

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

ORIGINAL**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****RECEIVED****This Section must be completed for all projects.**

MAY 28 2010

Facility/Project Identification

Facility Name: <i>RCG Villa Park*</i>	HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: <i>Northwest corner of York Road and Roosevelt Road</i>	
City and Zip Code: <i>Elmhurst 60126</i>	
County: <i>DuPage</i>	Health Service Area <i>7</i> Health Planning Area:

After relocation the facility will change its name to Fresenius Medical Care Elmhurst*Applicant /Co-Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: <i>Dialysis Centers of America - Illinois, Inc. d/b/a RCG Villa Park</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 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant/Co-Applicant

<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

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

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

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</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>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>Hinshaw & Culbertson, LLP</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>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>HC Elmhurst West I, LLC</i>
Address of Site Owner: <i>1800 W. Sarah Lane, Suite 250, Brookfield, WI 53045</i>
Street Address or Legal Description of Site: <i>Northwest corner of York Rd. & Roosevelt Rd, Elmhurst</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
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>Dialysis Centers of America – Illinois, Inc. d/b/a RCG Villa Park</i>		
Address: <i>920 Winter Street, Waltham, MA 02451</i>		
<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
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 		
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.] ***NOT APPLICABLE – APPLICANT WILL BE LEASING SPACE***

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.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, 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-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- ☐ Substantive
☒ Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- ☐ Part 1120 Not Applicable
☐ Category A Project
☒ Category B Project
☐ DHS or DVA Project

2. 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.

Dialysis Centers of America – Illinois, Inc. proposes to discontinue its 24-station ESRD facility located at 200 E. North Avenue, Villa Park. In conjunction with this discontinuation we will establish a replacement 24-station ESRD facility on the campus of Elmhurst Memorial Hospital located on the northwest corner of York Road and Roosevelt Road in Elmhurst. This is essentially a relocation of the existing facility. The Elmhurst facility will be in leased space with the interior to be built out by the applicant. The facility at the new site will be called Fresenius Medical Care Elmhurst. Both locations are in HSA 7.

This project is "non-substantive" under Planning Board rule 1110.10(b) as it entails the discontinuation and establishment (relocation) of a health care facility that will provide in-center 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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	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	1,456,000*	N/A	1,456,000*
Contingencies	145,000	N/A	145,000
Architectural/Engineering Fees	140,000	N/A	140,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	440,000	N/A	440,000
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 or Equipment	\$2,953,095 \$353,950	3,307,045	N/A
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	5,488,045		5,488,045
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,461,000	N/A	1,461,000
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)	3,307,045	N/A	3,307,045
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	720,000*	N/A	720,000*
TOTAL SOURCES OF FUNDS	5,488,045	N/A	5,488,045
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

*Total construction cost is \$1,456,000; however \$720,000 of this cost is Tenant Improvement Allowance and will be paid to the landlord over the term of the lease. It relates directly to construction costs and not to 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 \$ 78,603.

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): 01/01/2013

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.

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

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

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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
REVIEWABLE							
In-Center Hemodialysis	5,488,045		11,200		11,200		
Total Clinical	5,488,045		11,200		11,200		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	5,488,045		11,200		11,200		
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , 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:

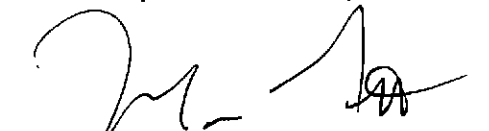
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its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

This Application for Permit is filed on the behalf of Dialysis Centers of America - Illinois, 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 Marc Lieberman
Asst. Treasurer

PRINTED TITLE


SIGNATURE

PRINTED NAME Mark Fawcett
Vice President & Treasurer

PRINTED TITLE

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

Notarization:
Subscribed and sworn to before me
this 14 day of April 2010

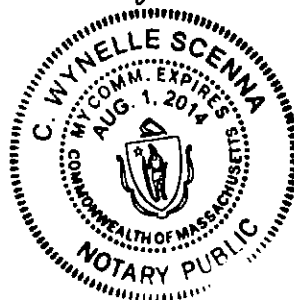
Signature of Notary

Seal



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:

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


This Application for Permit is filed on the behalf of Renal Care Group, 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 Marc Lieberman
Asst. Treasurer

PRINTED TITLE

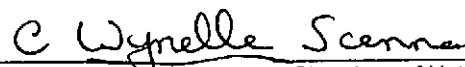
Notarization:
Subscribed and sworn to before me
this ____ day of ____ 2010


SIGNATURE

PRINTED NAME Mark Fawcett
Vice President & Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14 day of April 2010


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:

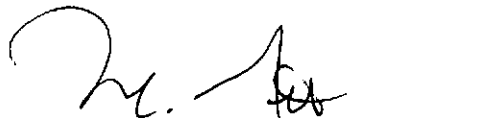
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its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

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


SIGNATURE

PRINTED NAME Marc Lieberman
Asst. Treasurer

PRINTED TITLE



SIGNATURE

PRINTED NAME Mark Fawcett
Vice President & Assistant Treasurer

PRINTED TITLE

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

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010


Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

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

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, 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 – Background, Purpose of the Project, 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, and certification 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

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 as appropriate.

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** 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
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, 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. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF 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 space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION:

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. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

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-16, 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-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	24	24

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

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	N/A	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	N/A		X
1110.1430(d)(2) - Documentation	N/A		X
1110.1430(d)(3) - Documentation Related to Cited Problems	N/A		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	X
APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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".

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

<u>1,461,000</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>3,307,045</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	e) Governmental Appropriations – 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, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>720,000*</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. <i>*720,000 of construction cost is tenant improvement allowance per LOI for leased space. This will be paid to the landlord over the term of the lease and is directly related to construction and not to rent of leased premises.</i>
<u>5,488,045</u>	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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.

2. Variance **NOT APPLICABLE**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) 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. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

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)	
ESRD		130.00			11,200			1,456,000	1,456,000
Contingency		12.95			11,200			145,000	145,000
TOTALS		142.95			11,200			1,601,000	1,601,000
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:** **NOT APPLICABLE – PROJECT IS NON-SUBSTANTIVE AND IS NOT A DISCONTINUATION**

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.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			

Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
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2	Site Ownership	26-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	34
7	Project and Sources of Funds Itemization	35-36
8	Obligation Document if required	37
9	Cost Space Requirements	38
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13	Alternatives to the Project	49-51
14	Size of the Project	52
15	Project Service Utilization	53
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
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21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
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25	Cardiac Catheterization	
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29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
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37	Clinical Service Areas Other than Categories of Service	
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	Financial and Economic Feasibility:	
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Co - Applicant Identification

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

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



To all to whom these Presents Shall Come, Greeting:

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

DIALYSIS CENTERS OF AMERICA-ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1011201902

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 22ND
day of APRIL A.D. 2010 .*

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT - 1

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>HC Elmhurst West I, LLC</i>
Address of Site Owner: <i>1800 W. Sarah Lane, Suite 250, Brookfield, WI 53045</i>
Street Address or Legal Description of Site: <i>Northwest corner of York Rd. & Roosevelt Rd, Elmhurst, PIN # 06-13-315-005</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Fresenius Medical Care.

January 11, 2010

Attn: Kirk Dunlap

RE: Fresenius Medical Care of Illinois LLC
Letter of Intent

Dear Kirk,

Below are the terms of the Letter of Intent:

LANDLORD: HC Elmhurst West I, LLC

TENANT: Fresenius Medical Care of Illinois LLC (FMC)

LOCATION: Elmhurst Memorial Healthcare South Campus at the northwest corner of the intersection of York Road and Roosevelt Road in Elmhurst, IL

INITIAL SPACE REQUIREMENTS: Approximately 10,000 contiguous usable square feet (11,200 rentable square feet) on First Floor.

FMC may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.

DELIVERY OF PREMISES: Landlord anticipates delivering shell building in September 2011.

PRIMARY TERM: FMC desires an initial lease term of ten (10) years. The lease and rent would commence on the date Landlord and Tenant include in the lease as the commencement date or the date the facility starts treating patients, whichever is sooner. For purposes of establishing an actual lease commencement date, both parties will execute an amendment setting forth the date for purposes of calculations, notices, or other events in the lease that may be tied to a commencement date.

OPTIONS TO RENEW: FMC desires three (3) five (5) year options to renew the lease. Option rental rates shall be based upon a 10% increase in the then existing rent.

RENTAL RATE: First year triple-net rent will be \$23.00 per rentable square foot per year, increased by 3% annually thereafter.

LANDLORD PAYMENT

Landlord's Payment. Landlord shall pay to Tenant periodic sums due to Tenant's contractors, subcontractors, etc. in an amount up to, but not to exceed, \$72.00 USF ("Landlord's Payment") in connection with the construction of the Tenant Improvements. Tenant and Landlord shall each make proportional payments for

each invoice received by Tenant from Tenant's contractor for Tenant Improvements, provided however, that Landlord's Payment shall ultimately not be cumulatively less than \$72.00 USF. For example, if the total amount of the contract for Tenant Improvements was \$1,500,000.00, for each invoice received by Tenant, Tenant would pay the contractor the full amount of such invoice and Landlord would pay to Tenant 48% of such invoice. Prior to Landlord having to make any payment hereunder, Tenant shall submit to Landlord (a) copies of all invoices received by Tenant as part of the construction of the Tenant Improvements, (b) conditional lien waivers and lien releases from all contractors and subcontractors who are to receive payment, (c) a sworn contractor's affidavit from the general contractor setting forth an accurate and full list of all names and addresses of each subcontractor and/or supplier who may have a right to file a construction lien, (d) as-built plans of the Tenant Improvements, and (e) a Certificate of Occupancy for the Premises. Landlord shall, within twenty (30) days of Tenant's submission of the foregoing documentation, pay the requested amount of Landlord's Payment to Landlord. Any and all charges, costs and expenses incurred in connection with the construction of the Tenant Improvements over and above the amount of Landlord's Payment shall be borne and paid for solely by Tenant. Items (d) and (e) will be submitted only prior to the final pay application. Landlord is not, by making Landlord's Payment, making any express or implied warranties or guaranties regarding the Tenant Improvements made by Tenant's contractor, subcontractors, etc. Tenant agrees that it is to look solely to its contractor, subcontractor, etc. for any express or implied warranties or guaranties.

CONCESSIONS:

No concessions are offered – the building is being sized based on the demand for space for medical offices and outpatient services.

OPERATING

EXPENSES AND REAL ESTATE TAXES:

An estimate of operating expenses per rentable square foot is shown below. Tenant will be responsible to pay operating expensed based on the rentable square feet leased by Tenant.

Real Estate Taxes	\$4.20
Insurance	\$0.20
Janitorial	\$0.60 – Common Area
Grounds/Landscaping	\$0.50
Maintenance	\$1.25
Trash Removal	\$0.15
Utilities	\$2.25 – Costs to Supply HVAC for Building
General & Administrative	<u>\$1.70</u>
Total Operating Expenses	\$10.85

DEMISED PREMISES SHELL

The build-out allowance assumes the following items as part of the demised shell, at Landlord's expense and based upon attached Tenant Shell Specifications

- Demised premises in a shell condition,
- Adequate electrical power installed for FMC's operation (600-amp/208-volt, 3-phase),

- HVAC units, in place, (FMC will distribute duct work and provide the HVAC unit specs.) for the space in an amount no less than 4 tons per 1,000 SF of leased space;
- The presence of gas service to handle the above HVAC needs and the use of two 100 gallon water heaters and one 50 gallon water heater;
- The presence of sewer service no less than a 4" line;
- The presence of water service no less than a 2" dedicated line to the space;
- An invert level below three (3) feet,
- Building fully serviced by sprinklers,
- A double door will be provided on the first floor (in addition to the main entry) for deliveries into their water treatment space,
- An overhang/canopy at the main entrance (large enough to shelter an ambulance) to shield patients entering the building.

**CONTRACTOR FOR
TENANT IMPROVEMENTS:**

FMC will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant improvement allowance. FMC shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.

HVAC:

FMC requires HVAC service from 5am – 11pm, 6 days per week (to be provided). Hammes Company will work with FMC to incorporate a supplemental HVAC unit into the project to handle FMC's before- and after-hours heating and cooling needs – the cost of the supplemental HVAC unit and installation will be borne by FMC. Both parties agree to work out the best possible situation to ensure the most cost effective manner of handling the HVAC

LOADING:

The MOB will not have a loading dock, rather, a double-door entry separate from the main entry will be provided for deliveries. FMC will have access to the delivery entry 24 hours per day, 7 days per week.

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

FMC will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. Obtaining building permits shall be the landlord's responsibility, however, tenant shall be responsible for the cost of building permits.

**PRELIMINARY
IMPROVEMENT PLAN:**

One-eight inch architectural drawings of the proposed demised premises and detailed building specifications. To be provided when available.

PARKING:

Landlord will provide a parking ratio of 5 per 1000 RSF and in accordance with local and state regulations (Exhibit to be attached when available)..

BUILDING CODES:

FMC requires that the shell and all interior structures meet local building code requirements.

**CORPORATE
IDENTIFICATION:**

Tenant shall have the right to place its business sign at the entrance to Tenant's suite, provided such a sign is in compliance with current building standards and local agencies. All associated costs shall be Tenant's responsibility and approved by Landlord.

**ASSIGNMENT/
SUBLETTING:**

FMC requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without landlord's consent. Any other assignment or subletting will be subject to landlord's prior consent, which shall not be unreasonably withheld or delayed. Landlord reserves first right of refusal.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord acknowledges that the current property zoning is acceptable for use as an outpatient kidney dialysis clinic and that there are no restrictive covenants that will impact such a use imposed by the development, owner, and/or municipality.

FINANCING:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

Landlord confirms that there will be no asbestos present in the building and that there are no contaminants or environmental hazards in or on the property.. All building tenants are medical practices or medical services and as such do not present issues related to the generation of hazardous materials.

DRAFT LEASE:

FMC requires the use of its Standard Form Lease, which shall be provided.

CON CONTINGENCY

Landlord and FMC understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and thus, FMC cannot establish a dialysis facility on the premises or execute a binding real estate lease in connection therewith

unless FMC obtains a Certificate of Needs permit from the Illinois Health Facilities Planning Board (the "Planning Board") FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board.

This offer is not intended to be contractual in nature and only an executed lease delivered to both parties can bind the parties to this transaction. It is expressly understood, agreed, and hereby acknowledged, that only upon the proper execution of a fully completed, formal lease contract, with a ll the lease terms and conditions clearly defined and included therein, will there then be any obligations, of any kind or nature, incurred or created between the herein parties in connection with the referenced property. .

Yours sincerely,

Bill Popken

Bill Popken

AGREED TO AND ACCEPTED BY:

<Landlord>



<Tenant>

Date

1-11-2010

Date

attached: Fresenius shell specifications

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: *Dialysis Centers of America – Illinois, Inc. d/b/a RCG Villa Park*

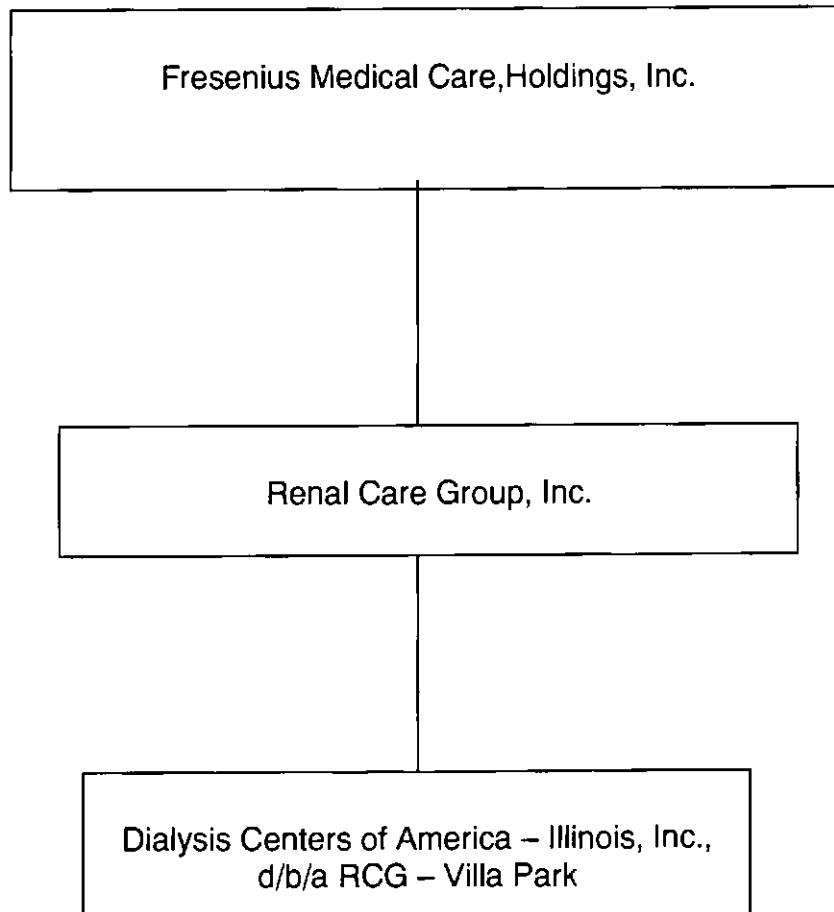
Address: *920 Winter Street, Waltham, MA 02451*

- | | | |
|--|--|--------------------------------|
| <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 |

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

Certificate of Good Standing at Attachment – 1.

Organization Structure For
Dialysis Centers of America – Illinois, Inc.





Illinois Historic Preservation Agency

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

DuPage County
Elmhurst
NWC of York Road and Roosevelt Road
CON - Relocate a Dialysis Clinic, Villa Park

PLEASE REFER TO: IHPA LOG #006032410

April 2, 2010

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

Dear Ms. Wright:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

AEH

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	72,800
Temp Facilities, Controls, Cleaning, Waste Management	3,600
Concrete	18,000
Masonry	22,200
Metal Fabrications	11,000
Carpentry	127,900
Thermal, Moisture & Fire Protection	2,6000
Doors, Frames, Hardware, Glass & Glazing	100,000
Walls, Ceilings, Floors, Painting	235,000
Specialities	18,000
Casework, FI Mats & Window Treatments	9,000
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	466,000
Wiring, Fire Alarm System, Lighting	281,000
Miscellaneous Construction Costs	65,500
Total	\$1,456,000

Contingencies

Contingencies	\$145,000
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Architectural/Engineering

Architecture/Engineering Fees	\$140,000
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Movable or Other Equipment

Dialysis Chairs	36,000
Misc. Clinical Equipment	20,000
Clinical Furniture & Equipment	36,000
Office Equipment & Other Furniture	60,000
Water Treatment	150,000
TVs & Accessories	60,000
Telephones	12,000
Generator	30,000
Facility Automation	30,000
Other miscellaneous	6,000
Total	\$440,000

Fair Market Value Leased Space & Equipment

FMV Leased Space	\$2,953,095
FMV Leased Dialysis Machines	349,050
FMV Leased Computers	4,900
Total	\$3,307,045

Project obligation will occur after permit issuance.

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
REVIEWABLE							
In-Center Hemodialysis	5,488,045		11,200		11,200		
Total Clinical	5,488,045		11,200		11,200		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	5,488,045		11,200		11,200		
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

1110.130 – DISCONTINUATION

General Information Requirements

Dialysis Centers of America – Illinois, Inc. proposes to discontinue its 24-station ESRD facility located at 200 E. North Avenue, Villa Park, currently operating at 85% utilization according to the 1st Quarter Renal Network data. In conjunction with this discontinuation we will establish a replacement 24-station ESRD facility on the campus of Elmhurst Memorial Hospital located on the northwest corner of York Road and Roosevelt Road in Elmhurst, which is less than 10 minutes away. This is essentially a relocation of the existing facility. Both facilities are in HSA 7, so there will be no change to the station inventory. All patients are expected to transfer to the new facility and therefore all medical records will be transferred to the new site as well.

The discontinuation is expected to occur simultaneously with the opening of the Elmhurst facility. This is expected to occur approximately September 1, 2012. All patients are expected to transfer to the new facility and therefore all medical records will be transferred to the new site as well. There will be no break in service to the patients involved. The evacuated building at 200 E. North Avenue, Villa Park is leased space so will be released back to the landlord.

Reasons for Discontinuation

The current leased space for the Fresenius Villa Park facility is in need of extensive structural repair. The expense to update the building is not cost effective due to the condition of the entire complex it is situated in. While the State rules consider this project a discontinuation/establishment of an ESRD facility, it is essentially a relocation of the Villa Park facility. The new facility will be on the campus of Elmhurst Memorial Hospital in a new more modern building which will also allow for easier access for patients to other hospital services and physician offices.

Impact On Access

It is determined that the "relocation" of the Villa Park facility to Elmhurst will not have any impact on any area ESRD providers. A written request for an impact statement was sent to all non-Fresenius ESRD providers considered to be within 45 minutes travel time. Impact letters received are provided at Appendix 3. All Fresenius Medical Care facilities within 45 minutes travel time will experience no adverse effects due to this discontinuation/establishment.

FOR IMPACT LETTERS & DOCUMENTATION OF RECEIPT PLEASE SEE APPENDIX 3.

FACILITIES WITHIN 45 MINUTES OF YORK ROAD AND ROOSEVELT ROAD, ELMHURST

Name	Address	City	Zip	MapQuest*		MapQuest x 1.15
				Time	Miles	
Fresenius Westchester	2400 Wolf Road	Westchester	60154	5	2.98	6
Foster McGaw Hospital Dialysis	1201 W Roosevelt Rd	Maywood	60153	10	5.85	12
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	10	6.45	12
Fresenius Willowbrook	6300 Kingery Hwy	Willowbrook	60527	10	7.93	12
Fresenius Lombard	1940 Springer Dr	Lombard	60148	11	5.86	13
Maple Avenue Kidney Center	610 S Maple Ave	Oak Park	60304	12	8	14
Hines VA Hospital Dialysis	5000 S. 5th Avenue	Hines	60141	13	7.13	15
Fresenius Oak Park	733 Madison St	Oak Park	60302	14	8.63	16
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	15	7.35	17
Fresenius Glendale Heights	520 North Ave	Glendale Heights	60139	15	9.74	17
Fresenius North Ave	719 W North Ave	Melrose Park	60160	16	9.08	18
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	16	9.74	18
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	17	10.58	20
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	18	12.65	21
Fresenius Elk Grove	901 Biesterfeld Rd	Elk Grove Village	60007	18	13.51	21
John H. Stroger Jr. Dialysis	1901 W Harrison	Chicago	60612	19	14.47	22
Rush University Dialysis	1653 W Congress Pkwy	Chicago	60612	19	14.71	22
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	20	12.36	23
University of IL Hospital Dialysis	1859 W Taylor	Chicago	60612	20	14.87	23
Mt Sinai Hospital Renal Unit	1500 S. California	Chicago	60608	21	14.17	24
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	21	15.04	24
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	22	14.51	25
Circle Medical Dialysis	1426 W Washington Blvd	Chicago	60607	22	15.21	25
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	22	15.93	25
DSI Schaumburg Dialysis	1156 S Roselle Rd	Schaumburg	60193	22	15.96	25
Fresenius Polk	557 W Polk St	Chicago	60607	22	16.49	25
DSI Loop Dialysis	1101 S Canal St	Chicago	60607	22	16.65	25
DSI Arlington Heights Dialysis	17 W Golf Rd	Arlington Heights	60005	23	16.26	26
Fresenius West Metro	1044 N Mozart St	Chicago	60622	24	15.12	28
DaVita Little Village Dialysis	2335 W Cermak Rd	Chicago	60608	24	15.41	28
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60656	24	15.87	28
Fresenius Naperville North	514 W 5th Ave	Naperville	60563	24	15.97	28
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	24	18.39	28
DaVita Montclare Dialysis	7009 W Belmont Ave	Chicago	60634	25	12.35	29
Resurrection Outpatient Dialysis	7435 W Talcott Ave	Chicago	60631	25	16.92	29
DaVita Palos Park Dialysis	131st St & LaGrange Road	Orland Park	60462	25	18.4	29
Fresenius West Chicago	N Neltor Blvd	West Chicago	60185	26	17.22	30
Fresenius DuPage West	450 E Roosevelt Rd	West Chicago	60185	26	17.28	30
Fresenius Rolling Meadows	4180 Winnetka Ave	Rolling Meadows	60008	26	20.05	30
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	27	18.04	31
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	27	20.39	31
Fresenius Crestwood	4861 Cal Sag Rd	Crestwood	60445	27	20.4	31
Fresenius Midway	6201 W 63rd St	Chicago	60638	28	17.88	32
Fresenius Naperville	100 Spalding Dr	Naperville	60540	28	18.31	32
Fresenius Bridgeport	825 W 35th St	Chicago	60609	28	20.05	32
DaVita Stony Creek Dialysis	9115 S Cicero Ave	Oak Lawn	60453	29	18.2	33
Fresenius Niles	9371 N Milwaukee Ave	Niles	60714	29	19.35	33
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	29	20.16	33
DaVita Emerald Dialysis	710 W 43rd St	Chicago	60609	29	20.93	33
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	30	15.57	35
DSI Scottsdale Dialysis	4651 W 79th Street	Chicago	60652	30	17.77	35
Direct Dialysis	14255 S Cicero Ave	Crestwood	60445	30	21.71	35
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	30	22.06	35
Fresenius Burbank	4811 W 77th Street	Burbank	60459	31	18.1	36

Discontinuation
ATTACHMENT - 10

Fresenius Glenview	4248 Commercial Way	Glenview	60025	31	20.27	36
DaVita Lincoln Park Dialysis	3157 N Lincoln Ave	Chicago	60657	31	21	36
DaVita Logan Square Dialysis	2659 N Milwaukee Ave	Chicago	60647	31	21.93	36
DSI Buffalo Grove Dialysis	1291 W Dundee Rd	Buffalo Grove	60089	31	24.16	36
TRC Childrens Dialysis Center	2611 N Halsted St	Chicago	60614	32	20.93	37
Fresenius Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60195	32	22.34	37
Fresenius Orland Park	9160 W 159th St	Orland Park	60462	32	22.51	37
Fresenius Northcenter	2620 W Addison St	Chicago	60618	32	22.82	37
University of Chicago Lakepark	1531 E Hyde Park Blvd	Chicago	60615	32	23.16	37
Fox Valley Dialysis Center	1300 Waterford Dr	Aurora	60504	32	23.52	37
Fresenius Lockport	Thornton St	Lockport	60441	32	24.35	37
Fresenius Palatine	690 E Dundee Rd	Palatine	60074	32	24.61	37
Fresenius Aurora	455 Mercy Ln	Aurora	60506	32	24.82	37
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	33	23.12	38
ARA South Barrington Dialysis	33 W Higgins Rd	Barrington	60010	33	23.29	38
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	33	23.87	38
DaVita West Lawn Dialysis	7000 S Pulaski Road	Chicago	60629	34	19.76	39
DaVita Big Oaks Dialysis Center	5623 W Touhy	Niles	60714	34	20.32	39
DaVita Mt. Greenwood Dialysis	3401 W 111th St	Chicago	60655	34	23.6	39
University of Chicago Woodlawn	1164 E 55th St	Chicago	60615	34	23.72	39
DSI Markham Dialysis	3053 W 159th St	Markham	60426	34	26.23	39
Fresenius South Side	3134 W 76th St	Chicago	60652	35	20.01	40
Fresenius Blue Island	12200 S Western Ave	Blue Island	60406	35	23.46	40
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	35	23.47	40
Fresenius Chatham	8115 S Holland Rd	Chicago	60620	35	25.87	40
Fresenius Deerfield	405 Lake Cook Rd	Deerfield	60015	35	27.06	40
Nephron Dialysis	5140 N California Ave	Chicago	60625	37	22.52	43
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	37	22.94	43
Fresenius Skokie	9801 Woods Dr	Skokie	60077	37	23.39	43
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	38	28.43	44
Community Dialysis Harvey	16657 Halsted St	Harvey	60426	38	29.89	44
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	39	21.21	45
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	39	24.43	45
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	39	26.71	45
Fresenius Mokena	8910 W 192nd St	Mokena	60448	39	27.01	45
Fresenius Greenwood	1111 E 87th St	Chicago	60619	39	27.4	45
Fresenius Hazelcrest	17524 E Carriageway Dr	Hazel Crest	60429	39	29.3	45

***MapQuest Travel Time Print-outs at Appendix 1**



Fresenius Medical Care

March 16, 2010

Facility Manager
Address
City, State Zip Code

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Medical Care – North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue our 24-station RCG-Villa Park dialysis facility located at 200 E. North Avenue in Villa Park. In conjunction with this discontinuation we will be establishing a replacement 24-station dialysis facility on the campus of the new Elmhurst Memorial Hospital at the northwest corner of York Road and Roosevelt Road in Elmhurst.

The estimated date that this discontinuation/establishment will occur is December 1, 2011. Over the past two years the RCG – Villa Park dialysis facility has provided 34,268 dialysis treatments to 227 end stage renal disease (ESRD) patients. While this is a substantial amount we do not foresee any break in service to the ESRD patients in this market area during the closure of the Villa Park facility and subsequent opening of the new facility in Elmhurst. All current patients are expected to transfer to the new location. We do not expect that there will be any adverse impact to care for patients in this market area, nor do we expect there to be any burden of care placed on other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from your facility in the form of an impact statement in regards to our proposed project within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 708-498-9121.

