

Original

10-058

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**
This Section must be completed for all projects.

SEP 02 2010

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

Facility Name:	Cobblestone Dialysis *		
Street Address:	836 Dundee Avenue		
City and Zip Code:	Elgin, Illinois 60120		
County:	Kane	Health Service Area 8	Health Planning Area: 8

*Formerly known as Sherman Dialysis Center

Applicant /Co-Applicant Identification (PARENT)

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

Exact Legal Name:	DaVita Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

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

- 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.

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:	Mary J. Anderson, R.N.
Title:	Group Director
Company Name:	DaVita Inc. - Star Gazers
Address:	1131 North Galena Avenue, Dixon, IL 61021
Telephone Number:	(815) 284-0595
E-mail Address:	Mary.J.Anderson@davita.com
Fax Number:	(866)594-1131

Additional Contact

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

Name:	Delia M. Wozniak
Title:	President
Company Name:	DMW and Associates, Inc.
Address:	3716 N. Bernard Street, Chicago, Illinois 60618
Telephone Number:	(773) 279-0458
E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Cobblestone Dialysis *		
Street Address:	836 Dundee Avenue		
City and Zip Code:	Elgin, Illinois 60120		
County:	Kane	Health Service Area 8	Health Planning Area: 8

*Formerly known as **Sherman Dialysis Center**

Applicant /Co-Applicant Identification (OPERATING ENTITY)

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

Exact Legal Name:	Total Renal Care Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

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

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E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

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:	Mary J. Anderson, R.N.
Title:	Group Director
Company Name:	DaVita Inc. – Star Gazers
Address:	1131 North Galena Avenue, Dixon, IL 61021
Telephone Number:	(815) 284- 0595
E-mail Address:	Mary.J.Anderson@davita.com
Fax Number:	(866) 594-1131

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:
Address of Site Owner:
Street Address or Legal Description of Site: 836 Dundee Avenue, Elgin, IL 60120 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: Total Renal Care Inc.
Address: 601 Hawaii Street, El Segundo, California 90245
<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"> 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. o 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.]

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 (Re-establish facility on new site.)
- 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.

DaVita Inc., the parent company, and Total Renal Care Inc., the operating entity, wish to discontinue Cobblestone Dialysis (formerly known as "Sherman Dialysis Center," located at 934 North Center Street in Elgin, IL (60120). The lease on the facility expires June 30, 2012.

The applicants wish to relocate the 14-station facility a few blocks away to 836 Dundee Street in Elgin, IL (60120). The applicants would lease a newly built commercial office building containing approximately 6,606 gross square feet (gsf). The project is in the schematic stage of design. See Attachment 14(1) for schematics. Construction is expected to take six months, May 1 - November 1, 2011. The first patient treatment is anticipated to be on January 1, 2012.

The facility anticipates certification within nine (9) months after construction is complete, by August 1, 2012. The project completion date is December 31, 2012.

The estimated total project cost is \$1,181,734, excluding the fair market value (FMV) of leased space of \$1,375,000.

The applicant has signed a letter of intent (LOI) to lease the space (see Attachment 2.) The lease will be for twelve (12) years, with two (2) five-year options to renew. The initial base lease is expected to be \$29.00/gsf triple net. Option year rents may increase at 2% per annum.

Project costs will be funded entirely from cash and securities by DaVita Inc., the parent company. DaVita Inc. will also fund all working capital estimated to be three to four months' operating expenses and the initial operating deficit.

The project is considered Substantive, per Section 1110.40(b), as the project establishes a new facility on a new site.

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 (IDPH Review Fee estimate)	\$6,000	-	\$6,000
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	\$434,500	-	\$434,500
Contingencies (13.0%)	\$65,102	-	\$65,102
Architectural/Engineering Fees	\$48,000	-	\$48,000
Consulting and Other Fees	\$64,500	-	\$64,500
Movable or Other Equipment (not in construction contracts)	\$537,632	-	\$537,632
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space *	FMV \$1,375,000	-	FMV \$1,375,000
Other Costs To Be Capitalized	\$21,000	-	\$21,000
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$2,556,734	-	\$2,556,734
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,181,734	-	\$1,181,734
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value) *	FMV \$1,375,000	-	FMV \$1,375,000
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$2,556,734	-	\$2,556,734
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

The fair market value (FMV) of the lease is \$208.14/gsf, the building's development cost of \$1,375,000 excluding land for 6,606 gross square feet (gsf). See Attachment 7B.

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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: \$ 400,000
 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 **\$761,757, four month's operating expenses.**

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): **December 31, 2012**

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 (See following pages.)

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

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DaVita Inc. Fire Regio. - Chicago Metropolitan Area
Compliance Checklist
2nd Quarter 2010

<u>CON PROJECT</u>	<u>PERMIT/ DATE</u>	<u>PERMIT AMOUNT</u>	<u>D A T E S</u>		<u>PROJECT COMPLETION</u>
			<u>OBLIGATION</u>	<u>ANNUAL PROG. REPORTS</u>	
TRC Inc. d/b/a Big Oaks Dialysis	#08-066 11/5/08	\$2,812,212	Upon Permit Issuance	Sent 11/10/09 and in compliance	1/15/2011
RLL Inc. d/b/a Beverly Dialysis	#08-067 11/5/08	\$2,738,465	Upon Permit Issuance	Sent 11/10/09 and in compliance	1/15/2011
TRC Inc. d/b/a West Lawn Dialysis	#08-100 3/10/09	\$1,888,441	Obligated 5/29/09 State rec'd 6/23/09	Sent March 31, 2010 Due Feb. 10 - April 10	12/31/10
TRC Inc. d/b/a Barrington Creek	#09-036 1/12/10	\$2,472,632	By July 12, 2011	Dec. 12- February 12	6/30/11
TRC Inc. d/b/a Palos Park Dialysis	#09-055 1/12/10	\$2,657,248	By July 12, 2011	Dec. 12- February 12	8/31/11
TRC Inc. d/b/a Grand Crossing Dialysis	#10-004 6/8/10	\$2,169,191	By Dec. 8, 2011	May 9 - July 8	12/31/11

Comments:

Big Oaks Dialysis: The project is complete and under budget. Project Completion & Final Realized Costs sent to State Agency.

Beverly Dialysis: The project is under budget. Final realized project costs to be assembled before the end of the 3rd Quarter 2010.

First patient was treated December 7, 2009. However, facility is still awaiting certification. Follow-up on certification will be bi-weekly.

Final realized project costs to be assembled before the end of the 3rd Quarter 2010.

West Lawn Dialysis: The project is under budget. First patient was treated on March 8, 2010. Facility is awaiting certification. Follow-up on certification will be bi-weekly. Final realized project costs to be assembled before the end of the 3rd Quarter 2010.

Barrington Creek: Foreclosure issues are holding up lease negotiations. If Project Completion goes beyond June 30, 2011 we will need a

Permit Renewal no later than 45 days before the permit expiration date of June 30, 2011, preferably by April 10th to be safe.

Palos Park: Project has been obligated. Obligation Letter sent 6/30/10.

Grand Crossing: Working drawings are being finalized.

Projects Outside Chicago Area

CON Project	Permit Date	Permit Amt.	Obligation	Annual Progress Reports	Project Completion
Robinson Dialysis 07-154	5/20/08	\$1,694,954	5/09	5/09	Clinic opened 2/10. Pending CMS approval. CON permit extension granted 11/09. Life Safety Code changes completed. Survey requested in early August 2010 and expected within 90 days. Another Renewal may be required.

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							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization NOT APPLICABLE: FACILITY IS NOT A HOSPITAL.

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete.**

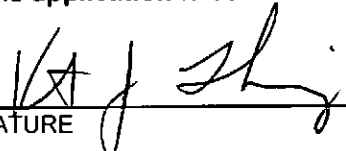
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

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

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


This Application for Permit is filed on the behalf of DaVita 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

 Kent J. Thiry

 Chairman & CEO

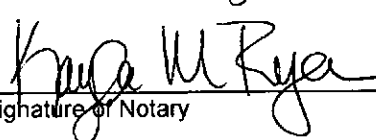


 SIGNATURE

 Dennis L. Kogod

 Chief Operating Officer

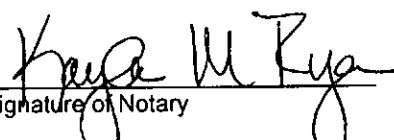
Notarization:
Subscribed and sworn to before me
this 9th day of August, 2010.



 Signature of Notary
 Seal

KAYLA M RYAN
NOTARY PUBLIC
STATE OF COLORADO
MY COMMISSION EXPIRES 5/23/2012

Notarization:
Subscribed and sworn to before me
this 9th day of August, 2010.



 Signature of Notary
 Seal

KAYLA M RYAN
NOTARY PUBLIC
STATE OF COLORADO
MY COMMISSION EXPIRES 5/23/2012

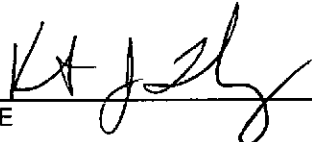
*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

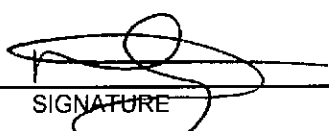
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SIGNATURE
Kent J. Thiry

PRINTED NAME
Chairman & CEO

PRINTED TITLE



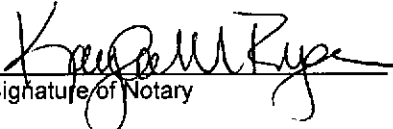
SIGNATURE
Dennis L. Kogod

PRINTED NAME
Chief Operating Officer

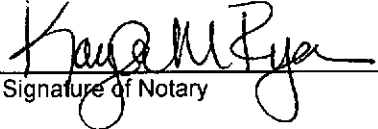
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of August, 2010.


Notarization:
Subscribed and sworn to before me
this 9th day of August, 2010.

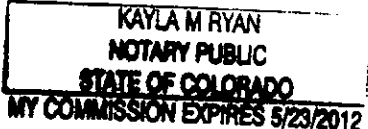


Signature of Notary



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:

Provide the following information:

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

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

ASSURANCES:

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	14	14

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		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	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:**

<p><u>\$1,181,734</u></p>	<p>a) Cash and Securities <input type="checkbox"/> statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <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;
<p><u>FMV of Lease</u></p>	<p>b) Pledges <input type="checkbox"/> 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.</p>
<p><u>\$1,375,000</u></p>	<p>c) Gifts and Bequests <input type="checkbox"/> verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<p><u>\$2,777,372</u></p>	<p>d) Debt <input type="checkbox"/> 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:</p> <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.
<p><u>\$2,777,372</u></p>	<p>e) Governmental Appropriations <input type="checkbox"/> 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;</p>
<p><u>\$2,777,372</u></p>	<p>f) Grants <input type="checkbox"/> a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<p><u>\$2,777,372</u></p>	<p>g) All Other Funds and Sources <input type="checkbox"/> verification of the amount and type of any other funds that will be used for the project.</p>
<p><u>\$2,777,372</u></p>	<p>TOTAL FUNDS AVAILABLE</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

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				
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

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	-	\$65.77	-	-	6,606	-	-	-	\$434,500	\$434,500	
Contingency	-	\$9.85	-	-	-	-	-	-	\$65,102	\$65,102	
TOTALS	-	\$75.63	-	-	6,606	-	-	-	\$499,602	\$499,602	

* 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:

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. **SEE ATTACHMENT 43.**

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

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2	Site Ownership	30 - 40
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	41
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	42 - 48
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6	Historic Preservation Act Requirements	51
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17	Assurances for Unfinished/Shell Space	-
18	Master Design Project	-
19	Mergers, Consolidations and Acquisitions	
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20	Medical Surgical Pediatrics, Obstetrics, ICU	-
21	Comprehensive Physical Rehabilitation	-
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23	Neonatal Intensive Care	-
24	Open Heart Surgery	-
25	Cardiac Catheterization	-
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28	General Long Term Care	-
29	Specialized Long Term Care	-
30	Selected Organ Transplantation	-
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32	Sub-acute Care Hospital Model	-
33	Post Surgical Recovery Care Center	-
34	Children's Community-Based Health Care Center	-
35	Community-Based Residential Rehabilitation Center	-
36	Long Term Acute Care Hospital	-
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38	Freestanding Emergency Center Medical Services	-
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39	Availability of Funds	213 - 220
40	Financial Waiver	221
41	Financial Viability The project qualifies for a financial waiver.	N/A
42	Economic Feasibility	222 - 237
43	Safety Net Impact Statement	238 - 242
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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Cobblestone Dialysis *		
Street Address:	836 Dundee Avenue		
City and Zip Code:	Elgin, Illinois 60120		
County:	Kane	Health Service Area	8
		Health Planning Area:	8

*Formerly known as **Sherman Dialysis Center**

Applicant /Co-Applicant Identification (PARENT)

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

Exact Legal Name:	DaVita Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

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

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.

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:	Mary J. Anderson, R.N.
Title:	Group Director
Company Name:	DaVita Inc. – Star Gazers
Address:	1131 North Galena Avenue, Dixon, IL 61021
Telephone Number:	(815) 284-0595
E-mail Address:	Mary.J.Anderson@davita.com
Fax Number:	(866)594-1131

Additional Contact

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

Name:	Delia M. Wozniak
Title:	President
Company Name:	DMW and Associates, Inc.
Address:	3716 N. Bernard Street, Chicago, Illinois 60618
Telephone Number:	(773) 279-0458
E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Cobblestone Dialysis *		
Street Address:	836 Dundee Avenue		
City and Zip Code:	Elgin, Illinois 60120		
County:	Kane	Health Service Area 8	Health Planning Area: 8

*Formerly known as Sherman Dialysis Center

Applicant /Co-Applicant Identification (OPERATING ENTITY)

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

Exact Legal Name:	Total Renal Care Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

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

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.

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]

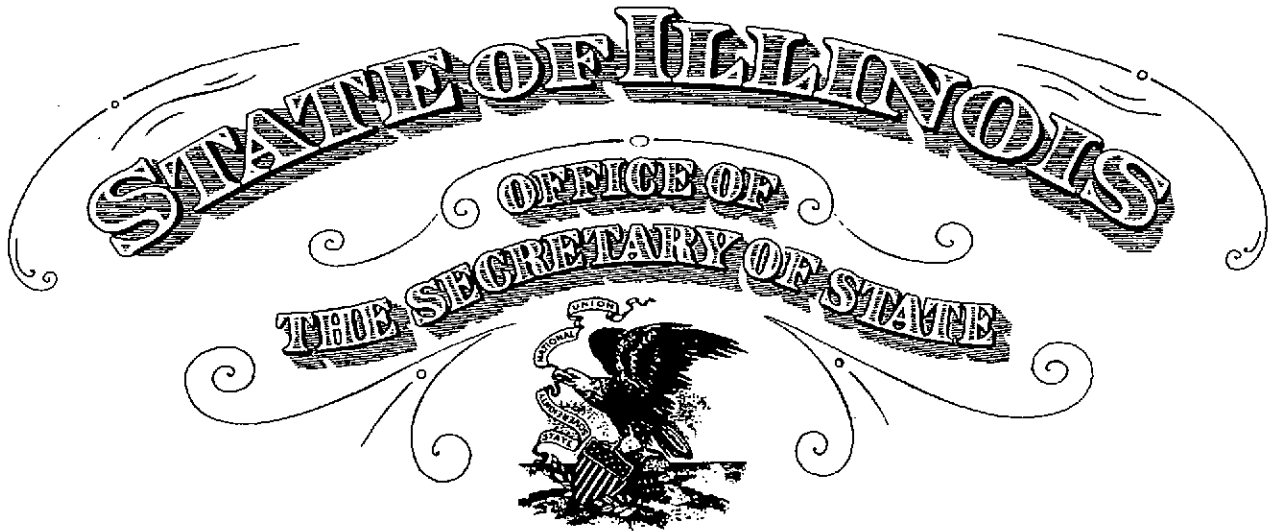
Name:	Mary J. Anderson, R.N.
Title:	Group Director
Company Name:	DaVita Inc. – Star Gazers
Address:	1131 North Galena Avenue, Dixon, IL 61021
Telephone Number:	(815) 284-0595
E-mail Address:	Mary.J.Anderson@davita.com
Fax Number:	(866)594-1131

Additional Contact

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

Name:	Delia M. Wozniak
Title:	President
Company Name:	DMW and Associates, Inc.
Address:	3716 N. Bernard Street, Chicago, Illinois 60618
Telephone Number:	(773) 279-0458
E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

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To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1004202498

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 11TH day of FEBRUARY A.D. 2010

Jesse White

SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2010.

2391269 8300

100141076

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7811432

DATE: 02-15-10

ATTACHMENT 1
Page 4 of 4

29



August 13, 2010

Mr. James Burke
Project Manager
DaVita, Inc
601 Hawaii Avenue
El Segundo, CA 90245

Re: Proposed Dialysis Facility
836 Dundee Avenue
Elgin, IL

Dear Jim:

On behalf of Palestra Real Estate Partners, Inc. we are pleased to submit the following proposal for a build to suit transaction at the above referenced location:

- LOCATION:** 836 Dundee Avenue
Elgin, IL
- TENANT:** "Total Renal Care, Inc. or related entity to be named".
- LANDLORD:** Palestra Real Estate Partners, Inc., its assigns or nominees
- INITIAL SPACE:** 6,606 SF to be built in accordance with the attached MBBI document
- PRIMARY TERM:** Twelve years
- POSSESSION AND COMMENCEMENT:**
 - Lease Execution 9/15/2010
 - Ground Closing 2/15/2015
 - Lease Commencement 7/15/2011
 - Rent Commencement- 7/15/2011
- LEASE FORM:** The tenant will provide its standard lease form subject to review by the landlord.
- USE:** The use is for a Dialysis Clinic, related medical, office and distribution of pharmaceuticals.
- OPTION TO RENEW:** Tenant will have two (2) five (5) year options to renew. Option rent shall be at 95% of fair market rent, but, not less than the rent during the prior rent escalated by increases. Option years shall have a 2% increase annually.

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**RIGHT OF FIRST
REFUSAL ON
ADJACENT SPACE:**

Tenant will have the right of first offer on any adjacent space that may become available during the initial term of the lease and any extension thereof.

ANNUAL RENT:

\$29.00/square foot

Rate reflects \$40/square foot in Tenant Improvements (\$5.20/s.f. in rent) and extra ground to accommodate local parking requirements (\$2/s.f. in rent). In addition, the cost of doing a build to suit drives the rent up by 20-25% on average. We have not found any existing space to house this requirement.

HOLDING OVER:

110% of then current rate

PARKING:

To be built in accordance with local zoning and regulations.

**COMMON AREA
EXPENSES AND REAL
ESTATE TAXES**

Tenant will be responsible for all building expenses.

SIGNAGE:

Tenant will have the right to install building signage at the premises, subject to the Landlord's approval and city codes. A proportionate area of the monument sign will be available.

BUILDING HOURS:

The unit will have access 24/7. HVAC will be individually controlled by the tenant.

**SUBLEASE
ASSIGNMENT**

Tenant will have the right at any time to sublease or assign its interest in the lease to any majority owned subsidiaries or related entities of DaVita Inc. without consent of the Landlord. Consent would be required for any other company.

**GOVERNMENTAL
COMPLIANCE :**

The building and parking facilities shall be in full compliance with any governmental laws, ordinances, regulation or orders relating to, but, not limited to, compliance with the ADA, and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions.

ROOF RIGHTS:

If the building does not have cable available, then tenant shall have the right to place a satellite dish on the roof subject to landlords approval of location and city codes. Tenant is responsible to maintain the roof's integrity

SECURITY DEPOSIT:

No security deposit required

**CORPORATE
GUARANTEE:**

Full corporate guarantee required from DaVita, Inc.



**PALESTRA
PROPERTIES, INC.**

CONTIGENCIES:

Tenant will apply for a CON for this location. If Tenant does not get the certificate by February 1, 2011 the Lease will be null and void. If they do get the CON, then they will go forward with the Lease based on satisfying the other contingencies that are in their standard Lease document. Said lease document form and content will be subject to Landlord's legal review and approval.

EXHIBIT A

Attached

Agreed to and accepted this ____ Day of June 2010

Agreed to and accepted this ____ Day of June 2010

By: 

By: 

Palestra Real Estate Partners, Inc.
("Landlord")

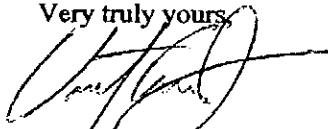
On behalf of DaVita, Inc. a wholly owned
subsidiary of DaVita, Inc. ("Tenant")

Encl.

It should be understood that this letter is subject to the terms of Exhibit A attached hereto.

Thank you for your time and cooperation in this matter.

Very truly yours,



Vincent Curran, Jr.
President
Palestra Real Estate Partners, Inc.

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CONTIGENCIES:

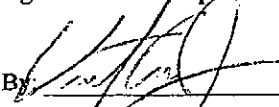
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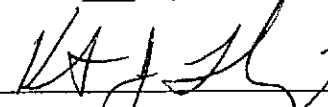
EXIBIT A

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By: 

By: 

Palestra Real Estate Partners, Inc.
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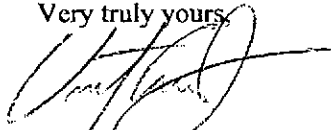
On behalf of DaVita, Inc. a wholly owned
subsidiary of DaVita, Inc. ("Tenant")

Encl.

It should be understood that this letter is subject to the terms of Exhibit A attached hereto.

Thank you for your time and cooperation in this matter.

Very truly yours,



Vincent Curran, Jr.
President
Palestra Real Estate Partners, Inc.



EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR USI) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR USI INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. USI IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES USI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD

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New Building MBBI

At a minimum, Base Building and Site Development Improvements shall be constructed in accordance with DaVita's Building and Site Development specifications.

Building Codes & Design – All Minimum Base Building Improvements (MBBI) and Site Development are to be performed in accordance with all current local, state, and federal building codes including any related amendments, fire and life safety codes, ADA regulations, State Department of Public Health, and other applicable and codes. All Lessor's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer and must be coordinated with the Lessee Improvement plans and specifications. (Insert for California and other states/jurisdictions requiring I 1.2 standards: Building to comply with all state and/or local fire department requirements in regards with an occupancy criteria for I - 1.2 building rating in regard to set-backs, life safety systems, emergency egress or other applicable requirements adhering to occupancy standards.)

Zoning & Permitting – Building and premises must be zoned to perform services as a dialysis clinic. Lessor to provide all permitting related to the base building and site improvements.

Common Areas – All common areas that Lessee will need to have access to such as Restrooms, Stairwells, and Elevators must be code compliant (Life Safety, ADA, etc.).

Foundation and Floor - The foundation and floor of the building shall be in accordance with local code requirements. The foundation and concrete slab shall be designed by the Lessor's engineer to accommodate site-specific soil conditions and recommendations per Lessor's soil engineering and exploration report (To be reviewed and approved by Lessee's engineer).

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall to consist of formed and poured concrete with reinforcing bars or a running bond masonry block, sized with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter. Foundation wall to receive poly board R-10 insulation on interior side of wall entire building perimeter (if required by code). Provide proper foundation drainage.

The floor shall be concrete slab on grad and shall be a minimum five-inch (5") thick with minimum concrete strength of 4,000-psi and proper wire mesh, fiber mesh, and/or rebar reinforcement over vapor barrier. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level, smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more than 3-lbs.of moisture per 1000sf/24 hours is emitted per completed calcium chloride testing results after 28 day cure time. Means and methods to achieve this level will be responsibility of the Lessor. Under slab plumbing shall be installed, inspected by municipality and Lessee for approval prior to pouring the building slab.

Structural – Structural systems shall be designed to provide a minimum 13'-0" clearance to underside of structural beams and meet building steel erection requirements, standards and codes. Structural design

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to allow for 10' ceiling heights above finish floor while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary columns, beams, joists, load bearing walls, and demising walls. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and two (2) exhaust fans openings).

The Floor and roof structure shall be fireproofed as needed to meet local building code requirements.

Exterior walls and Demising walls

All exterior and demising walls shall be fire rated as required by code requirements and finished with 5/8" gypsum board and a level 4 finish in Lessee space. Walls to be fire caulked in accordance with UL standards at floor and roof deck. All exterior walls to have vapor barriers and insulation that meets or exceeds the local and national energy codes. Demising walls will have sound attenuation batts from floor to underside of deck.

Roof Covering – The roof system shall have a minimum of a fifteen (15) year life span with full manufacturer's warranty against leakage due to ordinary wear and tear. Roof system to include minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or properly discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Lessor for the duration of the lease. Lessor to provide Lessee copy of material and labor warranty for record.

Façade – Lessor to provide specifications for building façade for lessee review and approval. Some options include, but not limited to:

4" Face brick Veneer on 6" 16 or 18ga metal studs (or wood equal), R- 19 or higher batt wall insulation, on Tyvek (commercial grade).

or

2" EIFS on 6" 16 or 18ga metal studs (or wood equal), R- 19 or higher batt wall insulation, on required sheathing

or

8" Split faced block with 3-1/2" 20ga metal stud furring (or wood equal), R- 13 batt wall insulation

Canopy – Covered drop off canopy at Lessee's front entry door. Approximate size to be 16' width by 21' length with 10'-9" minimum clearance to structure with full drive thru capacity. Canopy to accommodate patient drop off with a level grade transition to the finish floor elevation. Canopy roof to be an extension of the main building with blending rooflines. Controlled storm water drainage requirements of gutters with downspouts connected to site storm sewer system or properly discharged away from the building, sidewalks, and pavement. Canopy structural system to consist of a reinforced concrete footing, structural columns and beam frame, joists, decking and matching roof covering. Canopy columns clad with cementitious board and masonry veneer piers, matching masonry to main building. Steel bollards at column locations.

Windows – Energy efficient windows and storefront systems to be 1" tinted insulated glass with thermally broken insulated aluminum mullions. Window size and locations to be determined by Lessee's architectural floor plan.

Thermal Insulation – All exterior walls to have vapor barriers and insulation that meets or exceeds the local and national energy codes. The R value to be determined by the size of the stud cavity and should



extend from finish floor to bottom of floor or ceiling deck. Roof deck to have a minimum R-30 insulation mechanically fastened.

Exterior Doors – All doors to have weather-stripping and commercial grade hardware (equal to Schlage L Series or better). Doors shall meet Accessibility codes, and State Department of Health requirements. Lessor shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Lessee with three (3) sets of keys. Final location of doors to be approved by Lessee.

Patient Entry Doors: Provide Storefront with insulated glass doors and Alum framing to be 42" width including push paddle hardware, continuous hinge and thumb turn lock mechanism. Door to be prepped to accept power assist opener provided by Lessee.

Service Doors: Provide 72" wide double door (Alternates for approval by DaVita Project Manager to include: 48" wide single door or double door with 36" and 24" doors) with 20 gauge insulated hollow metal (double doors), Flush bolts, T astragal, Heavy Duty Aluminum threshold, continuous hinge each leaf, prepped for panic bar hardware (as required by code), and painted with rust inhibiting paint. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee.

Teammate & Other Fire Egress Doors: Provide 36" wide door with 20 gauge insulated hollow metal door with panic bar hardware and painted with rust inhibiting paint. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee.

Utilities – All utilities to be provided at designated utility entrance points into the building at locations approved by the Lessee. Lessor is responsible for all tap/connection and impact fees for all utilities.

Plumbing – Dedicated 2" water line (not tied-in to any other lessees, fire suppression systems, or irrigation systems) with a shut off valve, 2 (two) 2" back flow preventors (with floor drain under BFP) in parallel, and 2" meter (1 1/2" meter under special circumstances which must be approved by Lessee) to provide a continuous minimum 50 psi, with a minimum flow rate of 30 gallons per minute. Lessor to provide Lessee with the most recent water flow and pressure test results (gallons per minute and psi) for approval. Lessor shall stub the dedicated water line into the building per location coordinated by Lessee. Lessor to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

Exterior anti-freeze hose bibs (minimum of 2) in locations approved by Lessee.

Sanitary sewer line to be minimum of four-inch (4") and shall be stubbed into the building per location coordinated by Lessee at finished floor elevation with a cleanout structure at sufficient depth to continuously waste 30 gallons per minute. Invert level of new 4" sanitary line will be a minimum of 4'-6" below finished floor at the agreed upon entry location to the space.

Sanitary sampling manhole to be installed by Lessor if required by local municipality.

Fire Suppression System – Lessor shall design and install a complete turnkey sprinkler system that meets all local building and life safety codes if:

- ◆ Building is 2 stories or more and structure is unprotected
- ◆ Square footage is greater than 10,000

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This system will be on a dedicated water line independent of Lessee's water line requirements, including municipal approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

Lessor to provide main Fire Alarm panel that serves the Lessee space and will have the capacity to accommodate devices in Lessee space based on final approved Fire Alarm system approved by local Building or Fire Department.

Electrical – Provide underground service with a dedicated meter via a new CT cabinet. Service size to be determined by Lessee's engineer dependant on facility size and gas availability (400amp, 600amp, 800amp) 120/208 volt, 3 phase, 4 wire to a load center in the Lessee's utility room (location to be per Code and coordinated with Lessee) for Lessee's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Transformer coordination with utility company, transformer pad, and underground conduit sized for service, circuit termination cabinet, grounding rod, main panel with breaker, conduit and wire inclusive of excavation, trenching and restoration. Lessee's engineer shall have the final approval on the electrical service size and location.

Lessor will allow Lessee to have installed, at Lessee cost, Transfer Switch for temporary generator hook-up, or permanent generator.

Gas - Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be stubbed into the building per location coordinated with Lessee and shall be individually metered and sized per demand. Additional electrical service capacity will be required if natural gas service is not available to the building.

Mechanical /Heating Ventilation Air Conditioning – Lessor to furnish Lessee a financial credit for the HVAC system in accordance with the following parameters: Equipment to be Carrier, Trane, or Equal. Equipment will be new and come with a full warranty on parts including labor. Supply air shall be provided to the Premises sufficient for cooling at the rate of 300 square feet per ton. Ductwork shall be extended to the space for supply and return air. System to be a ducted return air design. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, thermostats and start-up. Anticipate minimum up to five (5) zones, programmable thermostat controlled, with rated low voltage wiring to units and installation of same. Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units.

Lessor to furnish steel framing members, roof curbs and flashing to support Lessee exhaust fans (minimum of 2) to be located by Lessee's architect.

Telephone - Lessor shall provide a single 2" PVC underground conduit entrance into Lessee's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Lessee.

Cable TV – Lessor shall provide a single 2" PVC underground conduit entrance into Lessee utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Lessee. Cable television to be provided from pedestal to building, direct burial and fed thru to Lessee's utility entrance. Lessor to coordinate with utility provider to arrange for service, should it not be immediately available. If cable is not available, Lessor must allow accommodates for a satellite dish.



Handicap Accessibility - Full compliance with ADA and all local jurisdictions' handicap requirements. Lessor shall comply with all ADA regulations affecting the Building and entrance to Lessee space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Finish floor elevation is to be determined per Lessee's architectural plan in conjunction with Lessor's civil engineering and grading plans. If required, Lessor to construct concrete ramp of minimum 6' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surface to be troweled for slip resistant finish condition.

Exiting - Lessor shall provide all common areas with interior & exterior lighting and exit signage with battery backup in accordance with applicable building codes, local fire codes and other applicable regulations, ordinances and codes.

Site Development Scope of Requirements - Lessor to provide Lessee with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Site development is to include the following:

- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location & construction details;
- Handicap stall location, minimum of four (4) stalls required;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Lessee signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;
- Ramps and curb depressions.
- Landscaping shrub and turf as required per municipality;
- Irrigation system if Lessor so desires;
- Construction details, specifications / standards of installation and legends

Refuse Enclosure - Lessor to provide a minimum 6" thick reinforced concrete pad and apron way to accommodate dumpster vehicle weight. Enclosure to be provided as required by local codes.

Generator - Lessor to allow a generator to be installed onsite if required by code or Lessee chooses to provide one.

Site Lighting - Lessor to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Lessee power panel. Location of pole fixtures per Lessor civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Lessee hours of operation) or a photocell.

Exterior Building Lighting - Lessor to provide adequate lighting per code and to illuminate the building main and service entrance with related sidewalks.

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Parking Lot – Provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be firmly spike anchored in place onto the asphalt per stall alignment.

Asphalt parking lot will be required to be surfaced with a minimum of:

- 2-1/2" wearing course over a 3-1/2" binder course over 6" of crushed stone – Parking Areas
- 2-1/2" wearing course over a 5-3/4" binder course over 6" of crushed stone – Drives and truck delivery Areas

Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into & out of new patient drop off canopy and provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice build up potential.

Site Signage – Lessor to allow for a site sign. Monument and/or pylon structure to be provided by Lessor to allow for Lessee signage.

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To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2010

Jesse White

Authentication #: 1004202498

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

SECRETARY OF STATE

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DaVita Inc. (Parent)
and
Total Renal Care Inc. (Operating Entity)

ORGANIZATIONAL STRUCTURE

DaVita Inc. owns 100% of the following entities:

Renal Life Link Inc.;
Physician Dialysis Inc.;
DVA Renal Healthcare Inc. (formerly Gambro);
Renal Treatment Centers Inc.;
Total Renal Care Inc.;
The DaVita Collection Inc.; and
DaVita Village Health Inc.

Please see Attachment 4A for major subsidiaries of these entities.
Please see Attachment 4B for organizational chart for Illinois facilities.

ATTACHMENT 4

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- Direct
- Ally's Center, LLC (Total Renal Care Texas United Partnership- 100%)
- West Texas Dialysis, LLC (Total Renal Care Texas United Partnership- 100%)
- Houston Trade Dialysis, L.P. (Total Renal Care, Inc. - 1% Total Renal Care Texas Limited Partnership- 99%)
- National Dialysis Center, L.P. (Total Renal Care Texas Limited Partnership- 79% National Dialysis Partner, L.P. - 20% Total Renal Care, Inc. - 1%)
- Astro, Hobby, West, Inc. Renal Care United Partnership (Total Renal Care, Inc. - 1% TRC West, Inc. - 99%)
- Bear Creek Dialysis Center, L.P. (Total Renal Care, Inc. - 1% TRC West, Inc. - 99%) Bear Creek Nephrology Group, 30%
- DaVita El Paso East, L.P. (Eastside Dialysis Consultants, LLC - 40% TRC West, Inc. - 59% Total Renal Care, Inc. - 1%)
- DaVita Fort Worth Nephrology, L.P. (TRC West, Inc. - 83.7% Total Renal Care, Inc. - 1% HSA partners, LLC - 15.2%)
- Downtown Houston Dialysis Center, L.P. (TRC West, Inc. - 59% URR, LLC - 25% Joy Buquing, M.D. - 5% Stephen Fadem, M.D. - 8% Julie Robinson, M.D. - 6% Wasse Tabbi, M.D. - 5% Total Renal Care, Inc. - 1%)
- East Houston Kidney Center, L.P. (TRC West, Inc. - 59% Stephen Fadem, M.D. - 8% Joy Buquing, M.D. - 5% URR, LLC - 8%)
- Edin Dialysis, L.P. (Total Renal Care, Inc. - 1% TRC West, Inc. - 99%)
- Houston Kidney Center (Total Renal Care Integrated Service Network United Partnership (Total Renal Care, Inc. - 1% TRC West, Inc. - 99%)
- Houston Kidney Center (Total Renal Care United Partnership (TRC West, Inc. - 55.35% Total Renal Care, Inc. - 1% Jack Monarch Group, P.A. - 43.04%)
- SAKDC-DaVita Dialysis Partners, L.P. (SAKDC M.I., LLC - 49% TRC West, Inc. - 50% Total Renal Care, Inc. - 1%)
- South Shore Dialysis Center, L.P. (Hightown 1997 United Partnership - 10.5% Tam Yeh Ho, M.D. - 4% Jun J. Okwop, M.D. - 10.5% Total Renal Care, Inc. - 1%)
- Summit Dialysis Center, L.P. (TRC West, Inc. - 49.1% Diondo Alvarez, M.D. - 49.9% Total Renal Care, Inc. - 1%)
- TRC El Paso United Partnership (TRC West, Inc. - 49.1% Robert Foley, 22.5% Barry Hefner - 22.5% TRC West, Inc. - 54%)
- The Woodlands Dialysis Center, L.P. (TRC West, Inc. - 59% Southwest Dialysis Consultants, LLC - 40% Total Renal Care, Inc. - 1%)
- Upper Valley Renal, L.P. (Total Renal Care, Inc. - 1% TRC West, Inc. - 99% Diane Derrick, M.D. - 70% Alfredo Gonzalez, M.D. - 20%)
- Willowbrook Dialysis Center, L.P. (Redden R. Roy, M.D. - 1% Washington Srestani, M.D. - 3% Krishna Raman, M.D. - 4% Rahul Prakash, M.D. - 4% Total Renal Care of North Carolina, LLC (OTI Investments), LLC - 15% Total Renal Care, Inc. - 85%)
- Total Renal Care of North Carolina, LLC (OTI Investments), LLC - 15% Total Renal Care of North Carolina, LLC - 85%
- Tripley Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Quincy Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Dacker Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Southwest Indiana Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Marazita At Home, LLC (Total Renal Care, Inc. - 51% Capital Dialysis, LLC - 49%)
- Southwestern Indiana Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Healthy Chapel Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Leburg Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Lincoln Park Dialysis Services, Inc. (Total Renal Care, Inc. - 100%)
- Flamingo Park Kidney Center, Inc. (Total Renal Care, Inc. - 100%)
- Greater Los Angeles Dialysis Centers, LLC (Total Renal Care, Inc. - 52.59% Venetec Transplant Associates - 25.56% Rafael G. Mendez, M.D. - 7.9% National Renal Transplant Services, Inc. - 6.05% Robert Mendez, M.D. - 7.9%)
- Idaho Health-Ces Pointes Davita Dialysis Partnership, LLC (Total Renal Care, Inc. - 100%)
- Idaho Kidney Care Services, LLC (Total Renal Care, Inc. - 100%)
- Mason-Dixon Dialysis Facilities, Inc. (Total Renal Care, Inc. - 100%)
- Pena Dialysis Center, LLC (Total Renal Care, Inc. - 60% Arkansas Nephrology - 40%)
- Natomas Dialysis, LLC (Capital Dialysis, LLC - 49% Total Renal Care, Inc. - 51%)
- Nephrology Medical Associates of Georgia, LLC (Total Renal Care, Inc. - 100%)
- Oman Access Soudopony, Inc. (Total Renal Care, Inc. - 100%)
- Sirona Dialysis Center, LLC (Total Renal Care, Inc. - 100%)
- Southwest Florida Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Southern Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Total Renal Laboratories, Inc. (Total Renal Care, Inc. - 100%)
- Total Renal Research, Inc. (Total Renal Care, Inc. - 100%)
- USC-DaVita Dialysis Center, LLC (USC Internal Medicine, Inc. - 40% Total Renal Care, Inc. - 60%)
- VillageHealth DM, LLC (Total Renal Care, Inc. - 100%)
- Gary Dialysis Center Partnership (Victor L. Pepper, M.D., Inc. - 40% Total Renal Care, Inc. - 60%)
- Gum Renal Care Partnership (Total Renal Care, Inc. - 91.9% Davita Inc. - 1%)
- Los Angeles Dialysis Center (Dialysis Associates - 31.45% Total Renal Care, Inc. - 68.15%)
- Pacific Coast Dialysis Center (Renal Treatment Centers - California, Inc. - 7% Total Renal Care, Inc. - 93%)
- Pacific Dialysis Partnership (Total Renal Care, Inc. - 92.9% Davita Inc. - 1%)
- San Gabriel Valley Partnership (Ashok Sunder Raj, M.D. - 12.5% Total Renal Care, Inc. - 75% Ajmal Kumar, M.D. - 12.5%)
- Total Renal Camp/Bedford Dialysis Center Partnership (Total Renal Care, Inc. - 99.9% Davita Inc. - 1%)
- Larkin Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Summit Dialysis, LLC (Total Renal Care, Inc. - 100%)
- TRC - Four Corners Dialysis Clinic, LLC (Total Renal Care, Inc. - 51% Mark Bevan, M.D. - 49%)
- TRC-Georgetown Regional Dialysis, LLC (Total Renal Care, Inc. - 80% Georgetown University - 20%)
- Tennessee Valley Dialysis Center, LLC (Total Renal Care, Inc. - 60% Stan-Yermillion, M.D. - 20% Martin Tran, D.O. - 20%)
- Total Acute Kidney Care, Inc. (Total Renal Care, Inc. - 100%)
- Total Renal Care of Colorado, Inc. (Total Renal Care, Inc. - 100%)
- Total Renal Care of Utah, LLC (Total Renal Care, Inc. - 100%)
- Total Renal Care/Eaton Canyon Dialysis Center Partnership (Total Renal Care, Inc. - 82.5% Renal Treatment Centers - California, Inc. - 12.5%)
- Total Renal Care/Perrito Canyon Dialysis Center Partnership (Total Renal Care, Inc. - 99.9% Davita Inc. - 1%)
- Arcadia Gardens Dialysis, LLC (Total Renal Care, Inc. - 100%)
- SE Ohio Regional Dialysis, LLC (Total Renal Care, Inc. - 100%)
- DAVITA of New York, Inc. (Total Renal Care, Inc. - 100%)
- Antony Dialysis, LLC (Total Renal Care, Inc. - 100%)
- Robison Dialysis, LLC
- Total Renal Support Services, Inc.

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DaVita Inc.-Illinois Organization Chart

VillageHealth DM, LLC	Total Renal Care, Inc. Archway Acute DNP Regional Office East DNVO-Pecora HRD/PPD IL DNVO-Vendalla Dialysis - IL Heartland (NC) Region 01 - Chicago Fire (fka Great Lakes & Skyline Region) Barrington Creek Dialysis Big Oaks Dialysis Crystal Lake Dialysis Center Emerald Dialysis (fka Hyde Park Kidney Center) Emerald Dialysis PD Grand Crossing Dialysis Lake County Dialysis Lake County PD Logan Square Dialysis Monicare Dialysis Center (aka Belmont Avo) Olympia Fields At Home Olympia Fields Dialysis Olympia Fields PD Palos Park Dialysis West Lawn Dialysis Star Catchers Region 08 - Rock River TRC Children's Dialysis Center aka Children's Chicago/Childrens Memorial Hospital Wayne County Dialysis (fka Farfield) Sherman Dialysis Center - Elgin	RMS Lifeline Inc. Lifeline - Aisp - IL Lifeline - MP Budget Center Lifeline - Rockford - IL Lifeline - Rolling Meadows (A) - IL Lifeline - Rolling Meadows (B) - IL Lifeline - Woodridge - IL (aka DuPage A) Lifeline Divisional Office	DVA Renal Healthcare, Inc. Alton Dialysis Central Illinois Acutes Decatur East Wood at Home Decatur East Wood Dialysis Elfringham At Home Elfringham Dialysis Illini At Home Illini Renal Dialysis Jacksonville Dialysis Lincoln Dialysis Litchfield Dialysis Macon County Dialysis Mattoon Dialysis Rushville Dialysis Central Springfield Central at Home Springfield Montvale Dialysis Star Catchers Region 02 Office Star Catchers Region 04 Office Taylorville Dialysis	Renal Treatment Centers - Illinois, Inc. Churchview Dialysis Dixon Kidney Center DNVO-Lake Villa PD - IL Freeport Dialysis Granite City At Home Granite City Dialysis Center Kankakee County Dialysis Kankakee County Dialysis PD Lake Villa at Home Lake Villa Dialysis Little Village at Home (Chicago) Little Village Dialysis (Chicago) Little Village PD Maryville At Home Maryville Dialysis Maryville Dialysis PD Mt. Greenwood PD Mt. Greenwood At Home Mt. Greenwood Dialysis Rockford Dialysis Sauget Dialysis (fka East St. Louis Dialysis Center) Whiteside Dialysis	Renal Life Link, Inc. Benton Dialysis Beverly Dialysis Centralia Dialysis Marion At Home Marion Dialysis Metro East At Home Metro East Dialysis Mount Vernon At Home Mount Vernon Dialysis Ohey Dialysis Center (aka Good Samaritan Hospital) Southern Illinois Acute Stony Creek Dialysis	Lincoln Park Dialysis Services, Inc. Great Lakes Acute Kennedy Home Dialysis At Home Lincoln Park Dialysis (fka Lincoln Park Nephrology) Skyline Home Dialysis (fka Lincoln Park PD)	Dialysis of Northern Illinois, LLC Rock River Acute Roxbury At Home Roxbury Dialysis Sycamore at Home Sycamore Dialysis (aka DeKalb)	Chicago Heights Dialysis, LLC Chicago Heights Dialysis Chicago Heights PD	Total Nephrology Care Network Associates, PC	Kidney Care Services, LLC
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DaVita Inc.-Illinois Organization Chart

Joliet Dialysis, LLC	DVA Healthcare Renal Care, Inc.	DaVita Rx, LLC	DaVita Nephrology Medical Associates of Illinois, P.C.	Quincy Dialysis, LLC	Lifeline Vascular Access Network, LLC	Lockport Dialysis, LLC	Robinson Dialysis, LLC
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836 DUNDEE RD.

NATIONAL FLOOD INSURANCE PROGRAM

NFIP

PANEL 0167H

FIRM
 FLOOD INSURANCE RATE MAP
 KANE COUNTY,
 ILLINOIS
 AND INCORPORATED AREAS

PANEL 167 OF 410
 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS
 COMMUNITY NUMBER
 EIGN. CRY OF

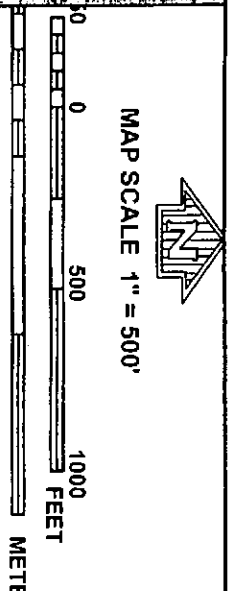
NUMBER PANEL SHEETS
 170087 0-67 11



Federal Emergency Management Agency

MAP NUMBER
 17089C0167H
 MAP REVISED
 AUGUST 3, 2009

This is an official copy of a portion of the above referenced flood map. It was extracted using F-Water On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov



49

From: Kevin Carrier [mailto:k.carrier@mcclureengineering.com]
Sent: Thursday, August 26, 2010 11:33 AM
To: Craig Meadows
Cc: Nikki Bridges
Subject: RE: Flood Plain documentation for 836 Dundee

Craig,

Per the attached FEMA Map for the proposed site, the site is located in Zone X which are "areas determined to be outside the 0.2% annual chance floodplain".

Simply put, the site is located outside of the 500 year floodplain.

Please let me know if you need anything else.

Sincerely,
Kevin J. Carrier, P.E.
Project Manager
McClure Engineering Associates, Inc.
2728 Grand Avenue
Waukegan, IL 60085
p: (847) 336-7100
f: (847) 336-7155

ATTACHMENT 5
Page 2 of 2

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**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Kane County
Elgin

CON - Relocation of Cobblestone Dialysis
Existing - 934 N. Center St., Proposed - 836 Dundee Ave.
IHPA Log #017081110

August 25, 2010

Delia M. Wozniak
DMW and Associates, Inc.
3716 N. Bernard St.
Chicago, IL 60618

Dear Ms. Wozniak:

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

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

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

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

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT 6

51

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 (IDPH Review Fee estimate)	\$6,000	-	\$6,000
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	\$434,500	-	\$434,500
Contingencies (13.0%)	\$65,102	-	\$65,102
Architectural/Engineering Fees	\$48,000	-	\$48,000
Consulting and Other Fees	\$64,500	-	\$64,500
Movable or Other Equipment (not in construction contracts)	\$537,632	-	\$537,632
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space *	FMV \$1,375,000	-	FMV \$1,375,000
Other Costs To Be Capitalized	\$21,000	-	\$21,000
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$2,556,734	-	\$2,556,734
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,181,734	-	\$1,181,734
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value) *	FMV \$1,375,000	-	FMV \$1,375,000
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$2,556,734	-	\$2,556,734
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM			

The fair market value (FMV) of the lease is \$208.14/gsf, the building's development cost of \$1,375,000 excluding land for 6,606 gross square feet (gsf). See Attachment 7B.

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COBBLESTONE DIALYSIS

PROJECT COSTS

<u>Area</u>	<u>Amount</u>	<u>Basis for Estimate</u>
PREPLANNING		
CON Fee	\$6,000	Regulation
ARCHITECT/ ENGINEERING FEES	\$53,000	DaVita Estimate
CONSULTING & OTHER FEES		
CON Consulting	\$45,500	Agreement
Legal	\$4,000	DaVita Estimate
Movers	\$10,000	DaVita Estimate
Reimbursables	<u>\$5,000</u>	DaVita Estimate
Total Fees	\$64,500	
NEW EQUIPMENT	\$537,632	DaVita Estimate See following pages for Summary & Full Itemized List
OTHER COSTS TO BE CAPITALIZED		
Utility Hook-ups:		
Permit Fees	\$8,500	DaVita Estimate
Water – Tap	\$0	DaVita Estimate
Sewer	\$0	DaVita Estimate
Gas	\$0	DaVita Estimate
Cable	<u>\$0</u>	DaVita Estimate
	\$8,500	
Signage	<u>\$12,500</u>	DaVita Estimate
Total Other Costs	\$21,000	

COBBLESTONE DIALYSIS

SUMMARY EQUIPMENT AND FURNISHINGS COST

Communications	\$76,435
Water Treatment	\$116,480
Bio-Medical	\$10,885
Re-use Equipment/Fixtures	\$0
Clinical Equipment	255,244
Clinical Furniture/Fixtures	\$17,515
Lounge Furniture/Fixtures	\$2,815
Storage Fixtures/Equipment	\$6,533
Business Office Fixtures	\$26,725
General Furniture/Fixtures	<u>\$25,000</u>
Total Equipment/Furnishings For Twelve (14) Stations	\$537,632
Total Equipment Cost / Station	\$38,402 per station

Cobblestone Dialysis anticipates serving its first patient in January 2012.
The facility will reach 80% occupancy in the 24th month of operation, February 2014.

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DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

Cobblestone (Acquired July 2010) #5551

	Incremental	Total	
Square Footage:	1253	6,606	412.875
Number of Hemo Stations (at Startup):	0	14	350
Number of PD Training Rooms	0	0	
Number of Home Training Stations:	0	0	

	Task Numl #	Cost/Unit	Total Cost	Per Total Sq. Ft.	Comments/BDP	
Services/Fees	Architecture and Eng. Costs	01.04		53,000	\$8.02	
	Mover	01.05		10,000	\$1.51	
	Legal Fees	01.06		4,000	\$0.61	
	CON Expense	01.07		56,500	\$8.55	
			<u>123,500</u>			
Construction	Gross Interiors (permit included)	02.01		708,842	\$107.00	
	Gross MBB1 (permit included)	02.02		25,000	\$3.78	
	Alarm, Fire, Life Safety Systems	02.03		32,000	\$4.84	
				<u>763,842</u>		
	Leasehold Improvemt. Credits	02.07		-264,240	\$0.00 \$ 40 TI per LOI	
			<u>499,602</u>			
Utilities (hook-up)	Electric	03.01	0	\$0.00	0	\$0.00
	Permit Fees	03.02	1	\$8,500.00	8,500	\$1.29
	Gas	03.03	0	\$0.00	0	\$0.00
	Water (tap fee)	03.04	0	\$0.00	0	\$0.00
	Sewer (impact fee)	03.05	0	\$0.00	0	\$0.00
	Cable	03.06	0	\$0.00	0	\$0.00
				<u>8,500</u>		
Communications	Telephone System	04.01	1	\$9,500.00	9,500	\$1.44
	Network Cabling	04.02	1	\$13,000.00	13,000	\$1.97
	Emergency Call System	04.03	1	\$0.00	0	\$0.00
	Security System	04.04	1	\$2,500.00	2,500	\$0.38
	TV System (w/ VCR)	04.05	18	\$1,195.00	21,510	\$3.26
	DSS System	04.06	1	\$8,925.00	8,925	\$1.35
	Chairside Snappy - Server	04.08	2	\$7,000.00	14,000	\$2.12 add'l \$7K for HDD
	Chairside Snappy - Machine	04.09	1	\$7,000.00	7,000	\$1.06
				<u>76,435</u>		
Water Treatment	R/O System	05.01	1	\$90,000.00	90,000	\$13.62
	Station Boxes and Filings	05.02	18	\$400.00	7,200	\$1.09 RO boxes that meet IDPH
	Dry Acid System	05.03	1	\$4,180.00	4,180	\$0.63
	Concentrate Tanks	05.04	2	\$1,550.00	3,100	\$0.47
	Concentrate Pumps	05.05	2	\$800.00	1,600	\$0.24
	Drum Dolly	05.06	1	\$200.00	200	\$0.03
	Central Bi-carb System	05.07	1	\$10,200.00	10,200	\$1.54
	Bi-carb Mixer	05.08	1	\$0.00	0	\$0.00
	Bi-carb Drying Racks	05.09	0	\$250.00	0	\$0.00
	Electrical Analyzer/Tester	06.01				
				<u>116,480</u>		
Bio-Medical Equipment	Conductivity Meter	06.02	1	\$2,000.00	2,000	\$0.30
	Dialysate Meter	06.03	1	\$2,200.00	2,200	\$0.33
	R/O TDS Water Meter	06.04	1	\$500.00	500	\$0.08
	Air Test Kit	06.05	1	\$385.00	385	\$0.06
	Water Analysis Test Kit	06.06	1	\$50.00	50	\$0.01
	Heat Block	06.07				
	Spill Kit	06.08				
	Respirator	06.09				
	Tool Chest - Portable	06.10	1	\$250.00	250	\$0.04
	Parts Storage Cart	06.11	1	\$300.00	300	\$0.05
	Miscellaneous Technical Tools	06.12	1	\$2,000.00	2,000	\$0.30
	Miscellaneous Filings, Tubing	06.13	1	\$3,200.00	3,200	\$0.48
					<u>10,885</u>	
Reuse Equipment/ Fixtures	DRS4	07.01				
	Manual Reuse Station	07.02				
	Renatron	07.03	0	\$19,675.00	0	\$0.00
	Renaclear	07.04				
	Dialyzer Racks	07.05	0	\$64.00	0	\$0.00
	Reuse Refrigerator	07.06	0	\$550.00	0	\$0.00
				<u>0</u>		

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DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

Cobblestone (Acquired July 2010) #5551

	Incremental	Total	
Square Footage:	1253	6,806	412.875
Number of Hemo Stations (at Startup):	0	14	350
Number of PD Training Rooms	0	0	
Number of Home Training Stations:	0	0	

	Task Numl #	Cost/Unit	Total Cost	Per Total Sq. Ft.	Comments/BDP	
Clinical Equipment	Dialysis Machine	08.01	18	\$13,025.00	234,450	\$35.49
	Refrigerator Thermometer	08.34				
	Patient Lift	08.02	1	\$645.00	645	\$0.10
	Scale (bx)	08.03	1	\$4,825.00	4,825	\$0.73
	Scale (PD)	08.04	1	\$3,157.90	3,158	\$0.48
	Lab Refrigerator	08.05	1	\$435.00	435	\$0.07
	Lab Freezer	08.06	1	\$550.00	550	\$0.08
	Meds Refrigerator (bx)	08.07	1	\$480.00	480	\$0.07
	EPO Refrigerator (bx)	08.08	0			
	Meds Refrigerator (PD)	08.09	0	\$480.00	0	\$0.00
	Microwave (PD)	08.10	0	\$250.00	0	\$0.00
	Ice Machine	08.11	0	\$3,590.00	0	\$0.00
	Crash Cart	08.12	1	\$1,245.00	1,245	\$0.19
	Medication Cart	08.13	0	\$1,321.23	0	\$0.00
	Defibrillator	08.14	1	\$2,263.00	2,263	\$0.34
	EKG	08.15	0	\$1,600.00	0	\$0.00
	Ambubag	08.16	2	\$11.00	22	\$0.00
	Suction Machine	08.17	1	\$310.00	310	\$0.05
	Oxygen Equipment	08.18	2	\$515.00	1,030	\$0.16
	Infusion Pump	08.19	3	\$1,035.00	3,105	\$0.47
	IV Pole	08.20	2	\$66.00	132	\$0.02
	ACT Tester	08.21	No Need			
	Glucometer	08.22	No Need			
	Thermometer	08.23	8	\$4.60	37	\$0.01
	Stethoscope	08.24	8	\$3.70	30	\$0.00
	Laryngoscope	08.25				
	Ophthalmoscope	08.26				
	Centrifuge	08.27				
	Incubator	08.28				
	Ultrasonic Mini Doppler	08.29				
	Mobile BP Module(s)	08.30	1	\$278.00	278	\$0.04
	Infectious Waste Hampers	08.31		\$0.00		
	Emergency Evacuation Kit	08.32	1	\$250.00	250	\$0.04
Miscellaneous Clinical	08.33	1	\$2,000.00	2,000	\$0.30	
				<u>255,244</u>		
Clinical Furniture/ Fixtures	Dialysis Chair - regular	09.01	13	\$970.00	12,610	\$1.91
	Dialysis Chair - oversized	09.02	1	\$1,235.00	1,235	\$0.19
	Task Stool	09.03	4	\$71.00	284	\$0.04
	Privacy Screen	09.04	2	\$98.00	196	\$0.03
	Exam Table	09.05	1	\$620.00	620	\$0.09
	Training Table	09.06				
	Exam Light	09.07				
	Chart Rack	09.08	2	\$880.00	1,760	\$0.27
	Wheelchair	09.09	2	\$405.00	810	\$0.12
				<u>17,515</u>		
Lounge Furniture/ Fixtures	Refrigerator (lounge)	10.01	1	\$960.00	960	\$0.15
	Microwave (lounge)	10.02	1	\$130.00	130	\$0.02
	Dishwasher	10.03				
	Coffee Machine (lounge)	10.04	1	\$0.00	0	\$0.00
	Toaster Oven (lounge)	10.05	1	\$125.00	125	\$0.02
	Lockers	10.06	1	\$1,600.00	1,600	\$0.24
				<u>2,815</u>		
Storage Fixtures/ Equipment	Supply Cart	11.01	1	\$135.71	137	\$0.02
	Shelving	11.02	1	\$5,000.00	5,000	\$0.76
	Hand Dolly	11.03	1	\$100.00	100	\$0.02
	Flatbed Truck (hand)	11.04	1	\$200.00	200	\$0.03
	Utility Cart	11.05	4	\$174.09	696	\$0.11
	Floor Palates	11.06	4	\$100.00	400	\$0.06
	Linen Cart	11.07				
					<u>6,533</u>	

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DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

	Incremental	Cobblestone (Acquired July 2010)		#5551
		Total		
Square Footage:		1253	6,608	412.875
Number of Hemo Stations (at Startup):		0	14	350
Number of PD Training Rooms		0	0	
Number of Home Training Stations:		0	0	

	Task Numl #	Cost/Unit	Total Cost	Per Total Sq. Ft.	Comments/BDP		
Business Office	Copier	13.01	1	\$1,420.00	1,420	\$0.21	
Fixtures	Facsimile	13.02	2	\$600.00	1,200	\$0.18	1 for HHD
	Timeclock	13.03	1	\$905.00	905	\$0.14	
	Computer System	13.04	1	\$23,200.00	23,200	\$3.51	add'l \$1200 for HHD
	Imprinter	13.07					
					26,725		
General Furniture/	Office Furniture	14.01	1	\$19,000.00	19,000	\$2.88	
Fixtures	Artwork/Plants	14.02	1	\$3,000.00	3,000	\$0.45	
	Window Blinds/Curtains	14.04	1	\$3,000.00	3,000	\$0.45	
					25,000		
Signage	Interior	15.01	1	\$2,500.00	2,500	\$0.38	
	Exterior	15.02	1	\$10,000.00	10,000	\$1.51	
					12,500		
Gross Leasehold Improvements				763,842		\$115.63	
Less: Landlord Contribution				-264,240		(\$40.00)	
Leasehold Improvements Total				499,602		\$75.63	
Fees/Services Total				132,000		\$19.98	
Furniture/Fixtures/Equipment Total				550,132		\$83.28	
TOTAL				\$1,181,734		\$178.89	

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PALESTRA
PROPERTIES, INC.

August 13, 2010

Mr. James Burke
Project Manager
DaVita, Inc
601 Hawaii Avenue
El Segundo, CA 90245

Re: Proposed Dialysis Facility
836 Dundee Avenue
Elgin, IL

Dear Mr. Burke,

The estimated cost to develop the proposed facility to be located at 836 Dundee Avenue, Elgin, IL, is approximately \$1,375,000 or \$208.14/gsf.

This estimated cost includes our construction hard costs for the building and site work, and all other project costs such as architectural & engineering fees, permitting and expediting cost, water & sanitary taps & impact fees, etc.

Please feel free to contact me with any additional questions.

Very truly yours,

Vincent Curran, Jr.
President
Palestra Real Estate Partners, Inc.

808 Montparnasse Place
Newtown Square, PA 19073
610-639-3937 (p)
610-643-3354 (f)

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ATTACHMENT 7B



PALESTRA
PROPERTIES, INC.

Page 6 of 6

August 5, 2010

Mr. James Burke
Project Manager
DaVita, Inc
601 Hawaii Avenue
El Segundo, CA 90245

Re: Proposed Dialysis Facility
836 Dundee Avenue
Elgin, IL

Dear Mr. Burke,

The estimated cost of the ground for the proposed facility to be located at 836 Dundee Avenue, Elgin, IL, is approximately \$400,000 or approximately \$63.50/square foot. This includes closing costs associated with the acquisition of the two parcels.

Please feel free to contact me with any additional questions.


Very truly yours,

Vincent Curran, Jr.
President
Palestra Real Estate Partners, Inc.

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ATTACHMENT 7C

COST/SPACE REQUIREMENTS

Total Renal Care Inc. d/b/a Cobblestone Dialysis

<u>Department/Area</u>	<u>Cost</u>	<u>Gross Square Feet</u>		<u>Amount of Proposed Total GSF That Is:</u>			
		<u>Existing</u>	<u>Proposed</u>	<u>New Const.</u>	<u>Remodeled</u>	<u>As Is</u>	<u>Vacated Space</u>
ESRD	\$2,556,734*	5,353**	6,606**		6,606	0	5,353**

* The estimated total project cost includes the fair market value (FMV) of the leased space estimated at \$208.14/gsf, \$1,375,000 for 6,606 gross square feet (gsf.)

** The project relocates a 14-station facility which has 5,353 gsf or 382 gsf/station.

The new facility is only 0.66 miles and 2 minutes due east of the existing facility.

ATTACHMENT 9

DISCONTINUATION

The applicants need to discontinue Cobblestone Center's 14-station facility at 934 N. Center Street in Elgin (60120) (previously known as Sherman Hospital Dialysis) since the landlord, Sherman Hospital, will not renew the lease which expires June 30, 2012. Please refer to Attachment 10(1) for Sherman Hospital letter and lease excerpts documenting a two-year non-renewable lease for the current site.

Information Requirements

- 1 – 3. DaVita Inc. and Total Renal Care, Inc. would discontinue the 14-station in-center hemodialysis center previously known as Sherman Hospital Dialysis. No other services are provided on the site. The 14-station facility would be discontinued when the new facility is operational, no later than June 30, 2012.
4. Sherman Hospital intends to demolish that area of the building which houses the dialysis facility as it is expensive to operate and only houses the dialysis facility. The building is located on the old hospital campus. The hospital has other strategic plans for the site.
5. All medical records will be transferred to the patients' new dialysis facility.
6. See Attachment 10(2) for certification that all required information will be submitted no later than 60 days following the discontinuation.

Reasons for the Discontinuation

The facility will be discontinued as the lease expires within two years and will not be renewed by the landlord. DaVita herein proposes to relocate the facility. The relocation ensures continued, timely access to modern, high-quality in-center hemodialysis services.

Impact on Access

The proposed discontinuation will not negatively affect access to care as DaVita Inc. and Total Renal Care, Inc. would relocate the facility and maintain the 14 stations.

Please refer to Appendices 1 and 2 for documentation that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes adjusted travel time between July 23rd and July 30, 2010. All facilities received this request between July 24th and August 2, 2010.

See Attachment 10(3) for a copy of our request for an impact statement; the list of facilities within 45 minutes travel time; and facilities' responses to our request for an impact statement received to date.



ShermanHealth
Every life, every moment, every day

1425 North Randall Road
Elgin, Illinois 60123
Phone 847-742-9800
ShermanHealth.com

July 12, 2010

Re: 934 Center Street, Elgin, Illinois

To Whom It May Concern:

I am Administrative Director of Property and Project Management for Sherman Hospital. Sherman Hospital is the property owner and lessor of the real estate located at 934 Center Street in Elgin, Illinois where Total Renal Care, Inc. operates Cobblestone Dialysis. This location is the former location of Sherman Hospital's inpatient facility which has been relocated to 1425 Randall Road. The dialysis facility is located in one of the older parts of the physical plant of the former hospital. The older portion of the building is scheduled for demolition so that a redevelopment of the campus can proceed. In the meantime, the operating expenses relating to utilities are costly based on the configuration of the building and the costs cannot be meaningfully reduced notwithstanding the use of only a very small portion of the building. Therefore, Sherman Hospital is unwilling to renew the lease beyond the initial two year term provided in the initial lease.

Very truly yours,

R. Keith Golden
Administrative Director
Property & Project Management

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ATTACHMENT 10(1)
Page 1 of 9

LEASE AGREEMENT

**934 Center Street, Suite A
Elgin, Illinois**

Between

Total Renal Care, Inc., a California corporation

(LESSEE)

and

Sherman Hospital, an Illinois not-for-profit corporation

(LESSOR)

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ATTACHMENT 10(1)
Page 2 of 9

LEASE AGREEMENT

THIS LEASE AGREEMENT (the "Lease"), is made and entered into as of this 1st day of July, 2010, by and between Sherman Hospital, an Illinois not-for profit corporation (hereinafter called "Lessor"), and Total Renal Care, Inc., a California corporation (hereinafter called "Lessee").

WITNESSETH:

WHEREAS, Lessor desires to demise, lease and rent unto Lessee, and the said Lessee desires to rent and lease from Lessor the Premises, as more particularly defined below;

NOW, THEREFORE, for and in consideration of the mutual covenants, promises and agreements herein contained, Lessor does hereby demise, lease and rent unto the said Lessee and Lessee does hereby rent and lease from Lessor the Premises, under and pursuant to the following terms and conditions:

**SECTION ONE
DEFINITION AND TERMS**

As used in this Lease, the following terms shall have the following meanings:

A. Lessor: Sherman Hospital, an Illinois not-for profit corporation.

Address: 1425 Randall Road, Elgin, IL 60123

B. Lessee: Total Renal Care, Inc., a California corporation.

Address: c/o DaVita, Inc., 601 Hawaii Street, El Segundo, CA 90245-4814

(for billing purposes) Same as above.

(for notice purposes) Same address as above. Attention: General Counsel.

With a copy to: Total Renal Care, Inc.
c/o DaVita Inc.
2611 N. Halsted
Chicago, Illinois 60614
Attention: Steve Lieb, Group General Counsel

C. Date of this Lease: July 1, 2010.

D. Commencement Date: July 1, 2010.

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ATTACHMENT 10(1)
Page 3 of 9

- E. Expiration Date: As set forth in Section Two.
- F. Term: Subject to the terms hereof, two (2) years beginning on the Commencement Date and ending as set forth in Section Two.
- G. Building: The Medical Office Building together with the land and any appurtenances necessary thereto known as the Ambulatory Care Medical Office Building at 934 Center Street, Elgin, Illinois 60120.
- H. Suite Number 934A.
- I. Permitted Use: Lessee may exclusively occupy and use the Premises during the Term for purposes of the operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures (collectively, the "Dialysis Services"), including general medical office use relating to the Dialysis Services, and the provision of pharmaceutical and lab services relating to the Dialysis Services for Lessee's patients, and all incidental, related, and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Lessee (the "Permitted Use").
- J. Annual Base Rent: \$111,610.05 (as increased by Escalation in Base Rent as set forth on Exhibit B).
- K. Monthly Base Rent: \$9,300.84 (as increased by Escalation in Base Rent as set forth on Exhibit B).
- L. Security Deposit: None.
- M. Premises: 5,353 useable square feet in the Building as described in Exhibit A attached to this Lease, known as Suite Number 934A.
- N. Pro Rata Share: 1.57%, based on Premises of 5,353 square feet and Building of 341,600 square feet.
- O. Public Liability Insurance Limits: \$1,000,000 combined single limit.
- P. Guarantor: None.
- Q. The following Exhibits attached to this Lease are incorporated herein by this reference:
- A. Lessee Floor Plan
 - B. Escalation of Base Rent
 - C. Rules and Regulations
 - D. Referral Source Provisions

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**SECTION TWO
TERM OF LEASE**

- A. This Lease shall begin on the Commencement Date, and, subject to the provisions below, shall be for a term of two (2) years from the Commencement Date.
- B. Notwithstanding the foregoing, the parties understand and agree that it is the intent of Lessee to relocate the dialysis facility upon receiving approval to initiate dialysis services at a new location within the vicinity. In connection with such intent to relocate, Lessee agrees that it will file its Certificate of Need permit application ("**CON Application**") with the Illinois Health Facilities and Services Review Board as soon as reasonably possible after the Commencement Date, and will prosecute the CON Application in good faith and with due diligence in order to obtain approval for relocation. Lessee shall give Lessor thirty (30) days written notice of the date that it intends to relocate and terminate this Lease. Upon Lessee's relocating and vacating the Premises, the Lease shall terminate.
- C. Prior to the Commencement Date, Lessee shall submit to Lessor the required certificates of insurance as required under Section Twenty hereof.
- D. Lessee shall surrender the Premises to Lessor immediately on termination of the Lease.
- E. If this Lease is terminated for any reason before the first (1st) anniversary of the Commencement Date, then Lessor and Lessee agree not to enter into any similar agreement with each other for the Premises before the first (1st) anniversary of the Commencement Date.

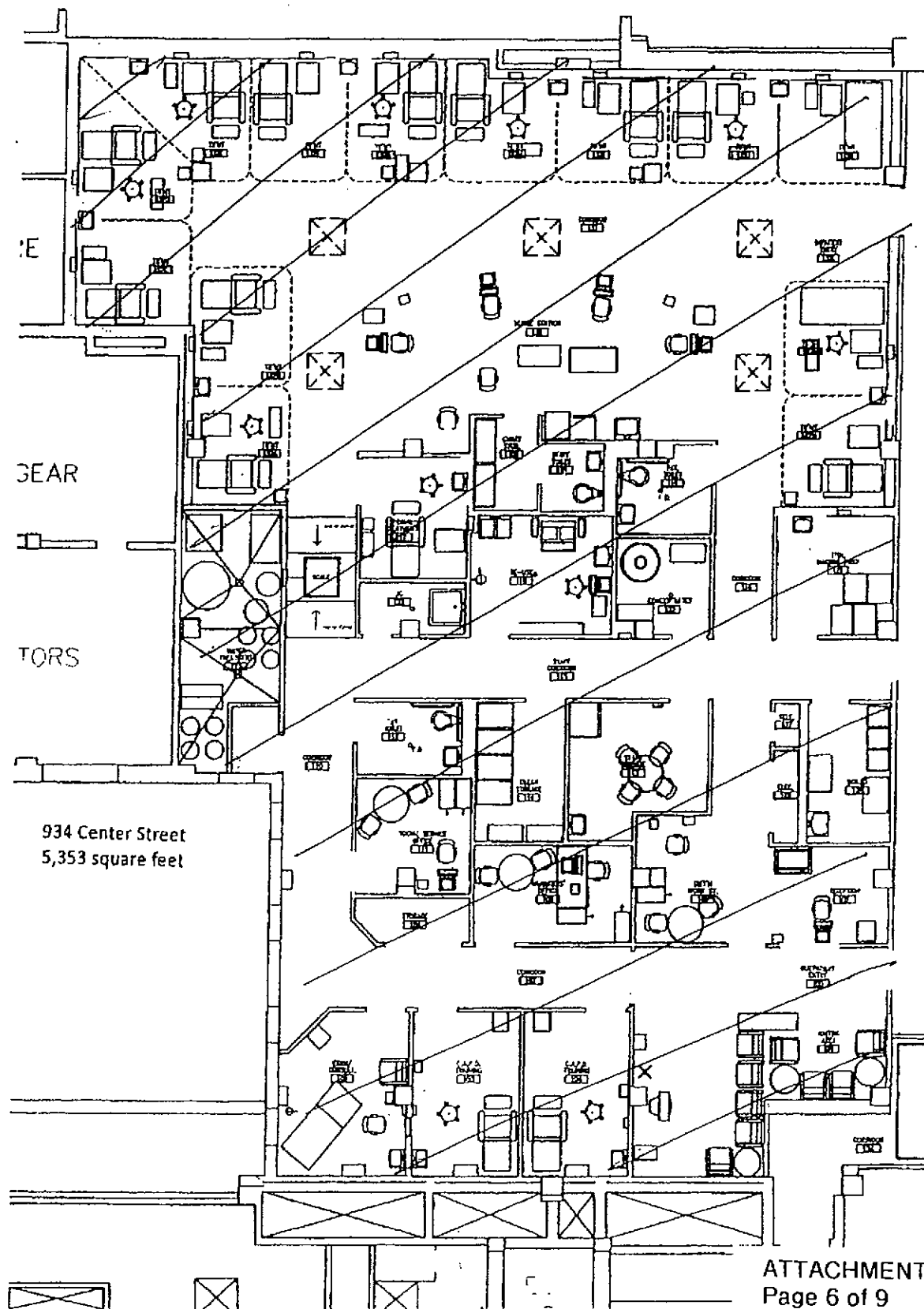
**SECTION THREE
DELIVERY OF POSSESSION**

Lessor shall deliver possession of the Premises on the Commencement Date. Lessor shall not be required to perform any work to prepare the Premises for Lessee's occupancy. The occupancy of the Premises by Lessee shall be deemed an acceptance by Lessee of the Premises "As Is" without warranty or representation, except as may be specifically provided herein, and Lessee shall be deemed to have agreed that the Premises are in a condition suitable for the use authorized under this Lease.

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ATTACHMENT 10(1)
Page 5 of 9

Sherman Center
Diagram of Leased Premises



IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as of the day and year indicated above.

LESSEE:

Total Renal Care, Inc.

By: DRF
David Finn, Vice President

Date: _____

LESSOR:

Sherman Hospital

By: _____
R. Keith Golden, Administrative Director
Property Management

Date: _____

*FOR LESSEE'S INTERNAL PURPOSES ONLY:
APPROVAL BY DAYITA INC. AS TO FORM ONLY*

By: _____
Print: Steve Lieb
Its: Group General Counsel

IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as of the day and year indicated above.

LESSEE:

Total Renal Care, Inc.

By: _____
David Finn, Vice President

Date: _____

LESSOR:

Sherman Hospital

By: R. Keith Golden
R. Keith Golden, Administrative Director
Property Management

Date: July 8, 2010

*FOR LESSEE'S INTERNAL PURPOSES ONLY:
APPROVAL BY DAVITA INC. AS TO FORM ONLY*

By: _____
Print: Steve Lieb
Its: Group General Counsel

IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as of the day and year indicated above.

LESSEE:

Total Renal Care, Inc.

By: _____
David Finn, Vice President

Date: _____

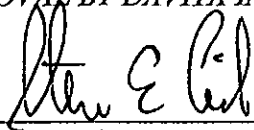
LESSOR:

Sherman Hospital

By: _____
R. Keith Golden, Administrative Director
Property Management

Date: _____

*FOR LESSEE'S INTERNAL PURPOSES ONLY:
APPROVAL BY DAVITA INC. AS TO FORM ONLY*

By:  _____
Print: Steve Lieb
Its: Group General Counsel



DaVita Dixon Kidney Center
1131 North Galena Ave.
Dixon, IL 61021
Tel: 815.284.0595 | Fax: 815.284.0547
www.davita.com


July 22, 2010

Dale Galassie
Chairman
Health Facilities and Services Review Board
525 W. Jefferson Street
Springfield, Illinois 62761

Dear Mr. Galassie:

This letter is in regards to the discontinuation of Cobblestone Dialysis at 934 N. Center Street in Elgin, Illinois (60120). I hereby certify that all required information will be submitted no later than 60 days following the discontinuation.

Sincerely,


Mary J. Anderson, R.N.
Group Operations Director
DaVita Inc.

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ATTACHMENT 10(2)

DaVita.

July 23, 2010

Resurrection Medical Center
7435 W Talcott Ave
Chicago, IL 60631

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

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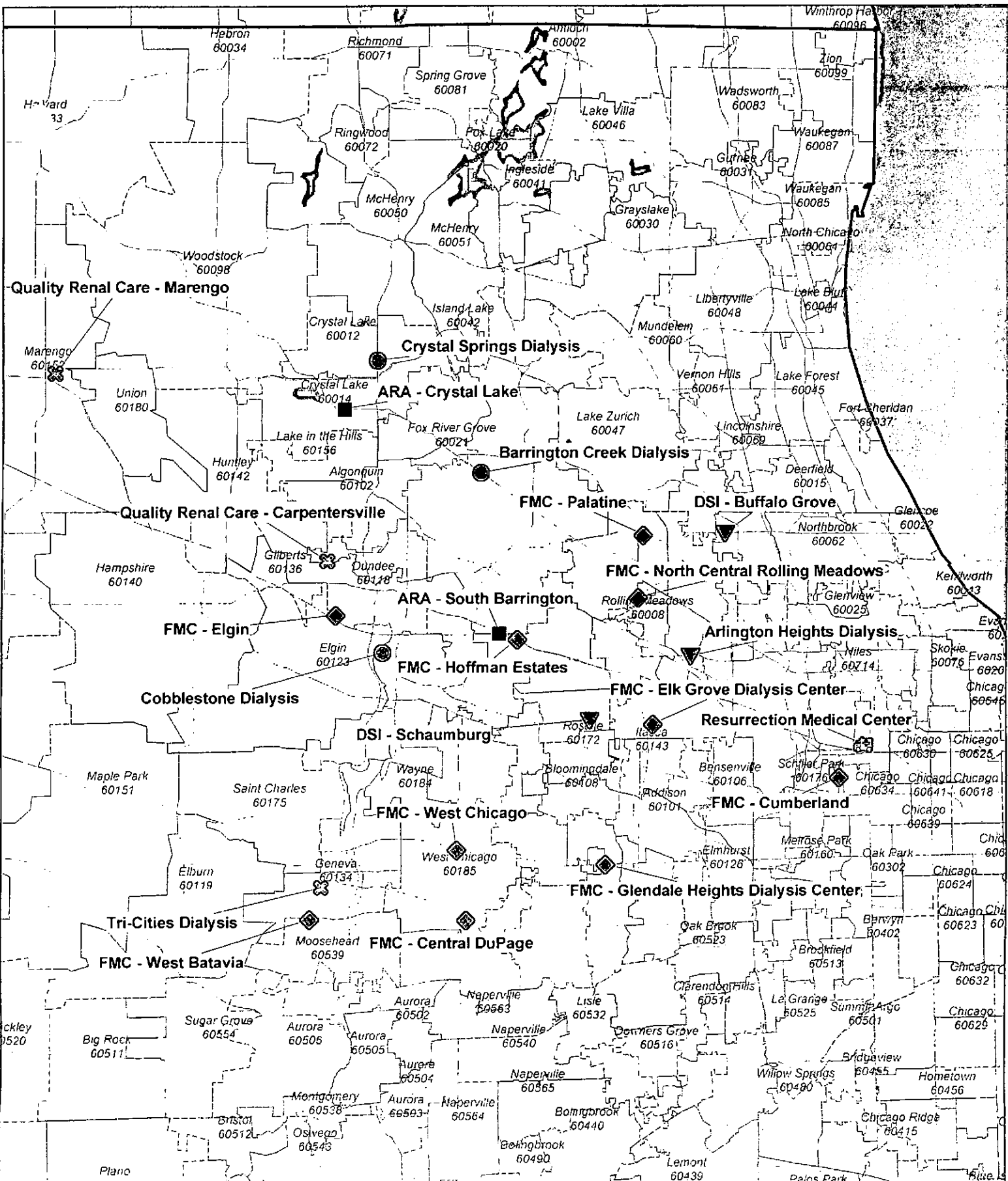
ATTACHMENT 10(3)
Page 1 of 3

ESRD FACILITIES WITHIN 45 MINUTES TRAVEL TIME OF COBBLESTONE DIALYSIS
934 N. Center Street, Elgin, IL 60120

<u>Mapquest Reference No.</u>	<u>Facility Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZipCode</u>	<u>Mileage</u>	<u>Drive Time</u>	<u>Adjustment (1.15) MapQuest Time</u>
1	FMC-Elgin	580 Tollgate Rd	Elgin	IL	60123	3.9	9	10.35
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	IL	60010	7.16	13	14.95
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	IL	60169	9.11	15	17.25
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	IL	60110	8.76	16	18.4
5	FMC - WEST CHICAGO	1855 N. Nellor Blvd	West Chicago	IL	60185	14.33	23	26.45
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	IL	60193	13.62	24	27.6
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008	17.19	26	29.9
8	Tri-Cities Dialysis	306 Randall Rd	Geneva	IL	60134	16.2	26	29.9
9	FMC-Elk Grove Village	901 Blesterfield Rd	Elk Grove Village	IL	60007	17.8	27	31.05
10	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	IL	60005	18.17	27	31.05
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	IL	60010	15.65	28	32.2
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	IL	60014	17.17	28	32.2
13	FMC - Palatine	691 E Dundee Rd	Palatine	IL	60074	16.82	28	32.2
14	Crystal Springs	4900 South IL RTE 31	Crystal Lake	IL	60102	16.07	29	33.35
15	FMC - Dupage West	450 E Roosevelt Rd	West Chicago	IL	60185	18.58	30	34.5
16	DSI - Buffalo Grove	1281 West Dundee Road	Buffalo Grove	IL	60089	21.3	31	35.65
17	FMC - West Batavia	Fabyan Parky & Branson Dr.	Batavia	IL	60510	19.19	32	36.8
18	Quality Renal Care-Marengo	910 Greenlee St	Marengo	IL	60152	25.19	35	40.25
19	FMC-Glendale Heights	520 E. North Ave	Chicago	IL	60139	22.48	35	40.25
20	FMC-Norridge	4701 N Cumberland Ave	Norridge	IL	60706	26.31	38	42.55
21	Resurrection Medical Center	7435 W Talcott Ave	Chicago	IL	60631	27.37	39	44.85
22	FMC-McHenry	4312 W Elm St	McHenry	IL	60050	22.63	40	46
23	FMC-Glenview Dialysis	4248 Commercial Way	Glenview	IL	60025	27.7	42	48.3
24	FMC-Naperville North	516 W 5th Ave	Naperville	IL	60563	28.68	43	49.45
25	FMC - Deerfield	405 Lake Cook Road	Deerfield	IL	60015	27.31	43	49.45
26	FMC-Lombard	1960 Springier Dr	Lombard	IL	60148	29.39	44	50.6
27	DVA - Sycamore Dialysis	2200 Gateway Dr	Sycamore	IL	60178	29.74	44	50.6
28	FMC-Niles	8565 W Dempster St	Niles	IL	60714	30.03	44	50.6
29	FMC-Downer's Grove	3825 Highland Ave	Downer's Grove	IL	60515	31.89	46	52.9
30	FMC - Round Lake	401 W. Nippersink Road	Round Lake Heights	IL	60073	29.72	47	54.05
31	DVA - Big Oaks	5623 W Touhy Ave	Niles	IL	60714	31.27	47	54.05
32	Fox Valley Dialysis	1300 Waterford Dr	Aurora	IL	60504	29.58	47	54.05
33	FMC-Naperville	100 Spalding Dr	Naperville	IL	60540	28.58	48	55.2
34	DVA - Lake County Dialysis Services	918 S. Milwaukee Avenue	Libertyville	IL	80048	29.9	49	56.35
35	DVA - Lake Villa	37809 N. Route 59	Lake Villa	IL	80046	36.65	60	69

Source: Map Quest. See documentation in Appendix 1.
Note: Denotes Facilities in Excess of 45 minutes adjusted travel time.

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ESRD FACILITIES WITHIN 45 MINUTES TRAVEL TIME OF COBBLESTONE DIALYSIS
934 N. Center Street, Elgin, IL 60120

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BACKGROUND OF APPLICANT

- 1 & 2. DaVita Inc. and Total Renal Care Inc. d/b/a Cobblestone Dialysis are fit, willing and able and have the qualifications background and character to adequately provide a proper standard of care.**

The four (4) physicians supporting the project with patient referrals are as follows:

**Ravi Damaraju, M.D. (Medical Director)
Nasir J. Ahmad, M.D.
Mohammed Zahid, M.D.
Devendra Shah, M. D.**

See Appendix 3 for credentials of the medical director, Dr. Ravi Damaraju.

Refer to Appendix 4 for all facilities owned or operated by DaVita Inc. and its operating entities in January 2010. The list includes the Medicare and Medicaid provider numbers for each of these facilities. Illinois facilities are listed in Attachment 11(1.)

Please refer to Attachment 11(2) for information on Cobblestone Dialysis Center Medicare and Medicaid provider numbers.

- 3. No adverse action has been taken against DaVita or Total Renal Care within three years preceding the filing of this Certificate of Need application. Refer to Attachment 11(3).**
- 4. Attachment 11(3) also authorizes the State Board and its Agencies access to information in order to verify any documentation or information necessary and pertinent to this subsection.**

ATTACHMENT 11

DAVITA INC.

