0 mi

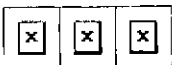


3157 N Lincoln Ave, Chicago, IL 60657-3111

Total Travel Estimate : 14.98 miles - about 25 minutes

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MAPQUEST.

Trip to 2659 N Milwaukee Ave
Chicago, IL 60647-1643
15.92 miles - about 25 minutes

Notes

TO DAVITA LOGAN SQUARE



103 Forest Ave, River Forest, IL 60305-2003



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **RIGHT** onto **WASHINGTON BLVD.** go 0.3 mi



3. **WASHINGTON BLVD** becomes **RANDOLPH ST.** go 0.5 mi



4. Turn **RIGHT** onto **N HARLEM AVE / HARLEM AVE / IL-43.** go 0.7 mi



5. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT.** go 8.0 mi



6. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN.** go 5.0 mi



7. Take the **DIVERSEY AVE** exit, **EXIT 46B.** go 0.3 mi



8. Turn **SLIGHT LEFT** onto **W DIVERSEY AVE.** go 0.7 mi



9. Turn **LEFT** onto **N KEDZIE AVE.** go 0.2 mi



10. Turn **SLIGHT RIGHT** onto **N MILWAUKEE AVE.** go 0.1 mi



11. **2659 N MILWAUKEE AVE** is on the **RIGHT.** go 0.0 mi



2659 N Milwaukee Ave, Chicago, IL 60647-1643

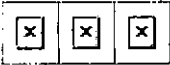
114

Total Travel Estimate : 15.92 miles - about 25 minutes

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MAPQUEST.

Trip to 901 Biesterfield Rd
Elk Grove Village, IL 60007-3392
18.03 miles - about 25 minutes

Notes

TO FRESENIUS ELK GROVE

 **103 Forest Ave, River Forest, IL 60305-2003**



1. Start out going **NORTH** on **FOREST AVE** toward **WASHINGTON BLVD.** go 0.1 mi



2. Turn **LEFT** onto **WASHINGTON BLVD.** go 0.7 mi



3. Turn **LEFT** onto **S 1ST AVE / IL-171.** go 0.8 mi



4. Turn **RIGHT** onto **HARRISON ST.** go 0.0 mi



5. Merge onto **I-290 W** via the ramp on the **LEFT.** go 15.8 mi



6. Take the **BIESTERFIELD RD** exit, **EXIT 4**, toward **IL-53 S.** go 0.4 mi



7. Turn **RIGHT** onto **BIESTERFIELD RD.** go 0.3 mi



8. **901 BIESTERFIELD RD** is on the **RIGHT.** go 0.0 mi

 **901 Biesterfield Rd, Elk Grove Village, IL 60007-3392**

Total Travel Estimate : 18.03 miles - about 25 minutes

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MAPQUEST.


Trip to 2620 W Addison St
Chicago, IL 60618-5905
16.31 miles - about 26 minutes


Notes



TO FRESENIUS NORTHCENTER (EAST BELMONT)



 103 Forest Ave, River Forest, IL 60305-2003



- 
 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. go 0.1 mi


- 
 2. Turn RIGHT onto WASHINGTON BLVD. go 0.3 mi


- 
 3. WASHINGTON BLVD becomes RANDOLPH ST. go 0.5 mi


- 

 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. go 0.7 mi


- 

 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. go 8.0 mi


- 

 6. Merge onto I-90 W / I-94 W / KENNEDY EXPY W toward WISCONSIN. go 5.0 mi

- 
 7. Take the DIVERSEY AVE exit, EXIT 46B. go 0.3 mi

- 
 8. Turn SLIGHT LEFT onto W DIVERSEY AVE. go 0.2 mi

- 
 9. Turn RIGHT onto N CALIFORNIA AVE. go 1.0 mi

- 
 10. Turn RIGHT onto W ADDISON ST. go 0.2 mi

- 
 11. 2620 W ADDISON ST is on the LEFT. go 0.0 mi

 2620 W Addison St, Chicago, IL 60618-5905

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Total Travel Estimate : 16.31 miles - about 26 minutes

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MAPQUEST.

Trip to 1531 E Hyde Park Blvd
Chicago, IL 60615-3039
17.15 miles - about 26 minutes

Notes

TO UC LAKEPARK DIALYSIS

103 Forest Ave, River Forest, IL 60305-2003

- | | | |
|---|--|-----------|
|  | 1. Start out going NORTH on FOREST AVE toward WASHINGTON BLVD. | go 0.1 mi |
|  | 2. Turn RIGHT onto WASHINGTON BLVD. | go 0.3 mi |
|  | 3. WASHINGTON BLVD becomes RANDOLPH ST. | go 0.5 mi |
|   | 4. Turn RIGHT onto N HARLEM AVE / HARLEM AVE / IL-43. | go 0.7 mi |
|   | 5. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT. | go 8.0 mi |
|   | 6. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E. | go 1.4 mi |
|   | 7. Merge onto I-55 N / STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR. | go 2.2 mi |
|   | 8. Merge onto S LAKE SHORE DR / US-41 S. | go 3.4 mi |
|  | 9. Take the ramp toward HYDE PARK BLVD. | go 0.2 mi |
|  | 10. Turn LEFT onto S CHICAGO BEACH DR / S SHORE DR. | go 0.1 mi |
|  | 11. S CHICAGO BEACH DR / S SHORE DR becomes E HYDE PARK BLVD / E 51ST ST. | go 0.2 mi |

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END

12. 1531 E HYDE PARK BLVD is on the LEFT.

go 0.0 mi



1531 E Hyde Park Blvd, Chicago, IL 60615-3039

Total Travel Estimate : 17.15 miles - about 26 minutes

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Unnecessary Duplication/Maldistribution

- 1(A-B) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius River Forest is 1 station per 3,886 residents according to the 2000 census (based on 3,512,827 residents and 904 stations – see chart next page). This is nearly the same as the State ratio of 1 station per 3,776 residents.