Sincerely,

Lori Wright
Senior CON Specialist

Fresenius Medical Care Holdings, Inc. Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	538 E. Boughton Road	Bolingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign (managed)	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 Biesterfeld Road	Elk Grove	60007
Evanston	14-2621	2953 Central Street	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
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

Facility List

ATTACHMENT - 11-1

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 Batavia		Branson Drive	Batavia	60510
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

Dialysis Centers of America - Illinois, 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 Dialysis Centers of America - Illinois, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

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

By: [Signature]

ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]

ITS: Mark Fawcett
Vice President & Treasurer

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

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal

Seal

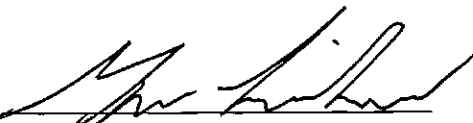


Certification & Authorization

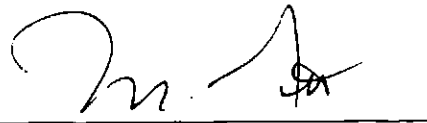
Renal Care Group, Inc.

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 Renal Care Group, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

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

By: 

ITS: Marc Lieberman
Asst. Treasurer

By: 

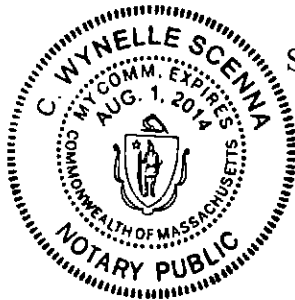
ITS: Mark Fawcett
Vice President & Treasurer

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

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



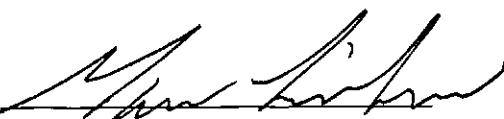
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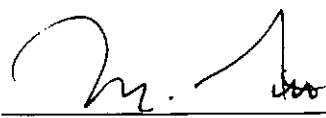
Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: 
ITS: Marc Lieberman
Asst. Treasurer

By: 
ITS: Mark Fawcett
Vice President & Assistant Treasurer

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

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary  Signature of Notary

Seal



Seal

Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to keep access available to life-sustaining dialysis services to the Villa Park/Elmhurst market area by relocating the current Fresenius Villa Park dialysis facility to the campus of the new Elmhurst Memorial Hospital on the northwest corner of York Road and Roosevelt Road.
2. The current Villa Park facility and the proposed relocation site in Elmhurst are both located in HSA 7, which is made up of suburban Cook and DuPage counties. This ESRD facility primarily serves the patients in the Elmhurst Hospital market area. This area lies in northeast DuPage County consisting of the towns of Elmhurst, Villa Park, Addison, Lombard & Glen Ellyn.
3. The Villa Park facility has some extensive physical plant issues. In order to bring the building up to Fresenius standards as well as CMS Conditions of Coverage we would have to spend approximately \$700,000. Fresenius Medical Care does not feel it is resourceful to sink this much money into the building considering it is a multi-tenant building with common areas in a state of disrepair. As well the landlord has had poor response to our requests for upkeep on the building, specifically a leaking roof and a parking lot in poor condition.
4. Not Applicable
5. Relocating the 24 station Villa Park facility to the campus of Elmhurst Memorial Hospital will offer patients a new, more modern facility that meets CMS guidelines along with easier access with improved patient parking and access to other hospital services at one location. There will be no interruption in service to the current patients of Villa Park since the "relocation" of the facility will occur on a Sunday when there are no patient treatments scheduled.
6. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would continue to have similar quality outcomes after the relocation. Currently the Villa Park patients have the quality values below:
 - 96% of patients had a URR \geq 65%
 - 96% of patients had a Kt/V \geq 1.2

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

Two alternatives were considered that would entail a lesser scope and cost than the project proposed in this application, however neither of them were determined to be a feasible option.

- The alternative of doing nothing and maintaining the status quo is not an option. The current site has extensive physical plant issues and a lease that has a short term renewal on it. The landlord has historically had poor response to our requests for upkeep on the building, specifically a leaking roof and a parking lot that is in poor condition. While this option has no monetary cost, the cost is to the patients and staff in regards to their safety and well being.
- We did consider renovating the facility at the current site and renewing our lease. After doing a cost analysis of this alternative it was rejected. The renovation would be approximately \$1,000,000, with certain other repairs to come in the future due to the overall condition of the building. It was decided that it would not be prudent to invest this sum of money in a multi-tenant building with common areas that we have no control over in disrepair and with poor landlord involvement in its upkeep.

B. Pursuing a joint venture or similar arrangement with one or more providers of 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.

The preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs.

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

Discontinuing the RCG-Villa Park facility and sending all 117 patients to other area providers is not an option. There is no one other facility within this market area that could accommodate this number of patients. As well, displacing all of Dr. Muneer and Dr. Ryali's ESRD patients would have detrimental effects on the patients well being and continuity of care. These patients would have to be dispersed over a wide range of dialysis facilities creating access issues that relate to transportation and to shift choices. The physician's would essentially loose their practice with the patients being scattered about because many of the patients would have to change physicians. Nephrologists see all of their patients in the clinic on a weekly basis and it is not physically possible for them to make rounds at more than a handful of facilities while also making hospital rounds and seeing office patients. This would also have a ripple effect by raising the utilization of other area providers to or above capacity. There is no monetary cost to this alternative.

- As discussed further in this application, the most desirable alternative to keep access to dialysis services available in the Villa Park/Elmhurst area market is to relocate the facility to the campus of Elmhurst Memorial Hospital. This alternative will address the problems of the current poor physical plant conditions and parking conditions. The cost of this project is \$5,488,045. While this is the most costly alternative, the expense is to Fresenius Medical Care only, while the patients will benefit from improved access and a more modern facility to dialyze in.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Safety issues with parking lot in disrepair	Patient clinical quality would remain above standards Building does not meet CMS guidelines	No effect on patients Continued excessive maintenance costs
Renovate Current Site and Renew Lease	\$1,000,000	Safety issues with parking lot in disrepair	Patient clinical quality would remain above standards Ongoing physical plant issues, possible deficiencies	No effect on patients Continued excessive maintenance costs
Utilize Area Providers	\$0	Would create transportation problems Loss of access to treatment schedule times Would create ripple effect of raising utilization of area providers to or above capacity	Loss of continuity of care which would lead to lower patient outcomes	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Relocate RCG-Villa Park to Elmhurst Memorial Hospital	\$5,488,045*	Improved access with safe and ample parking Access to other hospital services in one location	Patient clinical quality would remain above standards Patient satisfaction would improve with easier access and more modern facilities	Actual construction costs are \$1,456,000 compared with the \$1,000,000 to renovate the current site. The new site will not require structural maintenance. While the leased space is more costly, it is a cost to Fresenius Medical Care only and is spread over 10 years.

*\$3,307,405 of this project cost is lease of space and equipment and other equipment costs.

3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. RCG-Villa Park has had above standard quality outcomes.

- 96% of patients had a URR \geq 65%
- 96% of patients had a Kt/V \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	11,200 (24 Stations)	360-520 DGSF	NONE	YES

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 11,200 DGSF amounts to 467 DGSF per station and falls within the State Standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	85% 1 st Qtr, 2010		80%	Yes
YEAR 1	IN-CENTER HEMODIALYSIS		With 3% Growth 88%	80%	Yes
YEAR 2	IN-CENTER HEMODIALYSIS		With 3% Growth 90%	80%	Yes

As seen in the chart above, the facility has already met the State standard utilization target of 80%. Over the past three years the facility has averaged a 3% growth rate with the growth rate of 2009 at 9%. There are 117 current patients of the Villa Park facility that are expected to transfer to the Elmhurst location. (1st Qtr Renal Network data showed 122 patients and 85% utilization) There are also 112 pre-ESRD patients of Dr. Muneer and Dr. Ryali that are expected to be referred to the facility in the next 3 years. It is expected that approximately 30 of these pre-ESRD patients will choose home dialysis at Fresenius DuPage Home, where Dr. Muneer is the Medical Director. It cannot be estimated at this time which patients will choose this modality and so are included in the total count of pre-ESRD for the Elmhurst facility. Taking this into account and the death rate of 11% and transplant rate of 2%, the facility will maintain utilizations above the State target.

Planning Area Need – Formula Need Calculation:

A. Planning Area Need - Formula Need Calculation:

The current RCG – Villa Park 24-station in-center hemodialysis facility is located in HSA 7. The chosen relocation site on the campus of Elmhurst Hospital in Elmhurst is also in HSA 7. There is currently a need for 45 more ESRD stations in this HSA. However, since this is essentially a relocation of the 24 stations, there will be no change to the station inventory of HSA 7. Since there is a determined need this project is in conformance with the projected station deficit.

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 DuPage County in HSA 7, more specifically the Villa Park/Elmhurst market area. 95.7% of the current ESRD patients and 96.4% of the pre-ESRD patients identified for this project reside in HSA 7.

Pre-ESRD Patients Who Will Be Referred To Fresenius Elmhurst			
County	HSA	#Patients	% of Patients
Chicago/Cook Co	6	3	2.7%
Suburban Cook Co	7	108	96.4%
Kane Co	8	1	.9%
Total		112	

Current Villa Park Patients Who Will Transfer to Fresenius Elmhurst			
County	HSA	#Patients	% of Patients
Chicago/Cook Co	6	3	2.6%
Suburban Cook/DuPage Co	7	112	95.7%
Kane Co	8	1	.85%
Will Co	9	1	.85%
Total		117	

DuPage Nephro Med Associates, S.C.

183 North Addison • Elmhurst, IL 60126
(630) 832-2183 • (630) 832-2184 (Fax)

May 19, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

I am a nephrologist practicing in the Elmhurst area along with my partner Madhavi Ryali, M.D. and am the Medical Director of the Fresenius Medical Care Villa Park dialysis clinic. Due to the poor physical condition of the current site, I am in full support of the relocation of this facility to the campus of the new Elmhurst Hospital. Not only will this give the patients an improved facility, but easier access to the facility and other hospital services at one location.

Over the past three years I was treating 69 hemodialysis patients at the end of 2007, 69 at the end of 2008 and 55 at the end of 2009, as reported to The Renal Network. As of the most recent quarter, we were treating 52 hemodialysis patients. As well, over the past twelve months we have referred 29 patients for dialysis services to RCG – Villa Park. I expect that all 117 current patients of RCG – Villa Park to relocate to the new site upon its opening. We currently have 112 pre-ESRD patients that live in the zip codes surrounding the Villa Park/Elmhurst area (Dr. Ryali has recently joined my staff, which has increased the numbers of pre-ESRD patients in our practice). These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis in the next three years. 40 of the patients are expected to begin dialysis therapy in the next twelve months and the remaining 72 are expected to require dialysis in one to two years at the relocated Elmhurst facility (see attached lists of patients by zip code). While it cannot yet be determined which of these patients might choose home dialysis over in-center hemodialysis, I would expect approximately 30 of these patients to do so.

Our peritoneal dialysis (PD) or home dialysis program has been continually growing. Over the past three years we have had between 25-30 patients on PD at Fresenius Medical Care DuPage Home Dialysis. We refer between 7-15 new ESRD patients annually to this facility. Also, approximately 4-5 hemodialysis patients per year transfer from RCG – Villa Park to this PD program as well.

Rukhsana Muneer, M.D.

- 1 -

56

~~Ryali Madhavi, M.D.~~
~~MADHAVI RYALI, MD~~
Service Demand - Establish
Historic/Projected Referrals
ATTACHMENT – 26b - 3

The RCG – Villa Park facility treats approximately 275 patients a year and has experienced an approximate 11% death rate. As well, the facility has an approximate 2% transplant rate. It is therefore expected that 12-15 current patients of the facility are not expected to continue to require dialysis services by the time the facility is relocated.

I urge the Board to approve the relocation of RCG – Villa Park in order to keep access available to this patient population. Thank you for your consideration.

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

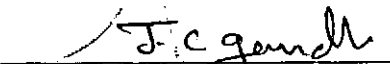
Sincerely,



Rukhsana Muneer, M.D

Notarization:

Subscribed and sworn to before me
this 22nd day of may, 2010



Signature of Notary

Seal

OFFICIAL SEAL
J. C. GANDHI
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 11-01-11

DuPage Nephro Med Associates, S.C.

183 North Addison • Elmhurst, IL 60126
(630) 832-2183 • (630) 832-2184 (Fax)

May 19, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

I am a nephrologist in practice with Renal Care Associates (RCA) in the Elmhurst area along with my partner Rukhsana Muneer, M.D. Due to the poor physical condition of the current site, I am in full support of the relocation of this facility to the campus of the new Elmhurst Hospital. Not only will this give the patients an improved facility, but easier access to the facility and other hospital services at one location.

Over the past three years RCA was treating 69 hemodialysis patients at the end of 2007, 69 at the end of 2008 and 55 at the end of 2009, as reported to The Renal Network. As of the most recent quarter, RCA was treating 52 hemodialysis patients. As well, over the past twelve months we have referred 29 patients for dialysis services to RCG – Villa Park. I expect that all 117 current patients of RCG – Villa Park to relocate to the new site upon its opening. We currently have 112 pre-ESRD patients that live in the zip codes surrounding the Villa Park/Elmhurst area. These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis in the next three years. 40 of the patients are expected to begin dialysis therapy in the next twelve months and the remaining 72 are expected to require dialysis in one to two years at the relocated Elmhurst facility (see attached lists of patients by zip code). While it cannot yet be determined which of these patients might choose home dialysis over in-center hemodialysis, I would expect approximately 30 of these patients to do so.

Our peritoneal dialysis (PD) or home dialysis program has been continually growing. Over the past three years we have had between 25-30 patients on PD at Fresenius Medical Care DuPage Home Dialysis. We refer between 7-15 new ESRD patients annually to this facility. Also, approximately 4-5 hemodialysis patients per year transfer from RCG – Villa Park to this PD program as well.

Rukhsana Muneer, M.D.

~~Ryali Madhavi, M.D.~~
~~MADHAVI RYALI, M.D.~~
Service Demand - Establish
Historic/Projected Referrals
ATTACHMENT – 26b - 3

The RCG – Villa Park facility treats approximately 275 patients a year and has experienced an approximate 11% death rate. As well, the facility has an approximate 2% transplant rate. It is therefore expected that 12-15 current patients of the facility are not expected to continue to require dialysis services by the time the facility is relocated.

I urge the Board to approve the relocation of RCG – Villa Park in order to keep access available to this patient population. Thank you for your consideration.

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

Sincerely,

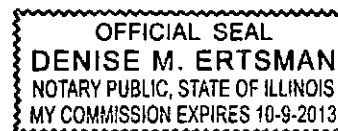
Madhavi Ryali, M.D.
Madhavi Ryali, M.D.

Notarization:

Subscribed and sworn to before me
this 24th day of May, 2010

Denise M. Ertzman
Signature of Notary

Seal



**CURRENT VILLA PARK PATIENTS THAT WILL TRANSFER TO THE NEW
ELMHURST LOCATION AT THE NORTHWEST CORNER OF ROOSEVELT
AND YORK ROADS UPON OPENING**

Current RCG - Villa Park Patients	
Zip Code	Patients
60007	1
60016	1
60101	14
60104	2
60106	11
60108	3
60124	1
60126	25
60130	1
60131	1
60137	2
60139	2
60143	2
60148	7
60149	1
60153	1
60155	1
60160	5
60162	1
60163	4
60164	2
60181	15
60188	1
60191	3
60193	1
60194	1
60440	1
60523	1
60608	1
60638	2
60640	1
60644	1
60706	1
Total	117

**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT
FRESENIUS MEDICAL CARE ELMHURST BY THE END OF THE SECOND
YEAR OF OPERATION**

Next 12 Months	
Zip Code	Patients
60101	9
60106	4
60108	2
60126	4
60131	3
60143	1
60148	7
60164	2
60181	3
60191	1
60465	1
60527	1
60634	1
60804	1
Total	40

1-2 Years	
Zip Code	Patients
60068	2
60074	1
60101	10
60106	4
60126	9
60133	1
60137	4
60148	11
60153	1
60160	2
60162	1
60163	3
60164	1
60175	1
60181	6
60184	1
60185	2
60187	1
60188	1
60191	1
60304	1
60465	1
60514	1
60523	1
60540	1
60559	1
60634	1
60646	1
60707	1
Total	72

NEW REFERRALS OF DR. MUNEER FOR THE PAST TWELVE MONTHS
APRIL 1, 2009 THROUGH MARCH 31, 2010

ALL PATIENTS WERE REFERRED TO RCG - VILLA PARK

2008	
Zip Code	Patients
60101	2
60104	2
60106	2
60124	1
60126	4
60148	1
60160	1
60162	1
60163	1
60164	2
60181	5
60191	1
60707	1
Total	24

2009	
Zip Code	Patients
60101	1
60106	3
60126	5
60137	1
60148	5
60153	1
60160	1
60163	1
60181	6
60194	1
60440	1
60523	1
60628	1
60638	1
Total	29

04-01-09 to 03-31-10	
Zip Code	Patients
60101	2
60106	1
60126	5
60137	1
60148	6
60153	1
60155	1
60162	1
60163	1
60181	7
60194	1
60628	1
60638	1
Total	29

PATIENTS OF DR. MUNEER AT YEAR END 2007, 2008, 2009
& 1ST QUARTER 2010

ALL PATIENTS WERE DIALYZING AT RCG - VILLA PARK

End of Year 2007	
Zip Code	Patients
60007	1
60016	2
60037	1
60101	8
60106	5
60108	1
60126	14
60131	1
60137	1
60139	2
60148	7
60153	2
60155	1
60160	2
60162	2
60164	4
60181	8
60191	2
60304	1
60523	1
60617	1
60634	1
60706	1
Total	69

End of Year 2008	
Zip Code	Patients
60007	1
60016	2
60101	10
60104	1
60106	4
60108	1
60124	1
60126	12
60131	1
60136	1
60137	1
60139	1
60148	4
60153	2
60160	2
60162	1
60163	1
60164	4
60181	11
60191	3
60304	1
60440	1
60538	1
60706	1
60707	1
Total	69

End of Year 2009	
Zip Code	Patients
60007	1
60016	2
60101	7
60105	2
60106	5
60108	1
60126	11
60137	2
60139	1
60148	3
60160	2
60163	3
60164	1
60181	9
60191	2
60440	1
60638	1
60706	1
Total	55

End of 1st Qtr 2010	
Zip Code	Patients
60007	1
60016	2
60101	7
60105	1
60106	4
60108	1
60126	9
60137	1
60139	1
60148	3
60160	2
60162	1
60163	3
60164	1
60181	8
60191	2
60194	1
60638	1
60705	1
60714	2
Total	52

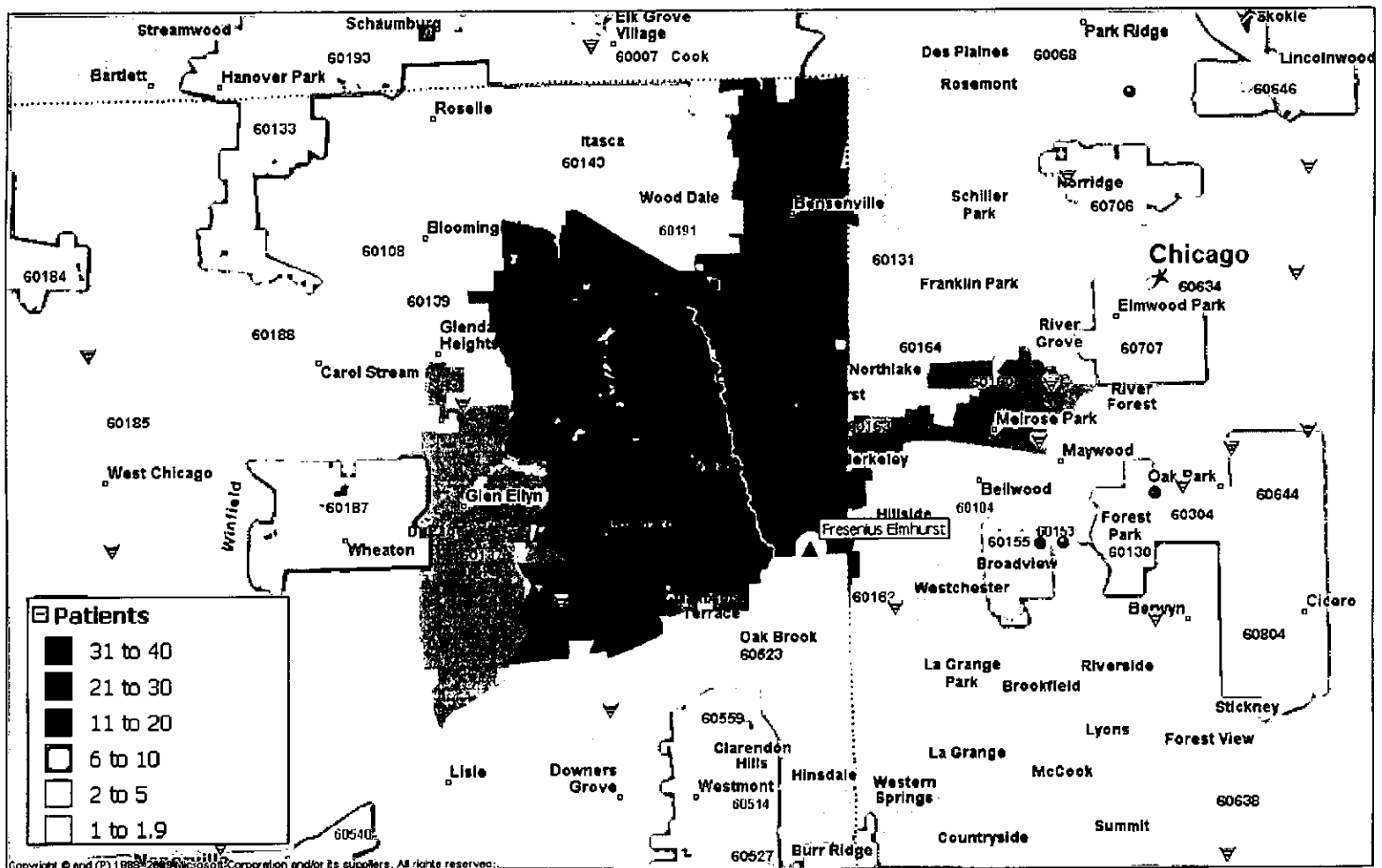
Service Accessibility – Service Restrictions

- The establishment of the 24 station Fresenius Medical Care Elmhurst ESRD facility, along with the discontinuation of the RCG - Villa Park ESRD facility, is not going to add any additional stations to the ESRD inventory for HSA 7. This is simply a relocation of the Villa Park facility. Therefore there will be no impact on access as it pertains to the availability of stations in the area.
- Problems that exist for RCG – Villa Park patients pertain to the physical condition of the current site. The current site requires extensive repair and maintenance to the building and the parking lot to improve physical access and safety. There has been little or no response from the current landlord to resolve these issues.
- The proposed site on the campus of Elmhurst hospital will improve the patient's physical access to the facility with improved parking and patient drop off areas and will allow the patient easier access to other hospital services in one location.

All Facilities In Health Service Area 7 (Suburban Cook and DuPage Counties)

Facility	Address	City	Utilization
ARA South Barrington	33 W. Higgins Road	S. Barrington	79%
Center for Renal Replacement	7301 N. Lincoln Ave., Ste 205	Lincolnwood	77%
Community Dialysis of Harvey	16657 S. Halstead	Harvey	46%
DaVita Big Oaks	5623 W. Touhy Ave.	Niles	7%
DaVita Chicago Heights	177 West Joe Orr Road	Chicago Heights	82%
DaVita Olympia Fields	4557-B West Lincoln Highway	Matteson	71%
DaVita Palos Park	13155 S. LaGrange Road	Orland Park	0%
DaVita Stony Creek	9115 S. Cicero	Oak Lawn	99%
Direct Dialysis	14255 S. Cicero Ave.	Crestwood	156%
DSI Arlington Heights	17 West Golf Road	Arlington Heights	49%
DSI Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	64%
DSI Evanston	1715 Central Street	Evanston	54%
DSI Hazel Crest	3470 West 183rd Street	Hazel Crest	108%
DSI Markham	3053-3055 West 159th Street	Markham	72%
DSI Schaumburg	Town Center, NW Corner	Schaumburg	75%
DSI South Holland	16136 South Park Avenue	South Holland	82%
Evanston Hospital	2650 Ridge Avenue	Evanston	0%
Fresenius Alsip	12250 S. Cicero, Suite 105	Alsip	68%
Fresenius Berwyn	2601 South Harlem Avenue	Berwyn	92%
Fresenius Blue Island	2310 York Street	Blue Island	80%
Fresenius Burbank	4811 W. 77th Street	Burbank	80%
Fresenius Crestwood	4861-73 West Cal Sag Road	Crestwood	67%
Fresenius Deerfield	405 Lake Cook Road	Deerfield	13%
Fresenius Downers Grove	3825 Highland Ave., Suite 102	Downers Grove	90%
Fresenius DuPage West	490 E. Roosevelt Road	West Chicago	76%
Fresenius Elk Grove	901 West Beisterfield Road	Elk Grove Village	86%
Fresenius Evanston	2953 Central	Evanston	48%
Fresenius Evergreen Park	9730 South Western Avenue	Evergreen Park	96%
Fresenius Glendale Heights	520 East North Avenue	Glendale Heights	84%
Fresenius Glenview	4248 Commercial Way	Glenview	78%
Fresenius Hazel Crest	17524 Carriage Way	Hazel Crest	77%
Fresenius Hoffman Estates	3150 West Higgins Road	Hoffman Estates	111%
Fresenius Lombard	1940 Springer Drive	Lombard	0%
Fresenius Melrose Park	1111 Superior Street	Melrose Park	53%
Fresenius Merrionette Park	11650 S. Kedzie Avenue	Merrionette Park	93%
Fresenius Naperville	100 Spalding Drive	Naperville	99%
Fresenius Naperville North	514-516 West 5th Avenue	Naperville	74%
Fresenius Niles	9371 Milwaukee Ave.	Niles	69%
Fresenius Norridge	4701 North Cumberland	Norridge	56%
Fresenius North Avenue	719 West North Avenue	Melrose Park	83%
Fresenius Oak Park	733 West Madison Street	Oak Park	72%
Fresenius Orland Park	9160 West 159th Street	Orland Park	82%
Fresenius Palatine	605-691 East Dundee Road	Palatine	0%
Fresenius Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	72%
Fresenius Skokie	9801 Woods Drive	Skokie	74%
Fresenius South Holland	17225 South Paxton Avenue	South Holland	71%
Fresenius South Suburban	2609 West Lincoln Highway	Olympia Fields	91%
Fresenius Steger	NW Corner Love Rock & Steger Road	Steger	0%
Fresenius Villa Park	200 E. North Avenue	Villa Park	85%
Fresenius West Chicago	1859 N. Neltor Blvd.	West Chicago	21%
Fresenius West Sub	Erie at Austin Boulevard	Oak Park	82%
Fresenius Westchester	2400 Wolf Road, Ste 101	Westchester	77%
Fresenius Willowbrook	6300 South Kingery Highway	Willowbrook	75%
Loyola Dialysis Center	1201 West Roosevelt Road	Maywood	77%
Maple Avenue Kidney Center	610 South Maple Avenue	Oak Park	100%

Demographics of the 112 Pre ESRD & Current ESRD Patients Identified Who Will Be Referred to Fresenius Medical Care Elmhurst



Zip Codes of Pre-ESRD & Current ESRD Patients Who Will Be Referred To Fresenius Medical Care Elmhurst							
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60007	1	60133	1	60181	24	60527	1
60016	1	60137	6	60184	1	60540	1
60068	2	60139	2	60185	2	60559	1
60074	1	60143	3	60187	1	60608	1
60101	33	60148	25	60188	2	60634	2
60104	2	60149	1	60191	5	60638	2
60106	19	60153	2	60193	1	60640	1
60108	5	60155	1	60194	1	60644	1
60124	1	60160	7	60304	1	60646	1
60126	38	60162	2	60440	1	60706	1
60130	1	60163	7	60465	2	60707	1
60131	4	60164	5	60514	1	60804	1
		60175	1	60523	2		

Unnecessary Duplication/Maldistribution

1(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Elmhurst is 1 station per 4,127 residents according to the 2000 census (based on 3,165,644 residents and 767 stations – see chart below). This is higher than the State ratio of 1 station per 3,776 residents.