Dialysis Facilities in Illinois

January 2010

City	Address	State	Zip	Phone	Facility Name	Ownership	Operator
Chicago	1174 BOONVILLE ST	IL	60655-1158	14-2974	DAVITA	Star Care	Star Care
Lincoln	2100 WEST FIFTH	IL	62859-1115	14-2962	DAVITA	Star Care	Star Care
Springfield	1151 ROUTE 14 N	IL	62812-1500	14-2968	DAVITA	Star Care	Star Care
Springfield	3115 S COCKER AVE	IL	62833-1965	14-2981	DAVITA	Star Care	Star Care
Chicago	117 W JOE ORR RD	IL	60411-1733	14-2938	DAVITA	Star Care	Star Care
Chicago	2200 GAINSBURY DR	IL	60631-3113	14-2936	DAVITA	Star Care	Star Care
Chicago	815 ST FRANCIS WAY	IL	60656-1775	14-2963	DAVITA	Star Care	Star Care
Chicago	901 W SPRINGER ST	IL	60640-1831	14-2957	DAVITA	Star Care	Star Care
Chicago	755 N BIRNBAUM AVE	IL	60647-1143	14-2934	DAVITA	Star Care	Star Care
Chicago	1802 JEFFERSON AVE	IL	60644-2309	14-2941	DAVITA	Star Care	Star Care
Chicago	1009 W MCINLEY AVE	IL	60642-1438	14-2965	DAVITA	Star Care	Star Care
Chicago	317 W 12TH ST	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	317 W 12TH ST	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	238 E BUCHANAN ST	IL	60602-2108	14-2970	DAVITA	Star Care	Star Care
Chicago	261 WILLIAM R LATHAM ST DR	IL	60644-2309	14-2965	DAVITA	Star Care	Star Care
Chicago	705 N LAUREL AVE	IL	60642-1438	14-2966	DAVITA	Star Care	Star Care
Chicago	311 COLLEGE AVE	IL	60602-2300	14-2910	DAVITA	Star Care	Star Care
Chicago	2138 WADSWORTH DR	IL	60608-2633	14-2918	DAVITA	Star Care	Star Care
Chicago	2138 WADSWORTH DR	IL	60608-2633	14-2918	DAVITA	Star Care	Star Care
Chicago	1033 W BELMONT AVE	IL	60608-2633	14-2948	DAVITA	Star Care	Star Care
Chicago	4578 LINCOLN HWY	IL	60445-2218	14-2948	DAVITA	Star Care	Star Care
Chicago	2335 W CERAMIC RD	IL	60608-2611	14-2968	DAVITA	Star Care	Star Care
Chicago	1106 W MAIN ST	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	627 ROXBURY RD	IL	60608-2633	14-2966	DAVITA	Star Care	Star Care
Chicago	1028 S KUMBLE BLVD	IL	60608-2611	14-2942	DAVITA	Star Care	Star Care
Chicago	2834 MONTAILE DR	IL	60608-2611	14-2960	DAVITA	Star Care	Star Care
Chicago	921 N BUTLER ST	IL	60608-2611	14-2968	DAVITA	Star Care	Star Care
Chicago	504 MEDICAL PARK DR	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	504 MEDICAL PARK DR	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	710 W 43RD ST	IL	60608-2611	14-2968	DAVITA	Star Care	Star Care
Chicago	700 W BELMONT AVE	IL	60608-2611	14-2968	DAVITA	Star Care	Star Care
Chicago	300 N LAUREL AVE	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	300 N LAUREL AVE	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	3351 N ROCKTON AVE	IL	60641-1015	14-2947	DAVITA	Star Care	Star Care
Chicago	3401 W 111TH ST	IL	60655-3379	14-2980	DAVITA	Star Care	Star Care
Chicago	112 SULLIVAN DRIVE	IL	60681-1283	14-2920	DAVITA	Star Care	Star Care
Chicago	515 W WALNUT ST	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	3711 STATE ROUTE 181	IL	60607-3237	14-2966	DAVITA	Star Care	Star Care
Chicago	3157 N LINCOLN AVE	IL	60605-1111	14-2970	DAVITA	Star Care	Star Care
Chicago	5872 CHARLEVIEW DR	IL	60617-2674	14-2949	DAVITA	Star Care	Star Care
Chicago	1317 N GALENA AVE	IL	60611-1015	14-2951	DAVITA	Star Care	Star Care
Chicago	200 RICHMOND AVE	IL	60608-2611	14-2948	DAVITA	Star Care	Star Care
Chicago	3301 GOSSIE LANE RD	IL	60608-2611	14-2948	DAVITA	Star Care	Star Care
Chicago	918 S MILWAUKEE AVE	IL	60608-2611	14-2947	DAVITA	Star Care	Star Care
Chicago	781 E WOOD ST	IL	60605-1156	14-2930	DAVITA	Star Care	Star Care

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From: Amy Every
Sent: Tue 6/22/2010 1:38 PM
To: Margaret Enger
Subject: RE: Question about Medicare & Medicaid Provider #'s for Crystal Springs Dialysis #5550 - Sherman Acq

Good afternoon,

The Medicare and Medicaid provider numbers will not be assigned until I apply for them. That will not happen until the deal closes. We are acquiring the hospital's Medicare number, but it will change because this facility is classified as a hospital based satellite ESRD facility. CMS will assign a new provider # to us, because we will be a free-standing ESRD facility. For the Medicaid #, we will not acquire that #, because Sherman Hospital uses their Medicaid # for services billed. Therefore, I cannot apply for a new Medicaid # until CMS assigns our new Medicare #. Hope this makes sense. If you have any further questions, please feel free to contact me anytime.

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ATTACHMENT 11(2)



Casa Nueva
1551 Wewatta Street
Denver, CO 80202-6173
Tel: 303-405-2100
www.davita.com

July 22, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate Of Need to Expand and Relocate Cobblestone Dialysis

With regard to the above, this is to affirm that no "adverse action" has been taken against the co-applicant, DaVita Inc., within three (3) years preceding the filing of this Certificate of Need (CON). "Adverse Action" means any final action by any governmental agency or nationally recognized accredited body which is adverse to the co-applicant, DaVita Inc. These actions include, but are not limited to, any criminal conviction; any supervision, probation, suspension, revocation, termination or denial of a license or certificate or registration; in position of a conditional license; termination or suspension from participation in any program involving payment authorized under title XVIII "Medicare".

I also wish to indicate that the co-applicant, DaVita Inc., is fit, willing, and able and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. Further, this letter authorizes the State Board and Agency access to information in order to verify any documentation or information submitted with respect to the above Certificate of Need.

Sincerely,

Kent Thiry
Chairman and CEO
DaVita Inc.

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Casa Nueva
1551 Wewatta Street
Denver, CO 80202-6173
Tel: 303-405-2100
www.davita.com

July 22, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate Of Need to Relocate Cobblestone Dialysis

With regard to the above, this is to affirm that no "adverse action" has been taken against the co-applicant, Total Renal Care Inc., within three (3) years preceding the filing of this Certificate of Need (CON). "Adverse Action" means any final action by any governmental agency or nationally recognized accredited body which is adverse to the co-applicant, Total Renal Care Inc. These actions include, but are not limited to, any criminal conviction; any supervision, probation, suspension, revocation, termination or denial of a license or certificate or registration; in position of a conditional license; termination or suspension from participation in any program involving payment authorized under title XVIII "Medicare".

I also wish to indicate that the co-applicant, Total Renal Care Inc., is fit, willing, and able and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. Further, this letter authorizes the State Board and Agency access to information in order to verify any documentation or information submitted with respect to the above Certificate of Need.

Sincerely,

Kent Thiry
Chairman and CEO
TRC Inc.

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PURPOSE OF THE PROJECT

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Cobblestone Dialysis' 14-station facility located at 934 N. Center Street in Elgin (60120) as the lease expires June 30, 2012 and the landlord, Sherman Hospital, is demolishing the building (see Attachment 10, "Discontinuation.") The applicants propose to relocate the facility to a nearby site which is only two minutes away, 836 Dundee Avenue, Elgin (60120).

The purpose of the project is to provide modern, high-quality in-center hemodialysis services to Cobblestone's large current and proposed patient population. In addition, the project improves the distribution of dialysis services in the planning area.

Cobblestone has a large current and proposed patient population

Cobblestone serves 57 patients (July 23, 2010) and has another 36 patients on its waiting list. See Attachments 12(1) for historical utilization and 26C(1A) for the waiting list. In addition four (4) physicians identify 69 patient referrals (see discussion below.)

The facility anticipates serving 105 proposed patients.

Substantial physician support and patients referrals

Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization. The 17 pre-renal patients are identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens. Based on the large current and proposed patients, Cobblestone Dialysis projects to serve 68 patients by the end of the second year reaching 80% occupancy (refer to Attachment 12(2) for projected utilization.) Projections are conservative since physicians referred 25 new patients per year in 2009 alone. Projected utilization is further discounted 14% per year for patient mortality and transplantation (see Page 2 of Attachment 12(2).)

The relocation ensures continued, timely access to high-quality care

The following evidence shows that the community needs this relocation to ensure timely access to high-quality dialysis services:

- (1) Cobblestone serves a growing dialysis population in Kane-Lake-McHenry Counties;
- (2) Other facilities in the area currently operate at a high (77%) utilization;
- (3) Cobblestone's market area has a high ratio of population per dialysis station;
- (4) Cobblestone's relocation has a low impact on other facilities in the market area; and
- (5) DaVita provides a high quality of care.

High occupancy of dialysis stations operating in the market area

The market area, the population living within 30 minutes travel time of Cobblestone Dialysis, contains over 1,312,154 people. Ten (10) other facilities currently serve the market area. These ten (10) facilities served 764 patients in 203 stations, a 78% average occupancy (see Attachment 12(3) for population data and The Renal Network data and a map of facility locations.) Three (3) new, 12-station facilities will serve the market area (FMC – Elgin and DaVita’s Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year. However, these facilities are each supported by separate and distinct referrals! Cobblestone’s four (4) referring physicians verify that patient referrals have not been used to support other pending or approved CONs (see letters of referral in Attachment 26C(1).)

Cobblestone serves a growing dialysis population in KLM Counties, Planning Area 8

Cobblestone will continue to serve the population of the planning area. Attachment 12(4) indicates that 94% of all current and proposed patients reside in the planning area. Of the 105 proposed patients 99 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) Counties (see also the map of proposed patient origin in Attachment 12(4).)

The use of dialysis services in the market area grows each year (see Attachment 12(5).) Between January 2007 and June 2010 the number of dialysis patients increased 17% from 702 to 821 patients. Therefore, the dialysis population in the market area grew 6.8% per year on average between 2007 and June 2010.

Cobblestone Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Number of Patients	702	332	352	367
Percentage Increase				17.0%
Average Annual % Increase				6.8%

SOURCE: The Renal Network

High ratio of population per dialysis station in the market area

Data on the ratio of people per dialysis station emphasize the need to retain all 14 stations to ensure timely access to care (see Attachment 12(6).) The market area will have 217 stations when all stations are operational. These 217 stations will serve a population of 1,312,154 (2000 U.S. Census data), a ratio of 6,047 people per station. The market area has 73% more people per station than Illinois with a ratio of only 3,486 people per station and 18% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. The project maintains stations in the community to ensure proper distribution of services.

Low impact of the project on other facilities in the market area

Cobblestone Dialysis will not impact other facilities. Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization (see physicians’ letters of referral in Attachment 26C(1).)

DaVita provides a high quality of care

DaVita will continue to provide a high quality of care. Its patient outcomes significantly exceed HFSRB standards. See Attachment 12(7) for recent patient outcomes in DaVita's 15 Chicago-area facilities which document DaVita's high quality of care as follows:

91.64% of DaVita's patients had URRs of 65% or higher vs. the HFSRB standard of at least 85% & 94.98% of DaVita's patients had a Kt/V Dauridgas II.1.2 vs. the HFSRB standard of 85%.

Mortality and transplantation data for DaVita's Chicago-area facilities are in Attachment 12(8.) The data, by facility, show an average mortality of 12.0% in 2009. Recent transplantation rates averaged between 3.3% and 3.8% in 2008 and 2009 versus the national transplant rate of 4.5%.

In conclusion the relocation of Cobblestone Dialysis enables DaVita to provide current and proposed patients with high-quality care in a modern facility. The project also ensures timely access to needed in-center hemodialysis services, as follows:

- (1) Cobblestone Dialysis serves a large current and proposed patient population;**
- (2) Cobblestone Dialysis serves a market area with a growing number of dialysis patients;**
- (3) Cobblestone Dialysis would reach 80% utilization within the first 24 months; and**
- (4) Cobblestone Dialysis improves the distribution of stations in the planning area.**

The relocation of Cobblestone Dialysis does not impact other dialysis facilities.

COBBLESTON DIALYSIS

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	9570	67
2008	9562	63
2009	9585	65

MOST RECENT MONTHLY UTILIZATION

July 1, 2009 – June 30, 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
July	859	66
August	786	65
September	800	65
October	831	65
November	759	65
December	823	65
January	780	64
February	721	63
March	766	59
April	721	57
May	689	57
June	733	59
Total	9268	59

SOURCES: Cobblestone Dialysis
NOTES: Number of patients is for the last day of the reporting period.

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ATTACHMENT 12(1)

COBBLESTONE DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2012 - 2014**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2012	14	9,217	66
2013	14	9,628	68
2014	14	9,915	70

SOURCES: See notarized Letters of Referral in Attachment 26C (1) & (1A).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

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IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
	62									
1	62	754	66	791	68	815	70	839	72	863
2	63	749	66	793	68	817	70	841	72	865
3	63	753	67	795	69	819	71	843	73	867
4	63	757	67	797	69	821	71	845	73	869
5	64	761	67	799	69	823	71	847	73	871
6	64	765	67	801	69	825	71	849	73	873
7	64	769	67	803	69	827	71	851	73	875
8	65	773	67	805	69	829	71	853	73	877
9	65	777	68	807	70	831	72	855	74	879
10	65	781	68	809	70	833	72	857	74	881
11	66	785	68	811	70	835	72	859	74	883
12	66	789	68	813	70	837	72	861	74	885
Total		9,217		9,628		9,915		10,202		10,489

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

85

New Patients on Service				
Beginning Patients	62	66	68	70
Less 14.0% Mortality	9	9	10	10
Ending Patients	66	68	70	74
Net New Patients	13	11	12	12

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
COBBLESTONE DIALYSIS**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Distance</u>
60120	ELGIN	IL	KANE	48,581	0
60123	ELGIN	IL	KANE	55,201	2.4
60177	SOUTH ELGIN	IL	KANE	16,941	4.1
60118	DUNDEE	IL	KANE	14,739	4.2
60107	STREAMWOOD	IL	COOK	35,638	4.6
60110	CARPENTERSVILLE	IL	KANE	32,145	5.5
60103	BARTLETT	IL	COOK	75,585	5.6
60184	WAYNE	IL	DUPAGE	698	6.3
60192	HOFFMAN ESTATES	IL	COOK	1,775	6.7
60136	GILBERTS	IL	KANE	1,459	6.8
60194	SCHAUMBURG	IL	COOK	41,366	7.4
60174	SAINT CHARLES	IL	KANE	31,513	8.4
60102	ALGONQUIN	IL	MCHENRY	47,985	8.7
60193	SCHAUMBURG	IL	COOK	41,099	8.7
60195	SCHAUMBURG	IL	COOK	29,924	9
60175	SAINT CHARLES	IL	KANE	17,953	9.1
60172	ROSELLE	IL	DUPAGE	25,349	9.9
60185	WEST CHICAGO	IL	DUPAGE	32,936	10.6
60010	BARRINGTON	IL	LAKE	39,819	10.7
60108	BLOOMINGDALE	IL	DUPAGE	21,960	10.9
60021	FOX RIVER GROVE	IL	MCHENRY	5,877	11
60173	SCHAUMBURG	IL	COOK	12,046	11
60188	CAROL STREAM	IL	DUPAGE	43,730	11.1
60134	GENEVA	IL	KANE	21,497	11.3
60157	MEDINAH	IL	DUPAGE	2,111	11.5
60067	PALATINE	IL	COOK	50,825	11.6
60013	CARY	IL	MCHENRY	24,226	12.2
60142	HUNTLEY	IL	MCHENRY	7,891	12.3
60140	HAMPSHIRE	IL	KANE	7,315	12.4
60008	ROLLING MEADOWS	IL	COOK	23,318	12.6
60139	GLENDALE HEIGHTS	IL	DUPAGE	32,303	12.7
60190	WINFIELD	IL	DUPAGE	12,065	12.9
60143	ITASCA	IL	DUPAGE	10,021	13.1
60014	CRYSTAL LAKE	IL	MCHENRY	44,468	13.4
60510	BATAVIA	IL	KANE	26,565	13.6
60007	ELK GROVE VILLAGE	IL	COOK	35,162	14
60074	PALATINE	IL	COOK	23,963	14
60187	WHEATON	IL	DUPAGE	61,481	14.1
60005	ARLINGTON HEIGHTS	IL	COOK	29,183	14.4
60109	BURLINGTON	IL	KANE	158	14.7
60119	ELBURN	IL	KANE	7,705	15
60004	ARLINGTON HEIGHTS	IL	COOK	52,735	15.3
60191	WOOD DALE	IL	DUPAGE	14,360	15.5
60056	MOUNT PROSPECT	IL	COOK	56,625	16.6
60151	MAPLE PARK	IL	KANE	3,554	18.1
60180	UNION	IL	MCHENRY	1,743	18.2
60018	DES PLAINES	IL	COOK	29,950	19.3
60016	DES PLAINES	IL	COOK	58,611	19.3

Population within 30 minutes travel time = **1,312,154**

SOURCE: Population is from the 2000 U.S. Census of Population

NOTE: Travel time is adjusted (1.15) MapQuest data.

ATTACHMENT 12(3)

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**ESRD FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS**

836 Dundee Ave, Elgin, IL 60120

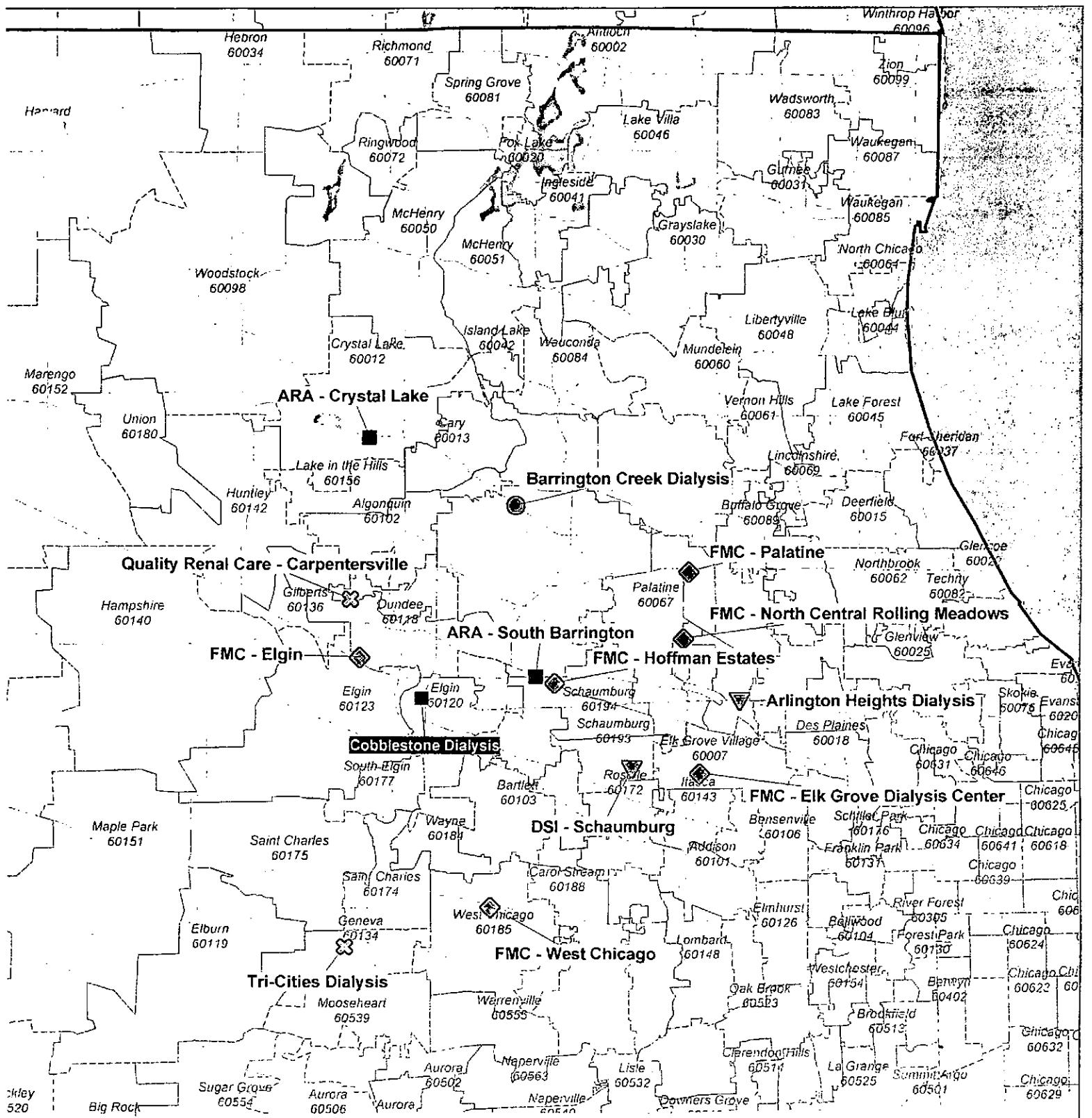
Utilization - 2nd Quarter 2010

Mapquest Reference No.	Facility Name	Address	City	Zip Code	Mileage	Drive Time	MapQuest Time	Adjustment (L/L)	Capacity	Stations	Patients	6/30/2010 Utilization
1	FMC-Elgin	580 Tollgate Rd	Elgin	60123	3.97	9	10.35		72	12	0	0.00%
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	60010	6.65	11	12.65		84	14	51	60.71%
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60169	7.14	13	14.95		102	17	112	109.80%
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	60110	8.68	14	16.1		78	13	76	97.44%
5	FMC-West Chicago	1859 Neltner Blvd	West Chicago	60185	13.92	22	25.3		72	12	28	38.89%
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	60193	13.21	23	26.45		84	14	62	73.81%
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	60008	16.69	24	27.6		144	24	107	74.31%
8	FMC-Elk Grove Village	901 Biesterfield Rd	Elk Grove Village	60007	17.3	25	28.75		168	28	151	89.88%
9	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	60005	17.67	25	28.75		108	18	57	52.78%
10	Tri-Cities Dialysis	306 Randall Rd	Geneva	60134	16.2	26	29.9		108	18	69	63.89%
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	60010	15.14	26	29.9		72	12	0	0.00%
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	60014	14	26	29.9		54	9	51	94.44%
13	FMC - Palatine	691 E Dundee Rd	Palatine	60074	16.32	26	29.9		72	12	0	0.00%
Average Occupancy									1218	203	764	62.73%
Average Occupancy of Stations in Operation									984	164	764	77.64%

SOURCES: Patients: The Renal Network, Inc., 2010, 2nd Quarter data released July 2010.
Stations: IHFSRB Inventory, Updated, 8/16/10.
Mileage and Travel Times: Map Quest. See Appendix 5 for documentation.

NOTES: Occupancy rates are calculated based on the IHFSRB standard of shifts per day and 6 days per week.
In 2010 39 stations 30 minutes from Cobblestone Dialysis were not in operation: Three, new 12-station facilities (Barrington Creek, FMC-Elgin and FMC-Palatine) and 3 stations at ARA-Barrington.

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**FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS**

COBBLESTONE DIALYSIS

PATIENT ORIGIN

Current Patients

JULY 23, 2010

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Elgin	60120	21	36.8
Elgin	60123	18	31.6
Elgin	60124	1	1.8
Genoa *	60135	1	1.8
Streamwood *	60107	1	1.8
South Elgin	60177	3	5
West Dundee	60118	2	3.5
Carpentersville	60110	5	8.8
Algonquin	60102	2	3.5
Lake Barrington	60010	1	1.8
Huntley	60142	1	1.8
Hanover Park *	60133	<u>1</u>	<u>1.8</u>
Total		57	100%

Source: Cobblestone Dialysis

Note: * These three patients live outside the planning area. Therefore, the 54 current patients who live in Planning Area 8, Kane-Lake-McHenry Counties, represent 94.7% of all patients.

ATTACHMENT 12(4)

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COBBLESTONE DIALYSIS

PATIENT ORIGIN

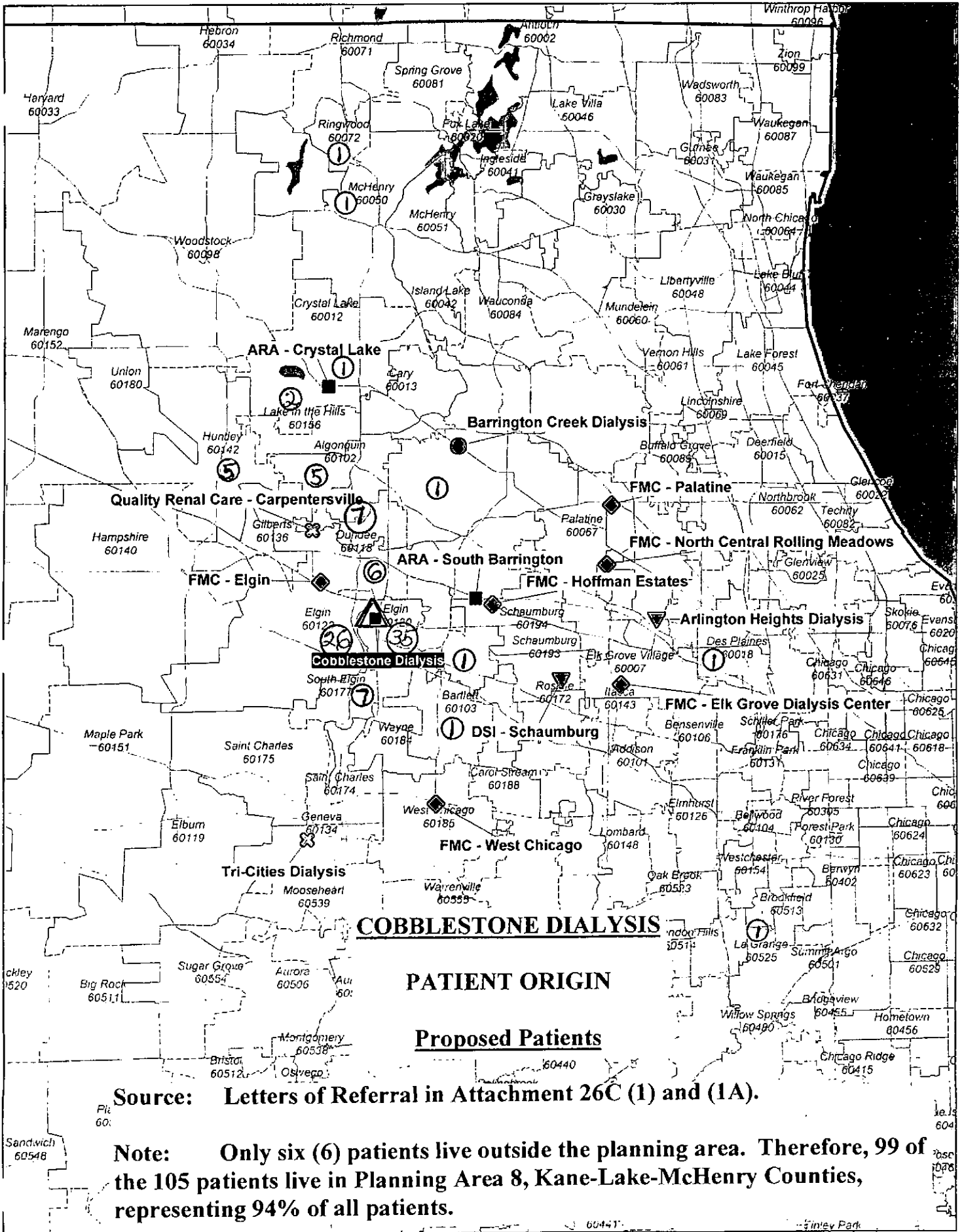
Proposed Patients

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Barrington	60010	1	1%
Crystal Lake	60014	1	1%
Des Plaines*	60018	1	1%
McHenry	60050	1	1%
Ringwood	60072	1	1%
Algonquin	60102	5	5%
Bartlett	60103	1	1%
Streamwood *	60107	1	1%
Carpentersville	60110	7	7%
West Dundee	60118	6	6%
Elgin	60120	35	33%
Elgin	60123	26	25%
Huntley	60142	5	5%
Lake in the Hills	60156	2	2%
South Elgin	60177	7	7%
Markham*	60428	1	1%
LaGrange*	60525	1	1%
Chicago*	60657	<u>2</u>	<u>2%</u>
Total		105	100%

Source: Cobblestone Dialysis

Note: * These six (6) patients live outside the planning area. Therefore, 99 of the 105 patients live in Planning Area 8, Kane-Lake-McHenry Counties, representing 94% of all patients.

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PATIENT ORIGIN
Proposed Patients

Source: Letters of Referral in Attachment 26C (1) and (1A).

Note: Only six (6) patients live outside the planning area. Therefore, 99 of the 105 patients live in Planning Area 8, Kane-Lake-McHenry Counties, representing 94% of all patients.

- ARA
- ⊙ DaVita
- ▽ DSI
- ◆ FMC
- ⊗ independent
- ⊠ hospital

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UTILIZATION TRENDS

ESRD FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS
836 Dundee Ave, Elgin, IL 60120

2007 - 2010

Mapquest Reference No.	Facility Name	Address	City	Stations	2007 Patients	2008 Patients	2009 Patients	6/30/2010 Patients
1	FMC-Elgin	580 Tollgate Rd	Elgin	12	0	0	0	0
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	14	31	36	46	51
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	17	82	94	109	112
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	13	68	76	77	76
5	FMC-West Chicago	1859 Neltmor Blvd	West Chicago	12	0	0	9	28
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	14	55	63	70	62
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	24	96	87	99	107
8	FMC-Elk Grove Village	901 Bicsterfield Rd	Elk Grove Village	28	128	138	158	151
9	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	18	59	53	52	57
10	Tri-Cities Dialysis	306 Randall Rd	Geneva	18	71	81	79	69
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	12	0	0	0	0
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	9	45	42	52	51
13	FMC - Palatine	691 E Dundee Rd	Palatine	12	0	0	0	0
14	DVA - Cobblestone	934 N. Center Street	Elgin	14	67	63	65	57
Total Patients				217	702	733	816	821
Total Percentage Increase, 2007 - June 2010								16.95%
Average Annual Percentage Increase, 2007 - June 2010								6.78%

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SOURCES: Patients: The Renal Network, Inc. Data are for the last day of the reporting period.

Stations: IHFSRB Inventory, Updated, 8/18/10.

Mileage and Travel Times: Map Quest. See Appendix 5 for documentation.

NOTES: In 2010 the following 39 stations 30 minutes from Cobblestone Dialysis were not in operation: Three, new 12-station facilities (Barrington Creek, FMC-Elgin and FMC-Palatine) and 3 stations at ARA Barrington.

**RATIO OF POPULATION TO STATIONS
COBBLESTONE DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,486	3,661 people/station
Planning Area 8 (KLM) Kane, Lake & McHenry Counties	1,500,000	292	5,137 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Cobblestone Dialysis	<u>Year 2000 Population</u>		
	1,312,154	217	6,047 people/station

SOURCES: (1) 2005 population data for Illinois and Planning Area 8 are from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

2000 population data for the target area within 30 minutes adjusted travel time of Cobblestone Dialysis are from the U.S. Bureau of the Census, 2000. See Attachment 12(3).

(2) Number of stations is from IHFSRB Inventory, Updated 8/18/10.

DaVita Chicago Area Facilities
 Clinical Outcomes Review
 April 2009 to March 2010

Adequacy of Dialysis

This facility will be able to demonstrate the ability to provide adequate dialysis with Urea Reduction Ration (URR) greater than 65% in at least 85% of patients. This data is a compilation of clinical outcomes data from 15 facilities in the Chicago area. They are Logan Square Dialysis, Lake County Dialysis, Lincoln Park Dialysis, Children's Dialysis, Emerald Kidney Center, Olympia Fields Dialysis Center, Chicago Heights Renal Care, Stony Creek Dialysis, Beverly Dialysis, Montclare Dialysis, Mt. Greenwood Dialysis, Lake Villa Dialysis, Little Village Dialysis, Kankakee County Dialysis and Big Oaks Dialysis (partial year report – Dec 2009 through March 2010).

Month	Percent of patients with URR>65%	Percent of patients with KT/V Daugirdas II.1.2
April 2009	90.93%	93.74%
May 2009	92.42%	95.46%
June 2009	92.65%	95.39%
July 2009	91.62%	94.66%
August 2009	91.79%	95.31%
September 2009	92.77%	95.61%
October 2009	92.42%	95.30%
November 2009	91.52%	95.03%
December 2009	90.54%	94.46%
January 2010	89.09%	93.28%
February 2010	91.93%	95.56%
March 2010	91.99%	95.96%
Average	91.64%	94.98%

Davita - Chicago Region
Mortality Rate, By Facility

2009

Facility Name/Number	Pts Beg Year	Started 1st Time	Restarted	Transferred In	Ret'd After Transplant	Total Pts	Deaths	Mortality %
Logan Square - 311	110	26	0	12	0	148	15	10.14%
Lake County - 312	63	26	1	23	1	114	16	14.04%
Lincoln Park - 314	113	22	1	25	1	162	20	12.35%
Children's - 319	17	11	0	1	1	30	0	0.00%
Emerald - 321	122	20	0	20	1	163	14	8.59%
Olympia Fields - 322	108	28	1	11	1	149	21	14.09%
Chicago Heights - 1608	94	15	2	12	1	124	22	17.74%
Stony Creek - 1784	61	23	3	14	1	102	15	14.71%
Beverly - 1785	59	10	1	9	1	80	4	5.00%
Montclare - 2030	72	18	0	16	2	108	10	9.26%
Mt. Greenwood - 2118	70	25	1	14	1	111	13	11.71%
Lake Villa - 2119	30	12	0	6	0	48	8	16.67%
Little Village - 2133	71	28	0	13	0	112	11	9.82%
Kankakee County - 2147	26	14	0	2	1	43	10	23.26%
Big Oaks - 4362						0		Not Open
TOTAL	1016	278	10	178	12	1494	179	11.98%

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DaVita - Chicago Region
Transplantation, By Facility

2008

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred In	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	107	26	0	17	0	150	8	5.33%
Lake County - 312	62	20	0	17	0	99	6	6.06%
Lincoln Park - 314	114	21	1	19	0	155	3	1.94%
Children's - 319	11	9	0	2	7	29	9	31.03%
Emerald - 321	114	31	0	18	0	163	3	1.84%
Olympia Fields - 322	102	29	3	26	1	161	3	1.86%
Chicago Heights - 1608	90	22	0	21	1	134	8	5.97%
Stony Creek - 1784	61	21	1	11	1	95	3	3.16%
Beverly - 1785	58	11	0	7	1	77	3	3.90%
Montclare - 2030	68	20	0	16	2	106	4	3.77%
Mt. Greenwood - 2118	68	18	1	14	1	102	3	2.94%
Lake Villa - 2119	32	8	0	7	0	47	0	0.00%
Little Village - 2133	68	12	1	8	0	89	1	1.12%
Kankakee County - 2147	14	19	0	2	0	35	1	2.86%
Big Oaks - 4362						0		n/a
TOTAL	969	267	7	185	14	1442	55	3.81%

SOURCE: DaVita Inc.

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DaVita - Chicago Region
Transplantation, By Facility

2009

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred In	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	110	26	0	12	0	148	5	3.38%
Lake County - 312	63	26	1	23	1	114	6	5.26%
Lincoln Park - 314	113	22	1	25	1	162	5	3.09%
Children's - 319	17	11	0	1	1	30	5	16.67%
Emerald - 321	122	20	2	20	1	165	3	1.82%
Olympia Fields - 322	108	28	1	11	1	149	6	4.03%
Chicago Heights - 1608	94	15	2	12	1	124	3	2.42%
Stony Creek - 1784	61	23	3	14	1	102	1	0.98%
Beverly - 1785	59	10	1	9	1	80	4	5.00%
Montclare - 2030	72	18	0	16	2	108	2	1.85%
Mt. Greenwood - 2118	70	25	1	14	1	111	5	4.50%
Lake Villa - 2119	30	12	0	6	0	48	0	0.00%
Little Village - 2133	71	28	0	13	0	112	4	3.57%
Kankakee County - 2147	26	14	0	2	1	43	1	2.33%
Big Oaks - 4362	0	0	0	1	0	1	0	n/a
TOTAL	1016	278	12	179	12	1497	50	3.34%

Source: DaVita Inc.

97

From: Rick Coffin [mailto:rcoffin@nw10.esrd.net]
Sent: Thu 4/22/2010 9:31 AM
To: Margaret Enger
Subject: RE: Q4 2009 Occupancy Data

Hi Margaret,

I apologize for not getting back to you sooner. I have been out sick for over a week and am playing catch up. The updates you sent should have been completed by now.

As far as National data is concerned we receive a national summary report that shows the total number of patients on dialysis at year end and the number who were transplanted in a given year. We have not received the 2009 report yet but here are the 2007 and 2008 numbers:

2007 - 358,132 on dialysis - 17,354 transplanted

4.8%

2008 - 371,315 on dialysis - 17,028 transplanted

4.6%

Rick

From: Rick Coffin
[mailto:rcoffin@nw10.esrd.net]
Sent: Thu 7/15/2010 9:48 AM
To: Margaret Enger
Subject: RE: Q2 2010 Occupancy Data & 2009
Transplantation Information

2009 - 386,940 on dialysis - 17,418
transplanted

= 4.5%

7/15/2010 10:22 PM

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ATTACHMENT 12(8)
Page 4 of 4

ALTERNATIVES

DaVita Inc. and Total Renal Care need to discontinue Cobblestone Dialysis (formerly known as Sherman Dialysis Center) located at 934 North Center Street in Elgin, IL (60120). The lease on the facility expires June 30, 2012 and the current lessor will not renew. The applicants propose to relocate the facility a few blocks east to 836 Dundee Street in Elgin, IL (60120). The proposed facility will have the same capacity as the existing facility, 14 stations.

GENERAL ALTERNATIVES

Proposing a project of greater or lesser scope and cost

DaVita considered an alternative of lesser scope that was to establish a new facility replicating the size as the existing facility to be discontinued. This is the difference between 5,353 building gross square feet (BGSF) versus the proposed 6,606 BGSF. This alternative saves approximately \$94,764 in construction costs (1,253 fewer BGSF times construction costs of \$75.63 per BGSF.) However, upon examination of the functional configurations it was determined that while the existing facility meets minimal standards, it is the applicants' objective to provide optimal settings for its clinical care. In fact, the existing space of 382 BGSF per station falls well short of Board's guidelines of 450 to 650 BGSF per station. We are therefore proposing the 472 BGSF per patient station as a reasonably optimal setting and well within the Board's standard.

Pursuing a joint venture or other collaborative venture and developing alternative settings to meet all or a portion of the project's intended purposes

DaVita is open to Joint Venture relationships and has developed joint ventures with physicians in the past. This option was not selected as a partner was not readily available and the project has significant time constraints. Additionally, joint venture participation was discussed with Sherman Hospital (the facility's previous owner.) Sherman Hospital chose to sell the facility to DaVita.

Utilizing other healthcare facilities in the area

Cobblestone Dialysis has a large current and proposed patient population. Therefore, the alternative of using other facilities was determined to be infeasible. Currently Cobblestone has 57 current patients (July 23, 2010) and 36 patients on a waiting list (refer to Attachment 12(1) for historical utilization and Attachment 26C(1A) for the waiting list.) Proposed patients include 69 patient referrals and the 36 patients on the waiting list, for a total of 105 patients. The 69 patient referrals are from the following four (4) physicians: Drs. Damaraju, Ahmad, Zahid, and Shah (refer to Attachment 26C(1) for physician letters of referrals.) These 69 patients include 52 patient transfer and 17 pre-renal patients. The 52 patient transfers include 50 Cobblestone patients and two patients from QRC - Carpentersville with 97% utilization.

Cobblestone's large patient population cannot be coherently accommodated in nearby facilities that already operate at 77% utilization. Refer back to Attachment 12 (3) which shows that ten (10) other facilities currently serve the area's large population. These facilities were 77% utilized in June 2010, serving 764 patients in 164 stations. An additional 39 stations are not yet in operation, three (3) new, 12-station facilities (FMC - Elgin, FMC - Palatine and Barrington Creek Dialysis) and ARA - Barrington's three (3) additional stations. However, these facilities

are each supported with separate and distinct patient referrals! Cobblestone's four (4) referring physicians verify that patient referrals have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

Leasing an alternative site

DaVita considered nine (9) alternative sites for Cobblestone's relocation (see Attachment 13(1) for a list of these sites and a map of their locations.) All the sites except Site #1 were either too far from patients or too close to a competitor facility. See Attachment 13(2) for a comparative analysis of these nine (9) sites. While Site #1 at 609 Dundee Avenue was located close enough to the existing facility to allow convenient travel times for existing patients, its size was misrepresented. It was too small for the proposed relocation.

The chose site at 836 Dundee Avenue was only two minutes and 0.66 miles away from the current facility (see Attachment 13(3) for Map Quest data.) The site is properly zoned (see Attachment 13(4).) The facility will be built to suit (see LOI to lease in Attachment 2.)

Measurable patient outcomes






DaVita will continue to provide a high quality of care. Its patient outcomes significantly exceed HFSRB standards. Refer back to Attachment 12(7) for recent patient outcomes in DaVita's 15 Chicago-area facilities. The data document DaVita's high quality of care as follows:

- 91.64% of DaVita's patients had URRs of 65% or higher vs. the standard of at least 85%
- 94.98% of DaVita's patients had a Kt/V Dauridgas II.1.2 vs. the HFSRB standard of 85%.





Refer back to Attachment 12(8) for mortality and transplantation data for DaVita's Chicago-area facilities. The data show an average mortality of 12.0% in 2009. Transplantation rates averaged between 3.3% and 3.8% in 2008 and 2009 compared to the national transplant rate of 4.5% in 2009.

Please refer to Attachment 13(5) for a comparison of alternatives' cost, patient access, quality and financial benefits.

AVAILABLE OFFICE/RETAIL SPACE - ELGIN, IL

Map#	Building/Land Address	Photo	Square Feet	Asking Rate	Comments
#1	609-611 Dundee Ave Elgin, IL		7,500 SF	\$13.00/SF NNN \$2.56/SF; Taxes, Insurance, and CAM Tenant pays their own utilities.	Zoning: Medical Acceptable Built: 1990 Water: 1" Sewer: 6" Tracker/Trailer access: Yes Parking: Ample Ceiling Height: 14' Power: None HVAC: 20 Tons TIA: None
#2	High Point Plaza 1350 E Chicago St Elgin, IL		7,000 SF	\$17.00/SF NNN \$6.30/SF; Taxes, Insurance, and CAM Tenant pays their own utilities.	Zoning: Medical Acceptable Built: 2009 Water: 2" Sewer: 8" Tracker/Trailer access: Yes Parking: 5.75/1000 SF Ceiling Height: 9' Power: LL determining HVAC: 5 Ton/1,000 SF
#3	2-80 Tyler Creek Plaza Elgin, IL		8,450 SF	\$6.00/SF NNN \$3.14/SF; Taxes, Insurance, and CAM Tenant pays their own utilities.	Zoning: TBD Built: 1970 Water: LL determining Sewer: LL determining Tracker/Trailer access: Yes Parking: Ample Ceiling Height: TBD Power: LL determining TIA: None
#4	Leslie Oaks Business Center 725 Tollgate Rd Elgin, IL		7,687 SF	\$10.00/SF NNN \$3.01/SF; Taxes, Insurance, and CAM Tenant pays their own utilities	Zoning: Medical Acceptable Built: 1989 Water: LL determining Sewer: LL determining Tracker/Trailer access: Yes Parking: 4/1000 SF Ceiling Height: 12'6" Power: LL determining TIA: \$20.00/SF
#5	Leslie Oaks Business Center 735 Tollgate Rd Elgin, IL		14,354 SF (Divisible)	\$10.00/SF Gross \$2.93/SF; Taxes, Insurance, and CAM Tenant pays their own utilities	Zoning: Medical Acceptable Built: 1989 Water: LL determining Sewer: LL determining Tracker/Trailer access: Yes Parking: 4/1000 SF Ceiling Height: 12'6" Power: LL determining TIA: \$20.00/SF

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#6	Leslie Oaks Business Center 685-695 Tollgate Rd Elgin, IL		11,501 SF (Divisible)	\$10.00/SF NNN \$3.28/SF; Taxes, Insurance, and CAM Tenant pays their own utilities.	Zoning: Medical Acceptable Built: 1989 Water: LL determining Sewer: LL determining Tracker/Trailer access: Yes Parking: 4/1000 SF Ceiling Height: 12'6" Power: LL determining TIA: \$20.00/SF
#7	Leslie Oaks Business Center 580-590 Tollgate Rd Elgin, IL		30,912 SF (Divisible)	\$11.00/SF NNN \$3.09/SF; Taxes, Insurance, and CAM Tenant pays their own utilities.	Zoning: Medical Acceptable Built: 1997 Water: LL determining Sewer: LL determining Tracker/Trailer access: Yes Parking: 4/1000 SF Ceiling Height: 12'6" Power: LL determining TIA: \$20.00/SF
#8	2130 Point Blvd Elgin, IL		9,443 SF (Divisible)	\$17.00/SF Gross Tenant pays their own utilities.	<i>*Fresenius signs located in parking lot of this building</i> Zoning: Medical Acceptable Built: 2005 Water: 3" Sewer: 4" Tracker/Trailer access: Yes Parking: 4/1000 SF Ceiling Height: 16' Power: LL determining TIA: \$45.00/SF
#9	1600 N Randall Elgin, IL		7,800 SF 1 st Floor	\$22.00/SF NNN \$9.00/SF; Taxes, Insurance, and CAM Tenant pays their own utilities.	Zoning: Medical Acceptable Built: 2010 Water: 4" Sewer: 8" Tracker/Trailer access: Yes Parking: 5/1000 SF Ceiling Height: 9' Power: LL determining HVAC: Ample TIA: \$65.00/SF

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Selected Site:
836 Dundee Avenue

ALTERNATIVE SITES

Locations

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COMPARISON OF ALTERNATIVES

<u>Alternative</u>	<u>Patient Access</u>	<u>Quality</u>
Site #1	Busy main street with no stop light at building	Incorrect size listed. Not large enough
Site #2	Too far from existing center	Nice area. Extended travel time for patients on busy streets
Site #3	Too far from existing center	Extended travel time for patient Located in busy strip mall
Site #4	Too close to FMC Clinic. Would under serve patients on other side of town	Nice location. Extended travel for patients.
Site #5	Too close to FMC Clinic. Would under serve patients on other side of town	Nice location. Extended travel for patients
Site #6	Too close to FMC clinic. Would under serve patients on the other side of town	Nice location. Extended travel for patients
Site #7	Too close to FMC Clinic. Would under serve patients on the other side of town	Nice location. Extended travel for patients
Site #8	In same complex as FMC. Would under serve patients on the other side of town	Nice location. Extended travel for patients
Site #9	Too close to FMC Clinic. Would underserve patients on the other side of town	Nice location. Extended travel for patients

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MAPQUEST.

Notes

COBBLESTONE DIALYSIS

Trip to 836 Dundee Ave

Elgin, IL 60120-3068

0.66 miles - about 2 minutes

Distance and travel time between current and proposed sites.

934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE.

go 0.0 mi



2. Turn LEFT onto SLADE AVE.

go 0.6 mi



3. Turn RIGHT onto DUNDEE AVE.

go 0.1 mi



4. 836 DUNDEE AVE is on the RIGHT.

[Map](#)

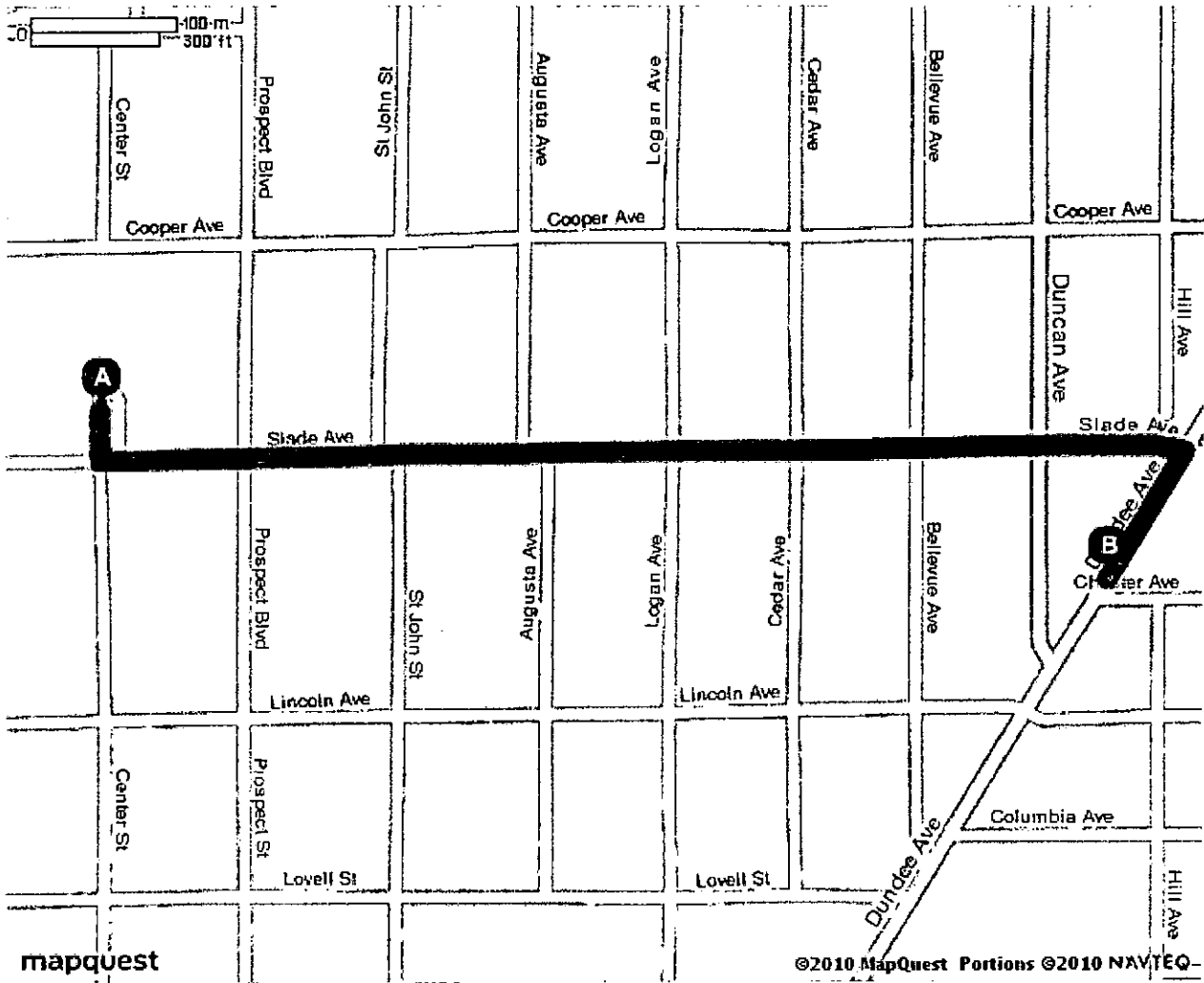
go 0.0 mi

836 Dundee Ave, Elgin, IL 60120-3068

Total Travel Estimate : 0.66 miles - about 2 minutes

Route Map [Hide](#)

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All rights reserved. Use subject to License/Copyright | Map Legend

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

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Mayor
Ed Schock

City Council
Richard Dunne
Robert Gilliam
David Kaptain
John Prigge
F. John Steffen
Mike Warren

City Manager
Sean R. Stegall

August 18, 2010

Studio-GC
Attn: Ms. Nikki Bridges
1600 Golf Road, Suite 1000
Rolling Meadows, IL. 60008

RE: REAL PROPERTY:
836 Dundee Avenue
Elgin, Illinois 60120
Kane County
Dialysis facility

Dear Ms Bridges:

This letter confirms that 836 Dundee Avenue is zoned an NB Neighborhood Business District.

Within an NB Neighborhood Business District, a dialysis facility is classified under Ordinance Section 19.35.330: Land Use: C. similar uses: miscellaneous health and allied services not elsewhere classified (SIC 809.) According to the Municipal Code, a similar use shall be subject to classification as a permitted use or as a conditional use. The City will permit the outpatient dialysis facility with medical and business offices.

A site plan should be submitted to the Community Development Department showing the layout for the dialysis facility at 836 Dundee Avenue. Final approval can only be granted following a determination on the site plan's compliance with the requirements of the NB District site design standards.

Please do not hesitate to contact me at (847) 931-5908.

Sincerely,

Lydia Treganza
Associate Planner
Community Development
City of Elgin

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ATTACHMENT 13(4)

COMPARISON OF ALTERNATIVES

<u>Alternative</u>	<u>Total Cost</u>	<u>Patient Access</u>	<u>Quality</u>	<u>Financial Benefits</u>
Replicate Existing Facility	\$404,838 construction costs	Same	Size of replicated facility determined to be sub standard by contemporary standards and Board criteria.	Project savings of \$94,764 or 4% of the Project Cost
Joint Venture	\$2,556,734 Project Cost	Same as Project	Same as project	No difference for patients DaVita would incur less capital cost but would maintain control & financial responsibility
Utilize Other Area Facilities	\$0	Poor access due to large current and projected population and high current occupancies	Loss of continuity of care due to large current and proposed patient population and high current occupancies	DaVita would incur no capital cost but patients would have high travel expenses. Cost of treatments would not change.

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SIZE OF PROJECT

Total Renal Care Inc. d/b/a Cobblestone Dialysis proposes to relocate its 14-station freestanding in-center hemodialysis facility. The facility would contain a total of approximately 6,606 gross square feet.

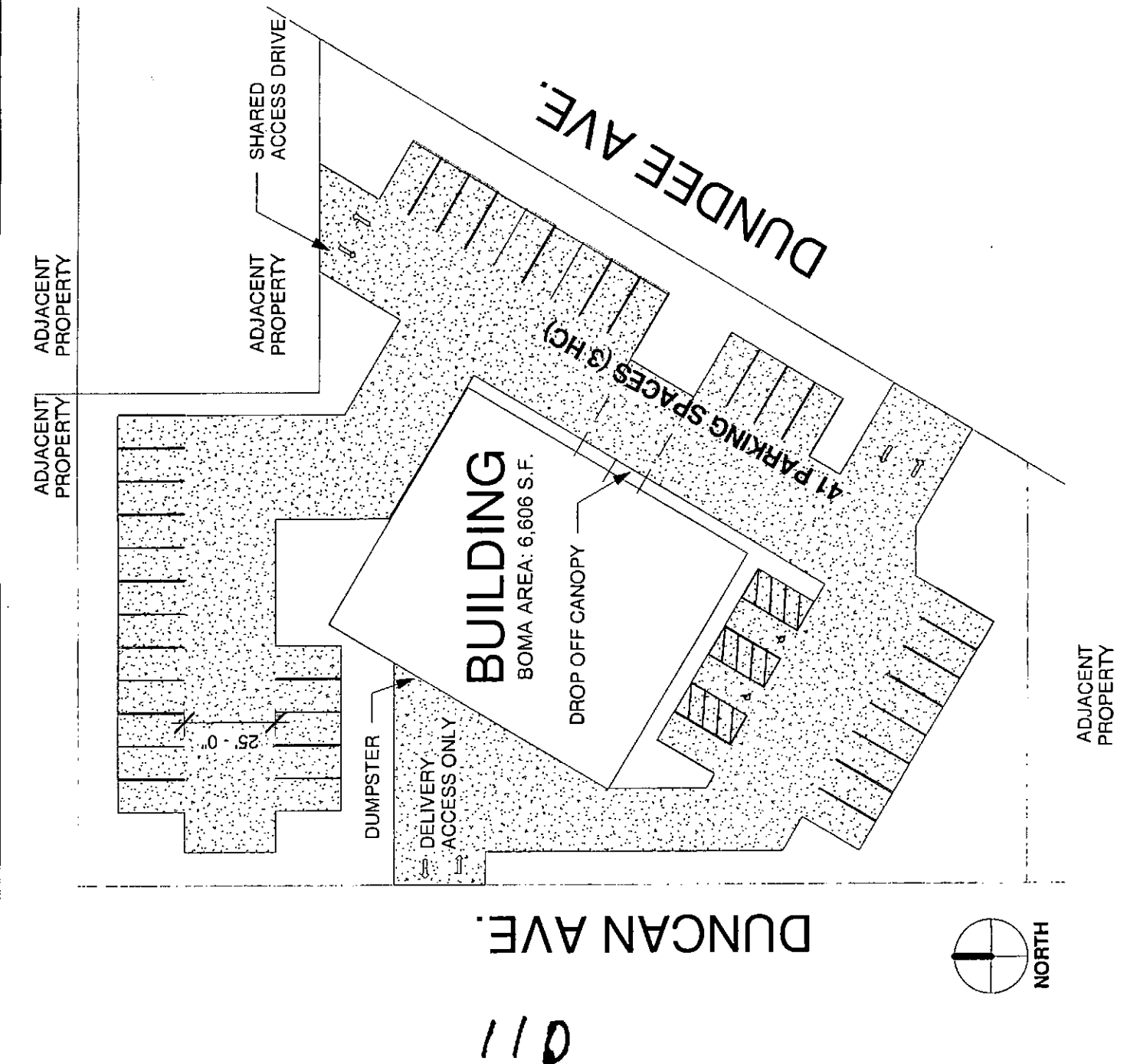
Please see schematics in Attachment 14(1.)

Therefore, the proposed 14-station hemodialysis service conforms to the IHFSRB guideline as follows:

<u>Number of Stations</u>	<u>Proposed GSF</u>	<u>GSF/Station</u>	<u>IHFSRB Standard</u>
14	6,606	472 gsf/station	520 dgsf/station

ATTACHMENT 14

109



DUNCAN AVE.

110



88' - 8"

74' - 6"



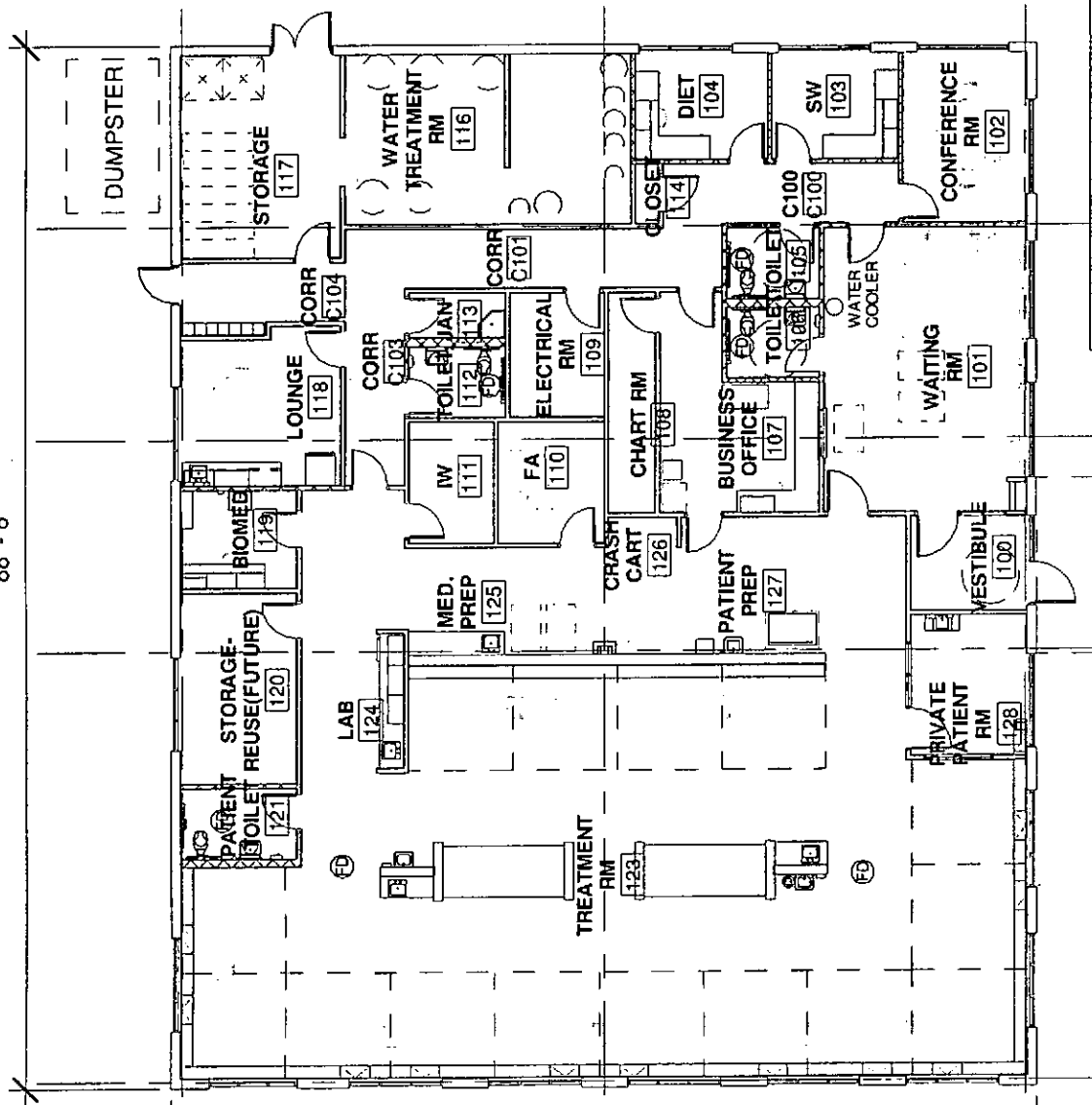
COI DIA For Dal

At 836 Dund City of Eg

copyright No.

FLO

Project



USABLE AREA (INSIDE FACE OF EXTERIOR WALL) 6,350 SF

BOMA AREA (EXTERIOR FACE OF EXTERIOR WALL) 6,606 SF

1 FIRST FLOOR PLAN - FACILITY
1/16" = 1'-0"

PROJECT UTILIZATION

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Cobblestone Dialysis' 14-station facility located at 934 N. Center Street in Elgin (60120) as the lease expires June 30, 2012 and the landlord, Sherman Hospital, is demolishing the building (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility. The project relocates the facility to a nearby site only two minutes away, 836 Dundee Avenue, Elgin (60120).

Historical and projected referrals

Cobblestone Dialysis has a large current and projected patient population. In June 2010 Cobblestone served 59 patients (see Attachment 15(1).) Cobblestone has another 36 patients on its waiting list (see Attachment 26C(1A) for the waiting list.) Four (4) physicians, Drs. Damaraju, Ahmad, Zahid, and Shah, identify 69 patient referrals to support Cobblestone Dialysis (see physician letters of referral in Attachment 26C(1).)

The 69 physician referrals include 52 transfer patients and another 17 pre-renal patients. The 52 transfers include 50 patients from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization. The 17 pre-renal patients are identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens.

Based on the large current and proposed number of patients, Cobblestone Dialysis projects to serve 68 patients by the end of the second year reaching 80% occupancy (see Attachment 15(2) for projected utilization.) Projections are conservative since physicians referred 25 new patients per year in 2009 alone. Projected utilization is further discounted 14% per year for patient mortality and transplantation (see Page 2 of Attachment 26C(3).)

Please refer to Attachment 26C "Establishment" for additional evidence of the need to re-establish Cobblestone Dialysis and supporting documentation that the facility will achieve the IHFSRB standard of 80% utilization by the end of the second year of operation.

Low impact of the project on other facilities in the market area

Cobblestone Dialysis will not impact other facilities. Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization (see physicians' letters of referral in Attachment 26C(1).) Therefore, Cobblestone Dialysis will not impact other facilities.

The evidence indicates that Cobblestone Dialysis will serve a large, increasing number of patients, achieving 80% occupancy by the end of the second year of operation in late 2013.

ATTACHMENT 15

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COBBLESTONE DIALYSIS

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	9570	67
2008	9562	63
2009	9585	65

MOST RECENT MONTHLY UTILIZATION

July 1, 2009 – June 30, 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
July	859	66
August	786	65
September	800	65
October	831	65
November	759	65
December	823	65
January	780	64
February	721	63
March	766	59
April	721	57
May	689	57
June	<u>733</u>	59
Total	9268	59

SOURCES: Cobblestone Dialysis

NOTES: Number of patients is for the last day of the reporting period.

ATTACHMENT 15(1)

113

COBBLESTONE DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	14	9,217	66	78.6%	80%	No
2013	14	9,628	68	81.0%	80%	Yes
2014	14	9,915	70	83.3%	80%	Yes

114

SOURCES: See notarized Letters of Referral in Attachment 26C (1) & (1A).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.
** Percent utilization is based on the IHFSRB standard: 3 patient shifts per day, 6 days per week.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
	62									
1	62	754	66	791	68	815	70	839	72	863
2	63	749	66	793	68	817	70	841	72	865
3	63	753	67	795	69	819	71	843	73	867
4	63	757	67	797	69	821	71	845	73	869
5	64	761	67	799	69	823	71	847	73	871
6	64	765	67	801	69	825	71	849	73	873
7	64	769	67	803	69	827	71	851	73	875
8	65	773	67	805	69	829	71	853	73	877
9	65	777	68	807	70	831	72	855	74	879
10	65	781	68	809	70	833	72	857	74	881
11	66	785	68	811	70	835	72	859	74	883
12	66	789	68	813	70	837	72	861	74	885
Total		<u>9,217</u>		<u>9,628</u>		<u>9,915</u>		<u>10,202</u>		<u>10,489</u>

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

115

<u>New Patients on Service</u>	
Beginning Patients	62
Less 14.0% Mortality	9
Ending Patients	66
Net New Patients	<u>13</u>

	66	68	70
Beginning Patients	62	68	70
Less 14.0% Mortality	9	10	10
Ending Patients	66	70	74
Net New Patients	<u>13</u>	<u>12</u>	<u>12</u>

PLANNING AREA NEED

Formula Need Calculation

1 – 3. DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Cobblestone Dialysis' 14-station facility located at 934 N. Center Street in Elgin (60120) as the lease expires June 30, 2012 and the landlord, Sherman Hospital, is demolishing the building (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility. The project relocates the facility to a nearby site only two minutes away, 836 Dundee Avenue, Elgin (60120).

Current need methodology indicates a need for 3 stations in Planning Area 8, as follows:

Planning Area Health Service Area 8 –Kane-Lake-McHenry (KLM) Counties

Category of Service	No. of Additional Stations Requested	HFPB Inventory Need 2010 Population	Part 1100 Occupancy/Utilization Standard
In-Center Hemodialysis	0 stations	3 Stations	80% use rate

The current need methodology is based on 2005 – 2010 population data. As the facility anticipates reaching 80% occupancy by the end of the second year of operation in late 2013, more recent Board-adopted population data for 2015 indicate a need for 25 stations in Planning Area 8, as follows:

Category of Service	No. of Additional Stations Requested	HFPB Inventory Need or Excess 2015 Population	Part 1100 Occupancy/Utilization Standard
In-Center Hemodialysis	0 stations	25 Stations	80% use rate

4. Total Renal Care Inc. d/b/a Cobblestone Dialysis will meet and exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Cobblestone Dialysis anticipates serving 68 patients by the end of the second full year of operation, reaching 80% occupancy, as follows:

$$\frac{\text{68 proposed patients}}{\text{84 patient-capacity*}} = 80\%$$

* The proposed occupancy complies with Section 1100.630(e) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serves six patients. Therefore, fourteen (14) stations can serve 84 patients.

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Historical and projected referrals

Cobblestone Dialysis has a large current and projected patient population. In June 2010 Cobblestone served 59 patients (see Attachment 26E(1).) Cobblestone has another 36 patients on its waiting list (see Attachment 26C(1A) for the waiting list.) Four (4) physicians, Drs. Damaraju, Ahmad, Zahid, and Shah, identify 69 patient referrals to support Cobblestone Dialysis (see physician letters of referral in Attachment 26C(1).)

The 69 physician referrals include 52 transfer patients and another 17 pre-renal patients. The 52 patient transfers include 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization. The 17 pre-renal patients are identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens.

Based on the large current and proposed number of patients, Cobblestone Dialysis projects to serve 68 patients by the end of the second year reaching 80% occupancy (see Attachment 26A(1) for projected utilization.) Projections are conservative since physicians referred 25 new patients per year in 2009 alone.

Projected utilization is further discounted 14% per year for patient mortality and transplantation (see Page 2 of Attachment 26A(1).)

COBBLESTONE DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2012 - 2014**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2012	14	9,217	66
2013	14	9,628	68
2014	14	9,915	70

SOURCES: See notarized Letters of Referral in Attachment 26C (1) & (1A).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

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IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	62	754	66	791	68	815	70	839	72	863
2	63	749	66	793	68	817	70	841	72	865
3	63	753	67	795	69	819	71	843	73	867
4	63	757	67	797	69	821	71	845	73	869
5	64	761	67	799	69	823	71	847	73	871
6	64	765	67	801	69	825	71	849	73	873
7	64	769	67	803	69	827	71	851	73	875
8	65	773	67	805	69	829	71	853	73	877
9	65	777	68	807	70	831	72	855	74	879
10	65	781	68	809	70	833	72	857	74	881
11	66	785	68	811	70	835	72	859	74	883
12	66	789	68	813	70	837	72	861	74	885
Total		<u>9,217</u>		<u>9,628</u>		<u>9,915</u>		<u>10,202</u>		<u>10,489</u>

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

119

<u>New Patients on Service</u>	
Beginning Patients	62
Less 14.0% Mortality	9
Ending Patients	66
Net New Patients	<u>13</u>

SERVICE TO PLANNING AREA RESIDENTS

The project will continue to provide needed in-center hemodialysis services to residents of Planning Area 8, Kane-Lake-McHenry Counties. Please refer to patient origin data in Attachment 26B(1). Over 94% of all current patients live in the planning area, 54 of the current 57 patients.

See Attachment 26B(2) for a table and map which display the patient origin of the 105 initial patient referrals to Cobblestone Dialysis. The data indicate that 94% (99 of the 105) of the initial 105 patients live in Planning Area 8 where the facility will be located.

120

ATTACHMENT 26B

COBBLESTONE DIALYSIS

PATIENT ORIGIN

Current Patients

JULY 23, 2010

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Elgin	60120	21	36.8
Elgin	60123	18	31.6
Elgin	60124	1	1.8
Genoa *	60135	1	1.8
Streamwood *	60107	1	1.8
South Elgin	60177	3	5
West Dundee	60118	2	3.5
Carpentersville	60110	5	8.8
Algonquin	60102	2	3.5
Lake Barrington	60010	1	1.8
Huntley	60142	1	1.8
Hanover Park *	60133	<u>1</u>	<u>1.8</u>
Total		57	100%

Source: Cobblestone Dialysis

Note: * These three patients live outside the planning area. Therefore, 54 of the 57 current patients live in Planning Area 8, Kane-Lake-McHenry Counties, representing 94.7% of all patients.

ATTACHMENT 26B (1)

121

COBBLESTONE DIALYSIS

PATIENT ORIGIN

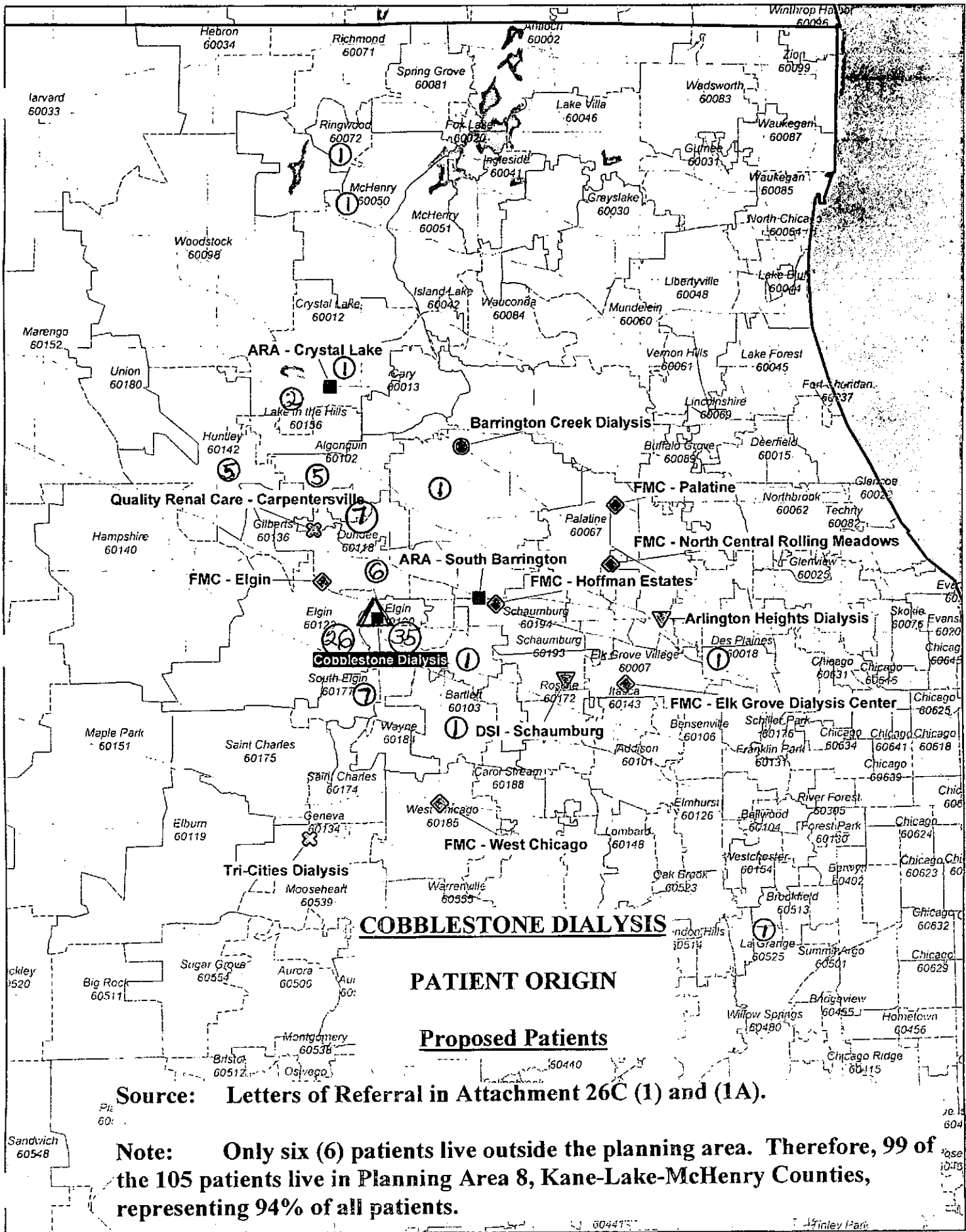
Proposed Patients

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Barrington	60010	1	1%
Crystal Lake	60014	1	1%
Des Plaines*	60018	1	1%
McHenry	60050	1	1%
Ringwood	60072	1	1%
Algonquin	60102	5	5%
Bartlett	60103	1	1%
Streamwood *	60107	1	1%
Carpentersville	60110	7	7%
West Dundee	60118	6	6%
Elgin	60120	35	33%
Elgin	60123	26	25%
Huntley	60142	5	5%
Lake in the Hills	60156	2	2%
South Elgin	60177	7	7%
Markham*	60428	1	1%
LaGrange*	60525	1	1%
Chicago*	60657	<u>2</u>	<u>2%</u>
Total		105	100%

Source: Cobblestone Dialysis

Note: * These six (6) patients live outside the planning area. Therefore, 99 of the 105 patients live in Planning Area 8, Kane-Lake-McHenry Counties, representing 94% of all patients.

122



Source: Letters of Referral in Attachment 26C (1) and (1A).

Note: Only six (6) patients live outside the planning area. Therefore, 99 of the 105 patients live in Planning Area 8, Kane-Lake-McHenry Counties, representing 94% of all patients.

- ARA
- DaVita
- DSI
- FMC
- independent
- hospital

123

SERVICE DEMAND: ESTABLISH A NEW SERVICE

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Cobblestone Dialysis' 14-station facility located at 934 N. Center Street in Elgin (60120) as the lease expires June 30, 2012 and the landlord, Sherman Hospital, is demolishing the building (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility. The project relocates the facility to a nearby site only two minutes away, 836 Dundee Avenue, Elgin (60120).

Historical and projected referrals

Cobblestone Dialysis has a large current and projected patient population. In June 2010 Cobblestone served 59 patients (see Attachment 26E(1).) Cobblestone has another 36 patients on its waiting list (see Attachment 26C(1A) for the waiting list.) Four (4) physicians, Drs. Damaraju, Ahmad, Zahid, and Shah, identify 69 patient referrals to support Cobblestone Dialysis (see physician letters of referral in Attachment 26C(1).)

The 69 physician referrals include 52 transfer patients and another 17 pre-renal patients. The 52 patient transfers include 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization. The 17 pre-renal patients are identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens.

Based on the large current and proposed number of patients, Cobblestone Dialysis projects to serve 68 patients by the end of the second year reaching 80% occupancy (see Attachment 26C(3) for projected utilization.) Projections are conservative since physicians referred 25 new patients per year in 2009 alone. Projected utilization is further discounted 14% per year for patient mortality and transplantation (see Page 2 of Attachment 26C(3).)

Other evidence of the need to re-establish through relocation

Further evidence of the need to re-establish the facility is as follows:

- (1) High (77%) occupancy of dialysis stations currently operating in the market area;
- (2) Growing patient population in the market area;
- (3) High ratio of population per dialysis station in the market area; and
- (4) Low impact on other facilities in the market area.

High utilization of dialysis Stations operating in the market area

Cobblestone's market area, within 30 minutes of its facility, contains over 1,312,154 people. Ten (10) other facilities currently serve this large population. These ten (10) facilities served 764 patients in 203 stations, a 78% average occupancy (see Attachment 12(3) for population and facility documentation.) Three (3) new, 12-station facilities will serve the market area (FMC – Elgin and DaVita's Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year. However these facilities are each supported by different physicians with separate and distinct referrals! Cobblestone's four (4) referring physicians verify that patient referrals have not been used to support other pending or approved CONs (see letters of referral in Attachment 26C(1).)

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Cobblestone serves a growing population in KLM Counties, Planning Area 8

For proposed patient origin please refer to Attachment 26C(2). Of the 105 proposed patients 99 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) Counties. This number represents 94% of all patients. Data from The Renal Network indicate that the use of dialysis services in the market area grows each year (see Attachment 12(5).) Between January 2007 and June 2010 patients increased 17% from 702 to 821 patients. Therefore, the dialysis population in the market area grew 6.8% per year on average between 2007 and June 2001, as follows:

Cobblestone Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Number of Patients	702	332	352	367
Percentage Increase				17.0%
Average Annual % Increase				6.8%

SOURCE: The Renal Network

High ratio of population per dialysis station in the market area

The ratio of people per dialysis station emphasizes the need to retain all 14 stations to ensure timely access to care (see Attachment 12(6).) The market area will have 217 stations when all stations are operational. These 217 stations will serve a population of 1,312,154 (2000 U.S. Census data), a ratio of 6,047 people per station. Data indicate that the market area has 73% more people per station than Illinois with a ratio of only 3,486 people per station and 18% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Cobblestone Dialysis to re-establish its 14-station facility by relocating its 14 stations to ensure timely access to care.

Low impact of the project on other facilities in the market area

Cobblestone Dialysis will not impact other facilities. Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization (see physicians' letters of referral in Attachment 26C(1).) Therefore, Cobblestone Dialysis will not impact other facilities.

The evidence indicates that Cobblestone Dialysis will serve a large, increasing number of patients, achieving 80% occupancy by the end of the second year of operation in late 2013.

Northwest Kidney Consultants, S.C.

Ravi Damaraju, M.D.
1710 N. Randall Road
Suite 330
Elgin, IL. 60123

August 2, 2010

Mary J. Anderson, R. N.
Group Director
DaVita – Star Catchers
1131 North Galena Avenue
Dixon, IL 61021

Dear Ms. Anderson:

I am pleased to support the relocation of Cobblestone Dialysis. The new fourteen (14) – station chronic renal dialysis facility, located at 836 Dundee Avenue in Elgin, IL (60120) will provide us with the space we need to provide the services needed for today's standard of care. Therefore, I am excited by the enhancement in patient care which the facility offers my patients.

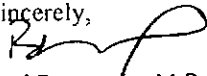
Between 2008 and 2009 my practice in the area grew extensively from zero in-center hemodialysis patients to 17 patients. In 2009 alone I referred a total of 12 new in-center hemodialysis patients to facilities in the area. Please refer to the attached Historical Caseload of my recent practice in the area.

Due to this growth in my practice I am in full support of your plans. I have discussed the project with my patients and when your facility opens next year I would refer 19 patients plus nine (9) from Cobblestone for a total of 28 patients. Please see the attached list which summarizes patients who desire dialysis care in your new facility. Patients seeking care at your new facility in Elgin include two (2) plus nine (9) from Cobblestone = 11 current patients who wish to transfer to the new facility and 17 patients with renal insufficiency.

I verify that these patient referrals have not been used to support another pending or approved renal dialysis CON application.

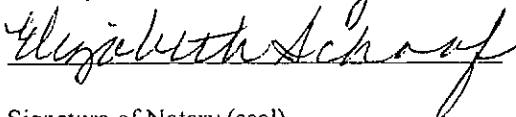
I attest that the information submitted in this letter is true and correct to the best of my knowledge.

Sincerely,

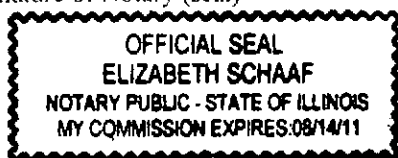

Ravi Damaraju, M.D.
Nephrologist

Notarization:

Subscribed and sworn before me this

16th day of August 2010


Signature of Notary (seal)



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COBBLESTONE DIALYSIS

Physician Referrals

<u>Pre-Renal Patients</u>	<u>Number of Patients</u>	<u>Zip Code of Residence</u>	<u>Patient Initials</u>	<u>eGFR</u>
	1	60123	KS	15
	2	60156	LK	18
	3	60014	DF	22
	4	60156	HJ	28
	5	60123	CV	25
	6	60072	LV	22
	7	60177	SL	19
	8	60110	PP	22
	9	60177	MA	19
	10	60110	RP	26
	11	60120	DG	17
	12	60142	PK	16
	13	60118	DT	25
	14	60142	DM	11
	15	60142	EF	13
	16	60050	MD	9
	17	60123	FB	12
<u>Transfer Patients</u>				<u>Current Dialysis Facility</u>
Cobblestone Dialysis	1	60123	SA	Cobblestone Dialysis
	2	60123	RG	Cobblestone Dialysis
	3	60123	HK	Cobblestone Dialysis
	4	60120	CM	Cobblestone Dialysis
	5	60123	OR	Cobblestone Dialysis
	6	60110	BS	Cobblestone Dialysis
	7	60120	AT	Cobblestone Dialysis
	8	60110	mo	Cobblestone Dialysis
	9	60120	JV	Cobblestone Dialysis
QRC - Carpentersville	1	60118	LC	QRC-Carpentersville
	2	60120	TC	QRC-Carpentersville
TOTALS	28			

I certify that the above information is true and correct to the best of my knowledge.

Physician Name: Dr. Ravi Damaraju

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NEW REFERRALS OF DR. <u>Damaraju</u> FOR THE PAST TWELVE MONTHS												
January 1, 2009-December 31, 2009												
Patient	Sherman Hospital	Sherman (C.L.I.)	ARA - Crystal Lake	FMC of	ARA - South Barrington	FMCNA - Neomedica	Quality Renal Care	Quality Renal Care	Quality Renal Care	Devita	DSJ	Totals
Zip Code	(DVA/Cobblesstone)	DVA Crystal Lake	Dialysis Center	McHenry	Dialysis Center	Hoffman Estates	Marengo	C/Ville	Sycamore	Schaumburg		
60142			1									1
60097			1									1
60135				1			1					1
60120								1				1
60124	1											1
60123												1
	2	0	2	1	0	0	1	1	0	0		7

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LIST OF PATIENTS OF DR. Damaraju

BY FACILITY AND ZIP CODE
2007

RECIPIENT DIALYSIS FACILITY

Zip Code of Patient Residence	Sherman - Elgin DVA - Cobblestone
60120	8
60123	5
60177	1
60118	1
60102	1
60110	3
	19

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LIST OF PATIENTS OF DR. Damaraju

BY FACILITY AND ZIP CODE

2008

RECIPIENT FACILITY

Zip Code	Crystal Lake		ARA - Crystal Lake		ARA - South Barrington		FMCNA - Neomedica		Quality Renal Care		Quality Renal Care		Quality Renal Care		Davita		DSI		TOTALS
	Dialysis	Dialysis Center	Dialysis Center	McHenry	Dialysis Center	Hoffman Estates	Mareno	Carpentersville	Sycamore	Schaumburg	DSI	TOTALS							
60053				1															1
60098																			0
60116																			1
60120	6																		6
60123	3																		3
60110	1																		1
TOTALS	10			1		0		0		0		1			0			0	13

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LIST OF PATIENTS OF DR. Damaraju
BY FACILITY AND ZIP CODE
2009

Zip Code	Sherman Hospital DVA Cobblestone	ARA - Crystal Lake Dialysis Center	FMC of McHardy	Quality Renal Care Matango	Quality Renal Care Carpentersville	TOTALS
60014		1				1
60051			1			1
60097			1			1
60098		1				1
60118					1	1
60119						0
60120	7				1	8
60135				1		1
60123	3					3
60110	1					1
TOTALS	11	2	2	1	2	18

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PATIENTS OF DR. Damaraju										
BY FACILITY AND ZIP CODE										
Patient Zip Code	Sherman - Elgin DVA - Cobblestone	Sherman - C.L. DVA - Crystal L.	ARA - Crystal Lake Dialysis Center	DaVita - Barrington Creek Dialysis	FMC of McHenry	ARA - South Barrington Dialysis Center	FMCNA - Neomedica Hoffman Estates	Quality Renal Care Marenngo	Quality Renal Care Carpenstersville	Totals
60014	1	1	1		1					3
60042			1					2		3
60099			1		1					2
60051					2					2
60123	7					2				9
60177							1			1
60135								1		1
60118									1	1
60120									1	1
60124	2									2
	9	1	3	0	4	2	1	3	2	25

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ENA**Elgin Nephrology Assoc., S.C.**

August 13, 2010

* NASIR J. AHMAD, M.D.

* IRUM SHAHAB, M.D.

* AAMIR A. MEMON, M.D.

JESSICA HAISLEY, PA-C

CARRIE KOPALA, PA-C

296 W. Spring Street
South Elgin, IL 60177
(847) 697-26922201 Randall Road
Carpentersville, IL 60110
(847) 428-210016 State Street
Hampshire, IL 60140
(847) 683-3661Mary J. Anderson, R.N.
Group Director
DaVita-Total Renal Care, Inc.
1131 North Galena Avenue
Dixon, IL 61021

Dear Ms. Anderson:

I am pleased to support the relocation of Cobblestone Dialysis. The new fourteen (14) station chronic renal dialysis facility located at 836 Dundee Avenue in Elgin, IL (60120) will provide us with the space we need to provide the services needed for today's standard of care. Therefore, I am excited by the enhancement in patient care which the facility offers my patients.