The ratio of stations to population within 30 minutes will not change with the establishment of the 20 station River Forest facility due to the fact that 20 stations will be surrendered at the Oak Park facility. The establishment of Fresenius River Forest will simply maintain the status quo of the distribution of stations in the area, which currently is in line with the State distribution.

Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care River Forest will not create a maldistribution of services. As noted previously, the ratio of stations to population within 30 minutes travel time is nearly the same as the overall State ratio and will remain the same due to the fact that no additional stations are being requested for this facility, but are being surrendered from the Fresenius Oak Park facility. There will be no change to the inventory of stations for HSA 7.

- 3A. Fresenius Medical Care River Forest will not have an adverse effect on any other area ESRD provider in that 72 of the 145 patients identified for this facility are being transferred from Fresenius Oak Park (along with the reduction of 20 stations) in order to allow that facility to renovate the treatment area of the facility in order to adequately meet CMS space guidelines. The remaining patients identified for the River Forest facility are new pre-ESRD patients who reside in the Oak Park/River Forest area and would have otherwise been referred to the Oak Park facility.
- B. Not applicable – applicant is not a hospital, however due to the above mentioned conditions, no utilization will be lowered at any other ESRD facility due to the establishment of the River Forest facility.

**Unnecessary Duplication/Maldistribution
Population and Stations**

Zip Code	Population	Stations	Facilities
60005	29,183		
60007	35,162	28	Fresenius Elk Grove
60016	58,611		
60018	29,950		
60056	56,625		
60068	37,732		
60101	38,141		
60104	20,571		
60106	22,404		
60108	21,960		
60126	45,355		
60130	15,688		
60131	19,342		
60137	68,026		
60139	32,303		
60141	247		
60143	10,021		
60148	50,460	12	Fresenius Lombard
60153	26,863	30	Loyola Dialysis
60154	16,714	20	Fresenius Westchester
60155	8,254		
60157	2,111		
60160	23,034	38	Fresenius Melrose Park Fresenius North Avenue
60162	8,513		
60163	5,212		
60164	21,682		
60165	5,171		
60171	10,681		
60172	25,349		
60173	12,046		
60176	11,636		
60181	30,131	24	Fresenius Villa Park
60187	31,481		
60191	14,360		
60301	2,158		
60302	32,527	78	Fresenius Oak Park Fresenius West Suburban
60304	17,839	12	Maple Ave Kidney Cntr
60305	11,635		
60402	60,373	26	Fresenius Berwyn
60455	16,138		
60457	14,110		
60458	14,226		
60464	9,520		
60465	17,198		
60480	4,758		
60501	11,175		
60513	19,146		
60514	17,313		
60515	27,514	19	Fresenius Downers Grove
60516	30,593		
60517	31,344		
60521	37,496		
60523	10,231		
60525	32,475		
60526	13,301		
60527		16	Fresenius Willowbrook (cont'd)

CONTINUED			
60532	27,341		
60534	10,212		
60546	15,700		
60558	12,539		
60559	25,954		
60561	23,570		
60601	5,591		
60602	70		
60603	378		
60604	78		
60605	12,423		
60606	1,682		
60607	15,552	99	Circle Medical Fresenius Chicago Kidney Fresenius Polk DSI Loop
60608	92,472	63	Mt. Sinai Fresenius Chicago Westside DaVita Little Village
60609	79,469	73	DaVita Emerald Fresenius Garfield Fresenius Bridgeport
60610	47,513		
60611	26,522	44	Fresenius Northwestern
60612	37,990	40	Rush County Hospital Cook U of I
60613	50,548		
60614	65,474		
60615	45,096	20	UC Lakepark
60616	47,073	24	Fresenius Prairie
60618	98,147	12	Fresenius Northcenter
60621	47,514		
60622	76,015	30	Fresenius West Metro
60623	108,144		
60624	45,647	46	Fresenius Congress Pkwy Garfield Kidney Center
60629	113,984		
60630	54,781	22	Fresenius N Kilpatrick
60631	28,832	14	Resurrection
60632	87,577		
60634	74,164	16	DaVita Montclare
60636	51,451		
60637	57,090		
60638	55,788	12	Fresenius Midway
60639	92,951		
60641	73,824	10	Fresenius West Belmont
60644	59,059		
60647	98,769	20	DaVita Logan Square
60651	77,583	16	Fresenius Austin
60653	34,502		
60654	7		
60656	27,129	18	Fresenius Norridge
60657	39,155	22	DaVita Lincoln Park
60661	4,382		
60675	4,382		
60706	22,809		
60707	42,621		
60714	31,051		
60804	86,133		
Total	3,512,827	904	