Zip	Population	Stations	Facility
60005	29,183	18	DSI Arlington Heights
60007	35,162	28	Fresenius Elk Grove
60008	23,318	24	Fresenius Rolling Meadows
60016	58,611		
60018	29,950		
60056	56,625		
60067	50,825		
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	38,026		
60139	32,303	17	Fresenius Glendale Heights
60141	247		
60143	10,021		
60148	50,460	12	Fresenius Lombard
60153	28,863	30	Foster McGaw - Loyola
60154	16,714	20	Fresenius Westchester
60155	8,254		
60157	2,111		
60160	23,034	38	Fresenius Melrose Park, Fresenius No Avenue
60162	8,513		
60163	5,212		
60164	21,682		
60165	5,171		
60171	10,681		
60172	25,349		
60173	12,049		
60176	11,636		
60181	30,161		
60185	32,936	28	Fresenius DuPage West, Fresenius W Chicago
60187	61,481		
60188	43,730		
60190	12,065		
60191	14,360		
60193	41,099	14	DSI Schaumburg
60194	41,366		
60301	2,158		
60302	32,527	78	Fresenius Oak Park, Fresenius West Sub
60304	17,839	12	Maple Avenue Kidney Center
60305	11,635		
60402	60,373	26	Fresenius Berwyn
60415	14,039		
60439	20,004		
60440	46,546	20	Fresenius Bolingbrook
60453	54,499		
60455	16,138		
60457	14,110		
60458	14,226		
60459	27,978		

Zip	Population	Stations	Facility
60462	38,431		
60464	9,520		
60465	17,198		
60480	4,758		
60482	11,262	12	DaVita Palos Park
60501	1,175		
60513	19,146		
60514	17,313		
60515	27,514	19	Fresenius Downers
60516	30,593		
60517	31,344		
60521	37,496		
60523	10,231		
60525	32,475		
60526	13,301		
60527	8,967	16	Fresenius
60532	27,341		
60534	10,212		
60540	42,065		
60546	15,700		
60555	13,852		
60558	12,539		
60559	25,954		
60561	23,570		
60563	31,405	12	Fresenius Naperville
60565	40,460		
60601	5,591		
60602	70		
60603	378		
60604	78		
60605	12,423		
60606	1,682		
60607	1,552	100	Fresenius Polk, DSI
60608	92,472	63	DaVita Little Village,
60610	47,513		
60612	37,990	40	John H. Stroger
60622	76,015	30	Fresenius West
60623	108,144		
60624	45,647	46	Fresenius Congress
60631	28,832	14	Resurrection
60632	87,577		
60634	74,164	16	DaVita Montclare
60638	55,788		
60639	92,951		
60644	59,059		
60647	98,769		
60651	77,583	16	Fresenius Austin
60654	7		
60656	27,129	18	Fresenius Norridge
60661	4,382		
60706	22,809		
60707	42,621		
60804	86,133		
Total	3,165,644	767	1/4,127

The ratio of stations to population within 30 minutes will not change with the establishment of the 24 station Elmhurst facility due to the fact that 24 stations are being relocated from the current Villa Park facility. This will simply maintain the status quo of the distribution of stations in the area.

Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Elmhurst will not create a maldistribution of services. As noted previously, the ratio of stations to population within 30 minutes travel time is nearly higher than 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 relocated. There will be no change to the inventory of stations for HSA 7. There is also a determined need for 45 stations in HSA 7 according to the April 2010 inventory.

- 3A. Fresenius Medical Care River Elmhurst will not have an adverse effect on any other area ESRD provider in that all of the current Villa Park patients will transfer to the new Elmhurst location and all remaining patients identified for this facility are pre-ESRD patients of Dr. Muneer and Dr. Ryali.
- B. Not applicable – applicant is not a hospital, however the utilization will not be lowered at any other ESRD facility due to the establishment of the Elmhurst facility.

Facilities Within 30 Minutes of Fresenius Medical Care Elmhurst

FACILITIES WITHIN 30 MINUTES OF YORK ROAD AND ROOSEVELT ROAD, ELMHURST

Name	Address	City	Zip	MapQuest*		MapQuest x 1.15	Stations	1st Qtr Utilization
				Time	Miles			
Fresenius Westchester	2400 Wolf Road	Westchester	60154	5	2.98	6	20	77%
Foster McGaw-Loyola	1201 W Roosevelt Rd	Maywood	60153	10	5.85	12	30	77%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	10	6.45	12	19	90%
Fresenius Willowbrook	6300 Kingery Hwy	Willowbrook	60527	10	7.93	12	16	75%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	11	5.86	13	12	0%
Maple Avenue Kidney Center	610 S Maple Ave	Oak Park	60304	12	8	14	12	100%
Fresenius Oak Park	733 Madison St	Oak Park	60302	14	8.63	16	32	72%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	15	7.35	17	18	53%
Fresenius Glendale Heights	520 North Ave	Glendale Heights	60139	15	9.74	17	17	84%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	16	9.08	18	20	83%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	16	9.74	18	26	92%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	17	10.58	20	46	82%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	18	12.65	21	30	61%
Fresenius Elk Grove	901 Biesterfield Rd	Elk Grove Village	60007	18	13.51	21	28	86%
John H. Stroger Jr. Dialysis	1901 W Harrison	Chicago	60612	19	14.47	22	9	220%
Rush University	1653 W Congress Pkwy	Chicago	60612	19	14.71	22	5	23%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	20	12.36	23	16	64%
University of IL	1859 W Taylor	Chicago	60612	20	14.87	23	26	88%
Mt Sinai	1500 S. California	Chicago	60608	21	14.17	24	16	72%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	21	15.04	24	31	34%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	22	14.51	25	16	80%
Circle Medical Dialysis	1426 W Washington Blvd	Chicago	60607	22	15.21	25	27	77%
Fresenius Chicago	820 W Jackson Blvd	Chicago	60607	22	15.93	25	21	63%
DSI Schaumburg	1156 S Roselle Rd	Schaumburg	60193	22	15.96	25	14	75%
Fresenius Polk	557 W Polk St	Chicago	60607	22	16.49	25	24	71%
DSI Loop Dialysis	1101 S Canal St	Chicago	60607	22	16.65	25	28	41%
DSI Arlington Heights	17 W Golf Rd	Arlington Heights	60005	23	16.26	26	18	49%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	24	15.12	28	30	100%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	24	15.41	28	16	88%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60656	24	15.87	28	18	56%
Fresenius Naperville North	514 W 5th Ave	Naperville	60563	24	15.97	28	12	74%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	24	18.39	28	20	93%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	25	12.35	29	16	77%
Resurrection	7435 W Talcott Ave	Chicago	60631	25	16.92	29	14	70%
DaVita Palos Park	131st St & LaGrange Road	Orland Park	60462	25	18.4	29	12	0%
Fresenius West Chicago	N Neltnor Blvd	West Chicago	60185	26	17.22	30	12	21%
Fresenius DuPage West	450 E Roosevelt Rd	West Chicago	60185	26	17.28	30	16	76%
Fresenius Rolling Meadows	4180 Winnetka Ave	Rolling Meadows	60008	26	20.05	30	24	72%

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Rukhsana Muneer is currently the Medical Director for RCG Villa Park and will continue to be the Medical Director after the relocation. Attached is her curriculum vitae.

B. All Other Personnel

Upon the discontinuation of the Villa Park facility and the establishment of the Elmhurst facility all staff will transfer to the new location and resume their current position. There will be no break in employment or work schedules as the facility will relocate on a Sunday when there are no patient treatments scheduled. This will include the following staff:

- Clinic Manager who is a Registered Nurse
- 4 Full-time Registered Nurses
- 2 Per-diem Registered Nurses
- Charge Nurse who is a Registered Nurse
- 12 Full-time Patient Care Technicians
- 3 Per-diem Patient Care Technicians
- Full-time Registered Dietitian
- Full-time Licensed Master level Social Worker
- Full-time Equipment Technician
- Full-time Secretary
- Full-time Ward Clerk

- 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.

Board Certification:

*Board Certified in Nephrology and Internal Medicine
Specialist in Hypertension*

Professional Experience:

Jan. '01 to Present	<i>Nephrologist / Internist Dupage Nephro Med Associates Elmhurst, IL</i>
July '98 to Dec. '00	<i>Nephrologist / Internist Tapendu Basu, S.C. Kankakee, IL</i>
July '95 to June '98	<i>Internist / Nephrologist Wells Medical Center Chicago, IL</i>
July '93 to July '95	<i>Loyola University Medical Center Maywood, IL Fellowship in Nephrology</i>
July '90 to June '93	<i>Grant Hospital of Chicago Chicago, IL Residency in Internal Medicine</i>
Mar '89 to Jun '90	<i>Prepared and successfully passed following exams: ECFMG; FMGEM; FLEX prior to starting residency. Also traveled around United States during this period.</i>
Jan '88 to Feb '89	<i>Research Associate North West Institute for Medical Research Chicago, IL Evaluation of Hepatic Microsomal Enzyme Activities exposed to various drugs and metabolites.</i>
Feb '87 to Dec. '87	<i>Senior Resident Sheri Kashmir Institute of Medical Sciences Srinagar, India Incharge of outdoor and indoor patient care including specialized procedures like renal biopsy, peritoneal dialysis and hemodialysis, care of post renal transplant cases etc. Also involved in postgraduate teaching and guidance.</i>
Jan '85 to Feb. '87	<i>Post Graduate Institute of Medical Education and Research Department of Nephrology Chandigarh, India During this period completed Doctorate in Nephrology (D.M) and also Diplomate National Board (Nephrology). Had an intensive training in dialysis and renal transplant. Actively participated in clinical meetings, journal clubs, statistical meetings, clinicopathological conferences, renal histology and radiology sessions held in the department.</i>

Mar. '82 to
Dec. '84

*Senior Resident
Department of Pediatrics and Nephrology
Srinagar, Kashmir, India*

Gained extensive experience in special management of Nephrology patients both in children and adults. Actively participated in all academic activities in the Department.

July '77 to
Mar '82

*Childrens Hospital
Srinagar, Kashmir, India*

Completed three years of residency in pediatrics during this period. Gained proficiency in routine and emergency care of neonates, infants, and children.

July '76 to
July '77

*Government Medical College
Srinagar, Kashmir, India
One year's Rotary Internship.*

Education:

June '93
June '95

*Fellowship in Nephrology
Loyola University Medical Center
Maywood, IL*

June '91
June '93

*3 years residency in Internal Medicine
Grant Hospital of Chicago
Chicago, IL*

May '87

*Diplomate National Board (Nephrology)
National Board of Examination
New Delhi, India*

Dec. '86

*Doctorate in Nephrology (D.M)
Post Graduate Institute of Medical Education
Chandigarh, India*

July '81

*M.D. Pediatrics
University of Kashmir, Srinagar
Kashmir, India*

July '76

*M. B. B. S
University of Kashmir, Srinagar
Kashmir, India*

Memberships:

- American Society of Nephrology
- American Society of Artificial Internal Organs
- International Society of Nephrology
- International Society of Peritoneal Dialysis
- Indian Society of Nephrology

Honors:

*Silver Medal in Pathology, 1974.
First rank in Diplomate National Board Nephrology.*

Publications:

*Co-authored two research papers with Dr. K. S. Chugh, Chairman Department of Nephrology,
Post Graduate Institute of Medical Education and Research:*

- *Acute Renal Failure in Children*

- *Prognosis of Post-streptococcal Glomerulonephritis*

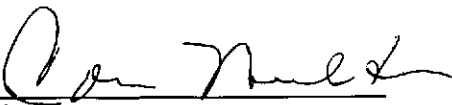
Extracurricular Activities:

Coin collecting, reading, travelling. Enjoy classical and ethnic music.

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 – RCG Villa Park, (name will be changed to Fresenius Medical Care Elmhurst after relocation) I certify the following:

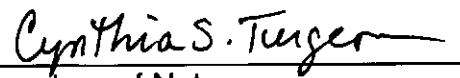
Fresenius Medical Care Elmhurst will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Elmhurst facility, just as they currently are able to at all Fresenius Medical Care facilities.


Signature

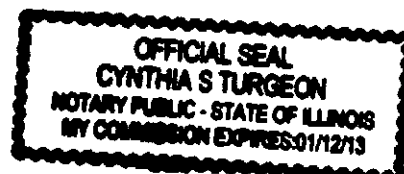
Coleen Muldoon
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 26th day of MAY, 2010


Signature of Notary


Seal



Criterion 1110.1430 (f) – Support Services

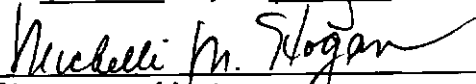
I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 II. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its facilities.
- These support services are currently and will be available at RCG Villa Park (to later be named Fresenius Medical Care Elmhurst):
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Elmhurst Memorial Hospital, Elmhurst:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services

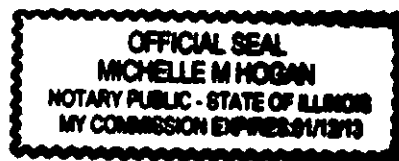

Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 20th day of May, 2010


Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

RCG Villa Park (after relocation will be renamed Fresenius Medical Care Elmhurst) 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. This facility will have twenty four dialysis stations thereby meeting this requirement.

TRANSFER AGREEMENT

This Agreement is made between Elmhurst Hospital and FMCNA/Villa Park is made as of September 28, 2007.

Whereas Elmhurst Hospital operates a facility at 200 Berceau Avenue, Elmhurst, Illinois and FMCNA/Villa Park operates an outpatient dialysis facility at 200 E, North Avenue, Villa Park, Illinois

Whereas, the primary purpose of this Agreement is to provide a safe, well-planned transfer of patients between FMCA/Villa Park and Elmhurst. Whenever FMCNA/Villa Park has a patient needing hospitalization, FMCNA/Villa Park will consider transfer of the patient to Elmhurst Hospital

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, the parties agree as follows:

1. When the physician of a patient at FMCA/Villa Park has determined that the patient needs hospitalization, Elmhurst Hospital shall admit the patient as promptly as possible, upon satisfaction of the usual and customary admission requirements. FMCNA/Villa Park shall make the necessary arrangements for the patient to be transported to Elmhurst Hospital.
2. Elmhurst Hospital and its physicians shall assume authority and responsibility for the medical care and treatment of a patient when such patient has been received by Elmhurst Hospital .
3. This Agreement allows FMCNA/Villa Park to transfer patients to Elmhurst Hospital should a natural disaster occur at the facility, thereby rendering the facility unable to provide a safe, attractive and sanitary environment for the patients
4. The parties agree to transfer patients, on a temporary basis, at any time the temperature in patient rooms at FMCNA/Villa Park falls below 55 degrees Fahrenheit, for a period of twelve (12) hours or more. Should disaster occur at the facility, causing the physical plant to become unsafe or unsanitary, as in the case of severe structural damage or extended power outage, both parties agree to transfer patients, temporarily until such time that the facility once more becomes a safe, attractive and sanitary place.
5. FMCNA/Villa Park will send, along with appropriate authorization, the following information:
 - a. Present acute medical problems
 - b. Current medications and times of doses within the previous 24 hours
 - c. Any known allergies
 - d. Dietary information

- d. Dietary information
 - e. Nursing information
 - f. Ambulation status
 - g. Medical diagnosis
 - h. Next of kin information
 - i. Legal documents pertaining to care (i.e., Living Will, Do Not Resuscitate, Orders, etc.)
6. FMCA/Villa Park will be responsible for the appropriate disposition of the patients personal effects (including the patient's money and valuables) and the information pertaining to their whereabouts
 7. FMCNA/Villa Park will be responsible for safe patient transfer to Elmhurst and shall utilize the most appropriate means of transport available that will enhance the timely and safe transfer of the patient.
 8. Nothing in the Agreement shall be construed as limiting the rights of either party to affiliate or contract with any other hospital or intermediate care hospital on a limited or general basis while this Agreement is in effect.
 9. The patient is primarily responsible for payment for care rendered by either contracting party. Each contracting party shall be responsible only for collecting its own payment for services rendered to the patient transferred pursuant to this Agreement; provided, however, that should such obligation arise pursuant of other agreements, arrangements, or law, nothing in this Agreement shall be construed to modify or limit such obligation
 10. Each contracting party, at its own expense shall secure and maintain. Or cause to be secured and maintained, professional liability insurance covering itself and its management, employees, and volunteers involved in the rendering of services described in this Agreement in an amount of not less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate.
 11. Each contracting party shall indemnify and hold harmless the other and its officers, trustees, directors, employees, students, and agents from and against any losses, damages or costs (including attorneys fees and costs) arising from any alleged negligent act or omissions of the indemnifying party in the performance of this Agreement.
 12. The laws of the State of Illinois shall govern the validity and interpretation of the provisions, terms and conditions of this Agreement.

The Effective Date of this Agreement is September 28, 2007. This Agreement will terminate on July 31, 2008. It may be cancelled by either party by giving sixty (60) days' written notice sent via certified mail. Automatic termination of the Agreement occurs if either facility fails to maintain its license and certification. This Agreement constitutes the entire transfer agreement between the parties and supersedes and replaces all other

transfer agreement between these parties. This Agreement may be admended at any time by mutual written agreement.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed as of the date and year first above written.

Elmhurst Hospital

FMCNA/Villa Park

By _____

By Luis Cespedes M.D.

Luis Cespedes
Medical Director

**ACUTE DIALYSIS
SERVICES AGREEMENT**

THIS AGREEMENT made as of this 1st day of June, 2008 ("Effective Date") is by and between Bio-Medical Applications of Illinois, Inc. (hereinafter referred to as "PROVIDER"), an affiliate of Fresenius Medical Care Holdings, Inc. d/b/a Fresenius Medical Care North America (hereinafter referred to as "PROVIDER") and Elmhurst Memorial Hospital (hereinafter referred to as "HOSPITAL").

WHEREAS, HOSPITAL owns and operates a licensed hospital located at 200 Berteau Ave, Elmhurst, IL 60126; and

WHEREAS, HOSPITAL, from time to time, has a need for acute dialysis treatments for certain of its patients, in the HOSPITAL setting ("Patients"); and

WHEREAS, PROVIDER is experienced and qualified to administer acute dialysis treatments to HOSPITAL's Patients; and

WHEREAS, HOSPITAL and PROVIDER deem it to be in their mutual interest and in the interest of HOSPITAL's Patients to enter into an exclusive arrangement under which PROVIDER shall provide acute dialysis treatments to HOSPITAL's Patients.

THEREFORE, in consideration of the mutual covenants and promises contained herein, intending to be legally bound hereby, it is understood and agreed upon by and between the parties as follows:

1. DUTIES OF PROVIDER

- 1.01 HOSPITAL hereby engages PROVIDER AS HOSPITAL'S exclusive PROVIDER to provide acute dialysis treatments, as may be more fully described on Exhibit A attached hereto and incorporated herein (the "Services") for those Patients of HOSPITAL as requested by a physician in good standing on HOSPITAL's Medical Staff and duly credentialed by HOSPITAL ("Approved Physician"). PROVIDER hereby accepts such engagement. These Services shall be provided by PROVIDER during normal business hours Monday through Friday from 7 am to 5 pm and Saturday 7 am to noon (as further defined on Exhibit A) pursuant to mutually agreed upon scheduled times between PROVIDER and HOSPITAL with respect to each Patient of HOSPITAL. Outside of normal business hours (which shall be considered on-call hours), PROVIDER shall arrive at the HOSPITAL within four (4) hours of notice of a request for Services. In the event of a serious patient emergency, PROVIDER shall arrive at the HOSPITAL within two (2) hours of notice of a request for Services. PROVIDER and HOSPITAL shall agree upon the process by which notice shall be given to PROVIDER of Services requested for HOSPITAL patients.

- 1.02 PROVIDER shall provide equipment necessary to render acute dialysis services pursuant to this Agreement, including, but not limited to, portable dialysis machines, water treatment and ancillary equipment, and plumbing fittings necessary to access and utilize the Hospital's water supply. PROVIDER shall furnish dialysis specific supplies as described on Exhibit B. The Services shall be performed by non-physician employees or contractors of PROVIDER, all of whom shall be duly licensed and qualified registered nurses trained in extracorporeal therapy including acute dialysis treatment as applicable to the particular service prescribed and in accordance with relevant state licensure requirements (the "Provider Staff"). PROVIDER retains the authority to make all decisions regarding the Provider Staff, including, but not limited to, hiring, firing and scheduling decisions.
- 1.03 PROVIDER and HOSPITAL agree that from time to time equivalent or state of the art supplies and/or equipment may become available. PROVIDER reserves the right to, in its sole discretion, substitute any of the items listed above with no less than an equivalent product following agreement by the parties on an acceptable rate for such products. PROVIDER shall maintain the equipment it provides pursuant to Section 1.02 above in proper working order and be responsible for repairs, upkeep, maintenance and servicing of the equipment. The equipment shall be maintained by Provider Staff in proper operating condition pursuant to the manufacturer's guidelines and applicable industry standards.
- 1.04 PROVIDER and HOSPITAL shall jointly and mutually develop a written protocol governing specific responsibilities and procedures to be used by Provider Staff in rendering Services to Patients. PROVIDER shall provide policies, procedures, and techniques pertaining to the methods by which the Services are rendered at HOSPITAL pursuant to this Agreement. Except as is necessary and related to the provision of Services provided hereunder, PROVIDER and Provider Staff shall not be responsible for providing any nursing, or other medical treatment and/or procedures to Patients of HOSPITAL, in any way undertake the practice of nursing, or in any way interact with Patients. PROVIDER and Provider Staff shall not, in any way undertake, or be required to undertake, the practice of medicine.
- 1.05 All Provider Staff performing Services at HOSPITAL will have a current competency record including proof of current licensure (if applicable), which information shall be provided to HOSPITAL upon prior written request in accordance with applicable laws governing such information. Provider Staff shall satisfactorily complete training in infection control, safety and bloodborne pathogens, and maintain compliance with PROVIDER's Exposure Control Plan. Provider Staff shall also have completed training on patient information privacy as required under the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information, and HOSPITAL shall accept such training as sufficient for

purposes of complying with HIPAA training requirements. PROVIDER shall maintain personnel files and documentation regarding the Hepatitis B vaccination status of Provider Staff. While on duty at the HOSPITAL, all Provider Staff shall adhere to HOSPITAL dress code and wear badges which identify that they are Provider Staff.

- 1.06 PROVIDER shall make available a manager, on a part-time basis, to perform such administrative functions as are necessary and related to the provision of the Services at HOSPITAL. The responsibilities of the manager will include, but not be limited to, the scheduling of treatments and overseeing the Provider Staff. The manager shall also meet monthly with the HOSPITAL program manager, and respond within 24 hours, excluding weekend and holidays, to email and telephone inquiries from HOSPITAL staff.
 - 1.07 PROVIDER agrees to maintain an ongoing Quality Management Program which includes the following activities: continuous quality improvement, safety and infection control, and risk management. PROVIDER agrees to provide copies of its Quality Management Program to HOSPITAL on a semi-annual basis or as changes are made by PROVIDER to said program.
 - 1.08 At those times when an Approved Physician (pursuant to Section 1.01 and 3.01 herein) is not physically present in the HOSPITAL, PROVIDER and HOSPITAL shall agree upon a mechanism whereby a physician, approved previously in writing by HOSPITAL, can be contacted to provide emergency services relating to Patients and shall respond by providing emergency Services or arranging with HOSPITAL for the appropriate care of such Patients, as needed.
 - 1.09 PROVIDER and Provider Staff providing Services to HOSPITAL under this Agreement shall perform all PROVIDER's duties and obligations set forth herein in accordance with all applicable federal and state laws and regulations, applicable HOSPITAL policies, bylaws, rules and regulations as such are communicated to PROVIDER in writing, and the requirements, recommendations and standards of the Joint Commission on Accreditation of Healthcare Organizations (collectively, "JCAHO Standards"), as such JCAHO Standards are reasonably interpreted by HOSPITAL and communicated to PROVIDER in writing, or other applicable accrediting agency, and those of applicable regulatory agencies.
2. DUTIES OF HOSPITAL.
- 2.01 HOSPITAL shall provide the supplies listed on Exhibit C with respect to the Services provided by PROVIDER at HOSPITAL's sole cost and expense. HOSPITAL shall provide all medications prescribed by the physician.

- 2.02 HOSPITAL shall provide PROVIDER with sufficient space suitable for the administration of the Services. The Hospital shall transport the Patient to and from such space for treatment, if such transportation is required. HOSPITAL shall provide sufficient space, capable of being locked and adjacent to, or in reasonable proximity to, the above referenced space, for the storage of equipment and supplies used by PROVIDER as well as all utilities needed by PROVIDER to administer the Services including but not limited to water, electricity and heat/air conditioning. At PROVIDER's option, PROVIDER may have the supplies for which it is responsible under this Agreement shipped directly to the HOSPITAL location from the vendors providing such supplies. Provider Staff shall be responsible for vendor relationships for such supplies. HOSPITAL shall follow its regular procedures and practices in processing such supplies and shall deliver such supplies to the storage area designated for such supplies. HOSPITAL shall also provide PROVIDER and all Patients with maintenance, security, communications, pharmacy, access to emergency response system and other reasonably necessary support as it provides to other areas and patients throughout the HOSPITAL. While on duty at the HOSPITAL, Provider Staff shall be permitted to utilize the restroom, cafeteria facilities, parking and other public facilities and services available to employees of the HOSPITAL.
- 2.03 Hospital shall ensure that an Approved Physician will be consulted to examine the Patient and determine if such Patient is a candidate for the Services and, if such Patient is a candidate, such Approved Physician will prescribe the appropriate treatment and procedural direction. HOSPITAL shall provide or complete, or cause its Approved Physicians to complete, a written order for the Services to be available at the time when Services are scheduled, shall obtain proper Patient consents for such Services, and shall make the foregoing documents available to PROVIDER immediately prior to the provision of Services, and HOSPITAL shall also make available to PROVIDER documentation of applicable authorizations, patient information, diagnostic test results and clinical diagnosis. If questions arise from the order for Services or from other documentation provided in accordance with this Section 2.03, the procedure(s) will be delayed until PROVIDER has the required information and all relevant parties arrive at a mutual understanding with respect to the Services to be provided.
- 2.04 HOSPITAL will cooperate with PROVIDER in scheduling Services for Patients.
- 2.05 HOSPITAL agrees and acknowledges that PROVIDER is providing the Provider Staff, equipment and supplies as set forth herein necessary to provide the Services. HOSPITAL has full medical responsibility for its Patients in general, and specifically, during the provision of the Services and agrees to supervise its Patients accordingly.

- 2.06 HOSPITAL shall bill Medicare, Medicaid and all other third-party payors for Services in accordance with all applicable laws, rules and regulations, and will properly disclose the nature and manner of PROVIDER's services on cost reports or where otherwise required.
- 2.07 HOSPITAL shall perform all HOSPITAL's duties and obligations under this Agreement in accordance with all applicable federal and state laws and regulations, applicable HOSPITAL policies, bylaws, rules and regulations and the requirements, recommendations and standards of the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"), or other applicable accrediting agency, and those of applicable regulatory agencies.

3. PHYSICIANS.

- 3.01 All physicians who prescribe and direct Services must be in good standing on Hospital's Medical Staff and duly credentialed by Hospital. HOSPITAL shall quarterly or more frequently upon request, provide PROVIDER with a written list of all currently Approved Physicians who have the ability to prescribe and direct Services at the HOSPITAL. Loss, suspension, restriction or limitation of Medical Staff membership, or appropriate privileges, or of medical censure shall, for so long as such loss or suspension is in effect, be cause for withdrawal of HOSPITAL approval, and HOSPITAL shall immediately inform PROVIDER in writing of any such actions taken with respect to any of the Approved Physicians or of any other changes affecting the above-referenced list of Approved Physicians. PROVIDER understands that such physicians shall be immediately prohibited from ordering any further Services at HOSPITAL pursuant to this Agreement.
- 3.02 HOSPITAL represents and warrants, as applicable, at all times during the term of this Agreement that:
- 3.02.1 Each physician on its medical staff and duly credentialed by HOSPITAL, prescribing and directing Services hereunder is duly licensed and registered, and in good standing under the laws of the State of Illinois, to engage in the practice of medicine, and that said license and registration have not been, temporarily or permanently, surrendered, suspended, revoked or restricted in any manner.
- 3.02.2 Each physician prescribing and directing Services hereunder is, and shall continue to be, an active member in good standing of the Medical Staff of HOSPITAL with appropriate privileges in accordance with HOSPITAL bylaws, rules, regulations, procedures and policies.
- 3.02.3 Each physician on its medical staff and duly credentialed by HOSPITAL, shall at all times render direction of Services to Patients of HOSPITAL in a competent, professional and ethical manner, in accordance with prevailing

standards of medical practice, and in material compliance with all applicable statutes, regulations, rules, orders and directives of any and all applicable governmental and regulatory bodies having competent jurisdiction.

4. INDEPENDENT CONTRACTOR RELATIONSHIP.

- 4.01 With respect to all work, duties, and obligations hereunder, it is mutually understood that:
- 4.01.1 All Provider Staff are performing Services as independent contractors and not as employees, agents, borrowed servants, joint venturers, or partners of or with HOSPITAL.
- 4.01.2 All personnel provided by HOSPITAL are performing services as independent contractors and are not employees, agents, borrowed servants, joint venturers, or partners of or with PROVIDER.
- 4.02 PROVIDER and its Provider Staff shall be solely responsible for the payment of taxes, assessments, interest, and penalties of whatever kind assessed by any governmental agency or entity which pertain to monies earned by, collected by, paid to or charged by PROVIDER, and/or its employees, for Services rendered at HOSPITAL pursuant to this Agreement and shall defend, indemnify, and hold HOSPITAL harmless therefor.
- 4.03 HOSPITAL and its employees shall be solely responsible for the payment of taxes, assessments, interest, and penalties of whatever kind assessed by any governmental agency or entity which pertain to monies earned, collected, paid or charged by or to HOSPITAL, and/or its employees, for services rendered by HOSPITAL pursuant to this Agreement and shall defend, indemnify, and hold the PROVIDER harmless therefor.
- 4.04 The parties acknowledge that HOSPITAL has no right to control the details, manner or methods by which PROVIDER performs Services hereunder, and PROVIDER shall retain responsibility for the day-to-day supervision and control of Provider Staff and the administration of Services shall be determined solely at the discretion of PROVIDER. However, PROVIDER shall render Services in a manner consistent with applicable Federal and state laws, regulations, and standards applicable to the provision of Services pursuant to this Agreement including, but not limited to, JCAHO Standards (as reasonably interpreted by HOSPITAL and communicated to PROVIDER in writing), the Occupational Safety and Health Administration (OSHA); the reasonable policies, rules and regulations of HOSPITAL, as such are communicated in advance to PROVIDER in writing; and currently accepted and approved methods and practices generally provided in the community.