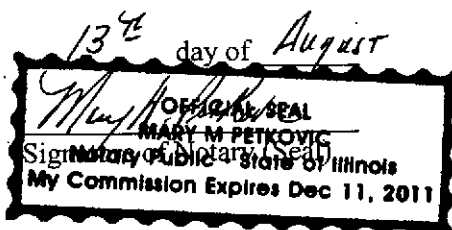
Between 2007 and 2009, my practice in the area grew 25%. In 2009 alone I referred a total of 30+ new in-center patients to facilities in the area.

Due to this growth in my practice I am in full support of your plans. I have discussed the project with my patients and when your facility opens next year I would refer 19 patients. Please see the attached list which summarizes patients who desire dialysis care in your new facility. Patients seeking care at your new facility in Elgin include both current patients who wish to transfer to the new facility and patients with renal insufficiency.

I verify that these patient referrals have not been used to support another pending or approved renal dialysis CON application.

I attest that the information submitted in this letter is true and correct to the best of my knowledge.

Sincerely,


Nasir J. Ahmad, M.D., F.D.
Notarization:
Subscribed and sworn before me this

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ATTACHMENT 26C(1)
Page 8 of 25

COBBLESTONE DIALYSIS

Physician Referrals

<u>Number of Patients</u>	<u>Pre-Renal Patients</u>	<u>Zip Code of Residence</u>	<u>Patient Initials</u>	<u>eGFR</u>	<u>Total</u>
---------------------------	---------------------------	------------------------------	-------------------------	-------------	--------------

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

Totals

Transfer Patients

Current Dialysis Facility

Patient Initials

Zip Code of Residence

10					
11					
1	60123	RA	Cobblestone Dialysis		
2	60107	NB	Cobblestone Dialysis		
3	60123	MB	Cobblestone Dialysis		
4	60118	DC	Cobblestone Dialysis		
5	60120	ME	Cobblestone Dialysis		
6	60120	RF	Cobblestone Dialysis		
7	60120	DF	Cobblestone Dialysis		
8	60120	SG	Cobblestone Dialysis		
9	60123	LG	Cobblestone Dialysis		
10	60010	RJ	Cobblestone Dialysis		
11	60120	EM	Cobblestone Dialysis		
12	60123	CM	Cobblestone Dialysis		
13	60120	AP	Cobblestone Dialysis		
14	60142	MR	Cobblestone Dialysis		
15	60120	PR	Cobblestone Dialysis		
16	60123	WR	Cobblestone Dialysis		
17	60120	CS	Cobblestone Dialysis		
18	60177	DS	Cobblestone Dialysis		
19	60120	GS	Cobblestone Dialysis		

I certify that the above information is true and correct to the best of my knowledge.

Physician Name: Dr. _____ Ahmad

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NEW REFERRALS OF DR. Ahmad		FOR THE PAST TWELVE MONTHS	
January 1, 2009-December 31, 2009			
Patient	Shirman Hospital		
Zip Code	(DVA Cobblestone)		
80123	4		
80120	2		
	8		

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LIST OF PATIENTS OF DR. Ahmad

BY FACILITY AND ZIP CODE

2008

Zip Code	RECIPIENT FACILITY	
	Sherman Hospital	DVA Cobblestone
60123	8	
60107	1	
60124	3	
60120	6	
60110	1	
60010	1	
60177	2	
60118	1	
60102	1	
60142	1	
	25	

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LIST OF PATIENTS OF DR. Ahmad		BY FACILITY AND ZIP CODE	
2008		Sherman Hospital	
Zip Code	Cobblestone		
60123	9		
60107	1		
60120	8		
60177	2		
60118	1		
60110	1		
60010	1		
60142	1		
60124	1		
	25		

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The Elgin Clinic, LTD

MOHAMMAD ZAHID, M.D.,F.A.C.P.,F.A.C.N.
Diplomate, American Board of Internal Medicine and Nephrology

August 2, 2010

Mary J. Anderson, R. N.
Group Director
DaVita-Total Renal Care, Inc.
1131 North Galena Avenue
Dixon, IL 61021

Dear Ms. Anderson:

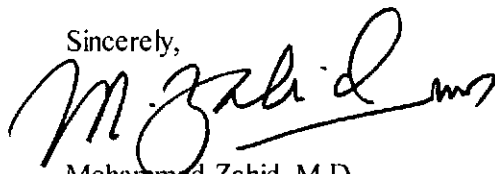
I am pleased to support the relocation of Cobblestone Dialysis.

As you are aware, the number of patients under my care at your Elgin facility varies, and I currently have 19 patients at that facility.

I would imagine that a majority of my Elgin facility patients will elect to use the proposed facility, once the existing facility is closed.

To a great extent, I leave the choice of a dialysis facility up to my patients, and to the extent that future patients desire to be treated at Cobblestone Dialysis, I would be happy to accommodate their desire, assuming a treatment slot is available.

Sincerely,



Mohammed Zahid, M.D.
Nephrologist

Notarization:

Subscribed and sworn before me this
23 day of August.

Lana Mirza
Signature of Notary (seal)



139

The Elgin Clinic, Ltd.,
1530 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Barrington, IL 60010
(847) 697-6464

Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60050
(847) 697-6464

ATTACHMENT 26C(1)
Page 13 of 25

COBBLESTONE DIALYSIS

Physician Referrals

Transfer Patients

	<u>Zip Code of Residence</u>	<u>Patient Initials</u>	<u>Current Dialysis Facility</u>
1	60120	WA	Cobblestone Dialysis
2	60123	GD	Cobblestone Dialysis
3	60123	JG	Cobblestone Dialysis
4	60123	RH	Cobblestone Dialysis
5	60120	LI	Cobblestone Dialysis
6	60120	HL	Cobblestone Dialysis
7	60123	RM	Cobblestone Dialysis
8	60102	AM	Cobblestone Dialysis
9	60118	MO	Cobblestone Dialysis
10	60120	MP	Cobblestone Dialysis
11	60120	EP	Cobblestone Dialysis
12	60177	KP	Cobblestone Dialysis
13	60110	LQ	Cobblestone Dialysis
14	60110	JR	Cobblestone Dialysis
15	60120	SR	Cobblestone Dialysis
16	60133	PT	Cobblestone Dialysis
17	60120	JW	Cobblestone Dialysis
18	60110	GE	Cobblestone Dialysis
19	60123	KN	Cobblestone Dialysis

I certify that the above information is true and correct to the best of my knowledge.

Physician Name: Dr. M. Zahid

140

NEW REFERRALS OF DR. Zahid FOR THE PAST TWELVE MONTHS
 January 1, 2009-December 31, 2009

Patient Zip Code	Sherman Hospital (DVA/Cobblesstone)
60120	6
60123	2
60124	1
60118	1
60110	1
	11

141

LIST OF PATIENTS OF DR. Zahid

BY FACILITY AND ZIP CODE
2007

Zip Code of Patient	Sherman - Elgin DVA - Cobblestone	RECIPIENT DIALYSIS FACILITY						
60120	7							
60123	7							
60124	3							
60177	2							
60102	2							
60110	2							
60113	1							
	24							

142

LIST OF PATIENTS OF DR. Zahid

BY FACILITY AND ZIP CODE

2008

RECIPIENT FACILITY

Zip Code	Sherman Hospital	DVA Cobblestone								
60120	5									
60123	4									
60124	3									
60102	3									
60177	3									
60110	1									
60133	1									
	20									

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LIST OF PATIENTS OF DR. Zahid.											
BY FACILITY AND ZIP CODE											
2009											
Zip Code	DVA	Cobblestone									
	Sherman Hospital										
60120	5										
60124	2										
60118	1										
60123	7										
60102	2										
60177	2										
60110	2										
60133	1										
	22										

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**PATIENTS OF Dr. Zahid
BY FACILITY AND ZIP CODE**

2010 2nd Quarter

Patient Zip Code	Sherman - Elgin DVA Cobblestone
60120	6
60123	6
60102	2
60118	1
60177	1
60110	1
60133	1
	18

145

Shah Medical Center
484 Summit Street
Elgin, IL 60120
847-742-5530

August 2, 2010

Mary J. Anderson, R. N.
Group Director
DaVita-Total Renal Care, Inc.
1131 North Galena Avenue
Dixon, IL 61021

Dear Ms. Anderson:

I am pleased to support the relocation of Cobblestone Dialysis. The new fourteen (14)-station chronic renal dialysis facility, located at 836 Dundee Avenue in Elgin, IL (60120) will provide us with the space we need to provide the services needed for today's standard of care. Therefore, I am excited by the enhancement in patient care which the facility offers my patients.

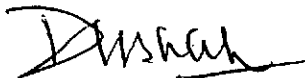
Between 2007 and 2009 my practice in the area grew 5% from 4 in-center hemodialysis patients to 6 patients. In 2009 alone I referred a total of 6 new in-center hemodialysis patients to facilities in the area.

Due to this growth in my practice I am in full support of your plans. I have discussed the project with my patients and when your facility opens next year I would refer 3 patients. Please see the attached list which summarizes patients who desire dialysis care in your new facility. Patients seeking care at your facility in Elgin include both current patients who wish to transfer to the new facility and patients with renal insufficiency.

I verify these patients referrals have not been used to support another pending or approved renal dialysis CON application.

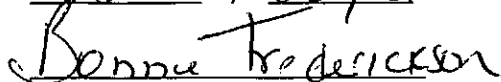
I attest that the information submitted in this letter is true and correct to the best of my knowledge.

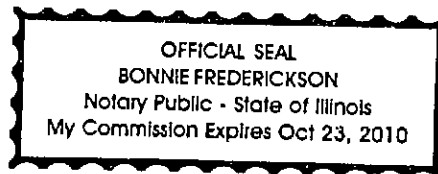
Sincerely,


Devendra Shah, M.D.
Nephrologist

Notarization:

Subscribed and sworn before me this
18 day of Aug 2010


Signature of Notary (seal)



146

COBBLESTONE DIALYSIS

Physician Referrals

Number of Patients	Pre-Renal Patients	Zip Code of Residence	Patient Initials	eGFR	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

Totals

147

Transfer Patients

Zip Code of Residence	Patient Initials	Current Dialysis Facility
10		
11		
1		
2		
3		
60177	SC	Cobblestone Dialysis
60120	PG	Cobblestone Dialysis
60120	OT	Cobblestone Dialysis

I certify that the above information is true and correct to the best of my knowledge.

Physician Name: Dr. _____ State: IL
 Physician Signature: [Signature]
 Date: 8/11/10 August 6, 2010

NEW REFERRALS OF DR. Shah FOR THE PAST TWELVE MONTHS											
January 1, 2009-December 31, 2009											
			Patient			Sherman Hospital					
			Zip Code			(DVACobblestone)					
			60120			1					

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LIST OF PATIENTS OF DR. Shah

BY FACILITY AND ZIP CODE

2008

RECIPIENT FACILITY

Sherman Hospital
DVA Cobblestone

Zip Code 60120 2

149

LIST OF PATIENTS OF DR. <u>Shah</u> BY FACILITY AND ZIP CODE			
2009			
Zip Code	Sherman Hospital Cobblestone		
60120	2		
60177	1		
	3		

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DaVita Dixon Kidney Center
1131 North Galena Ave.
Dixon, IL 61021
Tel: 815.284.0595 | Fax: 815.284.0547
www.davita.com

August 26, 2010

Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

Dear Ms. Wozniak:

We currently have 36 patients on our waiting list. These patients had not been admitted to the facility previously due to lack of a Renal Dietitian and Social Worker.

Please refer to the attached document for the initials and zip codes of residence of the patients on our waiting list.

I verify that the patient referrals have not been used to support another pending or approved CON application for the subject services.

I attest that the information submitted in this letter is true and correct to the best of my knowledge.

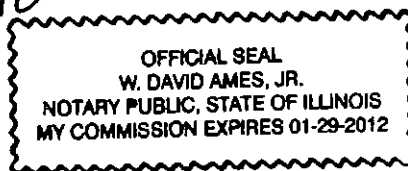
Sincerely,

Mary J. Anderson.
Regional Operations Director

Notarization:

Subscribed and sworn before me this
27 day of AUGUST 2010

Signature of Notary (seal)
LEE CO ILLINOIS



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COBBLESTONE DIALYSIS

Patient Waiting List

Zip Code of Residence Patient Initials

1	60123	SH
2	60018	CB
3	60120	JL
4	60102	MM
5	60657	BB
6	60123	KW
7	60123	BV
8	60123	MC
9	60120	TC
10	60123	AJ
11	60142	BC
12	60123	HB
13	60123	PA
14	60177	IW
15	60120	VL
16	60102	MS
17	60120	RR
18	60123	AD
19	60118	RM
20	60123	MO
21	60123	AL
22	60120	RD
23	60428	GS
24	60525	EM
25	60103	IN
26	60120	AT
27	60120	DC
28	60123	AP
29	60102	GN
30	60657	RJ
31	60102	NL
32	60123	ES
33	60177	GA
34	60120	VR
35	60118	RZ
36	60120	VS

I certify that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: August 26, 2010

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DaVita Dixon Kidney Center
1131 North Galena Ave.
Dixon, IL 61021
Tel: 815.284.0595 | Fax: 815.284.0547
www.davita.com

August 31, 2010

Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

Dear Ms. Wozniak:

We currently have 36 patients on our waiting list. These patients are from the following referral sources:

Case Manager Northwestern - 3 patients
Case Manager Sherman Hospital - 8 patients
Case Manager St Joe's Hospital - 2 patients
Dr Rosner - 4 patients
Dr Pavithran - 2 patients
Dr Damaraju - 4 patients
Dr Shahab - 1 patient
Dr DiSilvestro - 1 patient
Social Worker DSI - 3 patients
Social Worker FMC - 2 patients
Social Worker QRC - 3 patients
Social Worker ARA - 3 patients

For the past 12 months, patient admissions have been from the following referral sources:

Case Manager Northwestern - 1 patient
Case Manager Sherman Hospital - 7 patients
Case Manager St Joe's Hospital - 1 patient
Dr Damaraju - 2 patients
Social Worker - ARA 2 patients
Social Worker - QRC 1 patient

I verify that the patient referrals have not been used to support another pending or approved CON application for the subject services.

I attest that the information submitted in this letter is true and correct to the best of my knowledge.

Sincerely,

Mary J. Anderson
Regional Operations Director

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COBBLESTONE DIALYSIS

PATIENT ORIGIN

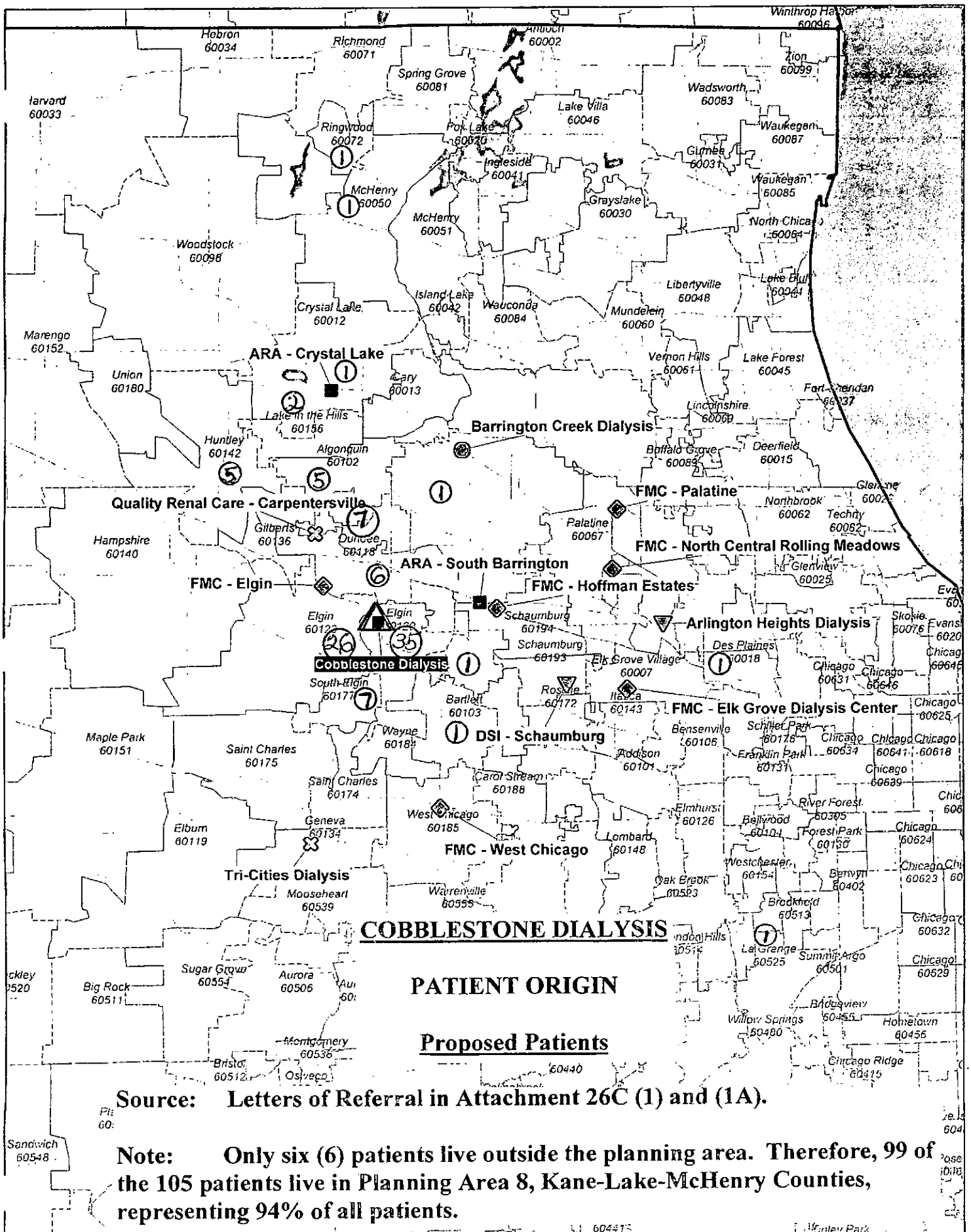
Proposed Patients

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Barrington	60010	1	1%
Crystal Lake	60014	1	1%
Des Plaines*	60018	1	1%
McHenry	60050	1	1%
Ringwood	60072	1	1%
Algonquin	60102	5	5%
Bartlett	60103	1	1%
Streamwood *	60107	1	1%
Carpentersville	60110	7	7%
West Dundee	60118	6	6%
Elgin	60120	35	33%
Elgin	60123	26	25%
Huntley	60142	5	5%
Lake in the Hills	60156	2	2%
South Elgin	60177	7	7%
Markham*	60428	1	1%
LaGrange*	60525	1	1%
Chicago*	60657	<u>2</u>	<u>2%</u>
Total		105	100%

Source: Cobblestone Dialysis

Note: * These six (6) patients live outside the planning area. Therefore, 99 of the 105 patients live in Planning Area 8, Kane-Lake-McHenry Counties, representing 94% of all patients.

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COBBLESTONE DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2012 - 2014**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2012	14	9,217	66
2013	14	9,628	68
2014	14	9,915	70

SOURCES: See notarized Letters of Referral in Attachment 26C (1) & (1A).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	62	754	66	791	68	815	70	839	72	863
2	63	749	66	793	68	817	70	841	72	865
3	63	753	67	795	69	819	71	843	73	867
4	63	757	67	797	69	821	71	845	73	869
5	64	761	67	799	69	823	71	847	73	871
6	64	765	67	801	69	825	71	849	73	873
7	64	769	67	803	69	827	71	851	73	875
8	65	773	67	805	69	829	71	853	73	877
9	65	777	68	807	70	831	72	855	74	879
10	65	781	68	809	70	833	72	857	74	881
11	66	785	68	811	70	835	72	859	74	883
12	66	789	68	813	70	837	72	861	74	885
Total		<u>9,217</u>		<u>9,628</u>		<u>9,915</u>		<u>10,202</u>		<u>10,489</u>

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

<u>New Patients on Service</u>	
Beginning Patients	62
Less 14.0% Mortality	9
Ending Patients	66
Net New Patients	<u>13</u>
	<u>66</u>
	<u>9</u>
	<u>68</u>
	<u>11</u>
	<u>68</u>
	<u>10</u>
	<u>70</u>
	<u>72</u>
	<u>70</u>
	<u>12</u>
	<u>72</u>

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1110.1430 (b) (4) Planning Area Need -- Service Demand -- Expansion of Existing Category of Service

NOT APPLICABLE

ATTACHMENT 26 D

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ACCESS

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Cobblestone Dialysis' 14-station facility located at 934 N. Center Street in Elgin (60120) as the lease expires June 30, 2012 and the landlord, Sherman Hospital, is demolishing the building (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility. The project relocates the facility to a nearby site only two minutes away, 836 Dundee Avenue, Elgin (60120).

Historic Utilization

While Cobblestone's utilization has slipped in recent years, from 67 to 59 patients between 2007 and 2010, the modest decline is due to the following two (2) factors: a small, obsolete physical plant and loss of staff due to the recent change of ownership. See Attachment 26E(1) for historical utilization. Cobblestone Dialysis currently has only 5,353 gross square feet (gsf) which is inadequate to support a 14-station facility. Based on the State Board standard of 470 gsf per station, the facility is 20% undersized with only 382 gsf per station. As larger and modern facilities have been established in the area in recent years, the facility has lost utilization. In addition, the recent change of ownership (June 2010) also affected utilization. With news of an impending change of ownership, the facility lost its dietician and social worker and patients had to be placed on a waiting list. Cobblestone's waiting list currently has 36 patients. The forced relocation gives Cobblestone Dialysis an opportunity to provide a larger and more modern facility to serve the area's growing patient population.

The Need to Relocate

The following evidence shows that the community needs this relocation to ensure timely access to dialysis services:

- (1) Cobblestone serves many (59) patients and has 36 patients on its waiting list.
- (2) Cobblestone has substantial physician/patient support with 69 proposed referrals;
- (3) Cobblestone's patients are separate and distinct from patient referrals to other projects in the area;
- (4) Other facilities in the area currently operate at a high (77%) occupancy;
- (5) Cobblestone serves a large, growing population in Kane-Lake-McHenry Counties;
- (6) Cobblestone's market area has a high ratio of population per dialysis station; and
- (7) Cobblestone's relocation has a low impact on other facilities in the market area.

Cobblestone has a large current and proposed patient population

Cobblestone serves 59 patients (6/30/10) and has another 36 patients on its waiting list. Refer to Attachments 26E(1) for historical utilization and 26C(1A) for the waiting list.

In addition four (4) physicians identify 69 patient referrals (see discussion below under "Substantial Physician Support".) The facility anticipates serving 105 proposed patients.

High occupancy of dialysis stations operating in the market area

Cobblestone's market area, within 30 minutes of its facility, contains over 1,312,154 people (see Attachment 26E(2) for zip code and 2000 population data.) Ten (10) other facilities currently serve this large population. These ten (10) facilities served 764 patients in 203 stations, a 78% average occupancy (see Attachment 26E(3) for The Renal Network data and a map of facility locations.) Three (3) new, 12-station facilities will serve the market area (FMC – Elgin and DaVita's Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year. However these facilities are each supported by different physicians with separate and distinct referrals! Cobblestone's four (4) referring physicians verify that patient referrals have not been used to support other pending or approved CONs.

Substantial physician support and patients referrals

Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization. The 17 pre-renal patients are identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens. Based on the large current and proposed patients, Cobblestone Dialysis projects to serve 68 patients by the end of the second year reaching 80% occupancy (see Attachment 26E(4) for projected utilization.) Projections are conservative since physicians referred 25 new patients per year in 2009 alone. Projected utilization is further discounted 14% per year for patient mortality and transplantation (see Page 2 of Attachment 26E(4).)

Cobblestone serves a growing population in KLM Counties, Planning Area 8

Of the 105 proposed patients 99 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) Counties. This number represents 94% of all patients (see Attachment 26E(5).)

The use of dialysis services in the market area grows each year (see Attachment 26E(6).) Between January 2007 and June 2010 patients increased 17% from 702 to 821 patients.

**Cobblestone Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients**

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Number of Patients	702	332	352	367
Percentage Increase				17.0%
Average Annual % Increase				6.8%
SOURCE: The Renal Network				

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High ratio of population per dialysis station in the market area

The ratio of people per dialysis station emphasizes the need to retain all 14 stations to ensure timely access to care (see Attachment 26E(7).) The market area will have 217 stations when all stations are operational. These 217 stations will serve a population of 1,312,154 (2000 U.S. Census data), a ratio of 6,047 people per station. The market area has 73% more people per station than Illinois with a ratio of only 3,486 people per station and 18% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Cobblestone Dialysis to relocate all of its 14 stations to ensure timely access to care.

Low impact of the project on other facilities in the market area

Cobblestone Dialysis will not impact other facilities. Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization (see physicians' letters of referral in Attachment 26C(1).)

In conclusion relocation of Cobblestone Dialysis would ensure timely access to needed in-center hemodialysis services by serving a large and growing number of patients. In addition the project would be appropriately utilized; serves a large number of planning area residents; does not impact other dialysis facilities; and improves the distribution of services in the planning area.

COBBLESTONE DIALYSIS

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	9570	67
2008	9562	63
2009	9585	65

MOST RECENT MONTHLY UTILIZATION

July 1, 2009 – June 30, 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
July	859	66
August	786	65
September	800	65
October	831	65
November	759	65
December	823	65
January	780	64
February	721	63
March	766	59
April	721	57
May	689	57
June	<u>733</u>	59
Total	9268	59

SOURCES: Cobblestone Dialysis

NOTES: Number of patients is for the last day of the reporting period.

ATTACHMENT 26E (1)

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
COBBLESTONE DIALYSIS**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Distance</u>
60120	ELGIN	IL	KANE	48,581	0
60123	ELGIN	IL	KANE	55,201	2.4
60177	SOUTH ELGIN	IL	KANE	16,941	4.1
60118	DUNDEE	IL	KANE	14,739	4.2
60107	STREAMWOOD	IL	COOK	35,638	4.6
60110	CARPENTERSVILLE	IL	KANE	32,145	5.5
60103	BARTLETT	IL	COOK	75,585	5.6
60184	WAYNE	IL	DUPAGE	698	6.3
60192	HOFFMAN ESTATES	IL	COOK	1,775	6.7
60136	GILBERTS	IL	KANE	1,459	6.8
60194	SCHAUMBURG	IL	COOK	41,366	7.4
60174	SAINT CHARLES	IL	KANE	31,513	8.4
60102	ALGONQUIN	IL	MCHENRY	47,985	8.7
60193	SCHAUMBURG	IL	COOK	41,099	8.7
60195	SCHAUMBURG	IL	COOK	29,924	9
60175	SAINT CHARLES	IL	KANE	17,953	9.1
60172	ROSELLE	IL	DUPAGE	25,349	9.9
60185	WEST CHICAGO	IL	DUPAGE	32,936	10.6
60010	BARRINGTON	IL	LAKE	39,819	10.7
60108	BLOOMINGDALE	IL	DUPAGE	21,960	10.9
60021	FOX RIVER GROVE	IL	MCHENRY	5,877	11
60173	SCHAUMBURG	IL	COOK	12,046	11
60188	CAROL STREAM	IL	DUPAGE	43,730	11.1
60134	GENEVA	IL	KANE	21,497	11.3
60157	MEDINAH	IL	DUPAGE	2,111	11.5
60067	PALATINE	IL	COOK	50,825	11.6
60013	CARY	IL	MCHENRY	24,226	12.2
60142	HUNTLEY	IL	MCHENRY	7,891	12.3
60140	HAMPSHIRE	IL	KANE	7,315	12.4
60008	ROLLING MEADOWS	IL	COOK	23,318	12.6
60139	GLENDALE HEIGHTS	IL	DUPAGE	32,303	12.7
60190	WINFIELD	IL	DUPAGE	12,065	12.9
60143	ITASCA	IL	DUPAGE	10,021	13.1
60014	CRYSTAL LAKE	IL	MCHENRY	44,468	13.4
60510	BATAVIA	IL	KANE	26,565	13.6
60007	ELK GROVE VILLAGE	IL	COOK	35,162	14
60074	PALATINE	IL	COOK	23,963	14
60187	WHEATON	IL	DUPAGE	61,481	14.1
60005	ARLINGTON HEIGHTS	IL	COOK	29,183	14.4
60109	BURLINGTON	IL	KANE	158	14.7
60119	ELBURN	IL	KANE	7,705	15
60004	ARLINGTON HEIGHTS	IL	COOK	52,735	15.3
60191	WOOD DALE	IL	DUPAGE	14,360	15.5
60056	MOUNT PROSPECT	IL	COOK	56,625	16.6
60151	MAPLE PARK	IL	KANE	3,554	18.1
60180	UNION	IL	MCHENRY	1,743	18.2
60018	DES PLAINES	IL	COOK	29,950	19.3
60016	DES PLAINES	IL	COOK	58,611	19.3

Population within 30 minutes travel time = **1,312,154**

SOURCE: Population is from the 2000 U.S. Census of Population

NOTE: Travel time is adjusted (1.15) MapQuest data.

ATTACHMENT 26E(2)

**ESRD FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS**
836 Dundee Ave, Elgin, IL 60120

Utilization - 2nd Quarter 2010

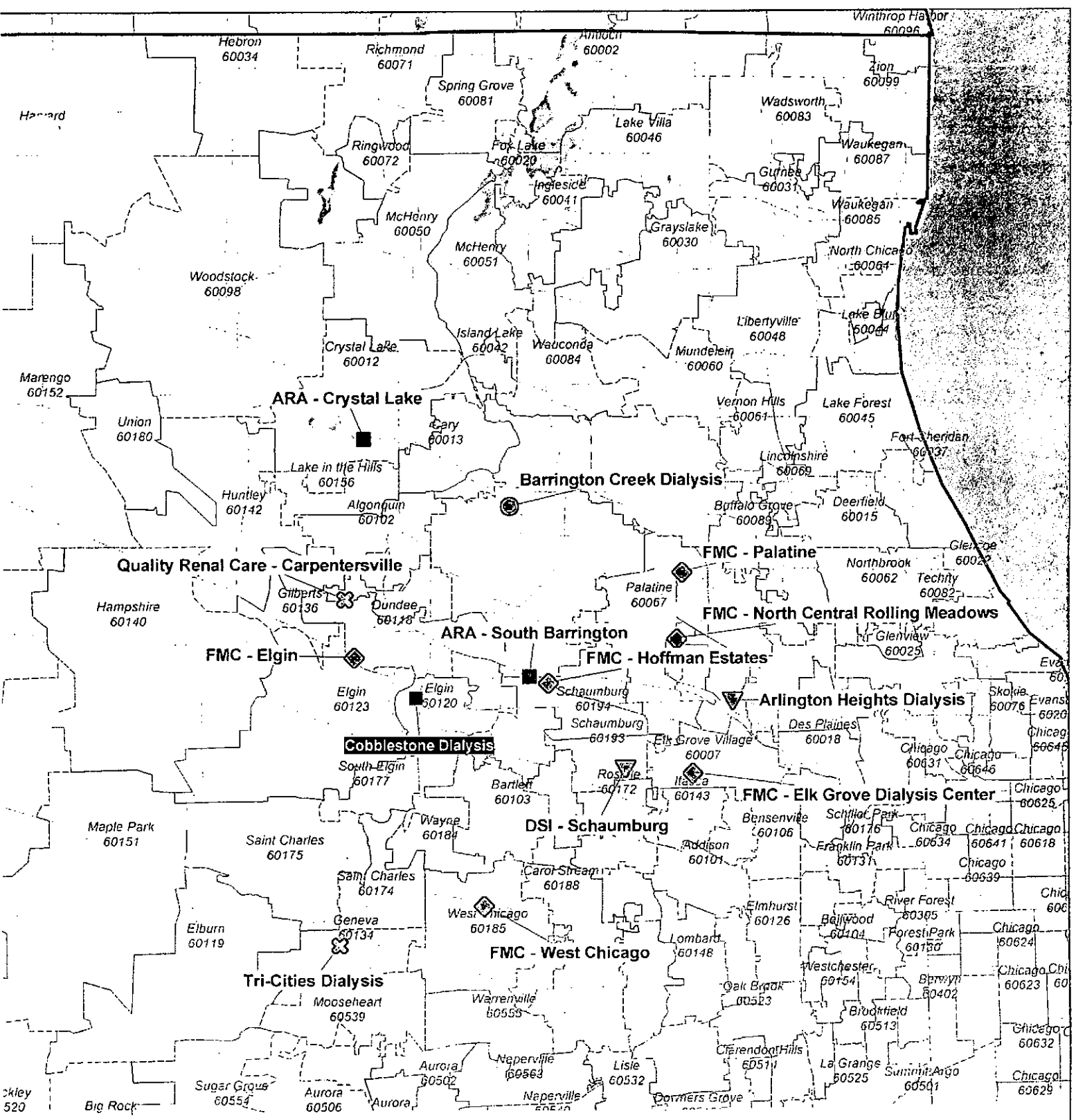
Mapquest Reference No.	Facility Name	Address	City	Zip Code	Mileage	Drive Time	Adjustment (L1E)	Capacity	Stations	6/30/2010 Patients	6/30/2010 Utilization
1	FMC-Elgin	580 Tollgate Rd	Elgin	60123	3.97	9	10.35	72	12	0	0.00%
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	60010	6.65	11	12.65	84	14	51	60.71%
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60169	7.14	13	14.95	102	17	112	109.80%
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	60110	8.68	14	16.1	78	13	76	97.44%
5	FMC-West Chicago	1859 Neltmor Blvd	West Chicago	60185	13.92	22	25.3	72	12	28	38.89%
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	60193	13.21	23	26.45	84	14	62	73.81%
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	60008	16.69	24	27.6	144	24	107	74.31%
8	FMC-Eik Grove Village	901 Biesterfeld Rd	Eik Grove Village	60007	17.3	25	28.75	168	28	151	89.88%
9	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	60005	17.67	25	28.75	108	18	57	52.78%
10	Tri-Cities Dialysis	306 Randall Rd	Genoa	60134	16.2	26	29.9	108	18	69	63.89%
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	60010	15.14	26	29.9	72	12	0	0.00%
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	60014	14	26	29.9	54	9	51	94.44%
13	FMC - Palatine	691 E Dundee Rd	Palatine	60074	16.32	26	29.9	72	12	0	0.00%
Average Occupancy								1218	203	764	62.73%
Average Occupancy of Stations in Operation								984	164	764	77.64%

SOURCES: Patients: The Renal Network, Inc., 2010, 2nd Quarter data released July 2010.
Stations: IHFSRB Inventory. Updated, 8/18/10.

Mileage and Travel Times: Map Quest. See Appendix 5 for documentation.

NOTES: Occupancy rates are calculated based on the IHFSRB standard of shifts per day and 6 days per week.
In 2010 39 stations 30 minutes from Cobblestone Dialysis were not in operation: Three, new 12-station facilities (Barrington Creek, FMC-Elgin and FMC-Palatine) and 3 stations at ARA-Barrington.

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**FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS**

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COBBLESTONE DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2012 - 2014**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2012	14	9,217	66
2013	14	9,628	68
2014	14	9,915	70

SOURCES: See notarized Letters of Referral in Attachment 26C (1) & (1A).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
	62									
1	62	754	66	791	68	815	70	839	72	863
2	63	749	66	793	68	817	70	841	72	865
3	63	753	67	795	69	819	71	843	73	867
4	63	757	67	797	69	821	71	845	73	869
5	64	761	67	799	69	823	71	847	73	871
6	64	765	67	801	69	825	71	849	73	873
7	64	769	67	803	69	827	71	851	73	875
8	65	773	67	805	69	829	71	853	73	877
9	65	777	68	807	70	831	72	855	74	879
10	65	781	68	809	70	833	72	857	74	881
11	66	785	68	811	70	835	72	859	74	883
12	66	789	68	813	70	837	72	861	74	885
Total		<u>9,217</u>		<u>9,628</u>		<u>9,915</u>		<u>10,202</u>		<u>10,489</u>

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service				
Beginning Patients	62	66	68	70
Less 14.0% Mortality	9	9	10	10
Ending Patients	66	68	70	74
Net New Patients	<u>13</u>	<u>11</u>	<u>12</u>	<u>12</u>

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COBBLESTONE DIALYSIS

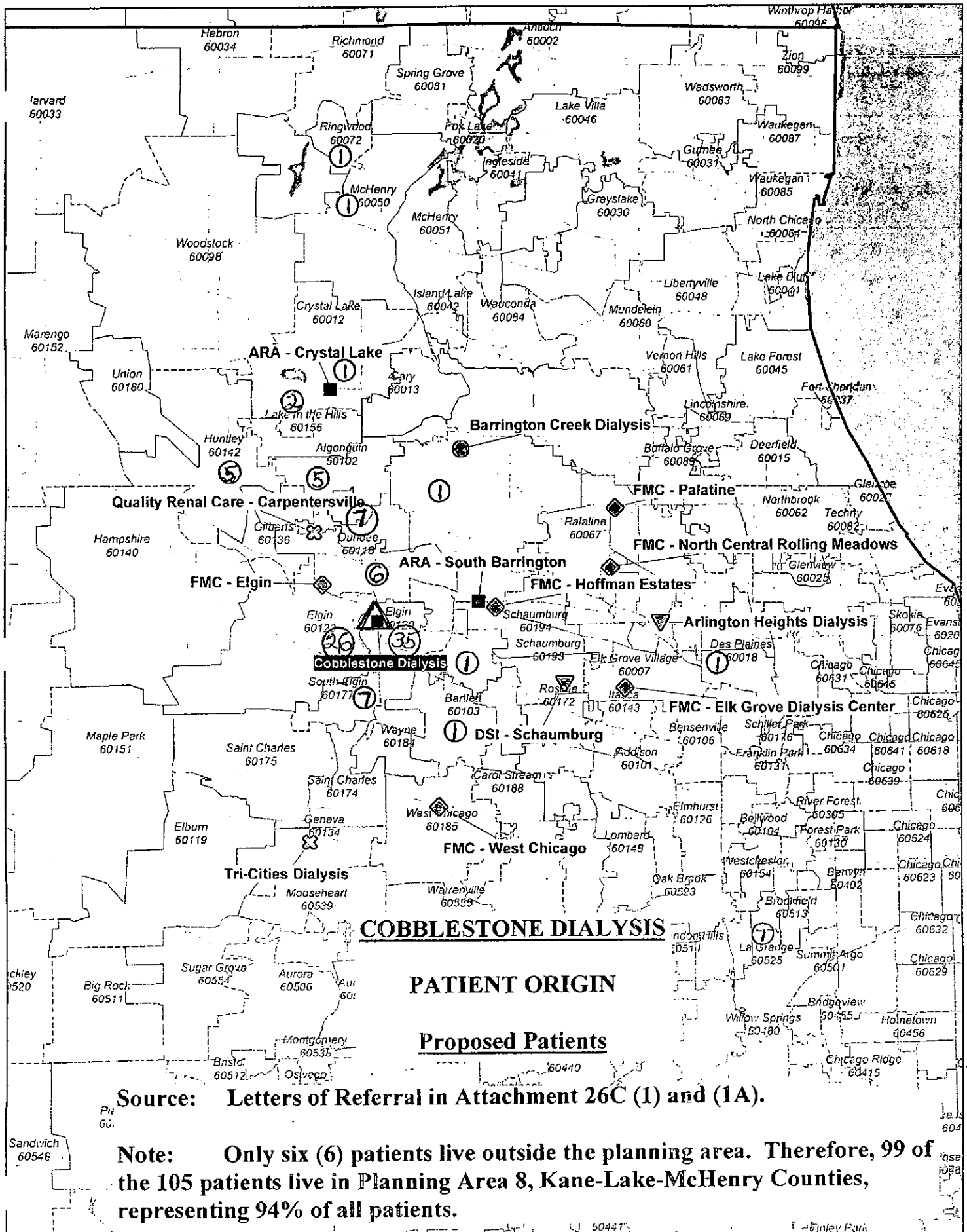
PATIENT ORIGIN

Proposed Patients

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Barrington	60010	1	1%
Crystal Lake	60014	1	1%
Des Plaines*	60018	1	1%
McHenry	60050	1	1%
Ringwood	60072	1	1%
Algonquin	60102	5	5%
Bartlett	60103	1	1%
Streamwood *	60107	1	1%
Carpentersville	60110	7	7%
West Dundee	60118	6	6%
Elgin	60120	35	33%
Elgin	60123	26	25%
Huntley	60142	5	5%
Lake in the Hills	60156	2	2%
South Elgin	60177	7	7%
Markham*	60428	1	1%
LaGrange*	60525	1	1%
Chicago*	60657	<u>2</u>	<u>2%</u>
Total		105	100%

Source: Cobblestone Dialysis

Note: * These six (6) patients live outside the planning area. Therefore, 99 of the 105 patients live in Planning Area 8, Kane-Lake-McHenry Counties, representing 94% of all patients.



ARA
 DaVita
 DSI
 FMC
 independent
 hospital

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UTILIZATION TRENDS
ESRD FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS
 836 Dundee Ave, Elgin, IL 60120

2007 - 2010

Mapquest Reference No.	Facility Name	Address	City	Stations	2007 Patients	2008 Patients	2009 Patients	6/30/2010 Patients
1	FMC-Elgin	580 Tollgate Rd	Elgin	12	0	0	0	0
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	14	31	36	46	51
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	17	82	94	109	112
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	13	68	76	77	76
5	FMC-West Chicago	1859 Nelmor Blvd	West Chicago	12	0	0	9	28
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	14	55	63	70	62
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	24	96	87	99	107
8	FMC-Elk Grove Village	901 Biesterfeld Rd	Elk Grove Village	28	128	138	158	151
9	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	18	59	53	52	57
10	Tri-Cities Dialysis	306 Randall Rd	Geneva	18	71	81	79	69
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	12	0	0	0	0
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	9	45	42	52	51
13	FMC - Palatine	691 E Dundee Rd	Palatine	12	0	0	0	0
14	DVA - Cobblestone	934 N. Center Street	Elgin	14	67	63	65	57
Total Patients				217	702	733	816	821
Total Percentage Increase, 2007 - June 2010								16.95%
Average Annual Percentage Increase, 2007 - June 2010								6.78%

SOURCES: Patients: The Renal Network, Inc. Data are for the last day of the reporting period.

Stations: IHFSRB Inventory, Updated, 8/18/10.

Mileage and Travel Times: Map Quest. See Appendix 5 for documentation.

NOTES: In 2010 the following 39 stations 30 minutes from Cobblestone Dialysis were not in operation: Three, new 12-station facilities (Barrington Creek, FMC-Elgin and FMC-Palatine) and 3 stations at ARA Barrington.

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**RATIO OF POPULATION TO STATIONS
COBBLESTONE DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,486	3,661 people/station
Planning Area 8 (KLM) Kane, Lake & McHenry Counties	1,500,000	292	5,137 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Cobblestone Dialysis	<u>Year 2000 Population</u>	217	6,047 people/station
	1,312,154		

SOURCES: (1) 2005 population data for Illinois and Planning Area 8 are from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

2000 population data for the target area within 30 minutes adjusted travel time of Cobblestone Dialysis are from the U.S. Bureau of the Census, 2000. See Attachment 12(3).

(2) Number of stations is from IHFSRB Inventory, Updated 8/18/10.

ATTACHMENT 26E(7)

171

UNNECESSARY DUPLICATION/MALDISTRIBUTION

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Cobblestone Dialysis' 14-station facility located at 934 N. Center Street in Elgin (60120) as the lease expires June 30, 2012 and the landlord, Sherman Hospital, is demolishing the building (see Attachment 10, "Discontinuation.")

The applicants propose to relocate the facility to a nearby site which is only two minutes away, 836 Dundee Avenue, Elgin (60120). Cobblestone Dialysis is necessary to serve the large current and proposed patient population and to improve the distribution of dialysis services in the planning area. The project is not a duplication of services based on the following evidence:

Cobblestone has a large current and proposed patient population

Cobblestone serves 57 patients (July 23, 2010) and has another 36 patients on its waiting list. See Attachments 26E(1) for historical utilization and 26C(1A) for the waiting list. In addition four (4) physicians identify 69 patient referrals (see discussion below.)

The facility anticipates serving 105 proposed patients.

Substantial physician support and patients referrals

Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization. The 17 pre-renal patients are identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens. Based on the large current and proposed patients, Cobblestone Dialysis projects to serve 68 patients by the end of the second year reaching 80% occupancy (refer to Attachment 26E(4) for projected utilization.) Projections are conservative since physicians referred 25 new patients per year in 2009 alone. Projected utilization is further discounted 14% per year for patient mortality and transplantation (see Page 2 of Attachment 26E(4).)

The relocation ensures continued, timely access to care

The following evidence shows that the community needs this relocation to ensure timely access to dialysis services:

- (1) Cobblestone serves a growing dialysis population in Kane-Lake-McHenry Counties;
- (2) Other facilities in the area currently operate at a high (77%) utilization;
- (3) Cobblestone's market area has a high ratio of population per dialysis station; and
- (4) Cobblestone's relocation has a low impact on other facilities in the market area.

High occupancy of dialysis stations operating in the market area

The market area contains over 1,312,154 people (see Attachment 26F(1) for 2000 population data.) Ten (10) other facilities currently serve the market area within 30 minutes of Cobblestone. These ten (10) facilities served 764 patients in 203 stations, a 78% average occupancy (see Attachment 26F(2) for The Renal Network data and a map of facility locations.) While three (3) new, 12-station facilities will serve the market area (FMC – Elgin and DaVita’s Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year, these facilities are each supported by different physicians with separate and distinct referrals! Cobblestone’s four (4) referring physicians verify that patient referrals have not been used to support other pending or approved CONs.

Cobblestone serves a growing population in KLM Counties, Planning Area 8

Of the 105 proposed patients 99 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) Counties. This number represents 94% of all patients (see Attachment 26E(5).) The use of dialysis services in the market area grows each year (see Attachment 26F(3).) Between January 2007 and June 2010 the number of dialysis patients increased 17% from 702 to 821 patients. Therefore, the dialysis population in the market area grew 6.8% per year on average between 2007 and June 2010.

Cobblestone Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Number of Patients	702	332	352	367
Percentage Increase				17.0%
Average Annual % Increase				6.8%

SOURCE: The Renal Network

High ratio of population per dialysis station in the market area

The ratio of people per dialysis station emphasizes the need to retain all 14 stations to ensure timely access to care (see Attachment 26F(4).) The market area will have 217 stations when all stations are operational. These 217 stations will serve a population of 1,312,154 (2000 U.S. Census data), a ratio of 6,047 people per station. The market area has 73% more people per station than Illinois with a ratio of only 3,486 people per station and 18% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Cobblestone Dialysis to relocate all of its 14 stations to ensure timely access to care.

Low impact of the project on other facilities in the market area

Cobblestone Dialysis will not impact other facilities. Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization (see physicians’ letters of referral in Attachment 26C(1).)

In conclusion the relocation of Cobblestone Dialysis is not a duplication of service as it ensures timely access to needed in-center hemodialysis services, as follows:

- (1) Cobblestone serves a large current and proposed patient population;**
- (2) Cobblestone serves a market area with a growing number of dialysis patients;**
- (3) Cobblestone would reach 80% utilization within the first 24 months;**
- (4) Cobblestone improves the distribution of stations in the planning area; and**
- (5) Cobblestone does not impact other dialysis facilities.**

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
COBBLESTONE DIALYSIS**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Distance</u>
60120	ELGIN	IL	KANE	48,581	0
60123	ELGIN	IL	KANE	55,201	2.4
60177	SOUTH ELGIN	IL	KANE	16,941	4.1
60118	DUNDEE	IL	KANE	14,739	4.2
60107	STREAMWOOD	IL	COOK	35,638	4.6
60110	CARPENTERSVILLE	IL	KANE	32,145	5.5
60103	BARTLETT	IL	COOK	75,585	5.6
60184	WAYNE	IL	DUPAGE	698	6.3
60192	HOFFMAN ESTATES	IL	COOK	1,775	6.7
60136	GILBERTS	IL	KANE	1,459	6.8
60194	SCHAUMBURG	IL	COOK	41,366	7.4
60174	SAINT CHARLES	IL	KANE	31,513	8.4
60102	ALGONQUIN	IL	MCHENRY	47,985	8.7
60193	SCHAUMBURG	IL	COOK	41,099	8.7
60195	SCHAUMBURG	IL	COOK	29,924	9
60175	SAINT CHARLES	IL	KANE	17,953	9.1
60172	ROSELLE	IL	DUPAGE	25,349	9.9
60185	WEST CHICAGO	IL	DUPAGE	32,936	10.6
60010	BARRINGTON	IL	LAKE	39,819	10.7
60108	BLOOMINGDALE	IL	DUPAGE	21,960	10.9
60021	FOX RIVER GROVE	IL	MCHENRY	5,877	11
60173	SCHAUMBURG	IL	COOK	12,046	11
60188	CAROL STREAM	IL	DUPAGE	43,730	11.1
60134	GENEVA	IL	KANE	21,497	11.3
60157	MEDINAH	IL	DUPAGE	2,111	11.5
60067	PALATINE	IL	COOK	50,825	11.6
60013	CARY	IL	MCHENRY	24,226	12.2
60142	HUNTLEY	IL	MCHENRY	7,891	12.3
60140	HAMPSHIRE	IL	KANE	7,315	12.4
60008	ROLLING MEADOWS	IL	COOK	23,318	12.6
60139	GLENDALE HEIGHTS	IL	DUPAGE	32,303	12.7
60190	WINFIELD	IL	DUPAGE	12,065	12.9
60143	ITASCA	IL	DUPAGE	10,021	13.1
60014	CRYSTAL LAKE	IL	MCHENRY	44,468	13.4
60510	BATAVIA	IL	KANE	26,565	13.6
60007	ELK GROVE VILLAGE	IL	COOK	35,162	14
60074	PALATINE	IL	COOK	23,963	14
60187	WHEATON	IL	DUPAGE	61,481	14.1
60005	ARLINGTON HEIGHTS	IL	COOK	29,183	14.4
60109	BURLINGTON	IL	KANE	158	14.7
60119	ELBURN	IL	KANE	7,705	15
60004	ARLINGTON HEIGHTS	IL	COOK	52,735	15.3
60191	WOOD DALE	IL	DUPAGE	14,360	15.5
60056	MOUNT PROSPECT	IL	COOK	56,625	16.6
60151	MAPLE PARK	IL	KANE	3,554	18.1
60180	UNION	IL	MCHENRY	1,743	18.2
60018	DES PLAINES	IL	COOK	29,950	19.3
60016	DES PLAINES	IL	COOK	58,611	19.3

Population within 30 minutes travel time = **1,312,154**

SOURCE: Population is from the 2000 U.S. Census of Population

NOTE: Travel time is adjusted (1.15) MapQuest data.

ATTACHMENT 26F(1)

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**ESRD FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS**
836 Dundee Ave, Elgin, IL 60120

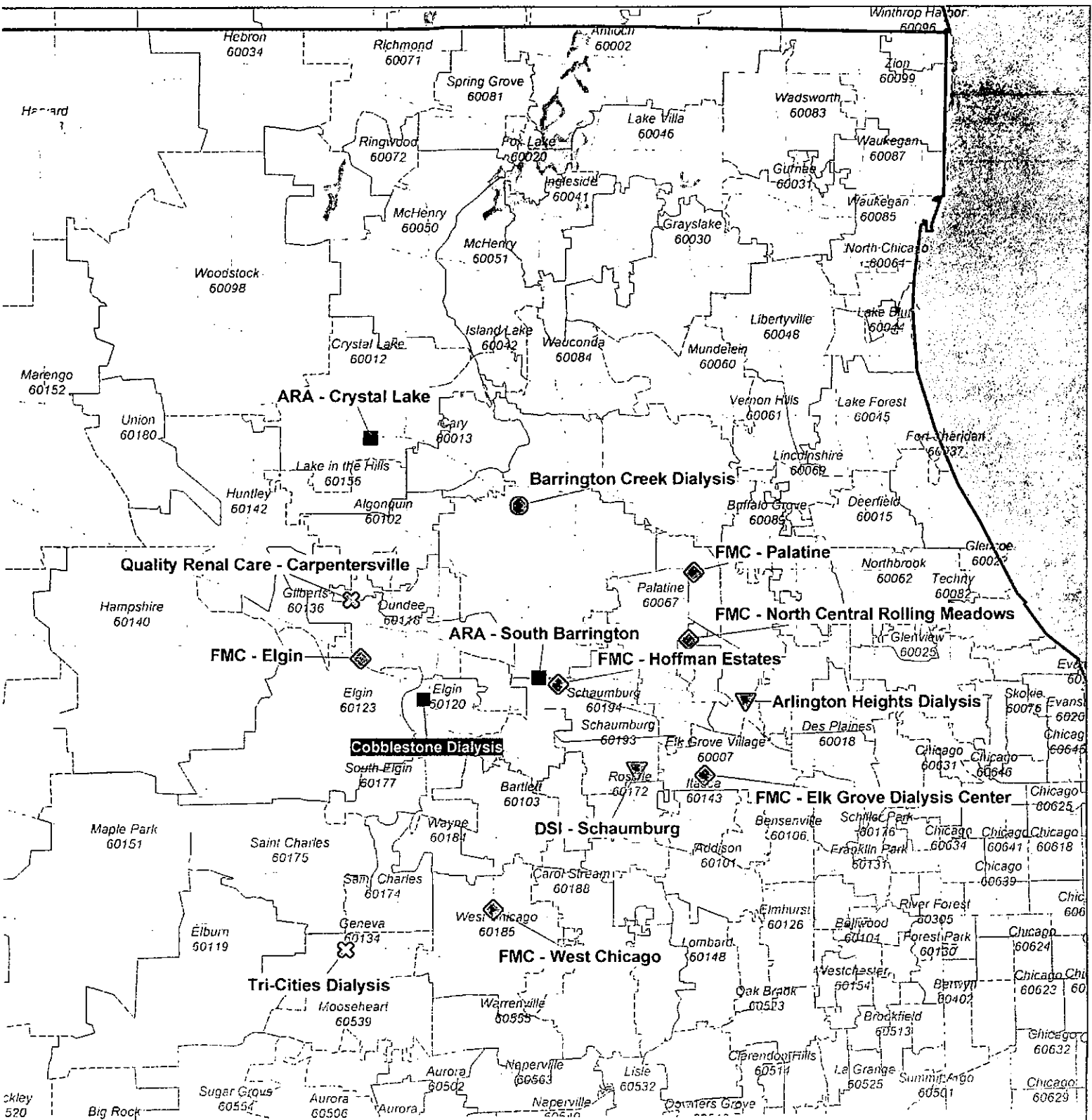
Utilization - 2nd Quarter 2010

Mapquest Reference No.	Facility Name	Address	City	Zip Code	Mileage	Drive Time	Adjustment (L.I.E.) MapQuest Time	Capacity	Stations	Patients	6/30/2010 Utilization
1	FMC-Elgin	580 Tollgate Rd	Elgin	60123	3.97	9	10.35	72	12	0	0.00%
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	60010	6.65	11	12.65	84	14	51	60.71%
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60169	7.14	13	14.95	102	17	112	109.80%
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	60110	8.68	14	16.1	78	13	76	97.44%
5	FMC-West Chicago	1859 Neltnor Blvd	West Chicago	60185	13.92	22	25.3	72	12	28	38.89%
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	60193	13.21	23	26.45	84	14	62	73.81%
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	60008	16.69	24	27.6	144	24	107	74.31%
8	FMC-Elk Grove Village	901 Biesterfeld Rd	Elk Grove Village	60007	17.3	25	28.75	168	28	151	89.88%
9	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	60005	17.67	25	28.75	108	18	57	52.78%
10	Tri-Cities Dialysis	306 Randall Rd	Geneva	60134	16.2	26	29.9	108	18	69	63.89%
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	60010	15.14	26	29.9	72	12	0	0.00%
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	60014	14	26	29.9	54	9	51	94.44%
13	FMC - Palatine	691 E Dundee Rd	Palatine	60074	16.32	26	29.9	72	12	0	0.00%
Average Occupancy								1218	203	764	62.73%
Average Occupancy of Stations in Operation								984	164	764	77.64%

SOURCES: Patients: The Renal Network, Inc., 2010, 2nd Quarter data released July 2010.
Stations: IHFSRB Inventory, Updated, 8/18/10.
Mileage and Travel Times: Map Quest. See Appendix 5 for documentation.

NOTES: Occupancy rates are calculated based on the IHFSRB standard of shifts per day and 6 days per week.
In 2010 39 stations 30 minutes from Cobblestone Dialysis were not in operation: Three, new 12-station facilities (Barrington Creek, FMC-Elgin and FMC-Palatine) and 3 stations at ARA-Barrington.

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**FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
COBBLESTONE DIALYSIS**

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UTILIZATION TRENDS

ESRD FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF
 COBBLESTONE DIALYSIS
 836 Dundee Ave, Elgin, IL 60120

2007 - 2010

Mapquest Reference No.	Facility Name	Address	City	2007		2008	2009	2010
				Stations	Patients	Patients	Patients	Patients
1	FMC-Elgin	580 Tollgate Rd	Elgin	12	0	0	0	0
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	14	31	36	46	51
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	17	82	94	109	112
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	13	68	76	77	76
5	FMC-West Chicago	1859 Nelmor Blvd	West Chicago	12	0	0	9	28
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	14	55	63	70	62
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	24	96	87	99	107
8	FMC-Elk Grove Village	901 Blesterfield Rd	Elk Grove Village	28	128	138	158	151
9	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	18	59	53	52	57
10	Tri-Cities Dialysis	306 Randall Rd	Geneva	18	71	81	79	69
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	12	0	0	0	0
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	9	45	42	52	51
13	FMC - Palatine	691 E Dundee Rd	Palatine	12	0	0	0	0
14	DVA - Cobblestone	934 N. Center Street	Elgin	14	67	63	65	57
Total Patients				217	702	733	816	821
Total Percentage Increase, 2007 - June 2010								16.95%
Average Annual Percentage Increase, 2007 - June 2010								6.78%

SOURCES: Patients: The Renal Network, Inc. Data are for the last day of the reporting period.

Stations: IHFSRB Inventory, Updated, 8/18/10.

Mileage and Travel Times: Map Quest. See Appendix 5 for documentation.

NOTES: In 2010 the following 39 stations 30 minutes from Cobblestone Dialysis were not in operation: Three, new 12-station facilities (Barrington Creek, FMC-Elgin and FMC-Palatine) and 3 stations at ARA Barrington.

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**RATIO OF POPULATION TO STATIONS
COBBLESTONE DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,486	3,661 people/station
Planning Area 8 (KLM) Kane, Lake & McHenry Counties	1,500,000	292	5,137 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Cobblestone Dialysis	<u>Year 2000 Population</u>	217	6,047 people/station
	1,312,154		

SOURCES: (1) 2005 population data for Illinois and Planning Area 8 are from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

2000 population data for the target area within 30 minutes adjusted travel time of Cobblestone Dialysis are from the U.S. Bureau of the Census, 2000. See Attachment 12(3).

(2) Number of stations is from IHFSRB Inventory, Updated 8/18/10.

IMPACT

Cobblestone Dialysis will not impact other facilities. Physicians identify 69 patient referrals, 52 transfer patients and 17 pre-renal patients. The transfer patients include fifty (50) patients from the discontinued facility; and two (2) patients from QRC – Carpentersville, at 97% utilization in June 2010 (see physicians' letters of referral in Attachment 26C(1).)

In addition to these 69 physician referrals Cobblestone Dialysis has a waiting list of 36 patients who could not be admitted to the facility as the facility did not have a Renal Dietician or a Social Worker (see Attachment 26C(1A).)

ATTACHMENT 26G

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COBBLESTONE DIALYSIS

Davita purchased the facility in July 2010. At the time Cobblestone had a Dietitian position open. In addition, the Social Worker who worked at Cobblestone decided to stay with the Hospital. Therefore, upon the acquisition, DaVita immediately initiated the process of hiring both a Social Worker and Dietitian. In the meantime, DaVita utilized staff from other facilities to cover the patients until the new employees were oriented. Cobblestone now has the required staff to admit patients from its waiting list. There are 36 patients on it waiting list (see Attachment 26C(1A). See Staffing Plan below.

<u>Staffing</u>	<u>Staffing Plan</u>		
	<u>Full-Time Equivalents by Year End</u>		
	<u>2011</u>	<u>2012</u>	<u>2013</u>
Medical Director	1.0	1.0	1.0
Registered Nurse	4.5	4.8	4.8
Dialysis Technicians	6.3	6.5	6.8
Dietitian	0.5	0.5	0.5
Social Worker	0.5	0.5	0.5

Documentation of Qualifications

The Medical Director is Ravi Damaraju, M.D. See Appendix 3 for his curriculum vitae. He is the current Medical Director at Cobblestone. He does not serve as medical director at any other in-center hemodialysis facility.

DaVita staffs all facilities with all needed, qualified staffing. Below is a narrative explanation of how DaVita will fill each position with qualified staffing:

- 1) DaVita makes an assessment of existing DaVita employees well before a new or expanded facility opens. DaVita transfers all available, qualified staff to the new or expanded facility.
- 2) Sixty (60) days before the facility opens DaVita posts positions on the internet.
- 3) Recruitment professionals pre screen all qualified candidates.
- 4) Facility administrators interview potential candidates.
- 5) Peer groups interview all candidates.
- 6) After this process DaVita selects needed, qualified employees.

Documentation of On-Going Training Program in Dialysis Techniques

DaVita provides an on-going program of training in dialysis techniques for nurses and technicians. See attached description documenting this training program.

Documentation of Staffing Plan

As indicated in the above Staffing Plan, DaVita ensures that at least one RN will be on duty when the unit is in operation. The facility will maintain the appropriate ratio of direct patient care providers.

Open Medical Staff

See attached documentation that the facility will maintain an open medical staff.

NEW HIRE TRAINING: Also found in the Star Tracker

Required Training	When	Where's the training?	Training & Post Test
Bloodborne Pathogen Regulations	1 st 10 days	Health & Safety Training Manual	LMS - MAN1002-POST Mandatory Exposure Control BBP Infection Control New Teammate
Medical Waste Management	1 st 10 days	Health & Safety Training Manual	MAN1005-POST Mandatory Medical Waste New Teammate
Hazard Communication	1 st 30 days	Health & Safety Training Manual	MAN1004-POST Mandatory Hazardous Communication New Teammate Sign Right to Know teammate acknowledgement post training
Safety Needle Program		Health & Safety Training Manual	Complete prior to using safety needles
Teammate Safety		Health & Safety Training Manual	In development
Fire Safety		Health & Safety Training Manual	MAN1001-POST Mandatory Fire Safety New Teammate There is a power point presentation on the Health and Safety website
Disaster and Emergency Preparedness		Health & Safety Training Manual	MAN1003-POST Mandatory Disaster and Emergency New Teammate There is a power point presentation on the Health and Safety website
Fire Drills		Facility specific	
Medical Emergency Procedures (Direct Care-givers only)		Skills checklist	Treatment section workbook skills checklist
Body Mechanics		Health & Safety Training Manual	There is also a power point presentation on the Health and Safety website
Electrical Safety-Related Work Practices			Continue to use what is currently in facility
Compliance Training	21 days (calendar)	EDU	
People Services		LMS	MAN1000 Mandatory's for New DaVita Teammates
	1 st 14 days	LMS	PS1007 Teammate Guidelines
	1 st 21 days	LMS	MAN2005 Mandatory - Violence in the Workplace
Water Courses Nurse/PCT		LMS	CEC2014 A Water Review
		LMS	CEC2014-POST A Water Review
		LMS	CEC2036 Water Monitoring and Testing Conventional System
		LMS	CEC2037 Water Monitoring and Testing of the Central Water Plant
PCT		LMS	SPY2000P Snappy – Snappy PCT Advanced Certification
PCT & Nurse		LMS	NET1001 Network I: Computer Fundamentals
		LMS	NET1002 Network II: Internet and Intranet Fundamentals
		LMS	LMS1001 LMS: Intro to LMS for Teammates
		LMS	SPY1011A Snappy: Snappy/ ChairSide Snappy Process
		LMS	SPY1011A-POST Snappy: Snappy/ ChairSide Snappy Process A Post Test
		LMS	SPY1011A-PRE Snappy-Snappy/ ChairSide Snappy Process A Opt-Out
		LMS	SPY1011B Snappy: Snappy/ ChairSide Snappy Process B
		LMS	SPY1011B-POST Snappy: Snappy/ ChairSide Snappy Process B Post
		LMS	SPY1011B-PRE Snappy: Snappy/ ChairSide Snappy Process B Opt-Out
		LMS	CLED4010 New Teammate Satisfaction Survey
Nurses Only		LMS	OUT 1001 Outlook web Basics
	1 st 30 days	LMS	SPY1000N Snappy – Certification for Hemo Nurses
	1 st 30 days	LMS	PYC1001A Payor Compliance for Laboratory Services Part 1
	1 st 30 days	LMS	PYC1001B Payor Compliance for Laboratory Services Part 2
		LMS	SPY3007 Snappy - Lab Training – New Nurse
		LMS	DPC9015 DaVita Prep Nurse Day Examination
		EDU	Protocols and You

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Inservice Progress

Annual Mandatory Inservices										
Teammates										
Needstick Injury Prevention MAN2001										
Infection Control MAN2002										
Needstick Injury Prevention MAN2001-POST										
Infection Control Post Test MAN2002-POST										
Emergency Preparedness MAN2003										
Emergency Preparedness Post Test MAN2003-POST										
Hazardous Communications MAN2004										
Hazardous Communications Post Test MAN2004-POST										
Body Mechanics MAN2006										
Body Mechanics Post Test MAN2006-POST										
CEC2014 A Water Rev										
CEC2014										

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Last updated 2/3/2010

Inservice Progress

Annual Mandatory Inservice											
4-POST A Water Review											
4-POST A Water Review											
View											
Conventional System											
CEC2036 Water Monitoring & Testing											
Central Water Plant											
Protocol and You found on EDU											
Compliance on EDU											
MAN2005 Mandatory - Violence in the Workplace											
PS1002 People Services - The Manager's Role in Creating											
and Maintaining a Drug-Free Workplace											
PS1011 People Services - Building a Foundation - 5											
Policies and Practices for Management											
PS1018 People Services: Sexual Harassment Prevention											
Training for Non CA/CT Managers											
PS1013 People Services: Sexual Harassment Prevention											
Training for California Supervisors											
PS1017 People Services: Sexual Harassment Prevention											
Training (Connecticut Management Only)											
Teammates											
FA											
Nurse Manager											
Name: Nurse											
Name Nurse											
Name Nurse											
Name: Dietitian											
Name											
Name											
Name											
Name											
Name											
Name											

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DaVita Dixon Kidney Center
1131 North Galena Ave.
Dixon, IL 61021
Tel: 815.284.0595 | Fax: 815.284.0547
www.davita.com

July 22, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate of Need (CON) to Relocate Cobblestone Dialysis
Certification of Open Medical Staff and Necessary Support Services

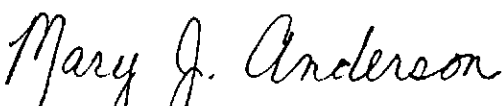
DaVita Inc. certifies that the proposed facility will maintain an open medical staff.

DaVita Inc. also certifies the following regarding needed support services:

- (1) We participate in a dialysis data system;**
- (2) The facility will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and**
- (3) Patients will have access to training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training which will be provided either at the proposed facility or through a signed, written agreement for these services with another facility.**

Thank you for your consideration of this matter.

Sincerely,


Mary J. Anderson, R.N.
Group Operations Director
DaVita Inc.

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SUPPORT SERVICES

DaVita Inc. and Total Renal Care Inc. d/b/a Cobblestone Dialysis will provide all necessary support services as indicated in letter on previous page.

ATTACHMENT 26I

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MINIMUM NUMBER OF STATIONS

DaVita Inc. and Total Renal Care Inc. d/b/a Cobblestone Dialysis propose to establish a *12-station* facility which exceeds the required 8-station minimum number of stations for a metropolitan statistical area (MSA.)

ATTACHMENT 26J

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CONTINUITY OF CARE

Total Renal Care Inc. d/b/a Cobblestone Dialysis has a written patient transfer agreement with Sherman Hospital to guarantee access to needed acute care inpatient services and an agreement with Northwestern Memorial Hospital for Tissue Typing and Transplantation Services (see following pages for written agreements.)

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the 24th day of June, 2010 (the "Effective Date"), by and between **Sherman Hospital** (hereinafter "Hospital") and **Total Renal Care, Inc.** a wholly owned corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinics owned and operated by Company:

***Crystal Springs Dialysis
4900 S. Route 31
Crystal Springs, Illinois 60012***

and

***Cobblestone Dialysis
934 N. Center St.
Elgin, Illinois 60120***

(hereinafter the dialysis clinics shall be referred to individually as the "Dialysis Facility" or together as the "Dialysis Facilities")

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients from the Dialysis Facilities to the Hospital;

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the Hospital and the Dialysis Facilities.

WHEREAS, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

NOW THEREFORE, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **HOSPITAL OBLIGATIONS.** In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) The Hospital agrees to accept transfers of dialysis patients from the Dialysis Facilities if beds, personnel, and appropriate services are available, if the transfer has been approved by the admitting physician, and if the transfer is consistent with current patient transfer laws. The Hospital and Dialysis Facilities recognize the privilege of an attending physician and the right of

the patient, or the patient through a relative or guardian, to request transfer to an alternate facility. With regard to patients who present with an emergency medical condition, Hospital agrees to comply with the provisions of the Emergency Medical Treatment and Active Labor Act ("EMTALA") and ensure the prompt admission of patients requiring admission, as necessary, and within the capacity and capabilities of the Hospital, Hospital agrees to accept and treat patients in emergency situations requiring transfer of a patient from Company to Hospital. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of the Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at the respective Dialysis Facility and must accompany the patient to the receiving institution.

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either the Hospital or the Dialysis Facilities.

2. **DIALYSIS FACILITIES OBLIGATIONS.** To the extent possible, Dialysis Facilities staff will stabilize patients prior to transfer and initiate treatment to ensure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. If possible, the Dialysis Facilities shall obtain the patient's written consent for the transfer to the Hospital. The responsibility to arrange for transfer to the Hospital rests with the Dialysis Facilities in emergency situations. Should patient require transfer to Hospital upon request of patient's attending physician, the patient, or the patient through a relative or guardian shall be responsible for transportation.

(a) Upon transfer of a patient to Hospital, each Dialysis Facility agrees:

- i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- ii. Original medical records kept by each of the parties shall remain the property of that institution; and
- iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Dialysis Facilities agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. current medical findings;
- ii. diagnosis;

- iii. rehabilitation potential;
- iv. discharge summary;
- v. a brief summary of the course of treatment followed;
- vi. nursing and dietary information;
- vii. ambulating status; and
- viii. administrative and pertinent social information.

(c) Dialysis Facilities agrees to readmit to its respective facility patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital will attempt to keep the administrator or designee of the Dialysis Facilities advised of the condition of the patients that will affect the anticipated date of transfer back to the respective Dialysis Facility and to provide as much notice of the transfer date as possible. Each Dialysis Facility shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to the respective Dialysis Facility.

3. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

4. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

5. **STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

6. **INSURANCE.**

(a) **Hospital Insurance.** Hospital shall, at its expense, provide and maintain workers' compensation, professional liability and commercial general liability insurance or equivalent coverage for its employees who perform any work, duties or obligations in connection with this Agreement, and public liability and property damage insurance, during the term of this Agreement and thereafter, in amounts not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) per annual aggregate. Hospital reserves the right to self-insure this coverage. Hospital shall deliver to Company certificate(s) of insurance

evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of Company. Hospital's obligation under this Section 6(a) shall survive termination of this Agreement.

(b) Company Insurance. Company shall, at its expense, provide and maintain workers' compensation, professional liability, public liability, and property damage insurance during the term of this Agreement and thereafter in amounts not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) per annual aggregate. Company reserves the right to self-insure this coverage. Company shall deliver to Hospital certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of Hospital. Company's obligation under this Section 6(b) shall survive termination of this Agreement.

7. INDEMNIFICATION. The parties agree to indemnify, defend, and hold one another, their shareholders, affiliates, directors, officers, agents and employees, harmless from and against any and all liability, loss, cost and expense, attorney's fees, cost of investigation, or claims for such liability, loss, expense, attorney's fees, or claims for injury or damages caused directly or indirectly by or as a result of any action or failure to act, or the negligent or intentional act or omission of the indemnifying party.

The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

8. DISPUTE RESOLUTION. Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) Informal Resolution. Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the state of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

9. **TERM AND TERMINATION.** This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, and federal or state law prohibits the parties from entering into a similar agreement for the services covered hereunder before the first anniversary of the Effective Date, the parties hereto shall not enter into a similar agreement until the expiration of the initial one (1) year period. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

10. **AMENDMENT.** This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

11. **ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement, in any other jurisdiction.

12. **EXCLUDED PROVIDER.** Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

13. **NOTICES.** All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital: Sherman Hospital
1425 N. Randall Road
Elgin, Illinois 60123
Attention: CEO

If to Company: Crystal Springs
DaVita, Inc.
4900 S. Route 31
Crystal Springs, Illinois 60012
Attention: Sandy Hall, Facility Administrator

Cobblestone
DaVita, Inc.
934 N. Center Street
Elgin, Illinois 60120
Attention: Facility Administrator

With copies to: Total Renal Care, Inc.
c/o: TRC Children's Dialysis Center
DaVita Inc.
2611 N. Halsted
Chicago, Illinois 60614
Attention: Group General Counsel

DaVita Inc.
601 Hawaii Street
El Segundo, California 90245
Attention: General Counsel

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

14. **ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

15. **COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

16. **NON-DISCRIMINATION.** All services provided by Hospital hereunder shall be in compliance with all federal and state laws prohibiting discrimination on the basis of race, color religion, sex national origin, handicap, or veteran status.

17. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of

future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

18. **GOVERNING LAW.** The laws of the state of state of Illinois shall govern this Agreement.

19. **HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

20. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

21. **APPROVAL BY DAVITA INC. ("DAVITA") AS TO FORM.** The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita Inc. as to the form hereof.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

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

Hospital:

Sherman Hospital

By: ERIC KAVELER

Name: ERIC KAVELER

Its: CFD

Company:

Total Renal Care, Inc.

By: Kelly Ladd

Name: Kelly Ladd

Its: Group Operations Director

By: Mary Anderson

Name: Mary Anderson

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: Steven E. Lieb

Name: Steven E. Lieb

Its: Group General Counsel

M Northwestern Memorial® Hospital

August 19, 2010

Kovler Organ Transplantation Center

Ravi Damaraju, MD
DaVita – Cobblestone Dialysis
836 Dundee Ave.
Elgin, IL 60120

RE: Letter of Agreement for Transplantation Services

Dear Dr. Damaraju,

It is a pleasure to provide you with the following information about the scope of services provided by the Kovler Organ Transplantation Center at Northwestern Memorial Hospital (the Center) and how the Center works with dialysis centers to enhance communication and coordination of care.

The Center provides all necessary transplant-related services including evaluation of potential kidney and kidney/pancreas recipients, living donors and the on going assessment of the candidacy of patients on the deceased donor waiting list. The Center is also fully qualified to perform kidney, kidney/pancreas transplantation and living donor procedures. The Center will also provide post-operative follow-up and immunosuppression management, until the recipient is stable and referred back to their referring physician.

Basic tissue typing and routine HLA antibody levels for all transplant candidates are performed at the Northwestern University Immunology lab. Cross matching for live donor transplants are also done at the Northwestern University lab. The Center has a contractual relationship with the Gift of Hope Organ and Tissue Donor Bank for deceased donor immunology services.

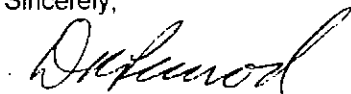
The Center will notify your facility by letter whenever a patient referred from your facility is listed/delisted for transplant or fails to complete the initial/interval evaluation. Yearly, we will update your facility with the status of your patients on the waiting list including their panel reactive antibody level (PRA). Notification of a patient being transplanted will be made on the day of transplantation or the next business day.

Your facility should notify the Center of any "change in status," as that term is defined in the Centers for Medicare and Medicaid Services (CMS) Interpretive Guidance for the 2008 Conditions of Participation for dialysis units, of any patient from your facility who is listed with the Center by the next business day.

We have designated our transplant nurses Denae DeCrescenzo, Maria Hendricks, Doug Penrod, Judith Stein, Keith Wszolek, Emily Warren and social worker, Martha Escamilla-Arias, as the primary contacts at the Center to work with your facility's designated dialysis unit transplant coordinator.

Thank you for asking us to participate in the care and evaluation of your patients.

Sincerely,



Douglas R. Penrod, RN
Transplant Nurse Coordinator – Outreach Liaison

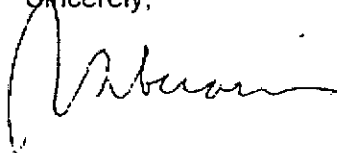
August 19, 2010

RE: Letters of Agreement to Provide Transplant Services

To Whom It May Concern:

Acting as Medical Director of Kidney Transplantation for Northwestern Memorial Hospital, I authorize Douglas Penrod, RN, to sign letters of agreement with dialysis centers to provide transplant services to their patients. Letters of agreement signed by Mr. Penrod under this authorization will remain in effect for their normal period, not to exceed one year, unless revoked in writing by Mr. Penrod or me (or my successor as medical director).

Sincerely,



Michael Abecassis, MD, MBA
Chief, Division of Organ Transplantation
Kovler Organ Transplantation Center
Northwestern Memorial Hospital

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Casa Nueva
1551 Wewatta Street
Denver, CO 80202-6173
Tel: 303-405-2100
www.davita.com

July 22, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate of Need (CON) to Relocate Cobblestone Dialysis Assurances

We attest to the following:

(1) The proposed facility will achieve and maintain the utilization standard specified in 77 Ill. Adm. Code 1100 for in-center hemodialysis by the second year of operation after project completion. We understand that this standard represents 80% utilization by the 24th month of operation, based on three shifts per day, six days per week.

(2) The proposed facility will achieve and maintain compliance with hemodialysis outcome measures as follows:

at least 85% of hemodialysis patients will achieve a urea reduction ratio (URR) of 65% or better and

at least 85% of hemodialysis patients will achieve Kt/V Daugirdas II.1.2.

Thank you for your consideration of this matter.

Sincerely,

Kent Thiry
Chairman and CEO
DaVita Inc.
Total Renal Care Inc.

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ATTACHMENT 26L
Page 1 of 8



COBBLESTON DIALYSIS

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	9570	67
2008	9562	63
2009	9585	65

MOST RECENT MONTHLY UTILIZATION

July 1, 2009 – June 30, 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
July	859	66
August	786	65
September	800	65
October	831	65
November	759	65
December	823	65
January	780	64
February	721	63
March	766	59
April	721	57
May	689	57
June	733	59
Total	9268	59

SOURCES: Cobblestone Dialysis

NOTES: Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
1	16	191	30	359	59	706	67	801	70	837	197.9
2	17	203	33	395	60	718	67	801	70	837	16.5
3	18	215	35	419	60	718	67	801	70	837	
4	19	227	38	454	61	730	68	813	70	837	204.2
5	20	239	40	478	62	742	68	813	71	849	17.1
6	21	251	43	514	62	742	68	813	71	849	
7	22	263	45	538	63	753	69	825	71	849	205.3
8	23	275	48	574	64	765	69	825	71	849	17.2
9	24	287	50	598	64	765	69	825	72	861	
10	25	299	53	634	65	777	70	837	72	861	214.5
11	26	311	55	658	66	789	70	837	72	861	17.9
12	28	335	58	694	67	801	70	837	72	861	
Total		3,098		6,315 103.9%		9,006 42.8%		9,831 51.2%		10,190 3.6%	

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

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New Patients on Service	
Beginning Patients	16
Less 14.0% Mortality	2
Ending Patients	28
Net New Patients	14

Beginning Patients	70
Less 14.0% Mortality	10
Ending Patients	72
Net New Patients	12

QUALITY OF CARE

HEMODIALYSIS

Cobblestone Dialysis will provide a high standard of care. See the following page for a summary of recent patient outcomes for DaVita's fifteen (15) other Chicago-area facilities. The data indicate that patient outcomes at DaVita facilities significantly exceed HFSRB standards, as follows:

91.64% of patients experienced urea reduction ratios (URRs) of 65% or higher compared to the State Board standard of at least 85% of patients and

94.98% of DaVita's patients in the Chicago area had a Kt/V Dauridgas II.1.2 compared to the HFSRB standard of 85% of patients.

TRANPLANTATION RATES

In addition, DaVita patients in the Chicago area have transplantation at rates near the national average. Data on the following pages indicate that national transplantation rates in the U.S. for dialysis patients was 4.8% and 4.6% in 2007 and 2008 respectively. In 2008 and 2009 DaVita's Chicago area facilities experienced averaged transplantation rates of 3.81% and 3.34% respectively.

DaVita Chicago Area Facilities
Clinical Outcomes Review
April 2009 to March 2010

Adequacy of Dialysis

This facility will be able to demonstrate the ability to provide adequate dialysis with Urea Reduction Ration (URR) greater than 65% in at least 85% of patients. This data is a compilation of clinical outcomes data from 15 facilities in the Chicago area. They are Logan Square Dialysis, Lake County Dialysis, Lincoln Park Dialysis, Children's Dialysis, Emerald Kidney Center, Olympia Fields Dialysis Center, Chicago Heights Renal Care, Stony Creek Dialysis, Beverly Dialysis, Montclare Dialysis, Mt. Greenwood Dialysis, Lake Villa Dialysis, Little Village Dialysis, Kankakee County Dialysis and Big Oaks Dialysis (partial year report – Dec 2009 through March 2010).

Month	Percent of patients with URR>65%	Percent of patients with KT/V Daugirdas II.1.2
April 2009	90.93%	93.74%
May 2009	92.42%	95.46%
June 2009	92.65%	95.39%
July 2009	91.62%	94.66%
August 2009	91.79%	95.31%
September 2009	92.77%	95.61%
October 2009	92.42%	95.30%
November 2009	91.52%	95.03%
December 2009	90.54%	94.46%
January 2010	89.09%	93.28%
February 2010	91.93%	95.56%
March 2010	91.99%	95.96%
Average	91.64%	94.98%

From: Rick Coffin [mailto:rcoffin@nw10.esrd.net]
Sent: Thu 4/22/2010 9:31 AM
To: Margaret Enger
Subject: RE: Q4 2009 Occupancy Data

Hi Margaret,

I apologize for not getting back to you sooner. I have been out sick for over a week and am playing catch up. The updates you sent should have been completed by now.

As far as National data is concerned we receive a national summary report that shows the total number of patients on dialysis at year end and the number who were transplanted in a given year. We have not received the 2009 report yet but here are the 2007 and 2008 numbers:

2007 - 358,132 on dialysis - 17,354 transplanted

2008 - 371,315 on dialysis - 17,028 transplanted

4.8%
4.6%

Rick

From: Rick Coffin
[mailto:rcoffin@nw10.esrd.net]
Sent: Thu 7/15/2010 9:48 AM
To: Margaret Enger
Subject: RE: Q2 2010 Occupancy Data & 2009
Transplantation Information

2009 - 386,940 on dialysis - 17,418 transplanted = 4.5%

7/15/2010 10:22 PM

ATTACHMENT 26L
Page 6 of 8

DaVita - Chicago Region
Transplantation, By Facility

2009

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred in	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	110	26	0	12	0	148	5	3.38%
Lake County - 312	63	26	1	23	1	114	6	5.26%
Lincoln Park - 314	113	22	1	25	1	162	5	3.09%
Children's - 319	17	11	0	1	1	30	5	16.67%
Emerald - 321	122	20	2	20	1	165	3	1.82%
Olympia Fields - 322	108	28	1	11	1	149	6	4.03%
Chicago Heights - 1608	94	15	2	12	1	124	3	2.42%
Stony Creek - 1784	61	23	3	14	1	102	1	0.98%
Beverly - 1785	59	10	1	9	1	80	4	5.00%
Montclare - 2030	72	18	0	16	2	108	2	1.85%
Mt. Greenwood - 2118	70	25	1	14	1	111	5	4.50%
Lake Villa - 2119	30	12	0	6	0	48	0	0.00%
Little Village - 2133	71	28	0	13	0	112	4	3.57%
Kankakee County - 2147	26	14	0	2	1	43	1	2.33%
Big Oaks - 4362	0	0	0	1	0	1	0	n/a
TOTAL	1016	278	12	179	12	1497	50	3.34%

Source: DaVita Inc.

Not Open

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DaVita - Chicago Region
Transplantation, By Facility

2008

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred In	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	107	26	0	17	0	150	8	5.33%
Lake County - 312	62	20	0	17	0	99	6	6.06%
Lincoln Park - 314	114	21	1	19	0	155	3	1.94%
Children's - 319	11	9	0	2	7	29	9	31.03%
Emerald - 321	114	31	0	18	0	163	3	1.84%
Olympia Fields - 322	102	29	3	26	1	161	3	1.86%
Chicago Heights - 1608	90	22	0	21	1	134	8	5.97%
Stony Creek - 1784	61	21	1	11	1	95	3	3.16%
Beverly - 1785	58	11	0	7	1	77	3	3.90%
Montclare - 2030	68	20	0	16	2	106	4	3.77%
Mt. Greenwood - 2118	68	18	1	14	1	102	3	2.94%
Lake Villa - 2119	32	8	0	7	0	47	0	0.00%
Little Village - 2133	68	12	1	8	0	89	1	1.12%
Kankakee County - 2147	14	19	0	2	0	35	1	2.86%
Big Oaks - 4362						0		n/a
TOTAL	969	267	7	185	14	1442	55	3.81%

SOURCE: DaVita Inc.

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RELOCATION

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Cobblestone Dialysis' 14-station facility located at 934 N. Center Street in Elgin (60120) as the lease expires June 30, 2012 and the landlord, Sherman Hospital, is demolishing the building (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility. The project relocates the facility to a nearby site which is only two minutes away, 836 Dundec Avenuc, Elgin (60120).

Historical Utilization

Refer to Attachment 26M(1) which indicates that Cobblestone's utilization slipped modestly in recent years, from 67 to 59 patients between 2007 and June 30, 2010. This slight decline is due to the following two (2) factors: (1) a small, obsolete physical plant and (2) a loss of staff due to the recent change of ownership.

Cobblestone Dialysis currently has only 5,353 gross square feet (gsf) which is inadequate to support a 14-station facility. Based on the State Board standard of 470 gsf per station, the facility is 20% undersized with only 382 gsf per station. As larger and modern facilities have been established in the area in recent years, the facility has lost utilization.