Unnecessary Duplication/Maldistribution

Facilities Within 30 Minutes of Fresenius River Forest

Facility	Address	City	MapQuest		MapQuest x 1.15	UTL Dec 09
			Miles	Time		
Maple Avenue Kidney Cntr	610 S Maple Ave	Oak Park	1.34	4	5	113%
Fresenius Oak Park	733 Madison St	Oak Park	1.78	5	6	71%
Fresenius Melrose Park	1111 Superior St	Melrose Park	1.94	6	7	57%
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	2.71	7	8	77%
Fresenius North Ave	719 W North Ave	Melrose Park	2.94	7	8	88%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	3.72	9	10	89%
Fresenius West Sub	518 N Austin Blvd	Oak Park	3.25	10	12	82%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	6.63	12	14	85%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	6.63	12	14	60%
Rush Hospital Dialysis	1653 W Congress Pkwy	Chicago	8.7	13	15	30%
Fresenius Austin	4800 W Chicago Ave	Chicago	6.36	14	16	56%
Cook Co. Hospital	1835 W Harrison St	Chicago	8.53	14	16	189%
Fresenius Westchester	2400 Wolf Road	Westchester	8.93	14	16	76%
U of I Hospital	1740 W Taylor St	Chicago	8.98	15	17	87%
DaVita Montclare	7009 W Belmont Ave	Chicago	5	16	18	81%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	6.48	16	18	65%
Mt Sinai	2700 W 15th St	Chicago	8.37	16	18	70%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	9.02	16	18	33%
Circle Medical Management	1426 W Washington Blvd	Chicago	9.2	16	18	68%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	9.91	16	18	53%
Fresenius Polk	557 W Polk St	Chicago	10.48	16	18	73%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	8.5	17	20	86%
DSI Loop	1101 S Canal St	Chicago	10.64	17	20	42%
DaVita Little Village	2335 W Cermak Rd	Chicago	9.39	18	21	86%
Fresenius West Metro	1044 N Mozart St	Chicago	9.11	19	22	93%
Fresenius Villa Park	200 E North Ave	Villa Park	11.96	19	22	85%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	12.85	19	22	89%
Fresenius Willowbrook	6300 Kingery Hwy	Willowbrook	14.15	20	23	85%
Fresenius Prairie	1717 S Wabash Ave	Chicago	12.03	21	24	75%
Fresenius Lombard	1940 Springer Dr	Lombard	13.62	21	24	0%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	13.03	22	25	77%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	7.64	24	28	80%
Resurrection Hospital Dialysis	7435 W Talcott Ave	Chicago	9.98	24	28	71%
DaVita Emerald	710 W 43rd St	Chicago	14.91	24	28	85%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	16.1	24	28	73%
Fresenius Bridgeport	825 W 35th St	Chicago	16.1	24	28	70%
Fresenius Midway	6201 W 63rd St	Chicago	10.93	25	29	0%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	14.98	25	29	90%
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	15.92	25	29	92%
Fresenius Elk Grove	901 Biesterfeld Rd	Elk Grove Village	18.03	25	29	71%
Fresenius Northcenter	2620 W Addison St	Chicago	16.31	26	30	88%
UC Lakepark	1531 E Hyde Park Blvd	Chicago	17.15	26	30	101%

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Balter is currently the Medical Director for Fresenius Oak Park Dialysis Center and has been in this capacity for 29 years. Dr. Kracker is currently the Medical Director for Fresenius Medical Care Austin Community Kidney Center. Dr. Finn is currently the Medical Director for Fresenius North Avenue Dialysis Center. Attached are each physician's curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a full time:

- Clinic Manager who is a Registered Nurse (RN)
- Secretary
- Equipment Technician

Staff that will transfer from Fresenius Oak Park:

- One Charge Nurse
- Two Registered Nurses
- Ten Patient Care Technicians

(This transfer will leave ample staff for the remaining 12 stations at Oak Park)

- More patient care staff will be hired as needed as the patient load increases.

Registered Dietitian and Licensed Clinical Social Worker from Fresenius Oak Park will split their time between the Oak Park facility and the River Forest facility.

- 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

Paul Balter, M.D.

River Forest, IL 60305

PERSONAL:

Birthdate: May 25, 1939
Birthplace: Pittsburgh, Pennsylvania
Marital Status: Married - spouse Susan

PRE-MEDICAL EDUCATION and POST-GRADUATE MEDICAL:

1957-61 Brown University, Providence, Rhode Island, B.A.
1961-65 Yale University, New Haven, Connecticut, M.D.
1965-68 Internship and Residency, Internal Medicine, University of Illinois Research and Educational Hospitals, Chicago, Illinois
1968-69 Renal-Metabolic Fellow, Yale New Haven Hospital, New Haven, Connecticut
1969-71 U.S. Army Medical Corps. including a one-year tour in the Army's hemodialysis unit in Vietnam. The year was devoted entirely to treatment of both medical and surgical renal failure in a combat zone.

BOARD CERTIFICATIONS and LICENSURES:

1970 Board Certified in Internal Medicine; Recertified, 1980
1974 Board Certified in Nephrology

HOSPITAL STAFF MEMBERSHIPS:

Central DuPage Hospital
Gottlieb Memorial Hospital
LaGrange Memorial/Hinsdale Hospitals
Oak Park Hospital
Westlake Hospital
West Suburban Hospital

Paul Balter, M.D.