5. REPORTS AND RECORDS.

5.01 PROVIDER shall provide all reports and records reasonably agreed upon and required by HOSPITAL and its approved physicians pertaining to the Services rendered to or for Patients in HOSPITAL. Such reports and records shall become part of the medical record and property of HOSPITAL. All original medical records with respect to the Services applicable to each Patient shall remain the property of HOSPITAL; however, PROVIDER shall receive and/or retain a copy of (i) the attending or consulting physician's written order for Services, and (ii) all other pertinent documentation that supports medical necessity for the Services. Billing records shall be maintained by both parties as required by the rules and regulations of Medicare and Medicaid, commercial third party payors, including but not limited to, Blue Cross/Blue Shield, other private insurers, HMOs and other health benefit plans. PROVIDER agrees to maintain the confidentiality of all Patient records and information in accordance with the applicable state and federal laws and regulations. To the extent permitted by law, the parties agree to provide each other with reasonable access without charge to such books and records in their possession as may be reasonably necessary to carry out the terms, conditions and purposes of this Agreement and to comply with the reasonable requests by other appropriate parties subject to applicable laws regarding patient confidentiality of medical records.

6. FEES AND BILLING

- 6.01 HOSPITAL shall pay to PROVIDER in full satisfaction of Services performed hereunder, fees as set forth on Exhibit A. The fees set forth on Exhibit A shall increase annually on each anniversary date of the Effective Date of this Agreement, by 3%.
- 6.02 As of the Effective Date, HOSPITAL shall pay PROVIDER all undisputed charges owed within thirty (30) days of receipt of an invoice from PROVIDER. Undisputed invoices are defined as those invoices that do not contain a claimed error. HOSPITAL shall have ten (10) days from receipt of any invoice to inform PROVIDER of claimed errors. PROVIDER will not submit a bill to the Patient or any other party except HOSPITAL for Services rendered pursuant to this Agreement. All past due amounts shall, at PROVIDER's election, accrue interest at 1% per month.
- 6.03 If HOSPITAL fails to pay all amounts when due, PROVIDER shall have the right to terminate this Agreement as provided in Section 7.05.1 herein. Payment of amounts due by HOSPITAL shall not be contingent in any way upon HOSPITAL's collections from its Patients or from third party payors. HOSPITAL shall be liable to PROVIDER for all costs, including but not limited to attorneys' fees and court costs incurred by PROVIDER in the collection of amounts due hereunder. PROVIDER makes no representation or warranty as to the ability of

HOSPITAL to bill and collect any amounts from third party payors or Patients with respect to the Services provided by PROVIDER hereunder. HOSPITAL shall be solely responsible for acquiring pre-authorization for Services from applicable third party payors if such pre-authorization is required for reimbursement by the third party payors.

- 6.04 PROVIDER has not, and does not, in any manner whatsoever, represent or warrant that HOSPITAL will receive reimbursement for the Services. HOSPITAL agrees that it shall bill for the Services using its own billing practices and procedures.
- 6.05 The amounts paid to PROVIDER hereunder have been determined by the parties through good-faith and arms-length bargaining to be fair market payments for the value of services rendered by PROVIDER under the terms of this Agreement. No amount paid hereunder is intended to be, nor shall be construed to be, an inducement or payment for referral of any Patient. In addition, the amount charged hereunder does not include any discount (unless explicitly set forth on Exhibit A), rebate, kickback, or other reduction in charge, and the amounts so charged are not intended to be, nor shall be construed to be, an inducement or payment for referral of any Patient.

7. GENERAL PROVISIONS.

- 7.01 Neither party shall assign this Agreement in whole or in part without the written consent of the other which shall not be unreasonably withheld, conditioned or delayed. Neither party shall assign any monies, obligations, or entitlements due or to become due to it under this Agreement without the prior written consent of the other party. This Agreement shall be binding upon and inure to the benefit of the successors, permitted assigns, heirs, and representatives of HOSPITAL and PROVIDER. Any attempted assignment of this Agreement in violation of the provisions of this section is void.
- 7.02 PROVIDER and HOSPITAL shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and PROVIDER's Provider Staff and HOSPITAL staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. PROVIDER and HOSPITAL further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

PROVIDER and HOSPITAL shall also maintain workers' compensation insurance on their respective employees throughout the term of this Agreement to the extent required by law.

- 7.03 Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

The party seeking indemnification shall promptly notify the other party in writing of any claim, lawsuit, or demand for payment asserted against it for which indemnification is sought, and shall promptly deliver to the other party a true copy of any document or material of any kind that asserts such claim. The party seeking indemnification, its agents, representatives, and employees shall cooperate fully with the other party at all times during the pendency of the claim or lawsuit. Failure by the party seeking indemnification to comply with the above terms shall nullify the other party's duties under this section.

When the indemnifying party accepts its indemnification obligation, it reserves the right to control the investigation, trial and defense of such lawsuit or action (including all settlement negotiations), any appeal involved, and the choice of any attorneys to be engaged. The party seeking indemnification may, at its own cost, participate in the investigation, trial, defense, and appeal of such lawsuit or action.

- 7.04 The failure of the parties to insist on strict performance of the provisions of this Agreement shall not be construed as a waiver of such provision or of any other default of the same or similar nature.
- 7.05 The term of this Agreement is three (3) years from its Effective Date.

THIS AGREEMENT SHALL BE AUTOMATICALLY RENEWED AFTER THE INITIAL TERM FOR SUCCESSIVE ONE (1) YEAR TERMS UNLESS TERMINATED BY EITHER PARTY UPON (90) DAYS WRITTEN NOTICE OF THE INTENT TO TERMINATE THIS AGREEMENT.

- 7.05.1 This Agreement may be terminated as set forth in Section 7.05 above or at any time upon the occurrence of any of the following events:

- 7.05.1.1 For just cause. With the exception of breach for nonpayment of monies which is an immediately terminable event, just cause permitting termination shall mean the failure by either party to comply with the material provisions of this Agreement after reasonable written notice of non-compliance and a reasonable opportunity of not less than thirty (30) days to cure, or make reasonable attempts to cure, such non-compliance; or
- 7.05.1.2 Bankruptcy, receivership or dissolution of either party or either party making an assignment for the benefit of creditors.
- 7.05.1.3 Either party may terminate this Agreement without cause or penalty upon ninety (90) days prior written notice, provided that, if so terminated pursuant to this section 7.05.1.3, the parties shall not enter into any agreement or arrangement with each other for the provision of Services on substantially similar terms to those contained herein to be provided within a period of one (1) year from the initial Effective Date of the Agreement or most recent Amendment.
- 7.05.2 PROVIDER shall have no obligation to provide Services to Patients of HOSPITAL after the termination date. Termination of the Agreement shall not release HOSPITAL from paying PROVIDER any sums which may then be due and owing to PROVIDER for services rendered prior to the effective date of termination.
- 7.06 The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.
- 7.07 Each party acknowledges that in the course of performing the duties contemplated by this Agreement, each party will become privy to various trade secrets and confidential information of the other.

7.07.1 Each party recognizes and acknowledges that, by virtue of entering into this Agreement, PROVIDER and HOSPITAL may have access to certain information of the other that is confidential and constitutes valuable, special and unique property of the other. Each party acknowledges that the following is a partial listing of the trade secrets of the other: Patient statistical profiles, dialysis pricing strategies, staffing patterns, treatment methods, and inventory control systems including the reordering of supplies and analysis of their use. Throughout the term of this Agreement and at any time thereafter, each party agrees not to use, or disclose to any person, firm or corporation any information known by the other to be confidential or trade secrets relating to the business of the other or any parent, subsidiary, affiliate or division thereof.

7.07.2 Each party agrees that the other has invested substantial time and effort in assembling and training its present staff of personnel. In addition, as a result of employment by such party such personnel have gained knowledge of the business affairs, marketing, patients and methods of operation of that party which each party agrees are confidential information and trade secrets of the other party. Accordingly, throughout the term of this Agreement and for a period of one (1) year thereafter, the parties will not directly or indirectly induce or solicit (other than by general advertisement for such position or in response to an initiative by an employee responding to such general advertisement) any of the other party's employees to leave their employment with such party.

Each party acknowledges that the foregoing restrictions are necessary for the protection of the other and that any breach thereof may cause irreparable damage. Either party shall be entitled to the issuance by a court of competent jurisdiction of an injunction in favor of such party enjoining the breach or threatened breach of said restrictions. The foregoing provision shall not constitute a waiver of any other remedies either party may have in law or in equity.

In the event a court of competent jurisdiction determines that the foregoing restrictions are unreasonable, then the restrictions shall be reduced by the court to the extent necessary to be enforced by the court.

- 7.08 The Parties expressly agree to comply with all applicable patient information privacy and security regulations set forth in HIPAA as amended from time to time.
- 7.09 The provisions of 41 C.F.R. §60-1.4, §60-250.5(a) and §60-741.5(a) pertaining to affirmative action obligations are incorporated herein by reference.

- 7.10 This Agreement including any exhibits, schedules or other attachments which are incorporated herein by reference and made a part hereof may not be amended, modified or shall be binding unless agreed to in a written instrument signed by both parties.
- 7.11 This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date.
- 7.12 If any of the provisions of this Agreement shall be declared invalid or unenforceable under applicable law, said provisions shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining provisions of the Agreement.
- 7.13 A party's waiver of any breach of any term or condition of this Agreement is not a waiver of any other term or condition of this Agreement. One party's waiver, expressed or implied, of any default by the other party of provision of this Agreement is not a waiver of any other default. A party's waiver of default shall not affect the right of the party to require performance of the defaulted provision at any future time.
- 7.14 This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois, without respect to its conflicts of laws rules.
- 7.15 All notices pursuant to this Agreement shall be in writing and shall be given by depositing said notices in the United States registered or certified mails, return receipt requested, addressed to the parties hereto at the addresses set forth in this section, or to such other address as may hereafter be specified by any party or parties. All notices given in the manner prescribed in this section shall be deemed properly served upon receipt.

Notice to PROVIDER:

Bio-Medical Applications of Illinois, Inc.
c/o FMCNA - Central Business Unit
One Westbrook Corporate Center
Westchester, IL 60154
Attn: Nancy Meyer

With a copy to:

Bio-Medical Applications of Illinois, Inc.
c/o Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451
Attn: Law Department

Notice to HOSPITAL:

With a copy to:

And a copy to:

Bio-Medical Applications of Illinois, Inc.
c/o FMCNA - Central Business Unit
One Westbrook Corporate Center
Westchester, IL 60154
Attn: Business Unit President

- 7.16 The headings contained herein are for convenience of reference only and are not intended to define, describe, limit or expand the scope or intent of any provision of this Agreement.
- 7.17 This Agreement may be executed in more than one counterpart, and each executed counterpart shall be considered as the original, all of which together shall constitute only one (1) Agreement.
- 7.18 The existence and the terms of this Agreement are confidential. Except as authorized by the other party, as required by law or as necessary to implement or enforce the provision hereof, neither party will, during the term of this Agreement or thereafter, disclose to any person or entity the existence of or any of the terms of this Agreement.
- 7.19 The parties expressly agree that nothing contained in this Agreement shall require HOSPITAL or physicians to refer to or admit any patients to, or order any Services from, PROVIDER. Notwithstanding any unanticipated effect of any provision of this Agreement, neither party will knowingly or intentionally conduct him/her or itself in such a manner as to violate any Federal or state physician self-referral or anti-kickback laws.
- 7.20 In the event that PROVIDER is deemed a subcontractor under the provisions P.L. 96-499, Section 952 (42 USC §1395x(v)(1)(I)), as amended, or regulations promulgated thereunder, then upon the request of the HOSPITAL, PROVIDER shall make available to the representatives and agents of the Department of Health and Human Services, a copy of the Agreement and such books, documents, and records of PROVIDER that are necessary to certify the nature and extent of any cost incurred by HOSPITAL. In the event that this Agreement is not subject to the provisions P.L. 96-499, Section 952 (42 USC §1395x(v)(1)(I)), as amended, or regulations promulgated thereunder, this section of the Agreement shall be null and void.
- 7.21 If either party reasonably determines, following the written advice of legal counsel, that a modification of this Agreement is necessary to cause such party to be in compliance with state or Federal law, or the requirements of an accrediting or regulatory agency, or if there is a future change in Medicare,

Medicaid or other Federal or state statutes or regulations or in the interpretation thereof, which renders any of the material terms of this Agreement unlawful or unenforceable, this Agreement shall continue and either party shall have the right to initiate, in writing, good faith negotiations as necessary to amend this Agreement and bring the Agreement into compliance with such statute or regulation. If the parties cannot agree upon a mutually satisfactory amendment within sixty (60) days of either party's written initiation of negotiations, either party may at such time immediately terminate this Agreement upon written notice.

- 7.22 PROVIDER shall not be liable nor deemed in default, for any delay or failure to perform any of its duties or obligations under this Agreement or for any other interruption of Services, resulting directly or indirectly from any acts of God, civil or military authority, acts of a public enemy, terrorism, war, civil disobedience, riots, accidents, fires, explosions, earthquakes, floods, failure of transportation, machinery or supplies, vandalism, strikes or other work interruptions by its employees or independent contractors or any similar cause beyond its reasonable control. Notwithstanding the foregoing, PROVIDER, at all times, shall use commercially reasonable efforts to perform its duties and obligations under this Agreement.
- 7.23 All proprietary information provided by PROVIDER pursuant to Sections 1.04, 1.05, 1.07, 1.08 and 1.09 and all subsequent enhancements or refinements of such information (even if based upon information provided by PROVIDER in the course of performing its responsibilities hereunder) shall remain the sole property of PROVIDER.
- 7.24 The provisions of Articles 4, 5 and 6 and of Sections 7.02, 7.03, 7.05.2, 7.07, 7.13, 7.14, 7.18, and 7.20 shall survive any termination or expiration of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year first above written.

HOSPITAL

By: [Signature]
Its: President/CEO
Date: 5/20/08

PROVIDER

By: [Signature]
Its: Regional Vice President
Date: 5-28-08

Exhibit A

The following fee schedule shall apply to dialysis treatments provided pursuant to this Agreement:

RATES

Hemodialysis (1:1)	\$ 330 /Treatment
HD additional Labor hours (> 4hr prescription time)	\$ 75/ Hr
Hemodialysis (2:1)	\$ 280 / Treatment

Additional Dialysis Charges:

Incomplete procedure.....	100% of rate
Canceled procedure after setup.....	50% of rate
Canceled procedure after nurse arrival before setup.....	10% of rate
Canceled procedure before 2 hours of scheduled start time.....	No charge
Delay initiation due to facility issue.....	10% / hr
After hours between 5 PM and 7 AM Weekdays and between 12:01 am and 7 am and after 12 noon on Saturdays.....	125% of rate
Sunday/Holiday procedure ... (All day).....	Recognized Holidays 125% of rate
include : New Years Day, Memorial Day, Independence Day, Labor Day , Thanksgiving , Christmas	

In addition, PROVIDER will bill at a fair market value and HOSPITAL shall pay, for all extraordinary items used during a treatment, including equipment, supplies, and nursing time required and provided at the direction and order of the physician directing the treatment.

Discounts; Disclosure: Prices invoiced for the goods, services and equipment provided under this Agreement reflect the net value of any negotiated discounts. Rebates may also apply. Any discounts, rebates or deductions from PROVIDER'S list price of other concessions received by HOSPITAL from PROVIDER are "Discounts or Other Reductions in Price" under 42 U.S.C. Section 1320a-7b(3)(A). The parties will comply with all laws and regulations regarding reporting and discount, rebate or other concessions in the fiscal year in which they were earned or the year after, and report and discount, rebates or other concessions. PROVIDER will provide additional information requested by the applicable federal or state health care program to assist Purchaser in meeting its reporting requirement.

EXHIBIT B

The following Exhibit sets forth such supplies to be provided by PROVIDER pursuant to Section 1.02 hereunder:

- Artificial Kidneys
- Arterial and Venous Blood Lines
- Transducers
- Dialyzing Fluid
- Fistula Needles
- Universal Connectors
- Extension Clamps
- Adapter Seal Clamps
- Convertible Adapters
- Drain Set
- Del Clamps
- Treatment Record

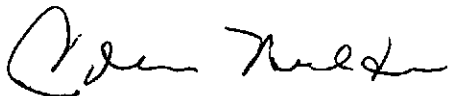
RELOCATION OF FACILITIES

- 1) The existing Villa Park facility has met the utilization target of 80% for the latest 12-month period. According to the Renal Network 1st Quarter 2010 utilization data the Villa Park facility was operating at 84.72% utilization.
- 2) Relocating the 24-station Villa Park facility to the campus of Elmhurst Memorial Hospital will offer patients a new, more modern facility that meets CMS guidelines along with easier access with improved patient parking and access to other hospital services at one location.

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 Il. Admin Code 1110.1430, and with regards to RCG Villa Park (to later be named Fresenius Medical Care Elmhurst), I certify the following:

1. As supported in this application through expected referrals and transfers to RCG Villa Park (Fresenius Medical Care Elmhurst) in the first two years of operation, the facility will achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. RCG Villa Park hemodialysis patients have achieved adequacy outcomes of:
 - o 96% of patients had a URR \geq 65%
 - o 96% of patients had a Kt/V \geq 1.2

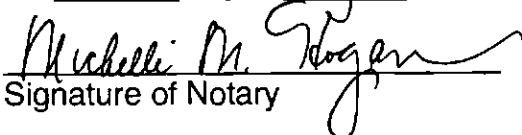


Signature

Coleen Muldoon/Regional Vice President

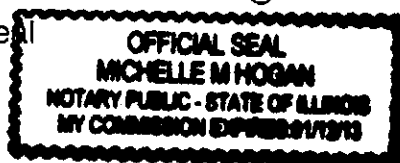
Name/Title

Subscribed and sworn to before me
this 20th day of May, 2010



Signature of Notary

Seal



Fresenius Medical Care

January 11, 2010

Attn: Kirk Dunlap

RE: Fresenius Medical Care of Illinois LLC
Letter of Intent

Dear Kirk,

Below are the terms of the Letter of Intent:

LANDLORD:

HC Elmhurst West I, LLC

TENANT:

Fresenius Medical Care of Illinois LLC (FMC)

LOCATION:

Elmhurst Memorial Healthcare South Campus at the northwest corner of the intersection of York Road and Roosevelt Road in Elmhurst, IL

INITIAL SPACE REQUIREMENTS:

Approximately 10,000 contiguous usable square feet (11,200 rentable square feet) on First Floor.

FMC may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.

DELIVERY OF PREMISES:

Landlord anticipates delivering shell building in September 2011.

PRIMARY TERM:

FMC desires an initial lease term of ten (10) years. The lease and rent would commence on the date Landlord and Tenant include in the lease as the commencement date or the date the facility starts treating patients, whichever is sooner. For purposes of establishing an actual lease commencement date, both parties will execute an amendment setting forth the date for purposes of calculations, notices, or other events in the lease that may be tied to a commencement date.

OPTIONS TO RENEW:

FMC desires three (3) five (5) year options to renew the lease. Option rental rates shall be based upon a 10% increase in the then existing rent.

RENTAL RATE:

First year triple-net rent will be \$23.00 per rentable square foot per year, increased by 3% annually thereafter.

LANDLORD PAYMENT

Landlord's Payment. Landlord shall pay to Tenant periodic sums due to Tenant's contractors, subcontractors, etc. in an amount up to, but not to exceed, \$72.00 USF ("Landlord's Payment") in connection with the construction of the Tenant Improvements. Tenant and Landlord shall each make proportional payments for

each invoice received by Tenant from Tenant's contractor for Tenant Improvements, provided however, that Landlord's Payment shall ultimately not be cumulatively less than \$72.00 USF. For example, if the total amount of the contract for Tenant Improvements was \$1,500,000.00, for each invoice received by Tenant, Tenant would pay the contractor the full amount of such invoice and Landlord would pay to Tenant 48% of such invoice. Prior to Landlord having to make any payment hereunder, Tenant shall submit to Landlord (a) copies of all invoices received by Tenant as part of the construction of the Tenant Improvements, (b) conditional lien waivers and lien releases from all contractors and subcontractors who are to receive payment, (c) a sworn contractor's affidavit from the general contractor setting forth an accurate and full list of all names and addresses of each subcontractor and/or supplier who may have a right to file a construction lien, (d) as-built plans of the Tenant Improvements, and (e) a Certificate of Occupancy for the Premises. Landlord shall, within twenty (30) days of Tenant's submission of the foregoing documentation, pay the requested amount of Landlord's Payment to Landlord. Any and all charges, costs and expenses incurred in connection with the construction of the Tenant Improvements over and above the amount of Landlord's Payment shall be borne and paid for solely by Tenant. Items (d) and (e) will be submitted only prior to the final pay application. Landlord is not, by making Landlord's Payment, making any express or implied warranties or guaranties regarding the Tenant Improvements made by Tenant's contractor, subcontractors, etc. Tenant agrees that it is to look solely to its contractor, subcontractor, etc. for any express or implied warranties or guaranties.

CONCESSIONS:

No concessions are offered – the building is being sized based on the demand for space for medical offices and outpatient services.

OPERATING

EXPENSES AND REAL ESTATE TAXES:

An estimate of operating expenses per rentable square foot is shown below. Tenant will be responsible to pay operating expensed based on the rentable square feet leased by Tenant.

Real Estate Taxes	\$4.20
Insurance	\$0.20
Janitorial	\$0.60 – Common Area
Grounds/Landscaping	\$0.50
Maintenance	\$1.25
Trash Removal	\$0.15
Utilities	\$2.25 – Costs to Supply HVAC for Building
General & Administrative	<u>\$1.70</u>
Total Operating Expenses	\$10.85

DEMISED PREMISES SHELL

The build-out allowance assumes the following items as part of the demised shell, at Landlord's expense and based upon attached Tenant Shell Specifications

- Demised premises in a shell condition,
- Adequate electrical power installed for FMC's operation (600-amp/208-volt, 3-phase),

- HVAC units, in place, (FMC will distribute duct work and provide the HVAC unit specs.) for the space in an amount no less than 4 tons per 1,000 SF of leased space;
- The presence of gas service to handle the above HVAC needs and the use of two 100 gallon water heaters and one 50 gallon water heater;
- The presence of sewer service no less than a 4" line;
- The presence of water service no less than a 2" dedicated line to the space;
- An invert level below three (3) feet,
- Building fully serviced by sprinklers,
- A double door will be provided on the first floor (in addition to the main entry) for deliveries into their water treatment space,
- An overhang/canopy at the main entrance (large enough to shelter an ambulance) to shield patients entering the building.

**CONTRACTOR FOR
TENANT IMPROVEMENTS:**

FMC will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant improvement allowance. FMC shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.

HVAC:

FMC requires HVAC service from 5am – 11pm, 6 days per week (to be provided). Hammes Company will work with FMC to incorporate a supplemental HVAC unit into the project to handle FMC's before- and after-hours heating and cooling needs – the cost of the supplemental HVAC unit and installation will be borne by FMC. Both parties agree to work out the best possible situation to ensure the most cost effective manner of handling the HVAC

LOADING:

The MOB will not have a loading dock, rather, a double-door entry separate from the main entry will be provided for deliveries. FMC will have access to the delivery entry 24 hours per day, 7 days per week.

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

FMC will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. Obtaining building permits shall be the landlord's responsibility, however, tenant shall be responsible for the cost of building permits.

**PRELIMINARY
IMPROVEMENT PLAN:**

One-eight inch architectural drawings of the proposed demised premises and detailed building specifications. To be provided when available.

PARKING:

Landlord will provide a parking ratio of 5 per 1000 RSF and in accordance with local and state regulations (Exhibit to be attached when available)..

BUILDING CODES:

FMC requires that the shell and all interior structures meet local building code requirements.

**CORPORATE
IDENTIFICATION:**

Tenant shall have the right to place its business sign at the entrance to Tenant's suite, provided such a sign is in compliance with current building standards and local agencies. All associated costs shall be Tenant's responsibility and approved by Landlord.

**ASSIGNMENT/
SUBLETTING:**

FMC requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without landlord's consent. Any other assignment or subletting will be subject to landlord's prior consent, which shall not be unreasonably withheld or delayed. Landlord reserves first right of refusal.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord acknowledges that the current property zoning is acceptable for use as an outpatient kidney dialysis clinic and that there are no restrictive covenants that will impact such a use imposed by the development, owner, and/or municipality.

FINANCING:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

Landlord confirms that there will be no asbestos present in the building and that there are no contaminants or environmental hazards in or on the property.. All building tenants are medical practices or medical services and as such do not present issues related to the generation of hazardous materials.

DRAFT LEASE:

FMC requires the use of its Standard Form Lease, which shall be provided.

CON CONTINGENCY

Landlord and FMC understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and thus, FMC cannot establish a dialysis facility on the premises or execute a binding real estate lease in connection therewith

unless FMC obtains a Certificate of Needs permit from the Illinois Health Facilities Planning Board (the "Planning Board") FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board.

This offer is not intended to be contractual in nature and only an executed lease delivered to both parties can bind the parties to this transaction. It is expressly understood, agreed, and hereby acknowledged, that only upon the proper execution of a fully completed, formal lease contract, with a ll the lease terms and conditions clearly defined and included therein, will there then be any obligations, of any kind or nature, incurred or created between the herein parties in connection with the referenced property. .

Yours sincerely,

Bill Popken

Bill Popken

AGREED TO AND ACCEPTED BY:

<Landlord>

As Bg

<Tenant>

Date

1-11-2010

Date

attached: Fresenius shell specifications

EXHIBIT 1

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

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

Address: 170 Wood Ave South
Iselin, NJ 08830

LESSEE: NATIONAL MEDICAL CARE, INC.
a Delaware corporation
("Lessee")
Address: 920 Winter Street
Waltham, MA 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: \$ 3,573,373.64

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

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

6. OTHER PAYMENTS:

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

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

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

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

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

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

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

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

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

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

015 Exhibit 12.doc

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

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

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

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

10. STIPULATED LOSS VALUES:

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
1	101.47	37	60.22
2	100.61	38	58.94
3	99.55	39	57.66
4	98.66	40	56.37
5	97.55	41	55.08
6	96.63	42	53.78
7	95.48	43	52.47
8	94.41	44	51.16
9	93.33	45	49.84
10	92.25	46	48.51
11	91.15	47	47.18
12	90.05	48	45.84
13	88.95	49	44.50
14	87.83	50	43.15
15	86.71	51	41.79
16	85.68	52	40.43
17	84.44	53	39.08
18	83.29	54	37.69
19	82.14	55	36.31

015 Exhibit 12.doc

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	56	34.92
21	79.81	57	33.53
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.06	61	27.89
26	73.86	62	26.47
27	72.65	63	25.04
28	71.44	64	23.61
29	70.22	65	22.17
30	68.99	66	20.72
31	67.76	67	19.27
32	66.52	68	17.82
33	65.27	69	16.35
34	64.01	70	14.88
35	62.75	71	13.40
36	61.49	72	11.92

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

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

Dated: 3/30/09

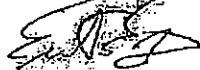
LESSOR:

Stemens Financial Services, Inc.

By: Carol Walters

Name: CAROL WALTERS

Title: VICE PRESIDENT-DOCUMENTATION



Ernest Briggs
Sr. Transaction Coordinator

LESSEE:

National Medical Care, Inc.

By: Mark Fawcett

Name: MARK FAWCETT

Title: TREASURER

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DELL**QUOTATION****QUOTE #:** 485293558**Customer #:** 84405601**Contract #:** 70137**Customer Agreement #:** Dell Std Terms**Quote Date:** 4/22/09**Date:** 4/22/09 12:33:14 PM**Customer Name:** FRESENIUS MEDICAL CARE N A

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

GROUP: 1	QUANTITY: 1	SYSTEM PRICE: \$584.51	GROUP TOTAL: \$584.51
Base Unit:	OptiPlex 760 Small Form FactorBase 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,DellOptiPlex 760 and 980 (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 LicenseEnglish,Dell Optiplex (420-9570)		
Mouse:	Dell USB 2 Button Optical Mouse with Scroll,Black OptiPlex (330-2733)		
NIC:	ASF Basic Hardware Enabled Systems Management (330-2901)		
CD-ROM or DVD-ROM Drive:	24X24 CDRW/DVD Combo,with Cyberlink Power DVD,No Media Media,Dell OptiPlex 960 Small Form Factor (313-7071)		
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 8.1,with Media,Dell OptiPlex/Precision (420-9179)		
Sound Card:	Heat Sink, Mainstream, Dell Optiplex Small Form Factor (311-9520)		
Speakers:	Dell AX510 black Sound Bar forUltraSharp Flat Panel DisplaysDell Optiplex/Precision/ Latitude (313-6414)		
Cable:	OptiPlex 760 Small Form FactorStandard Power Supply (330-1984)		
Documentation Diskette:	Documentation,English,Dell OptiPlex (330-1710)		
Documentation Diskette:	Power Cord,125V,2M,C13,Dell OptiPlex (330-1711)		
Factory Installed Software:	No Dell Energy Smart Power Management Settings,OptiPlex (467-3564)		
Feature	Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 760 Vista (330-2019)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response Initial Year (991-6370)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response 2 Year Extended (991-3642)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Initial Year (992-6507)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (992-6508)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, Initial (984-6640)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, 2 Year Extended (984-0002)		
Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport			

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

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

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

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

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

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

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

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

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

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

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Dialysis Centers of America – Illinois, Inc.