In addition, the recent change of ownership (June 2010) also affected utilization. With news of an impending change of ownership, the facility lost its dietitian and social worker and patients had to be placed on a waiting list. Cobblestone's waiting list currently has 36 patients (see Attachment 26C(1A).) The forced relocation gives Cobblestone Dialysis an opportunity to provide a larger and more modern facility to serve the area's growing patient population.

Substantial physician support and patients referrals

Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization. The 17 pre-renal patients are identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens. Based on the large current and proposed patients, Cobblestone Dialysis projects to serve 68 patients by the end of the second year reaching 80% occupancy (refer to Attachment 26M(2) for projected utilization.) Projections are conservative since physicians referred 25 new patients per year in 2009 alone. Projected utilization is further discounted 14% per year for patient mortality and transplantation (see Page 2 of Attachment 26M(2).)

Relocation Ensures Continued, Timely Access to Care in the Area

The following evidence shows that the community needs this relocation to ensure timely access to dialysis services:

- (1) Cobblestone currently has 57 patients and 36 patients on its waiting list;
- (2) Cobblestone has significant physician/patient support with 69 proposed referrals which are separate and distinct from patient referrals to other projects in the area;
- (3) Other facilities in the area currently operate at a high (77%) utilization;
- (4) Cobblestone serves a large, growing population in Kane-Lake-McHenry Counties;
- (5) Cobblestone's market area has a high ratio of population per dialysis station; and
- (6) Cobblestone's relocation has a low impact on other facilities in the market area.

Cobblestone has a large current and proposed patient population

Cobblestone serves 57 patients and has another 36 patients on its waiting list. Refer to Attachments 26M(1) for historical utilization and 26C(1A) for the waiting list.

In addition four (4) physicians identify 69 patient referrals (see discussion above.) The facility anticipates serving 105 proposed patients.

High occupancy of dialysis stations operating in the market area

Ten (10) other facilities currently serve the market area within 30 minutes of Cobblestone. This market area contains over 1,312,154 people (see Attachment 26E(2) for zip code and 2000 population data.) These ten (10) facilities served 764 patients in 203 stations, a 78% average occupancy (see Attachment 26E(3) for The Renal Network data and a map of facility locations.) While three (3) new, 12-station facilities will serve the market area (FMC – Elgin and DaVita's Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year, these facilities are each supported by different physicians with separate and distinct referrals! Cobblestone's four (4) referring physicians verify that patient referrals have not been used to support other pending or approved CONs.

Cobblestone serves a growing population in KLM Counties, Planning Area 8

Of the 105 proposed patients 99 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) Counties. This number represents 94% of all patients (see Attachment 26E(5).)

The use of dialysis services in the market area grows each year (see Attachment 26E(6).)

Between January 2007 and June 2010 patients increased 17% from 702 to 821 patients.

Cobblestone Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Number of Patients	702	332	352	367
Percentage Increase				17.0%
Average Annual % Increase				6.8%

SOURCE: The Renal Network

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High ratio of population per dialysis station in the market area

The ratio of people per dialysis station emphasizes the need to retain all 14 stations to ensure timely access to care (see Attachment 26E(7).) The market area will have 217 stations when all stations are operational. These 217 stations will serve a population of 1,312,154 (2000 U.S. Census data), a ratio of 6,047 people per station. The market area has 73% more people per station than Illinois with a ratio of only 3,486 people per station and 18% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Cobblestone Dialysis to relocate all of its 14 stations to ensure timely access to care.

Low impact of the project on other facilities in the market area

Cobblestone Dialysis will not impact other facilities. Drs. Damaraju, Ahmad, Zahid, and Shah identify 69 patient referrals to support Cobblestone Dialysis. The 69 patient referrals include 52 transfer patients and 17 pre-renal patients. The 52 patient transfers are 50 transfers from Cobblestone Dialysis and two (2) patient transfers from QRC-Carpentersville, which operates at 97% utilization (see physicians' letters of referral in Attachment 26C(1).)

In conclusion relocation of Cobblestone Dialysis would ensure timely access to needed in-center hemodialysis services by serving a large and growing number of patients. In addition the project would be appropriately utilized; serves a large number of planning area residents; does not impact other dialysis facilities; and improves the distribution of services in the planning area.

COBBLESTONE DIALYSIS

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	9570	67
2008	9562	63
2009	9585	65

MOST RECENT MONTHLY UTILIZATION

July 1, 2009 – June 30, 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
July	859	66
August	786	65
September	800	65
October	831	65
November	759	65
December	823	65
January	780	64
February	721	63
March	766	59
April	721	57
May	689	57
June	<u>733</u>	59
Total	9268	59

SOURCES:

Cobblestone Dialysis

NOTES:

Number of patients is for the last day of the reporting period.

ATTACHMENT 26M (1)

COBBLESTONE DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2012 - 2014**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2012	14	9,217	66
2013	14	9,628	68
2014	14	9,915	70

SOURCES: See notarized Letters of Referral in Attachment 26C (1) & (1A).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN-CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	62	754	66	791	68	815	70	839	72	863
2	63	749	66	793	68	817	70	841	72	865
3	63	753	67	795	69	819	71	843	73	867
4	63	757	67	797	69	821	71	845	73	869
5	64	761	67	799	69	823	71	847	73	871
6	64	765	67	801	69	825	71	849	73	873
7	64	769	67	803	69	827	71	851	73	875
8	65	773	67	805	69	829	71	853	73	877
9	65	777	68	807	70	831	72	855	74	879
10	65	781	68	809	70	833	72	857	74	881
11	66	785	68	811	70	835	72	859	74	883
12	66	789	68	813	70	837	72	861	74	885
Total		9,217		9,628		9,915		10,202		10,489

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

<u>New Patients on Service</u>	
Beginning Patients	62
Less 14.0% Mortality	9
Ending Patients	66
Net New Patients	13

2/2



1551 Wewatta Street
Denver, CO 80202
www.davita.com

August 20, 2010

Ms. Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

RE: DaVita Inc. and Total Renal Care Inc. d/b/a Cobblestone Dialysis
Documentation of Reasonableness of Financing Arrangements

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to relocate Cobblestone Dialysis. The 14-station facility, located at 934 N. Center Street in Elgin, would be relocated to 836 Dundee in Elgin (60120.)

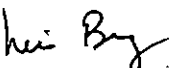
DaVita Inc. will provide equity financing for this project. The project consists of the modernization of approximately 6,606 gross square feet (gsf) of leased space and the acquisition of needed equipment. The estimated total project cost is \$1,181,734, excluding the fair market values (FMV) of the space to be leased.

In addition, DaVita Inc. will provide all necessary working capital to cover any initial operating deficit and start-up costs anticipated to be four month's operating expenses.

I have enclosed our 2009 audited financial statements to support our liquidity.

If you have any further questions, please contact me.

Sincerely,


Luis Borgen
CFO
Enclosures

NOTARY - See Attached

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State of Colorado

County of: Denver

On August 30, 2010, before me, Kayla M. Ryan, Notary Public,
personally appeared Luis Barach
(name(s) of signers)

- personally known to me
- provided to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal

Place Notary Seal Above

Kayla M Ryan
Signature of Notary Public

My commission expires: 5/23/2012

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 10-K

For the Fiscal Year Ended

December 31, 2009

ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

Commission File Number: 1-14106

DAVITA INC.

601 Hawaii Street
El Segundo, California 90245
Telephone number (310) 536-2400

Delaware
(State of incorporation)

51-0354549
(I.R.S. Employer
Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Class of Security:	Registered on:
Common Stock, \$0.001 par value	New York Stock Exchange
Common Stock Purchase Rights	New York Stock Exchange

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes No

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K is not contained herein and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K.

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer Accelerated filer Non-accelerated filer Smaller reporting company
(Do not check if a smaller reporting company)

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes No

As of June 30, 2009, the number of shares of the Registrant's common stock outstanding was approximately 104.0 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately \$5.1 billion.

As of January 29, 2010, the number of shares of the Registrant's common stock outstanding was approximately 103.2 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately \$6.2 billion.

Documents incorporated by reference

Portions of the Registrant's proxy statement for its 2010 annual meeting of stockholders are incorporated by reference in Part III of this Form 10-K.

DAVITA INC.

MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

Management is responsible for establishing and maintaining an adequate system of internal control over financial reporting designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with U.S. generally accepted accounting principles and which includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

During the last fiscal year, the Company conducted an evaluation, under the oversight of the Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's internal control over financial reporting. This evaluation was completed based on the criteria established in the report titled "Internal Control—Integrated Framework" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Based upon our evaluation under the COSO framework, we have concluded that the Company's internal control over financial reporting was effective as of December 31, 2009.

The Company's independent registered public accounting firm, KPMG LLP, has issued an attestation report on the Company's internal control over financial reporting, which report is included in this Annual Report.

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited the accompanying consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2009. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the results of their operations and their cash flows for each of the years in the three-year period ended December 31, 2009, in conformity with U.S. generally accepted accounting principles.

As discussed in Note 1 to the consolidated financial statements, the Company adopted Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards No. 160, Noncontrolling Interests in Consolidated Financial Statements (included in FASB ASC Topic 810, Consolidation), on a prospective basis except for the presentation and disclosure requirements which were applied retrospectively for all periods presented effective January 1, 2009.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), DaVita Inc.'s internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO), and our report dated February 25, 2010 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited DaVita Inc.'s internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). DaVita Inc.'s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying "Management's Report on Internal Control Over Financial Reporting". Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit.

We conducted our audit in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

In our opinion, DaVita Inc. maintained, in all material respects, effective internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by COSO.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2009, and our report dated February 25, 2010 expressed an unqualified opinion on those consolidated financial statements.

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

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DAVITA INC.
CONSOLIDATED STATEMENTS OF INCOME
(dollars in thousands, except per share data)

	Year ended December 31,		
	2009	2008	2007
Net operating revenues	\$ 6,108,800	\$ 5,660,173	\$ 5,264,151
Operating expenses and charges:			
Patient care costs	4,248,668	3,920,487	3,590,344
General and administrative	531,531	508,240	491,236
Depreciation and amortization	228,986	216,917	193,470
Provision for uncollectible accounts	161,786	146,229	136,682
Equity investment income	(2,442)	(796)	(1,217)
Valuation gain on alliance and product supply agreement ...	—	—	(55,275)
Total operating expenses and charges	<u>5,168,529</u>	<u>4,791,077</u>	<u>4,355,240</u>
Operating income	940,271	869,096	908,911
Debt expense	(185,755)	(224,716)	(257,147)
Other income, net	3,708	12,411	22,460
Income before income taxes	758,224	656,791	674,224
Income tax expense	278,465	235,471	245,581
Net income	479,759	421,320	428,643
Less: Net income attributable to noncontrolling interests	(57,075)	(47,160)	(46,865)
Net income attributable to DaVita Inc.	<u>\$ 422,684</u>	<u>\$ 374,160</u>	<u>\$ 381,778</u>
Earnings per share:			
Basic earnings per share attributable to DaVita Inc.	<u>\$ 4.08</u>	<u>\$ 3.56</u>	<u>\$ 3.61</u>
Diluted earnings per share attributable to DaVita Inc.	<u>\$ 4.06</u>	<u>\$ 3.53</u>	<u>\$ 3.55</u>
Weighted average shares for earnings per share:			
Basic	<u>103,603,885</u>	<u>105,149,448</u>	<u>105,893,052</u>
Diluted	<u>104,167,685</u>	<u>105,939,725</u>	<u>107,418,240</u>

for 2007

See notes to consolidated financial statements.

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DAVITA INC.
CONSOLIDATED BALANCE SHEETS
(dollars in thousands, except per share data)

	December 31,	
	2009	2008
ASSETS		
Cash and cash equivalents	\$ 539,459	\$ 410,881
Short-term investments	26,475	35,532
Accounts receivable, less allowance of \$229,317 and \$211,222	1,105,903	1,075,457
Inventories	70,041	84,174
Other receivables	263,456	239,165
Other current assets	40,234	33,761
Income tax receivable	—	32,130
Deferred income taxes	256,953	217,196
Total current assets	2,302,521	2,128,296
Property and equipment, net	1,104,925	1,048,075
Amortizable intangibles, net	136,732	160,521
Equity investments	22,631	19,274
Long-term investments	7,616	5,656
Other long-term assets	32,615	47,330
Goodwill	3,951,196	3,876,931
	\$7,558,236	\$7,286,083
LIABILITIES AND EQUITY		
Accounts payable	\$ 176,657	\$ 282,883
Other liabilities	461,092	495,239
Accrued compensation and benefits	286,121	312,216
Current portion of long-term debt	100,007	72,725
Income taxes payable	23,064	—
Total current liabilities	1,046,941	1,163,063
Long-term debt	3,532,217	3,622,421
Other long-term liabilities	87,692	101,442
Alliance and product supply agreement, net	30,647	35,977
Deferred income taxes	334,855	244,884
Total liabilities	5,032,352	5,167,787
Commitments and contingencies		
Noncontrolling interests subject to put provisions	331,725	291,397
Equity:		
Preferred stock (\$0.001 par value, 5,000,000 shares authorized; none issued) .. .		
Common stock (\$0.001 par value, 450,000,000 shares authorized; 134,862,283 shares issued; 103,062,698 and 103,753,673 shares outstanding)	135	135
Additional paid-in capital	621,685	584,358
Retained earnings	2,312,134	1,889,450
Treasury stock, at cost (31,799,585 and 31,108,610 shares)	(793,340)	(691,857)
Accumulated other comprehensive loss	(5,548)	(14,339)
Total DaVita Inc. shareholders' equity	2,135,066	1,767,747
Noncontrolling interests not subject to put provisions	59,093	59,152
Total equity	2,194,159	1,826,899
	\$7,558,236	\$7,286,083

See notes to consolidated financial statements.

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DAVITA INC.
CONSOLIDATED STATEMENTS OF CASH FLOW
(dollars in thousands)

	Year ended December 31,		
	2009	2008	2007
Cash flows from operating activities:			
Net income	\$ 479,759	\$ 421,320	\$ 428,643
Adjustments to reconcile net income to cash provided by operating activities:			
Depreciation and amortization	228,986	216,917	193,470
Valuation gain on alliance and product supply agreement	—	—	(55,275)
Stock-based compensation expense	44,422	41,235	34,149
Tax benefits from stock award exercises	18,241	13,988	32,788
Excess tax benefits from stock award exercises	(6,950)	(8,013)	(25,541)
Deferred income taxes	50,869	94,912	18,601
Equity investment income, net	(204)	(796)	(1,217)
Loss (gain) on disposal of assets	9,761	15,216	(2,825)
Non-cash debt expense and non-cash rent charges	11,184	11,794	12,713
Changes in operating assets and liabilities, net of effect of acquisitions and divestitures:			
Accounts receivable	(32,313)	(149,939)	15,911
Inventories	15,115	(2,715)	11,271
Other receivables and other current assets	(35,104)	(40,960)	(61,049)
Other long-term assets	7,288	(11,929)	(14,528)
Accounts payable	(104,879)	57,422	(9,216)
Accrued compensation and benefits	(9,138)	(31,602)	9,691
Other current liabilities	(43,543)	8,871	657
Income taxes	44,578	(30,087)	(12,942)
Other long-term liabilities	(11,362)	8,067	5,764
Net cash provided by operating activities	666,710	613,701	581,065
Cash flows from investing activities:			
Additions of property and equipment	(274,605)	(317,962)	(272,212)
Acquisitions	(87,617)	(101,959)	(127,094)
Proceeds from asset sales	7,697	530	12,289
Purchase of investments available-for-sale	(2,062)	(2,009)	(52,085)
Purchase of investments held-to-maturity	(22,664)	(21,048)	(23,061)
Proceeds from the sale of investments available-for-sale	16,693	21,291	32,274
Proceeds from maturities of investments held-to-maturity	16,380	21,355	4,795
Purchase of equity investments	(2,100)	—	(17,550)
Distributions received on equity investments	2,547	908	1,134
Purchase of intangible assets	(329)	(65)	(2,291)
Other investment activity	—	1,220	(2,942)
Net cash used in investing activities	(346,060)	(397,739)	(446,743)
Cash flows from financing activities:			
Borrowings	18,767,592	17,089,018	13,113,640
Payments on long-term debt	(18,828,824)	(17,102,569)	(13,160,942)
Deferred financing costs	(42)	(130)	(4,511)
Purchase of treasury stock	(153,495)	(232,715)	(6,350)
Excess tax benefits from stock award exercises	6,950	8,013	25,541
Stock award exercises and other share issuances, net	67,908	40,247	62,902
Distributions to noncontrolling interests	(67,748)	(59,357)	(48,029)
Contributions from noncontrolling interests	13,071	19,074	14,735
Proceeds from sales of additional noncontrolling interests	9,375	10,701	5,536
Purchases from noncontrolling interests	(6,859)	(24,409)	—
Net cash (used in) provided by financing activities	(192,072)	(252,127)	2,522
Net increase (decrease) in cash and cash equivalents	128,578	(36,165)	136,844
Cash and cash equivalents at beginning of year	410,881	447,046	310,202
Cash and cash equivalents at end of year	\$ 539,459	\$ 410,881	\$ 447,046

See notes to consolidated financial statements.

FINANCIAL WAIVER

The project is funded by cash and securities and meets the requirements for securing a financial waiver (refer back to Attachment 39 for the equity letter of financing and selected documentation from the 2009 audited financial statement.)

Please refer to CON application #10-004, Grand Crossing Dialysis, permit granted June 8, 2010, for three (3) years of audited financial statements if these documents are still required.

ATTACHMENT 40

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1551 Wewatta Street
Denver, CO 80202

August 20, 2010

Ms. Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

RE: DaVita Inc. and Total Renal Care Inc. d/b/a Cobblestone Dialysis
Documentation of Reasonableness of Financing Arrangements

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to relocate Cobblestone Dialysis. The 14-station facility, located at 934 N. Center Street in Elgin, would be relocated to 836 Dundee in Elgin (60120.)

DaVita Inc. will provide equity financing for this project. The project consists of the modernization of approximately 6,606 gross square feet (gsf) of leased space and the acquisition of needed equipment. The estimated total project cost is \$1,181,734, excluding the fair market values (FMV) of the space to be leased.

In addition, DaVita Inc. will provide all necessary working capital to cover any initial operating deficit and start-up costs anticipated to be four month's operating expenses.

I have enclosed our 2009 audited financial statements to support our liquidity.

If you have any further questions, please contact me.

Sincerely,

Luis Borgen
CFO

Enclosures

NOTARY - See Attached

ATTACHMENT 42
Page 1 of 2

State of Colorado

County of: Denver

On August 30, 2010, before me, Kayla M. Ryan, Notary Public,
personally appeared Luis Burch
(name(s) of signers)

- personally known to me
- provided to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal

Place Notary Seal Above

Kayla M Ryan
Signature of Notary Public

My commission expires: 5/23/2012

222A



Casa Nueva
1551 Wewatta Street
Denver, CO 80202-6173
Tel: 303-405-2100
www.davita.com

August 13, 2010

Ms. Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

RE: DaVita Inc. and Total Renal Care Inc. d/b/a Cobblestone Dialysis
Conditions of the Spacc Lease

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to relocate Cobblestone Dialysis. The facility would be relocated from 934 N. Center Street to 836 Dundee Avenue both in Elgin, IL (60120.) Total Renal Care Inc. would lease and modernize approximately 6,606 gross square feet (gsf) to house the 14-station dialysis facility.

The lease will be for twelve (12) years, with two (2) five-year options to renew. The initial base lease rate would be \$29.00 per square foot triple net and increase 2% per year.

The terms of the lease appear reasonable based on a comparison to similar rents in the area (see attached analysis.) Also, lease expenses are less costly than constructing a new facility.

Sincerely,

Kent J. Thiry
Chairman and Chief Executive Officer

NOTARY
See attached

ATTACHMENT 42(1)
Page 1 of 4

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State of Colorado

County of: Denver

On 23rd day of August, 2010, before me, Kayla M. Ryan, Notary Public,
personally appeared Kent J. Thiry
(name(s) of signers)

- personally known to me
- provided to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal

Place Notary Seal Above

Kayla M Ryan
Signature of Notary Public

My commission expires: 5/23/2012



USI Real Estate Brokerage Services, Inc.
Broker Opinion of Value
August 10, 2010

GOAL: Determine fair market rent for similar type properties in the Elgin market

SUBJECT
PROPERTY: 836 Dundee Ave, Elgin, IL

SUBJECT
PROPERTY
RENT: \$.00/SF NNN

CURRENT COMPS: See following page

MARKET
RANGE: Current market rents for properties comparable to the subject property range from \$15.29/SF - \$19.00/SF NNN ("Comparable Properties"). Supply was tight in the search area. There are a number of medical buildings in the area but most are 100% leased or have small spaces available.

CONCLUSION: Based on a comparison of the characteristics (as described above) of the Subject Property to the Comparable Properties, the **Fair Market Rental Range for Existing Buildings** in Elgin, IL between \$15.29/SF to \$19.00/SF NNN. The subject property is a "build to suit", using the tenant's specifications and standards the rental rates will be 20% higher than the existing building market base rental rates provided above.

PREPARED BY: Matthew Fetter

ATTACHMENT 42(1)
Page 3 of 4

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Comparables Properties



2175 Point Blvd

Elgin, IL 60123
Building Class / Type: B
Total Building Size: 86,894 SF
Year Built: 2006

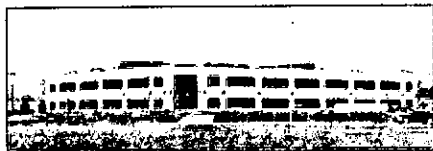
Completed: 8/2/10 Square Footage: 5,395 SF
Rental Rate: \$17.37/SF NNN



1020-1050 Summit St

Elgin, IL 60120
Building Class/Type: B
Total Building Size: 102,643 SF
Year Built: 1993

Completed: 7/21/10 Square Footage: 2,080 SF
Rental Rate: \$19.00/SF NNN



2205 Point Blvd

Elgin, IL 60123
Building Class/Type: B
Total Building Size: 59,392 SF
Year Built: 2001

Completed: 8/2/10 Square Footage: 1,856 SF
Rental Rate: \$15.29/SF NNN

Market Summary

Although rental rates vary above, based on the existing building type and class, the expected range of market rental rates for existing buildings is between \$15.29/SF and \$19.00/SF NNN. The market rates for a "build to Suit" will be an additional 20% of the base rental rates.

ATTACHMENT 42(1)
Page 4 of 4

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COBBLESTONE DIALYSIS

PROJECT COSTS

<u>Area</u>	<u>Amount</u>	<u>Basis for Estimate</u>
PREPLANNING		
CON Fee	\$6,000	Regulation
ARCHITECT/ ENGINEERING FEES	\$53,000	DaVita Estimate
CONSULTING & OTHER FEES		
CON Consulting	\$45,500	Agreement
Legal	\$4,000	DaVita Estimate
Movers	\$10,000	DaVita Estimate
Reimbursables	<u>\$5,000</u>	DaVita Estimate
Total Fees	\$64,500	
NEW EQUIPMENT	\$537,632	DaVita Estimate See following pages for Summary & Full Itemized List
OTHER COSTS TO BE CAPITALIZED		
Utility Hook-ups:		
Permit Fees	\$8,500	DaVita Estimate
Water – Tap	\$0	DaVita Estimate
Sewer	\$0	DaVita Estimate
Gas	\$0	DaVita Estimate
Cable	<u>\$0</u>	DaVita Estimate
	\$8,500	
Signage	<u>\$12,500</u>	DaVita Estimate
Total Other Costs	\$21,000	

COBBLESTONE DIALYSIS

SUMMARY EQUIPMENT AND FURNISHINGS COST

Communications	\$76,435
Water Treatment	\$116,480
Bio-Medical	\$10,885
Re-use Equipment/Fixtures	\$0
Clinical Equipment	255,244
Clinical Furniture/Fixtures	\$17,515
Lounge Furniture/Fixtures	\$2,815
Storage Fixtures/Equipment	\$6,533
Business Office Fixtures	\$26,725
General Furniture/Fixtures	<u>\$25,000</u>
Total Equipment/Furnishings For Twelve (14) Stations	\$537,632
Total Equipment Cost / Station	\$38,402 per station

Cobblestone Dialysis anticipates serving its first patient in January 2012.
The facility will reach 80% occupancy in the 24th month of operation, February 2014.

DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

Cobblestone (Acquired July 2010 #5551)

	Incremental	Total	
Square Footage:	1253	6,606	412,875
Number of Hemo Stations (at Startup):	0	14	350
Number of PD Training Rooms	0	0	
Number of Home Training Stations:	0	0	

Services/Fees	Task Numl #	Cost/Unit	Total Cost	Per Total Sq.	Comments/BDP	
Architecture and Eng. Costs	01.04		53,000	\$8.02		
Mover	01.05		10,000	\$1.51		
Legal Fees	01.06		4,000	\$0.61		
CON Expense	01.07		56,500	\$8.55		
			<u>123,500</u>			
Construction						
Gross Interiors (permit included)	02.01		706,842	\$107.00		
Gross MBBI (permit included)	02.02		25,000	\$3.78		
Alarm, Fire, Life Safety Systems	02.03		32,000	\$4.84		
			<u>763,842</u>			
Leasehold Improvemt. Credits	02.07		-264,240	\$0.00	\$ 40 TI per LOI	
			<u>499,602</u>			
Utilities (hook-up)						
Electric	03.01	0	\$0.00	0	\$0.00	
Permit Fees	03.02	1	\$8,500.00	8,500	\$1.29	
Gas	03.03	0	\$0.00	0	\$0.00	
Water (tap fee)	03.04	0	\$0.00	0	\$0.00	
Sewer (impact fee)	03.05	0	\$0.00	0	\$0.00	
Cable	03.06	0	\$0.00	0	\$0.00	
			<u>8,500</u>			
Communications						
Telephone System	04.01	1	\$9,500.00	9,500	\$1.44	
Network Cabling	04.02	1	\$13,000.00	13,000	\$1.97	
Emergency Call System	04.03	1	\$0.00	0	\$0.00	
Security System	04.04	1	\$2,500.00	2,500	\$0.38	
TV System (w/ VCR)	04.05	18	\$1,195.00	21,510	\$3.26	
DSS System	04.06	1	\$8,925.00	8,925	\$1.35	
Chairside Snappy - Server	04.08	2	\$7,000.00	14,000	\$2.12	add'l \$7K for HDD
Chairside Snappy - Machine	04.09	1	\$7,000.00	7,000	\$1.06	
			<u>76,435</u>			
Water Treatment						
R/O System	05.01	1	\$90,000.00	90,000	\$13.62	
Station Boxes and Fittings	05.02	18	\$400.00	7,200	\$1.09	RO boxes that meet IDPH
Dry Acid System	05.03	1	\$4,180.00	4,180	\$0.63	
Concentrate Tanks	05.04	2	\$1,550.00	3,100	\$0.47	
Concentrate Pumps	05.05	2	\$800.00	1,600	\$0.24	
Drum Dolly	05.06	1	\$200.00	200	\$0.03	
Central Bi-carb System	05.07	1	\$10,200.00	10,200	\$1.54	
Bi-carb Mixer	05.08	1	\$0.00	0	\$0.00	
Bi-carb Drying Racks	05.09	0	\$250.00	0	\$0.00	
Electrical Analyzer/Tester	06.01					
			<u>116,480</u>			
Bio-Medical Equipment						
Conductivity Meter	06.02	1	\$2,000.00	2,000	\$0.30	
Dialysate Meter	06.03	1	\$2,200.00	2,200	\$0.33	
R/O TDS Water Meter	06.04	1	\$500.00	500	\$0.08	
Air Test Kit	06.05	1	\$385.00	385	\$0.06	
Water Analysis Test Kit	06.06	1	\$50.00	50	\$0.01	
Heat Block	06.07					
Spill Kit	06.08					
Respirator	06.09					
Tool Chest - Portable	06.10	1	\$250.00	250	\$0.04	
Parts Storage Cart	06.11	1	\$300.00	300	\$0.05	
Miscellaneous Technical Tools	06.12	1	\$2,000.00	2,000	\$0.30	
Miscellaneous Fittings, Tubing	06.13	1	\$3,200.00	3,200	\$0.48	
			<u>10,885</u>			
Reuse Equipment/ Fixtures						
DRS4	07.01					
Manual Reuse Station	07.02					
Renatron	07.03	0	\$19,675.00	0	\$0.00	
Renaclear	07.04					
Dialyzer Racks	07.05	0	\$64.00	0	\$0.00	
Reuse Refrigerator	07.06	0	\$550.00	0	\$0.00	
			<u>0</u>			

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DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

Cobblestone (Acquired July 2010 #5551)

	Incremental	Total	6,606	412,875
Square Footage:	1253			
Number of Hemo Stations (at Startup):	0		14	350
Number of PD Training Rooms	0		0	
Number of Home Training Stations:	0		0	

	Task Numi #	Cost/Unit	Total Cost	Per Total Sq.	Comments/BDP
Clinical Equipment	Dialysis Machine	08.01	18 \$13,025.00	234,450	\$35.49
	Refrigerator Thermometer	08.34			
	Patient Lift	08.02	1 \$645.00	645	\$0.10
	Scale (bx)	08.03	1 \$4,825.00	4,825	\$0.73
	Scale (PD)	08.04	1 \$3,157.90	3,158	\$0.48
	Lab Refrigerator	08.05	1 \$435.00	435	\$0.07
	Lab Freezer	08.06	1 \$550.00	550	\$0.08
	Meds Refrigerator (bx)	08.07	1 \$480.00	480	\$0.07
	EPO Refrigerator (bx)	08.08	0		
	Meds Refrigerator (PD)	08.09	0 \$480.00	0	\$0.00
	Microwave (PD)	08.10	0 \$250.00	0	\$0.00
	Ice Machine	08.11	0 \$3,590.00	0	\$0.00
	Crash Cart	08.12	1 \$1,245.00	1,245	\$0.19
	Medication Cart	08.13	0 \$1,321.23	0	\$0.00
	Defibrillator	08.14	1 \$2,263.00	2,263	\$0.34
	EKG	08.15	0 \$1,600.00	0	\$0.00
	Ambubag	08.16	2 \$11.00	22	\$0.00
	Suction Machine	08.17	1 \$310.00	310	\$0.05
	Oxygen Equipment	08.18	2 \$515.00	1,030	\$0.16
	Infusion Pump	08.19	3 \$1,035.00	3,105	\$0.47
	IV Pole	08.20	2 \$66.00	132	\$0.02
	ACT Tester	08.21	No Need		
	Glucometer	08.22	No Need		
	Thermometer	08.23	8 \$4.60	37	\$0.01
	Stethoscope	08.24	8 \$3.70	30	\$0.00
	Laryngoscope	08.25			
	Ophthalmoscope	08.26			
	Centrifuge	08.27			
	Incubator	08.28			
	Ultrasonic Mini Doppler	08.29			
	Mobile BP Module(s)	08.30	1 \$278.00	278	\$0.04
	Infectious Waste Hampers	08.31	\$0.00		
	Emergency Evacuation Kit	08.32	1 \$250.00	250	\$0.04
Miscellaneous Clinical	08.33	1 \$2,000.00	2,000	\$0.30	
			<u>255,244</u>		
Clinical Furniture/ Fixtures	Dialysis Chair - regular	09.01	13 \$970.00	12,610	\$1.91
	Dialysis Chair - oversized	09.02	1 \$1,235.00	1,235	\$0.19
	Task Stool	09.03	4 \$71.00	284	\$0.04
	Privacy Screen	09.04	2 \$98.00	196	\$0.03
	Exam Table	09.05	1 \$620.00	620	\$0.09
	Training Table	09.06			
	Exam Light	09.07			
	Chart Rack	09.08	2 \$880.00	1,760	\$0.27
	Wheelchair	09.09	2 \$405.00	810	\$0.12
			<u>17,515</u>		
Lounge Furniture/ Fixtures	Refrigerator (lounge)	10.01	1 \$960.00	960	\$0.15
	Microwave (lounge)	10.02	1 \$130.00	130	\$0.02
	Dishwasher	10.03			
	Coffee Machine (lounge)	10.04	1 \$0.00	0	\$0.00
	Toaster Oven (lounge)	10.05	1 \$125.00	125	\$0.02
	Lockers	10.06	1 \$1,600.00	1,600	\$0.24
			<u>2,815</u>		
Storage Fixtures/ Equipment	Supply Cart	11.01	1 \$136.71	137	\$0.02
	Shelving	11.02	1 \$5,000.00	5,000	\$0.76
	Hand Dolly	11.03	1 \$100.00	100	\$0.02
	Flatbed Truck (hand)	11.04	1 \$200.00	200	\$0.03
	Utility Cart	11.05	4 \$174.09	696	\$0.11
	Floor Palates	11.06	4 \$100.00	400	\$0.06
	Linen Cart	11.07			
			<u>6,533</u>		

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DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

Cobblestone (Acquired July 2010 #5551)

	Incremental	Total	
Square Footage:	1253	6,606	412.875
Number of Hemo Stations (at Startup):	0	14	350
Number of PD Training Rooms:	0	0	
Number of Home Training Stations:	0	0	

	Task Numl #	Cost/Unit	Total Cost	Per Total Sq.	Comments/BDP
Business Office					
Fixtures	13.01	1 \$1,420.00	1,420	\$0.21	
	13.02	2 \$600.00	1,200	\$0.18	1 for HHD
	13.03	1 \$905.00	905	\$0.14	
	13.04	1 \$23,200.00	23,200	\$3.51	add'l \$1200 for HHD
	13.07				
			<u>26,725</u>		
General Furniture/					
Fixtures	14.01	1 \$19,000.00	19,000	\$2.88	
	14.02	1 \$3,000.00	3,000	\$0.45	
	14.04	1 \$3,000.00	3,000	\$0.45	
			<u>25,000</u>		
Signage					
Interior	15.01	1 \$2,500.00	2,500	\$0.38	
Exterior	15.02	1 \$10,000.00	10,000	\$1.51	
			<u>12,500</u>		
			Gross Leasehold Improvements	763,842	\$116.63
			Less: Landlord Contribution	-264,240	(\$40.00)
			Leasehold Improvements Total	499,602	\$75.63
			Fees/Services Total	132,000	\$19.98
			Furniture/Fixtures/Equipment Tot	550,132	\$83.28
			TOTAL	\$1,181,734	\$178.89
			Shipping & Taxes	assumed w/in \$	

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Total Renal Care Inc. d/b/a Cobblestone Dialysis

Projected Operating Costs

Year 2014

Salaries and Benefits (39%)	\$885,128
Medical Supplies (Excluding Epogen)	<u>\$247,875</u>
TOTAL	\$1,133,003
Number of Treatments	9,915
Cost per Treatment	<u>\$114.27</u>

SOURCE: Feasibility Study in Attachment 42(4).

ATTACHMENT 42(3)

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Cobblestone

START-UP COSTS		Annual
	Cost	Life Depreciation
Construction/Contingency	\$763,842	39 \$19,586
Gross site improvements	\$0	39 \$0
Pre-opening	\$0	0 \$0
Equipment/Furniture	\$550,132	7 \$78,590
Fees/services	\$132,000	39 \$3,385
Shipping/taxes	\$0	0 \$0
Total	\$1,445,974	\$101,561
Facility		
Square feet of space	6,606	
Cost per square foot	\$115.63	
Hemo stations	14	

ESTIMATED CAPITAL EXPENDITURES	Year 1	Year 2	Year 3	Year 4	Year 5
	\$32,000	\$32,960	\$33,949	\$34,967	\$36,016

INCOME STATEMENT

Pro Forma Projected

	Year 1	Year 2	Year 3	Year 4	Year 5
Treatments					
Chronic	9,209	9,628	9,915	10,202	10,489
Home	0	0	0	0	0
Total Treatments	9,209	9,628	9,915	10,202	10,489
Growth		4.5%	3.0%	2.9%	2.8%
Net Revenue	\$ 3,223,730	\$ 3,302,858	\$ 3,465,954	\$ 3,634,055	\$ 3,807,292
Net Revenue/Tx	\$350	\$343	\$350	\$356	\$363
SW&B	\$909,586	\$859,348	\$885,128	\$911,682	\$939,032
Other Expenses	\$1,375,684	\$1,479,894	\$1,546,846	\$1,616,133	\$1,687,831
Total Expenses	\$2,285,270	\$2,339,242	\$2,431,974	\$2,527,815	\$2,626,863
EBITDA	\$938,460	\$963,616	\$1,033,980	\$1,106,240	\$1,180,429
EBITDA/Tx	\$101.91	\$100.08	\$104.28	\$108.43	\$112.54
EBITDA as a % of Revenue	29.1%	29.2%	29.8%	30.4%	31.0%

Depr & Amort	\$174,525	\$179,233	\$184,083	\$189,078	\$194,223
EBIT	\$763,935	\$784,383	\$849,897	\$917,162	\$986,206
Interest Expense	0.0%	\$0	\$0	\$0	\$0
Pre-Tax Income	\$763,935	\$784,383	\$849,897	\$917,162	\$986,206
Income Taxes	39.2%	\$299,463	\$307,478	\$333,160	\$359,528
Net Income	\$464,472	\$476,905	\$516,737	\$557,634	\$599,613
Shares Outstanding	102,600,000	102,600,000	102,600,000	102,600,000	102,600,000
Incremental EPS	\$0.005	\$0.005	\$0.005	\$0.005	\$0.006

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	Year 1	Year 2	Year 3	Year 4	Year 5
Treatments					
Chronic	9,209	9,628	9,915	10,202	10,489
PD	0	0	0	0	0
Total Treatments	9,209	9,628	9,915	10,202	10,489
Growth		4.5%	3.0%	2.9%	2.8%

REVENUES:

In Center	\$2,210,740	\$2,311,174	\$2,379,600	\$2,450,623	\$2,622,035
Home	\$0	\$0	\$0	\$0	\$0
Epogen	\$736,720	\$712,472	\$793,200	\$877,372	\$839,120
Other Ancillary	\$276,270	\$279,212	\$297,450	\$306,060	\$346,137
Gross Revenue	\$3,223,730	\$3,302,858	\$3,465,954	\$3,634,055	\$3,807,292

Less:

Contractual Allowances	\$0	\$0	\$0	\$0	\$0
Epogen Allowance	\$0	\$0	\$0	\$0	\$0
Net Revenue	\$3,223,730	\$3,302,858	\$3,465,954	\$3,634,055	\$3,807,292
Net Revenue/Tx	\$350	\$343	\$350	\$356	\$363

EXPENSES:

SW&B - Chronic	\$909,586	\$859,348	\$885,128	\$911,682	\$939,032
SW&B - Home	\$0	\$0	\$0	\$0	\$0
Medical Supplies - Chronic	\$202,598	\$254,179	\$247,875	\$272,904	\$284,776
Medical Supplies - Home	\$0	\$0	\$0	\$0	\$0
Pharmacy	\$13,814	\$14,442	\$14,873	\$15,303	\$15,734
Lab	\$207,203	\$231,072	\$247,875	\$255,050	\$272,190
Epogen	\$276,270	\$288,884	\$29,745	\$30,606	\$31,467
Provision for Bad Debts	\$83,817	\$290,980	\$345,983	\$353,272	\$364,604
Utilities and Telephone	\$46,045	\$85,874	\$90,115	\$94,485	\$98,990
Maintenance and Repair	\$36,836	\$48,140	\$42,635	\$51,010	\$52,445
Insurance	\$27,627	\$38,512	\$41,147	\$40,808	\$42,480
Taxes and Licenses	\$27,627	\$28,884	\$29,646	\$30,606	\$31,467
Other Supplies	\$73,672	\$77,024	\$79,745	\$81,616	\$84,401
Other Expenses	\$62,161	\$57,768	\$56,697	\$61,212	\$62,934
Physician Fees	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
Rent	\$217,998	\$222,358	\$226,805	\$231,341	\$235,968
G&A Expenses	\$165,766	\$175,611	\$183,262	\$191,090	\$199,090
Total Expenses	\$2,451,036	\$2,514,853	\$2,615,236	\$2,718,905	\$2,825,953
EBITDA	\$772,694	\$788,005	\$850,718	\$915,150	\$981,339
EBITDA/Tx	\$83.91	\$83.85	\$85.80	\$89.70	\$93.56
EBITDA as a % of Revenue	24.0%	23.9%	24.5%	25.2%	25.8%

Depr & Amort	\$174,525	\$179,233	\$184,083	\$189,078	\$194,223
EBIT	\$598,169	\$608,772	\$666,635	\$726,072	\$787,116

CASH FLOW:

Net Income	\$464,472	\$476,905	\$516,737	\$557,634	\$599,613
Depr & Amort	\$174,525	\$179,233	\$184,083	\$189,078	\$194,223
Capital Expenditures	(\$32,000)	(\$32,960)	(\$33,949)	(\$34,967)	(\$36,016)
Net Cash Flow	\$606,997	\$623,178	\$666,871	\$711,745	\$757,820

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IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	62	754	66	791	68	815	70	839	72	863
2	63	749	66	793	68	817	70	841	72	865
3	63	753	67	795	69	819	71	843	73	867
4	63	757	67	797	69	821	71	845	73	869
5	64	761	67	799	69	823	71	847	73	871
6	64	765	67	801	69	825	71	849	73	873
7	64	769	67	803	69	827	71	851	73	875
8	65	773	67	805	69	829	71	853	73	877
9	65	777	68	807	70	831	72	855	74	879
10	65	781	68	809	70	833	72	857	74	881
11	66	785	68	811	70	835	72	859	74	883
12	66	789	68	813	70	837	72	861	74	885
Total		9,217		9,628		9,915		10,202		10,489

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service	
Beginning Patients	62
Less 14.0% Mortality	9
Ending Patients	66
Net New Patients	13

	66	70	72
	9	10	10
	68	72	74
	11	12	12

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Cobblestone

Assumptions for Denovo:

Expansion Costs:	
Pre. Opening	\$0
Construction/Contingency	\$763,842
Gross site improvements	\$0
Equipment & Furniture	\$550,132
Fees/services	\$132,000
Total	<u>\$1,445,974</u>

Revenues & Expenses: Based on financial data for existing facility at Cobblestone

Bad Debt: Based on 2.6% of net revenue.

Proposed Staffing: Based on \$99(including benefits) first year actual per treatment.
Benefits portion of SWBs is approximately 39%

Patient Census: Year one average census of 64 (9,209 treatments per year) for year 1 with an annual growth rate of 4.5%(2nd. Year),
3.0(3rd. Year),2.9%(4th. Year),2.8%(5th. Year).

Working Capital: Provided by :DAVITA and Net Income
Assumes A/R @ 120 days first year and 70 days year 2,3,4 and 5
Assumes A/P @ 24 days

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Total Renal Care Inc. d/b/a Cobblestone Dialysis

Projected Capital Costs

Year 2014

Depreciation/Amortization	\$184,083
Interest	<u>0</u>
TOTAL	\$184,083
Number of Treatments	9,915
Capital Cost per Treatment	<u>\$18.57</u>
SOURCE: Feasibility Study in Attachment 42(4).	

ATTACHMENT 42(5)

Safety Net Impact Statement

The project has no impact on "Safety Net Service" providers as defined in Public Act 96-031. Hemodialysis is a unique health care service which is covered by Medicare regardless of patient age. The rare patient who may ultimately be denied Medicare coverage due to lack of citizenship receives coverage through the State of Illinois' Medicaid program. See the following pages for three (3) years' data on revenues, costs, patients and treatments by payer for DaVita's Illinois and Chicago facilities.

DaVita facilities will provide any member of the community with dialysis services prescribed by a licensed physician. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability. In addition, DaVita provides service to persons with barriers to mainstream health care due to lack of insurance, inability to pay, or geographic isolation.

Below is the process whereby DaVita ensures that patients receive care. DaVita first verifies Medicare or Medicaid eligibility and/or private insurance coverage. Patients who lack insurance are authorized to receive treatment at the facility level with necessary written approval while they complete necessary applications for Medicare or Medicaid. Medicaid under Illinois law will provide treatment back to the first date of treatment. Medicare has a waiting period of 90 days after starting an ongoing course of dialysis. In any case, DaVita treats the patient with ongoing dialysis whether the service is ever covered or not.

Persons, who are not eligible for medical benefits because they do not meet citizenship/immigration requirements, may qualify for medical emergency care under Illinois law. Hemodialysis is considered an emergency medical condition and as long as the patient needs hemodialysis services they are covered. If there is a gap in coverage or eligibility for coverage at any time and in any case, DaVita provides care to those in any of those circumstances.

DaVita offers monthly pre-ESRD teaching to any patient who would like to attend at community based centers near its dialysis centers. Classes consist of the following different curricula: Making Healthy Choices, Taking Control and Treatment Choices including transplant services from local programs. The classes offer patients tips on how to maintain healthy living and the pro and cons of the options available for treating end stage renal disease (ESRD) along with the process to receive a transplant.

DaVita also has a website (DaVita.com) that offers an education section with topics such as kidney disease, dialysis, home dialysis, transplant and diet & nutrition. The DaVita website contains multiple sources for services available, recipes for patients with ESRD, other tools provided by DaVita and videos about multiple topics.

DaVita Clinical Research (DCR) is a renal Phase I-IV clinical trial site and site management organization. It offers the following services: Phase I-IV, Pharmacokinetics, and Pharmacodynamics. Our specialty patient population includes Renal, Renal Transplants and Peritoneal Dialysis. DCR is committed to the success of our customers' studies in providing the highest quality, professional services. It is unique, with Phase I-IV clinical trial capabilities, quick local or central institutional review board (IRB) approval, rapid enrollment of patients and board-certified physicians committed to managing all protocol-related activities. It has been conducting clinical trials for over 15 years and has worked with over 65 drug and device sponsors, to provide quality, timely and cost effective clinical trials.

DAVITA INC.

**Illinois
Chronic Hemodialysis**

Safety Net Information

CHARITY CARE	<u>2007</u>	<u>2008</u>	<u>2009</u>
Charity (# of Self-Pay Patients)	8	10	19
Charity (Self-Pay Cost)	\$244,745	\$321,510	\$597,263
MEDICAID			
Medicaid (Patients)	204	214	220
Medicaid (Revenue)	\$8,929,985	\$9,073,985	\$9,212,781

SOURCE: DaVita Inc.

NOTE: Illinois includes Heartland Regions 1 and 2 + Star Catchers
Regions 2, 4, and 8.

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DaVita Inc.

Revenues and Treatments, By Payer

	<u>2007</u>	<u>2008</u>	<u>2009</u>
ILLINOIS REVENUES			
Medicare	\$79,229,775	\$82,651,051	\$88,220,128
Blue Cross/Blue Shield	\$24,022,742	\$20,454,198	\$23,668,861
Medicaid	\$8,929,985	\$9,073,985	\$9,212,781
Self Pay	\$250,518	\$297,508	\$575,803
Commercial/all other	\$51,532,023	\$44,746,861	\$44,895,814
Total	\$163,965,043	\$157,223,604	\$166,573,387
CHICAGO REVENUES			
Medicare	\$28,149,305	\$30,390,842	\$32,127,717
Blue Cross/Blue Shield	\$12,541,341	\$10,815,424	\$11,415,959
Medicaid	\$5,366,104	\$5,497,429	\$5,550,862
Self Pay	\$150,073	\$155,138	\$376,585
Commercial/all other	\$17,100,684	\$14,432,920	\$14,509,169
Total	\$63,307,508	\$61,291,753	\$63,980,292
Illinois Treatments			
Medicare	337,187	355,978	372,720
Blue Cross/Blue Shield	22,341	24,120	26,829
Medicaid	30,242	30,615	31,392
Self Pay	1,129	1,478	2,723
Commercial/all other	47,034	48,985	48,791
Total	437,932	461,176	482,455
Chicago Treatments			
Medicare	111,579	122,087	127,472
Blue Cross/Blue Shield	10,864	12,663	13,048
Medicaid	17,964	18,357	18,655
Self Pay	634	736	1,722
Commercial/all other	11,521	11,156	11,936
Total	152,561	164,999	172,833

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DaVita Inc.

Patients , By Payer

	2007	2008	2009
	ILLINOIS PATIENT COUNT (Estimate)		
Medicare	2,275	2,494	2,606
Blue Cross/Blue Shield of IL	151	169	188
Medicaid	204	214	220
Self Pay	8	10	19
Commercial/all other	317	343	341
Total	2,954	3,230	3,374
Tx / Pt	148.2	142.8	143.0
	CHICAGO PATIENT COUNT (Estimate)		
Medicare	780	855	880
Blue Cross/Blue Shield of IL	76	89	90
Medicaid	126	129	129
Self Pay	4	5	12
Commercial/all other	81	78	82
Total	1,067	1,156	1,193
Tx / Pt	143.0	142.7	144.9

Methodology:

Chicago includes Heartland Regions 1 and 2

Illinois includes Heartland Regions 1 and 2 + Star Catchers Regions 2, 4, and 8

Pulled historical Treatments and Patient count from essbase

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DaVita Inc.

Cost per Treatment

	<u>2007</u>	<u>2008</u>	<u>2009</u>
ILLINOIS Cost per Treatment			
Salary Wage & Benefit	\$ 76.30	\$ 78.12	\$ 77.10
Medical Supplies	\$ 89.11	\$ 87.17	\$ 89.20
Other Controllable Expense	\$ 19.46	\$ 19.81	\$ 19.35
Other Operating Expense	\$ 31.90	\$ 32.43	\$ 33.68
Pre G&A Expense per Tx	\$ 216.78	\$ 217.53	\$ 219.34
CHICAGO Cost per Treatment			
Salary Wage & Benefit	\$ 87.04	\$ 89.65	\$ 87.57
Medical Supplies	\$ 95.48	\$ 93.66	\$ 93.23
Other Controllable Expense	\$ 21.68	\$ 21.60	\$ 20.82
Other Operating Expense	\$ 37.08	\$ 36.69	\$ 37.99
Pre G&A Expense per Tx	\$ 241.28	\$ 241.60	\$ 239.61

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CHARITY CARE*

DaVita Inc.

Illinois Facilities

<u>CHARITY CARE/SELF PAY*</u>			
	<u>2007</u>	<u>2008</u>	<u>2009</u>
Net Patient Revenue	\$163,965,043	\$157,223,604	\$166,573,387
Amount of Charity Care (Self Pay) (revenues)	\$250,518	\$297,508	\$575,803
Cost of Charity Care	\$244,745	\$321,510	\$597,263

SOURCE: DaVita Inc.

NOTES: Illinois facilities include Heartland Regions 1 and 2 and Star Catcher's Regions 2, 4, and 8.

In-center hemodialysis is a unique health service covered by Medicare regardless of patient age. The rare patient who may be denied Medicare coverage due to lack of citizenship receives coverage through Illinois' Medicaid program. Therefore, DaVita does not have charity care to report that meets the State of Illinois definition.

DaVita provides any member of the community with dialysis services prescribed by a licensed physician. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability. In addition, DaVita provides service to persons with barriers to mainstream health care due to lack of insurance, inability to pay, or geographic isolation.

While "Self-pay" patients are billed for services their care is largely discounted and written off as bad debt upon approval of the Regional Operations Director.

ATTACHMENT 44

APPENDIX 1

Documentation

**List of Facilities within 45 minutes of
Current Location of
Cobblestone Dialysis**

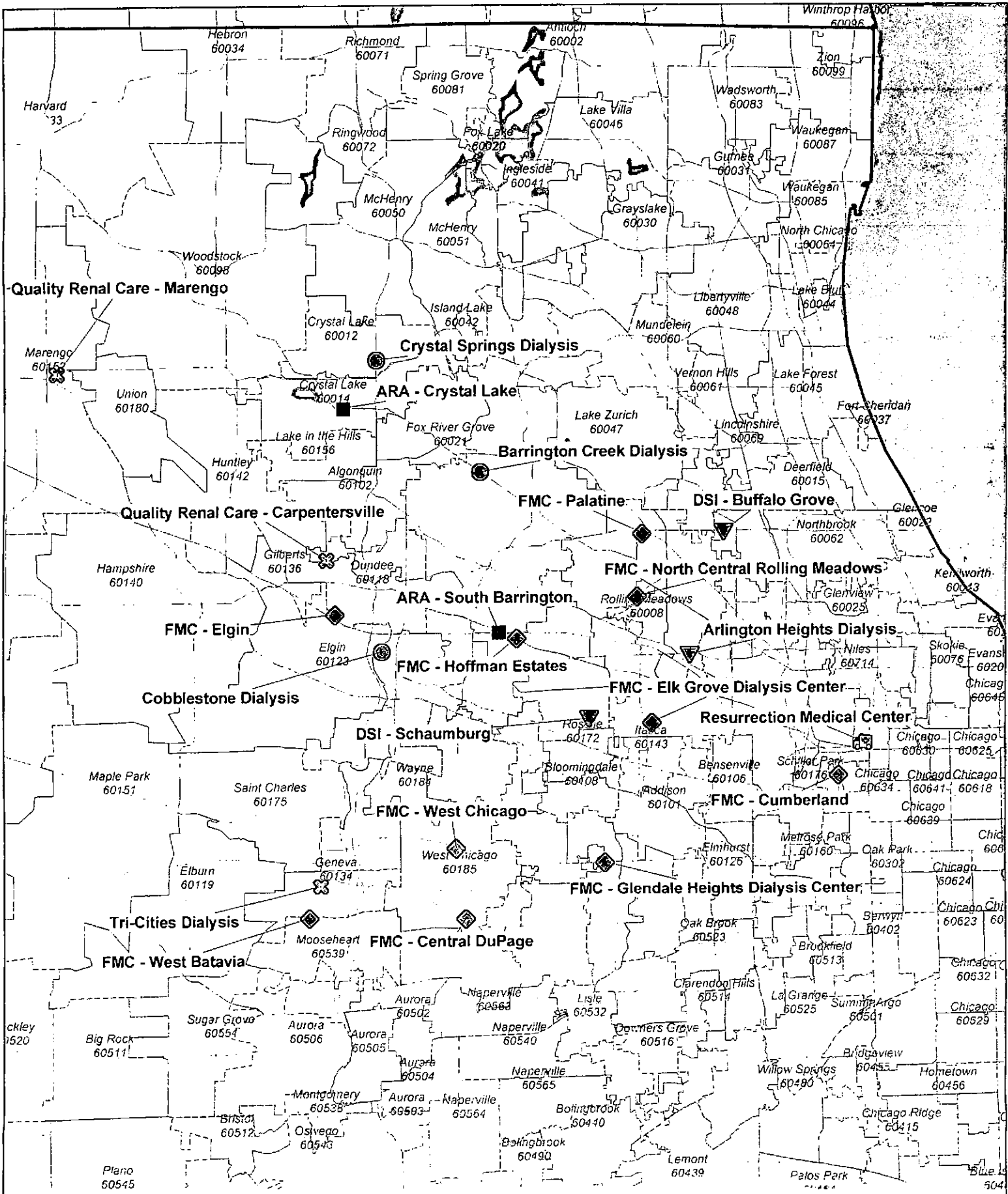
Previously Known as Sherman Dialysis Center

ESRD FACILITIES WITHIN 45 MINUTES TRAVEL TIME OF COBBLESTONE DIALYSIS
934 N. Center Street, Elgin, IL 60120

<u>Mapquest Reference No.</u>	<u>Facility Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZipCode</u>	<u>Mileage</u>	<u>Drive Time</u>	<u>Adjustment (1.15)</u>	<u>MapQuest Time</u>
1	FMC-Elgin	580 Tollgate Rd	Elgin	IL	60123	3.9	9	10.35	
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	IL	60010	7.16	13	14.95	
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	IL	60089	9.11	15	17.25	
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	IL	60110	8.76	16	18.4	
5	FMC - WEST CHICAGO	1855 N. Neilnor Blvd	West Chicago	IL	60185	14.33	23	26.45	
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	IL	60193	13.62	24	27.6	
7	FMCNA - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008	17.19	26	29.9	
8	Tr-Cities Dialysis	305 Randall Rd	Geneva	IL	60134	16.2	26	29.9	
9	FMC-Elk Grove Village	901 Blesterfield Rd	Elk Grove Village	IL	60007	17.8	27	31.05	
10	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	IL	60005	18.17	27	31.05	
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	IL	60010	15.65	28	32.2	
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	IL	60014	17.17	28	32.2	
13	FMC - Palatine	691 E Dundee Rd	Palatine	IL	60074	16.82	28	32.2	
14	Crystal Springs	4900 South IL RTE 31	Crystal Lake	IL	60102	16.07	29	33.35	
15	FMC - DuPage West	450 E Roosevelt Rd	West Chicago	IL	60185	18.58	30	34.5	
16	DSI - Buffalo Grove	1291 West Dundee Road	Buffalo Grove	IL	60089	21.3	31	35.65	
17	FMC - West Batavia	Fabyan Park y & Branson Dr.	Batavia	IL	60510	19.19	32	36.8	
18	Quality Renal Care-Marengo	910 Greentee St	Marengo	IL	60152	25.19	35	40.25	
19	FMC-Glendale Heights	520 E North Ave	Chicago	IL	60139	22.48	35	40.25	
20	FMC-Norridge	4701 N Cumberland Ave	Norridge	IL	60706	26.31	38	42.55	
21	Resurrection Medical Center	7435 W Talcott Ave	Chicago	IL	60631	27.37	39	44.85	
22	FMC-McHenry	4312 W Elm St	McHenry	IL	60050	22.63	40	46	
23	FMC-Glenview Dialysis	4248 Commercial Way	Glenview	IL	60025	27.7	42	48.3	
24	FMC-Naperville North	516 W 5th Ave	Naperville	IL	60563	26.68	43	49.45	
25	FMC - Deerfield	405 Lake Cook Road	Deerfield	IL	60015	27.31	43	49.45	
26	FMC-Lombard	1960 Springer Dr	Lombard	IL	60148	29.39	44	50.6	
27	DVA - Sycamore Dialysis	2200 Gateway Dr	Sycamore	IL	60178	29.74	44	50.6	
28	FMC-Niles	8565 W Dempster St	Niles	IL	60714	30.03	44	50.6	
29	FMC-Owner's Grove	3825 Highland Ave	Owner's Grove	IL	60515	31.89	45	52.9	
30	FMC - Round Lake	401 W. Nippersink Road	Round Lake Heights	IL	60073	28.72	47	54.05	
31	DVA - Big Oaks	5623 W Touhy Ave	Niles	IL	60714	31.27	47	54.05	
32	Fox Valley Dialysis	1300 Waterford Dr	Aurora	IL	60504	29.58	47	54.05	
33	FMC-Naperville	100 Spalding Dr	Naperville	IL	60540	28.56	48	55.2	
34	DVA - Lake County Dialysis Services	918 S. Milwaukee Avenue	Libertyville	IL	60048	29.9	49	56.35	
35	DVA - Lake Villa	37809 N. Route 59	Lake Villa	IL	60046	36.65	60	69	

Source: Map Quest. See documentation in Appendix 1.
Note: Denotes Facilities in Excess of 45 minutes adjusted travel time.

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SRD FACILITIES WITHIN 45 MINUTES TRAVEL TIME OF COBBLESTONE DIALYSIS
934 N. Center Street, Elgin, IL 60120



MAPQUEST.

Notes

FMC-Elgin

#1

Trip to 580 Tollgate Rd
Elgin, IL 60123-9320
3.90 miles - about 9 minutes



A 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE.

go 0.8 mi



2. Turn RIGHT onto KIMBALL ST.

go 0.5 mi



3. Turn RIGHT onto N STATE ST / IL-31.

go 2.3 mi



4. Turn LEFT onto TOLLGATE RD.

go 0.2 mi



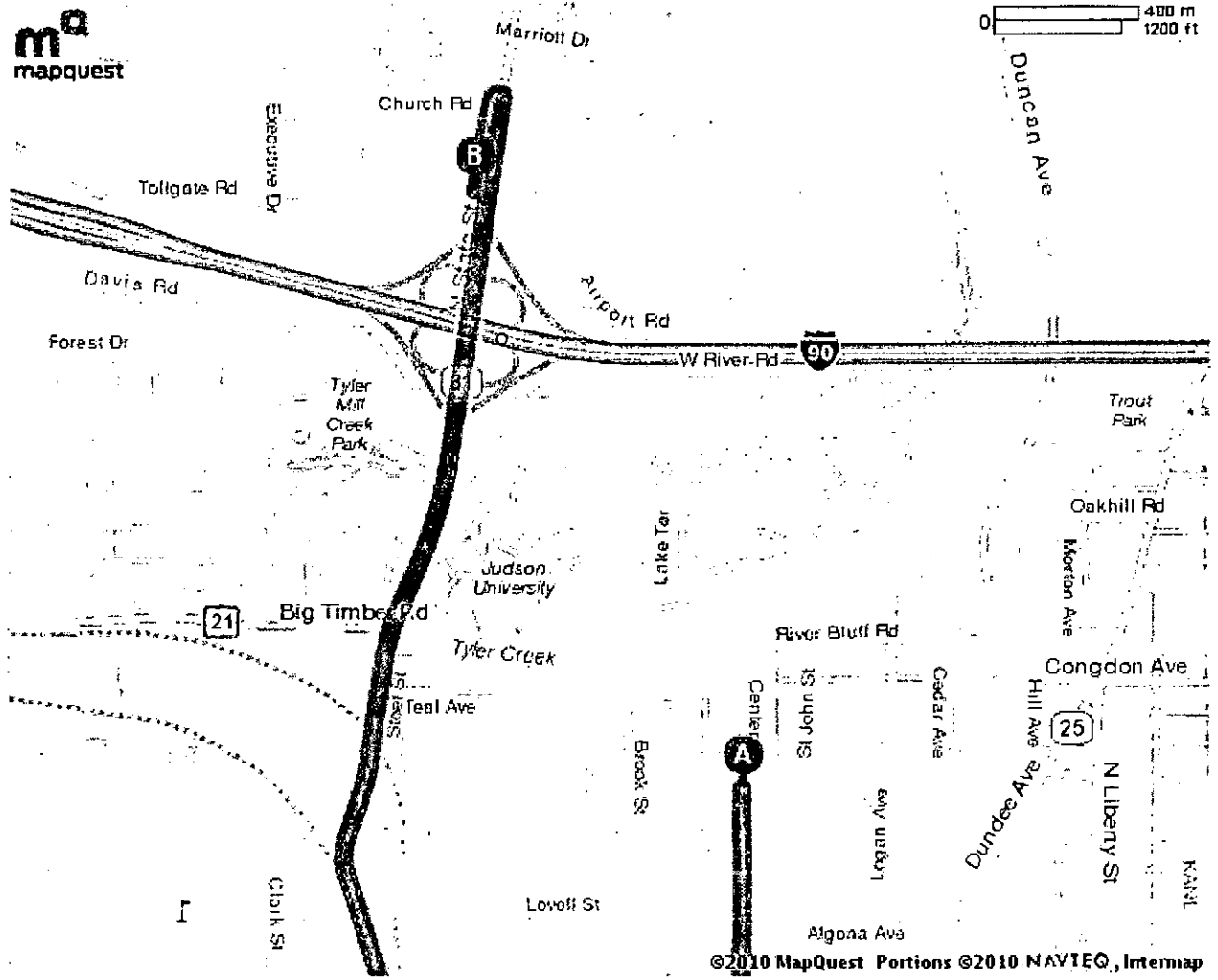
5. 580 TOLLGATE RD is on the RIGHT.

go 0.0 mi

B 580 Tollgate Rd, Elgin, IL 60123-9320
Total Travel Estimate : 3.90 miles - about 9 minutes

Route Map Hide

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MAPQUEST.

Notes

ARA-South Barrington

Trip to 33 W Higgins Rd

South Barrington, IL 60010-9115

7.16 miles - about 13 minutes

#2



934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE.

go 0.0 mi



2. Turn LEFT onto SLADE AVE.

go 0.6 mi



3. Turn LEFT onto DUNDEE AVE.

go 0.0 mi



4. Turn RIGHT onto PAGE AVE / IL-25 S.

go 0.0 mi



5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N.

go 0.2 mi



6. Turn RIGHT onto CONGDON AVE.

go 1.1 mi



7. CONGDON AVE becomes SHOE FACTORY RD.

go 2.9 mi



8. Turn LEFT onto IL-59 N / SUTTON RD / NEW SUTTON RD.

go 0.9 mi



9. Turn SLIGHT RIGHT onto IL-72 E / W HIGGINS RD.

go 1.3 mi



10. 33 W HIGGINS RD.

go 0.0 mi

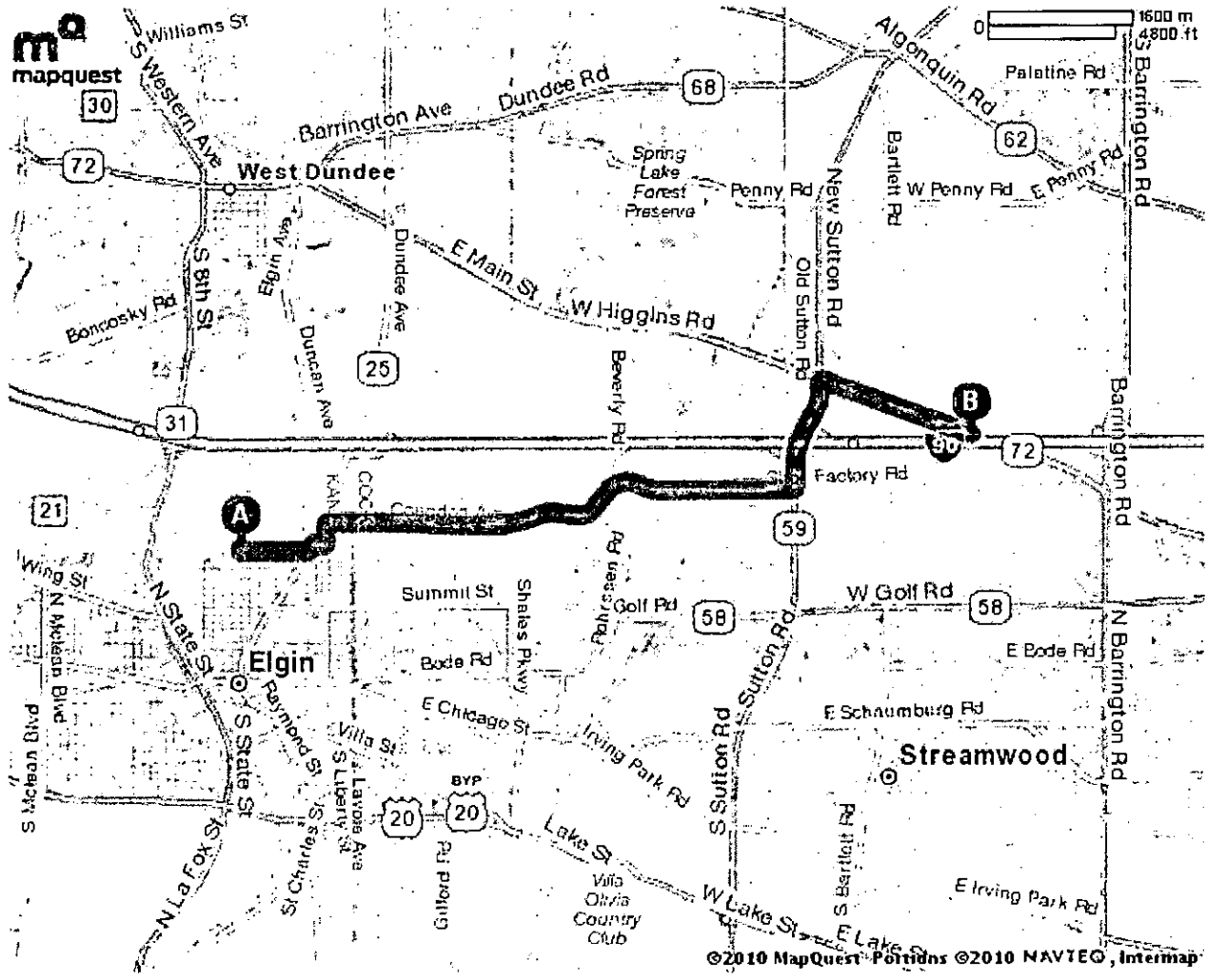


33 W Higgins Rd, South Barrington, IL 60010-9115

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Total Travel Estimate : 7.16 miles - about 13 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

FMC-Hoffman Estates



Trip to 3150 W Higgins Rd
Hoffman Estates, IL 60169-7237
9.11 miles - about 15 minutes

3



A 934 Center St, Elgin, IL 60120-2125



1. Start out going **SOUTH** on **CENTER ST** toward **SLADE AVE.**

go 0.5 mi



2. Turn **LEFT** onto **SUMMIT ST.**

go 2.4 mi



3. **SUMMIT ST** becomes **IL-58 / GOLF RD.**

go 4.7 mi



4. Turn **LEFT** onto **BARRINGTON RD.**

go 1.0 mi



5. Turn **LEFT** onto **W HIGGINS RD / IL-72 W.**

go 0.5 mi



6. Turn **RIGHT** onto **GREENSPPOINT PKWY.**

go 0.0 mi



7. Turn **LEFT** onto **W HIGGINS RD.**

go 0.0 mi



8. **3150 W HIGGINS RD** is on the **RIGHT.**

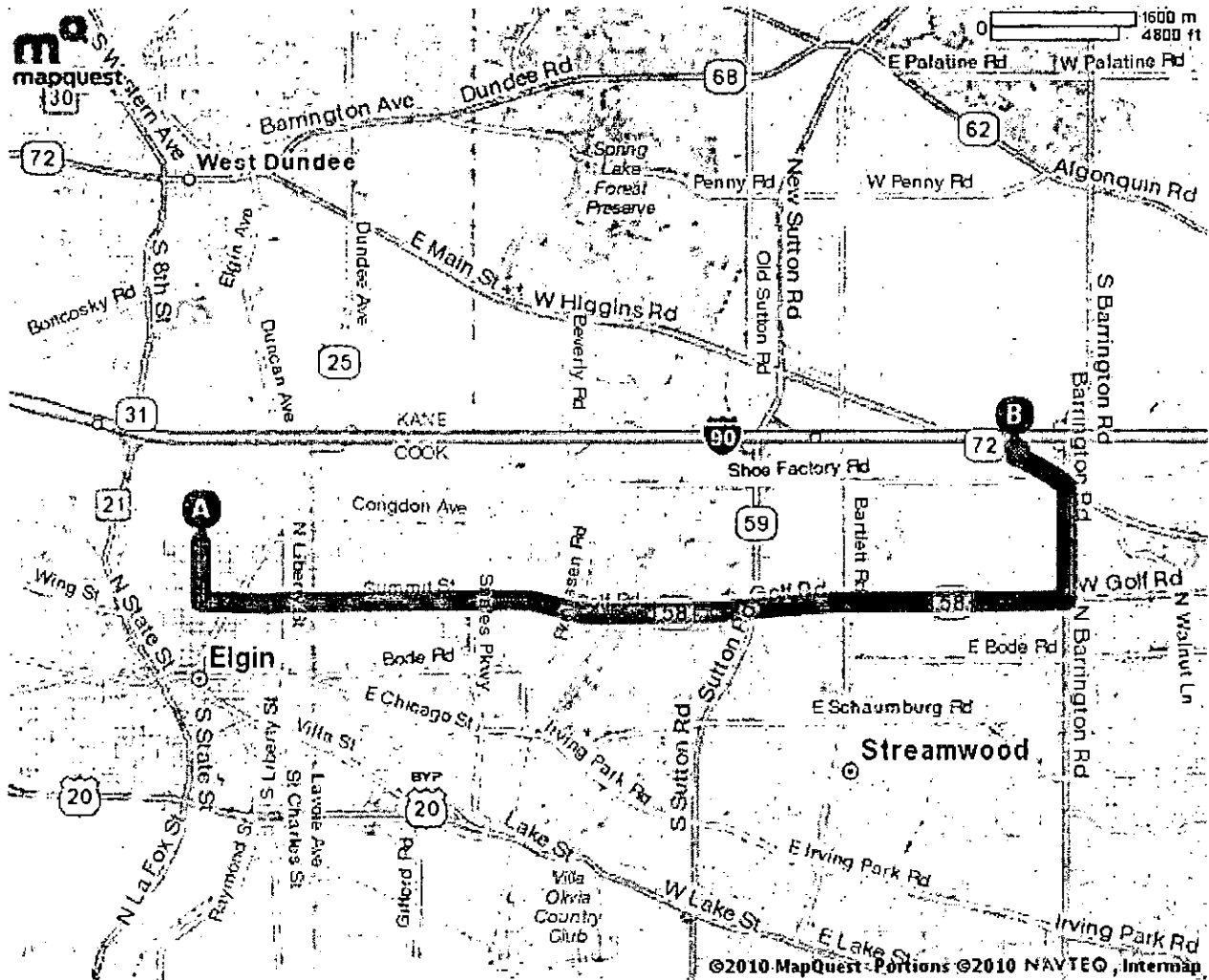
go 0.0 mi

B 3150 W Higgins Rd, Hoffman Estates, IL 60169-7237

Total Travel Estimate : 9.11 miles - about 15 minutes

Route Map Hide

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MAPQUEST

Notes

Quality Renal Care-Carpentersville

Trip to 2203 Randall Rd
Carpentersville, IL 60110-3355
8.76 miles - about 16 minutes

#4



A 934 Center St, Elgin, IL 60120-2125



1. Start out going **SOUTH** on **CENTER ST** toward **SLADE AVE.**

go 0.8 mi



2. Turn **RIGHT** onto **KIMBALL ST.**

go 0.5 mi



3. Turn **RIGHT** onto **N STATE ST / IL-31.**

go 1.2 mi



4. Turn **LEFT** onto **CR-21 / BIG TIMBER RD.**

go 2.3 mi



5. Turn **RIGHT** onto **N RANDALL RD / CR-34 N.**

go 3.9 mi



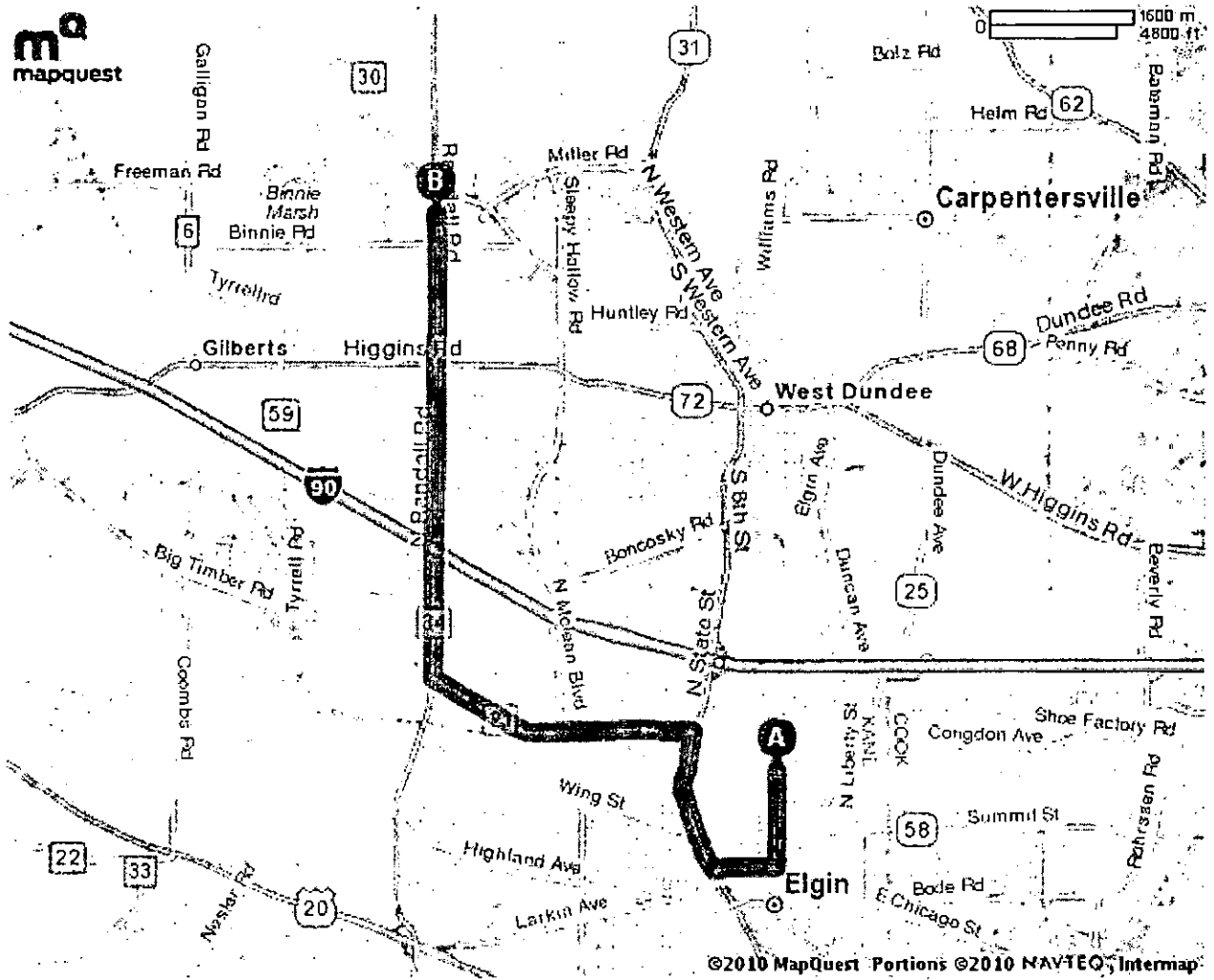
6. 2203 RANDALL RD is on the **RIGHT.**

go 0.0 mi

B 2203 Randall Rd, Carpentersville, IL 60110-3355
Total Travel Estimate : 8.76 miles - about 16 minutes

Route Map Hide

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MAPQUEST.

Notes
FMC - WEST CHICAGO

#5

Trip to 1855 N Neltnor Blvd
West Chicago, IL 60185-5900
14.33 miles - about 23 minutes

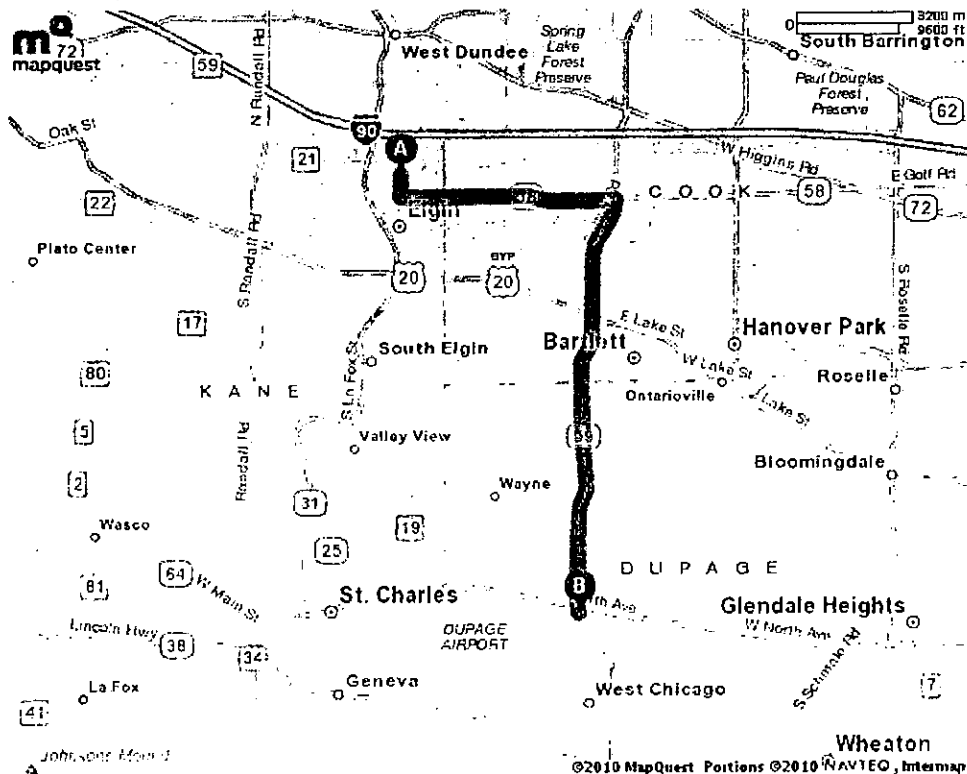
A 934 Center St, Elgin, IL 60120-2125

-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.5 mi
-  2. Turn LEFT onto SUMMIT ST. go 2.4 mi
-   3. SUMMIT ST becomes IL-58 / GOLF RD. [Map](#) go 2.1 mi
-   4. Turn RIGHT onto IL-59 / SUTTON RD. Continue to follow IL-59. go 9.3 mi
-  5. 1855 N NELTNOR BLVD. go 0.0 mi

B 1855 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate : 14.33 miles - about 23 minutes

Route Map Hide



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MAPQUEST.

Notes
DSI - Schaumburg

#6

Trip to 1156 S Roselle Rd
Schaumburg, IL 60193-4072
13.62 miles - about 24 minutes

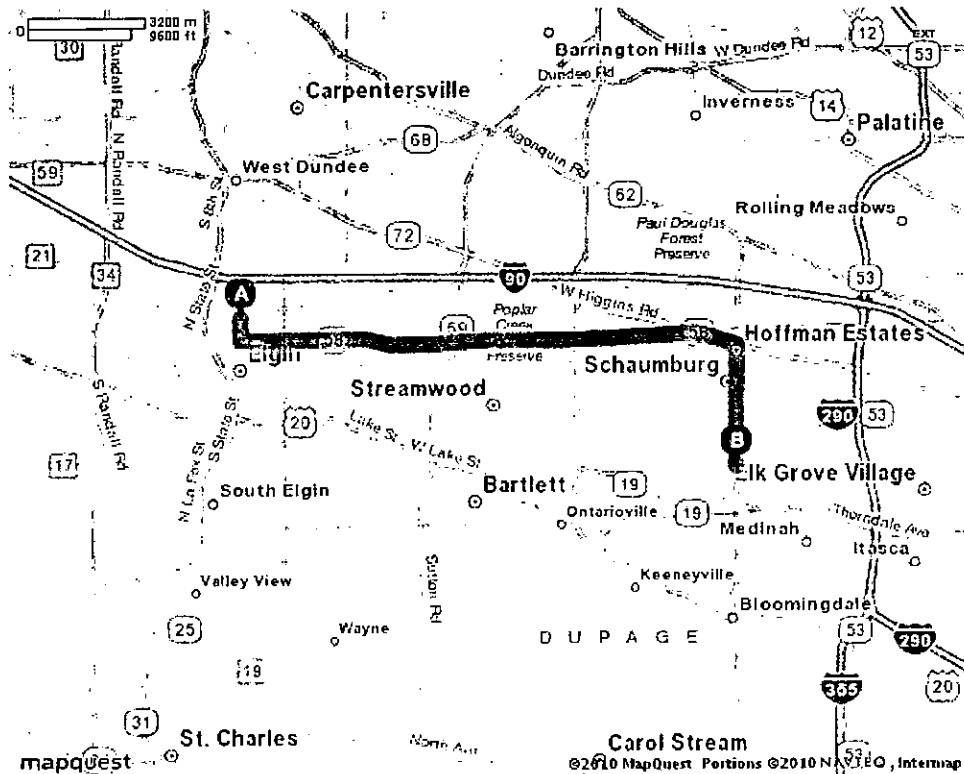
★ 934 Center St, Elgin, IL 60120-2125

-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.5 mi
-  2. Turn LEFT onto SUMMIT ST. go 2.4 mi
-   3. SUMMIT ST becomes IL-58 E / GOLF RD. [Map](#) go 7.2 mi
-   4. Turn SLIGHT RIGHT onto W HIGGINS RD / IL-72 E. go 0.9 mi
-  5. Turn RIGHT onto N ROSELLE RD. go 2.7 mi
-  6. 1156 S ROSELLE RD is on the RIGHT. go 0.0 mi

★ 1156 S Roselle Rd, Schaumburg, IL 60193-4072

Total Travel Estimate : 13.62 miles - about 24 minutes

Route Map [Hide](#)



256
















MAPQUEST.