PROFESSIONAL ACTIVITIES:

Everest Healthcare Services:

- Secretary/Treasurer (1976-2001)
- Member, Board of Directors (1976-2001)
- Medical Director, Oak Park Dialysis Center (1980-present)
- Chairman, CQI Committee, (1995-present)

ESRD Network

- Chairman, Medical Review Board (1991-95)

Nephrology Associates of Northern Illinois/Indiana (NANI)

- Secretary/Treasurer, 1976-present
- Medical Director, Oak Park Dialysis Center, 1980-present

PROFESSIONAL MEMBERSHIPS:

- DuPage County Medical Society
- Illinois State Medical Society
- American Society of Nephrology
- International Society of Nephrology
- National Kidney Foundation
- Illinois Society of Internal Medicine
- American Medical Association
- Renal Physicians Association

PROFESSIONAL LIABILITY (MALPRACTICE) INSURANCE:

- Illinois State Medical Inter-Insurance Exchange
- Twenty North Michigan Avenue, Suite 700
- Chicago, Illinois 60602
- Policy No: 08573
- \$2-30,000,000 – July 1, 1986

OTHER INFORMATION:

- | | |
|------------------|----------------------------|
| Illinois License | 036-040403, July 1, 1966 |
| New York License | 110427-1, October 5, 1971 |
| Indiana License | 10034834, January 23, 1986 |
| DEA | AB9189160 |
| Social Security | 154-30-3621 |
| UPIN | C41850 |
| NANI Medicare | 922820 |
| PA Provider | 036-04-0403 |
| Tax ID | 36-2907660 |

David J. Kracker, M.D.
One Erie Court, Suite 4120
Oak Park, IL 60302
(708) 524-4576

Employment:

Nephrology Associates of Northern Illinois, Ltd.
855 W. Madison
Oak Park, IL 60302
August 2001 to present

Post Graduate Training:

Nephrology Fellowship
New York-Presbyterian Hospital/Weill Medical College of Cornell University
Memorial Sloan-Kettering Cancer Center
New York, NY
July 1999 to June 2001

Internal Medicine Residency
McGaw Medical Center of Northwestern University
Chicago, IL
June 1996 to June 1999

Education:

Ohio State University College of Medicine
Columbus, OH
August 1992 to June 1996
Degree: M.D.

University of Cincinnati
Cincinnati, OH
September 1987 to March 1992
Degree: B.S. Major: Biology, Summa Cum Laude

Board Certification:

American Board of Internal Medicine, 1999
American Board of Internal Medicine, Nephrology, 2001

Professional Organizations:

American College of Physicians, 1996 to present
American Society of Nephrology, 1998 to present

Honors/Awards:

Medical School:

Internal Medicine, Neurology, Pediatric ER, 2nd year overall

Undergraduate:

Phi Beta Kappa, Alpha Lambda Delta (Outstanding Freshman)
Ohio Valedictorian Scholarship (4 years)
Frank Byars Dunbar Scholarship for Academic Excellence (2 years)

Research Experience:

Developing a molecular diagnosis of BK virus in renal allograft recipients using a PCR-based approach, Dr. M. Suthanthiran, New York Presbyterian Hospital, July 2000 to July 2001.

Collected clinical data on recurrence of Basal Cell Carcinoma, Dr. S. Kossard, Skin and Cancer Foundation of South Wales Hospital, Sydney, Australia, April to May 1996.

Tested 2-tridecanone on Japanese Beetles, Entomology research lab, Dr. A. Butts, University of Cincinnati, Summer quarter, 1991.

CURRICULUM VITAE

MARTIN J. FINN, M.D.

Lemont, IL 60439

Birthdate:
Birthplace:
Marital Status:

August 16, 1956
Chicago, Illinois
Married to Kathleen
Four Children

HOME ADDRESS:

65 Et Lieb Professional Building
625 West North Avenue Suite 510
Melrose Park, IL 60160
(708) 450-4551

West Suburban Kidney Ctr
101 N Scoville
Oak Park, IL 60302
(708) 386-1000

UNDERGRADUATE EDUCATION:

Loyola University of New Orleans
August 1974 to May 1978
Degree: Bachelor of Science - cum laude

POSTGRADUATE EDUCATION:

Loyola University of Chicago-Stritch School of Medicine
July 1978 to June 1982
Degree: Doctor of Medicine

POSTGRADUATE MEDICAL TRAINING:

Loyola University of Chicago-Foster G. McGaw Hospital
June 1982 to June 1985
Internal Medicine

RESIDENCY TRAINING:

Northwestern University Medical Center-Chicago
July 1985 to June 1987
Nephrology

BOARD CERTIFICATION:

Board Certified in Internal Medicine September 11, 1985
Board Certified in Internal Medicine/Nephrology
November 1, 1988

RESEARCH ACTIVITIES:

Under direction of Antonio Quintanilla, M.D.
Presentation at May 1986 AFRCR/ASCI/AAP meeting on
"Effects of Hydrochlorothiazide on Red Cell Na-K
ATPase Activity"

OCT 21 2004

J. FINN, M.D.
CURRICULUM VITAE - PAGE 2

LICENSES:

State of Illinois No. 036-068656 - Physician & Surgeon

PROFESSIONAL MEMBERSHIPS:

Associate of American College of Physicians
Illinois State Medical Society
American Medical Association
Chicago Medical Society
Renal Physicians Association
National Kidney Foundation of Illinois

HOSPITAL AFFILIATIONS:

Gottlieb Memorial Hospital (Associate Attending)
LaGrange Memorial Hospital (Associate Attending)
Oak Park Hospital (Associate Attending)
Westlake Community Hospital (Associate Attending)
West Suburban Hospital Medical Center (Associate Attending)

EMPLOYMENT:

Nephrology Associates of Northern Illinois
July 1, 1987 to present

OCT 21 2004

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President of the Chicago Central 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 River Forest, I certify the following:

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

Coleen Muldoon

Signature

Coleen Muldoon

Printed Name

Regional Vice President

Title

Subscribed and sworn to before me
this 13th day of January 2010

Michelle M. Hogan

Signature of Notary

Seal

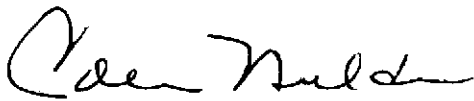


Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Chicago Central 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 River Forest, I certify the following:

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

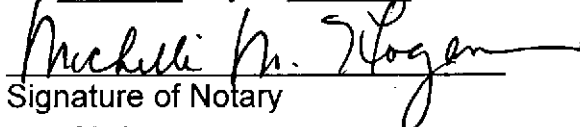
and same is expected for Fresenius Medical Care River Forest.



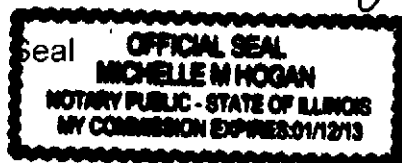
Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 13th day of January, 2010



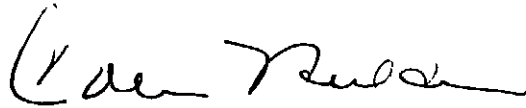
Signature of Notary



Criterion 1110.1430 (f) – Support Services

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

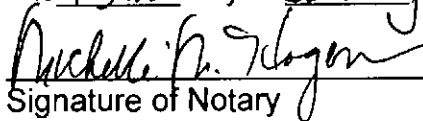
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its facilities.
- These support services will be available at Fresenius Medical Care River Forest during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory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



Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 13th day of January 2010


Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care River Forest 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 River Forest will have twenty dialysis stations thereby meeting this requirement.

AGREEMENT

THIS AGREEMENT (the "Agreement") is made and entered as of the 1 day of June, 2007 (the "Effective Date") by and between Fresenius Medical Care (Dialysis Facility), and West Suburban Medical Center ("Hospital").

WHEREAS, Dialysis Facility operates or intends to operate an outpatient renal dialysis facility (the "Facility") to provide services, equipment and supplies for the treatment of patients suffering end-stage renal disease ("ESRD");

WHEREAS, the Facility's patients require access to inpatient hospital services including but not limited to transplantation services and Dialysis Facility does not provide such services;

WHEREAS, the Hospital is an acute care general hospital which provides the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD patients, either directly or by arrangement, including medical evaluation, inpatient acute care, transplantation services and related services;

WHEREAS, Dialysis Facility and the Hospital wish to enter into an agreement for the benefit of ESRD patients of the Facility;

WHEREAS, pertinent federal and/or state regulatory requirements mandate that renal dialysis facilities have an arrangement relating to back-up services and transplantation services with a hospital such as the Hospital; and

WHEREAS, Dialysis Facility and the Hospital wish to enter into this Agreement to reflect the relationship between the parties in satisfaction of the regulatory requirements.

NOW, THEREFORE, in consideration of the foregoing recitals and of the mutual covenants and agreements herein set forth, the parties hereto agree as follows:

1. **Inpatient Hospital Services.** The Hospital agrees to provide, in accordance with the terms of this Agreement, access to hospital services to Dialysis Facility patients in need of emergency services or hospitalization including but not limited to inpatient dialysis services. In the event that patients of Dialysis Facility require hospitalization, whether or not the patient's illness is associated with ESRD, such patients may be transferred to the Hospital for treatment in accordance with the Hospital's admissions policies and procedures and, in the event of admission to the Hospital, shall be discharged from the Dialysis Facility. The Dialysis Facility agrees to notify the Hospital as far in advance as possible of an impending transfer of a patient. The Dialysis Facility, in accordance with its patient consent policies, will provide to the Hospital medical and administrative records and information necessary

or useful for the care and treatment of the patient, including, but not limited to, current medical findings, diagnosis, rehabilitation potential, a brief summary of the course of treatment followed to date, nursing and dietary information, pertinent administration and social information, and the patient's long-term program and patient care plan.