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

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

By: [Signature]
Title: Mark Fawcett
~~Vice President & Treasurer~~

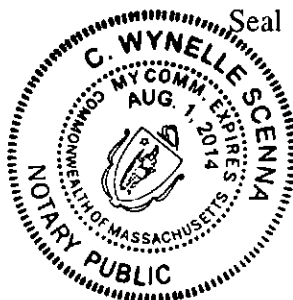
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2010

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal

Seal



Reasonableness of Financing Arrangements

ATTACHMENT - 42

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Renal Care Group, Inc.

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

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

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

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

Notarization:
Subscribed and sworn to before me
this 14 day of April 2010

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Seal

Reasonableness of Financing Arrangements

ATTACHMENT - 42

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

By: [Signature]

ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]

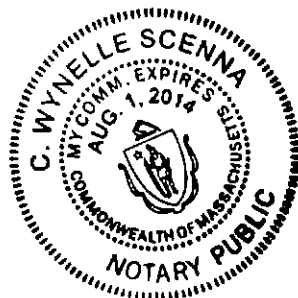
ITS: Mark Fawcett
Vice President & Assistant Treasurer

Notarization:

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

Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary

Seal

Reasonableness of Financing Arrangements

ATTACHMENT - 42

Criterion 1120.310(b) Conditions of Debt Financing

Dialysis Centers of America - Illinois, 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: [Signature]

ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]

ITS: Mark Fawcett
Vice President & Treasurer

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

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal



Seal

Conditions of Debt Financing

ATTACHMENT - 42

Criterion 1120.310(b) Conditions of Debt Financing

Renal Care Group, 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: [Signature]

ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]

ITS: Mark Fawcett
Vice President & Treasurer

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

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Seal

Conditions of Debt Financing

ATTACHMENT - 112

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: [Signature]

ITS: Marc Lieberman
Asst. Treasurer

By: [Signature]

ITS: Mark Fawcett
Vice President & Assistant Treasurer

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

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2010

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Seal

Conditions of Debt Financing

ATTACHMENT -42

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)	
ESRD		130.00			11,200			1,456,000	1,456,000
Contingency		12.95			11,200			145,000	145,000
TOTALS		142.95			11,200			1,601,000	1,601,000
* Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs

Year 2013

Salaries	\$957,112
Benefits	239,278
Supplies	<u>232,714</u>
Total	\$1,429,104

Annual Treatments 20,280

Cost Per Treatment \$70.47

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

Year 2013

Depreciation/Amortization	\$146,363
Interest	<u>0</u>
CAPITAL COSTS	\$146,363

Treatments: 20,280

Capital Cost per treatment \$7.22

Safety Net Impact Statement

The discontinuation/establishment (relocation) of the RCG – Villa Park dialysis facility will not have any impact on safety net services in the Villa Park/Elmhurst market area. Generally speaking, dialysis services are not considered a safety net service. However, the discontinuation of Villa Park facility will not affect services as it is associated only with a relocation of the facility to a location within minutes of the current site, and there will be no interruption in the availability of dialysis services.

There will be no impact on the ability of another provider to cross-subsidize safety net services as a result of this relocation because there are no other facilities within 30 minutes and this is a discontinuation associated with relocation, with no disruption in services. As such, there will not be any impact on any safety net providers in the community.

Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius provides care to all patients regardless of their ability to pay. There are a number of patients treated by Fresenius who either do not qualify for or will not seek any type of coverage for dialysis services. These patients are considered "self-pay" patients. These patients are invoiced as all patients are invoiced, however payment is not expected and Fresenius does not initiate any collections activity on these accounts. These unpaid invoices are written off as bad debt. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Care Network and National Kidney Foundation.

The table below shows the amount of "self-pay" care provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois and the amount of care provided to Medicaid patients for the three fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois. This includes in-center hemodialysis, peritoneal dialysis, home hemodialysis & sub-acute hemodialysis.

SAFETY NET INFORMATION			
CHARITY CARE			
	2007	2008	2009
Charity (# of self-pay patients)	272	307	260
Charity (self-pay) Cost	3,503,198	3,530,456	3,642,751
MEDICAID			
	2007	2008	2009
Medicaid (Patients)	1,403	1,626	1,783
Medicaid (Revenue)	32,418,129	37,043,006	40,401,403

There is no other information directly relevant to safety net services.

Safety Net Impact Statement
ATTACHMENT - 43

6564179v1 839911 57813

Charity Care Information

From a charity standpoint Fresenius Medical Care accepts any patient regardless of their ability to pay. Most ESRD patients qualify for Medicare coverage or have private insurance and there are some who qualify for Medicaid. For those patients who don't have insurance and for whatever reason don't pursue government payor sources, Fresenius Medical Care will treat and bill the patient even though payment is not expected. These patients are considered "self-pay" patients. These unpaid accounts are then written off as bad debt. This practice does not meet the Board's definition of Charity Care so therefore, Fresenius Medical Care would have no charity care to report.



MAPQUEST.

Notes

TO FRESNIUS MEDICAL CARE
WESTCHESTER

Trip to La Grange Dialysis Center

2400 Wolf Rd # 101A, Westchester,

IL 60154 - (708) 409-7780

2.98 miles - about 5 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 1.3 mi



3. Turn **LEFT** onto **W 22ND ST.** go 1.4 mi



4. Turn **RIGHT** onto **WOLF RD / S WOLF RD.** go 0.2 mi



5. 2400 **WOLF RD # 101A.** go 0.0 mi

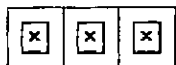


La Grange Dialysis Center - (708) 409-7780
2400 Wolf Rd # 101A, Westchester, IL 60154

Total Travel Estimate : 2.98 miles - about 5 minutes

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MAPQUEST.

Notes

TO FOSTER MCGAW HOSPITAL DIALYSIS

Trip to 1201 W Roosevelt Rd

Maywood, IL 60153-4046

5.85 miles - about 10 minutes



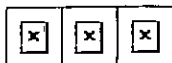
York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi2. Merge onto **S YORK RD.** go 0.3 mi3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 3.9 mi5. Take the **17TH AVE** exit, **EXIT 19A.** go 0.2 mi6. Stay **STRAIGHT** to go onto **BATAAN DR.** go 0.0 mi7. Turn **RIGHT** onto **S 17TH AVE.** go 0.5 mi8. Turn **LEFT** onto **W ROOSEVELT RD.** go 0.3 mi9. **1201 W ROOSEVELT RD.** go 0.0 mi**1201 W Roosevelt Rd, Maywood, IL 60153-4046**

Total Travel Estimate : 5.85 miles - about 10 minutes

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MAPQUEST.

Notes

TO FRESNIUS MEDICAL CARE DOWNERS GROVE

Trip to 3825 Highland Ave

Downers Grove, IL 60515-1552

6.45 miles - about 10 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.5 mi



3. Turn **RIGHT** onto **HARGER RD.** go 0.0 mi



4. Turn **LEFT** to stay on **HARGER RD.** go 0.0 mi



5. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **AURORA** (Portions toll). go 4.4 mi



6. Take the **HIGHLAND AVE** exit. go 0.2 mi



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



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



9. **3825 HIGHLAND AVE.** go 0.0 mi

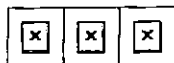


3825 Highland Ave, Downers Grove, IL 60515-1552

Total Travel Estimate : 6.45 miles - about 10 minutes

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MAPQUEST.

Notes

TO FRESNIUS MEDICAL CARE
WILLOWBROOK

Trip to 6300 Kingery Hwy

Willowbrook, IL 60527-2248

7.93 miles - about 10 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 1.5 mi



2. Merge onto **IL-83 S / KINGERY HWY.** go 6.4 mi



3. **6300 KINGERY HWY.** go 0.0 mi



6300 Kingery Hwy, Willowbrook, IL 60527-2248

Total Travel Estimate : 7.93 miles - about 10 minutes

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MAPQUEST.

Notes

TO FRESENIUS MEDICAL CARE LOMBARD

Trip to 1940 Springer Dr

Lombard, IL 60148-6419

5.86 miles - about 11 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD**
toward **S MONTEREY AVE.**

go 5.0 mi



2. Turn **LEFT** onto **S FINLEY RD.**

go 0.7 mi



3. Turn **RIGHT** onto **OAK CREEK DR.**

go 0.1 mi



4. Turn **LEFT** onto **SPRINGER DR.**

go 0.1 mi



5. **1940 SPRINGER DR** is on the **RIGHT.**

go 0.0 mi



1940 Springer Dr, Lombard, IL 60148-6419

Total Travel Estimate : 5.86 miles - about 11 minutes

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MAPQUEST.

Notes

TO MAPLE AVENUE KIDNEY CENTER

Trip to 610 S Maple Ave

Oak Park, IL 60304-1091

8.00 miles - about 12 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

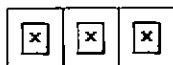
1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi2. Merge onto **S YORK RD.** go 0.3 mi3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 6.5 mi5. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT.** go 0.2 mi6. Turn **LEFT** onto **IL-43 / S HARLEM AVE / HARLEM AVE.** go 0.3 mi7. Turn **RIGHT** onto **MONROE ST.** go 0.0 mi8. Turn **RIGHT** onto **S MAPLE AVE.** go 0.0 mi9. **610 S MAPLE AVE** is on the **LEFT.** go 0.0 mi

610 S Maple Ave, Oak Park, IL 60304-1091

Total Travel Estimate : 8.00 miles - about 12 minutes

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MAPQUEST.

Notes

TO HINES VA HOSPITAL DIALYSIS

Trip to 5000 S 5th Ave

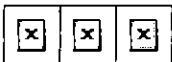
Hines, IL 60141-3030

7.13 miles - about 13 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi2. Merge onto **S YORK RD.** go 0.3 mi3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 4.9 mi5. Take **EXIT 20** toward **IL-171 / 1ST AVE.** go 0.2 mi6. Stay **STRAIGHT** to go onto **BATAAN DR.** go 0.0 mi7. Turn **RIGHT** onto **S 1ST AVE / IL-171.** go 0.5 mi8. Turn **RIGHT** onto **W ROOSEVELT RD.** go 0.3 mi9. Turn **LEFT** onto **S 5TH AVE / HINES BLVD.** Continue to follow **HINES BLVD.** go 0.2 mi10. Turn **RIGHT.** go 0.0 mi11. Turn **LEFT.** go 0.0 mi



MAPQUEST.

Notes

TO FRESNIUS MEDICAL CARE OAK PARK



Trip to 733 Madison St

Oak Park, IL 60302-4419

8.63 miles - about 14 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

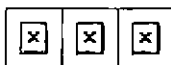
1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi2. Merge onto **S YORK RD.** go 0.3 mi3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 6.5 mi5. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT.** go 0.2 mi6. Turn **LEFT** onto **IL-43 / S HARLEM AVE / HARLEM AVE.** go 0.4 mi7. Turn **RIGHT** onto **MADISON ST.** go 0.6 mi8. **733 MADISON ST** is on the **RIGHT.** go 0.0 mi

733 Madison St, Oak Park, IL 60302-4419

Total Travel Estimate : 8.63 miles - about 14 minutes

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MAPQUEST.

Trip to 1111 Superior St

Melrose Park, IL 60160-4138

7.35 miles - about 15 minutes

Notes

TO FRESENIUS MEDICAL CARE MELROSE
PARK



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the
ramp on the **LEFT** toward **CHICAGO LOOP.**

go 3.6 mi



5. Take the **NORTH 25TH AVE** exit, **EXIT 18B.**

go 0.2 mi



6. Turn **SLIGHT RIGHT** onto **25TH AVE.**

go 1.7 mi



7. Turn **RIGHT** onto **W LAKE ST.**

go 0.7 mi



8. Turn **SLIGHT LEFT** onto **SUPERIOR ST.**

go 0.2 mi



9. **1111 SUPERIOR ST** is on the **RIGHT.**

go 0.0 mi



1111 Superior St, Melrose Park, IL 60160-4138

Total Travel Estimate : 7.35 miles - about 15 minutes

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MAPQUEST.

Trip to 520 North Ave

Glendale Heights, IL 60139-3119

9.74 miles - about 15 minutes

Notes

TO FRESenius MEDICAL CARE GLENDALE
HEIGHTS



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going WEST on IL-38 W / ROOSEVELT RD.

go 1.3 mi



2. Merge onto IL-83 N / KINGERY HWY.

go 3.2 mi



3. Turn LEFT onto W NORTH AVE / IL-64 W.

go 5.2 mi



4. 520 NORTH AVE is on the RIGHT.

go 0.0 mi



520 North Ave, Glendale Heights, IL 60139-3119

Total Travel Estimate : 9.74 miles - about 15 minutes

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MAPQUEST.

Trip to 719 W North Ave

Melrose Park, IL 60160-1612

9.08 miles - about 16 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH
AVENUE



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Take the **SOUTH YORK ROAD** ramp.

go 0.2 mi



3. Merge onto **S YORK RD.**

go 0.0 mi



4. Take the **ROOSEVELT RD / IL-38 E** ramp.

go 0.2 mi



5. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.4 mi



6. Turn **SLIGHT LEFT** to take the **EISENHOWER EXPY / I-290 E** ramp toward **CHICAGO LOOP.**

go 0.9 mi



7. Merge onto **I-290 E / EISENHOWER EXPY E.**

go 4.0 mi



8. Take **EXIT 20** toward **IL-171 / 1ST AVE.**

go 0.2 mi



9. Stay **STRAIGHT** to go onto **BATAAN DR.**

go 0.0 mi



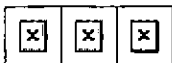
10. Turn **LEFT** onto **IL-171 / S 1ST AVE.**

go 2.6 mi



11. Turn **LEFT** onto **W NORTH AVE / IL-64 W.**

go 0.4 mi



MAPQUEST.

Trip to 2601 Harlem Ave

Berwyn, IL 60402-2100

9.74 miles - about 16 minutes

Notes

TO FRESNIUS MEDICAL CARE BERWYN



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 6.5 mi



5. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT.** go 0.2 mi



6. Turn **RIGHT** onto **S HARLEM AVE / HARLEM AVE / IL-43.** Continue to follow **S HARLEM AVE / IL-43.** go 2.1 mi



7. **2601 HARLEM AVE.** go 0.0 mi

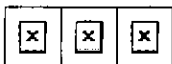


2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate : 9.74 miles - about 16 minutes

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MAPQUEST.

Trip to West Suburban Kidney Center

518 N Austin Blvd # 5000, Oak Park,
IL 60302 - (708) 386-5550

10.58 miles - about 17 minutes

Notes

TO FRESNIUS WEST SUBURBAN



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 8.0 mi



5. Take the **AUSTIN BLVD** exit, **EXIT 23A**, on the **LEFT.** go 0.3 mi



6. Turn **LEFT** onto **S AUSTIN BLVD.** go 1.4 mi



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



West Suburban Kidney Center - (708) 386-5550

518 N Austin Blvd # 5000, Oak Park, IL 60302

Total Travel Estimate : 10.58 miles - about 17 minutes

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MAPQUEST.

Trip to 3410 W Van Buren St

Chicago, IL 60624-3358

12.65 miles - about 18 minutes

Notes

TO FRESNIUS MEDICAL CARE CONGRESS
PARKWAY



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 10.8 mi



5. Take **EXIT 26A** toward **INDEPENDENCE BLVD.**

go 0.1 mi



6. Stay **STRAIGHT** to go onto **W HARRISON ST.**

go 0.6 mi



7. Turn **LEFT** onto **S HOMAN AVE.**

go 0.1 mi



8. Turn **LEFT** onto **W VAN BUREN ST.**

go 0.0 mi



9. **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 : 12.65 miles - about 18 minutes

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MAPQUEST.

Trip to 901 Biesterfield Rd

Elk Grove Village, IL 60007-3392

13.51 miles - about 18 minutes

Notes

TO FRESNIUS MEDICAL CARE ELK GROVE



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|--|---|-----------|
| | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 1.3 mi |
| | 2. Merge onto IL-83 N / KINGERY HWY. | go 4.0 mi |
| | 3. Take the I-290 / US-20 / LAKE ST ramp toward ROCKFORD / CHICAGO / GRAND AVE. | go 0.2 mi |
| | 4. Keep LEFT at the fork in the ramp. | go 0.3 mi |
| | 5. Keep LEFT at the fork in the ramp. | go 0.3 mi |
| | 6. Merge onto I-290 W toward ROCKFORD. | go 6.8 mi |
| | 7. Take the BIESTERFIELD RD exit, EXIT 4 , toward IL-53 S. | go 0.4 mi |
| | 8. Turn RIGHT onto BIESTERFIELD RD. | go 0.3 mi |
| | 9. 901 BIESTERFIELD RD is on the RIGHT. | go 0.0 mi |

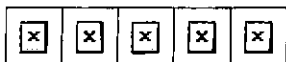


901 Biesterfield Rd, Elk Grove Village, IL 60007-3392

Total Travel Estimate : 13.51 miles - about 18 minutes

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MAPQUEST.

Trip to 1901 W Harrison St
Chicago, IL 60612-3714
14.47 miles - about 19 minutes

Notes

TO JOHN H STROGER JR DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 13.1 mi



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



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



7. Turn **RIGHT** onto **S WOLCOTT AVE.** go 0.0 mi



8. Turn **RIGHT** onto **W HARRISON ST.** go 0.0 mi



9. **1901 W HARRISON ST** is on the **LEFT.** go 0.0 mi

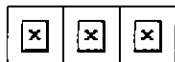


1901 W Harrison St, Chicago, IL 60612-3714

Total Travel Estimate : 14.47 miles - about 19 minutes

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MAPQUEST.

Trip to 1653 W Congress Pkwy

Chicago, IL 60612-3833

14.71 miles - about 19 minutes

Notes

TO RUSH UNIVERSITY HOSPITAL ANALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 13.5 mi



5. Take **EXIT 28B** toward **PAULINA ST / ASHLAND AVE.**

go 0.2 mi



6. Stay **STRAIGHT** to go onto **W CONGRESS PKWY.**

go 0.0 mi



7. **1653 W CONGRESS PKWY** is on the **RIGHT.**

go 0.0 mi



1653 W Congress Pkwy, Chicago, IL 60612-3833

Total Travel Estimate : 14.71 miles - about 19 minutes

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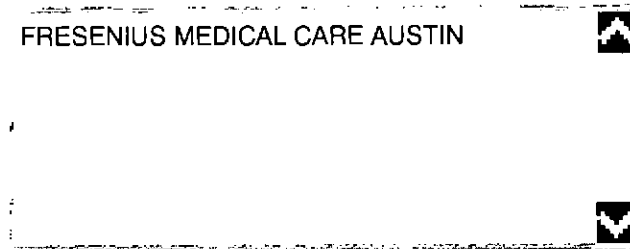


MAPQUEST.

Notes

FRESENIUS MEDICAL CARE AUSTIN

Trip to 4800 W Chicago Ave
 Chicago, IL 60651-3223
 12.36 miles - about 20 minutes .



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 9.5 mi



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



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



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



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



9. **4800 W CHICAGO AVE** is on the **RIGHT.** go 0.0 mi



4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate : 12.36 miles - about 20 minutes

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MapQuest Travel Times
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MAPQUEST.

Trip to 1859 W Taylor St

Chicago, IL 60612-4319












14.87 miles - about 20 minutes

Notes

TO UNIVERSITY OF ILLINOIS CHICAGO
'HOSPITAL DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 13.1 mi |
|  | 5. Take EXIT 28A toward DAMEN AVE. | go 0.1 mi |
|  | 6. Stay STRAIGHT to go onto W CONGRESS PKWY. | go 0.0 mi |
|  | 7. Turn RIGHT onto S DAMEN AVE. | go 0.4 mi |
|  | 8. Turn LEFT onto W TAYLOR ST. | go 0.2 mi |
|  | 9. 1859 W TAYLOR ST is on the RIGHT. | go 0.0 mi |

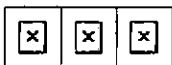


1859 W Taylor St, Chicago, IL 60612-4319

Total Travel Estimate : 14.87 miles - about 20 minutes

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MAPQUEST.

Notes

TO MT SINAI HOSPITAL DIALYSIS

Trip to 1500 S California Ave

Chicago, IL 60608-1729

14.17 miles - about 21 minutes


York Rd & Roosevelt Rd, Elmhurst, IL 60126

 1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi

 2. Merge onto **S YORK RD.** go 0.3 mi

 3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi

 4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 11.9 mi

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

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

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

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

 9. **1500 S CALIFORNIA AVE** is on the **RIGHT.** go 0.0 mi

1500 S California Ave, Chicago, IL 60608-1729

Total Travel Estimate : 14.17 miles - about 21 minutes

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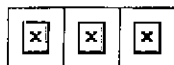
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MapQuest Travel Times

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MAPQUEST.

Notes

TO FRESENIUS MEDICAL CARE CHICAGO
WESTSIDE



Trip to 1340 S Damen Ave

Chicago, IL 60608-1169

15.04 miles - about 21 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 13.1 mi



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



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



7. Turn **RIGHT** onto **S DAMEN AVE.** go 0.8 mi



8. **1340 S DAMEN AVE.** go 0.0 mi

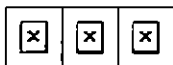


1340 S Damen Ave, Chicago, IL 60608-1169

Total Travel Estimate : 15.04 miles - about 21 minutes

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MAPQUEST.

Trip to 3250 W Franklin Blvd

Chicago, IL 60624-1509

14.51 miles - about 22 minutes

Notes

TO GARFIELD KIDNEY CENTER



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 11.9 mi



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

go 0.2 mi



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

go 0.6 mi



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

go 0.3 mi



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

go 0.5 mi



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

go 0.1 mi



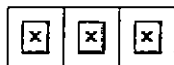
10. **3250 W FRANKLIN BLVD** is on the **RIGHT.**

go 0.0 mi



3250 W Franklin Blvd, Chicago, IL 60624-1509

Total Travel Estimate : 14.51 miles - about 22 minutes



MAPQUEST.

Trip to 1426 W Washington Blvd

Chicago, IL 60607-1821

15.21 miles - about 22 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 13.1 mi



5. Take **EXIT 28A** toward **DAMEN AVE.**

go 0.1 mi



6. Stay **STRAIGHT** to go onto **W CONGRESS PKWY.**

go 0.2 mi



7. Turn **SLIGHT LEFT** onto **W OGDEN AVE.**

go 0.7 mi



8. Turn **RIGHT** onto **W WASHINGTON BLVD / W WASHINGTON ST.**

go 0.0 mi



9. **1426 W WASHINGTON BLVD** is on the **LEFT.**

go 0.0 mi



1426 W Washington Blvd, Chicago, IL 60607-1821

Total Travel Estimate : 15.21 miles - about 22 minutes

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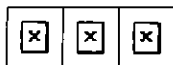
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MapQuest Travel Times

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MAPQUEST.

Trip to 820 W Jackson Blvd

Chicago, IL 60607-3026

15.93 miles - about 22 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO
KIDNEY CENTER



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 14.0 mi



5. Take **EXIT 29A** toward **RACINE AVE.** go 0.2 mi



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



7. Turn **LEFT** onto **S RACINE AVE.** go 0.2 mi



8. Turn **RIGHT** onto **W JACKSON BLVD.** go 0.5 mi



9. **820 W JACKSON BLVD** is on the **LEFT.** go 0.0 mi

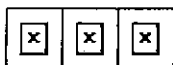


820 W Jackson Blvd, Chicago, IL 60607-3026

Total Travel Estimate : 15.93 miles - about 22 minutes

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MAPQUEST.

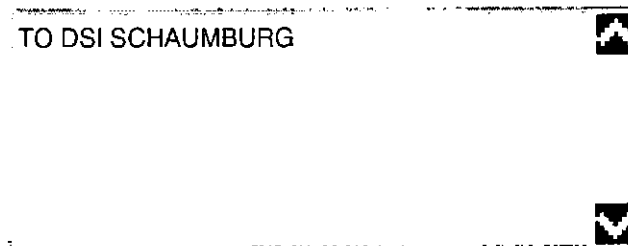
Notes

TO DSI SCHAUMBURG

Trip to 1156 S Roselle Rd

Schaumburg, IL 60193-4072

15.96 miles - about 22 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 1.3 mi

2. Merge onto **IL-83 N / KINGERY HWY.**

go 4.0 mi

3. Take the **I-290 / US-20 / LAKE ST** ramp toward **ROCKFORD / CHICAGO / GRAND AVE.**

go 0.2 mi

4. Keep **LEFT** at the fork in the ramp.

go 0.3 mi

5. Keep **LEFT** at the fork in the ramp.

go 0.3 mi

6. Merge onto **I-290 W** toward **ROCKFORD.**

go 5.5 mi

7. Take the **THORNDALE AVE** exit, **EXIT 5.**

go 0.4 mi

8. Turn **LEFT** onto **THORNDALE AVE / CR-26 W.**

go 0.6 mi

9. Stay **STRAIGHT** to go onto **ELGIN OHARE EXPY W.**

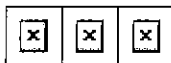
go 2.3 mi

10. Take the **ROSELLE RD** ramp.

go 0.3 mi

11. Turn **RIGHT** onto **S ROSELLE RD.**

go 0.8 mi



MAPQUEST.

Trip to 557 W Polk St

Chicago, IL 60607-4388

16.49 miles - about 22 minutes

Notes

TO FRESENIUS MEDICAL CARE POLK



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 15.1 mi



5. Take the exit toward **CANAL ST.**

go 0.2 mi



6. Turn **RIGHT** onto **W HARRISON ST.**

go 0.0 mi



7. Turn **LEFT** onto **S CLINTON ST.**

go 0.2 mi



8. Turn **RIGHT** onto **W POLK ST.**

go 0.0 mi



9. **557 W POLK ST** is on the **LEFT.**

go 0.0 mi



557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate : 16.49 miles - about 22 minutes

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MAPQUEST.

Trip to 1101 S Canal St

Chicago, IL 60607-4901

16.65 miles - about 22 minutes

Notes

TO DSI LOOP



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 15.1 mi



5. Take the exit toward **CANAL ST.**

go 0.2 mi



6. Turn **LEFT** onto **W HARRISON ST.**

go 0.0 mi



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

go 0.4 mi



8. **1101 S CANAL ST** is on the **LEFT.**

go 0.0 mi



1101 S Canal St, Chicago, IL 60607-4901

Total Travel Estimate : 16.65 miles - about 22 minutes

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MAPQUEST.

Trip to 17 W Golf Rd

Arlington Heights, IL 60005-3905

16.26 miles - about 23 minutes

Notes

TO DSI ARLINGTON HEIGHTS



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going WEST on IL-38 W / ROOSEVELT RD.

go 1.3 mi



2. Merge onto IL-83 N.

go 11.4 mi



3. Stay STRAIGHT to go onto BUSSE RD.

go 0.9 mi



4. Turn LEFT onto W ALGONQUIN RD / IL-62.

go 2.1 mi



5. Turn SHARP RIGHT onto W GOLF RD / IL-58.

go 0.6 mi



6. 17 W GOLF RD is on the RIGHT.

go 0.0 mi

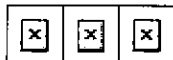


17 W Golf Rd, Arlington Heights, IL 60005-3905

Total Travel Estimate : 16.26 miles - about 23 minutes

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MAPQUEST.

Trip to 1044 N Mozart St

Chicago, IL 60622-2789

15.12 miles - about 24 minutes

Notes

TO FRESNIUS MEDICAL CARE WEST METRO



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 11.9 mi



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

go 0.2 mi



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

go 1.7 mi



7. Turn **RIGHT** onto **W AUGUSTA BLVD.**

go 0.1 mi



8. Turn **LEFT** onto **N RICHMOND ST.**

go 0.1 mi



9. Turn **RIGHT** onto **W THOMAS ST.**

go 0.1 mi



10. Turn **RIGHT** onto **N MOZART ST.**

go 0.0 mi



11. **1044 N MOZART ST** is on the **RIGHT.**

go 0.0 mi

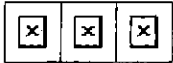


1044 N Mozart St, Chicago, IL 60622-2789

MapQuest Travel Times

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MAPQUEST.












Trip to 2335 W Cermak Rd
Chicago, IL 60608-3811
15.41 miles - about 24 minutes

Notes

TO DAVITA LITTLE VILLAGE



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 12.4 mi |
|  | 5. Take EXIT 27C toward WESTERN AVE / 2400 W. | go 0.3 mi |
|  | 6. Stay STRAIGHT to go onto W CONGRESS PKWY. | go 0.0 mi |
|  | 7. Turn RIGHT onto S WESTERN AVE. | go 1.6 mi |
|  | 8. Turn LEFT onto W CERMAK RD. | go 0.0 mi |
|  | 9. 2335 W CERMAK RD. | go 0.0 mi |

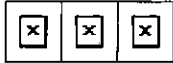


2335 W Cermak Rd, Chicago, IL 60608-3811

Total Travel Estimate : 15.41 miles - about 24 minutes

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MAPQUEST.