Notes
FMCNA -Rolling Meadows

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



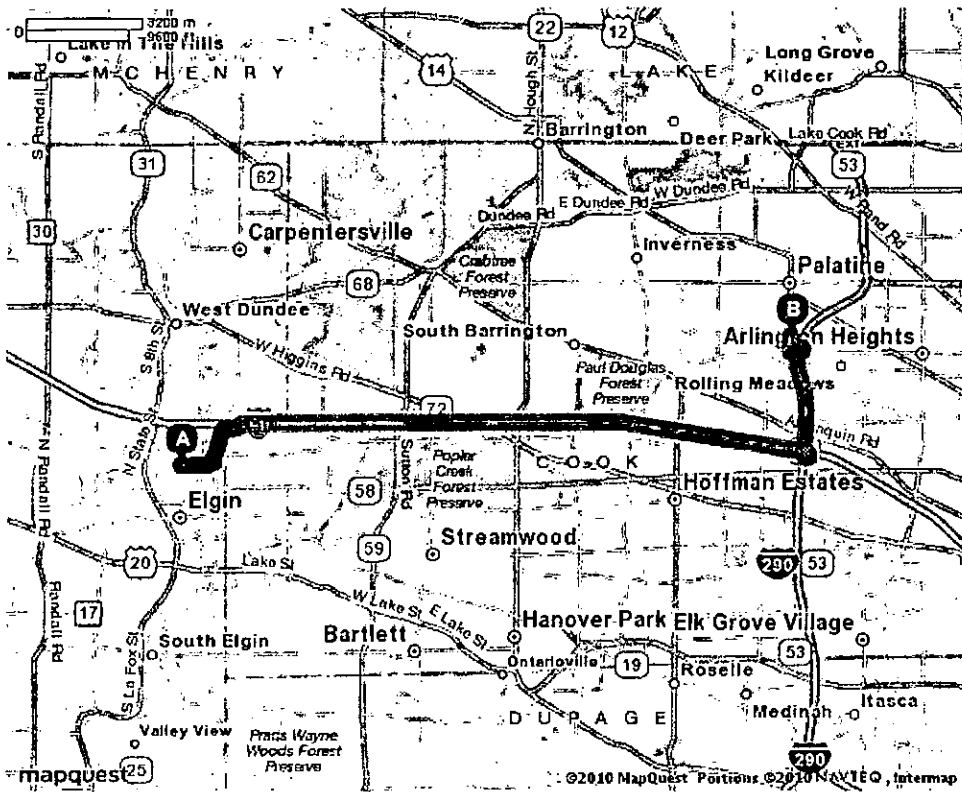
★ 934 Center St, Elgin, IL 60120-2125

-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
-  2. Turn LEFT onto SLADE AVE. go 0.6 mi
-  3. Turn LEFT onto DUNDEE AVE. go 0.1 mi
-   4. Turn RIGHT onto PAGE AVE / IL-25 S. [Map](#) go 0.1 mi
-   5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 0.8 mi
-   6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). go 11.6 mi
-   7. Merge onto IL-53 N toward NORTHWEST SUBURBS. go 3.3 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
Total Travel Estimate : 17.19 miles - about 26 minutes

Route Map [Hide](#)

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Notes
TRI-CITIES DIALYSIS

Trip to 306 Randall Rd
Geneva, IL 60134-4200
16.20 miles - about 26 minutes

#8

A 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 1.1 mi



2. Turn RIGHT onto E HIGHLAND AVE. go 0.4 mi



3. Turn LEFT onto N STATE ST / IL-31. [Map](#) go 1.1 mi



4. Merge onto US-20 W / ULYSSES S GRANT MEMORIAL HWY toward ROCKFORD. go 3.1 mi



5. Take the RANDALL RD ramp. go 0.2 mi



6. Turn RIGHT onto N RANDALL RD / CR-34 S. go 10.4 mi



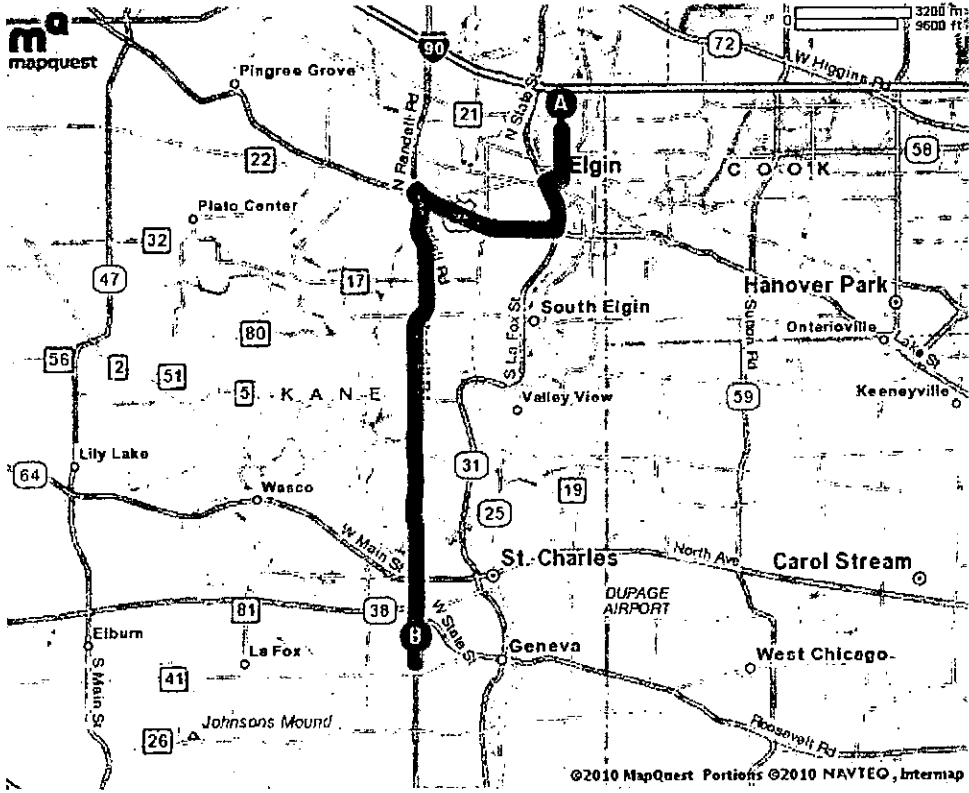
7. 306 RANDALL RD is on the RIGHT. go 0.0 mi

B 306 Randall Rd, Geneva, IL 60134-4200

Total Travel Estimate : 16.20 miles - about 26 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
ELK GROVE VILLAGE

Trip to 901 Biesterfield Rd
Elk Grove Village, IL 60007-3392
17.80 miles - about 27 minutes

Handwritten scribble

A 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi



2. Turn LEFT onto SLADE AVE. go 0.6 mi



3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi



4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi



5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 0.8 mi



6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). go 11.6 mi



7. Merge onto I-290 E / IL-53 S toward CHICAGO / WEST SUBURBS. go 4.1 mi



8. Take the IL-53 S / BIESTERFIELD RD exit, EXIT 4. go 0.2 mi



9. Turn LEFT onto BIESTERFIELD RD. go 0.4 mi



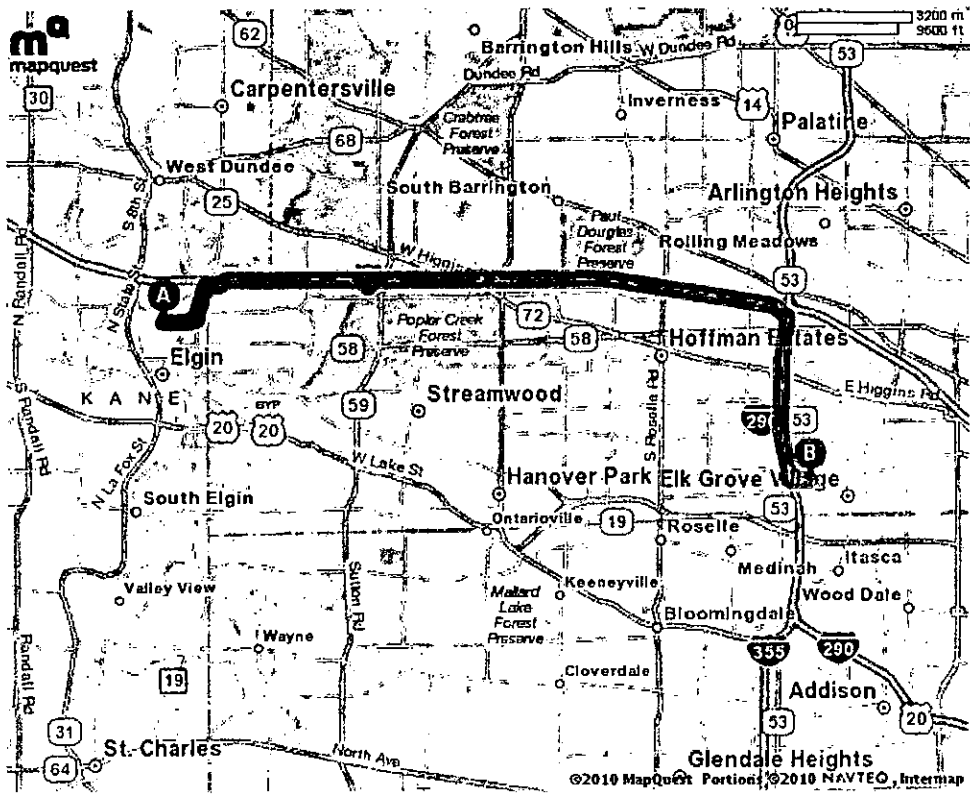
10. 901 BIESTERFIELD RD is on the RIGHT. go 0.0 mi

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

Total Travel Estimate : 17.80 miles - about 27 minutes

Route Map [Hide](#)

Handwritten number 261



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MAPQUEST.

Notes
DSI - Arlington Heights

Trip to 17 W Golf Rd

Arlington Heights, IL 60005-3905
18.17 miles - about 27 minutes

#10

934 Center St, Elgin, IL 60120-2125

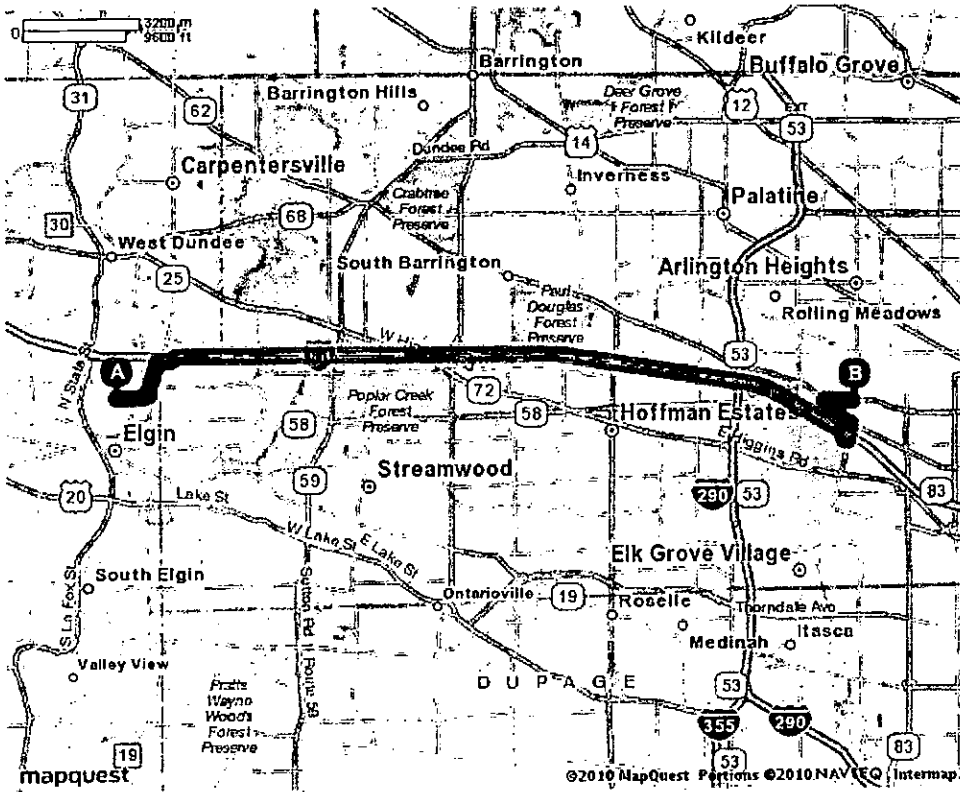
- 1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
- 2. Turn LEFT onto SLADE AVE. go 0.6 mi
- 3. Turn LEFT onto DUNDEE AVE. go 0.1 mi
- 4. Turn RIGHT onto PAGE AVE / IL-25 S. [Map](#) go 0.1 mi
- 5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 0.8 mi
- 6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). go 14.5 mi
- 7. Take the ARLINGTON HTS ROAD exit. go 0.4 mi
- 8. Take the ramp toward ARLINGTON HTS. go 0.0 mi
- 9. Turn LEFT onto N ARLINGTON HEIGHTS RD. go 0.4 mi
- 10. Turn LEFT onto WALGONQUIN RD / IL-62. go 0.8 mi
- 11. Turn SHARP RIGHT onto W GOLF RD / IL-58. go 0.6 mi
- 12. 17 W GOLF RD is on the RIGHT. go 0.0 mi

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

Total Travel Estimate : 18.17 miles - about 27 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

DVA-Barrington Creek Dialysis (DeNovo)

Trip to 28214 W Northwest Hwy

Lake Barrington, IL 60010-2324

15.65 miles - about 28 minutes

#11

934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE.

go 0.0 mi



2. Turn LEFT onto SLADE AVE.

go 0.6 mi



3. Turn LEFT onto DUNDEE AVE.

go 0.0 mi



4. Turn RIGHT onto PAGE AVE / IL-25 S.

go 0.0 mi



5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N.
Continue to follow IL-25 N.

go 3.6 mi



6. Turn RIGHT onto IL-68.

go 4.3 mi



7. Turn LEFT onto IL-59 / IL-68 / NEW SUTTON RD.
Continue to follow IL-59.

go 4.2 mi



8. Turn LEFT onto W NORTHWEST HWY / US-14 W.

go 2.9 mi



9. 28214 W NORTHWEST HWY is on the RIGHT.

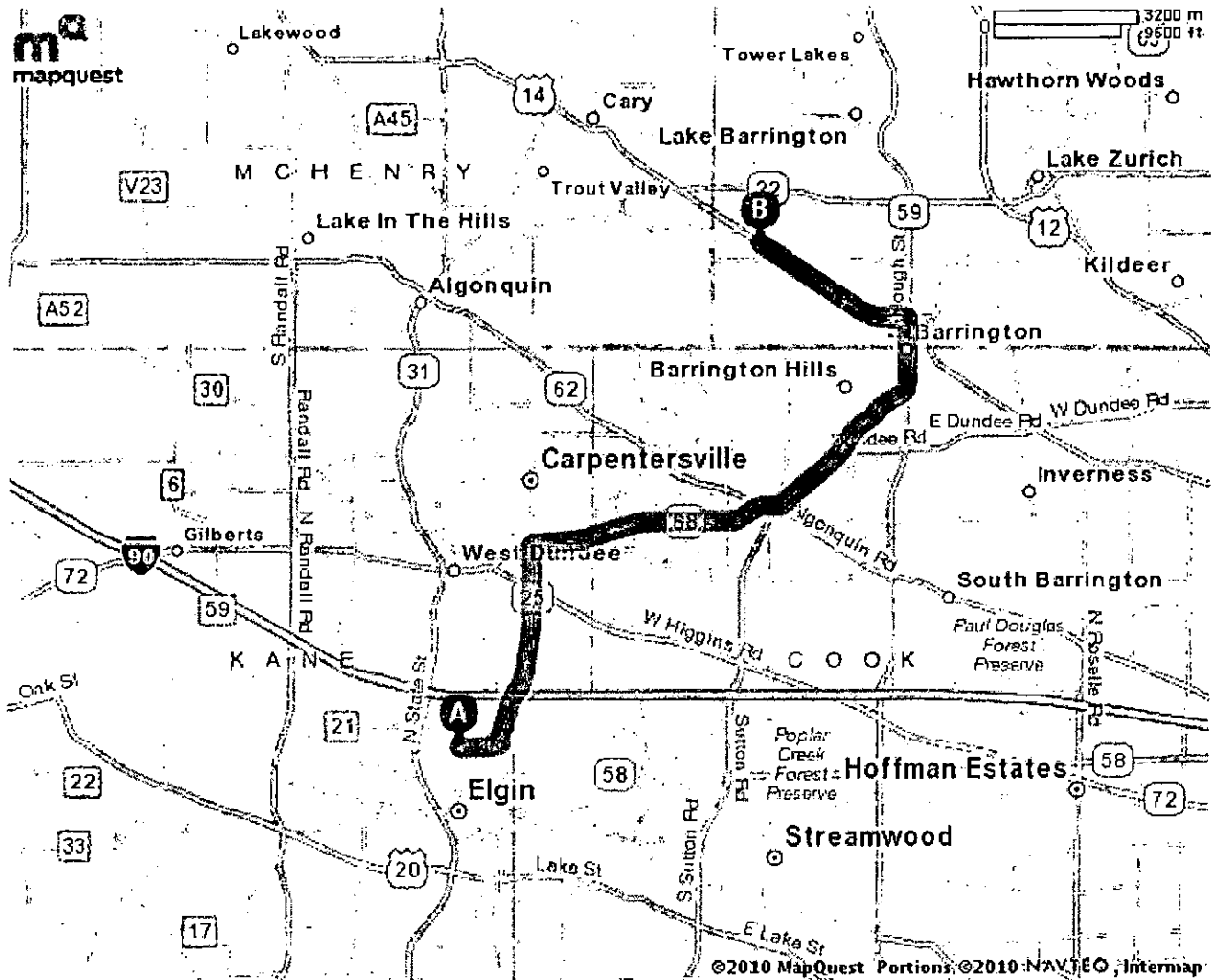
go 0.0 mi

28214 W Northwest Hwy, Lake Barrington, IL 60010-2324

Total Travel Estimate : 15.65 miles - about 28 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

ARA- Crystal Lake

Trip to 6298 Northwest Hwy

Crystal Lake, IL 60014-7933

17.17 miles - about 28 minutes

#12



934 Center St, Elgin, IL 60120-2125



1. Start out going **SOUTH** on **CENTER ST** toward **SLADE AVE.**

go 0.8 mi



2. Turn **RIGHT** onto **KIMBALL ST.**

go 0.5 mi



3. Turn **RIGHT** onto **N STATE ST / IL-31.**

go 1.2 mi



4. Turn **LEFT** onto **CR-21 / BIG TIMBER RD.**

go 2.3 mi



5. Turn **RIGHT** onto **N RANDALL RD / CR-34 N.** Continue to follow **N RANDALL RD.**

go 9.8 mi



6. **N RANDALL RD** becomes **JAMES R RAKOW RD.**

go 1.2 mi



7. Turn **LEFT** onto **PYOTT RD / CR-V32.** Continue to follow **CR-V32.**

go 1.0 mi



8. Turn **LEFT** onto **NORTHWEST HWY / US-14.**

go 0.2 mi



9. **6298 NORTHWEST HWY** is on the **RIGHT.**

go 0.0 mi

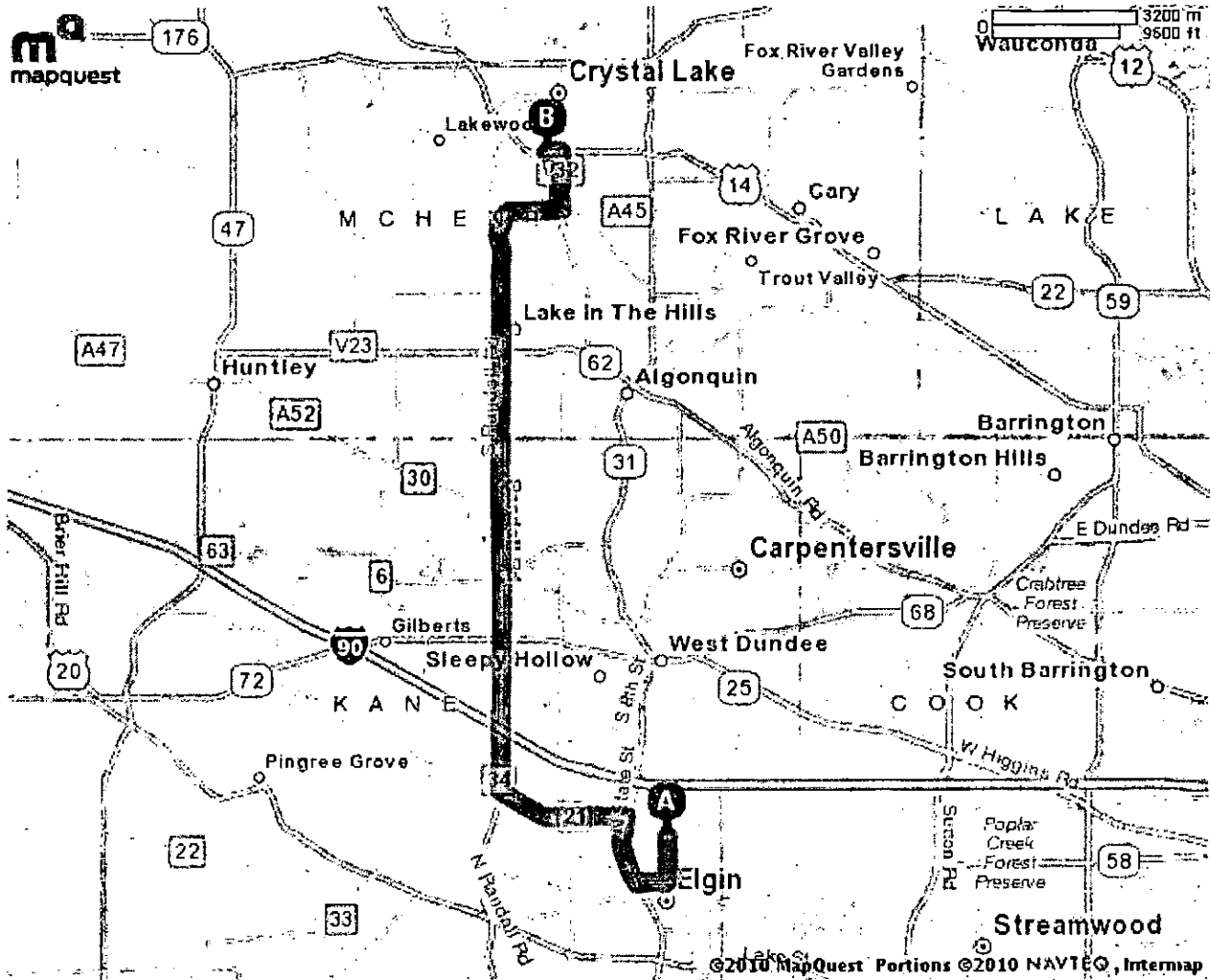


6298 Northwest Hwy, Crystal Lake, IL 60014-7933

Total Travel Estimate : 17.17 miles - about 28 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
FMC - PALATINE

Trip to 691 E Dundee Rd
Palatine, IL 60074-2817
16.82 miles - about 28 minutes

#13

★ 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi



2. Turn LEFT onto SLADE AVE. go 0.6 mi



3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi



4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi



5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 3.6 mi



6. Turn RIGHT onto IL-68. go 4.3 mi



7. Turn LEFT onto IL-59 / IL-68 / NEW SUTTON RD. go 1.4 mi



8. Turn SLIGHT RIGHT onto DUNDEE RD / IL-68. go 6.9 mi



9. 691 E DUNDEE RD is on the RIGHT. go 0.0 mi

★ 691 E Dundee Rd, Palatine, IL 60074-2817

Total Travel Estimate : 16.82 miles - about 28 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

DVA Crystal Springs Dialysis

Trip to 4900 S Il Route 31

Crystal Lake, IL 60012-3784

16.07 miles - about 29 minutes

#14

934 Center St, Elgin, IL 60120-2125



1. Start out going **SOUTH** on **CENTER ST** toward **SLADE AVE.**

go 0.0 mi



2. Turn **LEFT** onto **SLADE AVE.**

go 0.6 mi



3. Turn **LEFT** onto **DUNDEE AVE.**

go 0.0 mi



4. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



5. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 6.8 mi



6. Turn **LEFT** onto **E ALGONQUIN RD / IL-62.**

go 2.1 mi



7. Turn **RIGHT** onto **N MAIN ST / IL-31.** Continue to follow **IL-31 N.**

go 6.4 mi



8. **4900 S IL ROUTE 31.**

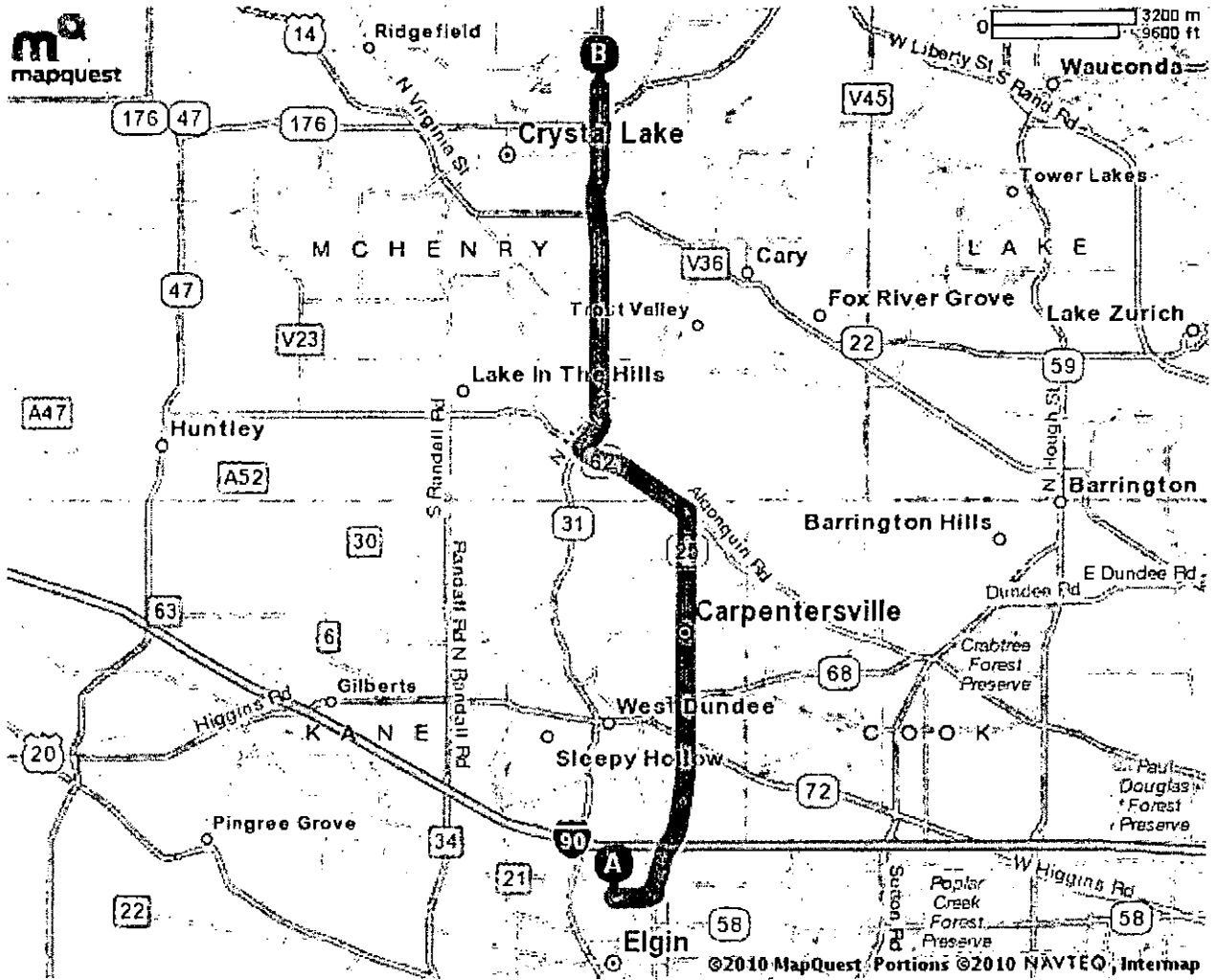
go 0.0 mi

4900 S Il Route 31, Crystal Lake, IL 60012-3784

Total Travel Estimate : 16.07 miles - about 29 minutes

Route Map Hide

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


MAPQUEST.

Notes
FMC - DUPAGE WEST

#15

Trip to 450 E Roosevelt Rd
West Chicago, IL 60185-3905
18.58 miles - about 30 minutes

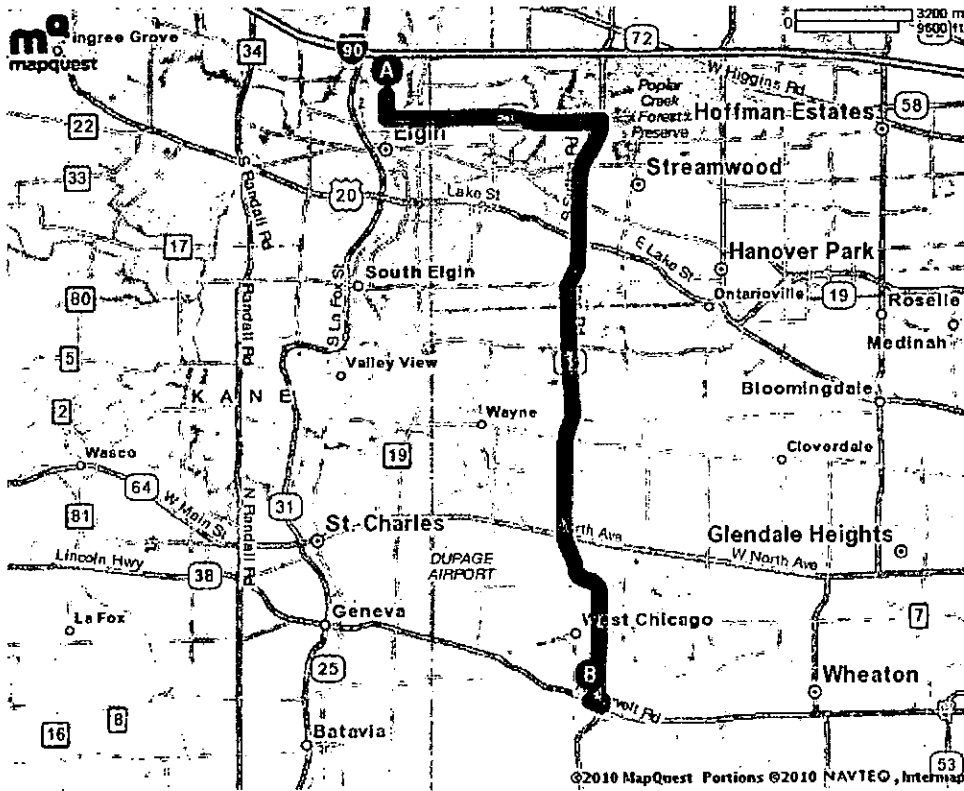
★ 934 Center St, Elgin, IL 60120-2125

-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.5 mi
-  2. Turn LEFT onto SUMMIT ST. go 2.4 mi
-   3. SUMMIT ST becomes IL-58 / GOLF RD. [Map](#) go 2.1 mi
-   4. Turn RIGHT onto IL-59 / SUTTON RD. Continue to follow IL-59. go 13.1 mi
-  5. Turn LEFT onto OAYTON AVE. go 0.1 mi
-  6. Turn SLIGHT RIGHT onto SARANA AVE. go 0.2 mi
-   7. Turn RIGHT onto E ROOSEVELT RD / IL-38. go 0.3 mi
-  8. 450 E ROOSEVELT RD is on the LEFT. go 0.0 mi

★ 450 E Roosevelt Rd, West Chicago, IL 60185-3905 Total Travel Estimate : 18.58 miles - about 30 minutes

Route Map [Hide](#)

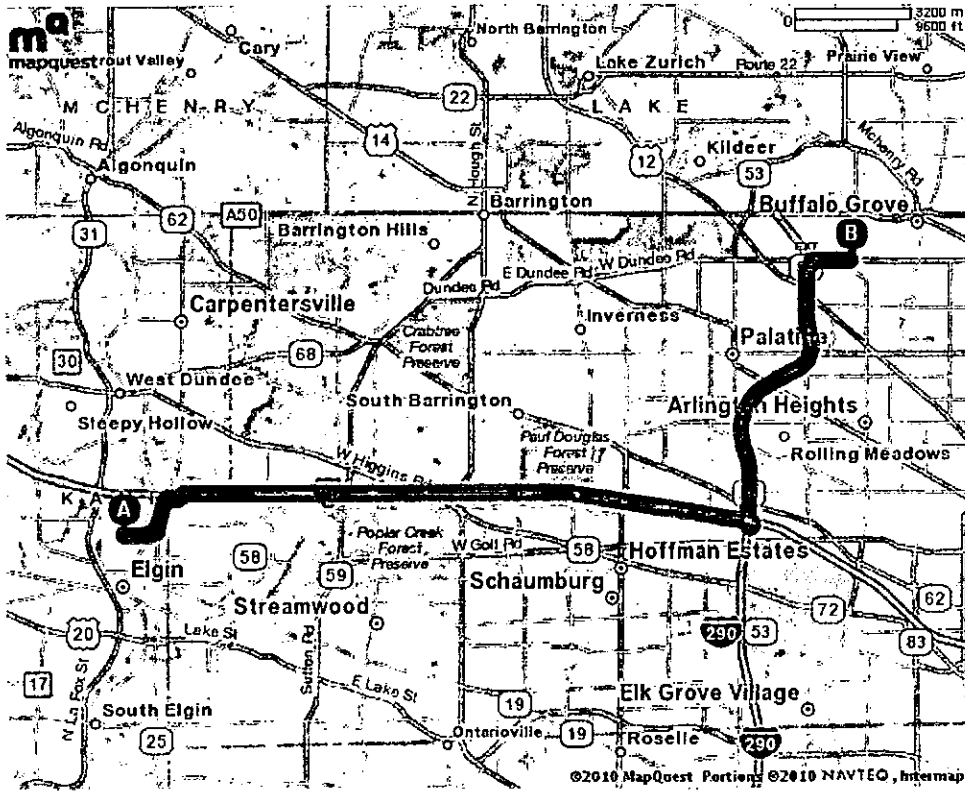
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MAPQUEST.













Notes
FMC - West Batavia

Trip to [36w501-36w515] Fabyan Pkwy

Batavia, IL 60510
19.19 miles - about 32 minutes

#17

A 934 Center St, Elgin, IL 60120-2125

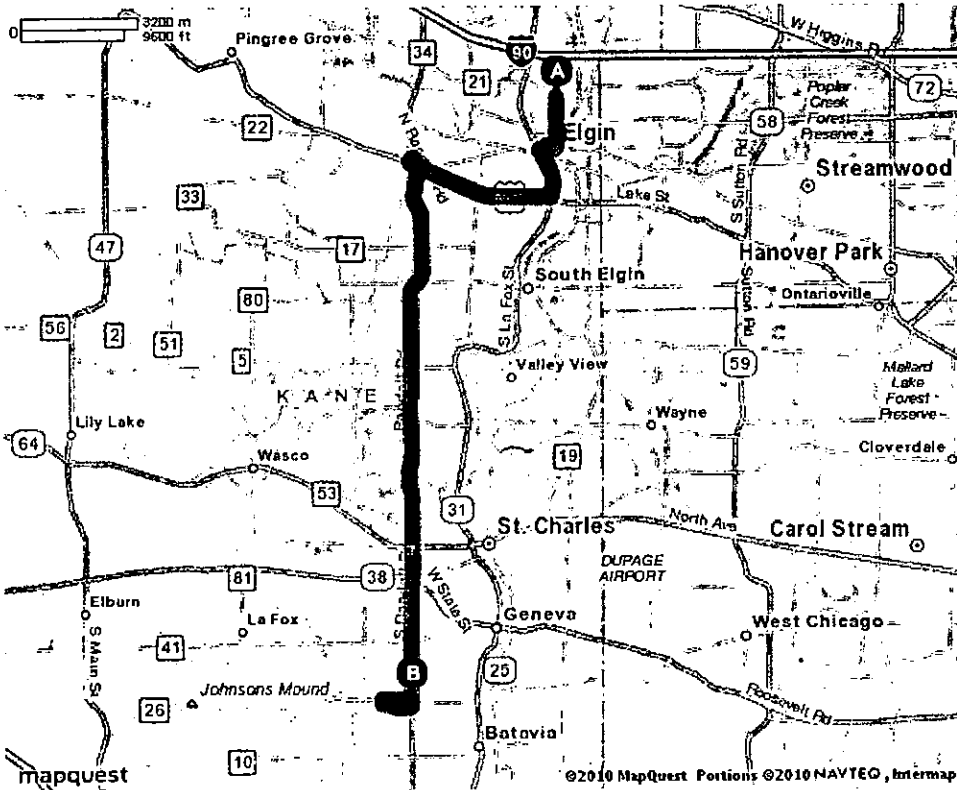
-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 1.1 mi
-  2. Turn RIGHT onto E HIGHLAND AVE. go 0.4 mi
-   3. Turn LEFT onto N STATE ST / IL-31. [Map](#) go 1.1 mi
-   4. Merge onto US-20 W / ULYSSES S GRANT MEMORIAL HWY toward ROCKFORD. go 3.1 mi
-  5. Take the RANDALL RD ramp. go 0.2 mi
-  6. Turn RIGHT onto N RANDALL RD / CR-34 S. go 12.1 mi
-  7. Turn RIGHT onto SOUTH DR. go 0.6 mi
-  8. Turn RIGHT onto BRANSON DR. go 0.1 mi
-  9. Turn RIGHT onto FABYAN PKWY / CR-8 E. go 0.6 mi
-  10. [36W501-36W515] FABYAN PKWY. go 0.0 mi

B [36w501-36w515] Fabyan Pkwy, Batavia, IL 60510

Total Travel Estimate : 19.19 miles - about 32 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Quality Renal Care-Marengo

Trip to 910 Greenlee St
Marengo, IL 60152-8200
25.19 miles - about 35 minutes

#18

A 934 Center St, Elgin, IL 60120-2125



1. Start out going **SOUTH** on **CENTER ST** toward **SLADE AVE.**

go 0.8 mi



2. Turn **RIGHT** onto **KIMBALL ST.**

go 0.5 mi



3. Turn **RIGHT** onto **N STATE ST / IL-31.**

go 1.9 mi



4. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** toward **WISCONSIN** (Portions toll).

go 12.8 mi



5. Take the **US-20** exit toward **HAMPSHIRE / MARENGO.**

go 0.4 mi



6. Take the ramp toward **MARENGO / UNION / ILL 23.**

go 0.0 mi



7. Turn **LEFT** onto **US-20 / ULYSSES S GRANT MEMORIAL HWY.**

go 8.2 mi



8. Turn **RIGHT** onto **S PROSPECT ST.**

go 0.5 mi



9. Turn **RIGHT** onto **GREENLEE ST.**

go 0.0 mi



10. 910 **GREENLEE ST** is on the **RIGHT.**

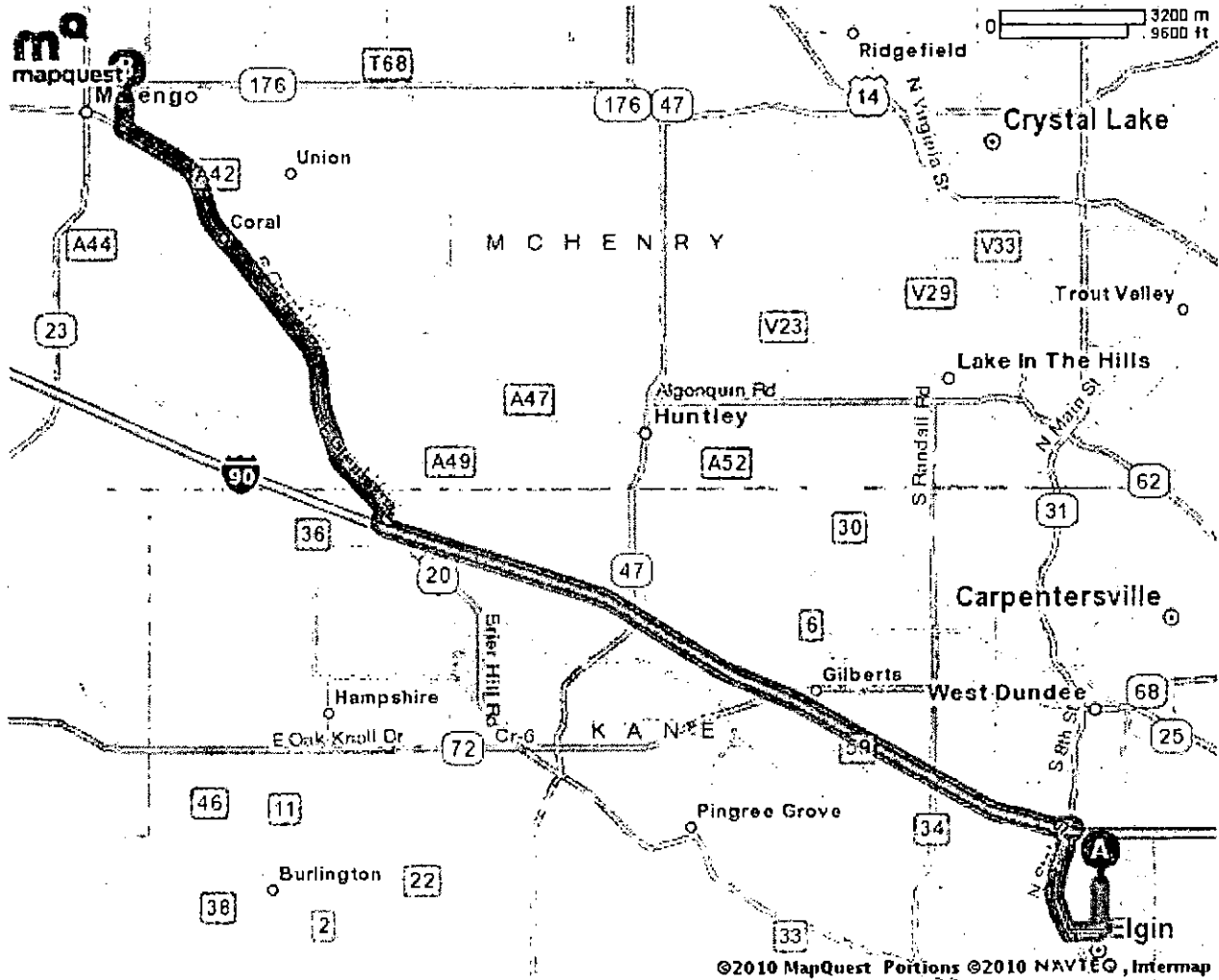
go 0.0 mi

B 910 Greenlee St, Marengo, IL 60152-8200

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Total Travel Estimate : 25.19 miles - about 35 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

FMC - GLENDALE HEIGHTS

Trip to 520 North Ave

Glendale Heights, IL 60139-3119

22.48 miles - about 35 minutes

#19

★ 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE.

go 0.5 mi



2. Turn LEFT onto SUMMIT ST.

go 2.4 mi



3. SUMMIT ST becomes IL-58 / GOLF RD.

[Map](#)

go 2.1 mi



4. Turn RIGHT onto IL-59 / SUTTON RD. Continue to follow IL-59.

go 9.2 mi



5. Turn LEFT onto W NORTH AVE / IL-64 E.

go 7.8 mi



6. Make a U-TURN at GOODRICH AVE onto NORTH AVE / IL-64 W.

go 0.4 mi



7. 520 NORTH AVE is on the RIGHT.

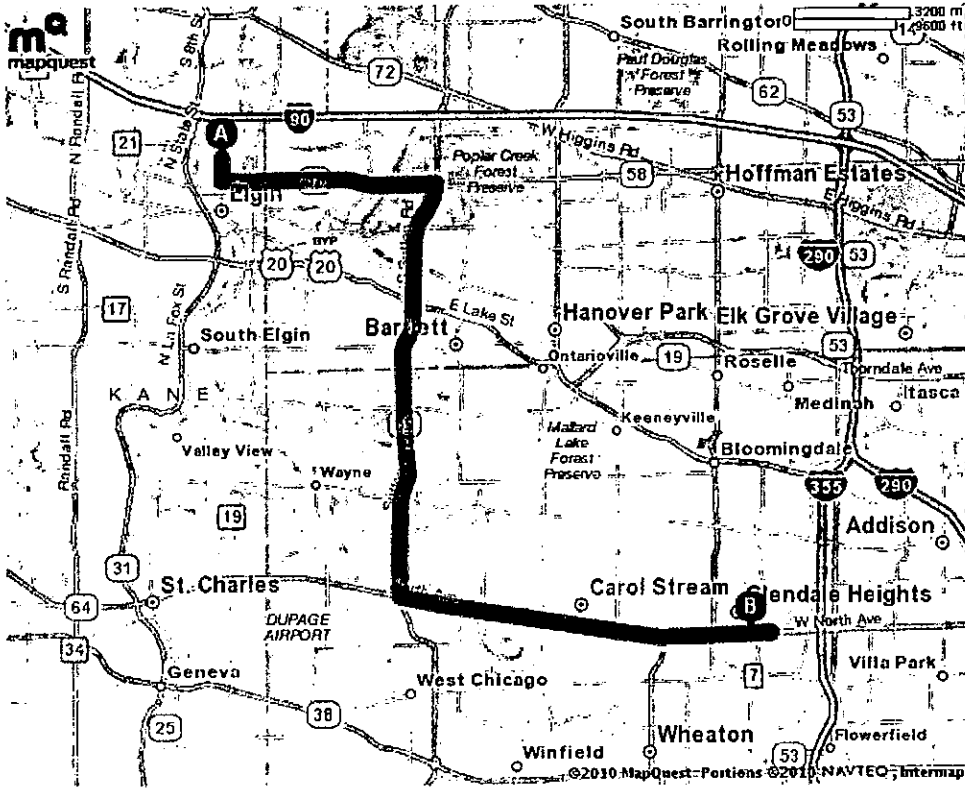
go 0.0 mi

★ 520 North Ave, Glendale Heights, IL 60139-3119

Total Travel Estimate : 22.48 miles - about 35 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
FMC - NORRIDGE

#20

Trip to 4701 N Cumberland Ave
Norridge, IL 60706-2905
26.31 miles - about 38 minutes

★ 934 Center St, Elgin, IL 60120-2125

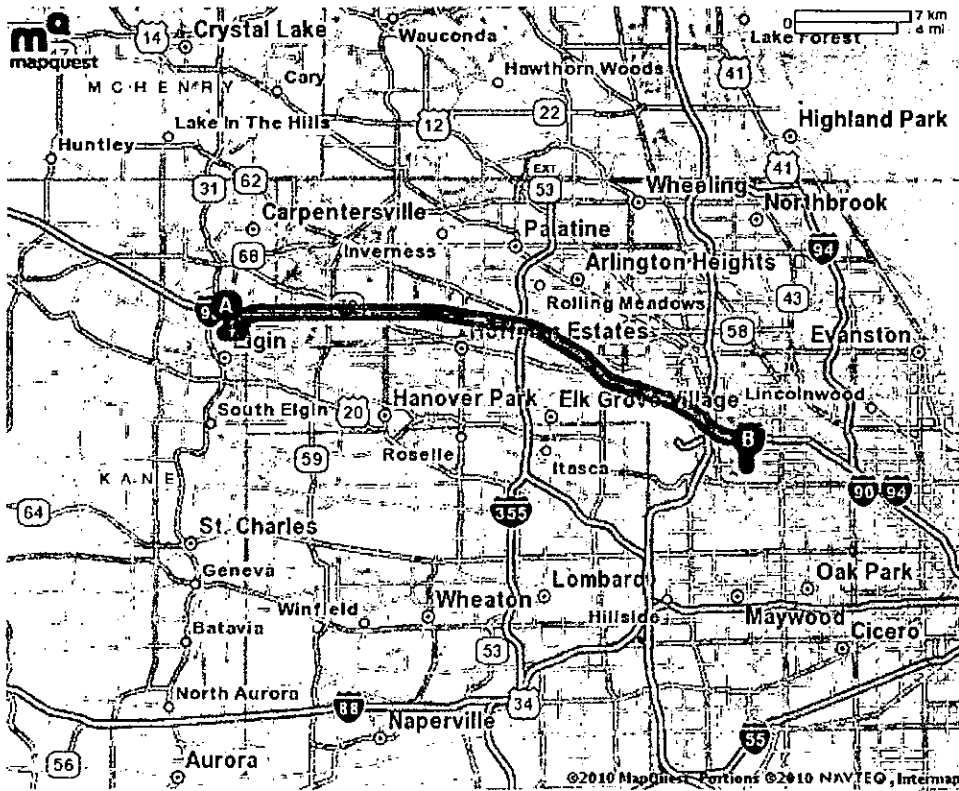
- 
1. Start out going SOUTH on CENTER ST toward SLADE AVE.
go 0.0 mi
- 
2. Turn LEFT onto SLADE AVE.
go 0.6 mi
- 
3. Turn LEFT onto DUNDEE AVE.
[Map](#)
go 0.1 mi
- 

4. Turn RIGHT onto PAGE AVE / IL-25 S.
go 0.1 mi
- 

5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N.
Continue to follow IL-25 N.
go 0.8 mi
- 

6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll).
go 22.1 mi
- 

7. Keep RIGHT at the fork to go on I-90 E (Portions toll).
go 1.2 mi
- 

8. Merge onto N CUMBERLAND AVE / IL-171 S via EXIT 79A.
go 1.5 mi
- 

9. Make a U-TURN at W LELAND AVE onto N CUMBERLAND AVE / IL-171 N.
go 0.0 mi
- 
10. 4701 N CUMBERLAND AVE is on the RIGHT.
go 0.0 mi

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

Total Travel Estimate : 26.31 miles - about 38 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

RESURRECTION MEDICAL CENTER - DIALYSIS



















Trip to 7435 W Talcott Ave

Chicago, IL 60631-3707

27.37 miles - about 39 minutes

#21

A 934 Center St, Elgin, IL 60120-2125

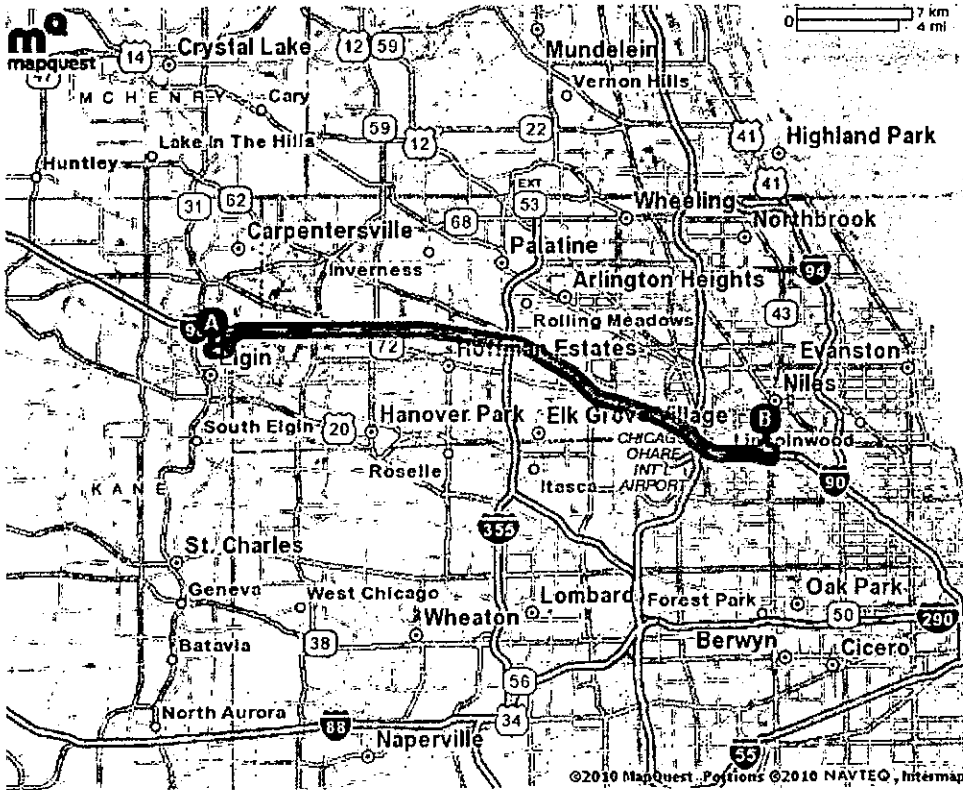
-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
-  2. Turn LEFT onto SLADE AVE. go 0.6 mi
-  3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi
-   4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi
-   5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 0.8 mi
-   6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). go 22.1 mi
-   7. Keep RIGHT at the fork to go on I-90 E (Portions toll). go 2.7 mi
-  8. Take EXIT 81A toward IL-43 / HARLEM AVE. go 0.2 mi
-   9. Stay STRAIGHT to go onto W HIGGINS AVE / IL-72 E. go 0.2 mi
-   10. Turn LEFT onto N HARLEM AVE / IL-43. go 0.3 mi
-  11. Turn LEFT onto W TALCOTT AVE. go 0.4 mi
-  12. 7435 W TALCOTT AVE is on the LEFT. go 0.0 mi

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

Total Travel Estimate : 27.37 miles - about 39 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
FMC-McHenry

Trip to 4312 W Elm St
McHenry, IL 60050-4003
22.63 miles - about 40 minutes

#22



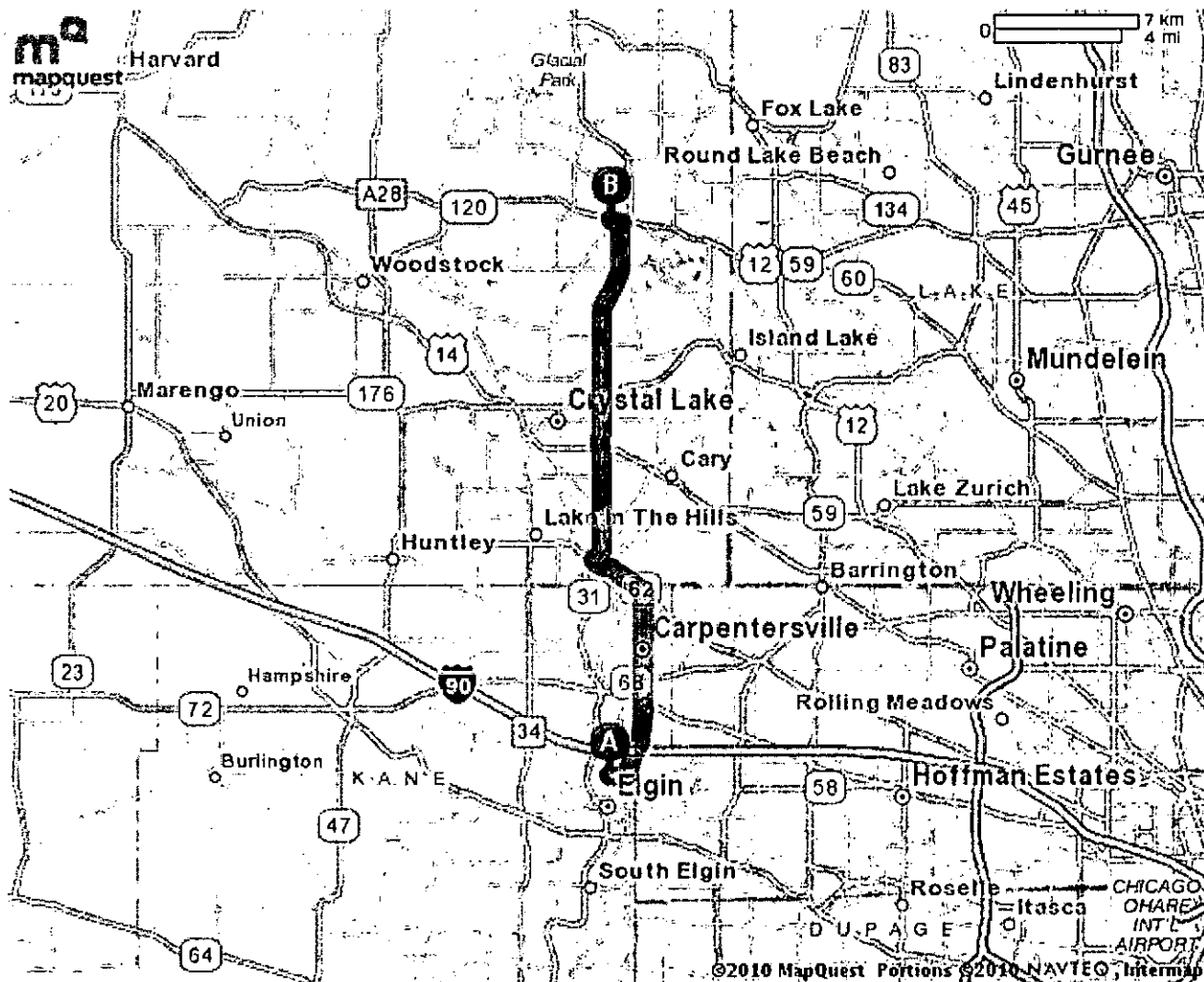
934 Center St, Elgin, IL 60120-2125

- 1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
- 2. Turn LEFT onto SLADE AVE. go 0.6 mi
- 3. Turn LEFT onto DUNDEE AVE. go 0.0 mi
- 4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.0 mi
- 5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 6.8 mi
- 6. Turn LEFT onto E ALGONQUIN RD / IL-62. go 2.1 mi
- 7. Turn RIGHT onto N MAIN ST / IL-31. Continue to follow IL-31 N. go 12.5 mi
- 8. Turn LEFT onto W ELM ST / IL-120. go 0.4 mi
- 9. 4312 W ELM ST is on the RIGHT. go 0.0 mi

4312 W Elm St, McHenry, IL 60050-4003 Total Travel Estimate : 22.63 miles - about 40 minutes

Route Map Hide

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Notes

FMC - GLENVIEW DIALYSIS CENTER

Trip to 4248 Commercial Way

Glenview, IL 60025-3573

27.69 miles - about 42 minutes

#23

934 Center St, Elgin, IL 60120-2125

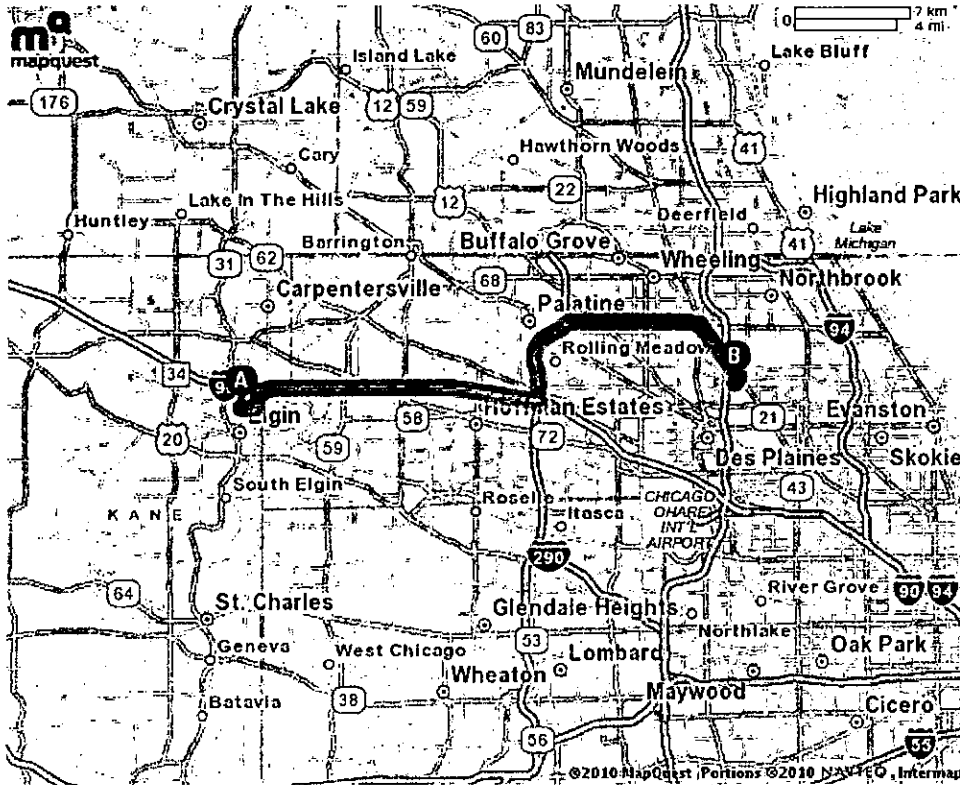
- 1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
- 2. Turn LEFT onto SLADE AVE. go 0.6 mi
- 3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi
- 4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi
- 5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 0.8 mi
- 6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). go 11.6 mi
- 7. Merge onto IL-53 N toward NORTHWEST SUBURBS. go 5.2 mi
- 8. Take the EAST PALATINE RD exit. go 0.3 mi
- 9. Merge onto W PALATINE RD. go 1.4 mi
- 10. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. go 3.6 mi
- 11. Take the ramp toward IL-21 / MILWAUKEE AVE / US-45. go 0.1 mi
- 12. Stay STRAIGHT to go onto E PALATINE RD. go 0.6 mi
- 13. Turn RIGHT onto N MILWAUKEE AVE / US-45 / IL-21. Continue to follow N MILWAUKEE AVE / IL-21. go 3.0 mi
- 14. Turn RIGHT onto DEARLOVE RD. go 0.3 mi
- 15. Turn RIGHT onto COMMERCIAL WAY. go 0.1 mi
- 16. 4248 COMMERCIAL WAY is on the LEFT. go 0.0 mi

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B 4248 Commercial Way, Glenview, IL 60025-3573

Total Travel Estimate : 27.69 miles - about 42 minutes

Route Map [Hide](#)



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Notes
FMC - NAPERVILLE NORTH

Trip to 516 W 5th Ave
Naperville, IL 60563-2901
26.67 miles - about 43 minutes

24

A 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.5 mi



2. Turn LEFT onto SUMMIT ST. go 2.4 mi



3. SUMMIT ST becomes IL-58 / GOLF RD. [Map](#) go 2.1 mi



4. Turn RIGHT onto IL-59 / SUTTON RD. Continue to follow IL-59. go 17.0 mi



5. Turn LEFT onto W FERRY RD / CR-3. go 0.8 mi



6. Turn RIGHT onto RAYMOND DR / CR-13. go 0.4 mi



7. Turn LEFT onto W DIEHL RD / CR-53 E. Continue to follow W DIEHL RD. go 1.9 mi



8. Turn RIGHT onto N MILL ST / CR-32. Continue to follow N MILL ST. go 1.4 mi



9. Turn RIGHT onto W 5TH AVE. go 0.1 mi



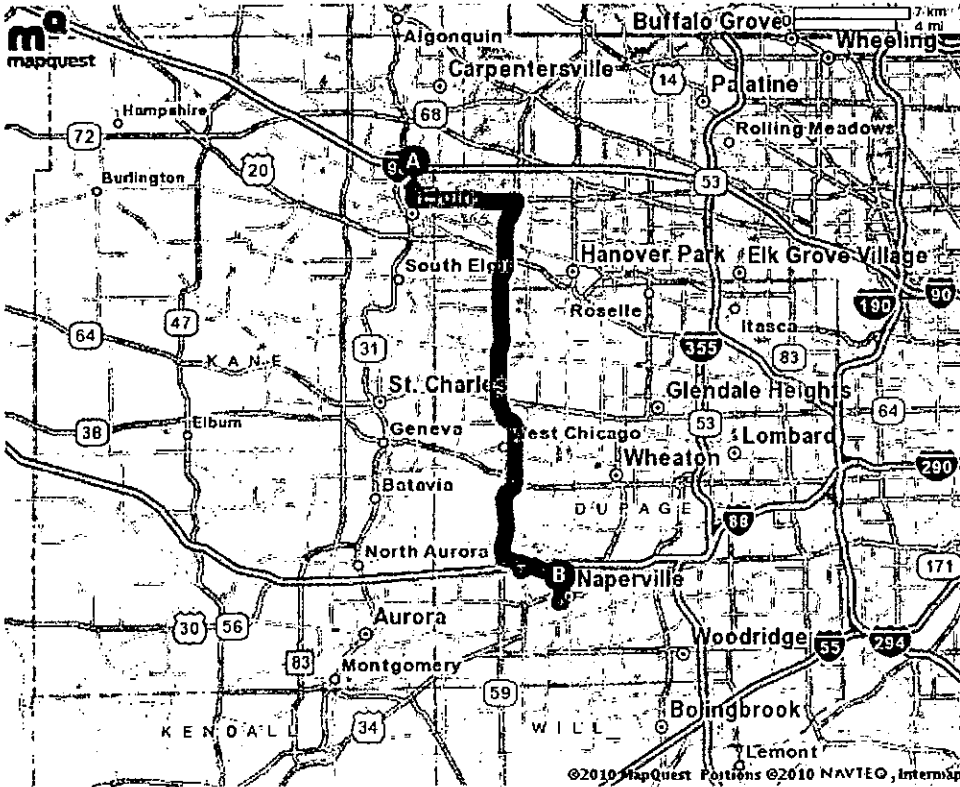
10. 516 W 5TH AVE is on the LEFT. go 0.0 mi

B 516 W 5th Ave, Naperville, IL 60563-2901

Total Travel Estimate : 26.67 miles - about 43 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
FMC - Deerfield

#25

Trip to 405 Lake Cook Rd
Deerfield, IL 60015-4993
27.31 miles - about 43 minutes

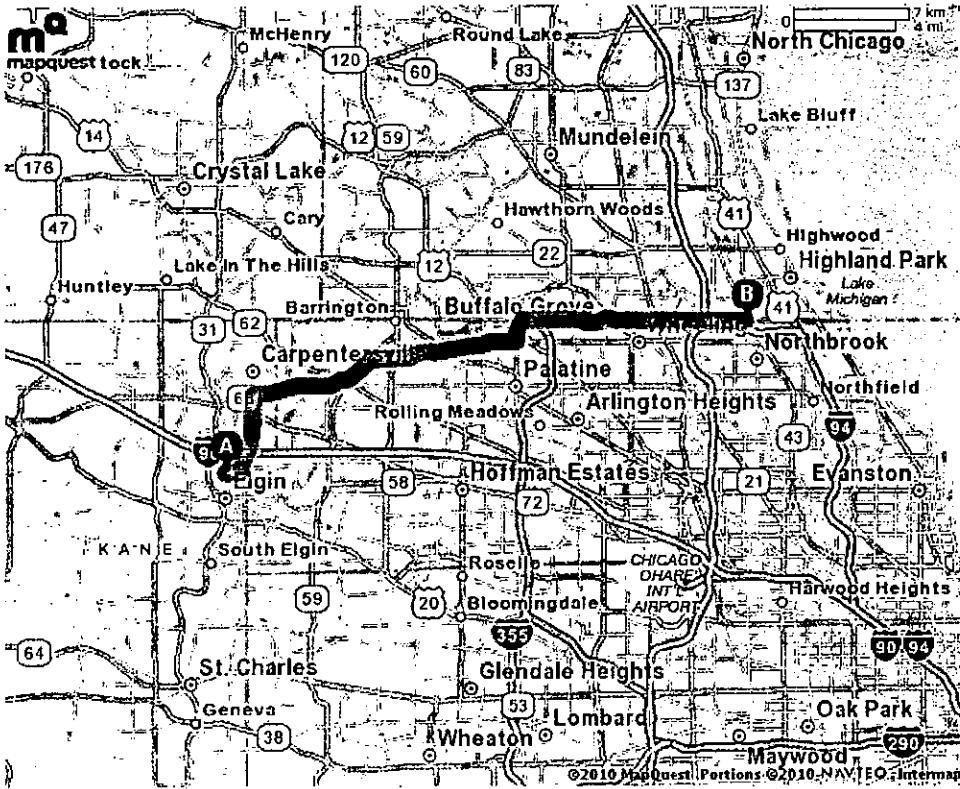
★ 934 Center St, Elgin, IL 60120-2125

-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
-  2. Turn LEFT onto SLADE AVE. go 0.6 mi
-  3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi
-   4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi
-   5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 3.6 mi
-   6. Turn RIGHT onto IL-68. go 4.3 mi
-   7. Turn LEFT onto IL-59 / IL-68 / NEW SUTTON RD. go 1.4 mi
-   8. Turn SLIGHT RIGHT onto DUNDEE RD / IL-68. go 6.5 mi
-  9. Turn LEFT onto N HICKS RD. go 1.1 mi
-  10. Turn RIGHT onto LAKE COOK RD. go 9.8 mi
-  11. 405 LAKE COOK RD is on the RIGHT. go 0.0 mi

★ 405 Lake Cook Rd, Deerfield, IL 60015-4993 Total Travel Estimate : 27.31 miles - about 43 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
FMC - LOMBARD

26

Trip to 1940 Springer Dr
Lombard, IL 60148-6419
29.39 miles - about 44 minutes

★ 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi



2. Turn LEFT onto SLADE AVE. go 0.6 mi



3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi



4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi



5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 0.8 mi



6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). go 11.6 mi



7. Merge onto I-290 E toward CHICAGO / WEST SUBURBS. go 6.5 mi



8. Keep LEFT to take I-355 S via EXIT 7 toward JOLIET. go 3.1 mi



9. Keep LEFT at the fork to go on I-355 S / VETERANS MEMORIAL TOLLWAY (Portions toll). go 4.6 mi



10. Take the IL-38 / ROOSEVELT RD exit. go 0.3 mi



11. Turn SLIGHT LEFT to take the ramp toward LOMBARD. go 0.1 mi



12. Turn LEFT onto ROOSEVELT RD / IL-38 E. go 0.8 mi



13. Turn RIGHT onto S FINLEY RD. go 0.7 mi



14. Turn RIGHT onto OAK CREEK DR. go 0.1 mi



15. Turn LEFT onto SPRINGER DR. go 0.1 mi

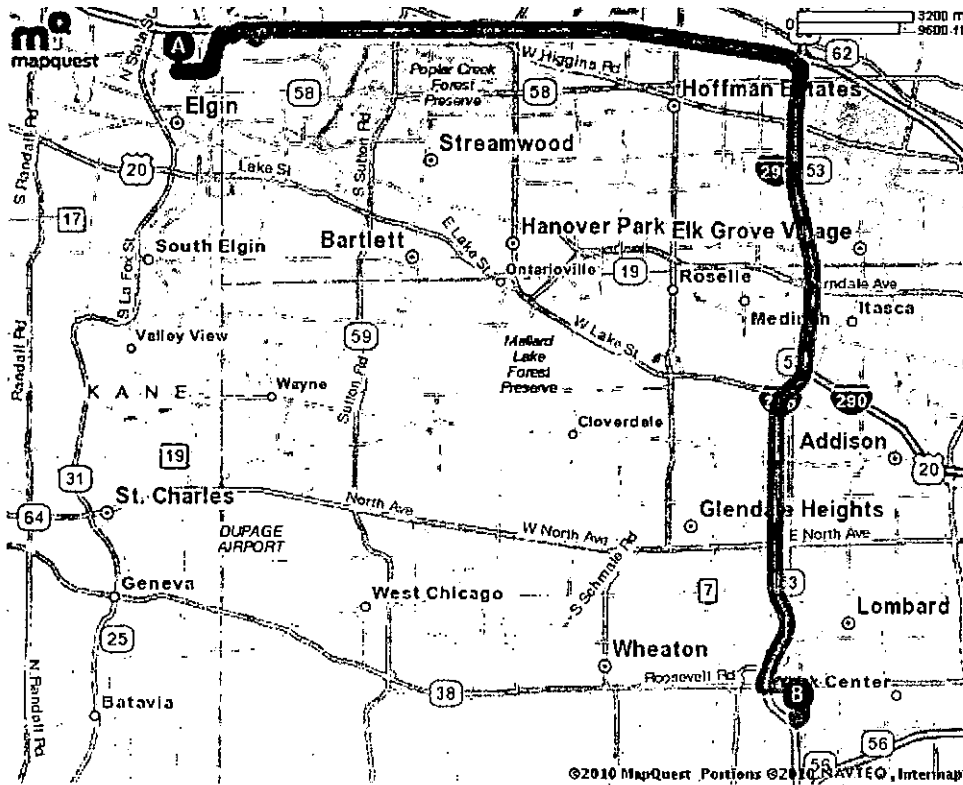


16. 1940 SPRINGER DR is on the RIGHT. go 0.0 mi

295

B 1940 Springer Dr, Lombard, IL 60148-6419
Total Travel Estimate : 29.39 miles - about 44 minutes

Route Map Hide



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MAPQUEST.

Notes
DVA Sycamore

Trip to 2200 Gateway Dr
Sycamore, IL 60178-3113
29.74 miles - about 44 minutes

#27

A 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 1.1 mi



2. Turn RIGHT onto E HIGHLAND AVE. go 0.4 mi



3. Turn LEFT onto N STATE ST / IL-31. [Map](#) go 1.1 mi



4. Merge onto US-20 W / ULYSSES S GRANT MEMORIAL HWY toward ROCKFORD. go 5.1 mi



5. Turn LEFT onto CR-22 / PLANK RD. go 9.0 mi



6. Turn RIGHT onto CR-11 / N MAIN ST. go 0.0 mi



7. Turn LEFT onto PLANK RD / CR-38. Continue to follow PLANK RD. go 7.6 mi



8. PLANK RD becomes PEACE RD. go 3.7 mi



9. Turn RIGHT onto DEKALB AVE / IL-23. go 1.5 mi



10. Turn LEFT onto GATEWAY DR. go 0.3 mi



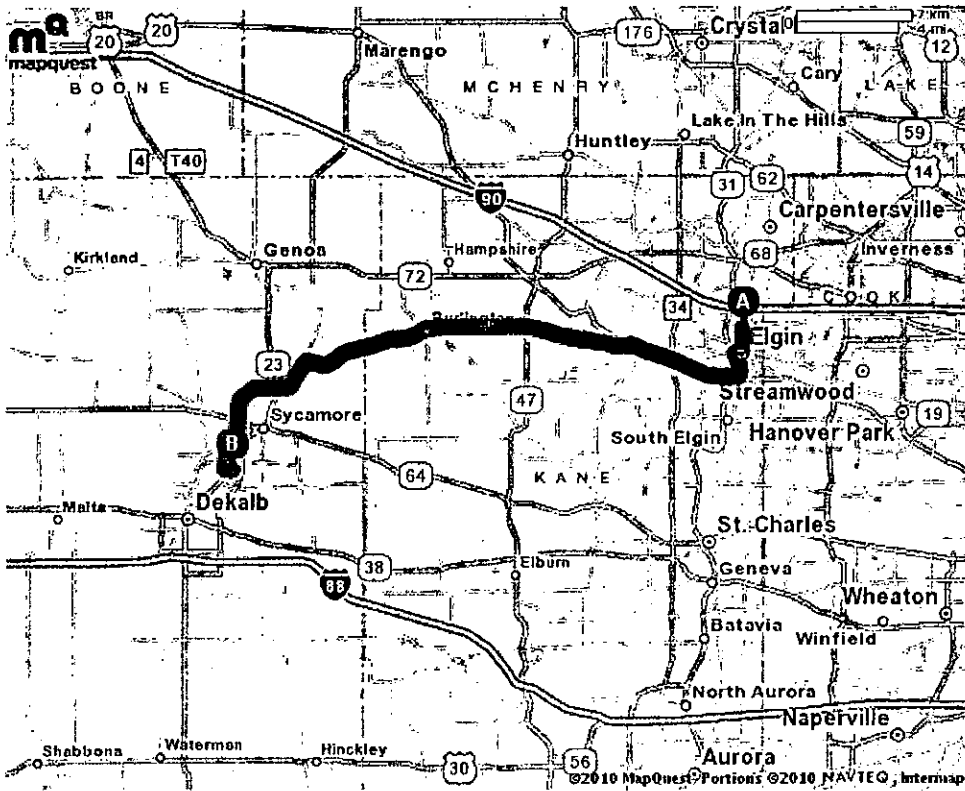
11. 2200 GATEWAY DR. go 0.0 mi

B 2200 Gateway Dr, Sycamore, IL 60178-3113

Total Travel Estimate : 29.74 miles - about 44 minutes

Route Map [Hide](#)

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
















MAPQUEST.

Notes
FMC - NILES

28

Trip to 9371 N Milwaukee Ave
Niles, IL 60714-1303
30.03 miles - about 44 minutes

★ 934 Center St, Elgin, IL 60120-2125

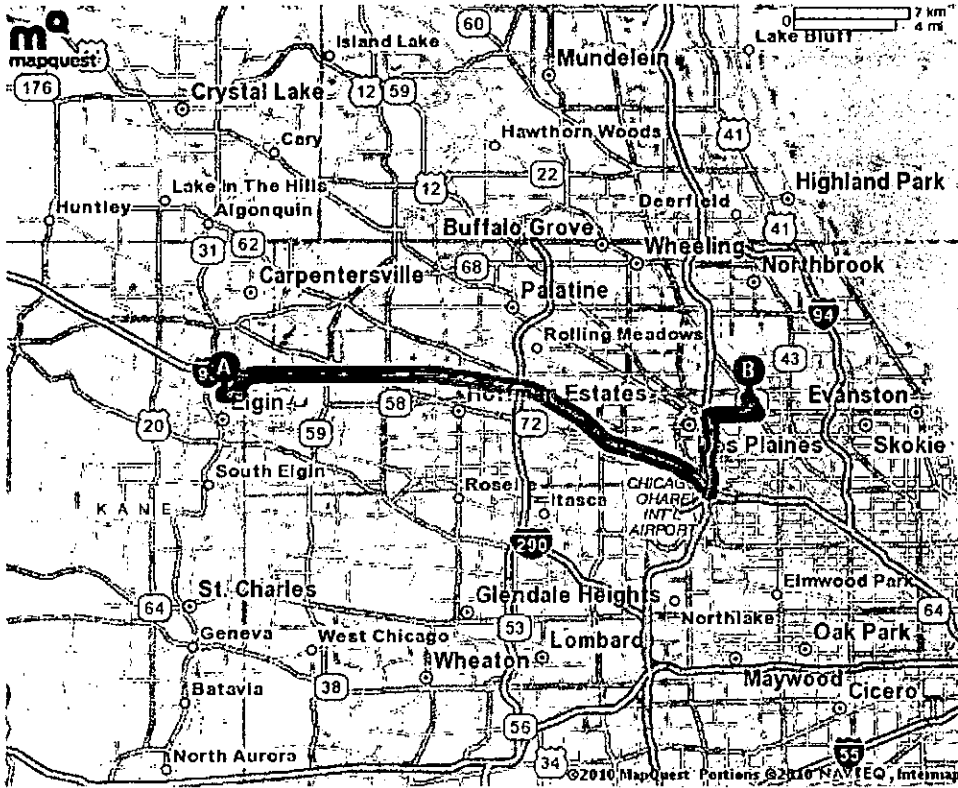
- 
1. Start out going SOUTH on CENTER ST toward SLADE AVE.
go 0.0 mi
- 
2. Turn LEFT onto SLADE AVE.
go 0.6 mi
- 
3. Turn LEFT onto DUNDEE AVE.
Map
go 0.1 mi
- 

4. Turn RIGHT onto PAGE AVE / IL-25 S.
go 0.1 mi
- 

5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N.
Continue to follow IL-25 N.
go 0.8 mi
- 

6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll).
go 21.9 mi
- 

7. Merge onto I-294 N toward MILWAUKEE (Portions toll).
go 3.5 mi
- 

8. Merge onto DEMPSTER ST / US-14 E.
go 2.0 mi
- 
9. Turn SLIGHT RIGHT onto W DEMPSTER ST / DEMPSTER ST.
go 0.2 mi
- 

10. Turn LEFT onto IL-21 / N MILWAUKEE AVE.
go 0.8 mi
- 
11. 9371 N MILWAUKEE AVE is on the RIGHT.
go 0.0 mi

★ 9371 N Milwaukee Ave, Niles, IL 60714-1303

Total Travel Estimate : 30.03 miles - about 44 minutes

Route Map [Hide](#)

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















MAPQUEST.

Notes
FMC - DOWNERS GROVE

#29

Trip to 3825 Highland Ave
Downers Grove, IL 60515-1552
31.89 miles - about 46 minutes

★ 934 Center St, Elgin, IL 60120-2125

- 
1. Start out going **SOUTH** on **CENTER ST** toward **SLADE AVE.**
go 0.0 mi
- 
2. Turn **LEFT** onto **SLADE AVE.**
go 0.6 mi
- 
3. Turn **LEFT** onto **DUNDEE AVE.**
[Map](#)
go 0.1 mi
- 

4. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**
go 0.1 mi
- 

5. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**
go 0.8 mi
- 

6. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).
go 11.6 mi
- 

7. Merge onto **I-290 E** toward **CHICAGO / WEST SUBURBS.**
go 6.5 mi
- 

8. Keep **LEFT** to take **I-355 S** via **EXIT 7** toward **JOLIET.**
go 3.1 mi
- 

9. Keep **LEFT** at the fork to go on **I-355 S / VETERANS MEMORIAL TOLLWAY** (Portions toll).
go 6.4 mi
- 
10. Take the **I-88 / E-W TOLLWAY / IL-56 / BUTTERFIELD RD** exit toward **CHICAGO / AURORA.**
go 0.3 mi
- 
11. Take the **IL-56** exit toward **BUTTERFIELD RD.**
go 0.3 mi
- 
12. Take the ramp toward **OAK BROOK.**
go 0.0 mi
- 

13. Turn **LEFT** onto **IL-56 E / BUTTERFIELD RD.**
go 0.7 mi
- 
14. Take the **HIGHLAND AVE** ramp.
go 0.3 mi
- 
15. Keep **RIGHT** at the fork to go on **HIGHLAND AVE / CR-9 S.**
go 1.2 mi
- 
16. **3825 HIGHLAND AVE** is on the **LEFT.**
go 0.0 mi

301




















MAPQUEST.

Notes
FMC - Round Lake

#30

Trip to 401 W Nippersink Rd
Round Lake Heights, IL 60073-3280
29.72 miles - about 47 minutes

★ 934 Center St, Elgin, IL 60120-2125

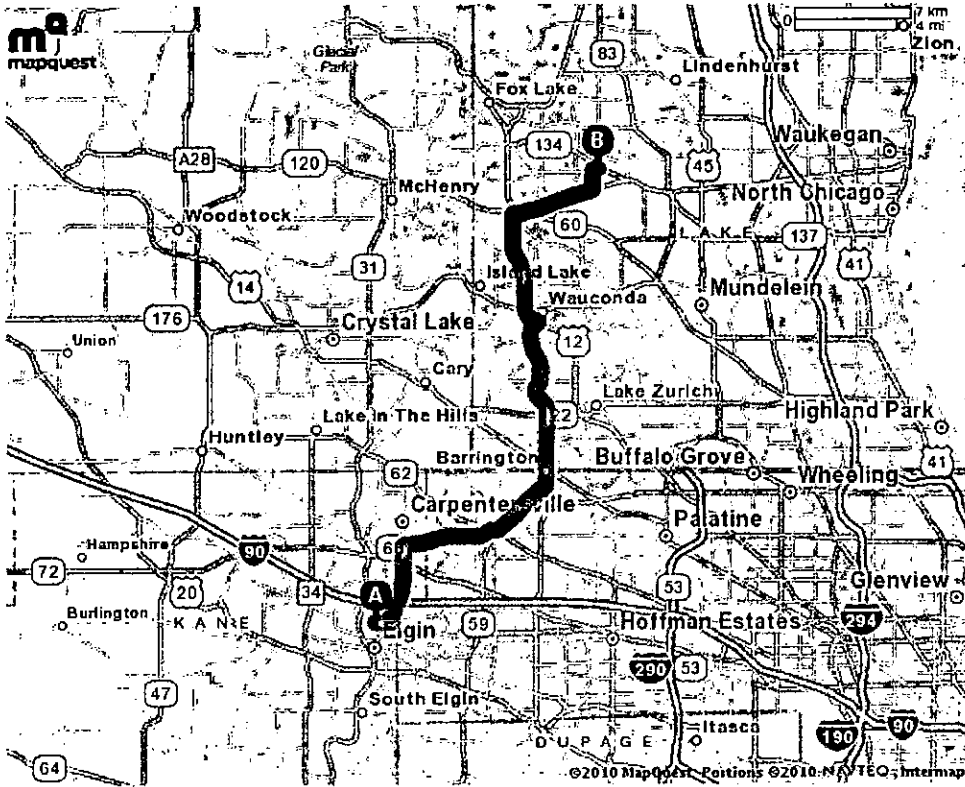
- 
1. Start out going SOUTH on CENTER ST toward SLADE AVE.
go 0.0 mi
- 
2. Turn LEFT onto SLADE AVE.
go 0.6 mi
- 
3. Turn LEFT onto DUNDEE AVE.
[Map](#)
go 0.1 mi
- 

4. Turn RIGHT onto PAGE AVE / IL-25 S.
go 0.1 mi
- 

5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N.
Continue to follow IL-25 N.
go 3.6 mi
- 

6. Turn RIGHT onto IL-68.
go 4.3 mi
- 

7. Turn LEFT onto IL-59 / IL-68 / NEW SUTTON RD.
Continue to follow IL-59.
go 10.9 mi
- 

8. Merge onto US-12 W / IL-59 N.
go 5.5 mi
- 

9. Turn RIGHT onto IL-120 / BELVIDERE RD.
go 3.6 mi
- 
10. Turn LEFT onto S CEDAR LAKE RD / CR-28 / CR-V63.
go 0.9 mi
- 
11. Keep RIGHT at the fork to go on CR-28 / CR-V63.
go 0.2 mi
- 
12. Stay STRAIGHT to go onto NIPPERSINK AVE / CR-28 / CR-V63.
go 0.0 mi
- 
13. 401 W NIPPERSINK RD.
go 0.0 mi

★ 401 W Nippersink Rd, Round Lake Heights, IL 60073-3280

Total Travel Estimate : 29.72 miles - about 47 minutes

Route Map [Hide](#)

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


















MAPQUEST.