2. **Patient Billing.** The institution in which a patient is a resident or in which he/she is receiving services at the time when charges are incurred for the provisions of any medical services to the patient shall have the sole responsibility for the billing and collection of such charges. Neither Dialysis Facility nor the Hospital shall assume any responsibility for the collection or payment of accounts receivable of the other.
3. **Non-Discrimination.** It is the policy of both Dialysis Facility and the Hospital to admit and treat all patients equally without regard to race, color, national origin, ancestry, age, sex, religious creed, disability, handicap or other legally protected status. Requirements for admission, assignments within the Facility and the Hospital, eligibility for and the manner of providing services, and the availability of the Facility and the Hospital to all patients shall be applied or made equally to all patients without distinction or regard for race, color, national origin, ancestry, age, sex, religious creed, disability, handicap or other legally protected status.
4. **Transportation.** The patient shall be solely responsible for transport of the patient to and from the Hospital. Each party acknowledges that neither party is responsible for patient care any time a patient is being transported to or from the Facility or the Hospital. The cost of the transportation shall be borne by the patient.
5. **Patient Interests.** Any and all decisions made by Dialysis Facility and the Hospital will be based upon the best interest of the patient, applicable federal and state laws, and the policies of that institution.
6. **Administration.** Administration of this Agreement shall be conducted by and between the responsible administrative officers and medical staff representatives designated by Dialysis Facility and the Hospital
7. **Non-Exclusivity.** Nothing in this Agreement shall be construed to require or encourage patient referrals between the parties. All recommendations, authorizations, and transfers regarding patient referrals and admissions shall be made solely by patient's attending physician in the exercise of his/her medical judgment and in consultation with his/her patient.
8. **Term.** The initial term of this Agreement shall commence on the Effective Date and continue for a term of three (3) years. At the end of the initial term, this Agreement shall automatically renew and extend thereafter for successive

one (1) year periods. This Agreement shall terminate if notice of termination is given by one party to the other party with at least sixty (60) days prior written notice.

9. Miscellaneous.

- a. This Agreement shall be binding upon and inure to the benefit of the successors, assigns, and legal representatives of the respective parties hereto.
- b. The validity, interpretation and performance of this Agreement shall be governed by and construed in all respects in accordance with the laws of the State of in which the Hospital and the Dialysis Facility are located.
- c. This Agreement may not be amended or modified without the written consent of the parties hereto.
- d. Failure to insist upon strict compliance with any of the terms, covenants, or conditions of this Agreement at any one time shall not be deemed a waiver of such term, covenant, or condition at any other time nor shall any waiver or relinquishment of any right or power herein at any time be deemed a waiver or relinquishment of the same or any other right or power at any other time.
- e. All notices, requests, demands, and other communications provided for hereunder shall be in writing and shall be deemed to been duly given if: (i) delivered in person; (ii) given by facsimile or other instantaneous electronic transmission device; (iii) sent by commercially recognized overnight delivery service, charges paid by the sender, or (iv) deposited in the United States mail, first class, registered or certified, return receipt requested , with proper postage prepaid, addressed as follows:

If to the Hospital:

Resurrection Health Care
West Suburban Medical Center
3 Erie Court
Oak Park, IL 60302
Attn: Deborah Davisson, VP Patient Care Services

If to Dialysis Facility:

Fresenius Medical Care – North America
One Westbrook Corporate Center
Westchester, IL 60154
Attn: Lori Wright

Notices given pursuant to this Section shall be deemed received and effective upon receipt by the addressee thereof.

- f. This agreement may be executed in two counterparts, both of which shall be considered one and the same agreement and shall become effective when two counterparts have been signed by each of the parties and delivered to the other parties, it being understood that all parties need not sign the same counterpart.

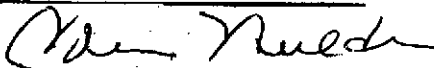
Each party represents that it is in compliance with the applicable federal and state regulatory and regulatory requirements for renal dialysis facilities and renal transplantation centers as may be applicable to each party.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed and delivered on their behalf as of the day and year first above written.

Fresenius Medical Care – North America
West Suburban Dialysis Center
Oak Park Dialysis Center
Austin Community Kidney Center
Fresenius Medical Care River Forest
(Name of Dialysis Facility)

Resurrection Health Care
West Suburban Medical Center
(Name of Hospital)

Coleen Muldoon

By: 

Title: Regional Vice President

DEBORAH S DAVISSON

By: 

Title: VICE PRESIDENT,
PATIENT CARE SERVICES

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

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



**Newmark
Knight Frank**

SENT VIA E-MAIL

November 6, 2009

Mr. Loren Guzik
Associate Director
Cushman & Wakefield
455 North Cityfront Center
#2800
Chicago, Illinois
60610

RE: 103 Forest Avenue, River Forest, Illinois, 60305 ("Building")

Dear Mr. Guzik:

Newmark Knight Frank ("NKF"), as exclusive agent for Willem Olsthoorn ("Landlord/Owner"), has been authorized to submit the following proposal to lease space in the above referenced Building to your client, Fresenius Medical Care Dialysis Center ("Tenant"). The salient points are:

Initial Space:	Approximately 11,629/Rentable Square Feet ("RSF"), consisting of the entire warehouse and the first floor of the office building
Lease Term:	Ten (10) years, six (6) months
Initial Base Rent:	\$21/RSF, gross, escalating three per cent (3%) annually
Hours of Operation:	Per your letter to NKF dated November 5, 2009
Possession:	Per your letter to NKF dated November 5, 2009
Commencement:	Per your letter to NKF dated November 5, 2009
Option to Renew:	Landlord grants Tenant two (2) options to renew its lease at Tenant's then paying rental rate

Assignment &

Subletting:

Landlord grants Tenant the right to assign or sublease the Premises to an affiliate or subsidiary with its consent, which consent shall

Mr. Loren Guzik
November 6, 2009
Page 2

not be unreasonably withheld or delayed and also complies with local zoning ordinances.