Trip to 4701 N Cumberland Ave

Norridge, IL 60706-2905

15.87 miles - about 24 minutes

Notes

TO FRESNIUS MEDICAL CARE NORRIDGE



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|--|--|------------|
| | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
| | 2. Merge onto S YORK RD. | go 1.3 mi |
| | 3. Turn LEFT onto W 22ND ST. | go 0.6 mi |
| | 4. Merge onto I-294 N toward WISCONSIN (Portions toll). | go 10.6 mi |
| | 5. Merge onto I-90 E toward CHICAGO (Portions toll). | go 1.9 mi |
| | 6. Merge onto N CUMBERLAND AVE / IL-171 S via EXIT 79A. | go 1.5 mi |
| | 7. Make a U-TURN at W LELAND AVE onto N CUMBERLAND AVE / IL-171 N. | go 0.0 mi |
| | 8. 4701 N CUMBERLAND AVE is on the RIGHT. | go 0.0 mi |

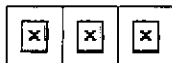


4701 N Cumberland Ave, Norridge, IL 60706-2905

Total Travel Estimate : 15.87 miles - about 24 minutes

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MAPQUEST.

Trip to 514 W 5th Ave

Naperville, IL 60563-2901

15.97 miles - about 24 minutes

Notes

TO FRESNIUS MEDICAL CARE NAPERVILLE
NORTH



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.5 mi



3. Turn **RIGHT** onto **HARGER RD.** go 0.0 mi



4. Turn **LEFT** to stay on **HARGER RD.** go 0.0 mi



5. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **AURORA** (Portions toll). go 11.2 mi



6. Take the exit toward **NAPERVILLE RD.** go 0.3 mi



7. Turn **RIGHT** onto **FREEDOM DR.** go 0.2 mi



8. Turn **LEFT** onto **E WARRENVILLE RD / WARRENVILLE RD / CR-3.** go 0.9 mi



9. Turn **LEFT** onto **N WASHINGTON ST.** go 0.5 mi



10. Turn **RIGHT** onto **E DIEHL RD.** go 0.7 mi



11. Turn **LEFT** onto **N MILL ST / CR-32.** Continue to follow **N MILL ST.** go 1.4 mi

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MAPQUEST.

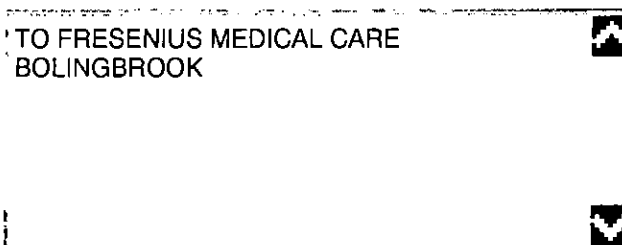
Trip to 329 Remington Blvd

Bolingbrook, IL 60440-5827













18.39 miles - about 24 minutes

Notes

TO FRESENIUS MEDICAL CARE
BOLINGBROOK



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|-----------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 1.5 mi |
|   | 2. Merge onto IL-83 S / KINGERY HWY. | go 8.4 mi |
|   | 3. Merge onto I-55 S toward JOLIET. | go 7.4 mi |
|  | 4. Take the IL-53 / BOLINGBROOK exit, EXIT 267. | go 0.3 mi |
|  | 5. Take the ramp toward BOLINGBROOK. | go 0.0 mi |
|   | 6. Turn RIGHT onto S BOLINGBROOK DR / IL-53 N. | go 0.1 mi |
|  | 7. Turn LEFT onto REMINGTON BLVD. | go 0.6 mi |
|  | 8. Make a U-TURN onto REMINGTON BLVD. | go 0.0 mi |
|  | 9. 329 REMINGTON BLVD is on the RIGHT. | go 0.0 mi |



329 Remington Blvd, Bolingbrook, IL 60440-5827

Total Travel Estimate : 18.39 miles - about 24 minutes

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MAPQUEST.

Trip to 7009 W Belmont Ave
Chicago, IL 60634-4533
12.35 miles - about 25 minutes

Notes

TO DAVITA MONTCLARE



York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi

2. Merge onto **S YORK RD.**

go 0.3 mi

3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi

4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 6.5 mi

5. Take the **IL-43 / HARLEM AVE** exit, **EXIT 21B**, on the **LEFT.**

go 0.2 mi

6. Turn **LEFT** onto **IL-43 / S HARLEM AVE / HARLEM AVE.** Continue to follow **IL-43 / S HARLEM AVE.**

go 4.5 mi

7. Turn **RIGHT** onto **W BELMONT AVE.**

go 0.3 mi

8. **7009 W BELMONT AVE** is on the **RIGHT.**

go 0.0 mi



7009 W Belmont Ave, Chicago, IL 60634-4533

Total Travel Estimate : 12.35 miles - about 25 minutes

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MAPQUEST.

Trip to 7435 W Talcott Ave
 Chicago, IL 60631-3707
16.92 miles - about 25 minutes

Notes

TO RESURRECTION OUTPATIENT DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 1.3 mi |
|  | 3. Turn LEFT onto W 22ND ST. | go 0.6 mi |
|   | 4. Merge onto I-294 N toward WISCONSIN (Portions toll). | go 10.6 mi |
|   | 5. Merge onto I-90 E toward CHICAGO (Portions toll). | go 3.3 mi |
|  | 6. Take EXIT 81A toward IL-43 / HARLEM AVE. | go 0.2 mi |
|   | 7. Stay STRAIGHT to go onto W HIGGINS AVE / IL-72 E. | go 0.2 mi |
|   | 8. Turn LEFT onto N HARLEM AVE / IL-43. | go 0.3 mi |
|  | 9. Turn LEFT onto W TALCOTT AVE. | go 0.4 mi |
|  | 10. 7435 W TALCOTT AVE is on the LEFT. | go 0.0 mi |



7435 W Talcott Ave, Chicago, IL 60631-3707

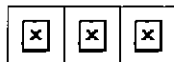
Total Travel Estimate : 16.92 miles - about 25 minutes

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MapQuest Travel Times

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MAPQUEST.

Trip to W 131st St & S la Grange Rd

Orland Park, IL 60462














18.40 miles - about 25 minutes

Notes

TO DAVITA PALOS PARK



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|-----------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.8 mi |
|   | 4. Merge onto I-294 S toward INDIANA (Portions toll). | go 6.4 mi |
|   | 5. Merge onto I-55 N / STEVENSON EXPY N toward CHICAGO. | go 2.7 mi |
|   | 6. Merge onto US-12 E / US-20 E / US-45 S / ULYSSES S GRANT MEMORIAL HWY via EXIT 279A. | go 1.5 mi |
|   | 7. Stay STRAIGHT to go onto US-12 E / US-20 E / US-45 S / LA GRANGE RD / ULYSSES S GRANT MEMORIAL HWY. Continue to follow US-45 S / LA GRANGE RD. | go 6.6 mi |
|  | 8. W 131ST ST & S LA GRANGE RD. | go 0.0 mi |



W 131st St & S la Grange Rd, Orland Park, IL 60462

Total Travel Estimate : 18.40 miles - about 25 minutes

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MAPQUEST.

Trip to 1859 N Neltnor Blvd

West Chicago, IL 60185-5900

17.22 miles - about 26 minutes

Notes

TO FRESENIUS WEST CHICAGO



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going WEST on IL-38 W / ROOSEVELT RD.

go 1.3 mi



2. Merge onto IL-83 N / KINGERY HWY.

go 3.2 mi



3. Turn LEFT onto W NORTH AVE / IL-64 W.

go 12.7 mi



4. Turn LEFT onto IL-59 / N NELTNOR BLVD.

go 0.0 mi



5. 1859 N NELTNOR BLVD.

go 0.0 mi

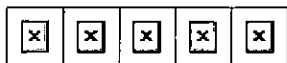


1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate : 17.22 miles - about 26 minutes

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MAPQUEST.

Notes

TO FRESNIUS MEDICAL CARE DUPAGE
WEST

Trip to 450 E Roosevelt Rd

West Chicago, IL 60185-3905

17.28 miles - about 26 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD**
toward **S MONTEREY AVE.**

go 2.2 mi



2. Turn **LEFT** onto **SUMMIT AVE / CR-15.**

go 0.6 mi



3. Turn **RIGHT** onto **BUTTERFIELD RD / IL-56.**

go 0.7 mi



4. Turn **RIGHT** onto **BUTTERFIELD RD / IL-56 W.**

go 9.8 mi



5. Turn **RIGHT** onto **WINFIELD RD / CR-13.**

go 2.0 mi



6. Turn **LEFT** onto **ROOSEVELT RD / IL-38.**

go 2.0 mi



7. 450 E ROOSEVELT RD is on the **LEFT.**

go 0.0 mi



450 E Roosevelt Rd, West Chicago, IL 60185-3905

Total Travel Estimate : 17.28 miles - about 26 minutes

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MAPQUEST.

Trip to 4180 Winnetka Ave
 Rolling Meadows, IL 60008-1375
 20.05 miles - about 26 minutes

Notes

TO FRESENIUS ROLLING MEADOWS



York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 1.3 mi

2. Merge onto **IL-83 N / KINGERY HWY.**

go 4.0 mi

3. Take the **I-290 / US-20 / LAKE ST** ramp toward
ROCKFORD / CHICAGO / GRAND AVE.

go 0.2 mi

4. Keep **LEFT** at the fork in the ramp.

go 0.3 mi

5. Keep **LEFT** at the fork in the ramp.

go 0.3 mi

6. Merge onto **I-290 W** toward **ROCKFORD.**

go 10.1 mi

7. Take **IL-53 N** toward **KIRCHOFF RD / NORTH
SUBURBS.**

go 3.1 mi

8. Merge onto **W EUCLID AVE.**

go 0.5 mi

9. Turn **RIGHT** onto **HICKS RD.**

go 0.3 mi

10. Turn **RIGHT** onto **WINNETKA AVE.**

go 0.0 mi

11. **4180 WINNETKA AVE** is on the **LEFT.**

go 0.0 mi



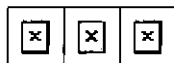
4180 Winnetka Ave, Rolling Meadows, IL 60008-1375

MapQuest Travel Times

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MAPQUEST.

Trip to 1717 S Wabash Ave

Chicago, IL 60616-1219

18.04 miles - about 27 minutes

Notes

TO FRESNIUS MEDICAL CARE PRAIRIE



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going WEST on IL-38 W / ROOSEVELT RD.

go 0.0 mi



2. Merge onto S YORK RD.

go 0.3 mi



3. Merge onto IL-38 E / ROOSEVELT RD.

go 0.6 mi



4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP.

go 15.3 mi



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

go 0.5 mi



6. Turn RIGHT onto S STATE ST.

go 1.1 mi



7. Turn LEFT onto E 16TH ST.

go 0.0 mi



8. Turn RIGHT onto S WABASH AVE.

go 0.0 mi



9. 1717 S WABASH AVE is on the LEFT.

go 0.0 mi



1717 S Wabash Ave, Chicago, IL 60616-1219

Total Travel Estimate : 18.04 miles - about 27 minutes

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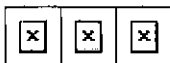
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MapQuest Travel Times

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MAPQUEST.

Trip to 12250 S Cicero Ave
 Alsip, IL 60803-2946
 20.39 miles - about 27 minutes

Notes

TO FRESNIUS MEDICAL CARE ALSIP



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll). go 18.1 mi



5. Take the **127TH ST / IL-83 / IL-50** exit toward **CICERO AVE.** go 0.5 mi



6. Turn **LEFT** onto **W 127TH ST / IL-83.** go 0.2 mi



7. Turn **LEFT** onto **IL-50 N / S CICERO AVE.** go 0.6 mi



8. **12250 S CICERO AVE** is on the **LEFT.** go 0.0 mi

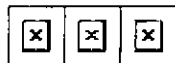


12250 S Cicero Ave, Alsip, IL 60803-2946

Total Travel Estimate : 20.39 miles - about 27 minutes

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MAPQUEST.

Notes

TO FRESNIUS MEDICAL CARE CRESTWOOD 











Trip to 4861 Cal Sag Rd

Crestwood, IL 60445-4415

20.40 miles - about 26 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.8 mi |
|   | 4. Merge onto I-294 S toward INDIANA (Portions toll). | go 18.1 mi |
|   | 5. Merge onto IL-50 S / S CICERO AVE / IL-83 S. | go 1.1 mi |
|  | 6. Turn SLIGHT RIGHT onto CAL SAG RD. | go 0.1 mi |
|  | 7. 4861 CAL SAG RD is on the LEFT. | go 0.0 mi |

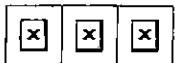


4861 Cal Sag Rd, Crestwood, IL 60445-4415

Total Travel Estimate : 20.40 miles - about 26 minutes

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MAPQUEST.

Trip to 6201 W 63rd St

Chicago, IL 60638-5009

17.88 miles - about 28 minutes

Notes

TO FRESNIUS MEDICAL CARE MIDWAY



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 6.4 mi



5. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO.**

go 7.2 mi



6. Take the **IL-43 / HARLEM AVE** exit, **EXIT 283.**

go 0.3 mi



7. Turn **RIGHT** onto **IL-43 S / S HARLEM AVE.**

go 1.3 mi



8. Turn **SLIGHT RIGHT** onto **W 63RD ST.**

go 0.2 mi



9. Turn **LEFT** to stay on **W 63RD ST.**

go 1.4 mi



10. **6201 W 63RD ST** is on the **RIGHT.**

go 0.0 mi



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

Total Travel Estimate : 17.88 miles - about 28 minutes

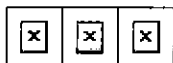
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MapQuest Travel Times

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MAPQUEST.

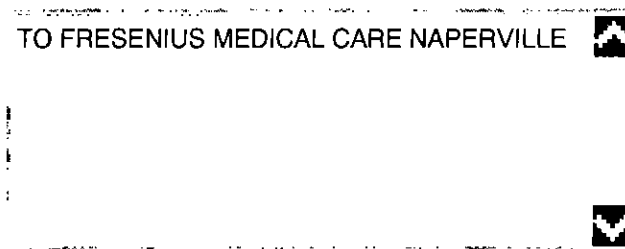
Notes

TO FRESNIUS MEDICAL CARE NAPERVILLE















Trip to 100 Spalding Dr

Naperville, IL 60540-6550

18.31 miles - about 28 minutes ;



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|-----------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.5 mi |
|  | 3. Turn RIGHT onto HARGER RD. | go 0.0 mi |
|  | 4. Turn LEFT to stay on HARGER RD. | go 0.0 mi |
|   | 5. Merge onto I-88 W / RONALD REAGAN MEMORIAL TOLLWAY via the ramp on the LEFT toward AURORA (Portions toll). | go 5.7 mi |
|   | 6. Merge onto I-355 S / VETERANS MEMORIAL TOLLWAY toward JOLIET (Portions toll). | go 4.5 mi |
|  | 7. Take the 63RD ST exit toward HOBSON RD. | go 0.3 mi |
|  | 8. Keep RIGHT at the fork to go on 63RD ST / CR-38 W. | go 0.1 mi |
|  | 9. Stay STRAIGHT to go onto HOBSON RD / CR-2. | go 1.2 mi |
|   | 10. Turn LEFT onto IL-53. | go 0.8 mi |
|  | 11. Turn RIGHT onto 75TH ST / CR-33 W. | go 3.4 mi |

12. Turn **RIGHT** onto **S WASHINGTON ST.**

go 1.3 mi

13. Turn **LEFT** onto **OSLER DR.**

go 0.3 mi

14. Turn **RIGHT** onto **BROM DR.**

go 0.1 mi

15. Turn **RIGHT** onto **SPALDING DR.**

go 0.0 mi

16. **100 SPALDING DR** is on the **LEFT.**

go 0.0 mi

**100 Spalding Dr, Naperville, IL 60540-6550****Total Travel Estimate : 18.31 miles - about 28 minutes**All rights reserved. Use subject to License/Copyright | Map Legend

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MAPQUEST.

Trip to 825 W 35th St

Chicago, IL 60609-1511

20.05 miles - about 28 minutes

Notes

TO FRESNIUS MEDICAL CARE BRIDGEPORT 



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 14.7 mi



5. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E** toward **INDIANA.**

go 3.4 mi



6. Take **EXIT 55A** toward **35TH ST.**

go 0.2 mi



7. Turn **SLIGHT LEFT** onto **S WENTWORTH AVE.**

go 0.0 mi



8. Turn **RIGHT** onto **W 35TH ST.**

go 0.8 mi



9. **825 W 35TH ST** is on the **LEFT.**

go 0.0 mi



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

Total Travel Estimate : 20.05 miles - about 28 minutes

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MAPQUEST.

Trip to 9115 S Cicero Ave

Oak Lawn, IL 60453-1895

18.20 miles - about 29 minutes

Notes

TO DAVITA STONY CREEK



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 13.1 mi



5. Merge onto **US-12 E / US-20 E / ULYSSES S GRANT MEMORIAL HWY / W 95TH ST.**

go 2.2 mi



6. Turn **LEFT** onto **SOUTHWEST HWY.**

go 1.5 mi



7. Turn **LEFT** onto **S CICERO AVE / IL-50.**

go 0.2 mi



8. **9115 S CICERO AVE** is on the **RIGHT.**

go 0.0 mi

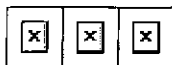


9115 S Cicero Ave, Oak Lawn, IL 60453-1895

Total Travel Estimate : 18.20 miles - about 29 minutes

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MAPQUEST.

Trip to 9731 N Milwaukee Ave

Niles, IL 60714-1118

19.35 miles - about 29 minutes

Notes

TO FRESENIUS MEDICAL CARE NILES



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 1.3 mi



3. Turn **LEFT** onto **W 22ND ST.**

go 0.6 mi



4. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 14.7 mi



5. Merge onto **DEMPSTER ST / US-14 E.**

go 1.5 mi



6. Turn **LEFT** onto **N GREENWOOD AVE.**

go 1.2 mi



7. Turn **SLIGHT LEFT** onto **MILWAUKEE AVE / IL-21.**

go 0.0 mi



8. **9731 N MILWAUKEE AVE** is on the **RIGHT.**

go 0.0 mi

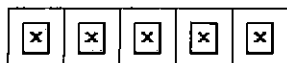


9731 N Milwaukee Ave, Niles, IL 60714-1118

Total Travel Estimate : 19.35 miles - about 29 minutes

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MAPQUEST.

Trip to 4800 N Kilpatrick Ave

Chicago, IL 60630-1725

20.16 miles - about 29 minutes

Notes

TO FRESENIUS NORTH KILPATRICK



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 1.3 mi



3. Turn **LEFT** onto **W 22ND ST.**

go 0.6 mi



4. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 10.6 mi



5. Merge onto **I-90 E** toward **CHICAGO** (Portions toll).

go 6.5 mi



6. Take the **LAWRENCE AVE** exit, **EXIT 84.**

go 0.2 mi



7. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE.**

go 0.7 mi



8. Turn **LEFT** onto **N KENTUCKY AVE.**

go 0.1 mi



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

go 0.0 mi



10. Turn **LEFT** onto **N KILPATRICK AVE.**

go 0.2 mi



11. **4800 N KILPATRICK AVE** is on the **RIGHT.**

go 0.0 mi



4800 N Kilpatrick Ave, Chicago, IL 60630-1725

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MAPQUEST.

Trip to 710 W 43rd St

Chicago, IL 60609-3435

20.93 miles - about 29 minutes

Notes

TO DAVITA EMERALD



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 14.7 mi



5. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E** toward **INDIANA.**

go 4.4 mi



6. Take **EXIT 56A** toward **43RD ST.**

go 0.2 mi



7. Turn **SLIGHT LEFT** onto **S WENTWORTH AVE.**

go 0.0 mi



8. Turn **RIGHT** onto **W 43RD ST.**

go 0.6 mi



9. **710 W 43RD ST** is on the **RIGHT.**

go 0.0 mi



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

Total Travel Estimate : 20.93 miles - about 29 minutes

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MAPQUEST.

Trip to 4935 W Belmont Ave

Chicago, IL 60641-4332

15.57 miles - about 30 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST
BELMONT



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 9.5 mi



5. Take **EXIT 24B** toward **IL-50 / CICERO AVE.**

go 0.2 mi



6. Turn **SLIGHT LEFT** onto **W LEXINGTON ST.**

go 0.0 mi



7. Turn **LEFT** onto **S CICERO AVE / IL-50.**

go 4.7 mi



8. Turn **LEFT** onto **W BELMONT AVE.**

go 0.2 mi



9. **4935 W BELMONT AVE** is on the **LEFT.**

go 0.0 mi



4935 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate : 15.57 miles - about 30 minutes

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MAPQUEST.

Trip to 4651 W 79th St

Chicago, IL 60652-1186















17.77 miles - about 30 minutes

Notes

TO DSI SCOTTSDALE



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|-----------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.8 mi |
|   | 4. Merge onto I-294 S toward INDIANA (Portions toll). | go 6.4 mi |
|   | 5. Merge onto I-55 N / STEVENSON EXPY N toward CHICAGO. | go 2.7 mi |
|   | 6. Merge onto US-12 E / US-20 E / US-45 S / ULYSSES S GRANT MEMORIAL HWY via EXIT 279A. | go 1.5 mi |
|   | 7. Merge onto IL-171 N / S ARCHER AVE via the ramp on the LEFT toward 79TH ST. | go 0.6 mi |
|  | 8. Turn SLIGHT RIGHT onto W 79TH ST. | go 5.4 mi |
|  | 9. 4651 W 79TH ST is on the RIGHT. | go 0.0 mi |

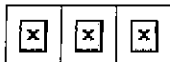


4651 W 79th St, Chicago, IL 60652-1186

Total Travel Estimate : 17.77 miles - about 30 minutes

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MAPQUEST.

Trip to 14255 Cicero Ave

Crestwood, IL 60445-2154

21.71 miles - about 30 minutes

Notes

TO DIRECT DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 18.1 mi



5. Merge onto **IL-50 S / S CICERO AVE / IL-83 S.**

go 2.5 mi



6. **14255 CICERO AVE** is on the **LEFT.**

go 0.0 mi

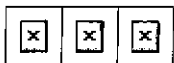


14255 Cicero Ave, Crestwood, IL 60445-2154

Total Travel Estimate : 21.71 miles - about 30 minutes

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MAPQUEST.

Trip to 5401 S Wentworth Ave

Chicago, IL 60609-6300

22.06 miles - about 30 minutes

Notes

TO FRESENIUS MEDICAL CARE GARFIELD



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 14.7 mi



5. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E** toward **INDIANA.**

go 2.5 mi



6. 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



7. Take the **I-90-LOCAL / I-94-LOCAL** exit.

go 0.3 mi



8. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E.**

go 0.8 mi



9. Take **EXIT 57** toward **GARFIELD BLVD.**

go 0.2 mi



10. Stay **STRAIGHT** to go onto **S WELLS ST.**

go 0.0 mi



11. Turn **LEFT** onto **W GARFIELD BLVD / W 55TH ST.**

go 0.0 mi

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12. Turn **LEFT** onto **S WENTWORTH AVE.**

go 0.1 mi

END13. **5401 S WENTWORTH AVE** is on the **RIGHT**.

go 0.0 mi

**5401 S Wentworth Ave, Chicago, IL 60609-6300****Total Travel Estimate : 22.06 miles - about 30 minutes**

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MAPQUEST.

Trip to 4811 W 77th St

Burbank, IL 60459-1586


















18.10 miles - about 31 minutes;

Notes

TO FRESENIUS MEDICAL CARE BURBANK



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|-----------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.8 mi |
|   | 4. Merge onto I-294 S toward INDIANA (Portions toll). | go 6.4 mi |
|   | 5. Merge onto I-55 N / STEVENSON EXPY N toward CHICAGO. | go 2.7 mi |
|   | 6. Merge onto US-12 E / US-20 E / US-45 S / ULYSSES S GRANT MEMORIAL HWY via EXIT 279A. | go 1.5 mi |
|   | 7. Merge onto IL-171 N / S ARCHER AVE via the ramp on the LEFT toward 79TH ST. | go 0.6 mi |
|  | 8. Turn SLIGHT RIGHT onto W 79TH ST. | go 5.2 mi |
|   | 9. Turn LEFT onto S CICERO AVE / IL-50. | go 0.4 mi |
|  | 10. Turn LEFT onto W 76TH ST / W 77TH ST. | go 0.1 mi |
|  | 11. Turn LEFT. | go 0.0 mi |



12. Turn **RIGHT** onto **W 77TH ST.**

go 0.0 mi



13. **4811 W 77TH ST** is on the **LEFT.**

go 0.0 mi



4811 W 77th St, Burbank, IL 60459-1586

Total Travel Estimate : 18.10 miles - about 31 minutes

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MAPQUEST.

Trip to 4248 Commercial Way

Glenview, IL 60025-3573

20.27 miles - about 31 minutes

Notes

TO FRESNIUS GLENVIEW



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 1.3 mi



3. Turn **LEFT** onto **W 22ND ST.**

go 0.6 mi



4. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 14.9 mi



5. Merge onto **US-14 W / DEMPSTER ST.**

go 0.4 mi



6. Turn **SLIGHT RIGHT.**

go 0.0 mi



7. Go **STRAIGHT** toward **US-12 W.**

go 0.1 mi



8. Stay **STRAIGHT** to go onto **RAND RD.**

go 0.4 mi



9. Turn **RIGHT** onto **W BALLARD RD.**

go 0.3 mi



10. Turn **LEFT** onto **BENDER RD.**

go 0.7 mi



11. **BENDER RD** becomes **E RIVER RD.**

go 0.9 mi

12. Turn **RIGHT** onto **E CENTRAL RD.**

go 0.4 mi

13. Turn **LEFT** onto **DEARLOVE RD.**

go 0.3 mi

14. Turn **LEFT** onto **COMMERCIAL WAY.**

go 0.1 mi

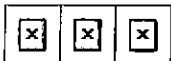
15. **4248 COMMERCIAL WAY** is on the **LEFT.**

go 0.0 mi

**4248 Commercial Way, Glenview, IL 60025-3573****Total Travel Estimate : 20.27 miles - about 31 minutes**

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MAPQUEST.

Trip to 3157 N Lincoln Ave
Chicago, IL 60657-3111
21.00 miles - about 31 minutes

Notes

TO DAVITA LINCOLN PARK



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 14.7 mi



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



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



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



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



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

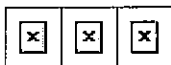


10. **3157 N LINCOLN AVE** is on the **LEFT.** go 0.0 mi



3157 N Lincoln Ave, Chicago, IL 60657-3111

Total Travel Estimate : 21.00 miles - about 31 minutes



MAPQUEST.

Trip to 2659 N Milwaukee Ave
Chicago, IL 60647-1643
21.93 miles - about 31 minutes

Notes

TO DAVITA LOGAN SQUARE



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.** go 14.7 mi



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



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



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



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



9. Turn **RIGHT** onto **N MILWAUKEE AVE.** go 0.1 mi



10. **2659 N MILWAUKEE AVE** is on the **RIGHT.** go 0.0 mi



2659 N Milwaukee Ave, Chicago, IL 60647-1643

Total Travel Estimate : 21.93 miles - about 31 minutes

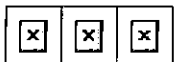
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MapQuest Travel Times

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MAPQUEST.

Trip to 1291 W Dundee Rd

Buffalo Grove, IL 60089-4009

24.16 miles - about 31 minutes

Notes

TO DSI BUFFALO GROVE



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 1.3 mi



2. Merge onto **IL-83 N / KINGERY HWY.** go 4.0 mi



3. Take the **I-290 / US-20 / LAKE ST** ramp toward **ROCKFORD / CHICAGO / GRAND AVE.** go 0.2 mi



4. Keep **LEFT** at the fork in the ramp. go 0.3 mi



5. Keep **LEFT** at the fork in the ramp. go 0.3 mi



6. Merge onto **I-290 W** toward **ROCKFORD.** go 10.1 mi



7. Take **IL-53 N** toward **KIRCHOFF RD / NORTH SUBURBS.** go 6.9 mi



8. Merge onto **W DUNDEE RD / IL-68 E.** go 1.1 mi



9. **1291 W DUNDEE RD** is on the **RIGHT.** go 0.0 mi



1291 W Dundee Rd, Buffalo Grove, IL 60089-4009

Total Travel Estimate : 24.16 miles - about 31 minutes

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MAPQUEST.

Trip to 2611 N Halsted St

Chicago, IL 60614-2301














20.90 miles - about 32 minutes

Notes

TO TRC CHILDRENS DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
|   | 5. Merge onto I-90 W / I-94 W / KENNEDY EXPY W toward WISCONSIN. | go 2.9 mi |
|  | 6. Take the IL-64 / NORTH AVE exit, EXIT 48B. | go 0.2 mi |
|   | 7. Turn RIGHT onto IL-64 / W NORTH AVE. | go 0.8 mi |
|  | 8. Turn LEFT onto N HALSTED ST. | go 1.3 mi |
|  | 9. 2611 N HALSTED ST is on the RIGHT. | go 0.0 mi |

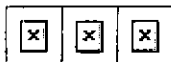


2611 N Halsted St, Chicago, IL 60614-2301

Total Travel Estimate : 20.90 miles - about 32 minutes

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MAPQUEST.