Notes
DVA - BIG OAKS

#31

Trip to 5623 W Touhy Ave
Niles, IL 60714-4019
31.27 miles - about 47 minutes

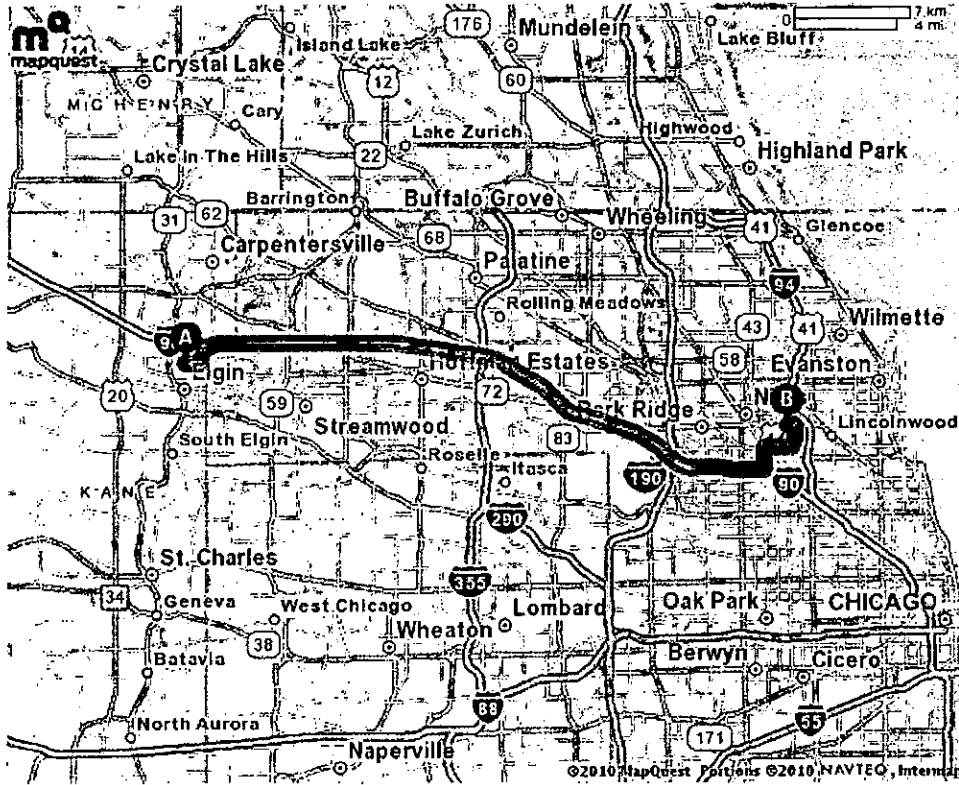
★ 934 Center St, Elgin, IL 60120-2125

-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
-  2. Turn LEFT onto SLADE AVE. go 0.6 mi
-  3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi
-   4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi
-   5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 0.8 mi
-   6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). go 22.1 mi
-   7. Keep RIGHT at the fork to go on I-90 E (Portions toll). go 3.8 mi
-  8. Take EXIT 82A toward NAGLE AVE. go 0.2 mi
-  9. Turn SLIGHT LEFT onto W GREGORY ST. go 0.0 mi
-  10. Turn LEFT onto N NAGLE AVE. go 1.1 mi
-  11. Turn RIGHT onto W DEVON AVE. go 1.2 mi
-  12. Turn LEFT onto N CENTRAL AVE. go 0.8 mi
-  13. N CENTRAL AVE becomes CARPENTER RD. go 0.2 mi
-  14. Turn LEFT onto TOUHY AVE. go 0.3 mi
-  15. 5623 W TOUHY AVE is on the LEFT. go 0.0 mi

★ 5623 W Touhy Ave, Niles, IL 60714-4019 Total Travel Estimate : 31.27 miles - about 47 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
FOX VALLEY DIALYSIS

#32

Trip to 1300 Waterford Dr
Aurora, IL 60504-5502
29.58 miles - about 47 minutes

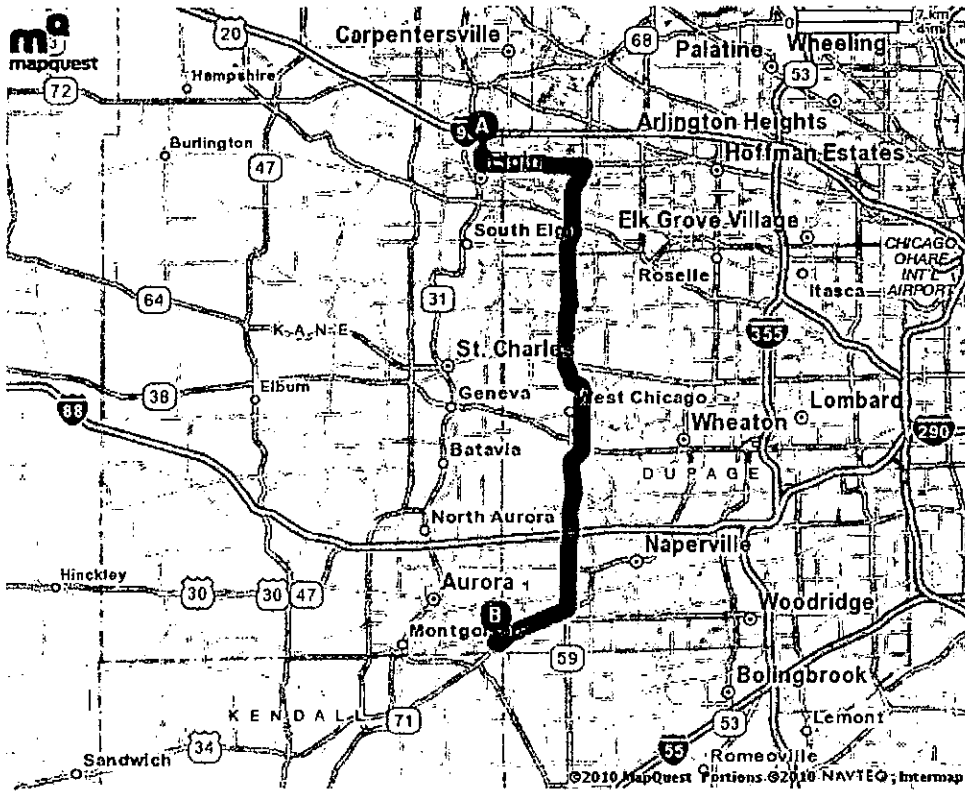
A 934 Center St, Elgin, IL 60120-2125

-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.5 mi
-  2. Turn LEFT onto SUMMIT ST. go 2.4 mi
-   3. SUMMIT ST becomes IL-58 / GOLF RD. go 2.1 mi
-   4. Turn RIGHT onto IL-59 / SUTTON RD. Continue to follow IL-59 S. [Map](#) go 20.9 mi
-   5. Turn RIGHT onto OGDEN AVE / US-34 W. go 3.5 mi
-  6. Turn RIGHT onto RIDGE AVE. go 0.1 mi
-  7. RIDGE AVE becomes WATERFORD DR. go 0.1 mi
-  8. 1300 WATERFORD DR is on the RIGHT. go 0.0 mi

B 1300 Waterford Dr, Aurora, IL 60504-5502
Total Travel Estimate : 29.58 miles - about 47 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes
FMC - NAPERVILLE

33

Trip to 100 Spalding Dr
Naperville, IL 60540-6550
28.56 miles - about 48 minutes

★ 934 Center St, Elgin, IL 60120-2125



1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.5 mi



2. Turn LEFT onto SUMMIT ST. go 2.4 mi



3. SUMMIT ST becomes IL-58 / GOLF RD. [Map](#) go 2.1 mi



4. Turn RIGHT onto IL-59 / SUTTON RD. Continue to follow IL-59 S. go 20.3 mi



5. Turn LEFT onto AURORA AVE. go 2.5 mi



6. Turn RIGHT onto S WEST ST. go 0.4 mi



7. Turn LEFT onto W MARTIN AVE / MARTIN AVE. Continue to follow W MARTIN AVE. go 0.2 mi



8. Turn RIGHT onto BROM DR. go 0.1 mi



9. Turn LEFT onto SPALDING DR. go 0.1 mi



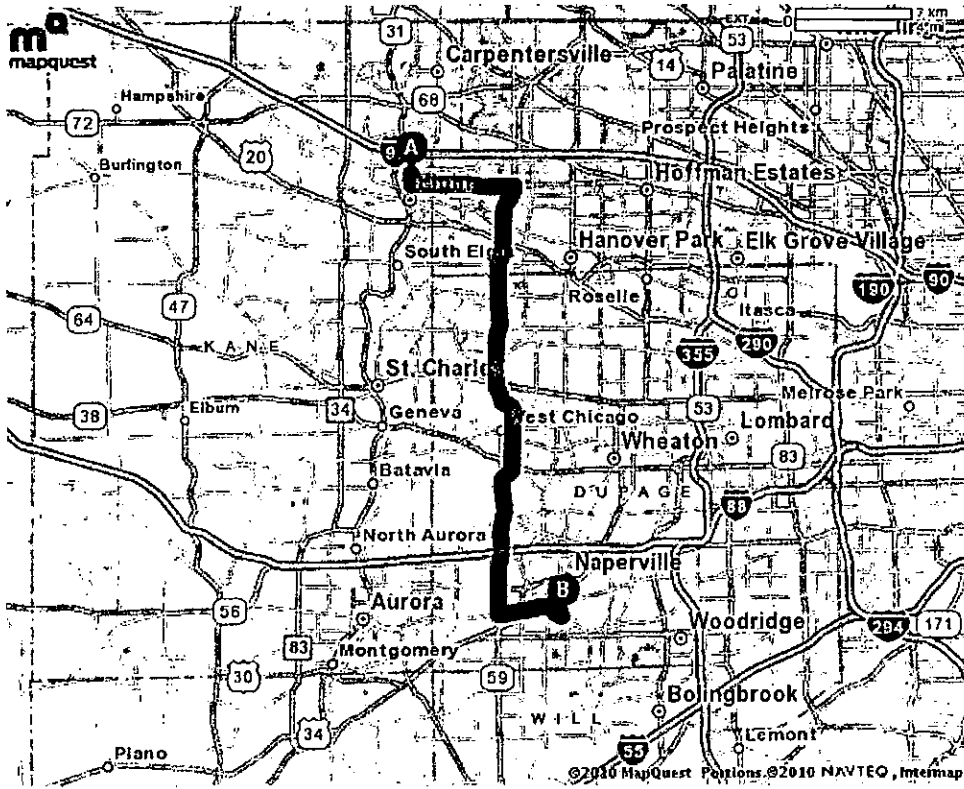
10. 100 SPALDING DR is on the LEFT. go 0.0 mi

★ 100 Spalding Dr, Naperville, IL 60540-6550

Total Travel Estimate : 28.56 miles - about 48 minutes

Route Map [Hide](#)

309



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310


























MAPQUEST.

Notes
DVA - Lake County Dialysis Services

#34

Trip to 918 S Milwaukee Ave
Libertyville, IL 60048-3229
29.90 miles - about 49 minutes

★ 934 Center St, Elgin, IL 60120-2125

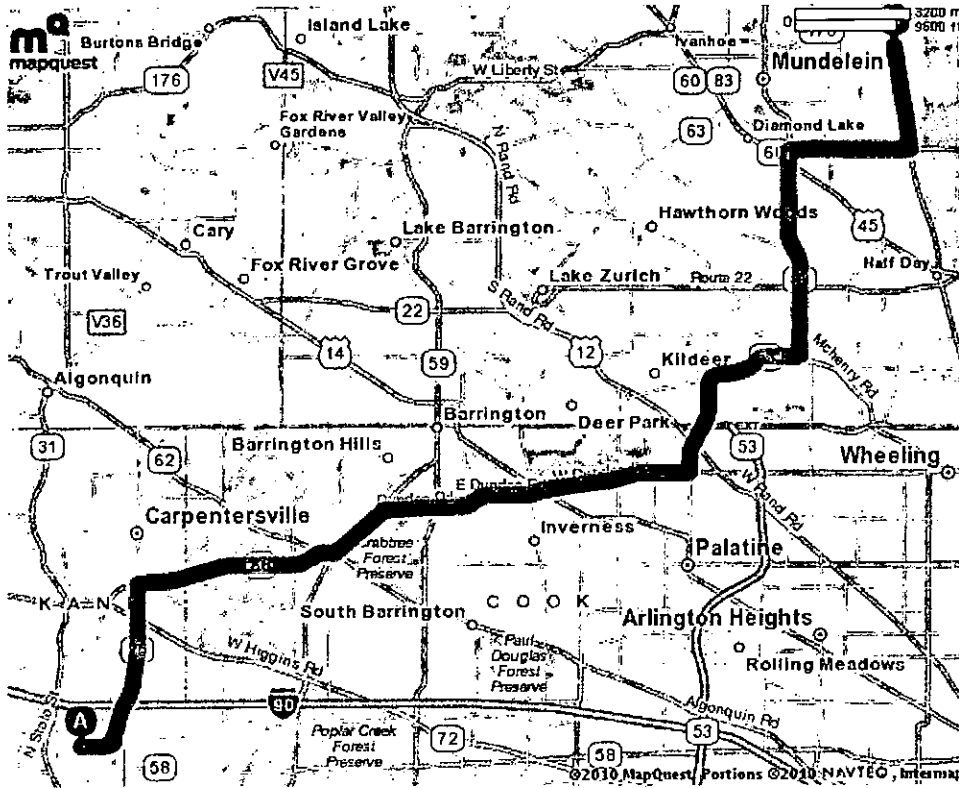
- 
1. Start out going SOUTH on CENTER ST toward SLADE AVE.
go 0.0 mi
- 
2. Turn LEFT onto SLADE AVE.
go 0.6 mi
- 
3. Turn LEFT onto DUNDEE AVE.
[Map](#)
go 0.1 mi
- 

4. Turn RIGHT onto PAGE AVE / IL-25 S.
go 0.1 mi
- 

5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N.
Continue to follow IL-25 N.
go 3.6 mi
- 

6. Turn RIGHT onto IL-68.
go 4.3 mi
- 

7. Turn LEFT onto IL-59 / IL-68 / NEW SUTTON RD.
go 1.4 mi
- 

8. Turn SLIGHT RIGHT onto DUNDEE RD / IL-68.
go 6.5 mi
- 
9. Turn LEFT onto N HICKS RD.
go 2.2 mi
- 

10. N HICKS RD becomes IL-53.
go 1.9 mi
- 

11. Turn LEFT onto IL-83 N.
go 4.3 mi
- 

12. Stay STRAIGHT to go onto S LAKE ST / US-45.
go 0.3 mi
- 

13. Turn RIGHT onto TOWNLINE RD / IL-60.
go 2.5 mi
- 

14. Turn LEFT onto N MILWAUKEE AVE / IL-21.
go 2.3 mi
- 
15. 918 S MILWAUKEE AVE.
go 0.0 mi

★ 918 S Milwaukee Ave, Libertyville, IL 60048-3229

Total Travel Estimate : 29.90 miles - about 49 minutes

Route Map [Hide](#)

311



All rights reserved. Use subject to License/Copyright | Map Legend

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312
















MAPQUEST.

Notes
DVA Lake Villa Dialysis

35

Trip to Lake Villa, IL
60046
36.65 miles - about 1 hour

★ 934 Center St, Elgin, IL 60120-2125

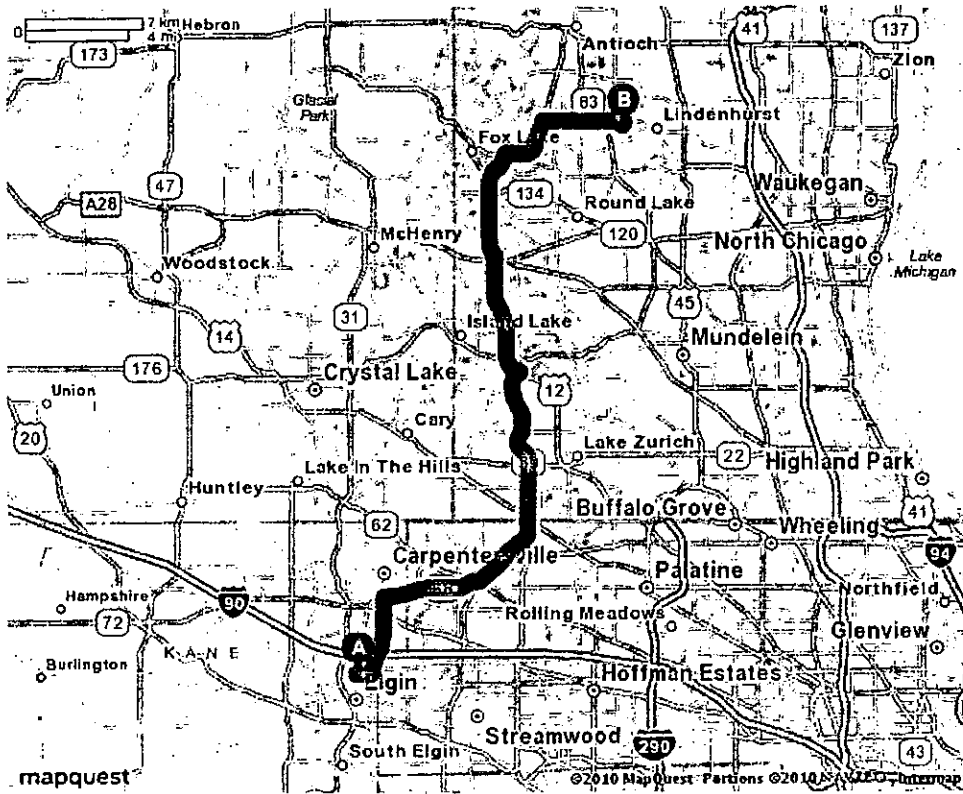
-  1. Start out going SOUTH on CENTER ST toward SLADE AVE. go 0.0 mi
-  2. Turn LEFT onto SLADE AVE. go 0.6 mi
-  3. Turn LEFT onto DUNDEE AVE. [Map](#) go 0.1 mi
-   4. Turn RIGHT onto PAGE AVE / IL-25 S. go 0.1 mi
-   5. Turn SLIGHT LEFT onto N LIBERTY ST / IL-25 N. Continue to follow IL-25 N. go 3.6 mi
-   6. Turn RIGHT onto IL-68. go 4.3 mi
-   7. Turn LEFT onto IL-59 / IL-68 / NEW SUTTON RD. Continue to follow IL-59 N. go 24.3 mi
-   8. Turn RIGHT onto W GRAND AVE / IL-132. go 3.6 mi
-  9. Turn RIGHT onto E VICTORY DR. go 0.3 mi
-  10. Welcome to LAKE VILLA, IL 60046. go 0.0 mi

★ Lake Villa, IL 60046

Total Travel Estimate : 36.65 miles - about 1 hour

Route Map [Hide](#)

313



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Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our Terms of Use

314

APPENDIX 2

Documentation

**Letter of Impact on
Discontinuation and Relocation of
Cobblestone Dialysis**

**Previously Known As
Sherman Hospital Dialysis - Elgin**

**Sent by DaVita between July 23 – July 30, 2010
Received by Area Facilities between July 24 – August 2, 2010**

DaVita.

July 23, 2010

**Resurrection Medical Center
7435 W Talcott Ave
Chicago, IL 60631**

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



**Mary J. Anderson
Group Director
DaVita Inc.**

PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

7010 0290 0003 5608 3303
(transfer from service label)

2. Article Number

1. Article Addressed to:
 Resurrection Medica
 7435 W. Talcott
 Chicago IL 60631

3. Service Type
 Certified Mail
 Express Mail
 Registered Mail
 Insured Mail
 C.O.D.
 Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)
 Yes
 No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

A. Signature Agent Addressee
 B. Received by (Printed Name)
 C. Date of Delivery

COMPLETE THIS SECTION ON DELIVERY

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.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information, visit our website at www.usps.com

CHICAGO IL 60631
OFFICIAL USE

Postage	\$ 0.44	0421 03 Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent to: Resurrection Med.
 Street, Apt. No., or PO Box No.: 7435 W. Talcott Ave.
 State, ZIP+4: Chicago IL 60631

PS Form 3800, August 2005 See Reverse for Instructions

E03E 9095 E000 0620 0702

317

DaVita.

July 23, 2010

Fresenius Medical Center-Norridge
4701 N Cumberland Ave
Norridge, IL 60706

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

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The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

318

2710 0290 0003 5608 3112

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
 HARWOOD HEIGHTS IL 60706 **MAIL USE**

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent To FMC - Norridge
 Street, Apt. No., or PO Box No. 4701 N. Cumberland Ave
 City, State, ZIP+4 Norridge, IL 60706
 PS Form 3800, August 2006 See Reverse for Instructions

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:
FMC - Norridge
4701 N. Cumberland Ave
NORRIDGE, IL 60706

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 J Val Addressee

B. Received by (Printed Name) Date of Delivery
Jessica Valencia 7/26/10

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) 7010 0290 0003 5608 3112
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

319

DaVita.

July 23, 2010

Fresenius Medical Center-Hoffman Estates
3150 W Higgins Rd
Hoffman Estates, IL 60169

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

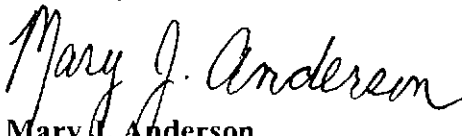
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

320

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:

FMC - Hoffman Estates
 3150 W. Higgins Rd.
 Hoffman Estates, IL
 60169

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 LINA SUITE 207 7-24-10

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) 7010 0290 0003 5608 3075

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7010 0290 0003 5608 3075

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HOFFMAN ESTATES IL 60169 **OFFICIAL USE**

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent To FMC - Hoffman Estates
 Street, Apt. No., or PO Box No. 3150 W. Higgins Rd.
 City, State, ZIP+4 Hoffman Estates, IL 60169
 PS Form 3800, August 2005 See Reverse for Instructions

321

DaVita.

July 23, 2010

Fresenius Medical Center
901 Biesterfield Rd
Elk Grove Village, IL 60007

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

322

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:

Fresenius Medical
901 Biesterfield Rd.
Elk Grove Village
IL 60007

2. Article Number

(Transfer from service label)

7010 0290 0003 5608 3099

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

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

ELK GROVE VILLAGE IL 60007 L 03 E

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 45.54	07/23/2010

Sent to: Fresenius Medical
 Street, Apt. No. or PO Box No.: 901 Biesterfield Rd.
 City, State, ZIP+4: Elk Grove Village IL 60007

PS Form 3800, August 2003 See Reverse for Instructions

6602 8095 E000 0620 0107

323

DaVita.

July 23, 2010

Quality Renal Care
2203 Randall Rd
Carpentersville, IL 60110

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

324

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:

Quality Rental Case
 2203 Randall Rd
 Carpentersville, IL
 60110

2. Article Number
 (Transfer from service label)

7010 0290 0003 5608 3174

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x Teresa Reyna* Agent
 Addressee

B. Received by (Printed Name) *Teresa Reyna* C. Date of Delivery *7/24/10*

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CARPENTERSVILLE IL 60110

Postage	\$ 0.44	0421 03 Postmark Here 07/23/2010
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

Sent To *Quality Rental Case*
 Street, Apt. No.,
 or PO Box No. *2203 Randall Rd.*
 City, State, ZIP+4 *Carpentersville, IL 60110*

PS Form 3800, August 2008 See Reverse for Instructions

7010 0290 0003 5608 3174

325

DaVita.

July 23, 2010

Quality Renal Care
910 Greenlee St
Marengo, IL 60152

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

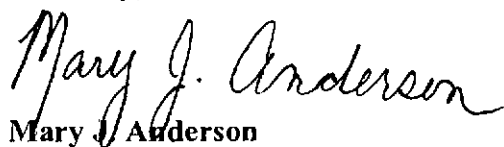
The estimated date for the discontinuation and relocation is no later than June 30, 2012..

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

326

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:

Quality Renal Care
910 Greenlee St.
Marengo, IL 60152

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Teresa Reyna
 B. Received by (Printed Name) *Teresa Reyna*
 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

2. Article Number
 (Transfer from service label)

7010 0290 0003 5608 3136

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7010 0290 0003 5608 3136

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MARENGO, IL 60152 **SPECIAL USE**

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent To: *Quality Renal Care*
 Street, Apt. No., or PO Box No.: *910 Greenlee St.*
 City, State, ZIP+4: *Marengo, IL 60152*

PS Form 3810, August 2005 See Reverse for Instructions

327

DaVita.

July 23, 2010

ARA South Barrington
33 W Higgins Rd
South Barrington, IL 60010

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

328

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:

ARA South Barrington
33 W Higgins Rd.
South Barrington, IL
60010

2. Article Number
(Transfer from service label)

7010 0290 0003 5608 3198

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Infan W Agent
 Addressee

B. Received by (Printed Name) *Name Paul* C. Date of Delivery *7/24*

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

DATE 9095 E000 0620 7010

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

BARRINGTON IL 60010 **OFFICIAL USE**

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent To *ARA South Barrington*
 Street, Apt. No., or PO Box No. *33 W Higgins Rd*
 City, State, ZIP+4 *South Barrington, IL 60010*

PS Form 3810, August 2005 See Reverse for Instructions

329

DaVita.

July 23, 2010

ARA Crystal Lake
6298 Northwest Hwy
Crystal Lake, IL 60014

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

330

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:

AAA Crystal Lake
6298 Northwest Hwy
Crystal Lake, IL 60014

2. Article Number
(Transfer from service label)

7010 0290 0003 5608 3143

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
7/24/10

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CRYSTAL LAKE IL 60014

Postage	\$ 4.00	0421
Certified Fee	\$2.90	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$5.54	07/23/2010

Sent To: AAA Crystal Lake
Street, Apt. No., or PO Box No.: 6298 Northwest Hwy
City, State, ZIP+4: Crystal Lake, IL 60014

U.S. Form 3841, August 2005 See reverse for instructions

331

DaVita.

July 23, 2010

Fresenius Medical Center
520 East North Ave
Chicago, IL 60139

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

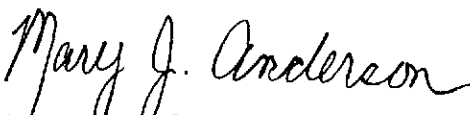
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

332

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:

Fresenius med.
Center
520 E. North Ave.
Chicago IL
60611

2. Article Number
(Transfer from service label)

7010 0290 0003 5608 3327

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
Chris Hultquist

C. Date of Delivery
7/26/10

D. Is delivery address different from item 1?
 If YES, enter delivery address below: Yes
 No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7010 0290 0003 5608 3327

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com

GLENDALE HEIGHTS IL 60139, ILLINOIS

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Fresenius Medical Center
 Street, Apt. No.,
 or PO Box No. 520 E. North Ave.
 City, State, ZIP+4 Chicago IL 60611
 PS Form 3800, August 2005 See Reverse for Instructions

333

DaVita.

July 23, 2010

Fresenius Medical Center-West Chicago
1859 Neltner Blvd
West Chicago, IL 60185

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

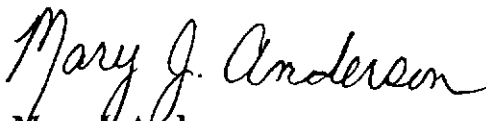
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

334

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:

FMC - West Chicago
 1859 Melthor Blvd.
 West Chicago, IL
 60185

2. Article Number
 (Transfer from service label)

7010 0290 0003 5608 3082

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nadejda Pentchev* 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7010 0290 0003 5608 3082

U.S. Postal Service TM

CERTIFIED MAIL TM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WEST CHICAGO IL 60185

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent To *FMC - West Chicago*
 Street, Apt. No.,
 or PO Box No. *1859 Melthor Blvd.*
 City, State, ZIP+4 *West Chicago, IL 60185*

PS Form 3810, August 2006 See Reverse for Instructions

335

DaVita.

July 23, 2010

Tri-Cities Dialysis
306 Randall Rd
Geneva, IL 60134

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

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The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

336

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:

Tri-Cities Dialysis
306 Randall Rd.
Geneva, IL 60134

2. Article Number
(Transfer from service label)

7010 0290 0003 5608 3310

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
M. Kollmann
 B. Received by (Printed Name) *M. Kollmann*
 C. Date of Delivery *7-26-10*
 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

7010 0290 0003 5608 3310

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

GENEVA IL 60134 OFFICIAL USE

Postage	\$ 0.44	0421
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent To *Tri-Cities Dialysis*
 Street, Apt. No.,
 or PO Box No. *306 Randall Rd*
 City, State, ZIP+4 *Geneva, IL 60134*

337

FedEx US Airbill
Express

FedEx Tracking Number **8682 1513 1991**

Form ID No. **0215**

From Please print and press hard
Date **7/30/10** Sender's FedEx Account Number **2961-2564-4**

Sender's Name _____ Phone **(815) 284-0595**

Company **DAVITA #2099**

Address **1131 N GALENA AVE**

City **DIXON** State **IL** ZIP **61021-1015**

Your Internal Billing Reference **451000A**

To Recipient's Name _____ Phone () _____

Company **Tri-Cities Dialysis**

Recipient's Address **706 Randall Rd.**

Address _____

To request a package be held at a specific FedEx location, print FedEx address here.
City **Genese** State **IL** ZIP **60134**

0390489874

4a Express Package Service

- FedEx Priority Overnight**
Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight**
Next business afternoon.* Saturday Delivery NOT available.
- FedEx First Overnight**
Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
- FedEx 2Day**
Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Express Saver**
Third business day.** Saturday Delivery NOT available.

4b Express Freight Service

- FedEx 10day Freight***
Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 2Day Freight**
Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 3Day Freight**
Third business day.** Saturday Delivery NOT available.

5 Packaging

- FedEx Envelope***
- FedEx Pak***
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- FedEx Box**
- FedEx Tube**
- Other**

6 Special Handling

- SATURDAY Delivery**
Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 2Day Freight.
 - HOLD Weekday at FedEx Location**
Not available for FedEx First Overnight.
 - HOLD Saturday at FedEx Location**
Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
- Does this shipment contain dangerous goods?
 No Yes (As per attached Shipper's Declaration) Yes (Shipper's Declaration not required) Dry Ice (Dry Ice, 9, UN 1845) x _____ to _____
 Cargo Aircraft Only

7 Payment Bill to:

- Sender
- Recipient
- Third Party
- Credit Card
- Cash/Check

FedEx Acct. No. **1454166741** Exp. Date _____

Total Packages **1** Total Weight **110** s Total Declared Value† **00**

†Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options

- No Signature Required**
Package may be left without obtaining a signature for delivery.
- Direct Signature**
Someone at recipient's address may sign for delivery.
- Indirect Signature**
If no one is available at recipient's address, someone at a neighboring address may sign for delivery.

519

 **Store your addresses at fedex.com**
Simplify your shipping. Manage your account. Access all the tools you need.

338

Detailed Results

Notifications

Tracking no.: 868215131991

[E-mail notifications](#)

Select time format:

12H

|

24H

Delivered



Initiated

Picked up

In transit

Delivered

Delivered

Signed for by:

J.SHEPERT

Shipment Dates

Ship date [?](#)

Jul 30, 2010

Delivery date [?](#)

Jul 31, 2010 10:37 AM

Destination

AURORA, IL

[Signature Proof of Delivery](#) [?](#)

Shipment Facts

Help

Service type

Priority Envelope

Weight

0.5 lbs/.2 kg

Delivered to

Receptionist/Front Desk

339

DaVita.

July 30, 2010

DSI Buffalo Grove
1291 West Dundee Rd.
Buffalo Grove, IL 60089

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

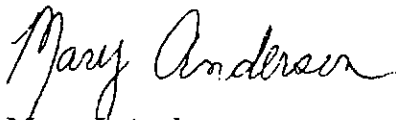
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The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

340

fed Express **US Airbill**

FedEx Tracking Number **8682 1513 1969**

Form ID No. **0215**

From *no price and price limit*
Date **7/30/10** Sender's FedEx Account Number **2961-2564-4**

Sender's Name _____ Phone **(815) 284-0595**

Company **DAVITA #2099**

Address **1131 N GALENA AVE** Dept./Floor/Suite/Room _____

City **DIXON** State **IL** ZIP **61021-1015**

Your Internal Billing Reference _____
First 24 characters will appear on invoice.

To Recipient's Name _____ Phone () _____

Company **DS1 Buffalo Grove**

Recipient's Address **1291 West Dundee Rd.**
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room _____

Address _____
To request a package be held at a specific FedEx location, print FedEx address here.
City **Buffalo Grove** State **IL** ZIP **60089**

0390489874

 **Ship and track packages at fedex.com**
Simplify your shipping. Manage your account. Access all the tools you need.

4a Express Package Service Packages up to 150 lbs.
 FedEx Priority Overnight Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Standard Overnight Next business afternoon. * Saturday Delivery NOT available.
 FedEx First Overnight Earliest next business morning delivery to select locations. * Saturday Delivery NOT available.
 FedEx 2Day Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Express Saver Third business day. * Saturday Delivery NOT available.
* To meet locations. FedEx Envelope rate not available. Minimum charge: One-pound rate.

4b Express Freight Service Packages over 150 lbs.
 FedEx 1Day Freight* Next business day. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx 2Day Freight Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx 3Day Freight Third business day. * Saturday Delivery NOT available.
* Call for Confirmation. ** To meet locations.

5 Packaging
 FedEx Envelope* **FedEx Pak*** Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. **FedEx Box** **FedEx Tube** **Other**
* Declared value limit \$500.

6 Special Handling Includes FedEx Mail in Section 3.
 SATURDAY Delivery NOT Available to: FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
 HOLD Weekday at FedEx Location NOT Available for FedEx Priority Overnight.
 HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
Does this shipment contain dangerous goods? (This box must be checked.)
 No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required. Dry Ice Dry ice, 9 UN 1845 x _____ to _____ Cargo Aircraft Only
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.
 Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check
FedEx Acct. No. **145466741** Exp. Date _____
Credit Card No. _____

Total Packages **1** Total Weight **1 lb** Total Declared Value* \$ _____ .00

*Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.
 No Signature Required Package may be left without obtaining a signature for delivery.
 Direct Signature Someone at recipient's address may sign for delivery.
 Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery.
519

341

Detailed Results

Printer-Friendly

Get Link

Enter tracking number

Track

Detailed Results

Notifications

Tracking no.: 868215131969

[E-mail notifications](#)

Select time format:

12H

|

[24H](#)

Delivered



Initiated
Picked up
In transit
Delivered

Delivered

Signed for by:

D.PERCOSA

Shipment Dates

Ship date ⓘ

Jul 30, 2010

Delivery date ⓘ

Jul 31, 2010 11:29 AM

Destination

NORTHBROOK, IL

[Signature Proof of Delivery](#) ⓘ

Shipment Facts

Help

Service type

Priority Envelope

Weight

0.5 lbs/.2 kg

Delivered to

Receptionist/Front Desk

342

DaVita.

July 30, 2010

DSI Schaumburg
1156 South Roselle Rd.
Schaumburg, IL 60193

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

343

ed **US Airbill**
Express

FedEx Tracking Number **8682 1513 1980**

Form ID No. **0215**

From print and press here
Date **7/30/10** Sender's FedEx Account Number **2961-2564-4**

Sender's Name _____ Phone **(815) 284-0595**

Company **DAVITA #2099**

Address **1131 N. CALENA AVE**
Dept./Floor/Suite/Floor

City **DIXON** State **IL** ZIP **61021-1015**

Your Internal Billing Reference **COPYCAT**
Not all characters will appear on invoice.

To Recipient's Name _____ Phone () _____

Company **OSI Schaumburg**

Recipient's Address **1156 South Rosefle Rd.**
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address _____
To request a package be held at a specific FedEx location, print FedEx address here.

City **Schaumburg** State **IL** ZIP **60193**

0390489874

 **Schedule a pickup at fedex.com**
Simplify your shipping. Manage your account. Access all the tools you need.

4a Express Package Service Packages up to 150 lbs.

FedEx Priority Overnight
Next business morning. ** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

FedEx First Overnight
Earliest next business morning delivery to select locations. Saturday Delivery NOT available.

FedEx 2Day
Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Envelope rate not available. Minimum charge: One-pound rate.

FedEx Express Saver
Third business day. Saturday Delivery NOT available.

** To most locations.

4b Express Freight Service Packages over 150 lbs.

FedEx 1Day Freight
Next business day. ** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Freight
Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight
Third business day. Saturday Delivery NOT available.

* Call for Confirmation. ** To most locations.

5 Packaging

FedEx Envelope **FedEx Pak** **FedEx Box** **FedEx Tube** **Other**

* Declared value limit \$500.

6 Special Handling Include FedEx address in Section 3.

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

HOLD Weekday at FedEx Location
Available ONLY for FedEx First Overnight.

HOLD Saturday at FedEx Location
Available ONLY for FedEx Priority Overnight and FedEx 7Day to select locations.

Does this shipment contain dangerous goods?
Get they must be checked.

No **Yes** Air per attached Shipper's Declaration. **Yes** Shipper's Declaration not required. **Dry Ice** Dry Ice, 9 UN 1845 x _____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging. **Cargo Aircraft Only**

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

Sender **Recipient** **Third Party** **Credit Card** **Cash/Check**

Acct. No. in Section 1 will be billed.

FedEx Acct. No. **145466741** Exp. Date _____
Credit Card No. _____

Total Packages **1** Total Weight **116** Total Declared Value! **\$.00**

* Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery.

519

Rev. Date 1/06/09 Part #150279-01/994-2008 FedEx-PRINTED IN U.S.A.-SRF

344

Detailed Results

Notifications

Tracking no.: 868215131980

E-mail notifications

Select time format:

12H

|

24H

Delivered



Initiated
Picked up
In transit
Delivered

Delivered

Signed for by:

Signature not required

Shipment Dates

Ship date ⓘ

Jul 30, 2010

Delivery date ⓘ

Jul 31, 2010 8:41 AM

Destination

SCHAUMBURG, IL

Proof of Delivery ⓘ

Shipment Facts

Help

Service type

Priority Envelope

Weight

0.5 lbs/.2 kg

Delivered to

Residence

Status

345

DaVita.

July 30, 2010

**DSI Arlington Heights
17 West Golf Rd.
Arlington Heights, IL 60005**

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

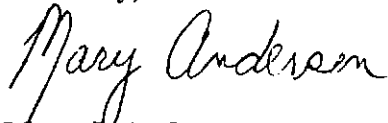
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



**Mary J. Anderson
Group Director
DaVita Inc.**

346

FedEx US Airbill
Express

FedEx Tracking Number **8682 1513 1970**

Form 10 No. **0215**

Fr. use print and press hard
Date **7/30/10** Sender's FedEx Account Number **2961-2564-4**

Sender's Name _____ Phone **(815) 284-0595**

Company **DAVITA #2099**

Address **1131 N GALENA AVE**

City **DIXON** State **IL** ZIP **61021-1015**

Your Internal Billing Reference **EMTIGGA1**

To Recipient's Name _____ Phone () _____

Company **OSI Arlington Heights**

Recipient's Address **17 West Golf Rd.**

Address _____

City **Arlington Heights** State **IL** ZIP **60005**

0390489874

4a Express Package Service *Packages up to 150 lbs.*

FedEx Priority Overnight **FedEx Standard Overnight** **FedEx First Overnight**
Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. Next business afternoon.* Saturday Delivery NOT available. Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.

FedEx 2Day **FedEx Express Saver**
Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. Third business day.* Saturday Delivery NOT available.

* FedEx Envelope rates not available. Minimum charge: One-pound rate. * To most locations.

4b Express Freight Service *Packages over 150 lbs.*

FedEx 1Day Freight* **FedEx 2Day Freight** **FedEx 3Day Freight**
Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. Third business day.** Saturday Delivery NOT available.

* Call for Confirmation. ** To most locations.

5 Packaging

FedEx Envelope* **FedEx Pak*** **FedEx Box** **FedEx Tube** **Other**
Included as FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. * Declared value limit \$500.

6 Special Handling Include FedEx address in Section 3.

SATURDAY Delivery **HOLD Weekday at FedEx Location** **HOLD Saturday at FedEx Location**
Next business day. HOLD Weekday at FedEx Location. NOT available for FedEx First Overnight, FedEx Express Saver, or FedEx 2Day Freight. HOLD Saturday at FedEx Location. Available ONLY for FedEx Priority Overnight and FedEx 2Day in select locations.

Does this shipment contain dangerous goods? One box must be checked.

No **Yes** **Yes** **Dry Ice**
As per attached Shipper's Declaration. Shipper's Declaration not required. Dry Ice, 9 UN 1845

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging. **Cargo Aircraft Only**

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

Sender **Recipient** **Third Party** **Credit Card** **Cash/Check**

FedEx Acct. No. **145466747** Exp. Date _____

Total Packages	Total Weight	Total Declared Value ¹
1	116	\$ _____ .00

¹Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Required **Direct Signature** **Indirect Signature**
Package may be left without obtaining a signature for delivery. Someone at recipient's address to sign for delivery. If no one is available at recipient's address, someone at a neighboring address may sign for delivery.

519

Rev. Data 1006-Part #15229-0129-2006 FedEx-PRINTED IN U.S.A.-SRF

 **Find drop-off locations at fedex.com**
Simplify your shipping. Manage your account. Access all the tools you need.

347

Detailed Results

• Notifications

Tracking no.: 868215131970

[E-mail notifications](#)

Select time format:

12H

|

24H

Delivered



Initiated
Picked up
In transit
Delivered

Delivered

Signed for by:

I.BURNSTEIN

Shipment Dates

Ship date ⓘ

Jul 30, 2010

Delivery date ⓘ

Jul 31, 2010 8:42 AM

Destination

SCHAUMBURG, IL

[Signature Proof of Delivery](#) ⓘ

Shipment Facts

[Help](#)

Service type

Priority Envelope

Weight

0.5 lbs/.2 kg

Delivered to

Receptionist/Front Desk

Status

348

DaVita.

July 30, 2010

Fresenius Medical Center North Central Rolling Meadows
4180 Winnetka Ave.
Rolling Meadows, IL 60008

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

349

FedEx Express **US Airbill**

FedEx Tracking Number **8682 1513 1958**

Form ID No. **0215**

1 lease print and press hard.

Date **7/30/10** Sender's FedEx Account Number **2961-2564-4**

Sender's Name _____ Phone **(815) 284-0595**

Company **DAVITA #2099**

Address **1131 N GALENA AVE** Dept./Floor/Suite/Room _____

City **DIXON** State **IL** ZIP **61021-1015**

2 Your Internal Billing Reference _____
First 24 characters will appear on invoice.

3 To Recipient's Name _____ Phone () _____

Company **Fusionius Medical Center - North Central Rolling Meadows**

Recipient's Address **4180 Winnetka Ave.** Dept./Floor/Suite/Room _____

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address _____
To request a package be held at a specific FedEx location, print FedEx address here.

City **Rolling Meadows** State **IL** ZIP **60008**

0390489874

4a Express Package Service

FedEx Priority Overnight
Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Next business afternoon. * Saturday Delivery NOT available.

FedEx First Overnight
Earliest next business morning delivery to select locations. * Saturday Delivery NOT available.

FedEx 2Day
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver
Third business day. * Saturday Delivery NOT available.

* FedEx Envelope rate not available. Minimum charge: One-pound rate. ** To exact locations.

4b Express Freight Service

FedEx 1Day Freight*
Next business day. ** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Freight
Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight
Third business day. ** Saturday Delivery NOT available.

* Call for Confirmation. ** To most locations.

5 Packaging

FedEx Envelope*

FedEx Pak*
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.

FedEx Box

FedEx Tube

Other

* Declared value limit \$500.

6 Special Handling Includes FedEx address in Section 3.

SATURDAY Delivery
Next business day. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

HOLD Weekday at FedEx Location
Hold at FedEx location. * Saturday Delivery NOT available.

HOLD Saturday at FedEx Location
Hold at FedEx location. * Saturday Delivery NOT available.

Does this shipment contain dangerous goods?
 No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required.

Dry Ice
Dry Ice, 8 UN 1845. * To exact locations.

Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment **Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender **Recipient** **Third Party** **Credit Card** **Cash/Check**

1 will be billed.

FedEx Acct. No. **145406741** Exp. Date _____

Total Packages	Total Weight	Total Declared Value*
1	110	\$ 00

* Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery.

519



Store your addresses at fedex.com
Simplify your shipping. Manage your account. Access all the tools you need.

350

Detailed Results

Notifications

Tracking no.: 868215131958

[E-mail notifications](#)

Select time format:

12H

|

[24H](#)

Delivered



Initiated
Picked up
In transit
Delivered

Delivered

Signed for by:

Signature release on file

Shipment Dates

Ship date [?](#)

Jul 30, 2010

Delivery date [?](#)

Jul 31, 2010 9:25 AM

Destination

SCHAUMBURG, IL

[Proof of Delivery](#) [?](#)

Shipment Facts

[Help](#)

Service type

Priority Envelope

Weight

0.5 lbs/.2 kg

351

DaVita.

July 23, 2010

DaVita Crystal Springs Dialysis
Sandy Hall, Facility Administrator
4900 South IL Rte 31
Crystal Lake, IL 60102

Dear Ms Hall:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

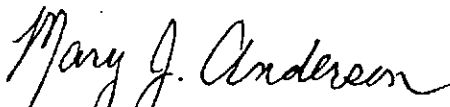
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

352

edk US Airbill
Express

FedEx Tracking Number 8682 1513 2016

Form ID No. 0215

From *Please print and press hard*
Date 7/30/10 Sender's FedEx Account Number 2961-2564-4

Sender's Name _____ Phone (815) 284-0595

Company DAVITA #2099

Address 1131 N GALENA AVE

Dept./Floor/Suite/Room

City DIXON State IL ZIP 61021-1015

Your Internal Billing Reference _____

To Recipient's Name SenDy Hall, PA Phone ()

Company Davita Crystal Springs

Recipient's Address 4900 South IL Route 31

Address _____

City Crystal Lake State IL ZIP 60102

0390489874

4a Express Package Service
 FedEx Priority Overnight
 FedEx Standard Overnight
 FedEx First Overnight
 FedEx 2Day
 FedEx Express Saver

4b Express Freight Service
 FedEx 1Day Freight*
 FedEx 2Day Freight
 FedEx 3Day Freight

5 Packaging
 FedEx Envelope*
 FedEx Pak*
 FedEx Box
 FedEx Tube
 Other Tube

6 Special Handling
 SATURDAY Delivery
 HOLD Weekday at FedEx Location
 HOLD Saturday at FedEx Location
 No
 Yes
 Dry Ice
 Cargo Aircraft Only

7 Payment Bill to: _____
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

FedEx Acct. No. 145466741 Exp. Date _____
Total Packages 1 Total Weight 11lb Total Declared Value* \$ 00

8 Residential Delivery Signature Options
 No Signature Required
 Direct Signature
 Indirect Signature

519

Find drop-off locations at fedex.com
Simplify your shipping. Manage your account. Access all the tools you need.

353

Enter tracking number

Track

Detailed Results

Notifications

Tracking no.: 868215132016

[E-mail notifications](#)

Select time format:

12H

|

24H

Delivered



Initiated
Picked up
In transit
Delivered

Delivered

Signed for by:

R.HILL

Shipment Dates

Ship date ⓘ

Jul 30, 2010

Delivery date ⓘ

Jul 31, 2010 9:49 AM

Destination

CARY, IL

[Signature Proof of Delivery](#) ⓘ

Shipment Facts

[Help](#)

Service type

Priority Envelope

Weight

0.5 lbs/.2 kg

Delivered to

Receptionist/Front Desk

Status

Shipment Travel History

[Help](#)

Select time zone:

Local Scan Time ▾

354

DaVita.

July 23, 2010

Fresenius Medical Center
Lori Wright
One Westbrook Corporate Center
Tower 1, Suite 1000
Westchester, IL 60154

Dear Ms Wright:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary Anderson
Group Director
DaVita Inc.

355

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:

FMC
 Lori Wright
 One Westbrook Corp Ctr
 Tower 1, Suite 1000
 Westchester, IL 60154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *7/29/10*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

7010 0290 0003 5608 3105

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7010 0290 0003 5608 3105

U.S. Postal Service TM

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WESTCHESTER IL 60154

Postage	\$ 0.44	0421 03 Postmark Here
Certified Fee	\$2.90	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	07/23/2010

Sent To *FMC - Lori Wright*
 Street, Apt. No. or PO Box No. *One Westbrook Corp Ctr. Tower 1, Suite 1000*
 City, State, ZIP+4 *Westchester, IL 60154*

PS Form 3800, August 2005

See Reverse for Instructions

356

DaVita.

July 23, 2010

Fresenius Medical Center-Elgin
580 Tollgate Rd
Elgin, IL 60123

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

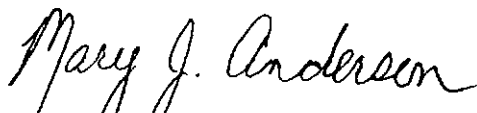
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

357

DaVita.

July 23, 2010

Fresenius Medical Center-Palatine
691 E Dundee Rd
Palatine, IL 60074

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

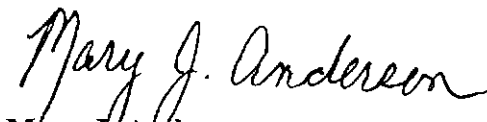
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

358

DaVita.

July 30, 2010

Fresenius Medical Center West Batavia
1-295 W. Fabyan Parkway
West Batavia, IL 60510

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

359

MUR42

ed **US Airbill**
Express

FedEx Tracking Number **8682 1513 1947**

Form ID No. **0215**

Origin **7/30/10** Sender's FedEx Account Number **2961-2564-4**

Sender's name **Phone (815) 284-0595**

Company **DAVITA #2099**

Address **1131 N GALENA AVE**

City **DIXON** State **IL** ZIP **61021-1015**

Our Internal Billing Reference **NATIONAL**

Recipient's name **Lori Knight** Phone ()

Company **Preserius Medical Center**

Recipient's address **One Westbrook Corporate Center Over/Suite 1000**

City **Westchester** State **IL** ZIP **60154**

0390489874

4a Express Package Service Packages up to 150 lbs.

FedEx Priority Overnight Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight Next business afternoon. * Saturday Delivery NOT available.

FedEx First Overnight Earliest next business morning delivery to select locations. * Saturday Delivery NOT available.

FedEx 2Day Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver Third business day. * Saturday Delivery NOT available.

* To most locations.

4b Express Freight Service Packages over 150 lbs.

FedEx 1Day Freight* Next business day. ** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Freight Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight Third business day. ** Saturday Delivery NOT available.

* Call for Confirmation. ** To most locations.

5 Packaging

FedEx Envelope*

FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.

FedEx Box

FedEx Tube

Other

* Declared value limit \$500.

6 Special Handling

SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

HOLD Weekday at FedEx Location NOT available for FedEx First Overnight.

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One maximum this shipment.

No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required. Dry Ice Dry Ice, & UN 1845 Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed. **Recipient** **Third Party** **Credit Card** **Cash/Check**

FedEx Acct. No. **145466741** Exp. Date

Total Packages **1** Total Weight **1.00** Total Declared Value* **\$.00**

*Our liability is limited to \$500 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or indirect.

No Signature Required Packages may be left without obtaining a signature for delivery.

Direct Signature Someone at recipient's address may sign for delivery.

Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery.

519

Rev Date 10/06/Part #15279-01/94-2006 FedEx-PRINTED IN U.S.A.-SRF

Schedule a pickup at fedex.com
Simplify your shipping. Manage your account. Access all the tools you need.

360

Enter tracking number [Track](#)

Detailed Results

Notifications
Tracking no.: 868215131947

[E-mail notifications](#)
Select time format:
[12H](#)
|
[24H](#)

Delivered



Initiated
Picked up
In transit
Delivered

Delivered

Signed for by:

A.ORIHUELA

Shipment Dates

Ship date ⓘ

Jul 30, 2010

Delivery date ⓘ

Aug 2, 2010 9:32 AM

Destination

[Signature Proof of Delivery](#) ⓘ

Shipment Facts

Help

Service type
Priority Envelope

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DaVita.

July 23, 2010

Barrington Creek Dialysis
28314 W Northwest Hwy
Lake Barrington, IL 60010

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 14-station dialysis facility located at 934 N. Center Street in Elgin, Illinois (60120.) The facility was formerly known as "Sherman Hospital Dialysis Center." In conjunction with the facility's discontinuation we propose relocating the facility as close as possible to the current location. We are reviewing the suitability of a site that is within only a few blocks from our current facility.

The project does not involve a change in the number of stations.

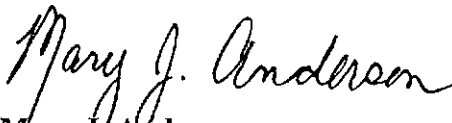
The estimated date for the discontinuation and relocation is no later than June 30, 2012.

Over the last two years the facility has served (55 – 65) chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak, who can be reached at 773/279-0458.

Sincerely,



Mary J. Anderson
Group Director
DaVita Inc.

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fed Express US Airbill

FedEx Tracking Number 8682 1513 2050

Form ID No. 0215

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Company: Davita Heartland Regional Office

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FedEx First Overnight Earliest next business morning delivery to select locations. * Saturday Delivery NOT available.
FedEx 2Day Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
FedEx Express Saver Third business day. * Saturday Delivery NOT available.
* To meet locations.

4b Express Freight Service Packages over 150 lbs.
FedEx 1Day Freight* Next business day. ** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
FedEx 2Day Freight Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
FedEx 3Day Freight Third business day. ** Saturday Delivery NOT available.
* Call for Confirmation. ** To meet locations.

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1 110 \$.00

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APPENDIX 3

Documentation

Physician Credentials & Licenses

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Ravi K. Damaraju

1328 W. Barry Ave.
Aparment # 2
Chicago, IL 60617

Home: (773) 832-4118
Work: (312) 896-7000, pg. 1162
E-mail: rdamaraju@hotmail.com

Objective:

To obtain a full-time position as a Nephrologist

Current position:

1999-2001 University of Illinois at Chicago Second year fellow in Nephrology
Performed rotations at University of Illinois at Chicago Hospital, West Side
Veterans Administration, and Cook County Hospital

Education:

1995-1998 University of Illinois at Chicago Residency in Internal Medicine
1991-1995 University of Illinois at Chicago College of Medicine
1987-1991 University of Illinois at Urbana-Champaign College of Liberal Arts and
Sciences, Bachelor of Science in Biology

Accreditation:

1988 Diploma in Internal Medicine, ABIM
1988 Illinois permanent medical license

Research and Work Experience:

10/96-
07/00 University of Illinois at Chicago
Damaraju R, Espiritu O, Noboa O, Bernardo A, Artida J.
Gαα and Na⁺/HCO₃⁻ Cotransporter (NBC1) interaction mediates PTH inhibition of
NBC1 in human proximal tubule cells
Presented poster at the American Society of Nephrology 2000 meeting
Article to be submitted for publication

09/88-
07/89 Locum Tenens
Worked as an Internist for various practices in Illinois and Wisconsin

05/92-
08/93 University of Illinois at Chicago College of Medicine
Research Assistant, Department of Neurosurgery
Study of neuropsychiatric sequelae of cerebral aneurysm neurosurgery
Poster presentation given at the annual meeting in 1993
Designed protocols for follow-up of epilepsy and aneurysm patients

05/89-
07/89 Superior Ambulance Company (Evanston, IL)
Emergency Medical Technician serving the Chicagoland area

Awards and Honors:

1991 Cum Laude Graduate, UIUC
1988 Society of Distinguished Collegians
1988 The LeaderShape Institute Scholarship

Extracurricular Activities:

1992-1993 Treasurer, American Medical Association, UIC Chapter
Student Representative, Chicago Medical Society, UIC Chapter
1992-1993 Volunteer, Illinois Cooperation for AIDS-Related Education
1991-1992 Volunteer, Service Group for Disabled Children Boy Scout Troop
1990-1991 Governor, Illinois-Eastern Iowa, Collegiate Kiwanis International
1988-1988 Volunteer Emergency Medical Technician, and Emergency Medical Services


State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO. **036.096969** EXPIRES **07/31/2011**

**LICENSED
PHYSICIAN AND SURGEON**

**RAVI K DAMARAJU MD
NORTHWEST KIDNEY CONSULTANTS SC
1710 N. RANDALL ROAD STE 330
ELGIN, IL 60123**

 *Dean Martinez* DEAN MARTINEZ SECRETARY *Daniel E. Bluthardt* DANIEL E. BLUTHARDT DIRECTOR

The official status of this license can be verified at www.idfpr.com **3404436**


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State of Illinois


LICENSE NO. **036.096969** EXPIRES **07/31/2011**

**LICENSED
PHYSICIAN AND SURGEON**

RAVI K DAMARAJU MD

 *Dean Martinez* DEAN MARTINEZ SECRETARY *Daniel E. Bluthardt* DANIEL E. BLUTHARDT DIRECTOR

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DAMARAJU, RAVI KISHORE MD
296 W SPRING STREET
SOUTH ELGIN, IL 60177-0000-000



Parted

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD5794258	06-30-2010	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-21-2007
DAMARAJU, RAVI KISHORE MD 296 W SPRING STREET SOUTH ELGIN, IL 60177-0000		


CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD5794258	06-30-2010	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-21-2007
DAMARAJU, RAVI KISHORE MD 296 W SPRING STREET SOUTH ELGIN, IL 60177-0000		



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im DEA-223 (v

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AMERICAN BOARD OF INTERNAL MEDICINE

INCORPORATED 1936

ATTESTS THAT

Ravi Kishore Bamaraju

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY
CERTIFIED FOR THE PERIOD 2001 THROUGH 2011
AS A DIPLOMATE IN
NEPHROLOGY



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Ravi Kishore Damaraju (ABMSUID - 596730)

Viewed:6/23/2009 1:10:29 PM CST

DOB: 05/05/1970

Status: Alive

Certification

American Board of Internal Medicine

Internal Medicine - General

Status: Not Certified

Expired Time-Limited

Initial Certification

08/26/1998 - 12/31/2008

Nephrology - Subspecialty

Status: Certified

Active Time-Limited

Initial Certification

11/07/2001 - 12/31/2011

Education

1995 MD (Doctor of Medicine)

Location

Private

West Dundee, IL 60118-9020 (United States)



Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

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APPENDIX 4

DaVita Inc.

LIST OF FACILITIES

JANUARY 2010

DaVita Inc.
List of Facilities in USA
January 2010

Facility Name	Street	City	State	Zip Code	Medicare Certification	Medicaid Primary
Fayette Dialysis	2400 TEMPLE AVE N	FAYETTE	AL	35895-1180	01-2548	150079117
Birmingham Central Dialysis	1728 RICHARD ARRINGTON JR BLVD S	BIRMINGHAM	AL	35233-2108	01-2548	150105130
Bessemer Dialysis	901 W LAKE MALL	BESSEMER	AL	35201	01-2553	152673804
Sylacauga Dialysis	331 JAMES PAYTON BLVD	SYLACAUGA	AL	36160	01-2548	181994074
Attmore Dialysis Center	807 E CRAIG ST	ATTMORE	AL	36602-3017	01-2600	179074073
Enley Dialysis	2630 AVENUE E	ENLEY	AL	35218-2183	01-2535	116488461
Birmingham North Dialysis	1817 32ND AVE N	BIRMINGHAM	AL	35207-3333	01-2548	150033602
Boatz Dialysis	2337 1ST ST NE	CENTER POINT	AL	35857-5627	01-2504	151803600
Center Point Dialysis	2701 7TH AVE S	BIRMINGHAM	AL	35233-3105	01-2005	179075620
Birmingham Home Training Dialysis	422 E DR HICKS BLVD	FLORENCE	AL	36630-5763	01-2529	145732420
Flomont Dialysis	1840 DARBY DR	FLORENCE	AL	36630-2823	01-2029	150033614
Reverence Dialysis	218 GRACELAND DR	DOthan	AL	35961-7940	01-2632	125866378
Muscle Shoals Dialysis	712 STATE ST	MUSCLE SHOALS	AL	35665-7346	01-2506	121500501
Dothan Dialysis	3847 GULF SHORES PKWY	GULF SHORES	AL	36542-7737	01-2631	111446
Gulf Shores Dialysis Center	776 BATTLE ST E	TALLADEGA	AL	36180-2583	01-2622	102673
Tallapoosa Dialysis	27890 N MAIN ST	DAPHNE	AL	36526-7080	01-2627	107341
Home Dialysis Outcomes of Baldwin County PD	2940 PEPPERELL PKWY	OPELIKA	AL	36501-4540	01-2628	198286338
Opelika Dialysis Center	1450 ROSS CLARK CIR	OPELIKA	AL	36501-4765	01-2628	100307025
Wetumpka Kidney Center	511 S CEDAR AVE	WETUMPKA	AL	36093-2235	01-2543	141752674
Demopolis Dialysis	408 S 1ST ST	GAZDEN	AL	36001-6358	01-2501	121900444
Gooden Dialysis	1001 FOREST AVE	MONTGOMERY	AL	36106-1181	01-2505	176044619
PO-Montgomery	515 HOSPITAL DR	WETUMPKA	AL	36056-6524	01-2563	106374489
PDI-Emore County	150 W PEACHTREE AVE	FOLEY	AL	36056-6524	01-2566	172004371
South Baldwin Dialysis Center	1815 GLENWOOD DR	PRATTVILLE	AL	36068-6808	01-2535	190286033
PO-Prattville	15623 ATHENS LIMESTONE DR	ATHENS	AL	36613-2214	01-2617	194272414
Athens Dialysis	1120 S JACKSON HWY	SHEFFIELD	AL	36680-5777	01-2521	189944922
Sheffield Dialysis	14867 HIGHWAY 43	RYEVILLE	AL	36659-2444	01-2602	151182835
Russellville Dialysis	220 S OSBORN AVE	RYEVILLE	AL	36659-2444	01-2509	151182835
Cuba Dialysis	214 HOSPITAL AVE	QUAZAR	AL	36768-2038	01-2544	1013060747
Ozark Dialysis	220 15TH STREET	TUSCALOOSA	AL	36401	01-2592	100388071
Tuscaloosa University Dialysis	805 OLD MILL ST	TUSCALOOSA	AL	36401-7132	01-2645	183217095
Tuscaloosa Dialysis	2401 HOSPITAL DR	MORTHPORT	AL	35476-3362	01-2570	139812568
Northport Dialysis	1105 E PARK DR	BIRMINGHAM	AL	35205-4740	01-2508	198073800
Birmingham East Dialysis	1105 E RAINBOW DR	RAINBOW CITY	AL	36066-5811	01-2542	101306071
Rainbow City Dialysis	8950 WINTON BLOUNT BLVD	MONTGOMERY	AL	36117-3518	01-2627	183218359
PO-East Montgomery	1800 OPELKA RD	PHENIX CITY	AL	36867-3640	01-2503	100087044
Phenix City Dialysis Center	544 US HIGHWAY 43	ETNAW	AL	35462-4017	01-2554	138112143
Greene County Dialysis	4505 E MOSS BLVD	NORTH LITTLE ROCK	AR	72716-2802	04-2568	168425134
North Little Rock Dialysis Center	483 T P WHITE DR	JACKSONVILLE	AR	72078-3287	04-2563	187213134
Jacksonville Central Dialysis Center	509 E MILLSAP RD	FAYETTEVILLE	AR	72703-4862	04-2538	188261134
Fayetteville Dialysis	708 QUANDT AV	SPRINGDALE	AR	72784-5300	04-2568	188262134
Springdale Dialysis	500 S MOUNT OLIVE ST	SILVAM SPRINGS	AR	72181-3802	04-2549	188262134
Sioux Springs Dialysis	1104 SE 30TH ST	BENTONVILLE	AR	72712-4820	04-2540	188262134
Bentonville Dialysis	1501 N WASHINGTON ST	FORREST CITY	AR	72335-2152	04-2586	188262134
Forrest City Dialysis	1200 CRESTWOOD CIRCLE	MENA	AR	71653-9818	04-2582	167885134
Mena Dialysis Center	5800 W 10TH ST	LITTLE ROCK	AR	72204-1780	04-2671	150329734
Central Little Rock Dialysis	PO BOX 217	KAYENTA	AZ	86033-0217	03-2558	147895
Kayenta Dialysis	3704 W 15TH	PHOENIX	AZ	85044-1542	03-2611	361281
Phoenix Dialysis Center	337 E CORONADO RD	SCOTTSDALE	AZ	85258-5134	03-2525	062819
Desert Mountain Dialysis Center	1220 E MOUNTAIN VIEW RD	CHINLE	AZ	85503-0819	03-2518	472821
Chino Valley Dialysis	US HWY 181	SCOTTSDALE	AZ	85251-6418	03-2504	090757
Phoenix Dialysis Center	7321 E OSBORN DR	TEMPE	AZ	85284-3488	03-2585	361368
Camelback Dialysis Center	2149 E WARNER RD	CHANDLER	AZ	85226-4825	03-2604	344499
Tempe Dialysis Center	2625 N 51ST AVE	NEHA	AZ	85209-3317	03-2619	1285915934
Arrowhead Lakes Dialysis Center	8222 E BASELINE RD	GILBERT	AZ	85234-2953	03-2605	361394
Mountain Vista Dialysis Center of Arizona	8410 W THOMAS RD	PHOENIX	AZ	85037-3356	03-2612	361325
Sierra Dialysis Center	0610 N 43RD AVE	GLENDALE	AZ	85302-3680	03-2630	481452
Brookwood Dialysis Center	1251 W TARGET RANGE RD	GLENDALE	AZ	85302-2417	03-2543	130047
Nogales Dialysis	3040 E BASELINE RD	PHOENIX	AZ	85042-8928	03-2625	425441
Raven Dialysis Center	960 W LONGHORN RD	PAYSON	AZ	85541-4280	03-2615	398857
Rim Country Dialysis	PO BOX 3630	SELLS	AZ	86034-3000	03-2513	109827
Sells Dialysis	14674 W MOUNTAIN VIEW BLVD	SURPRISE	AZ	85374-0708	03-2593	367604
Grand Home Dialysis	8573 E PRINCIPAL DR	SCOTTSDALE	AZ	85266-1803	03-2505	959182
Desert Ridge Dialysis	1134 E UNIVERSITY DR	MSA	AZ	85003-0048	03-2624	410131
Central Mesa Dialysis Center	1401 N 24TH ST	PHOENIX	AZ	85008-4036	03-2553	181876
Phoenix Dialysis Center	2945 W INA RD	TUCSON	AZ	85741-2398	03-2618	344496
Northwest Tucson Dialysis	1397 W CAMINO DEL SOL	SUN CITY WEST	AZ	85375-4425	03-2621	361807
Westbrook Dialysis	2601 W GOWAN RD	TUCSON	AZ	85718-2117	03-2627	449507
Tucson Central Dialysis	7179 E 31ST PLACE	YUMA	AZ	85365-6362	03-2556	187895
Tucson Dialysis	629 N HIGHWAY 80	TUBA CITY	AZ	89045-2005	03-2505	472963
Sierra Vista Dialysis	PO BOX 964	SILVER CITY	AZ	86366-7227	03-2520	105535
Hoya Dialysis Center	14994 N DE LA VERA BLVD	POLARCA	AZ	86361-2137	03-2601	641315
Palm Brook Dialysis Center	4725 N SCOTTSDALE RD	PHOENIX	AZ	85251-7621	03-2600	818487
Scottsdale Dialysis Center	3922 S 10TH AVE	TUCSON	AZ	85713-0001	03-2557	359780
Tucson South Dialysis	7490 S GANNON DE DESTE	TUCSON	AZ	05748-9008	03-2573	395908
Pasqua Yarns Tribe Dialysis	1780 W ANKRAM RD	TUCSON	AZ	85714-2825	03-2543	1065118
Pasqua Valley Tribe Dialysis	2624 E BRINGTON RD	TUCSON	AZ	85714-1825	03-2546	633546
Tucson West Dialysis	2130 W 24TH ST	YUMA	AZ	85364-8172	03-2502	061218
Yuma Dialysis	6420 E BROADWAY BLVD	TUCSON	AZ	85710-2612	03-2501	106543
Tucson East Dialysis	253 MARCH ST	SANTA PAULA	CA	93060-2511	05-2621	CDC076211
ACO-2533-CA	2950 BYCAMORE DR STE 100	SUNNYVALE	CA	95085-1217	05-2521	188388001
ACO-2533-CA	2434 N POINTE ROSA DR STE C101	CAMARILLO	CA	13010-2405	05-2705	CDC027850
ACO-2533-CA	375 ROLLING OAKS DR STE 100	THOUSAND OAKS	CA	91361-1024	05-2744	CDC02744G
Brea Dialysis Center	505 TAMARACK AVE	BREA	CA	92821-3125	05-2621	CDC076211
Antelope Valley Dialysis	1759 W AVENUE J	LANCASTER	CA	93534-2703	05-2521	188388001
Doctors Dialysis Center of Montebello	1721 W WHITE HIER BLVD	MONTBELLO	CA	95640-4234	05-2705	CDC027850
Beverly Hills Dialysis Center	50 N LA CHERGA BLVD	BEVERLY HILLS	CA	90211-2205	05-2599	CDC02699G
South Valley Dialysis	17815 VENTURA BLVD	ENCINO	CA	91616-3000	05-2744	CDC02744G
Mission Viejo Dialysis	77640 MARGUERITE PKWY	MISSION VIEJO	CA	92680-3604	05-2567	CDC027597
United Dialysis Center	3111 LONG BEACH BLVD	LONG BEACH	CA	90807-5015	05-2671	CDC72053H
Palm Springs Dialysis	1001 N INDIAN CANYON DR	HALM SPRINGS	CA	92282-4854	05-2541	22711802J
Huntington Beach Dialysis	10882 BOLSA CHICA ST	HUNTINGTON BEACH	CA	92748-3671	05-2641	CDC02841I
Easton Canyon Dialysis	2551 E WASHINGTON BLVD	PASADENA	CA	91107-1440	05-2613	CDC02813G
Martinez Dialysis	25100 HANCOCK AVE	MURRIETA	CA	92562-5973	05-2730	CDC02730G
Alhambra Dialysis	1107 W LA PALMA AVE	ANAHIM	CA	92601-2804	05-2734	CDC02734H
Imperial Care Dialysis Center	4345 E IMPERIAL HWY	LINDSEY	CA	92028-2318	05-2644	CDC02844G
Moonway Park Dialysis Center	2508 CORPORATE PL	MONTREY PARK	CA	91754-7612	05-2700	CDC02700G
Palmdale Regional	1643 E PALMDALE BLVD	PALMDALE	CA	93350-4847	05-2589	152842542
Valley View Dialysis Center	28900 CACTUS AVE	MORENO VALLEY	CA	92555-3912	05-2607	CDC02807G
North Glendale Dialysis	1505 WILSON TER STE 180	GLENDALE	CA	91208-4015	05-2588	172025939
Perrimont Dialysis Center	8219 ALONDRA BLVD	PERRIMONT	CA	90712-4463	05-2652	CDC02852G
Demont Valley Dialysis	1030 E FLORIDA AVE	HEWET	CA	92543-4511	05-2788	CDC02788F
Valley Dialysis	18149 HART ST	VAN HUYTS	CA	91746-3909	05-2564	22702564H
Highwood Dialysis Center	5106 W SUNSET BLVD	LOS ANGELES	CA	90027-5708	05-2601	CDC02801G
Long Beach Harbor Dialysis	1075 E PACIFIC COAST HWY	LONG BEACH	CA	90808-5089	05-2579	CDC02579F
TRACISSE Kidney Center	2216 CAZATI ST	LOS ANGELES	CA	90033-5327	05-2784	CDC02784G
UCLA Dialysis Center	200 UCLA MEDICAL PLZ	LOS ANGELES	CA	90095-8344	05-2605	CDC02865F
Horco Dialysis	1901 TOWN AND COUNTRY DR	NORCO	CA	92860-3611	05-2671	CDC02671F
Hemal Dialysis Center	1330 S STATE ST	SAN JACINTO	CA	92583-4918	05-2630	117491843
Doctors Dialysis of East Los Angeles	950 S EASTERN AVE	LOS ANGELES	CA	90002-1001	05-2728	CDC02728G
Princeton Dialysis	2475 N GAREY AVE	PODMONA	CA	91767-2139	05-2591	CDC72039G
Santa In Springs Dialysis	11147 WASHINGTON BLVD	WHITTIER	CA	90606-3007	05-2597	161818418
Carson Springs Dialysis	22545 ALESSANDRO BLVD	MORENO VALLEY	CA	92553-6633	05-2622	172025939
Bellflower Dialysis Center	15736 WOODLUFF AVE	BELLFLOWER	CA	90706-4018	05-2588	CDC02588F
Mar Vista Dialysis Center	2623 SANTA MONICA BLVD	SANTA MONICA	CA	90404-2139	05-2680	CDC03580F
Downey Landis Dialysis Center	11511 BELLFLOWER BLVD	DOWNEY	CA	90241-5409	05-2624	CDC02773F
Westminster South Dialysis	14280 BEACH BLVD	WESTMINSTER	CA	92683-4592	05-2773	CDC02773F
Crescent Heights Dialysis Center	8151 BEVERLY BLVD	LOS ANGELES	CA	90048-4514	05-2652	CDC02652F
Bioly Kidney Dialysis	3744 LONG BEACH BLVD	LONG BEACH	CA	90807-5310	05-2514	100322467
Magnolia West Dialysis	11181 MARGOLIA AVE	RIVERSIDE	CA	92505-3605	05-2523	CDC02523G
University Park Dialysis Center	3085 S FIGUEROA ST	LOS ANGELES	CA	90037-1222	05-2713	CDC02713G
San Marcos Dialysis Center	2135 MONTIE RD	SAN MARCOS	CA	92066-3611	05-2618	192260626

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Riverside PD Central	3690 PARK SIERRA DR	RIVERSIDE	CA	92505-3011	55-2897	
Magnolia West At Home	11181 MAGNOLIA AVE	RIVERSIDE	CA	92505-3655	55-2617	
Connersdale Dialysis	3214 YORBA LINDA BLVD	FULLERTON	CA	92831-1707	55-2544	CDC02544F
Fullerton Dialysis	230 ORANGE FAIR MALL	FULLERTON	CA	92832-3037	55-2505	CDC02565G
Los Angeles Downtown Dialysis	2821 S FLOWER ST	LOS ANGELES	CA	90007-1942	55-2628	CDC02628G
Corona Dialysis Center	1630 FULLERTON AVE	CORONA	CA	92681-3147	55-2961	CDC02681F
Surveys Dialysis Center	13038 HAYTOWN BLVD	HAYTOWN	CA	92250-4411	55-2746	CDC02746F
Imperial Dialysis	2738 W IMPERIAL HWY	INGLEWOOD	CA	90303-3111	55-2670	CDC02670G
Norwalk Dialysis Center	12375 E IMPERIAL HWY	NORWALK	CA	90650-3129	55-2718	CDC02718F
Washington Plaza Dialysis Center	518 E WASHINGTON BLVD	LOS ANGELES	CA	90015-3723	55-2898	CDC02898F
Cerritos Dialysis	1000 E PALMER AVE	GLENDALE	CA	91705-3532	55-2532	CDC02532F
Primmia Dialysis Center	7812 ATLANTIC AVE	SUNNYVALE	CA	95086-3253	55-2671	CDC02671G
Tameraside Dialysis Center	40945 COUNTY CENTER DR	TEMECULA	CA	92591-4068	55-2735	CDC02735G
Whittier Dialysis	10055 WHITTIER DR	WHITTIER	CA	90603-2313	55-2506	ZT12010H
Irvingwood Dialysis	125 E ARBOR VITAE ST	INGLEWOOD	CA	90301-3839	55-2538	ZT11806F
Arroyo Dialysis	4832 W CENTURY BLVD	INGLEWOOD	CA	90304-1498	55-2754	CDC02754G
San Diego South Dialysis	665 GATEWAY CENTER WAY	SAN DIEGO	CA	92127-4560	55-2789	CDC02789G
Encinas Dialysis	332 SANTA FE DR	ENCINITAS	CA	92024-8143	55-2756	CDC02756G
College Dialysis	6535 UNIVERSITY AVE	SAN DIEGO	CA	92115-5810	55-2513	CDC02513F
San Diego East Dialysis	292 EUCLID AVE	SAN DIEGO	CA	92114-3629	55-2893	CDC02893F
Carmel Mountain Dialysis	1890 CARMEL MOUNTAIN RD	SAN DIEGO	CA	92129-2892	55-2615	CDC02615F
Kierstead Home Plaza Dialysis Center	11854 S WILMINGTON AVE	LOS ANGELES	CA	90069-3015	55-2658	CDC02658F
Santa Ana Dialysis Center	1830 E DEERE AVE	SANTA ANA	CA	92705-5721	55-2716	CDC02716H
Seckelbach Dialysis	73141 PLAZA PONTE DR	LAGUNA HILLS	CA	92653-1425	55-2608	CDC02608H
Lake Elsinore Dialysis	32201 MISSION TRAIL RD	LAKE ELSINORE	CA	92530-4424	55-2895	CDC02895F
Downey Dialysis Center	8630 FLORENCE AVE	DOWNEY	CA	90240-4017	55-2674	CDC02674F
Granite El Monte Dialysis Center	1838 TYLER AVE	SOUTH EL MONTE	CA	91733-2823	55-2711	CDC02711F
Costa Mesa Dialysis	5525 COSTA MESA	COSTA MESA	CA	92626-1400	55-2518	CDC02518F
San Juan Capistrano South Dialysis	51738 RANCHO VIEJO RD	SAN JUAN CAPISTRANO	CA	92675-2763	55-2648	CDC02648H
Santa Monica Dialysis	1760 15TH ST	SANTA MONICA	CA	90404-1136	55-2695	CDC02318H
Towhee Dialysis	8635 W 3RD ST	LOS ANGELES	CA	90048-6110	55-2543	CDC02543H
Kidney Dialysis Care Unit	3600 E MARTIN LUTHER KING JR BLVD	LYNNWOOD	CA	92522-2607	55-2502	ZT11010H
TRC/Harbo-UCLA MFJ Total Renal Dialysis Center	21802 S VERMONT AVE	TORRANCE	CA	90502-1940	55-2802	CDC02802F
Metalpac Dialysis Center	672 W TOWN AND COUNTRY RD	ORANGE	CA	92668-4714	55-2503	ZT11014H
San Ysidro Dialysis	1445 30TH ST	SAN DIEGO	CA	92154-3485	55-2868	CDC02868F
Banning Dialysis	8030 W RAMSEY ST	SAN DIEGO	CA	92115-4907	55-2530	CDC02530F
Rosemead Springs Dialysis Center	1223 ROSEMEAD BLVD	EL MONTE	CA	91733-2807	55-2511	CDC02511F
Durbank Dialysis	1211 N SAN FERNANDO BLVD	BURBANK	CA	91504-4234	55-2637	CDC02637F
Covina Dialysis Center	1547 W GARVEY AVE N	WEST COVINA	CA	91790-2136	55-2580	CDC02580F
Lakewood Dialysis Center-CA	4845 SILVA ST	LAKEWOOD	CA	90712-2512	55-2539	ZT11005F
Whittier Dialysis Center	1212 WILSHIRE BLVD	LOS ANGELES	CA	90016-1952	55-2651	CDC02651G
Los Angeles West Dialysis Center	2750 S WEFER AVE	LOS ANGELES	CA	90018-1301	55-2695	CDC02695F
Tustin Dialysis	2690 N TUSTIN AVE	SANTA ANA	CA	92705-7669	55-2887	CDC02887F
Escondido Dialysis	203 E 2ND AVE	ESCONDIDO	CA	92025-4212	55-2525	ZT11876H
Riverside Dialysis Center	4261 LATHAM ST	RIVERSIDE	CA	92501-1787	55-2632	ZT11052H
Carlsbad Hemodialysis Center	718 HILLIARD AVE	MONTLEY PARK	CA	92054-1118	55-2544	CDC02544F
North Hollywood Dialysis	1212 VICTORY BLVD	NORTH HOLLYWOOD	CA	91605-3205	55-2781	CDC02781F
East LA Plaza Dialysis	1700 E CESAR E CHAVEZ AVE	LOS ANGELES	CA	90033-7474	55-2822	CD02822G
Picoaville Dialysis Center	3004 MISSOURI FLAT RD	PLACERVILLE	CA	95667-4238	55-2691	CDC02691G
Turlock Dialysis Center	50 W SYRACUSE AVE	TURLOCK	CA	95380-5143	55-2528	19424895Z
Auburn Dialysis	3126 PROFESSIONAL DR	AUBURN	CA	95602-3411	55-2614	CDC02614H
Pleasanton Dialysis Center	5201 KENNERLY MALL RD	PLEASANTON	CA	94566-2892	55-2568	CDC02568H
Ashland Dialysis	590 E BELLEVUE RD	ATWATER	CA	95301-2300	55-2705	CDC02705H
Ash Tree PD	2606 N GROVE INDUSTRIAL DR	FRESNO	CA	93727-1552	55-2787	
Visalia Dialysis	1031 N GEMARRE ST	VISALIA	CA	93291-4117	55-2696	CD02696H
Stockton Kidney Center	1525 E MARCH LN	STOCKTON	CA	95210-5697	55-2542	
Lock Dialysis Center	1810 W KETLEMAN LN	LOCK	CA	95243-4210	55-2753	CDC02753G
Indian Wells Valley Dialysis	212 S RICHMOND RD	RIDGECREST	CA	92656-4434	55-2789	
YU-Desert Dialysis	58457 29 PALMS HWY	YUCAIPA VALLEY	CA	92794-5879	55-2776	CDC02776H
Montclair Dialysis Center	5050 PALM VERDE ST	MONTCLAIR	CA	91763-7329	55-2894	CDC02894G
Chico Dialysis Center	530 CORNARTE RD	CHICO	CA	95926-4929	55-2633	ZT100235G
Orangevale Dialysis Center	6207 GREENBROOK LN	ORANGEVALE	CA	95662-4864	55-2850	CDC02850F
Hayward Dialysis Center	21815 HESPERIAN BLVD	HAYWARD	CA	94541-7028	55-2895	CDC02895H
First Day Peritoneal Dialysis Center	13399 E 14TH ST	SAN LEANDRO	CA	94578-2813	55-2675	CDC02674H
Merced Dialysis	3150 G ST	MERCED	CA	95340-1346	55-2584	CDC02584F
Surprise Community Dialysis Clinic	2951 SUNRISE BLVD	RANCHO CORDOVA	CA	95743-2701	55-2774	CDC02774G
Antelope Dialysis Center	6408 TULLO LN	GIRTRUIS HEIGHTS	CA	95621-1780	55-2683	CDC02683G
Del Norte Dialysis	2620 TELEGRAPH AVE	BERKELEY	CA	94708-2031	55-2587	CDC02587H
Dakota Sierra Dialysis Center	555 W BENJAMIN HOLT DR	STOCKTON	CA	95207-3839	55-2784	CDC02784G
Bakersfield Dialysis Center	5143 OFFICE PARK DR	BAKERSFIELD	CA	93309-0650	55-2673	17202785S
Alhambra Dialysis Center	1315 ALHAMBRA BLVD	SACRAMENTO	CA	95818-4248	55-2707	CDC02707G
Alameda County Dialysis	10700 MACARTHUR BLVD	OAKLAND	CA	94605-6280	55-2787	CDC02787H
Berkeley Dialysis	560 15TH ST	BENICIA	CA	94510-3265	55-2810	CDC02810H
San Jose At Home PD	4400 STEVENS CREEK BLVD	SAN JOSE	CA	95129-1104	55-2502	10838895Z
Everett Dialysis	11118 W VISALIA RD	EXETER	CA	93221-1482	55-2594	12657559F
Carquinez Dialysis	125 CORNARTE PL	VALLEJO	CA	94594-8989	55-2572	CDC02572F
Selma Dialysis	2021 HIGH ST	SELMA	CA	95825-3512	55-2770	CDC02770F
Yosemite Street Dialysis Center	1800 W YOSEMITE AVE	MANTECA	CA	95337-8193	55-2800	107378674
Vacaville Dialysis Center	941 MERCHANT ST	VACAVILLE	CA	94988-6315	55-2709	CDC02709G
Ceres Dialysis Center	1708 MITCHELL RD	CERES	CA	95307-2125	55-2581	CDC02581F
West Sacramento Dialysis Center	2610 INDUSTRIAL BLVD	WEST SACRAMENTO	CA	95691-1925	55-2691	15668894S
Hayward Vista Dialysis Center	4041 NORTH UNIVERSITY PKWY	SAN BERNARDINO	CA	92407-1823	55-2743	CDC02743H
Ash Tree Dialysis	2666 N GROVE INDUSTRIAL DR	FRESNO	CA	93727-1552	55-2563	CDC02563F
Yucaipa Dialysis Center	33487 YUCAIPA BLVD	YUCAIPA	CA	92386-2054	55-2578	133631920Z
Upland Dialysis	600 N 13TH AVE	UPLAND	CA	91786-4867	55-2552	ZT10252G
Presbyterian Dialysis Center	11135 MAIN ST	HEALING WILIA	CA	95246-4243	55-2626	
TRC/Harbo At Home Dialysis PD-CA	602 N DOUTY ST	HANFORD	CA	93230-3918	55-2546	
Cibola Dialysis	14400 OLYMPIC DR	CLEARLAKE	CA	94522-8909	55-2546	CDC02546F
Northvale Dialysis Center	650 LAS GALLINAS AVE	SAN RAFAEL	CA	94903-3620	55-2677	15989923G
Almond Wood Dialysis	501 E ALMOND AVE	WADSWORTH	CA	95637-2661	55-2564	CDC02564F
Victor Valley Dialysis	18049 KAMANA RD	APPLE VALLEY	CA	92307-1331	55-2661	CDC02666G
Westcrest At Home	430 N WGET LN	WALNUT CREEK	CA	94596-2406	55-2611	1801980418
Natomas Dialysis	30 GOLDEN LAND CT	SACRAMENTO	CA	95834-2420	55-2889	CDC02889F
Sunset Dialysis Center	3071 GOLD CANAL DR	RANCHO CORDOVA	CA	95770-6129	55-2612	16699478S
Citrus Valley Dialysis	894 HARDY STREET	SAN BERNARDINO	CA	92486-2054	55-2641	CDC02641F
Antelope Dialysis Center	3100 DELTA FAIR BLVD	ANTIOCH	CA	94503-4001	55-2841	CDC02841F
San Francisco Dialysis	1499 WEBSTER ST	SAN FRANCISCO	CA	94115-3705	55-2719	CDC02719F
San Leandro Dialysis	15555 E 14TH	SAN LEANDRO	CA	94578-1500	55-2633	
Westborough Dialysis Center	825 EL CAMINO REAL	SOUTH SAN FRANCISCO	CA	94080-2203	55-2619	
Head Bluff Dialysis Center	2455 SISTER MARY COLUMBA DR	HEAD BLUFF	CA	94004-354	55-2597	CDC02597F
South Chico Dialysis Center	2345 FOREST AVE	CHICO	CA	95928-7841	55-2530	CDC02530F
Vallejo Dialysis	171 HOSPITAL DR	VALLEJO	CA	94580-2562	55-2567	CDC02567F
Joy of Dixon Dialysis Center	1840 N LINCOLN ST	DIXON	CA	95620-8255	55-2693	17202989S
Foster City Dialysis	1261 E HILLSDALE BLVD	FOSTER CITY	CA	94404-1235	55-2530	13461352G
University Dialysis Center	777 CAMPUS COMMONS RD	SACRAMENTO	CA	95825-6344	55-2549	CDC02549G
Taney Home Dialysis Center PD	777 SHAM LN	LOCK	CA	95243-3993	55-2676	CDC02676F
Fairfield Dialysis Center	4660 CENTRAL WAY	FAIRFIELD	CA	94534-1803	55-2618	CDC02618G
West Elk Grove Dialysis	2206 KAUSEN DR	ELK GROVE	CA	95758-7115	55-2604	142724080
Cornucopia Dialysis Center	2005 NAGLEE AVE	SAN JOSE	CA	95128-4901	55-2686	146784911
Daly City Dialysis	465 MAIN ST	DALY CITY	CA	94015-1729	55-2674	CDC02674F
Walnut Creek Dialysis Center	404 N WGET LN	WALNUT CREEK	CA	94596-2408	55-2689	CDC02689F
Los Banos Dialysis	222 1ST	LOS BANOS	CA	90636-4132	55-2739	CDC02739G
Oakland Dialysis	5354 CLAREMONT AVE	OAKLAND	CA	94615-1035	55-2728	CDC02728F
Taney Dialysis Center	312 S FAIRMONT AVE	LOCK	CA	95243-3945	55-2694	CDC02694F
South Sacramento Dialysis Center	7020 FRANKLIN BLVD	SACRAMENTO	CA	95823-1839	55-2599	CDC02599F
Elk Grove Dialysis	9281 OFFICE PARK CIR	ELK GROVE	CA	95758-8088	55-2529	CDC02529F
Tulare Dialysis	545 E TULARE AVE	TULARE	CA	93274-4220	55-2686	CDC02686H
Poncha Dialysis	16656 FOOTBALL BLVD	FONTANA	CA	92335-8418	55-2682	CDC02682G
White Lane Dialysis	770 WHITE LN	BANERSFIELD	CA	93920-6201	55-2521	CDC02521F
Chico Dialysis	4445 RIVERBIDE DR	CHICO	CA	95710-3261	55-2739	CDC02739G
North Highlands Dialysis Center	4986 WATT AVE	NORTH HIGHLANDS	CA	95820-5182	55-2626	CDC02626F
Tracy Dialysis	425 W BEVERLY HL	TRACY	CA	95375-3086	55-2614	CDC02614F
Ta Counties Home Dialysis	433 S BRIDGE ST	VISALIA	CA	93277-2901	55-2667	CDC02667H
Hanford Dialysis	422 W 8TH ST	HANFORD	CA	93230-4538	55-2628	CDC02628G
Citrus Dialysis	1950 S GROVE AVE	ONTARIO	CA	91781-5953	55-2648	CDC02648G
Francisco Palm Bluffs Dialysis	770 W PINEDALE AVE	FRESNO	CA	93711-5744	55-2605	CDC02605F
Lakeport Dialysis Center	804 11TH ST	LAKEPORT	CA	95453-4102	55-2601	CDC02601G
South Hayward Dialysis	254 JACKSON ST	HAYWARD	CA	94544-1907	55-2645	CDC02645F