Real Estate Tax Escalation ("T&O):

Tenant will pay its pro rated amount of T&O above those incurred in 2010. We are collating expense categories for your review. Real estate taxes are approximately \$35,000.

Rent Concession:

Landlord grants Tenant six (6) months of gross rent abatement

Improvement Allowance:

Landlord grants Tenant \$5.00/RSF for improvement allowance. Tenant must remove at Lease Expiration, all wiring, cabling, environmental hazards as well as those items not identified at this point but will be identified prior to fully executing any lease document. Landlord offers the Building on an "AS IS AS SHOWN" basis. Landlord shall provide Tenant with autocad drawings.

Tenant Improvement Contractor:

Landlord grants Tenant the right to hire its own general contractor. Landlord will impose a "supervisory fee" equal to three per cent (3%) of the total hard costs for the buildout

Signage:

Tenant, at its sole expense, may erect signage on the Building, subject to Landlord's approval and local zoning laws

Zoning:

Tenant must provide a description of services for Landlord to submit to local zoning officials

Janitorial:

By Tenant

Electricity:

Metered directly to ComEd.

Water Charges:

None

Security Deposit:

Subject to review of financials

Parking:

Landlord grants Tenant 40 parking spaces in the parking lot

Signage: Per your letter to NKF dated

Mr. Loren Guzik
November 6, 2009
Page 3

Non Disturbance: There currently is no loan on the property

Environmental: Landlord states that to his knowledge, there is neither asbestos nor any other contaminants but will not warrant such.

Exclusive: Per your letter to NKF dated November 5, 2009

Electronic Mail: NKF, Cushman & Wakefield, Tenant and Landlord agree that electronically submitted documents have the same value as hard copies delivered by the U.S. mail.

Contingency: Landlord agrees to wait until FMC receives its CON. However, because of this contingency, FMC shall have the second right to the Building, which becomes operative if the village of River Forest votes against the River Forest Park District acquiring the Building in a referendum in the first week of February, 2010.

Real Estate Commission: Under separate agreement

If these terms and conditions are acceptable, we will commence the drafting of appropriate lease documents.

We appreciate your assistance and cooperation in this matter and we are looking forward to receiving your response.

Sincerely,
Newmark Knight Frank

Richard L. Klein
Executive Managing Director

cc: Willem Olsthoorn
Matt Whipple
John Gaines
willem fmc pro 11-6-9

EXHIBIT 1

LEASE SCHEDULE NO. 769-0002105-015
(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: 620 Winter Street
Waltham, MA 02451

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

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

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

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

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

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

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

6. OTHER PAYMENTS:

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

015 Exhibit 12.doc

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

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

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

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

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

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

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

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

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

015 Exhibit 12.doc

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

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

Lessee may elect to return all, but not less than all, of the Equipment at the end of the Initial Lease Term or any renewal term, provided that such return will only be permitted if (i) the Lessee provides the Lessor with written notice of its intention to return the Equipment not less than ninety (90) days prior to the end of the Initial Term, and (ii) the return of the Equipment is in accordance with the terms of the Lease and any Schedules, Acceptance Certificates, 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	99.65	39	57.66
4	98.66	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	39.08
18	83.29	54	37.69
19	82.14	55	36.31

015 Exhibits 12.doc

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	56	34.92
21	79.81	57	33.63
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.08	61	27.89
26	73.89	62	26.47
27	72.65	63	25.04
28	71.44	64	23.61
29	70.22	65	22.17
30	68.99	66	20.72
31	67.76	67	19.27
32	66.52	68	17.82
33	65.27	69	16.35
34	64.01	70	14.88
35	62.75	71	13.40
36	61.49	72	11.92

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

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

Dated: 3/29/09

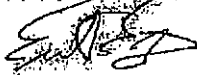
LESSOR:

Siemens Financial Services, Inc.

By: Carol Walters

Name: CAROL WALTERS
VICE PRESIDENT DOCUMENTATION

Title: _____



Ernest Errigo
Sr. Transaction Coordinator

LESSEE:

National Medical Care, Inc.

By: Mark Fawcett

Name: MARK FAWCETT

Title: TREASURER

015 Exhibit 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 AX610 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 1-866-616-31 (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

Criterion 1120.210(c), Operating Start-up Costs

Estimated 1-month personnel expense:	\$43,583
Estimated 2 weeks medical expense:	4,644
Estimated 2 weeks rent expense:	5,870
Estimated 1-month other expense:	32,697
Total:	\$86,794

It is estimated that \$86,794 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 River Forest, LLC

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

By: *[Signature]*

Title: _____

**Mark Fawcett
Vice President & Treasurer**

By: *[Signature]*

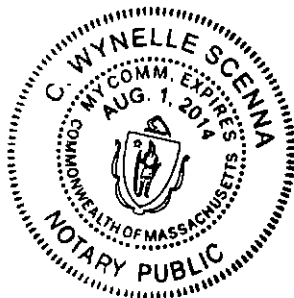
Title: Marc Lieberman
Asst. Treasurer

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

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

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

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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Ventures, LLC