Trip to 3150 W Higgins Rd
 Hoffman Estates, IL 60169-7237
 22.34 miles - about 32 minutes

Notes

TO FRESENIUS HOFFMAN ESTATES



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 1.3 mi



2. Merge onto **IL-83 N / KINGERY HWY.** go 4.0 mi



3. Take the **I-290 / US-20 / LAKE ST** ramp toward **ROCKFORD / CHICAGO / GRAND AVE.** go 0.2 mi



4. Keep **LEFT** at the fork in the ramp. go 0.3 mi



5. Keep **LEFT** at the fork in the ramp. go 0.3 mi



6. Merge onto **I-290 W** toward **ROCKFORD.** go 9.1 mi



7. Take the **HIGGINS RD / IL-72** exit, **EXIT 1B**, toward **IL-58 / GOLF RD / WOODFIELD RD.** go 0.4 mi



8. Turn **LEFT** onto **IL-72 W / HIGGINS RD.** go 6.7 mi



9. Turn **RIGHT** onto **GREENSPPOINT PKWY.** go 0.0 mi



10. Turn **LEFT** onto **W HIGGINS RD.** go 0.0 mi



11. **3150 W HIGGINS RD** is on the **RIGHT.** go 0.0 mi



3150 W Higgins Rd, Hoffman Estates, IL 60169-7237

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MAPQUEST.
















Trip to 9160 W 159th St
Orland Park, IL 60462-5648
22.51 miles - about 32 minutes

Notes

TO FRESenius MEDICAL CARE ORLAND
PARK



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.8 mi |
|   | 4. Merge onto I-294 S toward INDIANA (Portions toll). | go 6.4 mi |
|   | 5. Merge onto I-55 N / STEVENSON EXPY N toward CHICAGO. | go 2.7 mi |
|   | 6. Merge onto US-12 E / US-20 E / US-45 S / ULYSSES S GRANT MEMORIAL HWY via EXIT 279A. | go 1.5 mi |
|   | 7. Stay STRAIGHT to go onto US-12 E / US-20 E / US-45 S / LA GRANGE RD / ULYSSES S GRANT MEMORIAL HWY. Continue to follow US-45 S / LA GRANGE RD. | go 10.2 mi |
|   | 8. Turn LEFT onto W 159TH ST / US-6. | go 0.6 mi |
|  | 9. 9160 W 159TH ST is on the LEFT. | go 0.0 mi |



9160 W 159th St, Orland Park, IL 60462-5648

Total Travel Estimate : 22.51 miles - about 32 minutes

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MAPQUEST.

Trip to 2620 W Addison St

Chicago, IL 60618-5905











22.82 miles - about 32 minutes

Notes

TO FRESENIUS MEDICAL CARE
NORTHCENTER (EAST BELMONT)



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 1.3 mi |
|  | 3. Turn LEFT onto W 22ND ST. | go 0.6 mi |
|   | 4. Merge onto I-294 N toward WISCONSIN (Portions toll). | go 10.6 mi |
|   | 5. Merge onto I-90 E toward CHICAGO (Portions toll). | go 8.9 mi |
|  | 6. Take the ADDISON ST exit, EXIT 45A. | go 0.2 mi |
|  | 7. Turn LEFT onto W ADDISON ST. | go 1.3 mi |
|  | 8. 2620 W ADDISON ST is on the LEFT. | go 0.0 mi |



2620 W Addison St, Chicago, IL 60618-5905

Total Travel Estimate : 22.82 miles - about 32 minutes

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MAPQUEST.

Trip to 1531 E Hyde Park Blvd

Chicago, IL 60615-3039

23.16 miles - about 32 minutes

Notes

UNIVERSITY OF CHICAGO LAKEPARK
DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|--|--|------------|
| | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
| | 2. Merge onto S YORK RD. | go 0.3 mi |
| | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
| | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
| | 5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward INDIANA. | go 1.4 mi |
| | 6. Merge onto I-55 N / STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR. | go 2.2 mi |
| | 7. Merge onto S LAKE SHORE DR / US-41 S. | go 3.4 mi |
| | 8. Take the ramp toward HYDE PARK BLVD. | go 0.2 mi |
| | 9. Turn LEFT onto S CHICAGO BEACH DR / S SHORE DR. | go 0.1 mi |
| | 10. Turn RIGHT onto E HYDE PARK BLVD / E 51ST ST. | go 0.2 mi |
| | 11. 1531 E HYDE PARK BLVD is on the LEFT. | go 0.0 mi |



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

MapQuest Travel Times
APPENDIX - 1

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4/1/2010



MAPQUEST.

Trip to 1300 Waterford Dr
Aurora, IL 60504-5502
23.52 miles - about 32 minutes

Notes

TO FOX VALLEY DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.5 mi



3. Turn **RIGHT** onto **HARGER RD.** go 0.0 mi



4. Turn **LEFT** to stay on **HARGER RD.** go 0.0 mi



5. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **AURORA** (Portions toll). go 15.3 mi



6. Take the **IL-59** exit. go 0.3 mi



7. Turn **LEFT** onto **IL-59 S.** go 3.6 mi



8. Turn **RIGHT** onto **OGDEN AVE / US-34 W.** go 3.5 mi



9. Turn **RIGHT** onto **RIDGE AVE.** go 0.0 mi



10. **RIDGE AVE** becomes **WATERFORD DR.** go 0.1 mi



11. **1300 WATERFORD DR** is on the **RIGHT.** go 0.0 mi

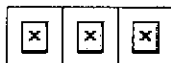


1300 Waterford Dr, Aurora, IL 60504-5502

MapQuest Travel Times
APPENDIX - 1

187

4/1/2010



MAPQUEST.

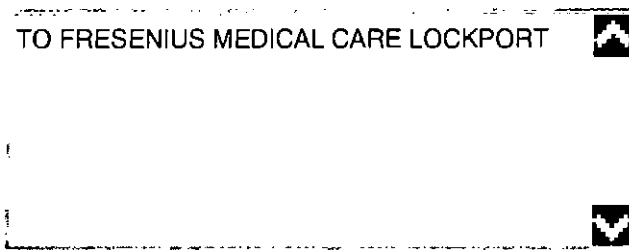
Notes

TO FRESENIUS MEDICAL CARE LOCKPORT

Trip to 1050 Thornton St

Lockport, IL 60441-3231

24.35 miles - about 32 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 1.5 mi

2. Merge onto **IL-83 S / KINGERY HWY.**

go 8.4 mi

3. Merge onto **I-55 S / JOLIET RD S** toward **JOLIET.**

go 4.7 mi

4. Take the **I-355 S / I-355 N / NORTHWEST SUBURBS** exit, **EXIT 269**, toward **SOUTHWEST SUBURBS.**

go 0.3 mi

5. Take the **SOUTH JOLIET ROAD** exit.

go 0.0 mi

6. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the exit on the **LEFT** toward **SOUTHWEST SUBURBS** (Portions toll).

go 7.8 mi

7. Take the **IL-7 / 159TH STREET** exit.

go 0.4 mi

8. Merge onto **IL-7 W** toward **LOCKPORT.**

go 1.1 mi

9. Turn **RIGHT** onto **THORNTON ST / CR-68.**

go 0.0 mi

10. Turn **LEFT** to stay on **THORNTON ST / CR-68.**

go 0.1 mi

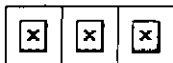
11. **1050 THORNTON ST** is on the **RIGHT.**

go 0.0 mi



1050 Thornton St, Lockport, IL 60441-3231

MapQuest Travel Times
APPENDIX - 1



MAPQUEST.

Trip to 690 E Dundee Rd

Palatine, IL 60074-2818















24.61 miles - about 32 minutes

Notes

TO FRESNIUS MEDICAL CARE PALATINE



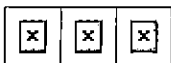
York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|-----------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 1.3 mi |
|  | 2. Take the KINGERY HWY / IL-83 N ramp. | go 0.3 mi |
|   | 3. Merge onto IL-83 N / KINGERY HWY. | go 3.7 mi |
|  | 4. Take the I-290 / US-20 / LAKE ST ramp toward ROCKFORD / CHICAGO / GRAND AVE. | go 0.2 mi |
|  | 5. Keep LEFT at the fork in the ramp. | go 0.3 mi |
|  | 6. Keep LEFT at the fork in the ramp. | go 0.3 mi |
|  | 7. Take the I-290 W ramp toward ROCKFORD. | go 0.3 mi |
|   | 8. Merge onto I-290 W. | go 9.8 mi |
|   | 9. Take IL-53 N toward KIRCHOFF RD / NORTH SUBURBS. | go 6.9 mi |
|  | 10. Take the IL-53 / IL-68 / DUNDEE RD exit. | go 0.3 mi |
|  | 11. Take the IL-68 W / IL-53 N ramp. | go 0.0 mi |

12. Turn **LEFT** onto **IL-68 / W DUNDEE RD / IL-53.**

MapQuest Travel Times
APPENDIX - 1

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MAPQUEST.

Trip to 7000 S Pulaski Rd

Chicago, IL 60629-5842
















19.76 miles - about 34 minutes

Notes

TO DAVITA WEST LAWN



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|-----------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.8 mi |
|   | 4. Merge onto I-294 S toward INDIANA (Portions toll). | go 6.4 mi |
|   | 5. Merge onto I-55 N / STEVENSON EXPY N toward CHICAGO. | go 2.7 mi |
|   | 6. Merge onto US-12 E / US-20 E / US-45 S / ULYSSES S GRANT MEMORIAL HWY via EXIT 279A. | go 1.5 mi |
|   | 7. Merge onto IL-171 N / S ARCHER AVE via the ramp on the LEFT toward 79TH ST. | go 0.6 mi |
|  | 8. Turn SLIGHT RIGHT onto W 79TH ST. | go 6.2 mi |
|  | 9. Turn LEFT onto S PULASKI RD. | go 1.1 mi |
|  | 10. 7000 S PULASKI RD is on the LEFT. | go 0.0 mi |



7000 S Pulaski Rd, Chicago, IL 60629-5842

Total Travel Estimate : 19.76 miles - about 34 minutes

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MapQuest Travel Times
APPENDIX - 1

4/1/2010



MAPQUEST.

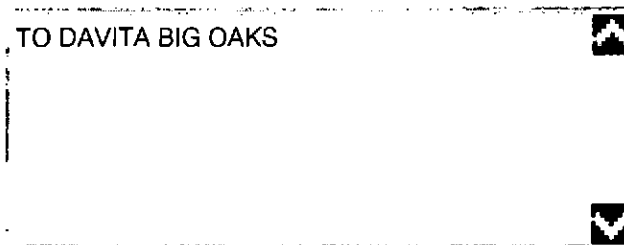
Trip to 5623 W Touhy Ave

Niles, IL 60714-4019














20.32 miles - about 34 minutes

Notes

TO DAVITA BIG OAKS



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Take the SOUTH YORK ROAD ramp. | go 0.2 mi |
|  | 3. Merge onto S YORK RD. | go 1.0 mi |
|  | 4. Turn LEFT onto W 22ND ST. | go 0.6 mi |
|  | 5. Take the TRI-STATE NORTH / I-294 N ramp toward WISCONSIN. | go 0.3 mi |
|   | 6. Merge onto I-294 N (Portions toll). | go 10.3 mi |
|  | 7. Take the I-90 / KENNEDY EXPY / N-W TOLLWAY / I-190 W / RIVER RD exit toward CHICAGO / ROCKFORD / O'HARE. | go 0.2 mi |
|  | 8. Take the I-90-TOLLWAY W / I-90 E exit on the LEFT toward ROCKFORD / KENNEDY EXPY / CHICAGO. | go 0.3 mi |
|  | 9. Take the I-90 E / KENNEDY EXPY exit toward CHICAGO. | go 0.3 mi |
|   | 10. Merge onto I-90 E (Portions toll). | go 2.5 mi |
|  | 11. Take EXIT 81A toward IL-43 / HARLEM AVE. | go 0.2 mi |

12. Stay **STRAIGHT** to go onto **W HIGGINS AVE / IL-72 E.**

go 0.2 mi

13. Turn **LEFT** onto **N HARLEM AVE / IL-43.**

go 2.1 mi

14. Turn **RIGHT** onto **W TOUHY AVE.**

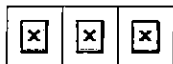
go 2.0 mi

15. **5623 W TOUHY AVE** is on the **RIGHT.**

go 0.0 mi

**5623 W Touhy Ave, Niles, IL 60714-4019****Total Travel Estimate : 20.32 miles - about 34 minutes**All rights reserved. Use subject to License/Copyright | Map Legend

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MAPQUEST.

Trip to 3401 W 111th St

Chicago, IL 60655-3329

23.60 miles - about 34 minutes

Notes

TO DAVITA MT GREENWOOD



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 18.1 mi



5. Take the **127TH ST / IL-83 / IL-50** exit toward **CICERO AVE.**

go 0.5 mi



6. Turn **LEFT** onto **W 127TH ST / IL-83**. Continue to follow **W 127TH ST.**

go 1.2 mi



7. Turn **LEFT** onto **S PULASKI RD.**

go 2.0 mi



8. Turn **RIGHT** onto **W 111TH ST.**

go 0.8 mi



9. **3401 W 111TH ST** is on the **RIGHT.**

go 0.0 mi



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

Total Travel Estimate : 23.60 miles - about 34 minutes

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MAPQUEST.

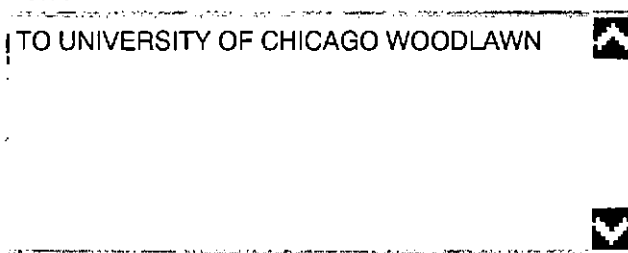
Notes

TO UNIVERSITY OF CHICAGO WOODLAWN

















Trip to 1164 E 55th St

Chicago, IL 60615-5115

23.72 miles - about 34 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
|   | 5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward INDIANA. | go 1.4 mi |
|   | 6. Merge onto I-55 N / STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR. | go 2.2 mi |
|   | 7. Merge onto S LAKE SHORE DR / US-41 S. | go 2.9 mi |
|  | 8. Take the 47TH ST ramp. | go 0.2 mi |
|  | 9. Turn RIGHT onto E 47TH ST. | go 0.4 mi |
|  | 10. Turn LEFT onto S WOODLAWN AVE. | go 1.0 mi |
|  | 11. Turn RIGHT onto E 55TH ST. | go 0.0 mi |



MAPQUEST.

Trip to 3053 W 159th St
 Markham, IL 60428-4003
26.23 miles - about 34 minutes

Notes

TO DSI MARKHAM



York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on IL-38 W / ROOSEVELT RD.

go 0.0 mi

2. Merge onto **S YORK RD.**

go 0.3 mi

3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi

4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 23.9 mi

5. Merge onto **W 159TH ST / US-6 W.**

go 0.8 mi

6. Turn **RIGHT** onto **TROY AVE.**

go 0.1 mi

7. Turn **RIGHT** onto **W 158TH ST.**

go 0.0 mi

8. Turn **RIGHT** onto **ALBANY AVE.**

go 0.1 mi

9. Turn **LEFT** onto **W 159TH ST / US-6.**

go 0.0 mi

10. **3053 W 159TH ST** is on the **RIGHT.**

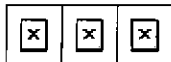
go 0.0 mi



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

Total Travel Estimate : 26.23 miles - about 34 minutes

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MAPQUEST.

Trip to 455 Mercy Ln

Aurora, IL 60506-2462

24.82 miles - about 32 minutes

Notes

TO FRESNIUS MEDICAL CARE AURORA



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.5 mi



3. Turn **RIGHT** onto **HARGER RD.** go 0.0 mi



4. Turn **LEFT** to stay on **HARGER RD.** go 0.0 mi



5. Merge onto **I-88 W / RONALD REAGAN MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **AURORA** (Portions toll). go 22.1 mi



6. Take the **IL-31** exit toward **AURORA / BATAVIA.** go 0.6 mi



7. Turn **RIGHT** onto **S LINCOLNWAY / IL-31.** Continue to follow **IL-31.** go 0.9 mi



8. Turn **RIGHT** onto **W INDIAN TRL / W NEW INDIAN TRL.** Continue to follow **W INDIAN TRL.** go 0.4 mi



9. Turn **RIGHT** onto **MERCY LN.** go 0.2 mi



10. **455 MERCY LN** is on the **RIGHT.** go 0.0 mi



455 Mercy Ln, Aurora, IL 60506-2462

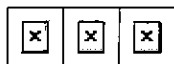
Total Travel Estimate : 24.82 miles - about 32 minutes

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MapQuest Travel Times
APPENDIX - 1

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4/1/2010



MAPQUEST.

Trip to 11650 S Kedzie Ave
 Merrionette Park, IL 60803-6302
23.12 miles - about 33 minutes

Notes

TO FRESENIUS MEDICAL CARE
 MERRIONETTE PARK



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll). go 18.1 mi



5. Take the **127TH ST / IL-83 / IL-50** exit toward **CICERO AVE.** go 0.5 mi



6. Turn **LEFT** onto **W 127TH ST / IL-83**. Continue to follow **W 127TH ST.** go 2.2 mi



7. Turn **LEFT** onto **S KEDZIE AVE.** go 1.3 mi



8. **11650 S KEDZIE AVE** is on the **LEFT.** go 0.0 mi



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

Total Travel Estimate : 23.12 miles - about 33 minutes

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MAPQUEST.

Trip to 33 W Higgins Rd

South Barrington, IL 60010-9115
23.29 miles - about 33 minutes

Notes

TO ARA SOUTH BARRINGTON



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going WEST on IL-38 W / ROOSEVELT RD. go 1.3 mi



2. Merge onto IL-83 N / KINGERY HWY. go 4.0 mi



3. Take the I-290 / US-20 / LAKE ST ramp toward ROCKFORD / CHICAGO / GRAND AVE. go 0.2 mi



4. Keep LEFT at the fork in the ramp. go 0.3 mi



5. Keep LEFT at the fork in the ramp. go 0.3 mi



6. Merge onto I-290 W toward ROCKFORD. go 9.1 mi



7. Take the HIGGINS RD / IL-72 exit, EXIT 1B, toward IL-58 / GOLF RD / WOODFIELD RD. go 0.4 mi



8. Turn LEFT onto IL-72 W / HIGGINS RD. go 7.6 mi



9. Make a U-TURN at W MUNDHANK RD onto W HIGGINS RD / IL-72 E. go 0.1 mi

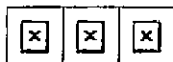


10. 33 W HIGGINS RD is on the RIGHT. go 0.0 mi



33 W Higgins Rd, South Barrington, IL 60010-9115

Total Travel Estimate : 23.29 miles - about 33 minutes



MAPQUEST.

Trip to 6333 S Green St

Chicago, IL 60621-1943

















23.87 miles - about 33 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSS-
ENGLEWOOD



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
|   | 5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward INDIANA. | go 2.5 mi |
|   | 6. Keep LEFT to take I-90 EXPRESS LN E / I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E toward GARFIELD BLVD. | go 3.9 mi |
|   | 7. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward SKYWAY / INDIANA TOLL RD. | go 0.5 mi |
|  | 8. Take EXIT 58B toward 63RD ST. | go 0.2 mi |
|  | 9. Turn SLIGHT LEFT onto S YALE AVE. | go 0.0 mi |
|  | 10. Turn RIGHT onto W 63RD ST. | go 0.8 mi |
|  | 11. Turn LEFT onto S PEORIA ST. | go 0.2 mi |



MAPQUEST.

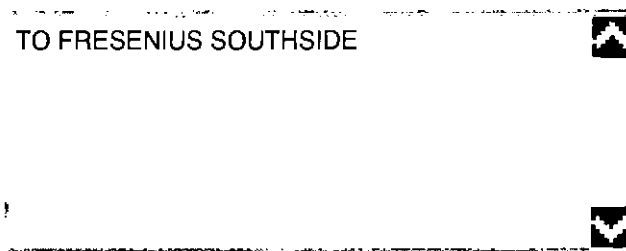
Notes

TO FRESENIUS SOUTHSIDE

















Trip to 3134 W 76th St

Chicago, IL 60652-1968

20.01 miles - about 35 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

	1. Start out going WEST on IL-38 W / ROOSEVELT RD.	go 0.0 mi
	2. Merge onto S YORK RD.	go 0.3 mi
 	3. Merge onto IL-38 E / ROOSEVELT RD.	go 0.8 mi
 	4. Merge onto I-294 S toward INDIANA (Portions toll).	go 6.4 mi
 	5. Merge onto I-55 N / STEVENSON EXPY N toward CHICAGO.	go 2.7 mi
 	6. Merge onto US-12 E / US-20 E / US-45 S / ULYSSES S GRANT MEMORIAL HWY via EXIT 279A.	go 1.5 mi
 	7. Merge onto IL-171 N / S ARCHER AVE via the ramp on the LEFT toward 79TH ST.	go 0.6 mi
	8. Turn SLIGHT RIGHT onto W 79TH ST.	go 7.2 mi
	9. Turn SLIGHT LEFT onto W COLUMBUS AVE.	go 0.0 mi
	10. Turn LEFT onto S KEDZIE AVE.	go 0.3 mi
	11. Turn RIGHT onto W 76TH ST.	go 0.0 mi



MAPQUEST.

Trip to 12200 Western Ave

Blue Island, IL 60406-1398

23.46 miles - about 35 minutes

Notes

TO FRESENIUS MEDICAL CARE BLUE ISLAND



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 18.1 mi



5. Take the **127TH ST / IL-83 / IL-50** exit toward **CICERO AVE.**

go 0.5 mi



6. Turn **LEFT** onto **W 127TH ST / IL-83**. Continue to follow **W 127TH ST.**

go 3.2 mi



7. Turn **LEFT** onto **WESTERN AVE.**

go 0.6 mi



8. **12200 WESTERN AVE** is on the **LEFT**.

go 0.0 mi

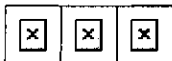


12200 Western Ave, Blue Island, IL 60406-1398

Total Travel Estimate : 23.46 miles - about 35 minutes

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MAPQUEST.

Trip to 7301 N Lincoln Ave

Lincolnwood, IL 60712-1709

23.47 miles - about 35 minutes

Notes

TO CENTER FOR RENAL REPLACEMENT



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 1.3 mi



3. Turn **LEFT** onto **W 22ND ST.** go 0.6 mi



4. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll). go 10.6 mi



5. Merge onto **I-90 E** toward **CHICAGO** (Portions toll). go 6.5 mi



6. Take the **LAWRENCE AVE** exit, **EXIT 84.** go 0.2 mi



7. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE.** go 0.5 mi



8. Turn **LEFT** onto **N CICERO AVE / IL-50.** go 0.5 mi



9. Turn **RIGHT** onto **W FOSTER AVE.** go 0.1 mi



10. Merge onto **I-94 W / EDENS EXPY W** via the ramp on the **LEFT.** go 2.3 mi



11. Take **EXIT 39B** toward **EAST TOUHY AVE.** go 0.3 mi

12. Keep **LEFT** at the fork to go on **N CICERO AVE / IL-50**.

go 0.1 mi

13. Turn **RIGHT** onto **W TOUHY AVE**.

go 0.4 mi

14. Turn **SHARP LEFT** onto **N LINCOLN AVE / US-41**.

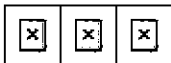
go 0.2 mi

15. **7301 N LINCOLN AVE** is on the **RIGHT**.

go 0.0 mi

**7301 N Lincoln Ave, Lincolnwood, IL 60712-1709****Total Travel Estimate : 23.47 miles - about 35 minutes**All rights reserved. Use subject to License/Copyright | Map Legend

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MAPQUEST.

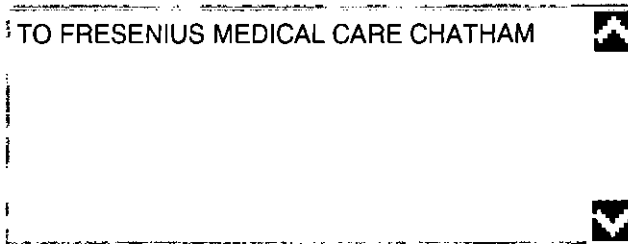
Notes

TO FRESNIUS MEDICAL CARE CHATHAM

Trip to S Stewart Ave & W 83rd St

Chicago, IL 60620

25.87 miles - about 35 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi

2. Merge onto **S YORK RD.**

go 0.3 mi

3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi

4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 14.7 mi

5. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E** toward **INDIANA.**

go 2.5 mi

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

go 5.5 mi

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

go 1.4 mi

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

go 0.2 mi

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

go 0.2 mi

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

go 0.0 mi

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

go 0.4 mi



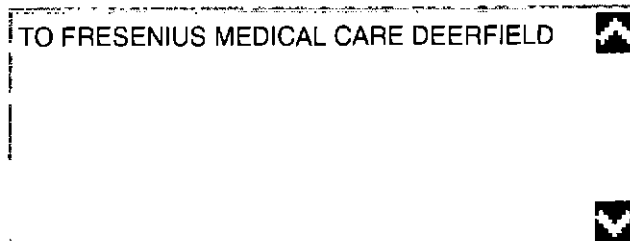
MAPQUEST.

Trip to 405 Lake Cook Rd









Deerfield, IL 60015-4993

27.06 miles - about 35 minutes

Notes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 1.3 mi |
|  | 3. Turn LEFT onto W 22ND ST. | go 0.6 mi |
|   | 4. Merge onto I-294 N toward WISCONSIN (Portions toll). | go 23.2 mi |
|  | 5. Take the LAKE-COOK ROAD exit. | go 0.4 mi |
|  | 6. Turn RIGHT onto LAKE COOK RD. | go 1.7 mi |
|  | 7. 405 LAKE COOK RD is on the RIGHT . | go 0.0 mi |

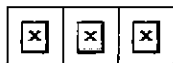


405 Lake Cook Rd, Deerfield, IL 60015-4993

Total Travel Estimate : 27.06 miles - about 35 minutes

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MAPQUEST.

Trip to 5140 N California Ave

Chicago, IL 60625-3645

22.52 miles - about 37 minutes

Notes

TO NEPHRON DIALYSIS



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 1.3 mi



3. Turn **LEFT** onto **W 22ND ST.**

go 0.6 mi



4. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll).

go 10.6 mi



5. Merge onto **I-90 E** toward **CHICAGO** (Portions toll).

go 6.5 mi



6. Take the **LAWRENCE AVE** exit, **EXIT 84.**

go 0.2 mi



7. Turn **SLIGHT LEFT** onto **W LAWRENCE AVE.**

go 3.0 mi



8. Turn **LEFT** onto **N CALIFORNIA AVE.**

go 0.4 mi



9. **5140 N CALIFORNIA AVE.**

go 0.0 mi



5140 N California Ave, Chicago, IL 60625-3645

Total Travel Estimate : 22.52 miles - about 37 minutes

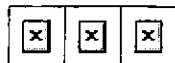
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MapQuest Travel Times
APPENDIX - 1

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4/1/2011



MAPQUEST.

Trip to 4008 N Broadway St

Chicago, IL 60613-2111
















22.94 miles - about 37 minutes

Notes

TO FRESNIUS MEDICAL CARE LAKEVIEW



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
|   | 5. Merge onto I-90 W / I-94 W / KENNEDY EXPY W toward WISCONSIN. | go 3.5 mi |
|  | 6. Take the ARMITAGE AVE exit, EXIT 48A. | go 0.2 mi |
|  | 7. Turn SHARP RIGHT onto W ARMITAGE AVE. | go 0.0 mi |
|  | 8. Turn LEFT onto N ASHLAND AVE. | go 2.5 mi |
|   | 9. Turn RIGHT onto W IRVING PARK RD / IL-19. | go 1.0 mi |
|  | 10. Turn LEFT onto N BROADWAY ST. | go 0.0 mi |
|  | 11. 4008 N BROADWAY ST is on the LEFT. | go 0.0 mi |



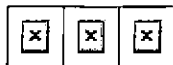
4008 N Broadway St, Chicago, IL 60613-2111

MapQuest Travel Times

APPENDIX - 1

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11/1/2010



MAPQUEST.

Trip to 9801 Woods Dr

Skokie, IL 60077-1074

23.39 miles - about 37 minutes

Notes

TO FRESENIUS MEDICAL CARE SKOKIE



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 1.3 mi



3. Turn **LEFT** onto **W 22ND ST.** go 0.6 mi



4. Merge onto **I-294 N** toward **WISCONSIN** (Portions toll). go 14.7 mi



5. Merge onto **DEMPSTER ST / US-14 E.** go 1.5 mi



6. Turn **LEFT** onto **N GREENWOOD AVE.** go 1.0 mi



7. Turn **RIGHT** onto **W GOLF RD / IL-58.** Continue to follow **W GOLF RD.** go 4.0 mi



8. Turn **LEFT** onto **WOODS DR.** go 0.3 mi



9. **9801 WOODS DR** is on the **RIGHT.** go 0.0 mi



9801 Woods Dr, Skokie, IL 60077-1074

Total Travel Estimate : 23.39 miles - about 37 minutes

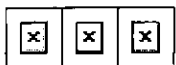
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MapQuest Travel Times
APPENDIX - 1

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4/1/2010



MAPQUEST.