North Dialysis Center	7000 STOCKTON BLVD	SACRAMENTO	CA	95825-2312	05-2687	CDC020857
Union City Dialysis Center	32650 ALVARADO HILLS RD	UNION CITY	CA	94587-4101	05-2921	CDG70018
Tulare City Dialysis Center	1525 SULLIVAN ST	YUBA CITY	CA	95991-2971	05-2963	UDC70005H
Fresno Dialysis	1111 E WAHNER AVE	FRESNO	CA	93710-4030	05-2908	CDG021608F
Pepp Tree Dialysis	126 N ORCHARD AVE	UNION	CA	95642-4502	05-2833	CDG020839F
Oakland Peritoneal Dialysis Center	2633 TELEGRAPH AVE	OAKLAND	CA	94612-1744	05-2822	CDG020820G
Saltwater Valley Dialysis Center	395 BLANCO CIR	SALTWATER VALLEY	CA	95671-4452	05-2922	CDG020822G
Schenectady Dialysis Center	1071 LOS COCHES DR	SOLEDAD	CA	95068-2595	05-2882	CDG020867F
Residing Dialysis Center	1876 PARK MARINA DR	REDDING	CA	96001-4913	05-2828	ZR020268G
El Cerrillo Dialysis	10550 SAN PABLO AVE	EL CERRILLO	CA	94530-7620	05-2786	CDG020786F
Baldonoldo Brimhall Dialysis	8501 BRIMHALL RD	BAKERFIELD	CA	93311-2252	05-2836	ZZ020546G
Daly City Dialysis	1488 SOUTHGATE AVE	DAILY CITY	CA	94015-4015	05-2546	CDG020746G
Maize Dialysis Center	3520 BEL AIRE PKY	MAIZE	CA	94528-2823	05-2915	UD020815G
San Pablo Dialysis	14020 SAN PABLO AVE	SAN PABLO	CA	94826-3864	05-2930	CDG020500G
Charleston Dialysis	436 CLAY ST	SAN FRANCISCO	CA	94111-2502	05-2789	CDG020768F
Maricopa Valley Dialysis Center	4005 MARZANITA AVE	CARMICHAEL	CA	95208-1779	05-2904	CDG020945G
Grass Valley Dialysis	778 FREEMAN LN	GRASS VALLEY	CA	95949-4818	05-2835	CDG020824H
Maricopa Dialysis	2155 S MAIN ST	HAYTECA	CA	95337-8255	05-2723	CDG020723G
Northwest Dialysis	2300 STANWELL DR	CONCORD	CA	94620-4941	05-2536	CDG020536F
Glendon Home Training Dialysis	3781 MALL VIEW RD	BAKERSFIELD	CA	93306-3048	05-2836	CDG020836F
Greenacres Dialysis Center	545 E CLEVELAND ST	STOCKTON	CA	95204-8235	05-2823	CDG020823F
Mariposa Dialysis Center	141 PARKER ST	VAGUSTA	CA	95385-3891	05-2510	CDG020824H
Penon Valley Dialysis	1015 8TH ST	MARYSVILLE	CA	95951-4271	05-2533	CDG020533F
Alameda Dialysis	11374 PLEASANT VALLEY RD	PENON VALLEY	CA	95949-6000	05-2500	CDG020800F
Grand Junction Dialysis Center	612 DEL SOL DR	ALAMOSA	CO	81101-8548	05-2550	13862295
Interstate Dialysis Center	710 WELLINGTON AVE	GRAND JUNCTION	CO	81501-8100	05-2533	12004008
Arroyo Dialysis Center	534 S 13TH ST	BURLINGTON	CO	80903-2414	05-2511	8095523
North Metro Dialysis Center	9200 W 80TH AVE	ARVADA	CO	80026-3814	05-2521	45708794
South Denver Dialysis Center	12395 HURON ST	WESTMINSTER	CO	80234-3488	05-2569	0170071
Lowry Dialysis Center	7465 E 1ST AVE	DENVER	CO	80230-4877	05-2929	05263058
Parlow Dialysis Center	10331 S PARK GLENN WAY	PARLOW	CO	80136-3885	05-2822	49176323
Fourteen Dialysis	8070 DOWNEY ST	FOURTEEN	CO	80117-2817	05-2522	00424222
North Colorado Springs Dialysis	6071 E WOODMEN RD	COLORADO SPRINGS	CO	80923-2810	05-2561	11759172
Commerce City Dialysis	6320 HOLLY ST	COMMERCE CITY	CO	80022-3325	05-2533	09701503
Durango Dialysis Center	72 SUTTLE STREET	DURANGO	CO	81303-4926	05-2547	84458869
Driffield Dialysis	4700 E BROMLEY DR	BRITTON	CO	80901-7071	05-2542	11182889
Aurora Dialysis Center	1411 S POKOMAC ST	AURORA	CO	80012-4538	05-2514	05263033
Sioux Falls Dialysis Center	482 S CHAMBERS RD	AURORA	CO	80017-2692	05-2540	42775078
Lincoln Dialysis Center	2880 FOLSOM ST	BOULDER	CO	80304-3769	05-2517	86181598
Pikes Peak Dialysis Center	209 W COUNTY LINE RD	LITTLETON	CO	80129-1901	05-2519	05263066
Belmont Dialysis Center	208 S COLORADO BLVD	COLORADO SPRINGS	CO	80902-2804	05-2527	18898224
Cortez Dialysis Center	185 S MAIN ST	CORTIZ	CO	80738-3325	05-2544	83383170
Thornton Dialysis Center	418 E MAIN ST	CORTIZ	CO	81321-3308	05-2528	46183864
Longmont Dialysis Center	6900 FOX DR	THORNTON	CO	80260-6880	05-2511	12088273
Hinners Pica Dialysis Center	1715 IRON HORSE DR	LONGMONT	CO	80501-4817	05-2534	11485884
Lakewood Crossing Dialysis	2802 INTERNATIONAL CIR	COLORADO SPRINGS	CO	80906-5172	05-2524	05263049
Lakewood Dialysis Center	1157 S WALSWORTH BLVD	LAKWOOD	CO	80202-4361	05-2535	26323398
Englewood Dialysis Center	1790 PIERCE ST	LAKWOOD	CO	80214-1434	05-2502	20732263
Denver Dialysis Center	3247 S LINCOLN ST	ENGLEWOOD	CO	80113-2505	05-2531	27483541
Ute High Home Dialysis PD	2900 DOWNING ST	DENVER	CO	80236-4699	05-2546	63177234
Loveland Dialysis Center	1790 PIERCE ST	LAKWOOD	CO	80214-1434	05-2541	38233265
Westminster Dialysis Center	9177 MOUNT PLEASANT CT	LAKWOOD	CO	80112-8817	05-2543	07607745
PO:Rocky Hill	1853 HARLAN ST	WESTMINSTER	CO	80031-2908	05-2516	84667553
Hanford Dialysis	30 WATERCHASE DR	ROCKY HILL	CT	06067-2110	07-2518	004219178
Windham Dialysis Center	675 TOWER AVE	HARTFORD	CT	06112	07-2515	004203848
Vernon Dialysis Center	375 TUCKER RD	NORTH WINDHAM	CT	06258-1345	07-2536	004221013
PO:Middleton Dialysis Center	450 HARTFORD TPKE	VERNON	CT	06086	07-2529	004270302
Norwich Dialysis	100 RIVERVIEW CENTER	MIDDLETOWN	CT	06457-3402	07-2624	004202630
Black Rock Dialysis	113 SALEM TPKE	NORWICH	CT	06360-6454	07-2620	004206620
Waterbury Dialysis Center	427 STILLSON RD	PARTHLET	CT	06824-3153	07-2525	195356112
Branford Dialysis	150 MATTAPOCK HEIGHTS RD	WATERBURY	CT	06206-3983	07-2533	000001058
South Norwalk Dialysis	268 W MAIN ST	BRAUNSDOWN	CT	06462-4048	07-2517	004203333
Stamford Dialysis	31 STEVENS ST	NORWALK	CT	06860-3805	07-2521	004203187
Torrington Dialysis	50 COMMERCE RD	STAMFORD	CT	06902-4550	07-2504	004190881
Bridgeport Dialysis	780 LITCHFIELD ST	TORRINGTON	CT	06700-6268	07-2523	138681271
Albany Dialysis	900 MADISON AVE	BRIDGEPORT	CT	06628-5534	07-2521	004110336
Shelton Dialysis	25 ST PIERRE RD S	ALBANY	CT	06022-1351	07-2528	004239467
New Haven Dialysis	1750 BRIDGEPORT AVE	SHELTON	CT	06484-4734	07-2510	004142650
Malford Dialysis	100 CHURCH ST S	NEW HAVEN	CT	06519-1763	07-2507	004180619
New London Dialysis	470 BRIDGEPORT AVE	MILFORD	CT	06460-4187	07-2514	004187622
Greater Waterbury Dialysis	200 HIGHLAND AVE	WATERBURY	CT	06204-4914	07-2515	004227780
Georgetown on the Potomac Dialysis Center	5 SHAW'S COVE	WATERBURY	CT	06708-3029	07-2511	004181303
Washington Nursing Facility	3223 K ST NW	WASHINGTON	DC	20007-4412	05-2516	033631810
	2425 25TH ST SE	WASHINGTON	DC	20020-3408		
Grant Park Dialysis	5000 NANNIE HELEN BURROUGHS AVE NE	WASHINGTON	DC	20018-6506	05-2522	034379110
Union Plaza Dialysis Center	818 1ST BYE NE	WASHINGTON	DC	20002-4227	05-2500	033626990
K Street Dialysis	2131 K ST NW	WASHINGTON	DC	20037-1898	06-2518	033133500
Children's National Medical Center	1111 MICHIGAN AVE NW	WASHINGTON	DC	20010-2916	09-3300	028112909
Lee Street Dialysis	5155 LEE ST NE	WASHINGTON	DC	20019-4621	09-2510	016087180
GWU Southeast Dialysis	3857A PENNSYLVANIA AVE SE	WASHINGTON	DC	20009-4561	09-2517	028562200
Lynch Street Dialysis	303 8TH ST NE	WASHINGTON	DC	20002-8108	09-2513	033663800
Washington Dialysis Center	1231 BRENTWOOD RD NE	WASHINGTON	DC	20018-1019	09-2510	033669630
Newport Dialysis	700 W LEA BLVD	WALMINGTON	DE	19802-2541	06-2505	000489634
Apoclia Dialysis	605 W NEWPORT PIKE	NEWPORT	DE	19844	06-2513	125339738
Pennacook Dialysis of Boca Raton	640 EXECUTIVE PARK CT	ROCKFORD	FL	32703-4825	10-2929	001522100
Winter Park Home PD Dialysis	2500 N WILDFIRE TRL	BOCA RATON	FL	33431-6308	10-2958	001532900
Cassberry Dialysis	4100 METRIC DR	WINTER PARK	FL	32792-8832	10-2823	001407800
Verical Dialysis Center	4970 S US HWY 1792	CASSELBERRY	FL	32707-3888	10-2867	001544000
South Broward Artificial Kidney Center	618 PINEBROOK RD	VENICE	FL	34795-7103	10-2876	212001101
Hialeah Kidney Center	4401 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021-0659	10-2504	212294703
Lehigh Acres Dialysis	1401 E 4TH AVE	HIALEAH	FL	33070-3504	10-2852	862872710
North Okaloosa Dialysis	2719 4TH ST W	LEHIGH ACRES	FL	32671-1942	10-2618	200518208
Weeks Dialysis Center	320 REDSTONE AVE W	CRESTVIEW	FL	32536-6430	10-2759	891199100
USF Dialysis	2750 W 89TH ST	WESTON	FL	33331-3651	10-2807	891344700
Hialeah Artificial Kidney Center	2685 EXECUTIVE PARK DR	WESTON	FL	33016-5450	10-2834	000100000
Sanford Dialysis	10770 NORTH ST STE A100	WALTON	FL	32617-3465	10-2636	001529100
Chipley Dialysis	1701 W 1ST ST	SANFORD	FL	32771-1806	10-2827	001532700
Amelia Island Dialysis	877 3RD ST	CHIPLEY	FL	32426-1835	10-2711	891363100
Bay Breeze Dialysis	11465 LUBERTON RD	BEAUFORT	FL	32173-1602	10-2743	892057400
Leesburg Dialysis Center	801 E DIXIE AVE	LEESBURG	FL	34748-7699	10-2742	850020800
Lake Griffin Eml Dialysis	401 E NORTH BLVD	LEESBURG	FL	34748-6266	10-2822	000102900
St Cloud Dialysis	4750 OLD CANOE CREEK RD	SAINT CLOUD	FL	34786-1430	10-2832	892801100
Central Orlando Dialysis	2548 N ORANGE BLOSSOM TRL	ORLANDO	FL	32804-4853	10-2837	001441500
West Florida Dialysis	8333 N DAVIS HWY	PENSACOLA	FL	32514-8049	10-2518	891198300
Coconut Ridge Center	510 N MACARTHUR AVE	PANAMA CITY	FL	32401-3638	10-2813	000465600
Boca Raton Artificial Kidney Center	938 NW 5TH CT	BOCA RATON	FL	33486-2214	10-2820	211367010
Dialysis Associates of the Palm Beaches	2611 POWSETTIA AVE	WEST PALM BEACH	FL	33407-5919	10-2510	211367010
Miami Lakes Artificial Kidney Center	14600 NW 50TH AVE	MIAMI LAKES	FL	33184-2811	10-2948	211367010
Florida Reef Center	3620 NW 17TH ST	MIAMI	FL	33125-4016	10-2840	000090800
Orlando Kidney Center	3290 PONCE DE LEON BLVD	CORAL GABLES	FL	33134-7523	10-2578	212044701
Briget Dialysis	1801 S 23RD ST	FORT PIERCE	FL	34920-4830	10-2764	890012400
Port Charlotte Artificial Kidney Center	4300 KING'S HWY STE 406	PORT CHARLOTTE	FL	33989	10-2549	211387010
Sarasota Dialysis	2516 HIGHWAY 80	MIAMI TON	FL	32683-1763	10-2726	891200900
Winter Park Home Dialysis	4100 METRIC DR	WINTER PARK	FL	32792-8832	10-2858	
Inter-American Dialysis Center	7815 CORAL WAY	MIAMI	FL	33156-8541	10-2532	212284702
Ocala Regional Kidney Centers Home Dialysis Division PD	2880 SE 1ST AVE	OCALA	FL	34471-0408	10-2825	892087900
Aventura Kidney Center	72 SW 11TH ST	NALLANDALE BEACH	FL	33009-7038	10-2875	001129200
Orlando City Dialysis	242 YREKONY DR	ORANGE CITY	FL	32783-7945	10-2775	860054000
Reynolds Dialysis Center	8633 REGENCY SQUARE BLVD N	JACKSONVILLE	FL	32225-8128	10-2850	892752900
Bonita Springs Dialysis	9134 BONITA BEACH RD SE	BONITA SPRINGS	FL	34135-4281	10-2752	893367800
St. Petersburg South Dialysis	2950 34TH ST S	ST. PETERSBURG	FL	33711-3817	10-2803	860118200
Daylong South Dialysis	1187 S MOYA RD	SOUTH DAYTONA	FL	32118-1775	10-2814	200511300
Miami Gardens Dialysis	1363 NW 167TH ST	MIAMI GARDENS	FL	33066-4254	10-2838	861993300
Boynton Dialysis	1500 N FEDERAL HWY	FT LAUDERDALE	FL	33304-5800	10-2555	200518202
West Beach Dialysis Center	16201 PANAMA CITY BEACH HWY	PANAMA CITY BEACH	FL	32413-6301	10-2853	001194900

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Laurel Manor Dialysis Center at the Villages	1950 LAUREL MANOR DR	LADY LAKE	FL	32182-5003	10-2030	8019867 00
Cape Coral South Dialysis	3045 DEL PRADO BLVD S	CAPE CORAL	FL	33904-7227	10-2047	8027430 00
Brandon East Dialysis	114 E BRANDON RD	BRANDON	FL	33814-6219	10-2179	8028038 00
Coosa Dialysis	114 E W COLONIAL DR	COOGE	FL	34781-3300	10-2630	2105660 00
Winter Garden Dialysis	1222 WINTER GARDEN VINELAND RD	WINTER GARDEN	FL	34787-4448	10-2680	001022500
New Port Richey Kidney Center	7421 RIDGE RD	PORT RICHEY	FL	34668-6033	10-2580	2005818 00
Jacksonville South Dialysis Center	14995 OLD SAINT AUGUSTINE RD	JACKSONVILLE	FL	32258-6491	10-2073	001156600
Indian River Dialysis Center	2050 45TH ST	VERO BEACH	FL	33987-6201	10-2951	802618 00
Winter Garden Dialysis	2521 DYERS RD	MIRAMAR	FL	33027-4217	10-2966	000402500
Arcadia Dialysis Center	1341 E DAK ST	ARCADIA	FL	34298-8602	10-2767	8000019 00
DeLand Springs Dialysis	1045 US HWY 331 S	DEFUNIAK SPRINGS	FL	32636-3375	10-2081	
West Pensacola Dialysis Center	598 N FAIRFIELD DR	PENSACOLA	FL	32506-4020	10-2045	000715300
Winter Park Dialysis	3727 N GOLDENROD RD	WINTER PARK	FL	32792-8911	10-2959	000904000
Orlando Park Dialysis	3367 W COLONIAL DR	ORLANDO	FL	32808-7947	10-2854	001153000
Greater Tampa Al Home PD	4204 N MACDILL AVE	TAMPA	FL	33607-6364	10-2856	
Sebastian Dialysis	1424 US HWY 1	SEBASTIAN	FL	32958-1619	10-2727	800014100
Center for Kidney Disease at Veneta	18955 NE 2ND AVE	N MIAMI BEACH	FL	33182-1744	10-2630	2113070 00
Plantation Dialysis	7081 CYPRESS RD	PLANTATION	FL	33317-2243	10-2538	800576300
Complete Dialysis Care	7050 W SAUNTER RD	MIAMI	FL	33092-4710	10-2845	212547 00
Greater Miami Dialysis	180 NW 176TH ST	MIAMI	FL	33198-5023	10-2586	2005182 14
Orlando Home Training Dialysis	116 STURTEVANT ST	ORLANDO	FL	32806-2021	10-2772	800675400
Crystal River Dialysis	7435 W GULF TO LAKE HWY	CRYSTAL RIVER	FL	34429-7634	10-2793	2124820 00
Gulf Breeze Dialysis Center	1518 MAIN ST	DUNEDIN	FL	34698-4620	10-2681	212518 00
West Tallahassee Dialysis	2845 W TALLESSSEE ST	TALLAHASSEE	FL	32304-2541	10-2073	2003182 00
Orlando Dialysis	878 STRONG RD	DUNEDIN	FL	32251-5243	10-2827	2099940 01
Lakeland Dialysis	515 E BELLA VISTA ST	LAKELAND	FL	33806-3005	10-2524	2005191 00
Brandon Dialysis	3501 CORTEZ RD W	BRANDON	FL	34710-3104	10-2045	2005182 20
Plant City Dialysis	1211 W REYNOLDS ST	PLANT CITY	FL	33594-4102	10-2744	2125281 00
Fort Myers South Dialysis	8570 ORANGE CT	PORT MYERS	FL	33908-1521	10-2773	8005558 00
St. Petersburg Dialysis	1117 ARLINGTON AVE N	ST PETERSBURG	FL	33706-1521	10-2587	800021 00
Fort Lauderdale Naval Associates	6284 N FEDERAL HWY	FORT LAUDERDALE	FL	33308-1804	10-2587	2006283 01
Fleming Park Kidney Center	601 E 9TH AVE	HIALEAH	FL	33010-3762	10-2964	000308600
Kissimmee Dialysis	802 N JOHN YOUNG PKWY	KISSIMMEE	FL	34741-4912	10-2589	211531300
North Palm Beach Dialysis Center	34 PARKWAY	PALM BEACH GARDENS	FL	33409-2148	10-2788	800033 00
Fort Palm Beach Dialysis	18101 N CLEVELAND AVE	N FT MYERS	FL	34102-8132	10-2760	800132 00
Hoopla Dialysis	881 8TH ST N	NAPLES	FL	34102-8132	10-2760	800132 00
Fort Walton Beach Dialysis	1110 HOSPITAL RD	FORT WALTON BEACH	FL	32547-6944	10-2799	8012017 00
Greater Daytona Home Training Dialysis	575 S CLYDE MORRIS BLVD	DAYTONA BEACH	FL	32114-2123	10-2113	2005182 20
Orlando Beach Dialysis	110 E DORANGE ST	NEW SMYRNA BEACH	FL	32108-2008	10-2708	2118513 00
Orlando Dialysis	118 STURTEVANT ST	ORLANDO	FL	32806-2021	10-2823	2105888 00
Tallahassee Dialysis	1807 PHYSICIANS DR	TALLAHASSEE	FL	32306-4820	10-2624	2004916 00
Tallahassee South Dialysis	2410 S ADAMS ST	TALLAHASSEE	FL	32301-6325	10-2765	8000337 00
South Beach Dialysis	4701 N MERIDIAN AVE	MIAMI BEACH	FL	33140-2810	10-2718	2005182 23
Fineline Kidney Center	1871 N PARK ISLAND RD	PLANTATION	FL	33308-2508	10-2584	2113012 00
Center for Kidney Disease at North Shore	1180 NW 55TH ST	MIAMI	FL	33150-2095	10-2583	2113970 00
Bartow Dialysis	1180 E CHURCH ST	BARTOW	FL	33830-4117	10-2626	209846 00
Lakeland South Dialysis	5050 S FLORIDA AVE	LAKELAND	FL	33813-2501	10-2784	8000329 00
Davenport Dialysis Center	4597 HIGHWAY 77	DAVENPORT	FL	33897-4518	10-2819	8008265 00
Daytona Dialysis	315 W CLYDE MORRIS BLVD	DAYTONA BEACH	FL	32114-2123	10-2521	2005182 00
Herndon Dialysis Center	2985 LANDOVER BLVD	SPRING HILL	FL	32068-7250	10-2602	2006408 00
Deland Dialysis	350 E NEW YORK AVE	DELAND	FL	32724-6510	10-2573	2006620 00
Winter Haven Dialysis	1625 MARTIN LUTHER KING DR	WINTER HAVEN	FL	33891-5226	10-2545	2005387 00
Four Freedoms Dialysis	299 SW RANGE AVE	MADISON	FL	32909-2000	10-2737	2123089 00
Perry Dialysis	118 W MAIN ST	PERRY	FL	32247-2626	10-2780	800876 00
West Tampa Dialysis	4515 GEORGE RD	TAMPA	FL	33634-7000	10-2679	2005182 00
Pompano Beach Artificial Kidney Center	1311 E ATLANTIC BLVD	POMPANO BEACH	FL	33060-6744	10-2615	2125072 00
Bonthon North Dialysis	2655 W ATLANTIC AVE	DELRAY BEACH	FL	33449-4400	10-2817	2005182 24
Gulf Coast Dialysis	3300 TAMMARI TR	PORT CHARLOTTE	FL	34681-6000	10-2828	2113710 00
Orlando Dialysis	1400 YOWIE LOOP BLVD	ORLANDO	FL	32837-8100	10-2740	0008620 00
Lake World Dialysis	2459 S CONGRESS AVE	PALM SPRINGS	FL	33406-7818	10-2837	2005182 26
Sun City Center Dialysis	778 CORTARO DR	RUSKIN	FL	33873-8812	10-2642	2101556 00
Fort Myers Dialysis	2133 WINKLER AVE	FORT MYERS	FL	33901-8119	10-2513	2005182 00
Bayonet Point-Hudson Kidney Center	14144 NEPPERON LN	HUSSION	FL	33607-6504	10-2853	2005182 00
Tamarc Artificial Kidney Center	7140 W HIGMAN RD	TALMADGE	FL	32114-2123	10-2521	2120564 00
Embassy Lakes Artificial Kidney Center	11011 SHERIDAN ST	HOLLYWOOD	FL	33026-1055	10-2811	8012653 00
Miami Campus Dialysis	1500 NW 12TH AVE	MIAMI	FL	33130-1026	10-2656	2109890 00
Ormond Beach Dialysis	495 S NDVA RD	ORMOND BEACH	FL	32174-8444	10-2638	2101526 01
Central Tampa Dialysis	4204 N MACDILL AVE	TAMPA	FL	33607-6364	10-2626	2005182 00
North-Ocala Regional Kidney Center	1300 W HWY 331	DECATUR	FL	32535-3255	10-2793	8002914 00
Palm Coast Dialysis	13 KINGSWOOD DR	PALM COAST	FL	32137-4614	10-2728	2005182 29
South-Ocala Regional Kidney Center	13940 N US HWY 441	LADY LAKE	FL	32158-8008	10-2731	8000163 00
Deerfield Beach Artificial Kidney Center	1983 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442-1418	10-2870	2125056 00
West-Ocala Regional Kidney Center	9401 SW HWY 200	OCALA	FL	34681-6012	10-2828	8000716 00
Mount Dora Dialysis	1250 WY 7TH ST	MOUNT DORA	FL	31724-7444	10-2788	8000701 00
Lake Wales Dialysis	1125 BRYN MAWR NW	LAKE WALES	FL	33853-4333	10-2712	2005182 17
Orlando Southwestern Dialysis	1825 LAKE ELLenor DR	ORLANDO	FL	32809-4870	10-2740	8005738 00
Orlando North Dialysis	5135 ADAMSON ST	ORLANDO	FL	32804-1336	10-2707	8005771 00
HK Dora Dialysis	2736 W OLDS HGHWAY 441	MAJRT DORA	FL	32752-5626	10-2936	8000752 00
Lake Dialysis	121 N 181 ST	LAKE WALES	FL	34785-5150	10-2809	8000787 00
Medford Dialysis Center	2830 DPTMIST DR	MARIANNA	FL	32448-7703	10-2968	2108001 04
Orlando East Dialysis	1180 S SEMORAN BLVD	ORLANDO	FL	32807-1481	10-2680	8005711 00
Panama City Dialysis Center	615 HIGHWAY 231	PANAMA CITY	FL	32405-7074	10-2514	2108001 003
Celebration Dialysis	1154 CELEBRATION BLVD	CELEBRATION	FL	34712-4626	10-2725	000044000
Miami North Dialysis	860 NE 12TH ST	MIRAMAR	FL	33161-6243	10-2776	8000158 00
Melbourne Dialysis	2235 S BARCOCK ST	MELBOURNE	FL	32801-5305	10-2818	8005690 00
East-Ocala Regional Kidney Center	2870 SE 1ST AVE	OCALA	FL	34471-0406	10-2670	8000187 00
Temple Terrace Dialysis	11308 N 53RD ST	TEMPLE TERRACE	FL	33617-2714	10-2748	8005782 00
East Ft. Lauderdale Dialysis Center	1301 S ANDREWS AVE	FT LAUDERDALE	FL	33318-1821	10-2816	800018400
Zephyrhills Dialysis	6610 STADIUM DR	ZEPHYRHILLS	FL	33542-1510	10-2563	001466600
First Georgia Dialysis	450 GEORGIA AVE	STATESBORO	GA	30458-5590	11-2710	000478476A
Williams Street Dialysis	2812 WILLIAMS ST	SAVANNAH	GA	31404-4134	11-2636	000883153E
Ukiah First Small Dialysis	806 E 1ST ST	VIDALIA	GA	30474-2007	11-2723	000972529C
Snopfinger Dialysis	5256 SHAPPOWISER PARK DR	DECATUR	GA	30035-4092	11-2646	000078102B
Packard Dialysis	4219 HIRSH DR	DALLAS	GA	30132-3420	11-2594	000519451A
Douglasville Dialysis	3899 LONGVIEW DR	DOUGLASVILLE	GA	30135-1373	11-2526	000411094A
Sweetwater Dialysis	7117 S SWEETWATER RD	LITHIA SPRINGS	GA	30122-7448	11-2708	000941778A
Abercorn Dialysis	11706 MERCY BLVD	SAVANNAH	GA	31418-1751	11-2621	00086152K
Cobb Dialysis	3825 MEDICAL PARK DR	AUSTELL	GA	30108-1108	11-2601	000510297A
Atlanta West Dialysis	2538 MARTIN LUTHER KING JR DR SW	ATLANTA	GA	30311-1779	11-2643	00077549C
Woodstock Dialysis	2001 PROFESSIONAL PKWY	WOODSTOCK	GA	30188-6443	11-2700	000973134E
Northwest Dialysis	1350 MONTREAL RD	TUCKER	GA	30084-8144	11-2625	000478478A
Sugarloaf Dialysis	1705 BELLE MEADE CT	LAWRENCEVILLE	GA	30045-5595	11-2759	000973134E
Mountain Dialysis Center	2419 N MAIN ST	ALPHARETTA	GA	31765-9531	11-2925	00009419A
Isa City Dialysis	621 N EXPRESSWAY	GRIFFIN	GA	30223-2073	11-2711	000478478C
Linden Dialysis	121 LINDEN AVE NW	ATLANTA	GA	30306-2432	11-2698	00042532A
Washington Dialysis Center	154 WASHINGTON PLZ	WASHINGTON	GA	30675-2074	11-2577	000819981K
East Dekalb Dialysis	2901 CAMDLE RD	DECATUR	GA	30034-4428	11-2711	00095116A
North Decalb Dialysis	448 PHINICILL BLVD NE	ATLANTA	GA	30312-1217	11-2690	000815259A
Genevieve Dialysis	2545 FLINT RIDGE RD	GAINEESVILLE	GA	30501-7428	11-2683	000973134C
Dialysis Center of Middle Georgia-Warner Robins	509 N HOUSTON RD	WARNER ROBINS	GA	31093-8844	11-2620	0009195610
Dialysis Center of Middle Georgia-Macon	747 2ND ST	MACON	GA	31201-8930	11-2583	000819661M
Piedler Dialysis	54 TRADERS WAY	PIEDLER	GA	31257	11-2811	
East Macon Dialysis Center	183 EMERYWAY	MACON	GA	31203-2892	11-2612	110202762A
Medford Bridge Dialysis	10880 MED COCK BRIDGE RD	DULUTH	GA	30097-8420	11-2778	0008195615
Perry Dialysis Center	1027 KEITH DR	PERRY	GA	31058-2948	11-2683	000878433A
Cordelle Dialysis Center	1013 E 16TH AVE	CORDELLE	GA	31015-1539	11-2796	882488022A
Atlanta Midtown Dialysis PD	489 PEACHTREE ST	ATLANTA	GA	30308	11-2703	00086534C
St. Mary's Dialysis	2714 OSTRORNE RD	ST MARYS	GA	31558-4049	11-2528	000410377A
Americus Dialysis	277 N LEE ST	AMERICUS	GA	31709-3525	11-2528	000709233A
Arbor Place Dialysis	9559 HIGHWAY 5	DOUGLASVILLE	GA	30136-1573	11-2807	
Tifton Dialysis	624 LOVE AVE	TFTON	GA	31784-4408	11-2794	000618621Y
Kennesaw Dialysis	201 COBB PKWY N	MARIETTA	GA	30062-3568	11-2810	
Sherwood Dialysis	1018 CLAXTON DAIRY RD	OSUNDA	GA	31021-7871	11-2813	000618651AC
Dialysis of Lithonia	2485 PARK CENTRAL BLVD	DECATUR	GA	30035-3902	11-2746	000773134J
Peachtree City Dialysis	2830 W HWY 54	PEACHTREE CITY	GA	30299-1028	11-2815	
West Georgia Dialysis	1216 STARK AVE	COLUMBUS	GA	31808-2503	11-2747	000478478L
Elley Dialysis	448 INDUSTRIAL BLVD	ELLEY	GA	30540-6574	11-2702	000973134A
Tucker Dialysis	6434 HUGH HOWELL RD	TUCKER	GA	30084-4925		

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Mountain Park Dialysis	5235 MEMORIAL DR	STONE MOUNTAIN	GA	30083-3112	11-2777	000619501T
Waycross Dialysis	328 GARWELL AVE	WAYCROSS	GA	31521-4762	11-2817	
Southwest Atlanta Dialysis	3951 BAKERS FERRY RD SW	ATLANTA	GA	30331-3712	11-2790	0004764760
East Point Dialysis Center	2950 CHURCH ST	EAST POINT	GA	30344-3115	11-2655	000603005A
Lake Haven Dialysis	1150 LAKE HEARN DR NE	ATLANTA	GA	30342-1568	11-2745	292086453A
Snellville Dialysis	2136 MAIN ST E	SNELLVILLE	GA	30078-6474	11-2928	
South Fulton Dialysis	2685 METROPOLITAN PKWY SW	ATLANTA	GA	30315-1628	11-2588	000440074A
Ford Factory Square Dialysis	567 NORTH AVE NE	ATLANTA	GA	30308-2719	11-2642	0004100330
Atlanta East Dialysis	2026 S MILLEDGE AVE	ATLANTA	GA	30065-8480	11-2799	000628462C
Atlanta Dialysis	567 NORTH AVE NE	ATLANTA	GA	30308-2719	11-2651	000410374B
North Henry Dialysis	5627 N HEARY BLVD	STOCCBRIDGE	GA	30281-3244	11-2784	000919591W
Union City Dialysis	6851 SHANNON PKWY	UNION CITY	GA	30291-2049	11-2789	000815601B
Buford Dialysis	1560 BUFORD HWY	BUFORD	GA	30515-3998	11-2700	645752797A
ONVO-Bainbridge - GA		BLAIRSVILLE	GA	30512		
Kidney Dialysis Center LLC	840 MARTIN LUTHER KING JR BLVD	MACON	GA	31201-3205	11-2903	807820770A
Newman Dialysis	1565 E HWY 34	NEWMAN	GA	30265	11-2959	0006731345
Bakers Ferry Dialysis	3645 BAKERS FERRY RD SW	ATLANTA	GA	30331-3712	11-2729	0007540763C
Spivey Peritoneal and Home Dialysis Center	1420 STOCHEM RD SW	JONESBORO	GA	30236-8740	11-2774	343784135A
Nephrology Center of Statesboro	43 COLLEGE PL	STATESBORO	GA	30456-4828	11-2544	000618561C
DeRenne Dialysis	5303 MONTGOMERY ST	SAVANNAH	GA	31405-5138	11-2839	000883153M
Nephrology Center of Vidalia	1808 EDWINA DR	VIDALIA	GA	30474-8927	11-2933	000616661D
East Atlanta Dialysis	1306 MORELAND AVE SE	ATLANTA	GA	30316-3224	11-2611	000695467A
Candler County Dialysis	325 CEDAR ST	WRIGHTSVILLE	GA	31066-2016	11-2725	000595218A
Waynesville Dialysis	2240 W LEWIS ST	DOUGLAS	GA	31533-3534	11-2636	000407832B
Douglas Dialysis	190 WESTSIDE DR	WALDSTON	GA	31602-1723	11-2515	000410143A
Dak Street Dialysis	2704 N OAK ST	ATLANTA	GA	30331-3711	11-2523	000407445A
Southwest Atlanta Dialysis Center	3820 MARTIN LUTHER KING DR SW	ATLANTA	GA	31328-3078	11-2881	000285133C
Ettingham North Dialysis	391 N PINE ST	BRUNSWICK	GA	31525-1862	11-2614	000410162A
Brunswick Dialysis	33 SORAN LANE CONNECTOR	THOMASVILLE	GA	30786-2239	11-2657	000650372E
Thomson Dialysis	113A E COUNTRY RD	RIVERDALE	GA	30274-2566	11-2771	71280108A
Southern Crescent Dialysis Center	275 UPPER RIVERDALE RD SW	MONTEZUMA	GA	31030-5083	11-2924	000599529A
Montezuma Dialysis	114 DEVAUGHN AVE	DUBLIN	GA	31021-2858	11-2848	000408301A
Laurens County Dialysis	2400 BELLEVUE RD	DECATUR	GA	30032-3278	11-2563	000410154A
Emmetts Dialysis	1757 CANDLEE RD	JONESBORO	GA	30236-3666	11-2517	000407437A
Jonesboro Dialysis	128 KING ST	HINESVILLE	GA	31313-4021	11-2555	000411365A
Hinesville Dialysis	522 ELMA G MILES PKWY	FORT VALLEY	GA	31030-5083	11-2959	000478188A
Fort Valley Dialysis Center	507 BLUEBIRD BLVD	MILLEDGEVILLE	GA	31061-3448	11-2571	000478222A
Midwestville Dialysis	493 B WAYNE ST	EAST POINT	GA	30344-4000	11-2678	000676265A
Atlanta South Dialysis	3150 E MAIN ST	CUMMING	GA	30041-7938	11-2681	000880129A
Cumming Dialysis	911 MARKET PLACE BLVD	COLUMBUS	GA	31904-3604	11-2573	000728142A
Columbus Dialysis	6228 BRADLEY PARK DR	ATLANTA	GA	30318-4211	11-2727	0006553340
Loring Heights Dialysis	1676 NORTHSIDE DR NW	ATLANTA	GA	30318-4212	11-2578	000818541E
Blackhawk Dialysis	1575 NORTHSIDE DR NW	ROSWELL	GA	30075-4914	11-2617	000669428B
North Fulton Dialysis	1320 NORTH HAWK ADOBY PKWY	FAYETTEVILLE	GA	30214-4561	11-2667	000818056A
Fayetteville Dialysis	1279 HIGHWAY 54 W	GRIFFIN	GA	30224-4816	11-2528	000407458A
Griffin Dialysis Center	731 S 8TH ST	BRUNSWICK	GA	31503-3037	11-2608	000592379C
Brunswick South Dialysis	4420 ALTIMA AVE	AUGUSTA	GA	30909-4439	11-2579	000534384A
Winds Road Dialysis	1815 WYLDIS RD	ALBUQUERQUE	GA	30068	11-2671	000691729A
Nephrology Center of South Augusta	1031 GORDON HWY BTE 1B	ALBUQUERQUE	GA	30068	11-2671	000764763A
Decatur Dialysis Center	1987 CANDLER RD	ELBERTON	GA	30535-2947	11-2651	000407434A
Elberton Dialysis Center	884 ELBERT ST	ATHENS	GA	30608-8353	11-2513	000692462E
McDonough Dialysis Center	114 DUNN ST	CEDEAR TOWN	GA	30125-3439	11-2670	000695955A
Athens West Dialysis	2647 PRINCE AVE	ROME	GA	30165-1413	11-2606	000414741A
Cedartown Dialysis	325 WEST AVE	ATLANTA	GA	30309-1730	11-2567	000447587B
Home Dialysis	15 JOHN MADDOX DR NW	SOUTHERN LN	GA	30033-4033	11-2596	000527476C
Piedmont Dialysis	106 COLLIER RD NW	JACKSONSON	GA	30233-1572	11-2741	000618476C
Southern Lane Dialysis	1840 SOUTHERN LN	JESUP	GA	31548-0246	11-2632	000410176A
Grovespark Dialysis	1544 MCDONOUGH RD	BAXLEY	GA	31513-0112	11-2630	000754403C
Jesup Dialysis	301 PEACHTREE ST	BUENA VISTA	GA	30297-2107	11-2682	000727304A
Baxley Dialysis	538 FAIR ST	FOREST PARK	GA	30297-2107	11-2682	000695374A
Buena Vista Dialysis	348 GENEVA RD	WATERLOO	IA	52242-2541	11-2642	
Forest Park Dialysis Center	380 FOREST PKWY	WEST DES MOINES	IA	52006-2544	16-2620	0625244
Black Hawk Dialysis	3421 W 9TH ST	HARLAN	IA	51537-2057	16-2528	0625295
West Des Moines Dialysis	6800 LAKE DR	SHENANDOAH	IA	51801-2355	16-2527	0625277
Harden Dialysis	1213 GARI HILL AVE	WAVERLY	IA	50977-2930	16-3605	
Shenandoah Dialysis	300 PERSHING AVE	WATERLOO	IA	50701-4541	16-2516	115468470
Cedar Valley Waverly Dialysis (Rho-Brymer Co.)	220 10th St SW	CRESTON	IA	52001-1054	16-2514	0625201
Cedar Valley Dialysis	1881 W RIDGEWAY AVE	DES MOINES	IA	50318-2977	16-2630	0620305
West Union Dialysis	426 HIGHWAY 150 N	DES MOINES	IA	51503-8033	16-2630	1811171440
Creston Dialysis	1700 W TOWNLINE ST	DES MOINES	IA	50308-4929	16-2521	0625210
East Des Moines Dialysis	1301 PENNSYLVANIA AVE	DES MOINES	IA	50318-2365	16-2533	0620305
Council Bluffs Dialysis Center	300 W BROADWAY	DES MOINES	IA	50318-2977	16-2630	1811171440
Central Des Moines Dialysis	1215 PLEASANT ST	DES MOINES	IA	50308-4929	16-2521	0625210
Perry Dialysis	810 10TH ST	REDFY	IA	50220-2221	16-2534	0625268
Atlanta Dialysis	1500 E 10TH ST	ATLANTIC	IA	50222-1935	16-2520	0625227
Newton Dialysis	204 N 4TH AVE E	NEWTON	IA	50208-3135	16-2523	0625293
Riverside Dialysis Unit	501 SW 7TH ST	DES MOINES	IA	50308-4638	16-2529	0625243
Table Rock Dialysis Center	5910 W GAGE ST	DES MOINES	IA	50308-4638	16-2529	0625243
Table Rock Dialysis Center	1840 CANYON CREST DR	DES MOINES	IA	50308-4638	16-2529	0625243
Burter Dialysis Center	741 N OVERLAND AVE	TWIN FALLS	ID	83301-3007	15-2505	807605800
Hampa Dialysis Center	845 PARKCENTRE WAY	BURLEY	ID	83318-3440	15-2503	807605800
Gettle City Dialysis Center	2001 BENCH RD	HAMPA	ID	83061-1750	15-2501	807605600
Traverse Valley Dialysis Center	3525 E LOURIE ST	POCAHONTO	ID	83291-2033	15-2508	807605600
Calhoun Dialysis Center	621 S WHEAT PKWY	MERIDIAN	ID	83843-6303	15-2513	807611940
Moscow Dialysis	212 ROOF D DR	CALDWELL	ID	83325-5130	15-2510	809413200
Olney Dialysis Center	117 N BOONE ST	MOSCOW	ID	83843-8998	15-2521	809543800
Lincoln Dialysis	2100 WEST FIFTH	OLNEY	IL	62460-2109	14-2874	20164888001
Benton Dialysis	1151 ROYAL N HWY	LINCOLN	IL	62656-9115	14-2582	62132300000A
Stony Creek Dialysis	8115 S CICERO AVE	ELSTON HWY	IL	62818-1519	14-2667	20164888001B
Chicago Heights Dialysis	177 W JOE ORR DR	DAK LAWN	IL	60453-1865	14-2661	20164888001C
Sycamore Dialysis	2200 GATTWAY DR	CHAGO HEIGHTS	IL	60411-1733	14-2635	20164888001D
Litchfield Dialysis	915 ST FRANCES WAY	SYCAMORE	IL	60178-3113	14-2638	80956153001
Litchfield Dialysis	901 W SPRESSER ST	LITCHFIELD	IL	60265-1775	14-2683	62132300030
Litchfield Dialysis	2659 N MILWAUKEE AVE	TAYLORVILLE	IL	62558-1831	14-2667	62132300032
Litchfield Dialysis	8108 SOUTH WESTERN AVE	CHICAGO	IL	60647-1643	14-2534	953372911006
Mount Vernon Dialysis	1800 JEFFERSON AVE	CHICAGO	IL	60620-3630	14-2639	20164888001E
Macon County Dialysis	1090 W MCGRINLEY AVE	MCURT VERNON	IL	62664-4300	14-2541	20164888007
Lake Villa Dialysis	37828 W IL ROUTE 58	LAKE VILLA	IL	62535-3098	14-2594	62132300033
Vandalia Dialysis	301 MATIAS AVE	LAKE VILLA	IL	60046-7335	14-2588	22079858801A
Edwardsville Dialysis	235 S BUCHANAN BT	VANDALIA	IL	62471-2081	14-2663	953372911019
Kankakee County Dialysis	501 WILLIAM R LATHAM SR DR	EDWARDSVILLE	IL	62026-2106	14-2701	953372911021
Kennedy Home At Home	3509 N GUMBERLAND AVE	BOURBONNAIS	IL	60914-2439	14-2685	23278646021
Woodridge Home Dialysis PD	1425 JAMES AVE	CHICAGO	IL	60654-7022	14-2561	953372911020
Alton Dialysis	3511 COLLEGE AVE	WOODRIDGE	IL	60517-2356	14-2686	953372911022
Maryville At Home	21368 VADALABENE DR	ALTON	IL	62002-5008	14-2619	62132300037
Maryville Dialysis	2130 VADALABENE DR	MARYVILLE	IL	62062-2632	14-2626	232798588022
DNVO-Peoria Home Dialysis PD-E	719 MAIN ST	MARYVILLE	IL	62062-2632	14-2634	232798588028
Macomb Dialysis Center	7333 W BELMONT AVE	PEORIA	IL	61664-1063	14-2649	953372911023
Champaign Dialysis Center	4557B LINCOLN HWY	CHICAGO	IL	60634-6533	14-2648	953372911024
Litchfield Dialysis	2335 W CERMAK RD	MATTISON	IL	60443-2318	14-2548	953372911027
Wayne County Dialysis	303 HW 11TH ST	CHICAGO	IL	60909-3811	14-2648	232798588001F
Metra East Dialysis	5106 W MARK ST	FAIRFIELD	IL	62831-1203	14-2580	953372911019
Rockford Dialysis Center	622 ROCKFURY RD	FAIRFIELD	IL	62831-1203	14-2580	20164888002
Freeport Dialysis	1026 S KUNKLE BLVD	ROCKFORD	IL	61107-5093	14-2665	62055135002
Springfield Memorial Dialysis	2500 MONTVALE DR	FREEPORT	IL	61032-4614	14-2642	232798588021
Springfield Central Dialysis	802 N RUTLEDGE ST	SPRINGFIELD	IL	62704-5376	14-2690	62132300035
Effingham Dialysis	924 MEDICAL PARK DR	SPRINGFIELD	IL	62703-3125	14-2696	62132300036
Effingham Dialysis	507 E UNIVERSITY AVE	EFFINGHAM	IL	62426-3628	14-2528	62132300038
Urbana Dialysis	710 W 43RD ST	CHICAGO	IL	61820-3638	14-2633	62132300039
Silvane Home Dialysis	7029 W BELMONT AVE	CHICAGO	IL	60609-3435	14-2529	953372911017
Granite City Dialysis Center	9 AMERICAN VLG	CHICAGO	IL	62054-4533	14-2620	36311848000A
TRC Children's Dialysis Center	2511 N WALSTED ST	GRANITE CITY	IL	62045-3785	14-2517	232798588025
Whitehall Dialysis	2800 N LOCUS	CHICAGO	IL	60614-2201	14-2804	953372911010
Rockford Dialysis	3330 N ROCKTON AVE	CHICAGO	IL	61081-4802	14-2648	232798588023
Mid Greenwood Dialysis	3401 W 111TH ST	ROCKFORD	IL	61193-2839	14-2647	232798588006
Rushway Dialysis	112 SULLIVAN DRIVE	CHICAGO	IL	60665-3229	14-2640	232798588015
Jacksonville Dialysis	1315 W WALWAT ST	RUSHWAY	IL	67814-1292	14-2620	62132300034
Centralia Dialysis	1231 STATE ROUTE 161	JACKSONVILLE	IL	62502-1150	14-2681	62132300039A
		CENTRALIA	IL	62801-6730	14-2698	20164888004

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Marion Dialysis	364 E 4TH ST	MARION	IL	62959-1241	14-2570	20164898000
Urolog Park Dialysis	1157 N LACON AVE	CHICAGO	IL	60657-3111	14-2528	36319180022
Churchway Dialysis	5870 CHURCHVIEW DR	ROCKFORD	IL	61107-2574	14-2840	23227866610
Dixon Kidney Center	1131 N GALENA AVE	DIXON	IL	61021-1015	14-2851	23278656017
Mattison Dialysis	200 RICHMOND AVE E	MATTOON	IL	61836-4625	14-2925	62132380028
Saugel Dialysis	7081 GOOSE LAKE RD	SAUGEL	IL	62228-2522	14-2561	23278656024
Lula County Dialysis Services	915 S MILWAUKEE AVE	LIBERTYVILLE	IL	62048-3229	14-2522	65337291104
DeWitt East Wood Dialysis	794 E WOOD ST	DECATUR	IL	62528-1155	14-2589	62132380030
Vincennes Dialysis	700 WILLOW ST	VINCENNES	IN	47591-1028	15-2562	200613010 A
CRC East Chicago	4320 FIR ST	EAST CHICAGO	IN	46312-3076	15-2561	200315330 B
CRC Munster	8317 CALUMET AVE	MUNSTER	IN	46321-1737	15-2549	200315330 E
Lanesville Dialysis Center	1312 PROFESSIONAL BLVD	EVANSVILLE	IN	47714-6007	15-2528	200591750A
CRC Valparaiso	555 E EADS PKWY	GREENDALE	IN	47025-8430	15-2511	200471780A
CRC Hammond	400 E LINCOLNWAY	VALPARAISO	IN	46383-6726	15-2527	200315330 C
CRC Gary	222 DOUGLAS ST	HAMMOND	IN	46320-1990	15-2522	200315330 B
CRC Gary	4922 BROADWAY	SARY	IN	46803-4039	15-2521	200315330 A
DeWitt County Dialysis	721 W 13TH ST	JASPER	IN	47546-1856	15-2523	200521790 A
CRC Michigan City	310 NE 14TH ST	WASHINGTON	IN	47501-2137	15-2569	200521770A
Madison Dialysis Center	120 DUNES PLAZA	MICHIGAN CITY	IN	46380-7336	15-2546	200315330D
St. John Dialysis	220 GUFFY DR	MADISON	IN	47250-1069	15-2514	200248680
North Vernon Dialysis	10033 WICKER AVE	SAIN JOHN	IN	46013	15-2527	200311110 A
Indy South Dialysis	2940 N STATE HWY T	NORTH VERNON	IN	47257-7183	15-2538	200457550A
Rush County Dialysis	972 LEBRON PKWY	GREENWOOD	IN	46143-6202	15-2818	200846510 A
Coydon County Center	1400 N CHERRY ST	RUSHVILLE	IN	46173-1097	15-2639	200942310A
Salem Dialysis Center (IN)	1937 OLD HWY 136 NW	CORYDON	IN	47113-2013	15-2618	200998000A
Princeton Dialysis	2201 N JIM DART RD	SALEM	IN	47167-2719	15-2613	200978210 A
Portage Dialysis	1227 SHERMAN DR	PRINCETON	IN	47370-1022	15-2529	200311850A
Greenwood Dialysis	5823 US HIGHWAY B	PORTAGE	IN	46668-4651	15-2830	200913080A
Westview Dialysis	1531 N COMMERCE EAST DR	GREENSBURG	IN	47240-3259	15-2615	20084520 A
Franklin Dialysis	3749 COMMERCIAL DR	INDIANAPOLIS	IN	46222-1676	15-2595	200641720A
Chesterford Dialysis	1140 W JEFFERSON ST	FRANKLIN	IN	46131-2101	15-2603	20085860 A
Carmel Dialysis	717 REX AVE	CHESTERFORD	IN	46034-5668	15-2628	200811120A
Merrillville Dialysis	101 E CARMEL DR	CARMEL	IN	46032-2633	15-2620	200665300A
Tell City Dialysis Center	9223 TAFT ST	MERRILLVILLE	IN	46410-8811	15-2581	200315330G
New Albany Dialysis	1802 MAIN ST	TELL CITY	IN	47596-1310	15-2574	200315330 H
North E. Vincennes Dialysis	2990 E CHARLESTON RD	NEW ALBANY	IN	47150-2573	15-2589	20024869 E
Batesville Dialysis Center	1157 W BUREAU WEST RD	EVANSVILLE	IN	47716-2524	15-2536	200521930A
Johnson County Dialysis	2272 STATE ROAD 129 S	BATESVILLE	IN	47006-7094	15-2507	20024869 A
Wendell County Dialysis	10453 W 84TH TERRACE	LENEXA	KS	66214-1641	17-2501	100353010E
Leaworth Dialysis	4837 STATE AVE	KANSAS CITY	KS	66102-1747	17-2523	100353010G
Parsons Dialysis Center	501 OAK ST	LEAWORTH	KS	66049-2646	17-2545	100317880A
Wendell Central Dialysis	1902 S US HWY 59	PARSONS	KS	67567-4646	17-2530	100217360D
Horton Dialysis	1737 STATE AVE	KANSAS CITY	KS	66102-3430	17-2544	200665880A
Halsey Dialysis Center	1901 EUCLID AVE	HORTON	KS	66438-1238	17-2549	100353010E
Renal Treatment Center - Garden City	10001 W GRADY AVE	MAIZE	KS	67101	17-2548	200545600E
Renal Treatment Center - Winfield	401 N MAIN ST	GARDEN CITY	KO	67848-5479	17-2514	100217360E
Winfield West Dialysis	1315 E 4TH AVE	WINFIELD	KS	67155-7467	17-2526	100217360G
Oshtemo Dialysis	8918 PARALLEL PKWY	KANSAS CITY	KS	66112-1555	17-2536	100213850N
Lamed Dialysis	732 W FRONTIER LN	DLATHE	KS	66061-7202	17-2541	100213850M
Renal Treatment Center - Newton	8030 HALSEY ST	LENEXA	KS	66215-2080	17-2529	100213850M
Independence Dialysis Center	1223 WASHINGTON RD	NEWTON	KS	67114-4055	17-2539	100213850I
Renal Treatment Center - Derby	263 WATSON ST	PRATT	KS	67101-3062	17-2537	100303010D
Wichita Dialysis Center	801 W MYRTLE ST	INDEPENDENCE	KS	67301-3258	17-2511	100213850K
NE Wichita Dialysis Center	250 W RED POWELL DR	DERBY	KS	67037-7628	17-2533	100217360M
East Wichita Dialysis Center	903 N TOPEKA ST	WICHITA	KS	67214-9620	17-2523	100217360P
Eastern Kentucky Dialysis	263 N HILLSIDE ST	WICHITA	KS	67226-8174	17-2542	100217360Q
Patrickville Dialysis Center	182 WEDGEWOOD BRANCH RD	WICHITA	KS	67214-4918	17-2519	100217360J
Gardenlake Dialysis	4750 S KY ROUTE 321	PIKEVILLE	KY	41501-3204	18-2539	36000732
Madisonville Dialysis Center	70 N GARDENVILLE RD	HENDERSON	KY	41222	18-2548	36000708
Whitesburg Dialysis	435 N KENTUCKY AVE	HENDERSON	KY	42420-6529	18-2544	36000949
South Williamson Dialysis	222 HOBBS RD	MADISONVILLE	KY	42451-7629	18-2567	710002035D
Williamstown Dialysis	204 APPALACHIAN PLAZA	WYTHEBURG	KY	41659-7627	18-2568	710002035D
Hamburg Dialysis	103 BARNES RD	SOUTH WILLIAMSON	KY	41503-9474	18-2568	710003050
Turkey Dialysis	1745 ALYSHEBA WAY	WILLIAMSTOWN	KY	41027-9469	18-2565	710003050
Turkey PD Training	11 SPIRAL DR	LEXINGTON	KY	40509-8013	18-2991	710003370
Springhill Dialysis	11 SPIRAL DR	FLORENCE	KY	41043-1364	18-2522	710003590
LaGrange Dialysis	8037 OXIE HWY	FLORENCE	KY	41043-1364	18-2508	36000823
West Broadways Dialysis	10201 CHAMPION FARMS DR	LOUISVILLE	KY	40258-1344	18-2570	36000815
South Hill Dialysis	240 PARKER DR	LA GRANGE	KY	40041-6150	18-2577	36000815
Coat Spring Dialysis	720 W BROADWAY	LOUISVILLE	KY	40031-1200	18-2572	36000889
Bardonia Dialysis Center	525 ALEXANDRIA PIKE	LOUISVILLE	KY	40023-2480	18-2581	710003250
Woodland Dialysis	438 CROSS ROADS BLVD	COTTGATE	KY	41071-3243	18-2542	36000203
Letchford Dialysis	210 W JOHN FITCH AVE	COLD SPRING	KY	41078-2341	18-2683	710004165D
Shepherdsville Dialysis Center	912 WOODLAND DR	BARSTOWN	KY	40004-1115	18-2568	7100001410
Knopke Dialysis	612 WALLACE AVE	ELIZABETHTOWN	KY	42701-2785	18-2504	7100011660
Meadows East Dialysis	150 BUCKINGHAM WAY	LEITCHFIELD	KY	42754-2426	18-2574	36000907
Christian County Dialysis	688 TUCKER DR	BUCKEYS	KY	40105-6125	18-2930	7100029920
Hopkinsville Dialysis	2506 SIX MILE LN	LOUISVILLE	KY	41066-0111	18-2589	710004040
Crestview Has Dialysis	200 BURLEY AVE	LOUISVILLE	KY	40220-2934	18-2592	36000299
Overbrook Dialysis Center	1914 E VIRGINIA ST	HOPKINSVILLE	KY	42240-6725	18-2549	36000297
Bayliss Kidney Care	420 GARTERVIEW BLVD	HOPKINSVILLE	KY	42240-2610	18-2519	36000297
Washington Parish Dialysis	1330 E BARRISS AVE	CRESTVIEW HILLS	KY	41017-5478	18-2529	36000195
Independence Renal Center	101 KINGSDOM DR	OWENSBORO	KY	42303-1443	18-2547	36000874
Dialysis Systems of Covington	724 WASHINGTON ST	CAMPBELLSVILLE	KY	42718-0934	18-2516	36000805
Chatham Dialysis	2108 SOUTH AVE F	BOCALUSA	LA	70427	18-2540	1543276
DeRidder Dialysis	1282 HIGHWAY 40 W	FRANKLINTON	LA	70438-1740	18-2615	1117626
Shreveport Home Al Home	210 GREENBRIAR BLVD	ROSEMELENCE	LA	70443-4613	18-2546	1182800
Orleans Dialysis Center	720 VILLAGE RD	COVINGTON	LA	70433-7235	18-2613	1195107
DeRidder Dialysis	230 E 1ST ST	KENNER	LA	70025-2751	18-2534	1360261
Shreveport Home Al Home	1500 IRVING PL	DE RIDDER	LA	70034-4105	18-2568	1102178
Orleans Dialysis Center	688 TUCKER DR	SIRREVILLE	LA	71101-4094	18-2262	1366122
Sidell Kidney Care	29737 LA HIGHWAY 1032	NEAUBOURG	LA	70033-9930	19-2979	1318017
Westbank Chronic Renal Center	1150 ROBERT BLVD	DETHAM SPRINGS	LA	70726-6626	19-2684	1469210
Dialysis Systems of Hammond	15790 PROFESSIONAL PLZ	SUDELL	LA	70458-2005	19-2556	1543268
Westbank Chronic Renal Center	4422 GENERAL MEYER AVE	HAMMOND	LA	70403-1452	18-2549	1165893
New Orleans Uplown Dialysis	140 VICTOR AVE	NEW ORLEANS	LA	70131-4350	19-2507	1179515
Baton Rouge Renal Center	1401 FOUCHER ST	GRIFFIN	LA	70050-2531	19-2893	1456236
Crescent City Dialysis Center	3908 NORTH BLVD	NEW ORLEANS	LA	70115-3515	192681	1102130
River Parishes Dialysis	3600 BIENVILLE ST	BATON ROUGE	LA	70809-3604	19-2690	1561941
Darlington Dialysis	2880 W ARLINE HWY	NEW ORLEANS	LA	70119-5152	19-2896	1354762
Magnolia Dialysis	1308 JUTLAND DR	LA PLACE	LA	70068-2022	19-2681	1505890
Northshore Kidney Center	101 PUMSOL DR	HARVEY	LA	70059-2359	19-2824	1450456
Sulphur Dialysis	210 E SPILLMAN ST	DONALDSONVILLE	LA	70346-4387	19-2572	1377112
Fox de La Dialysis	108 MERCAL CENTER DR	GONZALES	LA	70737-4804	19-2551	1385332
Lake Charles Southwest Dialysis	844 BOULE PRIVY	SUDELL	LA	70401-2575	19-2984	1391481
Memorial Dialysis Center	5528 BULLARD AVE	SULPHUR	LA	70663-5102	19-2612	1102067
Kenner Regional Dialysis Center	433 DOCTOR MICHAEL DEBAKEY DR	NEW ORLEANS	LA	70126-3450	19-2533	1321753
FDI Worcester	427 S ROBERTSON ST	LAKE CHARLES	LA	70601-5874	19-2587	1102011
Burlington Hospital Dialysis	200 W ESPERANDE AVE	NEW ORLEANS	LA	70115-6308	19-2928	1541869
Wilmington Circle Dialysis Center	113 GLENHIE ST	NEW ORLEANS	LA	70136-2413	19-2469	1540791
Salem Northwest Dialysis	31 MALL RD	WORCESTER	MA	01895-3818	22-2544	1322166
Wellesley Dialysis	10 CABOT RD	BURLINGTON	MA	01803-4138	22-2526	1318080
New Bedford Dialysis	10 COLONIAL RD	MERRIDEN	MA	02155-8173	22-2942	1311897
Wellesley Dialysis	195 WORCESTER ST	SALDM	MA	01970-2967	22-2943	1313178
Weymouth Dialysis	72 WARREN AVE	WELLESLEY	MA	02481-5528	22-2534	1311367
Boston Dialysis	524 LINTON ST	WOBURN	MA	01801-7005	22-2520	1311408
Northeast Cambridge Dialysis	880 HARRISON AVE	NEW BEDFORD	MA	02740-3546	22-2530	1311379
Weymouth Dialysis	790 CONCORD AVE	BOSTON	MA	02118-2504	22-2529	1306723
Brockton Dialysis	330 LIBERTY INDUSTRIAL PARK	CAMBRIDGE	MA	02138-1048	22-2533	1311344
Renal Care of Seal Pleasant	651 ELECTRIC AVE	WELMOUTH	MA	02185-3122	22-2517	1311395
Renal Care of Lenhan	332 WASHINGTON ST	FITCHBURG	MA	01420-3371	22-2538	1318047
J. B. Zachary Dialysis Center	674 CENTRAL AVE	BROOKLINE	MA	02446-6950	22-2529	1310151
Harvard County Dialysis	8655 ANNAPOLIS RD	SEAT PLEASANT	MD	20743	21-2640	4052469.00
Salem Drive Dialysis	353 CARROLL DR	LANHAM	MD	21096-2042	21-2512	4052469.00
Kidney Home Center PD	3295 HARRERS FARM RD	BALTIMORE	MD	21274-6815	21-2592	613501300
Northwest Dialysis Center	4800 SETON DR	COLUMBIA	MD	21044-3023	21-2510	003030000
	2245 ROLLING RUN DR STE 4	BALTIMORE	MD	21215-3210	21-2953	4127596.00
	2245 ROLLING RUN DR STE 1	BALTIMORE	MD	21244	21-2959	4154916.00

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Silver Spring Dialysis	8412 GEORGIA AVE	MD	20910-4406	21-2583	813303700
Aberdeen Dialysis	780 W BEL AIR AVE	MD	21001-2236	21-2580	413118300
Bel Air Dialysis	2225 OLD EMERSON TOWN RD	MD	21045-2172	21-2584	523295100
District Heights Dialysis	5701 SILVER HILL RD	MD	20747-1102	21-2087	418262300
Germanstown Dialysis	20111 CENTURY BLVD	MD	20874-0185	21-2638	405423700
25th Street Dialysis	920 E 25TH ST	MD	21218-6503	21-2595	329003300
Frederick Dialysis	140 THOMAS JOHNSON DR	MD	21702-4475	21-2598	408118800
Bertha Stark Dialysis Center	3520 YORK RD	MD	21201-3620	21-2543	852102000
Hanford Road Dialysis Center	3500 HANFORD RD	MD	21214-1842	21-2625	427367200
Forest Care of Bowie	4981 TELSIA DRIVE	MD	20875-4318	21-2626	406832700
Chestertown Dialysis Center	100 BROWN ST	MD	21620	21-2566	320700400
Harbor Park Dialysis	111 CHERRY HILL RD	MD	21225-1362	21-2568	791000700
Berlin Dialysis Center	314 FRANKLIN AVE	MD	21241-2238	21-2565	473332900
Elk River Kidney Center	218 S BRIDGE ST	MD	21921-2815	21-2573	210307600
Londonderry Dialysis	1200 MERCANTILE LN	MD	20774-8369	21-2545	783011500
Cambridge Dialysis Center	300 BYRN ST	MD	21613-1009	21-2639	405424600
Easton Dialysis Center	402 MARVEL CT	MD	21601-4052	21-2512	811400000
Cedar Lane Dialysis	5334 CEDAR LN	MD	21044-3948	21-2628	401340000
Kidney Care of Laurel	1463 LAUREL BOWIE ROAD	MD	20707	21-2528	405356100
Kidney Care of Largo	1300 MERCANTILE LN	MD	20774	21-2530	405356300
Dunaway Townson Dialysis Center	1113 WEST RD	MD	21204-2318	21-2612	713202600
Riverstone Dialysis	6192 OXON HILL RD	MD	20745-3114	21-2621	401250000
Greenleafing Dialysis Center	4701 MOUNT HOPE DR	MD	21251-3248	21-2571	526670100
Wheaton Dialysis Center	11941 GEORGIA AVE	MD	21226-3288	21-2576	126180000
Henry Dialysis	315 BALDWIN ST	MD	21202-3611	21-2542	520100300
Southern Maryland Dialysis	6211 STUART LN	MD	20736-2712	21-2543	724402000
Baltimore Geriatric & Rehab Dialysis Center	4940 EASTERN AVE	MD	21224-2735	21-2587	218800700
Cherry Hills Dialysis Center	10 CROSSROADS DR	MD	21117-5483	21-2574	741565500
Quinnville Dialysis	1500 REISTERSTOWN RD	MD	21728-3638	21-2638	404867600
Dundalk Dialysis	14 COMMERCE ST	MD	21222-4307	21-2616	800702100
JHS North Bond Street Dialysis	400 N CAROLINE ST	MD	21231-1003	21-2535	523601400
Whitacres Dialysis	1 NASHUA CT STE E	MD	21221	21-2523	523504900
Coltonville Dialysis	1581 SULPHUR SPRING RD	MD	21227	21-2528	801103300
Carroll County Dialysis Facility	412 MALCOLM DR	MD	21267-6167	21-2637	045003200
Leakneys Dialysis	1043 HOSPITAL DR	MD	20758-3113	21-2584	426262500
Pasadena Dialysis	8894 FORT SMALLWOOD RD	MD	21122-7812	21-2613	426270100
Glen Burnie Dialysis	1701 LANGLEY RD N	MD	21090-8678	21-2631	402623000
Baltimore County Dialysis Center	9835-A LIBERTY RD	MD	21133-2436	21-2549	407700100
Downtown Dialysis Center	8211 BELTAV ST	MD	21201-8304	21-2532	129110000
North Rolling Road Dialysis	1106 N ROLLING RD	MD	21228	21-2634	402627800
Rochville Dialysis Center	14815 BRODSHART RD	MD	20850-3367	21-2611	061200000
Falls Road Dialysis	10753 FALLS RD	MD	21083	21-2588	210900000
Takoma Park Dialysis	1502 UNIVERSITY BLVD EAST	MD	20783	21-2590	408333600
Battle Creek Dialysis	220 E GOODALE AVE	MD	48037-8728	23-2617	171046700
Midway City Dialysis Home Training	4277 SAINT ANTOINE ST	MI	48021-1461	23-2630	106944561
New Center Dialysis	3011 W GRAND BLVD	MI	48202-3012	23-2629	127564478
Redford Dialysis	22711 GRAND RIVER AVE	MI	48219-3113	23-2643	127659970
Ludington Dialysis	5 N ATKINSON DR	MI	49451-2918	23-2672	176044378
Southgate Dialysis	14752 NORTHLINE RD	MI	48186-3467	23-2636	149711767
Downriver Kidney Center	1600 ALLEN RD	MI	48101-2604	23-2622	154231047
Commerce Dialysis	22657 GREENFIELD RD	MI	48075-3122	23-2612	187953696
Dearborn Dialysis	1185 MONROE ST	MI	48124-2814	23-2620	196246343
PDI-Grand Haven	18964 ROBBINS RD	MI	49417-2765	23-2653	186297318
Schaeffer Drive Dialysis	18100 SCHAEFER HWY	MI	48228-2620	23-2643	114242662
PDI-Grand Rapids	801 CHERRY ST SE	MI	49506-1440	23-2625	1508687023
Seaway Dialysis	1527 E GENESEE AVE	MI	49607-1755	23-2646	151862868
PDI-Carder	6150 CADIEUX ROAD	MI	48224-2006	23-2634	197256460
PDI-Grand Rapids East	1230 E GARY ST NE	MI	49503-1372	23-2638	158962445
Clinton Township Dialysis	15918 18 MILE RD	MI	48394-1101	23-2647	101310170
Kalamazoo Central Dialysis	535 S BURBOK ST	MI	49007-5261	23-2639	156337240
Kalamazoo West Dialysis	1940 N 10TH ST	MI	49009-6149	23-2641	149797316
Jonia Dialysis	2822 HEARTLAND BLVD	MI	48846-8787	23-2638	157899462
Lansing Home Hemodialysis At Home	1675 WATERTOWER PL	MI	48223-6987	23-2646	140714604
Greenview Dialysis	18544 W 8 MILE RD	MI	48376-1284	23-2630	1508227015
Tri Huron Dialysis	725 SILVER ST	MI	48328-1364	23-2626	
Commerce Township Dialysis	120 W COMMERCE RD	MI	48382-3915	23-2637	149785619
Oak Park Dialysis	13481 W 10 MILE RD	MI	48237-4833	23-2613	1518928035
Southfield West Dialysis	71000 MELROSE AVE	MI	48075-7387	23-2604	150892798
Flushing Dialysis Center	3489 PIERSON PL	MI	48133-2413	23-2627	107337468
Westland Dialysis	5628 FORD RD	MI	48165-7639	23-2622	1851353072
Grand Blanc Dialysis Center	3025 GENESYS PKWY	MI	48430-8070	23-2649	186973818
Chrysler Dialysis	1820 COMMERCE PARK DR	MI	48116-2136	23-2632	1586795202
Rochester Hills Dialysis	1886 W AUBURN RD	MI	48300-3965	23-2628	1462515404
Dearborn Home At Home	20020 PARK ST	MI	48128-2410	23-2629	158683366
Romulus Dialysis	51420 COLLIER RD	MI	48174-1963	23-2640	149741470
Ballerger Pointe Dialysis	2282 S BALLINGER HWY	MI	48003-3447	23-2624	1457312644
East Dearborn Dialysis	13200 W WARREN AVE	MI	48128-2410	23-2631	1114862975
Fenton Dialysis	17420 SILVER PKWY	MI	49490-4426	23-2636	106331051
Greenview County Dialysis	3517 WALKER ST	MI	48128-1219	23-2627	160039144
Jackson Dialysis Center	234 W LOUIS BUCK HWY	MI	47201-1326	23-2571	195232469
Grassie Pointe Dialysis	18000 E WARREN AVE	MI	48224-1336	23-2643	1780815456
Haltwood Dialysis Center	4929 CLIO RD	MI	48904-1886	23-2629	1871564396
Dayton Dialysis	1011 S STATE RD	MI	48023-1983	23-2635	162687613
North Oakland Dialysis	4320 W TELEGRAPH RD	MI	48341-1037	23-2611	161809131
West Detroit Dialysis Center	12950 W CHICAGO ST	MI	48228-2651	23-2683	128649470
Ironson Dialysis	4145 GASS AVE	MI	48201-1707	23-2645	1215997729
Greenfield Dialysis	5715 N VEVOY RD	MI	48186-2830	23-2650	1318035028
Clarkston Dialysis	8770 DIXIE HWY	MI	48346-2868	23-2575	111040411
PDI-Highland Park	64 W VICTOR ST	MI	48203-3128	23-2670	152902021
Detroit Dialysis Center	2674 E JEFFERSON AVE	MI	48207-4129	23-2679	156832067
Macomb Kidney Center	7826 SCHOENHERR RD	MI	49088-4300	23-2640	1023079530
Now Dialysis	47250 W 10 MILE RD	MI	48374-2972	23-2649	107337498
Brighton Dialysis	7840 GRAND RIVER RD	MI	48114-2336	23-2651	138332948
Toledo Dialysis	2768 WASHINGTON RD	MI	48187-1505	23-2628	124529254
Ford Dialysis Center	2 HUNLEY PL	MI	48503-5004	23-2638	1710848229
Muskegon Dialysis	1277 MERCY DR	MI	49444-4605	23-2652	1849231188
Park Plaza Dialysis	61075 N BALLINGER HWY	MI	48204-4421	23-2610	137853552
Woodbury Dialysis	1860 WEIR DR	MI	48128-2620	23-2636	482513650
Redwood Falls Dialysis Center	100 FALLOW RD	MN	56283-1828	24-2622	147213600
Minnesota Ostiahs Unit	17869 PUTCHERS DR	MN	55345-4100	24-2626	544527200
TRC-Rose City	129 6TH AVE SE	MN	56083-1913	24-2618	542812200
West St. Paul Dialysis Unit	1566 WINGSTON AVE	MN	55118-3411	24-2628	483714000
Edina Dialysis Center	8550 YORK AVE S	MN	55435-2332	24-2501	418753000
River City Dialysis	1134 NORTHWESTERN AVE S	MN	55082-8967	24-2626	254714000
Fairview Dialysis Unit	201 LINDALE AVE S	MN	55021-5758	24-2508	709329810
Maplewood Dialysis Center	2785 WHITE BEAR AVE N	MN	56109-1320	24-2612	475274300
Arden Hills Dialysis Unit	3900 NORTHWOODS DR	MN	55122-6911	24-2618	309274000
Coom Rapids Dialysis Unit	3600 COOK RAPIDS BLVD NW	MN	56433-2568	24-264	827691000
Cass Lake Dialysis Facility	822 GRANT LITTLE ST	MN	56533-0757	24-2626	266371000
Burnsville Dialysis Unit	501 E NICOLLET BLVD	MN	56337-6784	24-2515	464330800
St. Louis Park Dialysis Center	3505 LOUISIANA AVE S	MN	55426-4121	24-2654	564179500
Marneapolis Dialysis Unit	825 S EIGHTH ST	MN	55404-1208	24-2633	323863300
Marneapolis Dialysis Center	363 S BRUCE ST	MN	55258-1834	24-2602	000026600
St. Paul Capitol Dialysis	555 PARK ST	MN	56103-2193	24-2633	636427700
Scott County Dialysis	7456 S PARK DR	MN	56378	24-2567	656488000
Highland Park Dialysis	1569 W 7TH ST	MN	56102-4298	24-2673	140786801
Cottage Grove Dialysis	8800 E POINT DOUGLAS RD S	MN	56105-4160	24-2646	626613000
Richfield Dialysis	6910 LINDALE AVE S	MN	56423-2490	24-2663	431589300
Easton Dialysis Unit	2750 BLUE WATER RD	MN	56121-1400	24-2657	602702800
Forest Lake Dialysis	1098 S LAKE ST	MN	56025-2633	24-2631	017814400
Sun River Dialysis Unit	1758 OLD HUDSON RD	MN	56106-6161	24-2674	159894984
New Hope Dialysis Center	3640 INTERNATIONAL PKWY	MN	56428-2647	24-2664	396336100
Maple Grove Dialysis Unit	12965 GROVE CILN	MN	56386-4459	24-2571	1256618247
Friday Dialysis Unit	5301 E RIVER RD	MN	55421-3778	24-2679	237100000
Westwood Hills Dialysis	7525 WAYZATA BLVD	MN	55408-1621	24-2678	1770783922
Eden Prairie Dialysis	14852 SCENIC HEIGHTS RD	MN	56344-2320	24-2658	488264500
Minneapolis Updown Dialysis	3601 LINDALE AVE S	MN	55436-1013	24-2628	363613000
Pigeonstone Dialysis	3601 14TH AVE SW	MN	56164-1054	24-2641	455714000
St. Paul Capitol Dialysis PD	555 PARK ST	MN	56103-2110	24-2668	573150100

Bloomington Dialysis Unit of TRC	8581 LYNDALE AVE S	BLOOMINGTON	MIN	65420-2231	24-2547	08633000
University Dialysis Unit Riverside	1045 WESTGATE DR	SANIT PAUL	MIN	55114-1079	24-2538	22882040
Red Wing Dialysis Unit	3026 N SERVICE DR	RED WING	MIN	55996-1621	24-2520	3533146-00
Marvicko Dialysis Center	824 N 11TH ST	MONTAQUEO	MIN	55095-1629	24-2511	04528100
Horne Dialysis Unit	825 S 8TH ST STE 1202	MONTAQUEO	MIN	55404	24-2502	1346403796
Manassota NE Dialysis	1040 11TH AVE SE	MONTAQUEO	MIN	55414-1312	24-2553	36543100
Dr. Paul Dialysis	1525 PARK ST	SANIT PAUL	MIN	55103-2192	24-2513	5840126-00
St. Mary Dialysis Center	2400 LUCY LEE PKWY	POPLAR BLUFF	MO	63061-2429	26-2528	502211802
Hennrich Dialysis	3140 PALMYRA ROAD	HANNIBAL	MO	63401-2204	26-2503	
Hospital Hill Dialysis	2250 HOLMES ST	KANSAS CITY	MO	64108-2639	26-2551	509939401
Creswood Dialysis	4901 WATSON RD	SANIT LOUIS	MO	63128-1855	26-2591	507297200
Harrison Avenue Dialysis	1425 HARRISON AVE	SANIT LOUIS	MO	63130-3115	26-2507	507403300
Washington Square Dialysis	1112 WASHINGTON SQ	WASHINGTON	MO	63060-5336	26-2562	502289047
North St. Louis County Dialysis	13119 NEW HALLS FERRY RD	FLORISSANT	MO	63033-3228	26-2625	504907102
Denver Dialysis	2010 N OUTER RD	DEXTER	MO	63041	26-2035	
Eureka Dialysis Center	419 MERADOC BLVD	EUREKA	MO	63025-3008	26-2028	
Meridale Dialysis	1210 HOLMES RD	KANSAS CITY	MO	64145-1707	26-2534	1802087174
Eastland Dialysis	19101 E VALLEY VIEW PKWY	INDEPENDENCE	MO	64055-6907	26-2626	1825289733
RTC-Columbia Dialysis	1701 E BROADWAY	COLUMBIA	MO	65201-8029	26-2811	500152004
Lamplighter Dialysis	12854 LAMPLIGHTER SQUARE	ST LOUIS	MO	63128	26-2006	507471505
Ville of Waterbury	820 WATERBURY FALLS DR	OF FALLON	MO	63398-2262		
Rolla Dialysis	1533 E 10TH ST	ROLLA	MO	65409-3696	26-2536	507298021
South County Dialysis	4146 UNION RD	SANIT LOUIS	MO	63129-1064	26-2574	504900101
St. James Dialysis	300 FIRST EXECUTIVE AVE	SANIT PETERS	MO	63376-1655	26-2549	506990201
Hazelwood Dialysis	837 DURH RD	HAZELWOOD	MO	63042-1755	26-2549	505959106
Shrewsbury Dialysis	2735 WATSON RD	SANIT LOUIS	MO	63118-4172	26-2572	504845201
Chatham Dialysis	188 E BUSINESS 365	WELLS SPRINGS	MO	64821-3371	26-2540	575141200
Central City Dialysis Center	HWY 81 AND 155	CRYSTAL CITY	MO	63019-0167	26-2524	201479849
St. Louis West Dialysis	400 N LINDBERGH BLVD	SANIT LOUIS	MO	63141-7814	26-2563	505143602
Cameron Dialysis	1003 W 4TH ST	CAMERON	MO	64429-1465	26-2578	504889508
St. Joseph Dialysis	1514 CORPORATE DR	SAINT JOSEPH	MO	64507-1522	26-2578	506899002
Lake St. Louis Dialysis	2630 BREWSTER RD	LAKE SAINT LOUIS	MO	63362-2550	26-2841	501537949
St. Charles Dialysis	2128 BLUESTONE DR	SANIT CHARLES	MO	63303-6704	26-2569	503914807
St. Louis Dialysis	524 DE BALMERE AVE	SANIT LOUIS	MO	63112-1804	26-2527	502928005
Flattie Woods Dialysis	7067 NW PRAIRIE VIEW RD	KANSAS CITY	MO	64151-1541	26-2568	609056004
St. Louis Dialysis Center	2610 CLARK AVE	SANIT LOUIS	MO	63103-2502	26-2503	506671804
St. Louis West RD Dialysis	454 W LINDBERGH BLVD	CHELSEA COOKUR	MO	63254-9424	26-2568	505118900
Flourissant Dialysis	11697 W FLORISSANT AVE	FLORISSANT	MO	63033-6711	26-2561	506879500
Northland Dialysis	2750 CLAY EDWARDS DR	N KANSAS CITY	MO	64116-3257	26-2504	501537807
Hope Agath Dialysis Center	1207 STATE ROUTE W	KENNETT	MO	63067-3823	26-2534	500497905
Liberty Dialysis	2325 GLEN HENDREN DR	LIBERTY	MO	64064-2654	26-2530	501535101
Ocean Springs Dialysis	11150 PONCE DE LEON DR	OCEAN SPRINGS	MS	39462-5460	26-2519	00223431
Lumbard Dialysis	852 MAHLA ST	LUMBEDEALE	MS	39462-5962	26-2568	00226225
Singing River Dialysis	4707 TELEPHONE RD	PASCAGOULA	MS	39687-1823	26-2516	00720430
Dialysis Care of Rockingham County	251 W KINGS HWY	EDEN	NC	27288-5009	34-2536	3412236
Cherokee Dialysis Center	53 CHOCTA CHURCH RD	CHEROKEE	NC	28719-5022	34-2562	3412892
Catawba Dialysis	875 BROAD RD	GOLDSBORO	NC	27534-9424	34-2531	3422551
Rockingham South Dialysis	1704 WAYNE MEMORIAL DR	GOLDSBORO	NC	27534-2240	34-2567	3412587
Dialysis Care of Martin County	100 MEDICAL DR	WILLIAMSTON	NC	27662-2156	34-2584	3412584
Copperfield Dialysis	1030 VINEHAVEN DR	CONCORD	NC	28625-7438	34-2631	3412891
Hendersonville Dialysis Center	500 BEVERLY HANNS CTR	HELDERSBORNVILLE	NC	28767	34-2584	3422564
SEDC Elizabeth Dialysis Center	101 DIALYSIS DR	ELIZABETH TOWN	NC	28537-6248	34-2578	3412578
Dialysis Care of Moore County	16 REGIONAL DR	PINEHURST	NC	28374-8863	34-2555	3412555
SEDC Wilmington Dialysis Center	2215 YAUPON DR	WILMINGTON	NC	28401-7334	34-2511	3412511
Wilson Dialysis	1805 MEDICAL PARK DR W	WILSON	NC	27693-2797	34-2507	3422607
DNVO-Durham South - NC	N/A	DURHAM	NC	27700		
Harrisville Dialysis Center	87A PERRY ST	CONCORD	NC	27027-3891	34-2670	
Hertford Dialysis	1307 FREEWAY DR	REDSVILLE	NC	27320-7104	34-2640	3402940
North-Cherokee Dialysis Center	6820 OLD STATEVILLE RD	CHARLOTTE	NC	28269	34-2663	3402963
Marshallville Dialysis Center	7260 E MARSHVILLE BLVD	MARSHVILLE	NC	28103-1191	34-2666	3402988
McDowell County Dialysis	100 SPAULDING RD	MARSHVILLE	NC	28103-1118	34-2645	3402945
Rowland Dialysis Center	125 ALAPAS HWY	SPRUCE PINE	NC	28777-2012	34-2680	3402960
Seroky Mountain Dialysis	1811 ANDREWS RD	MURPHY	NC	28608-5100	34-2649	3402949
Waynesville Dialysis Center	11 PARK TERRACE DR	CLYDE	NC	28721-7445	34-2529	3402929
Wallace Dialysis	5620 S NC 41 HWY	WALLACE	NC	28408-6294	34-2689	3402959
Vance County Dialysis	517 RAIN DRECK RD	HELDERSBORN	NC	27525-6913	34-2543	3412543
DNVO-Wake Forest Dialysis Center-NC	11001 INGLESDIE PL	RALEIGH	NC	27614-6577		
Dialysis Care of Kannapolis	1807 N MAIN ST	KANNAPOLIS	NC	28081-2217	34-2582	3412842
Southport Dialysis Center	1513 N HOWE ST	SOUTHPORT	NC	28441	34-2699	
Ashville Kidney Center	1800 CENTRE PARK DR	ASHVILLE	NC	28805-8308	34-2506	3422508
St. Pauls Dialysis Center	324 W BICEFAN ST	SANIT PAULS	NC	28041-1421	34-2651	3402951
Madison Dialysis Center	302 HIGHWAY ST	MADISON	NC	27028-1872	34-2624	3402924
Forest Hills Dialysis	2803 FOREST HILLS RD SW	WILSON	NC	27693-8811	34-2837	3402937
Roxboro Dialysis	718 RIDGE RD	ROXBORO	NC	27573-4508	34-2562	3412562
Mt. Olive Dialysis	105 MICHAEL MARTIN RD	MOUNT OLIVE	NC	28385-1112	34-2573	3412573
Union County Dialysis	701 E ROOSEVELL BLVD	MORFORD	NC	28113-1107	34-2576	3412576
Dialysis Care of Franklin County	1708 NC HIGHWAY 38 N	LOUISBURG	NC	27548-6326	34-2671	3412571
Dialysis Care of Montgomery County	323 W MAIN ST	BISCAYNE	NC	27708-9528	34-2583	3412583
Cherokee East Dialysis	3004 N SHARON AMITY RD	CHARLOTTE	NC	28205-6841	34-2627	3402927
Greene County Dialysis Center	1025 KINGOLD BLVD	SNOW HILL	NC	27580-1818	34-2550	3402950
SEDC Whiteville Dialysis Center	166 REGIONAL DR	WHITEVILLE	NC	28375-3348	34-2621	3402921
Dialysis Care of Edgecombe County	306 WESTERN BLVD	TARBORO	NC	27886-1828	34-2677	3412577
SEDC Kenansville Dialysis Center	305 DEASLEY ST	KENANSVILLE	NC	28349-8798	34-2535	3402935
Axhoke Dialysis	128 HERTY OR COUNTY HIGH RD	AXHOLE	NC	27910-8181	34-2570	3402970
SWA Dialysis Center	605 ASHEVILLE HWY	SHOALS	NC	28778-2747	34-2558	3422558
Elizabeth City Dialysis	1840 W CITY DR	ELIZABETH CITY	NC	28541-2515	34-2615	3412515
Durham West Dialysis	4307 WESTERN PARK PL	DURHAM	NC	27705-1204	34-2616	3402916
SEDC Shakota Dialysis Center	4770 SHALLOTTE AVE	SHALLOTTE	NC	28478	34-2582	3402982
Chesboro Dialysis Center	210 STRAWBERRY BLVD	CHADBOURN	NC	28431-1418	34-2628	3402928
Swannanoa Dialysis Center	2305 US HIGHWAY 70	SWANNANOA	NC	28778-8077	34-2626	3402926
Southern Pines Dialysis Center	209 WINDY HILL PL	SEASIDE	NC	28439	34-2839	3402939
SEDC Surfer Dialysis Center	704 S DICKERSON ST	BURGAUW	NC	28425-4904	34-2538	3422538
Waverly Dialysis	329 MERRIMON AVE	WELLSVILLE	NC	28787-6253	34-2604	3402904
Dialysis Care of Rowan County	111 DORSETT DR	SALISBURY	NC	28144-2278	34-2849	3412849
SEDC Jacksonville Dialysis Center	14 OF PICE PARK DR	JACKSONVILLE	NC	28545-325	34-2532	3422532
Durham Dialysis	801 YATEVIEW LANE ST	DURHAM	NC	27701-3810	34-2550	3412950
Dialysis Care of Richmond County	S NC HIGHWAY 177	HAWLEY	NC	28345	34-2639	3412639
Edenton Dialysis	703 LUKE ST	EDENTON	NC	27532-9894	34-2541	3412541
Dialysis Care of Rutherford County	226 COMMERCIAL ST	FOREST CITY	NC	28043-2651	34-2566	3412966
Dialysis Care of Hoke County	403 S MAIN ST	RAEFORD	NC	28178-3222	34-2579	3412579
South-Cherokee Dialysis	5620 BARRINGTON RD	CHARLOTTE	NC	28228-1327	34-2623	3412523
Charlotte Dialysis	2521 W MOREHEAD ST	CHARLOTTE	NC	28208-5145	34-2540	3412540
Dialysis Care of Anson County	823 E CASWELL ST	WADESBORO	NC	28170-2305	34-2590	3412590
Burlington Dialysis	875 HEATHER RD	BURLINGTON	NC	27315-8288	34-2567	3412567
Farpo Dialysis Center	4434 25RD AVE S	FARGO	ND	58104-295	26-2502	1791
Osage Dialysis	4115 S 7TH ST	OSAGE	ND	58474-1820	26-2594	1102
Hastings Dialysis Center	1900 N SAINT JOSEPH AVE	HASTINGS	NE	68901-2662	26-2501	100251989-00
Omaha South Dialysis	3427 E ST	OMAHA	NE	68107-2677	26-2511	82132300001
Omaha North Dialysis	6272 AME'S AVE	OMAHA	NE	68104-1801	26-2514	82130360003
South Lincoln Dialysis	3421 PL ANTATON DR	LINCOLN	NE	68218-4712	26-2505	10025469100
Capital City Dialysis	307 N 46TH ST	LINCOLN	NE	68503-3714	26-2503	100251989-00
Dodge County Dialysis	1940 E 23RD AVE S	FREMONT	NE	68025-2462	26-2512	82132300002
Grand Island Dialysis	603 S WEBB RD	GRAND ISLAND	NE	68003-5141	26-2522	100250767-00
McCook Dialysis Center	801 W C ST	MCCOOK	NE	68901-3591	26-2517	100251989-00
Nebraska Dialysis	1325 S WASHINGTON ST	MCCOOK	NE	68046-3136	26-2518	10024551500
Omaha West Dialysis	13914 W DODGE RD	OMAHA	NE	68154-2148	26-2506	82132300000
Scottsbluff Dialysis Center	3812 AVENUE B	SCOTTSBLUFF	NE	68061-4780	26-2502	237763722-10
Omaha Central Dialysis	144 S 40TH ST	OMAHA	NE	68131-3004	26-2516	82132300004
Nashua Dialysis	36 TYLER ST	NASHUA	NH	03063-2912	30-2507	3011298
Hempstead Dialysis Center	7180 BRADLEY AVE	NEPTUNE	NJ	07753-4471	31-2567	0119512
Wilkesboro Dialysis	238 VAN SCHWER PKWY	WILKINSBORO	NJ	08046-1131	31-2584	0097580
Hackettstown Dialysis	657 WILLOW GROVE ST	HACKETTSTOWN	NJ	07840-1713	31-2589	0144177
Parsonskaun Dialysis Center	7024 KAIGH'S AVE	PARNSKAUNEN	NJ	08109-4417	31-2583	0198333
Holmdel Dialysis	65 N BEERS ST	HOLMDEL	NJ	07733-1336	31-2510	8530104
East Orange Dialysis	90 WASHINGTON ST	EAST ORANGE	NJ	07017-1050	31-2522	8520205
Hewlett Dialysis Center	571 CENTRAL AVE	NEWARK	NJ	07107-1463	31-2570	0018422
Plainfield Dialysis	1200 RANDOLPH RD	PLAINFIELD	NJ	07060-3361	31-2568	8744203
Neptune Route 96 Dialysis	3297 STATE ROUTE 88	NEPTUNE	NJ	07753-2762	31-2520	8538545
Brickton Dialysis Center	525 JACK MARLIN BLVD	BRICK	NJ	08724-7736	31-2562	0017183