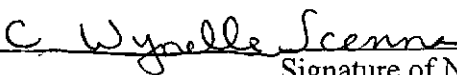
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By: 
ITS: Mark Fawcett
Vice President & Treasurer

By: 
ITS: Marc Lieberman
Asst. Treasurer

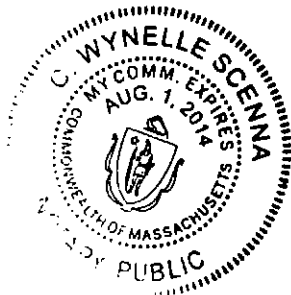
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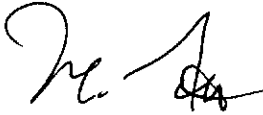
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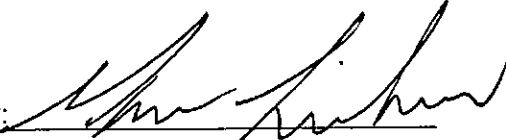
Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Ventures Holding Company, Inc.

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

By: 

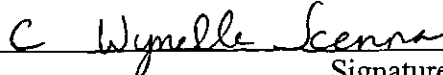
ITS: Mark Fawcett
Vice President & Treasurer

By: 

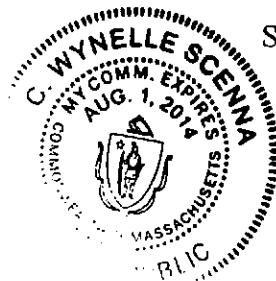
ITS: Marc Lieberman
Asst. Treasurer

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

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

Signature of Notary  Signature of Notary

Seal



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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: *M. Fawcett*

ITS: Mark Fawcett
Vice President & Treasurer

By: *Marc Lieberman*

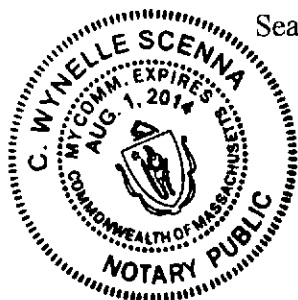
ITS: Marc Lieberman
Asst. Treasurer

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

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

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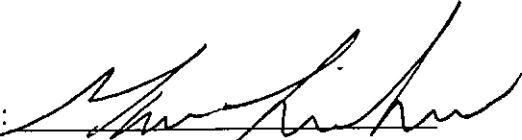
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Criterion 1120.310(a) Reasonableness of Financing Arrangements

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: 
ITS: Mark Fawcett
Vice President & Assistant Treasurer

By: 
ITS: Marc Lieberman
Asst. Treasurer

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

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Signature of Notary  Signature of Notary

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Seal



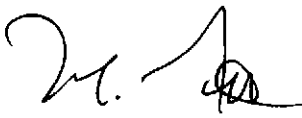
Criterion 1120.310(b) Conditions of Debt Financing

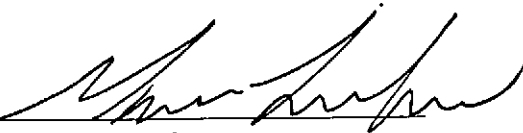
Fresenius Medical Care River Forest, LLC

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: Mark Fawcett
Vice President & Treasurer

By: 
ITS: Marc Lieberman
Asst. Treasurer

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

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

Signature of Notary C Wynelle Scenna Signature of Notary

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Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Ventures, LLC

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

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

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

By: *M. Fawcett*

ITS: Mark Fawcett
Vice President & Treasurer

By: *Marc Lieberman*

ITS: Marc Lieberman
Asst. Treasurer

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

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

Signature of Notary *C Wynelle Scenna* Signature of Notary

Seal



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Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Ventures Holding Company, Inc.

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

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

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

By: *Mark Fawcett*

ITS: Mark Fawcett
Vice President & Treasurer

By: *Marc Lieberman*

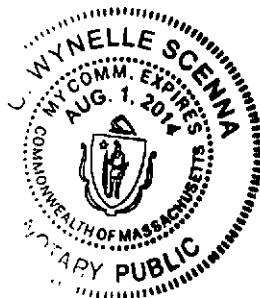
ITS: Marc Lieberman
Asst. Treasurer

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this 19 day of Jan, 2010

Signature of Notary *C Wynelle Scenna* Signature of Notary

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Criterion 1120.310(b) Conditions of Debt Financing

National Medical Care, Inc.

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

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

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

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

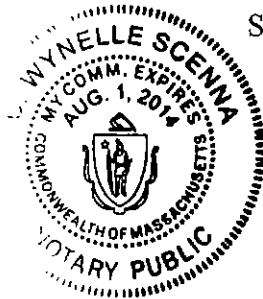
By: *Marc Lieberman*
ITS: Marc Lieberman
Asst. Treasurer

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

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

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

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Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: 

ITS: Mark Fawcett
Vice President & Assistant Treasurer

By: 

ITS: Marc Lieberman
Asst. Treasurer

Notarization:
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Criterion 1120.310 (d) – Projected Operating Costs

Year 2013

Salaries \$797,594

Benefits 199,399

Supplies 193,928

Total \$1,190,921

Annual Treatments 14,976

Cost Per Treatment \$79.52

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

Year 2013

Depreciation/Amortization	\$106,638
Interest	<u>0</u>
CAPITAL COSTS	\$106,638
Treatments:	14,976
Capital Cost per treatment	\$7.12