Trip to 9212 S South Chicago Ave

Chicago, IL 60617-4512

















28.43 miles - about 38 minutes

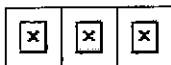
Notes

TO FRESNIUS MEDICAL CARE SOUTH
CHICAGO



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|---|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
|   | 5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward INDIANA. | go 2.5 mi |
|   | 6. Keep LEFT to take I-90 EXPRESS LN E / I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E toward GARFIELD BLVD. | go 3.9 mi |
|   | 7. Merge onto I-90 E toward SKYWAY / INDIANA TOLL RD (Portions toll). | go 5.9 mi |
|  | 8. Take the ANTHONY AVENUE exit toward 92ND STREET. | go 0.2 mi |
|  | 9. Turn SLIGHT LEFT onto S ANTHONY AVE. | go 0.0 mi |
|  | 10. Turn SLIGHT LEFT onto E 92ND ST. | go 0.2 mi |
|  | 11. Turn SLIGHT RIGHT onto S SOUTH CHICAGO AVE. | go 0.0 mi |



MAPQUEST.

Trip to 16657 Halsted St

Harvey, IL 60426-6112

29.89 miles - about 38 minutes

Notes

TO COMMUNITY DIALYSIS HARVEY



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 24.7 mi



5. Merge onto **I-294 EXPRESS S** (Portions toll).

go 0.6 mi



6. **I-294 EXPRESS S** becomes **I-294 S** (Portions toll).

go 2.1 mi



7. Take the **IL-1 / HALSTED ST** exit.

go 0.3 mi



8. Take the ramp toward **IL-1 N / HALSTED ST.**

go 0.3 mi



9. Merge onto **IL-1 N / HALSTED ST.**

go 0.9 mi



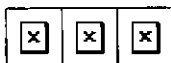
10. **16657 HALSTED ST** is on the **RIGHT.**

go 0.0 mi



16657 Halsted St, Harvey, IL 60426-6112

Total Travel Estimate : 29.89 miles - about 38 minutes



MAPQUEST.

Trip to 9730 S Western Ave

Evergreen Park, IL 60805-2814

21.21 miles - about 39 minutes

Notes

TO FRESNIUS MEDICAL CARE EVERGREEN
PARK



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.** go 0.0 mi



2. Merge onto **S YORK RD.** go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.** go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll). go 13.1 mi



5. Merge onto **US-12 E / US-20 E / ULYSSES S GRANT
MEMORIAL HWY / W 95TH ST.** go 6.7 mi



6. Turn **RIGHT** onto **S WESTERN AVE.** go 0.3 mi



7. **9730 S WESTERN AVE** is on the **RIGHT.** go 0.0 mi



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

Total Travel Estimate : 21.21 miles - about 39 minutes

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MAPQUEST.

Trip to 4720 N Marine Dr

Chicago, IL 60640-5120

24.43 miles - about 39 minutes

Notes

TO FRESNIUS MEDICAL CARE UPTOWN



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.6 mi



4. Merge onto **I-290 E / EISENHOWER EXPY E** via the ramp on the **LEFT** toward **CHICAGO LOOP.**

go 14.7 mi



5. Merge onto **I-90 W / I-94 W / KENNEDY EXPY W** toward **WISCONSIN.**

go 1.5 mi



6. Take the **EAST OHIO ST** exit, **EXIT 50B.**

go 0.8 mi



7. Stay **STRAIGHT** to go onto **W OHIO ST.**

go 0.7 mi



8. Turn **LEFT** onto **N MICHIGAN AVE.**

go 0.5 mi



9. Turn **SLIGHT RIGHT** to stay on **N MICHIGAN AVE.**

go 0.0 mi



10. Stay **STRAIGHT** to go onto **ramp.**

go 0.4 mi



11. Merge onto **US-41 N / N LAKE SHORE DR.**

go 4.5 mi

12. Take the **LAWRENCE AVE** ramp.

go 0.1 mi

13. Turn **LEFT** onto **W LAWRENCE AVE**.

go 0.1 mi

14. Turn **LEFT** onto **N MARINE DR**.

go 0.0 mi

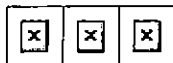
15. **4720 N MARINE DR** is on the **RIGHT**.

go 0.0 mi

**4720 N Marine Dr, Chicago, IL 60640-5120****Total Travel Estimate : 24.43 miles - about 39 minutes**

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MAPQUEST.

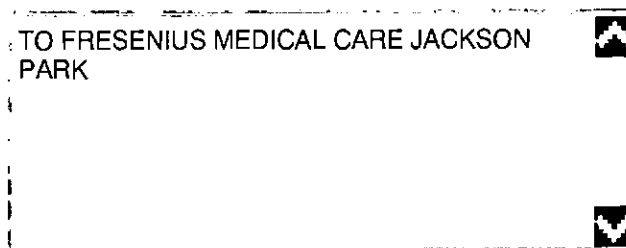
Trip to 7531 S Stony Island Ave

Chicago, IL 60649-3954

26.71 miles - about 39 minutes

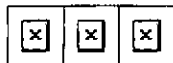
Notes

TO FRESENIUS MEDICAL CARE JACKSON PARK



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
|   | 5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward INDIANA. | go 2.5 mi |
|   | 6. Keep LEFT to take I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E toward GARFIELD BLVD. | go 5.5 mi |
|   | 7. I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E becomes I-94 E / DAN RYAN EXPY E. | go 0.3 mi |
|  | 8. Take EXIT 60A toward 75TH ST. | go 0.2 mi |
|  | 9. Keep RIGHT at the fork in the ramp. | go 0.1 mi |
|  | 10. Turn SLIGHT LEFT onto S LAFAYETTE AVE. | go 0.1 mi |
|  | 11. Turn LEFT onto W 75TH ST. | go 2.1 mi |



MAPQUEST.

Trip to 8910 W 192nd St

Mokena, IL 60448-8110

27.01 miles - about 39 minutes

Notes

TO FRESENIUS MEDICAL CARE MOKENA



York Rd & Roosevelt Rd, Elmhurst, IL 60126



1. Start out going **WEST** on **IL-38 W / ROOSEVELT RD.**

go 0.0 mi



2. Merge onto **S YORK RD.**

go 0.3 mi



3. Merge onto **IL-38 E / ROOSEVELT RD.**

go 0.8 mi



4. Merge onto **I-294 S** toward **INDIANA** (Portions toll).

go 6.4 mi



5. Merge onto **I-55 N / STEVENSON EXPY N** toward **CHICAGO.**

go 2.7 mi



6. Merge onto **US-12 E / US-20 E / US-45 S / ULYSSES S GRANT MEMORIAL HWY** via **EXIT 279A.**

go 1.5 mi



7. Stay **STRAIGHT** to go onto **US-12 E / US-20 E / US-45 S / LA GRANGE RD / ULYSSES S GRANT MEMORIAL HWY.** Continue to follow **US-45 S / LA GRANGE RD.**

go 14.2 mi



8. Turn **LEFT** onto **191ST ST / CR-84.**

go 0.6 mi



9. Turn **RIGHT** onto **DARVIN DR.**

go 0.2 mi



10. **DARVIN DR** becomes **W 192ND ST.**

go 0.3 mi



11. **8910 W 192ND ST** is on the **LEFT.**

go 0.0 mi



8910 W 192nd St, Mokena, IL 60448-8110

MapQuest Travel Times

APPENDIX - 1

4/1/2010

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MAPQUEST.

Notes

TO FRESNIUS MEDICAL CARE GREENWOOD 












Trip to 1111 E 87th St

Chicago, IL 60619-7038

27.40 miles - about 39 minutes



York Rd & Roosevelt Rd, Elmhurst, IL 60126

- | | | |
|---|--|------------|
|  | 1. Start out going WEST on IL-38 W / ROOSEVELT RD. | go 0.0 mi |
|  | 2. Merge onto S YORK RD. | go 0.3 mi |
|   | 3. Merge onto IL-38 E / ROOSEVELT RD. | go 0.6 mi |
|   | 4. Merge onto I-290 E / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP. | go 14.7 mi |
|   | 5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward INDIANA. | go 2.5 mi |
|   | 6. Keep LEFT to take I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E toward GARFIELD BLVD. | go 5.5 mi |
|   | 7. I-94 EXPRESS LN E / DAN RYAN EXPRESS LN E becomes I-94 E / DAN RYAN EXPY E. | go 2.0 mi |
|  | 8. Take EXIT 61B toward 87TH ST. | go 0.2 mi |
|  | 9. Stay STRAIGHT to go onto S LAFAYETTE AVE. | go 0.1 mi |
|  | 10. Turn LEFT onto W 87TH ST. | go 1.5 mi |
|  | 11. 1111 E 87TH ST is on the RIGHT. | go 0.0 mi |



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

MapQuest Travel Times

APPENDIX - 1



12. Turn **RIGHT** onto **S STONY ISLAND AVE.**

go 0.0 mi



13. Make a **U-TURN** onto **S STONY ISLAND AVE.**

go 0.1 mi



14. **7531 S STONY ISLAND AVE** is on the **RIGHT.**

go 0.0 mi

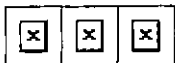


7531 S Stony Island Ave, Chicago, IL 60649-3954

Total Travel Estimate : 26.71 miles - about 39 minutes

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MAPQUEST.

Trip to 17524 E Carriageway Dr

Hazel Crest, IL 60429-2187

















29.30 miles - about 39 minutes

Notes

TO FRESNIUS MEDICAL CARE HAZEL CREST



York Rd & Roosevelt Rd, Elmhurst, IL 60126

	1. Start out going WEST on IL-38 W / ROOSEVELT RD.	go 0.0 mi
	2. Merge onto S YORK RD.	go 0.3 mi
 	3. Merge onto IL-38 E / ROOSEVELT RD.	go 0.8 mi
 	4. Merge onto I-294 S toward INDIANA (Portions toll).	go 24.7 mi
 	5. Merge onto I-294 EXPRESS S (Portions toll).	go 0.6 mi
 	6. I-294 EXPRESS S becomes I-294 S (Portions toll).	go 0.5 mi
 	7. Merge onto I-80 E toward DIXIE HWY.	go 0.4 mi
	8. Take the DIXIE HWY exit.	go 0.2 mi
	9. Turn RIGHT onto DIXIE HWY.	go 0.4 mi
	10. Turn RIGHT onto 175TH ST.	go 1.3 mi
	11. Turn LEFT onto E CARRIAGE WAY.	go 0.0 mi

DuPage Nephro Med Associates, S.C.

183 North Addison • Elmhurst, IL 60126
(630) 832-2183 • (630) 832-2184 (Fax)

May 19, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

I am a nephrologist practicing in the Elmhurst area along with my partner Madhavi Ryali, M.D. and am the Medical Director of the Fresenius Medical Care Villa Park dialysis clinic. Due to the poor physical condition of the current site, I am in full support of the relocation of this facility to the campus of the new Elmhurst Hospital. Not only will this give the patients an improved facility, but easier access to the facility and other hospital services at one location.

Over the past three years I was treating 69 hemodialysis patients at the end of 2007, 69 at the end of 2008 and 55 at the end of 2009, as reported to The Renal Network. As of the most recent quarter, we were treating 52 hemodialysis patients. As well, over the past twelve months we have referred 29 patients for dialysis services to RCG – Villa Park. I expect that all 117 current patients of RCG – Villa Park to relocate to the new site upon its opening. We currently have 112 pre-ESRD patients that live in the zip codes surrounding the Villa Park/Elmhurst area (Dr. Ryali has recently joined my staff, which has increased the numbers of pre-ESRD patients in our practice). These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis in the next three years. 40 of the patients are expected to begin dialysis therapy in the next twelve months and the remaining 72 are expected to require dialysis in one to two years at the relocated Elmhurst facility (see attached lists of patients by zip code). While it cannot yet be determined which of these patients might choose home dialysis over in-center hemodialysis, I would expect approximately 30 of these patients to do so.

Our peritoneal dialysis (PD) or home dialysis program has been continually growing. Over the past three years we have had between 25-30 patients on PD at Fresenius Medical Care DuPage Home Dialysis. We refer between 7-15 new ESRD patients annually to this facility. Also, approximately 4-5 hemodialysis patients per year transfer from RCG – Villa Park to this PD program as well.

Rukhsana Muneer, M.D.

~~Ryali Madhavi, M.D.~~
MADHAVI RYALI, MD
Physician Referral Letters
APPENDIX - 2

The RCG – Villa Park facility treats approximately 275 patients a year and has experienced an approximate 11% death rate. As well, the facility has an approximate 2% transplant rate. It is therefore expected that 12-15 current patients of the facility are not expected to continue to require dialysis services by the time the facility is relocated.

I urge the Board to approve the relocation of RCG – Villa Park in order to keep access available to this patient population. Thank you for your consideration.

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

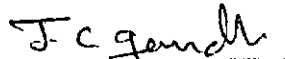
Sincerely,



Rukhsana Muneer, M.D.

Notarization:

Subscribed and sworn to before me
this 22nd day of may, 2010



Signature of Notary

Seal

OFFICIAL SEAL
J. C. GANDHI
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 11-01-11

DuPage Nephro Med Associates, S.C.

183 North Addison • Elmhurst, IL 60126
(630) 832-2183 • (630) 832-2184 (Fax)

May 19, 2010

Mr. Dale Galassie
Acting Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Mr. Galassie:

I am a nephrologist in practice with Renal Care Associates (RCA) in the Elmhurst area along with my partner Rukhsana Muneer, M.D. Due to the poor physical condition of the current site, I am in full support of the relocation of this facility to the campus of the new Elmhurst Hospital. Not only will this give the patients an improved facility, but easier access to the facility and other hospital services at one location.

Over the past three years RCA was treating 69 hemodialysis patients at the end of 2007, 69 at the end of 2008 and 55 at the end of 2009, as reported to The Renal Network. As of the most recent quarter, RCA was treating 52 hemodialysis patients. As well, over the past twelve months we have referred 29 patients for dialysis services to RCG – Villa Park. I expect that all 117 current patients of RCG – Villa Park to relocate to the new site upon its opening. We currently have 112 pre-ESRD patients that live in the zip codes surrounding the Villa Park/Elmhurst area. These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis in the next three years. 40 of the patients are expected to begin dialysis therapy in the next twelve months and the remaining 72 are expected to require dialysis in one to two years at the relocated Elmhurst facility (see attached lists of patients by zip code). While it cannot yet be determined which of these patients might choose home dialysis over in-center hemodialysis, I would expect approximately 30 of these patients to do so.

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Rukhsana Muneer, M.D.

~~Ryali Madhavi, M.D.~~
MADHAVI RYALI, M.D.
Physician Referral Letters
APPENDIX - 2

The RCG – Villa Park facility treats approximately 275 patients a year and has experienced an approximate 11% death rate. As well, the facility has an approximate 2% transplant rate. It is therefore expected that 12-15 current patients of the facility are not expected to continue to require dialysis services by the time the facility is relocated.

I urge the Board to approve the relocation of RCG – Villa Park in order to keep access available to this patient population. Thank you for your consideration.

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

Sincerely,

Madhavi Ryali

Madhavi Ryali, M.D.

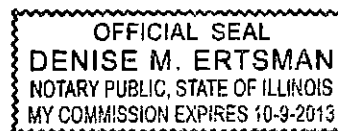
Notarization:

Subscribed and sworn to before me
this 24th day of May, 2010

Denise M. Ertzman

Signature of Notary

Seal



**CURRENT VILLA PARK PATIENTS THAT WILL TRANSFER TO THE NEW
ELMHURST LOCATION AT THE NORTHWEST CORNER OF ROOSEVELT
AND YORK ROADS UPON OPENING**

Current RCG - Villa Park Patients	
Zip Code	Patients
60007	1
60016	1
60101	14
60104	2
60106	11
60108	3
60124	1
60126	25
60130	1
60131	1
60137	2
60139	2
60143	2
60148	7
60149	1
60153	1
60155	1
60160	5
60162	1
60163	4
60164	2
60181	15
60188	1
60191	3
60193	1
60194	1
60440	1
60523	1
60608	1
60638	2
60640	1
60644	1
60706	1
Total	117

**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT
FRESENIUS MEDICAL CARE ELMHURST BY THE END OF THE SECOND
YEAR OF OPERATION**

Next 12 Months	
Zip Code	Patients
60101	9
60106	4
60108	2
60126	4
60131	3
60143	1
60148	7
60164	2
60181	3
60191	1
60465	1
60527	1
60634	1
60804	1
Total	40

1-2 Years	
Zip Code	Patients
60068	2
60074	1
60101	10
60106	4
60126	9
60133	1
60137	4
60148	11
60153	1
60160	2
60162	1
60163	3
60164	1
60175	1
60181	6
60184	1
60185	2
60187	1
60188	1
60191	1
60304	1
60465	1
60514	1
60523	1
60540	1
60559	1
60634	1
60646	1
60707	1
Total	72

NEW REFERRALS OF DR. MUNEEB FOR THE PAST TWELVE MONTHS
APRIL 1, 2009 THROUGH MARCH 31, 2010

ALL PATIENTS WERE REFERRED TO RCG - VILLA PARK

2008	
Zip Code	Patients
60101	2
60104	2
60106	2
60124	1
60126	4
60148	1
60160	1
60162	1
60163	1
60164	2
60181	5
60191	1
60707	1
Total	24

2009	
Zip Code	Patients
60101	1
60106	3
60126	5
60137	1
60148	5
60153	1
60160	1
60163	1
60181	6
60194	1
60440	1
60523	1
60628	1
60638	1
Total	29

04-01-09 to 03-31-10	
Zip Code	Patients
60101	2
60106	1
60126	5
60137	1
60148	6
60153	1
60155	1
60162	1
60163	1
60181	7
60194	1
60628	1
60638	1
Total	29

PATIENTS OF DR. MUNEEB AT YEAR END 2007, 2008, 2009
& 1ST QUARTER 2010

ALL PATIENTS WERE DIALYZING AT RCG - VILLA PARK

End of Year 2007	
Zip Code	Patients
60007	1
60016	2
60037	1
60101	8
60106	5
60108	1
60126	14
60131	1
60137	1
60139	2
60148	7
60153	2
60155	1
60160	2
60162	2
60164	4
60181	8
60191	2
60304	1
60523	1
60617	1
60634	1
60706	1
Total	69

End of Year 2008	
Zip Code	Patients
60007	1
60016	2
60101	10
60104	1
60106	4
60108	1
60124	1
60126	12
60131	1
60136	1
60137	1
60139	1
60148	4
60153	2
60160	2
60162	1
60163	1
60164	4
60181	11
60191	3
60304	1
60440	1
60538	1
60706	1
60707	1
Total	69

End of Year 2009	
Zip Code	Patients
60007	1
60016	2
60101	7
60105	2
60106	5
60108	1
60126	11
60137	2
60139	1
60148	3
60160	2
60163	3
60164	1
60181	9
60191	2
60440	1
60638	1
60706	1
Total	55

End of 1st Qtr 2010	
Zip Code	Patients
60007	1
60016	2
60101	7
60105	1
60106	4
60108	1
60126	9
60137	1
60139	1
60148	3
60160	2
60162	1
60163	3
60164	1
60181	8
60191	2
60194	1
60638	1
60705	1
60714	2
Total	52

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Hines VA Hospital Dialysis
S 5th Ave & W Roosevelt Rd
Maywood, IL 60153

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1788

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Goldie Evans*☒ Agent☐ Addressee

B. Received by (Printed Name)

Goldie Evans

C. Date of Delivery

3-22-10

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Foster McGaw Hospital Dialysis
1201 W Roosevelt Rd
Building 102, Room 3306
Maywood, IL 60153

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charles Bee*☐ Agent☐ Addressee

B. Received by (Printed Name)

Charles Bee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Emerald Dialysis
710 W 43rd St
Chicago, IL 60609

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1924

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation of Receipt

APPENDIX - 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Fox Valley Dialysis Center
1300 Waterford Drive
Aurora, IL 60504

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2037

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

V. Lopez

C. Date of Delivery

3-17-10

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DSI Scottsdale Dialysis
4651 W 79th Street
Chicago, IL 60652

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2051

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

J. Lopez

C. Date of Delivery

3/17/10

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
University of IL Hospital Dialysis
1859 W Taylor
Chicago, IL 60612

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1825

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Documentation of Receipt

102595-02-M-1540

APPENDIX - 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
John H. Stroger Jr. Dialysis
1901 W Harrison, Clinic J
Chicago, IL 60612

2. Article Number
(Transfer from service label)

7009 1680 0001 3531 1801

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *3/18/10*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Rush University Dialysis
1653 W Congress Pkwy
Chicago, IL 60612

2. Article Number
(Transfer from service label)

7009 1680 0001 3531 1818

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Lennington*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/17/10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Lincoln Park Dialysis
3157 N Lincoln Ave
Chicago, IL 60657

2. Article Number
(Transfer from service label)

7009 1680 0001 3531 1955

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Documentation of Receipt

APPENDIX - 3

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Brown*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 19 2010

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Maple Avenue Kidney Center
610 S Maple Ave, Suite 4100
Oak Park, IL 60304

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1795

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. KIALS*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. KIALS

C. Date of Delivery

3-18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DSI Schaumburg Dialysis
1156 S Roselle Rd
Schaumburg, IL 60193

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John J. Miller*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-17-10

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Mt. Greenwood Dialysis
3401 W 111th St
Chicago, IL 60655

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2006

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Documentation of Receipt

102595-02-M-1540

APPENDIX - 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Mt Sinai Hospital Renal Unit
1500 S. California
Room 534, Frankle
Chicago, IL 60608

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

J. B. Jones

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DSI Markham Dialysis
3053 W 159th St
Markham, IL 60426

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2020


PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Direct Dialysis
14255 S Cicero Ave
Crestwood, IL 60445

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1931

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Documentation of Receipt

102595-02-M-1540

APPENDIX - 3

SENDER: COMPLETE THIS SECTION


- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:


Facility Manager
University of Chicago Lakepark
Dialysis
1531 E Hyde Park Blvd
Chicago, IL 60615

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)



C. Date of Delivery

3-17-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1986

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

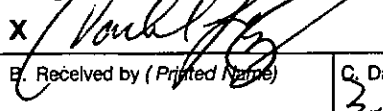
- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
University of Chicago - Woodlawn
Dialysis
1164 E 55th St
Chicago, IL 60615

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-17-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1993

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION


- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Montclare Dialysis
7009 W Belmont Ave
Chicago, IL 60634

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-17-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Discontinuation Documentation of Receipt

APPENDIX - 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Circle Medical Mgmt Dialysis
1426 W Washington Blvd
Chicago, IL 60607

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1856

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DSI Loop
1101 S. Canal St.
Chicago, IL 60607

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2068

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DSI Arlington Heights Dialysis
17 W Golf Rd
Arlington Heights, IL 60005

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1870

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Documentation of Receipt
102595-02-M-1540

APPENDIX - 3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Little Village Dialysis
2335 W Cermak Rd
Chicago, IL 60608

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1887

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x M. Jimenez

☐ Agent☐ Addressee

B. Received by (Printed Name)

M. Jimenez

C. Date of Delivery

3-17-10

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DSI Buffalo Grove Dialysis
1291 W Dundee Rd
Buffalo Grove, IL 60089

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1962

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x K. Kassim

☐ Agent☐ Addressee

B. Received by (Printed Name)

K. KASSIM

C. Date of Delivery

3-17

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Logan Square Dialysis
2659 N Milwaukee Ave
Chicago, IL 60647

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1948

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Documentation of Receipt

102595-02-M-1540

APPENDIX - 3**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x M. Jimenez

☐ Agent☐ Addressee

B. Received by (Printed Name)

M. Jimenez

C. Date of Delivery

3-17

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
ARA South Barrington
33 W. Higgins Rd, Suite 920-945
South Barrington, IL 60010

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2044

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Donna DiGiulio

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

DONNA DiGiulio

C. Date of Delivery

3/7

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Resurrection Outpatient Dialysis
7435 W Talcott Ave
Chicago, IL 60631

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1894

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kelly Ladd, Group Director
DaVita Inc. - Chicago
2659 N Milwaukee Ave., 2nd Floor
Chicago, IL 60647

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2075

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Documentation of Receipt

102595-02-M-1540

APPENDIX - 3

235

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Center for Renal Replacement
7301 N Lincoln Ave, Suite 205
Lindolnwood, IL 60712

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 2013

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
TRC Childrens Dialysis Center
2611 N Halsted St
Chicago, IL 60614

2. Article Number

(Transfer from service label)

7009 1680 0001 3531 1979

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Ted Simmes

C. Date of Delivery

3/17

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



DIRECT DIALYSIS
INTIMATE OUTPATIENT SETTING

March 17, 2010

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

Re: RCG-Villa Park Dialysis Facility

Dear Ms. Wright:

I am in receipt of your letter regarding the closing of the 24-station RCG-Villa Park dialysis facility and the opening of a replacement 24-station dialysis at Elmhurst Memorial Hospital in Elmhurst. I do not expect this change to adversely impact the care of the patients of Direct Dialysis; because of the distance we do not provide services to the people in those communities.

Please feel free to contact me at 708.371.0400 if I can be of any assistance.

Sincerely,

Seema Jose

Seema Jose, B.N.

Dialysis Manager

FoxValley

DIALYSIS, LTD.

March 29, 2010

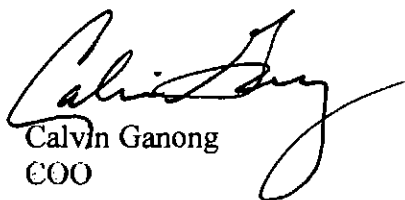
Ms. Lori Wright
Fresenius Medical Care
One Westbrook Corporate Center
Suite 1000
Westchester, IL 60154

Dear Ms. Wright;

Thank you for your letter of March 16, 2010 regarding the relocation of the 24 station RCG-Villa Park dialysis facility located at 200 E. North Avenue in Villa Park to the northwest corner of York Road and Roosevelt Road in Elmhurst. At this time, the information with respect to this question is insufficient and thus we are not able to provide you with a statement of the impact on Fox Valley Dialysis.

If you have any questions, please feel free to contact me at 630-851-1206.

Sincerely,



Calvin Ganong
COO

CG/kf



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

March 29, 2010

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

Dear Ms. Wright:

In response to your letter dated March 16, 2010, the discontinuation of the facility in Villa Park will not have an impact on access to care for patients living in the DaVita's Big Oaks Dialysis, West Lawn Dialysis and Palos Park Dialysis service area.

The proposed establishment of a 24-station dialysis facility on the campus of the new Elmhurst Memorial Hospital may, however, have an impact on our Big Oaks Dialysis, West Lawn Dialysis and Palos Park Dialysis facilities. We would need additional information on patient origin to determine the potential impact on our facilities.

Respectfully,


Kelly Ladd
Group Director



Lincoln Park Dialysis
3157 N. Lincoln Avenue
Chicago, IL 60657
Tel: (773) 348-0101 | Fax: (773) 348-3523
www.davita.com

March 29, 2010

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

Dear Ms. Wright:

In response to your letter dated March 16, 2010, the discontinuation of the facility in Villa Park will not have an impact on access to care for patients living in the DaVita's Lincoln Park Dialysis service area.

The proposed establishment of a 24-station dialysis facility on the campus of the new Elmhurst Memorial Hospital may, however, have an impact on our Lincoln Park Dialysis facility. We would need additional information on patient origin to determine the potential impact on our facility.

Respectfully,

Sandy Hall
Group Facility Administrator



Stony Creek, Dialysis
9115 South Cicero
Oak Lawn, IL 60453
Tel: 708-423-0300 |
www.davita.com

March 29, 2010


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

Dear Ms. Wright:

In response to your letter dated March 16, 2010, the discontinuation of the facility in Villa Park will not have an impact on access to care for patients living in the DaVita Stony Creek Dialysis service area.

The proposed establishment of a 24-station dialysis facility on the campus of the new Elmhurst Memorial Hospital may, however, have an impact on our Stony Creek Dialysis facility. We would need additional information on patient origin to determine the potential impact on our facility.

Respectfully,


Emmanuel King
Facility Administrator
Stony Creek Davita Dialysis



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

March 29, 2010

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

Dear Ms. Wright:

In response to your letter dated March 16, 2010, the discontinuation of the facility in Villa Park will not have an impact on access to care for patients living in the TRC Children's Dialysis Center service area.

The proposed establishment of a 24-station dialysis facility on the campus of the new Elmhurst Memorial Hospital will not have an impact on our TRC Children's Dialysis facility.

Respectfully,

Joan Fieldhouse
Group Facility Administrator



Emerald Dialysis
710 West 43rd Street
Chicago, IL 60609
Tel: 773-843-5668 | Fax: 773-523-8225
www.davita.com

March 29, 2010

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

Dear Ms. Wright:

In response to your letter dated March 16, 2010, the discontinuation of the facility in Villa Park will not have an impact on access to care for patients living in the DaVita Emerald Dialysis service area.

The proposed establishment of a 24-station dialysis facility on the campus of the new Elmhurst Memorial Hospital may, however, have an impact on our Emerald Dialysis facility. We would need additional information on patient origin to determine the potential impact on our facility.

Respectfully,

Denise Latham-Lee
Group Facility Administrator