Atlantic Artificial Kidney Center	6 INDUSTRIAL WAY W	EXFORD TOWNSHIP	NJ	07724-2256	31-2537	7786203
Bridgeover Dialysis Center	5725 ROUTE 22 W	ROUND BROOK	NJ	08856-1548	31-2530	6883236
Frederick Dialysis Center	500 CRAIG RD	MANALAPAN	NJ	07726-8742	312517	6536203
Middletown Dialysis Center	500 STATE ROUTE 36	RED BANK	NJ	07701-6030	31-2536	0041870
Lumberton Dialysis	688 MAIN ST	LUMBERTON	NJ	08048-5018	312506	8842801
Somerset Dialysis Center	240 CHURCHILL AVE	SOMERSET	NJ	08873-3461	31-2574	0038176
Debra Dialysis	6038 ROUTE 130	DEER BRAN	NJ	08075-1880	31-2521	8622403
Edison Dialysis	29 MERIDIAN RD	EDISON	NJ	08852-2623	312559	8742405
Burlington North Dialysis	1164 E ROUTE 130	BURLINGTON	NJ	08016-2654	312548	8091307
Summit Dialysis	1136 SPRUCE DR	INDUSTRYSIDE	NJ	07092-2221	312528	8845101
Old Bridge Dialysis	3 HOSPITAL PLZ	OLD BRIDGE	NJ	08857-3084	312541	7076801
Perth Amboy Dialysis	530 NEW BRIDGEMCK AVE	PERTH AMBOY	NJ	08881-3654	312540	7861807
Cherry Hill Dialysis	1030 KINGS HWY N	CHERRY HILL	NJ	08034-1907	31-2513	5236400
Artesia Dialysis	702 N 13TH ST	ARTESIA	CA	90210-1186		
Shoreport Dialysis Center	PO BOX 2156	SHIPROCK	CA	97420-2156	37-2515	75514
Four Corners Dialysis Center	801 W BROADWAY	FARMINGTON	NM	87401-6550	35-2503	75373
Sparks Dialysis Center	4860 WTA BLVD	SPARKS	NV	89435-2817	29-2506	004510205
Sumner Dialysis Center	653 N TOWH CENTER DR	LAS VEGAS	NV	89144-0503	29-2515	004520005
Carson City Dialysis Center	3310 GOWH RD	CARSON CITY	NV	89706-7917	29-2500	
Reno Dialysis Center	1500 E 2ND ST	RENO	NV	89502-1189	29-2518	
South Meadows Dialysis Center	10085 DOUBLE R BLVD	RENO	NV	89521-4867	29-2526	
The Nevada Dialysis Center	1510 W WARREN SPRINGS RD	HENDERSON	NV	89014-3585	29-2534	1822723807
Desert Springs Dialysis	2110 E FLAMINGO RD	LAS VEGAS	NV	89119-6101	29-2525	1427700828
Fallon Dialysis	1103 NEW RIVER PKWY	FALLON	NV	89405-8929	29-2526	1003027894
Las Vegas Dialysis Center	3100 W CHARLESTON BLVD	LAS VEGAS	NV	89102-1992	29-2501	004502874
North Las Vegas Dialysis Center	2300 MCDANIEL ST	NORTH LAS VEGAS	NV	89030-6518	29-2504	004502874
South Las Vegas Dialysis Center	2250 S RANCHO DR	LAS VEGAS	NV	89125-4455	29-2512	004502105
Sierra Henderson Dialysis Center	2895 SIERRA HEIGHTS DR	HENDERSON	NV	89052-4188	29-2524	100511305
Five Star Dialysis Center	2400 TECH CENTER CT	LAS VEGAS	NV	89128-0804	29-2538	1588634206
Centennial Dialysis Center	8776 DEER SPRINGS WAY	LAS VEGAS	NV	89149-0415	29-2531	1638360004
Las Vegas Pediatrics Dialysis Center	1721 W SAHARA AVE	LAS VEGAS	NV	89117-2962	29-2526	1625270580
Mountain View Dialysis	2881 BUSINESS PARK CT	LAS VEGAS	NV	89128-6018	29-2510	004502010
Southern Hills Dialysis Center	2680 W SUINET RD	LAS VEGAS	NV	89148-4981	29-2521	100504988
Anthony Wilson Dialysis	2530 ANTHEM VILLAGE DR	HENDERSON	NV	89023-3548	29-2522	100504175
Palmyra Dialysis Center	1400 E CALVADA BLVD	PALMYRA	NV	89046-6922	29-2511	4512000
Sierra Rosa Dialysis Center	685 SIERRA ROSE DR	RENO	NV	89511-2080	29-2520	100502380
Cleve Hill Dialysis Center	1481 KENSINGTON AVE	RENO	NV	14215-1438	33-2548	02722687 003
Bedford Park Dialysis Center	3118 WEBSTER ST	BROOK	NY	10487-4626	33-2682	
Empire State Dialysis Center	1515 JARRETT PL	BROOK	NY	10461-2906	33-2656	00260180 003
Yonkers East Dialysis Center	5 ODELL PLZ	YONKERS	NY	10701-1406	33-2688	
Sheepshead Bay Retail Care Center	28 BRIGHTON 11TH ST	BROOKLYN	NY	11236-6304	33-2604	00056112 003
Dyer Heights Dialysis Center	1435 86TH ST	BROOKLYN	NY	11234-5308	33-2608	00056333 003
Lynbrook Dialysis Center	147 SCHANTON AVE	LYNBROOK	NY	11563-2608	33-2682	00046061 003
Catskill Dialysis Center	139 FORESTBURGH RD	MONTICELLO	NY	12701-2364	33-2546	00048780 003
Cole Oil Dialysis Center	867 STONELEIGH AVE	CARMEI	NY	10512-2454	33-2651	00731271 003
Freeport Kidney Center	267 W MERRICK RD	FREEPORT	NY	11520-3346	33-2520	03870573 003
Hudsonston Artificial Kidney Center	256 BRIGADWAY	PORT WASHINGTON STATION	NY	11746-1453	33-2513	00702618 003
Queens Dialysis Center	1187 GUY R BRUYER BLVD	JAMAICA	NY	11434-2101	33-2683	00047386 003
South Bronx Dialysis Center	1940 WEBSTER ST	BROOK	NY	10467-4261	33-2508	03048687 003
Riverdale Dialysis Center	1170 W 233RD ST	BROOK	NY	10463-0030	33-2686	03048771 003
Ithaca Dialysis Center	201 DATES DR	ITHACA	NY	14850-1345	33-2536	01929871 003
Queens Village Dialysis Center	2228 HIGHSTEAD AVE	QUEENS VILLAGE	NY	11358-1453	33-2683	03032588 003
Metro Dialysis Center	1725 OCEAN AVE	MEDFORD	NY	11763-2640	33-2656	03036707 003
Brook Dialysis Center	1615 EAST CHESTER RD	BROOK	NY	10481-2803	33-2503	01893138 003
Columbia University Dialysis Center	80 HAVEN AVE	NEW YORK	NY	10032-2004	33-2621	01955022 004
Syosset Kidney Center	11 LOCUST LN	SYOSSET	NY	11791-4834	33-2682	03035812 003
Garden City Dialysis Center	1900 STEWART AVE	GARDEN CITY	NY	11530-4839	33-2676	03035541 003
Lititz Avenue Dialysis Center	1305 LITIZ AVE	BROOKLYN	NY	11203-5911	33-2686	01955022 003
South Brooklyn Nephrology Center	3615 AVENUE V	BROOKLYN	NY	11234-6150	33-2516	00998696 003
Yonkers Dialysis Center	575 YONKERS AVE	YONKERS	NY	10704-2001	33-2602	03055103 003
Richmond Kidney Center	1305 VICTORY BLVD	STATEN ISLAND	NY	10381-3807	33-2500	03055501
White Plains Dialysis Center	280 HAZELTON AVE	WHITE PLAINS	NY	10601-1850	33-2683	03032587 003
Port Washington Dialysis Center	50 SEAVIEW BLVD	PORT WASHINGTON	NY	11090-4615	33-2521	03049062 003
Royal Care of Buffalo	550 ORCHARD PARK RD	WEST SENeca	NY	14224-2646	33-2548	01402778 003
Port Chester Dialysis and Renal Center	38 BULKLEY AVE	PORT CHESTER	NY	10573-3902	33-2566	03009888 003
Pascohill Cortland Dialysis Center	2050 E MAIN ST	CORTLAND MANOR	NY	10567-2502	33-2574	03045788 003
Sourndewey Dialysis Center	1622 BOLINGBROOK BLVD	JAMAICA	NY	10473-4533	33-2690	03048641 003
Brook Pond Road Dialysis Center	4228 BOSTON RD	BROOK	NY	10475-1122	33-2588	03048658 003
Hudson Valley Dialysis Center	155 WHITE PLAINS RD	YARLINGTON	NY	10581-6623	33-2571	01781189
Wilow Dialysis Center	1675 ALEX DR	WILMINGTON	OH	45177-2449	36-2551	2672521
Alliance Community Dialysis	270 E STATE ST	ALLIANCE	OH	44801-3000	36-2699	2619728
Belden Community Dialysis	4695 FULTON DR NW	CANTON	OH	44714-2312	36-2726	2217065
Mercy Care Dialysis	1320 MERCY DR NW	CANTON	OH	44708-2614	36-2640	2919558
Shaker Square Dialysis	12800 SHAKER BLVD	CLEVELAND	OH	44120-2054	36-2520	2623207
Nelsonville Dialysis	1950 MOUNT SAINT MARYS DR	NELSONVILLE	OH	45784-1280	36-2545	2633860
Zanesville Dialysis	3120 NEWARK RD	ZANESVILLE	OH	43705-1600	36-2518	3025118
Blue Ash Dialysis	10900 MCKINLEY DR	CLEVELAND	OH	44115-3117	36-2519	2039183
S V Community Dialysis	2302 COMMUNITY COLLEGE AVE	CLEVELAND	OH	44102-2628		
Detroit Road Dialysis	7901 DETROIT AVE	CLEVELAND	OH	44145		
Westshore Dialysis	29000 CENTER RIDGE RD	CLEVELAND	OH	44145	36-2708	2844006
Dexa Dialysis	5040 DELHI AVE	CINCINNATI	OH	45228-1388		
Deerhorn County Dialysis	3801 MONTICLAIN BLVD	MILFORD	OH	45150		
Watson Dialysis Center	721 S SHOOP AVE	WAUSEON	OH	43867-1729	36-2706	2911522
Strongsville Dialysis	17762 PEARL RD	STRONGSVILLE	OH	44136-6009	36-2684	2763639
Rockdale Dialysis	4801 ACORN DR	INDIPEPENDENCE	OH	44131-2568	36-2731	2891527
Urbana Dialysis Center	1890 E US HIGHWAY 36	URBANA	OH	43078-6405	36-2726	2891474
Ohio Pike Dialysis	1781 STATE ROUTE 125	ARREOLA	OH	45102-2039	36-2738	2925495
Lutensia Dialysis Center	9188 COLUMBUS AVE	LEBANON	OH	45036	36-2707	2830762
Wadsworth Dialysis	195 WADSWORTH RD	WADSWORTH	OH	44281-6504	36-2720	2891410
White Oak Home Training Dialysis	5520 CHEVOT RD	CINCINNATI	OH	45247-7008	36-2687	2761211
Swanton Home Training Dialysis	6928 SIL VERTON AVE	CINCINNATI	OH	45236-3701	36-2634	2834504
Butler County Home Training Dialysis	2467 S DIXIE HWY	FRANKLIN	OH	45005-5717	36-2698	2781113
Lebanon Home Training PD	9188 COLUMBUS AVE	LEBANON	OH	45036	36-2711	2836338
Eastgate Home Training	4435 ACHOL TZ RD	CINCINNATI	OH	45245-1892	36-2702	2822577
Erion Dialysis	105 E WASHINGTON JACKSON RD	EATON	OH	45230-8788	36-2703	2817123
Cherry Valley Dialysis	1027 W MAIN ST	NEWARK	OH	43025-1365	36-2744	
Forest Hill Dialysis	1145 KEMPER MEADOW DR	CINCINNATI	OH	45240-4118	36-2734	2913023
Northwood Dialysis	611 LEMOYNE RD	NORTHWOOD	OH	43619-1811	36-2680	2615094
Port Hope Dialysis	4747 SUDER AVE	TOLEDO	OH	43611-2680	36-2712	2644807
East Garbath Dialysis	3877 E GARBRATH RD	CINCINNATI	OH	45236-1580	36-2740	2252854
Dublin Dialysis	6770 PERIMETER DR	DUBLIN	OH	43016-8063	36-2726	2891447
Eastgate Dialysis	4435 ARCHOL TZ RD	CINCINNATI	OH	45245-1890	36-2522	0867190
Columbus Downtown Dialysis	415 E MOUND ST	COLUMBUS	OH	43215-6512	36-2690	2825477
Batavia Dialysis	4000 GOLDEN AGE DR	BATAVIA	OH	45103-1913	36-2736	2671020
US Grant Dialysis	458 HOME ST	GEORGETOWN	OH	45121-4408	36-2735	2832812
Bella Dialysis	2508 WASHINGTON BLVD	BELLEVUE	OH	43114-1848	36-2671	2524818
Kettering Dialysis	5721 BIGGER RD	KETTERING	OH	45440-2752	36-2690	2716801
Anderson Dialysis Center	7502 STATE RD	CINCINNATI	OH	45255-2000	36-2715	2636447
Sandusky Dialysis Center	795 BARDSHAR DR	SANDUSKY	OH	44870-1505	36-2700	2608223
Warrensville Heights PD Dialysis	4230 WARRENVILLE CENTER RD	WARRENVILLE HEIGHTS	OH	44172-1000	36-2718	2855116
Swanton Dialysis	6629 SILVERTON AVE	CINCINNATI	OH	45236-3701	36-2633	2645861
Patazkala Dialysis Center	642 E BROAD ST	PATAZKALA	OH	43067-7027	36-2709	2827187
White Oak Dialysis	5520 CHEVOT RD	CINCINNATI	OH	45247-7008	36-2688	2642242
Redbank Village Dialysis	3660 RED BANK RD	CINCINNATI	OH	45221-1000	36-2745	2971244
Northwood Dialysis	2300 WALL ST	CINCINNATI	OH	45213-2781	36-2742	
Columbus East Dialysis	299 OUTERBELT ST	COLUMBUS	OH	43213-1529	36-2622	29711487
Columbus Dialysis	3830 OLENTANGY RIVER RD	COLUMBUS	OH	43214-6404	36-2543	2808241
St. Auburn Dialysis	2108 READING RD	CINCINNATI	OH	45220-1417	36-2502	2037996
Logan Dialysis	12886 GREY ST	LOGAN	OH	43136-8838	36-2732	2335026
Rivers Edge Dialysis	1036 E STATE ST	AT HIGHS	OH	45701-2171		
Andover Dialysis	438 S MAIN ST	ANDOVER	OH	44003-9502	36-2694	7760114
Grove City Dialysis	4155 KELLOR DR	GROVE CITY	OH	43123-2660	36-2716	2855502
Columbus West Dialysis	1395 GEORGEVILLE RD	COLUMBUS	OH	43228-9811	36-2705	2787186
Columbus West Home Training OH	1391 GEORGEVILLE RD	COLUMBUS	OH	43228-9811	36-2727	2891429
UNIVC-Cross Northern Dialysis-AL	2212 FAIRMONT CENTER DR	FAIRMONT PARK	OH	44126-3507		
Holland County Dialysis	120 ROBERTS LN	HILLSBORO	OH	45133-3808		
Fairborn Dialysis	3070 PRESIDENTIAL DR	FAIRBORN	OH	45324-8712	36-2693	2038006
Toledo Dialysis	1614 S BYRNE RD	TOLEDO	OH	43614-3464	36-2587	2062440
Perma Dialysis Center	6735 AMES RD	CLEVELAND	OH	44129-5801	36-2620	2531607

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Roddy Hwy Dialysis	2020 CENTER ROSE RD	HOCKY RIVER	OH	44116-9567	38-2610	2836123
Guernsey County Dialysis	1300 CLARK ST	CAMBRIDGE	OH	43725-8875	38-2936	2220231
Middleburg Heights Dialysis	7900 N GALE RD	MIDDLEBURGH H18	OH	44130	38-2572	2311088
Wilson Road Dialysis	8650 WYOMING RD	CINCINNATI	OH	45224-1327	38-2911	2120594
Butler County Dialysis	3467 S DODGE HWY	FRANKLIN	OH	46005-5717	38-2647	2346019
Fairfield Home Training Dialysis	1210 HICKS BLVD	FAIRFIELD	OH	45014-1621	38-2908	2202778
Mc Auburn Home Dialysis	2109 READING RD	CINCINNATI	OH	45202-1417	38-2933	2220286
Ashland Dialysis	1814 W 19TH ST	ASHTABULA	OH	44024-3038	38-2564	2311379
Southwest Ohio Dialysis	213 S ALLISON AVE	LEWA	OH	45295-3894	38-2594	2402689
Marion Dialysis	1019 PIKE ST	MARIETTA	OH	45750-3600	38-2643	2220180
Seneca County Dialysis	85 SAINT FRANCIS AVE	TIFFIN	OH	44883-3413	38-2622	2639426
Coshocton Dialysis	1404 CHESTNUT ST EAST	COSHOCTON	OH	43812-1401	38-2983	2464480
Fairfield Dialysis	1210 HICKS BLVD	FAIRFIELD	OH	45014-1621	38-2902	2125337
Hudson Road Dialysis	1183 HURBARD RD	MADISON	OH	44827-2185	38-2614	2129289
Western Hills Dialysis	3287 WESTSCOURNE DR	CINCINNATI	OH	45248-6139	38-2928	2222222
Hyvor Dialysis	309 E GRAMHAM AVE	FRYOR	OH	44391-2434	37-2929	100737200
Chama Dialysis	3808 S WESTERN AVE	OKLAHOMA CITY	OK	73106-3405	37-2998	200069400A
Muskegon Community Dialysis Center	2913 AZALEA PARK DR	MUSKOGEE	OK	74401-2283	37-2749	200070000A
Greenwood Dialysis Center	1346 N LANSING AVE	TULSA	OK	74108-5811	37-2956	200070220A
Armedillo Dialysis Center	412 SE 11TH STREET	ANADARKO	OK	73005-4442	37-2575	100733210L
Chickasha Dialysis	228 S 29TH ST	CHICKASHA	OK	73018-2902	37-2672	100741140V
Central Tulsa Dialysis Center	1124 S SAINT LOUIS AVE	TULSA	OK	74120-5413	37-2546	100741140V
Broken Arrow Dialysis Center	801 S ASPEN AVE	BROKEN ARROW	OK	74012-8302	37-2516	100741140G
Scotoba Dialysis	9847 RIDGEVIEW ST	OKMULGEE	OK	74447-2315	37-2648	200030410A
Northwest Oklahoma Dialysis Center	7609 NW 23RD ST	BETHANY	OK	73005-4948	37-2515	100733210C
Claremore Dialysis Center	202 E BLUE STARR DR	CLAREMORE	OK	74017-4223	37-2514	100741140F
Tulsa Dialysis Center	4436 S HARVARD AVE	TULSA	OK	74135-2805	37-2504	100733210E
Oklahoma City South Dialysis	5730 S MAY AVE	OKLAHOMA CITY	OK	73119-5804	37-2516	100737220E
Oklahoma City Dialysis	1101 S BELMONT AVE	OKLAHOMA CITY	OK	73104-4474	37-2548	100741140S
Heensland Dialysis	924 REBETH ST	OKLAHOMA CITY	OK	73104-5800	37-2530	100739120A
Tid-Slate Dialysis	2510 N MAIN ST	MIAMI	OK	74354-1802	37-2547	100733210M
Norman Dialysis Center	1818 W UNDOSEY ST	NORMAN	OK	73009-4159	37-2527	100741140E
Clinton Dialysis Center	150 N 51ST ST	CLINTON	OK	73801-8118	37-2561	100733210J
Midwest City Dialysis Center	7221 E RENO AVE	HARDIST CITY	OK	73140-4474	37-2511	100741140A
Edmond Dialysis Center	50 S BALMAIN AVE	EDMOND	OK	73004-5878	37-2541	100741140J
Abus Dialysis Center	205 S PARK LN	ALTUS	OK	73621-6786	37-2524	100741140U
Durant Dialysis Center	411 WESTSIDE DR	DURANT	OK	74701-2932	37-2585	100733210K
Elk City Dialysis Center	1001 W 2ND ST	ELK CITY	OK	73644-4427	37-2531	100741140A
Duncan Dialysis Center	2626 W ELK AVE	DUNCAN	OK	73523-1572	37-2522	100741140C
Stilwell Dialysis Center	310 N 2ND ST	STILWELL	OK	74690-2969	37-2545	100733210G
Tahlequah Dialysis Center	228 N SLISS AVE	TAHLEQUAH	OK	74464-2520	37-2512	100733210F
Shawnee Dialysis Center	400 E HALL OF FAME AVE	SHAWNEE	OK	74075-5447	37-2505	100733210D
Shawnee Dialysis Center	4409 N KICKAPOO AVE	SHAWNEE	OK	74004-1224	37-2513	100733210E
Southwest Dialysis	9001 S 101ST EAST AVE	TULSA	OK	74133-2789	37-2567	200030301A
Roscoe Valley Dialysis	780 GOLF VIEW DR	MEDFORD	OR	97504-6685	38-2516	
Klamath Falls Dialysis	7230 N ELDRADO AVE	KLAMATH FALLS	OR	97601-6418	38-2567	1114187145
Four Rivers Dialysis Center	515 EAST LN	ONTARIO	OR	97914-3653	38-2519	278515
Rainwood Dialysis	201 SW L ST	GRANT PASS	OR	97626-2913	38-2513	
Harmon Community Dialysis Center	1156 W UJARA AVE	HARMON	OR	97608-4914	38-2544	100270
Blue Mountain Kober Center	12664 COTYLE RD	PENDELTON	OR	97601-1002	38-2564	007148
West Linn Dialysis Center	19066 WILLAMETTE DR	WEST LINN	OR	97088-1715	38-2533	278675
Grant Pass Dialysis Center	1056 REDWOOD AVE	GRANT PASS	OR	97627-6525	38-2562	278201
Merrifield Park Dialysis Center	19926 SW 65TH AVE	TILLAMUTH	OR	97062-6712	38-2548	247330
Hillsboro Dialysis Center	2500 NW 229TH AVE	HILLSBORO	OR	97124-2518	38-2521	278571
Shenwood Dialysis Center	21028 SW PACIFIC HWY	SHENWOOD	OR	97140-8062	38-2546	265561
Salem North Dialysis (OR)	1120 LIBERTY ST NE	SALEM	OR	97301-7330	38-2530	297033
Salem Dialysis (OR)	3560 LIBERTY RD S	SALEM	OR	97302-5700	38-2502	162875
Roseburg Mercy Dialysis	2509 NW EDENBOWER BLVD	ROSEBURG	OR	97471-6220	38-2514	133172
Woodburn Dialysis	2245 DUNSTRAY CLUB RD	WOODBURN	OR	97149-3811	38-2518	133306
Duvone Dialysis	1712 CONELL HWY	DUNMORE	PA	18512-1717	39-2723	10148602 0004
Dialysis Center of Erie	1841 SASSAFRAS ST	ERIE	PA	16502-1650	38-2628	10073429 0015
Hennocdale Dialysis Center	RR 6 BOX 6538	HENNOCDALE	PA	18431-8949	38-2582	10073429 0003
Abington Dialysis	3940A COMMERCE AVE	WILLOW GROVE	PA	18090-1975	38-2614	10073358 0010
E Kings Park Dialysis	6382 OLD YORK RD	WYOMING PARK	PA	18090-1574	38-2614	10073358 0011
Old Forge Dialysis	325 S MAIN ST	OLD FORGE	PA	18518-1677	39-2726	10148002 0002
Tununganoek Dialysis	880 SR 8 W	TUNUNGANOCK	PA	18667-8149	39-2725	10148004 0001
Scranton Dialysis	475 MORGAN HWY	SCRANTON	PA	18506-2005	39-2729	10148004 0005
Dalhousie Valley Dialysis Center	102 DAYTA DR	MAZEFORD	PA	18337-6311	39-2690	10073429 0011
Upland Dialysis Center	146 DECAT CENTER BLVD	MAZEFORD	PA	18013-3902	38-2678	10073429 0003
Onks Dialysis	101 S MAIN ST	CHILD	PA	18407-2614	39-2724	10148002 0002
Franklin Dialysis Center	150 SOUTH INDEPENDENCE WEST	PHILADELPHIA	PA	19106-3413	38-2531	10073429 0014
Warren Dialysis	2 W CRESCENT PARK	WARREN	PA	18385-2111	39-2966	10073429 0013
Monroeville Dialysis	2600 MONROEVILLE BLVD	MONROEVILLE	PA	15146-2302	38-2752	10073358 0005
South River Street Dialysis	11725 BROOK ST	PHILADELPHIA	PA	19148-5412	38-2753	10073429 0003
P.O. Jones PD	2110 HARRISBURG PIKE	LANCASTER	PA	17601-2644	39-2745	10073754 0007
Elizabeth Dialysis	844 N HANOVER ST	ELIZABETHTOWN	PA	17022-1300	38-2604	10073358 0015
Hennocdale Dialysis	207 W 7TH AVE	W HENOCDALE	PA	15120-1002	39-2862	10073358 0017
Pittsburgh Dialysis	4312 PENN AVE	PITTSBURGH	PA	15224-1310	39-2869	10074518 0018
Ridgely Dialysis Center	100 GRANITE LN	HERRIDA	PA	18624	38-2739	10073326 0001
Calvary Dialysis Center	313 CALDWELL ST	PHILADELPHIA	PA	19123-4103	38-2749	10073429 0000
East End-Pittsburgh Dialysis	7714 PENN AVE PARK PLAZA	PITTSBURGH	PA	15221	39-2748	10218118 0001
Bloomfield-Pittsburgh Dialysis	5171 LIBERTY AVE	PITTSBURGH	PA	15224-2254	39-2751	10218118 0002
Huntington Valley Dialysis	789 HUNTINGDON PIKE	HUNTINGDON VALLEY	PA	15006-8967	38-2682	10073358 0006
Market Street Dialysis	3701 MARKET ST	PHILADELPHIA	PA	19104-6263	38-2718	10074518 0023
Selwyn Dialysis	1030 N SUSQUEHANNA TRAIL	SELWYN	PA	17870-7787	39-2928	10073358 0014
Waverly Dialysis	407 E BALTIMORE PIKE	MORTON	PA	18070-1042	38-2502	10073358 0019
Franklin Al Home PD	301 GALLOWAY ST	PHILADELPHIA	PA	19123-4117	39-2756	10073429 0017
OHVQ-Franklin Community Dialysis - PA	720 JOHNSTOWN BLVD	WARRANSTER	PA	18074-2546	38-2620	
Heesen Tervis Hospital Home Dialysis	300 KING AVE	SCALFORD	PA	18510-1724	38-2320	100777141 0025
Jennersville Dialysis Center	1011 W BALTIMORE PIKE	WEST GROVE	PA	18980-8446	39-2831	100729400001
Portis Dialysis	32 STEUBENVILLE PK	PARIS	PA	15021	38-2665	10074518 0001
Waynesburg Dialysis	248 ELM DR	WAYNESBURG	PA	18370-8298	39-2841	10074518 0001
Corry Dialysis	350 YORK ST	CORRY	PA	18407-1420	39-2821	10073358 0022
Cherrydale Dialysis	5786 SHAFER RD	DU BOIS	PA	15801-3872	39-2526	10073358 0124
West Philadelphia Dialysis	1033 TURNPIKE AVE	CLEARFIELD	PA	16830-3051	39-2704	10073358 0108
McKeesport Dialysis	7805 LINDBERGH BLVD	PHILADELPHIA	PA	19153	39-2513	10073358 0130
Ridgely Dialysis	2001 LINCOLN WAY	MCKEESPORT	PA	15131-2419	38-2532	10073358 0003
Holtzworth Dialysis	250 KING OF PRUSSIA RD	RANDOLPH	PA	18607-5220	39-2830	10074518 0022
South Philadelphia Dialysis Center	5223 UMBRIA ST	PHILADELPHIA	PA	19126-4301	39-2515	10073358 0177
NE Philadelphia Dialysis Center	109 DICKINSON ST	PHILADELPHIA	PA	19147-6107	39-2556	10072940 0031
Philadelphia 42nd Street Dialysis	518 KNOX ST	PHILADELPHIA	PA	19111-4604	39-2565	10072940 0030
PDI-Lancaster	1412 E KING ST	LANCASTER	PA	17602-3240	38-2501	10074518 0021
Philadelphia Dialysis Center	611 ELECTRIC AVE	LEWISTOWN	PA	17044-1128	39-2509	10072940 0021
Philadelphia Pk Dialysis	51 N 38TH ST	PHILADELPHIA	PA	19104-2640	39-2508	10074518 0008
PDI-Warner Lower	834 WALNUT ST	PHILADELPHIA	PA	19107-6109	39-2702	10077852 0001
Jefferson Dialysis	14 CLARION BLVD	PITTSBURGH	PA	15206-3991	38-2673	10073358 0006
Palmerton Dialysis Center	185 DELAWARE AVE	PALMER TON	PA	18071-1716	38-2584	10072940 0007
LA Pocomo Dialysis	100 COMMUNITY DR	TORYMANNA	PA	18485-8988	39-2705	10072940 0023
Newtown Dialysis Center	60 BLACKSMITH RD	NEWTOWN	PA	18940-1847	39-2815	10073429 0112
Dialysis Center of Outfall Court	030 TOWN CENTER DR	LANGHORNE	PA	19047-4200	39-2644	10073429 0001
Palmier Dialysis Center	30 COMMUNITY DR	ELSTON	PA	18045-2658	39-2618	10072940 0015
McKeesport West Dialysis	101 5TH ST	MCKEESPORT	PA	15133-3953	38-2700	10074518 0001
Elizabeth Dialysis	201 MCKEESPORT RD	ELIZABETH	PA	15037-1623	39-2710	10073358 0119
Cobb Creek Dialysis	1700 S 80TH ST	PHILADELPHIA	PA	19142-1404	39-2536	10073358 0383
Pocomo Dialysis Center	100 PLAZA CT	EAST STRIOURSBURG	PA	18301-8298	38-2809	10072940 0001
Bradford Dialysis	685 E MAIN ST	BRADFORD	PA	18701-1983	39-2621	10073358 0120
One Dialysis	820 E BAYBROOK PKWY	ERIE	PA	18507-2410	39-2543	10073358 0048
Uachville Dialysis	10600 PARK AVENUE PLZ	MEADVILLE	PA	16335-4012	38-2637	10073358 0122
Northumberland Dialysis	103 W STATE ROUTE 61	MEADVILLE	PA	17851-2539	39-2613	10073358 0110
Exton Dialysis Center	710 SPRINGDALE DR	EXTON	PA	19341-2826	38-2522	10072940 0007
Camp Hill Dialysis Center	425 N 21ST ST	CAMP HILL	PA	17011-2223	38-2634	10072940 0027
PDI-Johnstown	344 BRIDGE ST	JOHNSTOWN	PA	15904-3214	39-2687	10077852 0009
PDI-Ebensburg	236 JAMESWAY RD	EBENSBURG	PA	15631-4207	38-2686	10077852 0004
PDI-Ephrata	67 W CHURCH ST	STEVENS	PA	17578-8203	39-2700	10073429 0004
Allentown County Dialysis	202 HAMPTON AVE N	FAIRFAX	SC	29627-4510	42-2557	42-2670
Upland Dialysis Center	308 HILLS AVE	GREENVILLE	SC	29628-4922	42-2540	42-2669
North Charleston Dialysis	344 BRIDGE AVE	NORTH CHARLESTON	SC	29408	42-2585	ERD186
Goose Creek Dialysis	100 GREENLAND DR	GOOSE CREEK	SC	29445-5354	42-2539	ERD184

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Facility Name	Address 1	Address 2	City	State	Zip	42-2512	42-2513
Aiken Dialysis	778 MEDICAL PARK DR		AIKEN	SC	29601-6306		425123
Faber Place Dialysis	3901 FABER PLACE DR		NORTH CHARLESTON	SC	29405-8533	42-2506	ERD106
Jacksonburg Dialysis	2897 W 5TH NORTH ST		SUMMERVILLE	SC	29485-0874	42-2620	ERD183
Myrtle Beach Dialysis	3919 MAYFAIR ST		MYRTLE BEACH	SC	29577-6773	42-2610	ERD183
Longs Dialysis	90 CLOVERLEAF DR		LONGS	SC	29568-8282	42-2622	
North Charleston Dialysis	3931 SAINT MATTHEWS RD		ORANGEBURG	SC	29111-1443	42-2628	422508
Pendleton Dialysis	7703 HIGHWAY 78		PENDELTON	SC	29670-1818	42-2597	ERD143
Central Hamburg Dialysis	67 SUNSET DR		BAMBERG	SC	29003-1181	42-2534	425347
Walkerboro Dialysis	302 RUBY ST		WALTERBORO	SC	29488-2756	42-2576	425295
Sanford Dialysis	228 BRADFORD BLVD		SANTEE	SC	29142-8877	42-2547	425472
Greer Kidney Center	211 VILLAGE DR		GREER	SC	29614-1238	42-2530	425348
South Orangeburg Dialysis	1000 SUMMERS AVE		ORANGEBURG	SC	29115-4820	42-2526	425690
Greenwood Dialysis	109 OVERLAND DR		GREENWOOD	SC	29648-4053	42-2515	422515
Northwest Columbia Dialysis	10 GATEWAY CORNERS PKWY		COLUMBIA	SC	29203-8606	42-2587	ERD124
Central Columbia Dialysis	3511 MEDICAL DR		COLUMBIA	SC	29203-8504	42-2529	425294
Pasteland Dialysis	506 S PEARL ST		FACELAND	SC	29728-2272	42-2562	ERD134
Lancaster SC Dialysis	990 W WOODLAND DR		LANCASTER	SC	29720-1964	42-2549	425490
Fort Mill Dialysis	1975 CAROLINA PLACE DR		FORT MILL	SC	29708-8922	42-2606	ERD167
Mechanics Dialysis	525 N FOSTER		MITCHELL	SD	57301-2996	43-2505	5400562
Rosebud Dialysis	1 SOLDIER CREEK RD		ROSEBUD	SD	57270-0610	43-2504	5400563
Sioux Falls Community Dialysis Unit	800 E 21ST ST		SIOUX FALLS	SD	57105-1018	43-2503	5400560
Facility Name	Address 1	Address 2	City	State	Zip	Medicare Certification Number	Primary Medicare Number
Cokerville Dialysis	791 W POPLAR AVE		COLLIERVILLE	TN	38017-2543	44-2548	0442848
Humboldt Dialysis	2214 OSBORNE ST		HUMBOLDT	TN	38343-3044	44-2526	0442566
Camden Dialysis	168 W MAIN ST		CAMDEN	TN	38300-1787	44-2607	0442007
Brownsville Dialysis	380 N DUPRE AVE		BROWNVILLE	TN	38012-2322	44-2529	0442588
Sevier Dialysis Center	251 CANTON RD		SELBIE	TN	38375-1881	44-2582	0442582
Galena Dialysis	9180 HIGHWAY 64		LAKELAND	TN	38002-4766	44-2611	0442611
Bolivar Dialysis	515 PECAN DR		BOLIVAR	TN	38006-1611	44-2601	0442601
North Jackson Dialysis	217 STERLING FARMS DR		JACKSON	TN	38305-5727	44-2600	0442600
Carmichael Dialysis	37 CARRIDGE HOUSE DR		CARROLLTON	TN	38309-3634	44-2630	0442630
Prichard Dialysis	1721 PRICHARD RD		SAVANNAH	TN	38375-1953	44-2632	0442632
Lexington Dialysis	517 W CHURCH ST		LEXINGTON	TN	38351-2366	44-2622	0442622
Smyrna Dialysis	537 STONE CREST PKWY		SMYRNA	TN	37167-6334	44-2671	0442671
Somerville Dialysis	12475 US HIGHWAY 64		SOMERVILLE	TN	38068-8029	44-2683	0442683
Memphis Downtown Dialysis	2876 UNION AVE		MEMPHIS	TN	38114	44-2682	0442682
Malvern Dialysis	8510 WILKINSVILLE RD		MILLINGTON	TN	38053-1537	44-2682	0442682
Capitola Dialysis Center	7008 E SHELBY DR		MEMPHIS	TN	38125-3416		
Clarksville North Dialysis	3071 CLAY LEWIS RD		CLARKSVILLE	TN	37040-6141	44-2672	0442672
Tennessee Valley Dialysis Center	107 WOODLAWN DR		JOHNSON CITY	TN	37604-6287	44-2625	0442625
Memphis Southeast Dialysis	1805 MARION WOODS BLVD		MEMPHIS	TN	38117-2119	44-2674	0442674
Williamson County Dialysis	3603 CARTERSVILLE PKWY		WILLIAMSON	TN	37092-6818	44-2687	0442687
Knoxville Central Dialysis	8141 CROSS PARK DR		KNOXVILLE	TN	37923-4567	44-2681	0442681
Livingson TN Dialysis	308 OAK ST		LIVINGSON	TN	38570-1729	44-2689	0442689
Gaithers Home Training Dialysis PD	9045 HIGHWAY 64		LAKELAND	TN	38002-8394	44-2678	0442678
Lawrenceburg Dialysis	2627 N LOCUST AVE		LAWRENCEBURG	TN	38444-2165	44-2672	0442672
Memphis East Dialysis	50 HUMPHREYS ST		MEMPHIS	TN	38120-2372	44-2676	0442676
Sumner Dialysis	300 STEAM PLANT RD		GALLATIN	TN	37068-3019	44-2623	0442623
Cumberland Dialysis	312 HOSPITAL DR		MADISON	TN	37115-6037	44-2617	0442617
Dyersburg Dialysis	1575 PARR AVE		DYERSBURG	TN	38024-3151	44-2533	0442533
Clarksville Dialysis	231 HILLCREST DR		CARROLLVILLE	TN	37043-6983	44-2535	0442535
Memphis South Dialysis	1206 MARVIN RD		MEMPHIS	TN	38115-5812	44-2649	0442649
Matheson Dialysis	1346 DOW ST		MURFREESBORO	TN	37130-2470	44-2549	0442549
Whitbridge Dialysis	103 WHITE BRIDGE PIKE		NASHVILLE	TN	37209-4239	44-2540	0442540
Columbia Dialysis	1705 GROVE ST		COLUMBIA	TN	38401-3517	44-2539	0442539
Cokerville Dialysis	140 W 7TH ST		COCKERVILLE	TN	38529-1729	44-2511	0442511
Tipton County Dialysis	1027 MEMPHIS AVE		GOVINGTON	TN	38019-3002	44-2604	0442604
Memphis Central Dialysis	899 LINDEA AVE		MEMPHIS	TN	38126-2412	44-2573	0442573
Spring Branch Dialysis	1425 BALOOK		HOUSTON	TX	77055-4446	45-2728	1773592-02
Port Lavaca Dialysis	1300 N VIRGINIA ST		PORT LAVACA	TX	77979-2512	45-2595	7025991-01
South Austin Dialysis Center	8114 S 1ST ST		AUSTIN	TX	78745-4038	45-2682	1797011-02
Northwest San Antonio Dialysis Center	8132 FREDERICKSBURG RD		SAN ANTONIO	TX	78229-3312	45-2623	0242724-01
New Braunfels Dialysis	900 LOOP 337		NEW BRAUNFELS	TX	78130-3555	45-2786	1812232-02
Spring Dialysis	607 JIMBERDALE LN		HOUSTON	TX	77000-3043	45-2787	1806481-02
Cuero Lakeview Dialysis	1105 E BROADWAY ST		CUERO	TX	77954	45-2689	1876590-01
Huntsville Dialysis	521 E 1ST ST		HUNTSVILLE	TX	77340-5811	45-2663	0442663
West Texas Dialysis	1245 E CLIFF DR		EL PASO	TX	79902-4850	45-2720	0783222-09
Sherman Dialysis Center	205 W LAMBERTH RD		SHERMAN	TX	75092-2869	45-2774	0943144-01
MI Medical Dialysis Unit	2800 S INTERSTATE HWY 35		AUSTIN	TX	78704-5700	45-2727	1788846-02
Mainland Dialysis	2600 GULF FWY		LA MARQUE	TX	77508-4927	45-2635	1788189-02
San Antonio Dialysis Center	1211 E COMMERCE ST		SAN ANTONIO	TX	78209-2907	45-2570	1812232-04
Rockport Dialysis	2102 FM 2186		ROCKPORT	TX	78385-4345	45-2669	
Bendale Dialysis	100 W HUNTINGTON ST		BECKLEY	TX	78102-3324	45-2522	1851578-02
Sun City Dialysis Center	800 NEWMAN ST		EL PASO	TX	79902-6343	45-2508	1780099-02
The Woodlands Dialysis Center	601 PINE CROFT DR		SHERMAN/DQAH	TX	77980-3778	45-2561	1875580-01
Carrollton Dialysis	11444 WALKWOOD PARKWY		CARROLLTON	TX	75628-2425	45-2543	1833045-01
Brewer CA Dialysis	10655 EASTEX PKWY		HOUSTON	TX	77060-4323	45-2636	1792180-01
UT Southeastern-Oldick Dialysis	610 WYNNWOOD DR		DALLAS	TX	75224	45-2773	0943136-01
Lancaster Dialysis	2404 W PLEASANT RUN RD		LANCASTER	TX	75146-4025	45-2520	1781603-02
Las Palmas Dialysis Center	803 CASTROWILLE RD		SAN ANTONIO	TX	78227-3146	45-2521	1772774-02
Houston Kidney Center Cypress Station	221 FM 1880 RD W		HOUSTON	TX	77060-3578	45-2578	0943114-01
Med-Centri 21 Houston	7500 FAHNSDT ST		HOUSTON	TX	77064-1939	45-2583	0942886-10
UT Southeastern-Dallas Dialysis	8230 ELNORWOOD DR		DALLAS	TX	75247-4010	45-2736	0878041-01
Downtown San Antonio Dialysis	615 E QUINCY ST		SAN ANTONIO	TX	78215-1830	45-2556	1812232-05
Riverside Dialysis	1125 N MAIN AVE		SAN ANTONIO	TX	78212-4796	45-2516	1774933-02
Hearn Dialysis Center	188 E CEDAR ST		HEARNINE	TX	75743-2593	45-2549	0442549
Lufkin Dialysis Center	700 E JOHN REDBETT DR		LUFKIN	TX	75904-3146	45-2639	0878545-01
Monrovia Dialysis Center	800 W 34TH ST		AUSTIN	TX	78705-1144	45-2783	0443190-01
North Hills Dialysis	7927 BOULEVARD 26		NORTH RICHLAND HILLS	TX	76180-7103	45-2620	
Orangeville Dialysis	1800 W NORTH HWY 21 HWY		GRAPEVINE	TX	76051-8131	45-2531	1817645-02
Garland Dialysis	775 CENTERVILLE RD		GARLAND	TX	75041-4640	45-2525	1818958-01
Memphis Dialysis Center	11821 KATY FWY		HOUSTON	TX	77079-1801	45-2755	0943052-01
Mission Hills Dialysis	2700 N STANTON ST		EL PASO	TX	79602-2600	45-2668	1965731-04
Upper Valley Dialysis	7933 N MESA ST		EL PASO	TX	79932-1869	45-2536	1941371-02
Jacinto Dialysis Center	11516 MARGIE STREET RD		HOUSTON	TX	77029-2925	45-2503	1725134-02
Mt Dale Dialysis Center	117 E WARDWOOD RD		HOUSTON	TX	77064-3043	45-2579	0942888-08
Deerbrook Dialysis	9690 FM 1980 BYPASS RD W		HUMBLE	TX	77336-4039	45-2560	1802556-02
Meyerton Dialysis Center	2391 NE LOOP 410		SAN ANTONIO	TX	78217-5675	45-2523	1764748-02
Henderson Dialysis Center	1002 US HWY 78 N		HENDERSON	TX	75652-8006	45-2803	0943240-01
Hill Country Dialysis Center of San Marcos	1820 PETER GARZA ST		SAN MARCOS	TX	78669-1407	45-2769	1781426-02
Lane Oak Dialysis Center	835 S BUCKLEY AVE		DALLAS	TX	75203-1512	45-2540	0942884-05
DaVita East Dialysis Clinic	11980 PELLICAND DR		EL PASO	TX	79939-6267	45-2568	1841496-02
Northwest Medical Center Dialysis	5284 MEDICAL DR		SAN ANTONIO	TX	78229-4849	45-2515	1781637-02
Beav Creek Dialysis	4978 HIGHWAY 5 N		HOUSTON	TX	77084-5192	45-2549	1825617-02
Waxatone Dialysis Center	5310 BURNETT RD		AUSTIN	TX	78756-2035	45-2686	1778923-02
Cedar Park Dialysis Center	1720 E WINTERSTONE BLVD		CEDAR PARK	TX	78613-1640	45-2561	1828460-01
Laylor Dialysis	3100 W 2ND ST		LAYLOR	TX	78574	45-2817	
Meridian Dialysis Center	201 W FARMOUTH PKWY		LA PORTE	TX	77571-6903	45-2511	1396293-30
Willsboro Dialysis	12120 JONES RD		HOUSTON	TX	77070-5290	45-2538	1797298-02
Marshall Dialysis Center	967 N WALNUT CREEK DR		HANDBURD	TX	76063-8978	45-2540	1878272-02
Arroyo Dialysis	1250 E RIVER RD PKWY		ARLINGTON	TX	76010-6473	45-2525	1787894-02
Summit Dialysis Center	3150 POLK ST		HOUSTON	TX	77003-4831	45-2537	1819622-02
Denison Dialysis Center	1220 REBA MCENTINE LANE		DENISON	TX	75020-5057	45-2665	0942854-01
Grand Parkway Dialysis Center	403 W GRAND PKWY S		KATY	TX	77464-8358	45-2781	0943094-01
Transmountain Dialysis	5255 TRANS MOUNTAIN DR		EL PASO	TX	79924-2837	45-2780	1789910-02
DaVita Downtown Dallas Dialysis	2615 SAMES AVE		DALLAS	TX	75204-8223	45-2653	1851653-02
Rockwell Dialysis Center	2465 RIDGE RD		ROCKWELL	TX	75087-5230		
SouthCross Dialysis Center	4802 E SOUTHCROSS BLVD		SAN ANTONIO	TX	78222-4911	45-2519	1781358-02
South Shore Dialysis Center	212 GULF FWY S		LEAGUE CITY	TX	77573-3697	45-2527	1834163-02
Houston Kidney Center Southwest	11111 BROOKLET DR		HOUSTON	TX	77069-5655	45-2601	0843151-01
Boerne Dialysis Center	1368 S MAIN ST		BOERNE	TX	78008-2859	45-2578	1812232-06
Bonham Dialysis	201 W 5TH ST		BONHAM	TX	75418-4302	45-2513	1788313-02
Victoria Dialysis Center	1405 VICTORIA STATION DR		VICTORIA	TX	77901-3092	45-2598	0942823-01
Edna Dialysis Center	1008 N WELLS ST		EDNA	TX	77657-2153	45-2547	1851594-02
Wagona Dialysis Center	17645 FM 1488 RD		MARSHALL	TX	77545-5295		
Rock Prairie Food Dialysis	1826 ROCK PRAIRIE RD		COLLEGE STATION	TX	77845-8358	45-2504	1740078-02
Livingson Dialysis Center	209 W PARK		LIVINGSTON	TX	77351-7020	45-2661	0942831-01
Kaufman Dialysis	2851 MILLENNIUM DR		KAUFMAN	TX	75142-8865	45-2619	

Frost Colony Dialysis Center	1447 HIGHWAY 6	SUGAR LAND	TX	77476-2094	67-2582	1948671-01
Seary Dialysis	2242 CHAMPIONSHIP DR	SEALY	TX	77474-0026	67-2926	2043895-01
Glynn Dialysis Center	9170 JONES RD	HOUSTON	TX	77055-4489	45-2763	0343110-01
Personal Dialysis	1325 N CAK ST	PEARLAND	TX	78051-3414	45-2740	0679002-01
Oak Cliff Dialysis	2000 S LLEWELLYN AVE	DALLAS	TX	75224-1804	45-2684	0679322-13
Gilmer Dialysis	519 N WOOD ST	GALMER	TX	75844-1746	45-2687	1700101-02
North Houston Dialysis Center	120 LITTLE YORK RD	HOUSTON	TX	77076-1020	45-2678	0942888-01
Dallas East Dialysis	3312 N BUCKNER BLVD	DALLAS	TX	75226-5042	45-2622	0643391-01
Orrill Dialysis Center	8950 KIRBY DR	HOUSTON	TX	77054-2508	45-2667	0942984-01
Kingswood Dialysis Center	2300 GREEN OAK DR	KINGSWOOD	TX	77330-2053	45-2646	0942791-01
Phonocall Dialysis Center	913 E PINECREST DR	MARSHALL	TX	75470-7309	45-2663	0942781-04
Chancellorview Dialysis	777 BHELDON RD	CHANNELVIEW	TX	77530-3509	45-2647	0678597-01
Kerrville Dialysis	515 GRANADA PL	KERRVILLE	TX	78628-0072	45-2546	0678695-01
Pin Oak Dialysis	1102 PIN OAK RD	KATY	TX	77454-0946	45-2647	0679322-07
Beechtree Dialysis	8101 BROOKRIVER DR	DALLAS	TX	75247-4003	45-2703	0678902-01
Med Center Dialysis	5610 ALMEDA RD	HOUSTON	TX	77004-7515	45-2572	0679185-01
Bertram Dialysis	2536 S DAY ST	BRENHAM	TX	77833-5521	45-2641	0942757-01
Cleveland Dialysis Center	1000 E HOUSTON	CLEVELAND	TX	77327-4699	45-2731	0679058-01
Corona Dialysis Center	550 MEDICAL CENTER BLVD	CONROE	TX	77344-2889	45-2708	1380220-06
Franklin Street Dialysis	3101 N 4TH ST	LONGVIEW	TX	75435-5148	45-2776	0679322-02
San Jacinto Dialysis	11430 EAST Fwy	HOUSTON	TX	77025-1959	45-2530	0210396-02
Southwest San Antonio Dialysis Center	7515 BARLITE BLVD	SAN ANTONIO	TX	78224-1311	45-2571	1396293-07
Sagecroft Dialysis	10951 SCARSDALE BLVD	HOUSTON	TX	77089-8739	45-2612	0678737-01
Northwest Kidney Center	11659 NORTHVIEW Fwy	HOUSTON	TX	77031-7111	45-2642	0942776-01
Houston Dialysis	7543 SOUTH FWY	HOUSTON	TX	77021-5628	45-2684	0678209-01
Lone Star Dialysis	9690 MONROE RD	HOUSTON	TX	77051-4815	45-2670	0678112-01
North Loop East Dialysis	7136 NORTH LOOP E	HOUSTON	TX	77029-2503	45-2708	0678896-01
POH-North Houston	7415 NORTH LOOP E	HOUSTON	TX	77029-2948	45-2875	1634487-02
Brookhollow Dialysis	4915 W 34TH ST	HOUSTON	TX	77032-8535	45-2688	0679322-18
Calo Vista Dialysis	2720 GATEWAY BLVD E	EL PASO	TX	79915-1301	45-2707	1566731-02
Tomball Dialysis Center	27730A TOMBALL PKWY	TOMBALL	TX	77375	45-2743	0943011-01
Pearland Dialysis	6516 BROADWAY ST	PEARLAND	TX	77581-7879	45-2645	0679322-05
Flinceton Dialysis	543 10TH ST	FLORENCEVILLE	TX	78114-3107	45-2733	1895998-02
Mesa Vista Dialysis	2400 N ORFESSON ST	EL PASO	TX	79923-8135	45-2728	0943078-02
Southwest San Antonio Dialysis	1600 SOMERSET RD	SAN ANTONIO	TX	78211-3021	45-2605	0678340-01
Dallas North Dialysis Center	11090 GREENVILLE AVE	DALLAS	TX	75243-6743	45-2684	0942890-04
Richard Dialysis	1335 LA CONCHA LN	HOUSTON	TX	77054-1009	45-2705	0942922-01
College Station Dialysis	701 UNIVERSITY DR	COLLEGE STATION	TX	77840-1430	45-2550	0942687-01
POH-South Houston	5488 BOUTH LOOP E	HOUSTON	TX	77033-1741	45-2688	1634487-02
Central Houston Dialysis	810 S WAYSIDE DR	HOUSTON	TX	77011-4640	45-2677	0678952-01
Kilgore Dialysis Center	208 HWY 42 NORTH	KILGORE	TX	75662-3019	45-2695	1679815-02
Downtown Houston Dialysis Center	2207 CRAWFORD ST	HOUSTON	TX	77002-9015	45-2699	1695462-02
Loma Vista Dialysis Center	1382 TAMALAND DR	EL PASO	TX	79935-2704	45-2741	0678140-02
Gonzales Dialysis Center	1408 N SARTWELL DR	GOZTALES	TX	76029-7782	45-2734	0942981-01
Katy Central Dialysis	1295 ROCK CANYON DR	KATY	TX	77450-3831	45-2653	1728652-02
HEB Dialysis Center	1401 BROWN TRL	BEDFORD	TX	76027-6416	45-2503	1390293-03
Calgary Road Dialysis	4151 CALLAGHAN DR	SAN ANTONIO	TX	78226-3419	45-2587	0678260-01
NorthStar Dialysis Center	380 W LITTLE YORK RD	HOUSTON	TX	77076-1303	45-2675	0678837-01
Central City Dialysis	1300 MURCHISON DR	EL PASO	TX	79902-8500	45-2651	1563174-01
South San Antonio Dialysis Center	1313 SE MILITARY DR	SAN ANTONIO	TX	78214-2650	45-2747	1398553-02
River Park Dialysis	2010 S LOOP 336 W	CONROE	TX	77304-3313	45-2686	0678322-15
Longview Dialysis Center	425 N FREONIA ST	LONGVIEW	TX	75601-6464	45-2744	1390293-05
Marshall Dialysis Center	1301 S WASHINGTON AVE	MARSHALL	TX	75670-6215	45-2674	1392593-01
Island Dialysis	3620 BROADWAY ST	CALVESTON	TX	77611-4771	45-2520	1718232-02
Uran Valley Dialysis Center	1055 N 500 W	PROVO	UT	84604-3205	46-2526	853372911053
Timpawagon Dialysis	1055 N 500 W	PROVO	UT	84604-3329	46-2524	1811130561
Weber Valley Dialysis	1920 W 250TH N	MARRIOTT-SLATERSVILLE	UT	84404-6235	46-2539	1023284171
Lone Peak Dialysis	1175 E 50 S	AMERICAN FORK	UT	84003-2645	46-2535	1360025469
West Mountain Dialysis	724 W 500	WEST BOUNTIFUL	UT	84067-1471	46-2520	8702544516
Greaser Parkview	3218 DUISER ST	PORTSMOUTH	VA	23707-3738	45-2618	1775567429
Harrisonburg Dialysis	871 CANTRELL AVE	HARRISONBURG	VA	22801-4323	49-2507	1427012873
Winchester Dialysis	190 CAMPUS BLVD	WINCHESTER	VA	22601-2672	49-2523	1063456900
Carrollton Dialysis Center	1800 CAMELOT DR	VIRGINIA BEACH	VA	23454-2440	49-2517	1088955508
Front Royal Dialysis	10770 N SHIRLOUGH AVE	FRONT ROYAL	VA	22630-4452	49-2573	1670544523
Lynch Dialysis Center	420 N CENTER DR	NORFOLK	VA	23502-4019	49-2628	1852365682
Garrisonville Dialysis Center	70 DOC STONE RD	STARFORD	VA	22556-4028	49-2637	1220761114
Arlington Dialysis	1704 N GEORGE MASON DR	ARLINGTON	VA	22205-3610	49-2559	1477517738
Charlottesville North Dialysis	1800 TIMBERWOOD BLVD	CHARLOTTESVILLE	VA	22911-7544	49-2639	1700849599
Peninsula Dialysis Center	718 OSAMBON BLVD	NEWPORT NEWS	VA	23080-4114	49-2617	1528852521
Alexandria Dialysis	2160 DUKE ST	ALEXANDRIA	VA	22304-2908	49-2599	1063678320
Amelia Dialysis	15151 PA TRICK HENRY HWY	AMELIA COURT HOUSE	VA	23002-4700	49-2583	1801456113
Harbour View Dialysis	1039 CHAMPIONS WAY	SUFFOLK	VA	23435-3761	49-2554	1668651367
Leesburg Virginia Dialysis	2240 CORNWALL ST NW	LEESBURG	VA	20178-2700	49-2654	1518004192
Charter Colony Dialysis Center	2312 COLONY CROSSINGS PL	WILLIAMSBURG	VA	23182-4780	49-2651	1265557999
Williamsburg Dialysis	620 SE YATARA DR	WILLIAMSBURG	VA	23185-6727	49-2651	1265557999
Haymarket Dialysis	14664 GAF WAY	GAINESVILLE	VA	20155-1063	49-2652	1831223114
McDonough North Dialysis	2201 COLONIAL AVE	NORFOLK	VA	23517-1928	49-2598	1700053399
Butler Farm Dialysis	501 BUTLER FARM RD	HAMPTON	VA	23066-1777	49-2653	1631862495
Lynchburg Dialysis	736 N REEF HWY	LYNCHBURG	VA	24452-3724	49-2639	1467018518
Havicks Dialysis Center	922 NORFOLK 50	NORFOLK	VA	23500-3735	49-2537	1548224470
Swanton Dialysis	28 IDELWOOD BLVD	STAUNTON	VA	24401-6355	49-2628	1898389898
Hillocks Dialysis	671 HICKORY RD	RICHMOND	VA	23225-4072	49-2556	1568325704
CDC of Woodbridge	2751 KILMARNEY DR	WOODBRIDGE	VA	22182-4119	49-2621	1389292995
Roadford Dialysis	680 F MAIN ST	ROADFORD	VA	24141-1828	49-2618	1801858070
East End Dialysis Center	2201 E MAIN ST	RICHMOND	VA	23225-7071	49-2534	1740249671
Virginia Beach Dialysis Center	740 INDEPENDENCE CIR	VIRGINIA BEACH	VA	23455-6438	49-2675	1467416386
Front Landing Dialysis Center	1745 CAMELOT DR	VIRGINIA BEACH	VA	23454-2435	49-2612	1628939819
Conington Dialysis	2504 VALLEY RIDGE RD	COVINGTON	VA	24425-6329	49-2622	1467810817
Reston Dialysis Center	1875 CAMBUS COMMONS DR	RESTON	VA	20190-5124	49-2629	1770345732
CDC of Alexandria	5699 STEVENSON AVE	ALEXANDRIA	VA	22304-3302	49-2582	1528022720
CDC Sterling Dialysis	48308 BLENDED DR	STERLING	VA	20184-8628	49-2541	1518921527
First Colonial Dialysis At Home	1157 FIRST COLONIAL RD	VIRGINIA BEACH	VA	23454-2432	49-2638	1750313625
Tysons Corner Dialysis	8501 OLD COURTHOUSE RD	FAIRFAX	VA	22182-3819	49-2640	1318007218
Fairfax Dialysis Center	8901 AIRBORNE BLVD	FAIRFAX	VA	22031-4925	49-2581	1253365159
Henrico County Dialysis	5270 CHANDLERWAYE RD	RICHMOND	VA	23227-2950	49-2598	1689089035
Fair Oaks Dialysis	3955 PENDER DRIVE	FAIRFAX	VA	22000-8091	49-2626	1346204675
Francisco Dialysis Center	5695 KING CENTRE DRIVE	ALEXANDRIA	VA	22315-6744	49-2623	1548224777
CDC of Springfield	6350 TRAFFORD LN	SPRINGFIELD	VA	22151-1871	49-2635	1246294290
Galaxy Dialysis	2028 DABNEY RD	RICHMOND	VA	23290-3345	49-2508	1154382975
Calopee Dialysis	430 SOUTHRIDGE PARKWAY	CULPEPER	VA	22701-3791	49-2543	1060670296
Mechanic Dialysis Center	201A WEAVER AVE	EMPORIA	VA	23047-1245	49-2551	1583325496
Hopewell Dialysis Center	301 W BROADWAY AVE	HOPWELL	VA	23880-2645	49-2643	1093770110
Midlothian Dialysis	14281 MID OTHMAN TPKE	MIDLOTHIAN	VA	23113-6640	49-2608	1075871728
Portsmouth Dialysis	2020 HIGH ST	PORTSMOUTH	VA	23704-3012	49-2616	1780446726
Appomattox Dialysis Center	15 W OLD ST	PETERSBURG	VA	23905-3021	49-2584	1398409913
Purcellville Dialysis Center	280 N HATCHER AVE	PURCELLVILLE	VA	20130-3193	49-2614	1742744714
Mechanicville Dialysis	8191 ATLEE RD	MECHANICSVILLE	VA	23116-1007	49-2595	1672337716
Great Bridge Dialysis Center	745 BATTLEFIELD BLVD N	CANESLEAKE	VA	23300-0126	49-2704	1740249687
Richmond Commonwealth Hospital Dialysis	1510N 20TH ST	RICHMOND	VA	23223-5311	49-2589	1043274921
Martinsville Dialysis	33 BRIDGE ST S	MARTINSVILLE	VA	24112-6214	49-2590	1318001457
CDC Manassas Dialysis	10955 LOMOND DR	MANASSAS	VA	20104-2677	49-2549	1093779128
Chester Dialysis	10390 INDEPENDENCE RD	CHESTER	VA	23031-1426	49-2627	1811567096
Newport News Dialysis Center	711 70TH ST	NEWPORT NEWS	VA	23609-2767	49-2674	1376675028
Charlottesville Dialysis	1460 PANTOPS MOUNTAIN PLACE	CHARLOTTESVILLE	VA	22911	49-2564	1770547036
Chesapeake Dialysis Center	1400 CROSSWAYS BLVD	CHESAPEAKE	VA	23320-2630	49-2545	1649234907
Dhymoc View Dialysis Center	125 16TH AVE E CSB	SEATTLE	WA	98112	50-2529	3890645
Yakoma Dialysis Center	1221 N 16TH AVE	YAKOMA	WA	99002-1347	50-2541	3990627
Mc Adams Kidney Center	3220 PICKARD PL	SUNNYSIDE	WA	99544-8400	50-2514	3990654
Belleue Dialysis Center	3535 FACTORIA BLVD SE	BELLEVUE	WA	98009-1283	50-2542	3990675
Tacoma Dialysis Center	3401 S 18TH ST	TACOMA	WA	98405-1909	50-2551	3991072
Seaview Dialysis Center	101 18TH ST SE	LONG BEACH	WA	98051	50-2529	3990645
Federal Way Community Dialysis Center	1015 S 34TH ST	FEDERAL WAY	WA	98003-7078	50-2513	3016126
Everett Dialysis Center	6140 EVERGREEN WAY	EVERETT	WA	98203-6419	50-2552	3091114
Ellensburg Dialysis Center	2101 W BROADWAY RD	ELLENSBURG	WA	98926-8310	50-2552	3091114
Graham Dialysis Center	1021B 189TH ST CT E	GRAHAM	WA	98336-7792	50-2564	
Chinook Kidney Center	1315 AARON DR	RICHLAND	WA	99352-4678		
WIA Creek Dialysis Center	18001 80 HILL EVERETT HWY	BOTHELL	WA	98147-1061		
Olympia Dialysis Center	335 COOPER POINT RD NW	OLYMPIA	WA	98532-4438	50-2556	
Vancouver Dialysis Center	8120 NE VANCOUVER MALL DR	VANCOUVER	WA	98552	50-2550	3991056

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Westwood Dialysis Center	2615 SW TRENTON ST	SEATTLE	WA	98126-3745	50-2544	3990300
Union Gap Dialysis	1226 ANTIKUM RIDGE DR	UNION GAP	WA	98603-1813	50-2543	3990982
Penelope Dialysis	718 SCYTH HILL PARK DR	PLYMOUTH	WA	98373-1445	50-2534	3990751
Lakewood Community Dialysis Center	5919 LAKEWOOD TOWNE CTR BLVD SW	LAKEWOOD	WA	98499-8513	50-2519	3990482
Kent Dialysis Center	21501 84TH AVE S	KENT	WA	98032-1990	50-2526	3990548
Mid Columbia Kidney Center	6925 BURDEN BLVD	PASCO	WA	99301-4984	50-2504	3990447
Fox River Dialysis	1910 RIVERVIEW DR	GREEN BAY	WI	54301-2319	52-2531	1942784759
Green Bay Northwest Dialysis	W 7305 ELM AVENUE	SHAWANO	WI	54185-1034	52-2811	1841256001
Janesville Dialysis	1306 WOODMAN RD	JANESVILLE	WI	53545-1059	52-2503	1286980001
Wisconsin Avenue Dialysis	3801 W WISCONSIN AVE	MILWAUKEE	WI	53206-3155	52-2502	42058200
Tipton Dialysis	120 SIEGLER ST	GREEN BAY	WI	54303-2636	52-2568	1134184871
St. Croix Falls Dialysis Center	744 E LOUISIANA ST	Saint Croix Falls	WI	54024-6501	52-2319	1190740261
Monroe Dialysis	114 8TH ST	MONROE	WI	53569-1050	52-2566	1591774029
Brookfield Dialysis	18365 W CAPTOR DR	BROOKFIELD	WI	53045-2736	52-2532	1861656830
Cedarburg Dialysis	N 54 W 6136 MILL ST	CEDARBURG	WI	53012-7021	52-2529	1811951627
Aurora Medical Group-Wauwata Dialysis	900 EAST DIVISION ST	WAUTOMA	WI	54982-0944	52-2563	1890874042
River Center Dialysis	117 N JEFFERSON ST	MILWAUKEE	WI	53202-6180	52-2559	1174589533
Oak Creek Dialysis	6201 S HOWELL AVE	OAK CREEK	WI	53144-8336	52-2579	168952557
Amery Dialysis	970 ELDEN AVE	AMERY	WI	54001-1448	52-2575	1750254333
Aurora Medical Group-Oshkosh West Dialysis	855 N WESTHAVEN DR	OSHKOSH	WI	54904-7888	52-2580	1318147770
Aurora Medical Group-Lake Geneva	146 E GENEVA SQ	LAKE GENEVA	WI	53147-6994	52-2537	1336256300
Aurora Medical Group-Marinette Dialysis	4051 OLD PESHTIGO RD	MARINETTE	WI	54143	52-2551	1437359990
Aurora Medical Group-Brown County Dialysis	1751 DECKNER AVE	GREEN BAY	WI	54302-2630	52-2552	1477000949
Aurora Medical Group-Manitowish Dialysis	801 REED AVE	MANITOWISH	WI	54229-2025	52-2552	1589555554
Aurora Medical Group-Sturgeon Bay Dialysis	109 S 10TH AVE	STURGEON BAY	WI	54235-1802	52-2558	1686722990
Loonia Road Dialysis	4120 W LOCKES RD	GREENFIELD	WI	53221-2052	52-2507	1720042598
Aurora Medical Group-Fond du Lac	210 WISCONSIN AMERICAN DR	FOND DU LAC	WI	54637-2999	52-2526	1518187072
Aurora Medical Group-Shaboyan	2414 KOHLER MEMORIAL DR	SHEBOYGAN	WI	53081-3129	52-2527	1053611410
West Virginia Dialysis	167 STOLLINGS AVE	LOGAN	WV	25901-4010	51-2518	261001705
Parkersburg Dialysis	1824 MURDOCH AVE	PARKERSBURG	WV	26101-3330	51-2519	0402018000
Genevieve Dialysis	129 SENECA TRL	LEWISBURG	WV	24901-1564	51-2509	0025742000

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APPENDIX 5

Map Quest
Documentation

**List of Facilities within 30 minutes of the
Proposed Location
Total Renal Care d/b/a Cobblestone Dialysis**

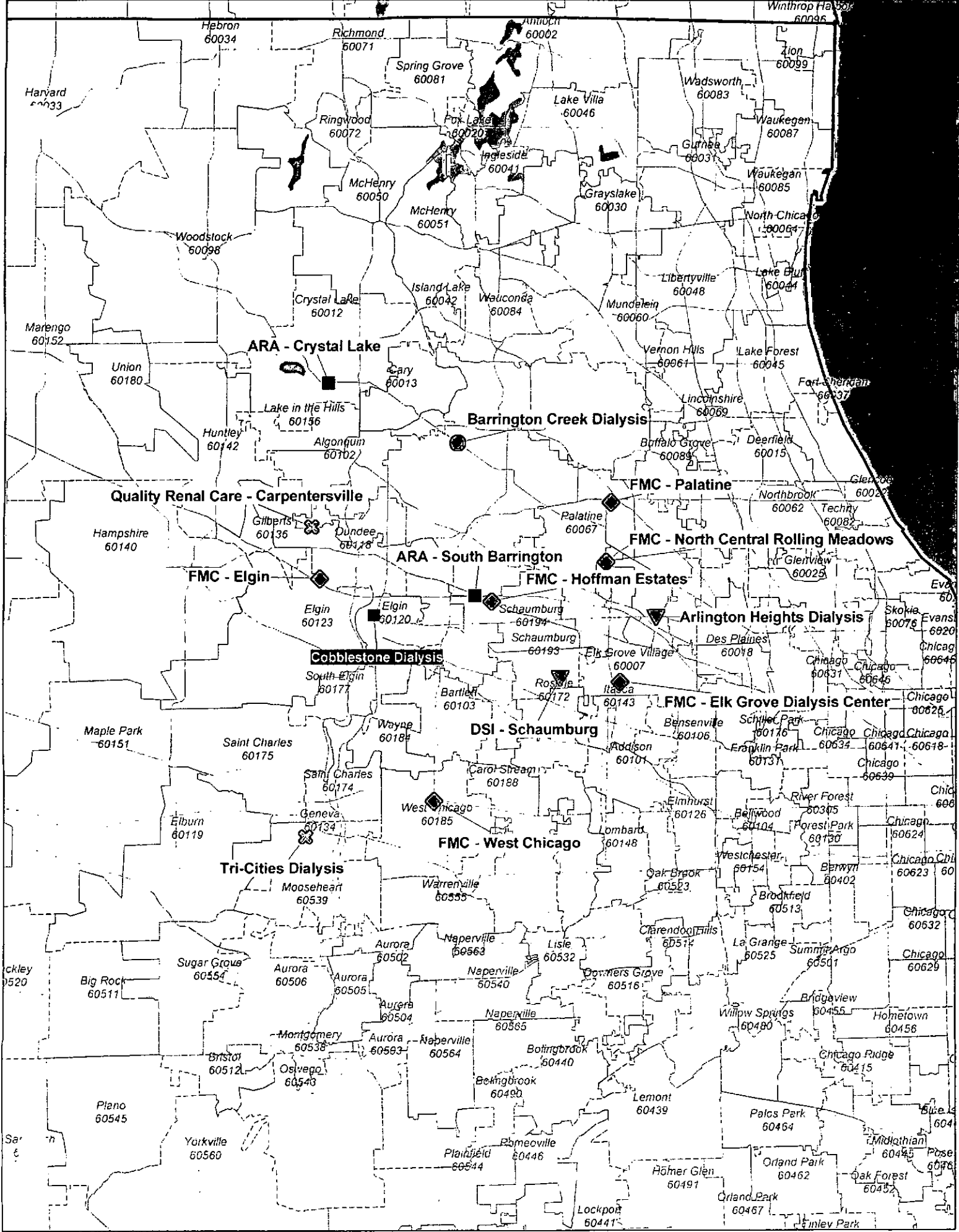
JFS

ESRD FACILITIES WITHIN 30 MINUTES ADJUSTED TRAVEL TIME OF COBBLESTONE DIALYSIS
 836 Dundae Ave, Elgin, IL 60120

<u>Mapquest Reference No.</u>	<u>Facility Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZipCode</u>	<u>Mileage</u>	<u>Drive Time</u>	<u>Adjustment (1.16) Mapquest Time</u>
1	FMC-Elgin	580 Tollgate Rd	Elgin	IL	60123	3.97	9	10.35
2	ARA-South Barrington	33 W Higgins Rd	South Barrington	IL	60010	6.65	11	12.65
3	FMC-Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	IL	60169	7.14	13	14.95
4	Quality Renal Care-Carpentersville	2203 Randall Rd	Carpentersville	IL	60110	8.68	14	16.1
5	FMC-West Chicago	1859 Nelzor Blvd	West Chicago	IL	60185	13.92	22	25.3
6	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	IL	60193	13.21	23	26.45
7	FMCNA - Rolling Meadows	4180 Winneka Avenue	Rolling Meadows	IL	60008	16.69	24	27.6
8	FMC-Elk Grove Village	901 Blesterfield Rd	Elk Grove Village	IL	60007	17.3	25	28.75
9	QSI - Arlington Heights	17 W. Golf Road	Arlington Heights	IL	60005	17.67	25	28.75
10	Tri-Cities Dialysis	306 Randall Rd	Geneva	IL	60134	16.2	26	28.9
11	DVA - Barrington Creek	28214 W. Northwest HWY	Lake Barrington	IL	60010	15.14	26	29.9
12	ARA-Crystal Lake	6298 Northwest HWY	Crystal Lake	IL	60014	14	28	29.9
13	FMC - Palatine	691 E Dundee Rd	Palatine	IL	60074	16.32	28	29.9
14	Crystal Springs	4900 South IL RTE 31	Crystal Lake	IL	60012	15.56	27	31.05
15	FMC - DuPage West	450 E Roosevelt Rd	West Chicago	IL	60185	18.17	29	33.35
16	DSI - Buffalo Grove	1291 West Dundee Road	Buffalo Grove	IL	60089	20.81	29	33.35
17	FMC - West Batavia	Fabyan Parky & Branson Dr.	Batavia	IL	60510	19.23	32	36.8
18	Quality Renal Care-Marango	910 Greenlee St	Marango	IL	60152	25.04	33	37.95
19	FMC-Glendale Heights	520 E North Ave	Chicago	IL	60139	22.08	34	39.1
20	FMC-Norridge	4701 N Cumberland Ave	Norridge	IL	60706	25.82	35	40.25
21	Resurrection Medical Center	7435 W Talcott Ave	Chicago	IL	60631	26.87	37	42.55
22	FMC-McHenry	4312 W Elm St	McHenry	IL	60050	22.12	37	42.55
23	FMC-Glenview Dialysis	4248 Commercial Way	Glenview	IL	60025	27.2	40	48
24	FMC-Naperville North	516 W 5th Ave	Naperville	IL	60563	26.18	42	48.3
25	FMC - Deerfield	405 Lake Cook Road	Deerfield	IL	60015	26.81	41	47.15
26	FMC-Lombard	1960 Springer Dr	Lombard	IL	60148	28.91	41	47.15
27	DVA - Sycamore Dialysis	2200 Gateway Dr	Sycamore	IL	60178	29.79	44	50.6
28	FMC-Niles	8565 W Dempster St	Niles	IL	60714	28.06	38	43.7
29	FMC-Downer's Grove	3825 Highland Ave	Downer's Grove	IL	60515	31.39	44	50.6
30	FMC - Round Lake	401 W. Nippersink Road	Round Lake Heights	IL	60073	28.22	45	51.75
31	DVA - Big Oaks	5623 W Touhy Ave	Niles	IL	60714	30.77	45	51.75
32	Fox Valley Dialysis	1300 Wellerford Dr	Aurora	IL	60504	28.18	45	51.75
33	FMC-Naperville	100 Spalding Dr	Naperville	IL	60540	28.16	46	52.9
34	DVA - Lake County Dialysis Services	918 S. Milwaukee Avenue	Libertyville	IL	60048	29.4	47	54.05
35	DVA - Lake Villa	37809 N. Route 59	Lake Villa	IL	60046	32.11	49	56.35

Source: Map Quest. See documentation in Appendix 6.
 Note: Denotes Facilities in Excess of 30 minutes adjusted travel time.

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MAPQUEST.

Notes

New address to FMC Elgin

Trip to 580 Tollgate Rd

Elgin, IL 60123-9320

3.97 miles - about 9 minutes

#1



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** toward **ROCKFORD** (Portions toll).

go 2.1 mi



5. Merge onto **IL-31 N / N STATE ST.**

go 0.7 mi



6. Turn **LEFT** onto **TOLLGATE RD.**

go 0.2 mi



7. **580 TOLLGATE RD** is on the **RIGHT.**

go 0.0 mi

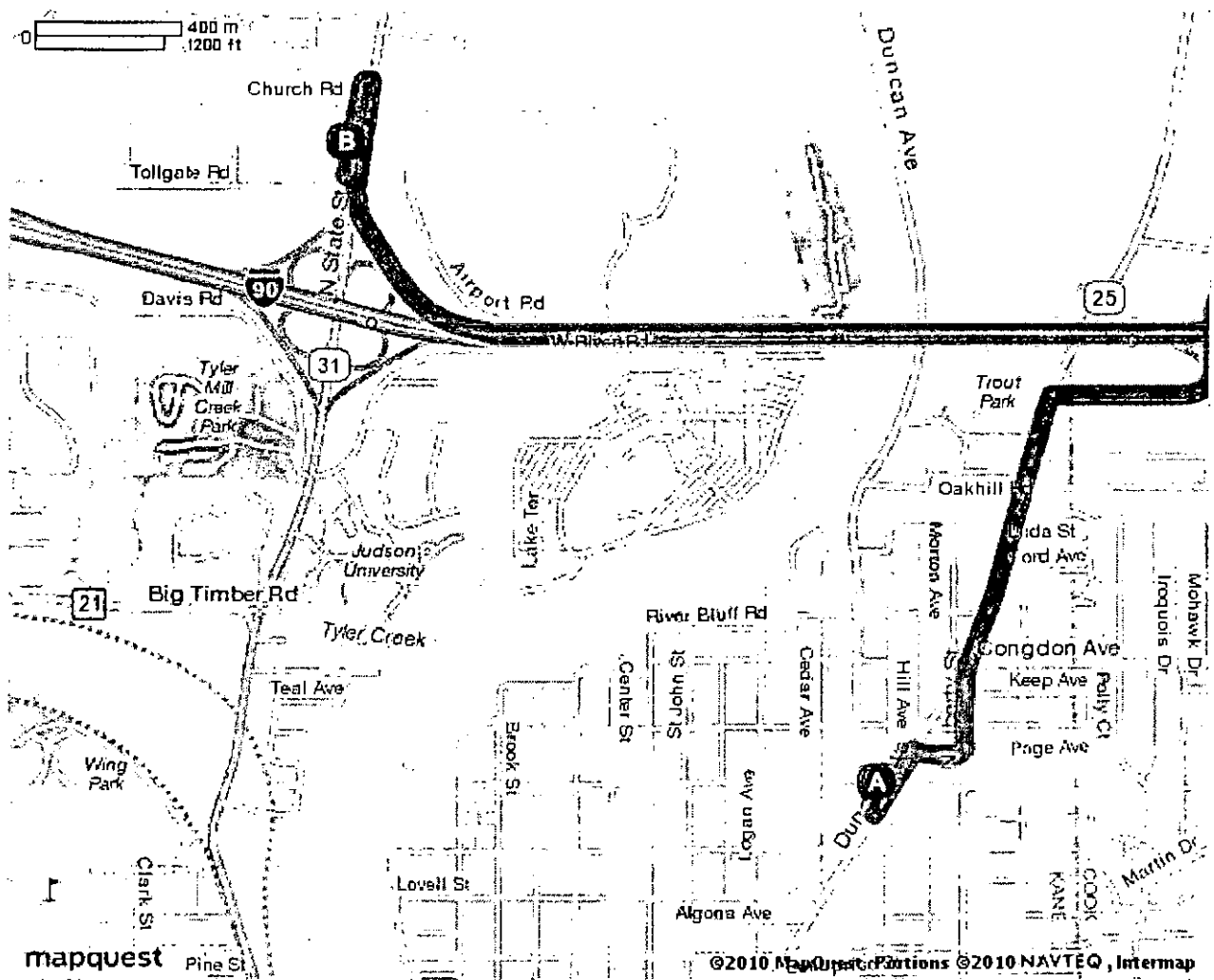


580 Tollgate Rd, Elgin, IL 60123-9320

Total Travel Estimate : 3.97 miles - about 9 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

New address to ARA South Barrington

Trip to 33 W Higgins Rd

South Barrington, IL 60010-9115
6.65 miles - about 11 minutes

2



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**

go 0.2 mi



4. Turn **RIGHT** onto **CONGDON AVE.**

go 1.1 mi



5. **CONGDON AVE** becomes **SHOE FACTORY RD.**

go 2.9 mi



6. Turn **LEFT** onto **IL-59 N / SUTTON RD / NEW SUTTON RD.**

go 0.9 mi



7. Turn **SLIGHT RIGHT** onto **IL-72 E / W HIGGINS RD.**

go 1.3 mi



8. **33 W HIGGINS RD.**

go 0.0 mi

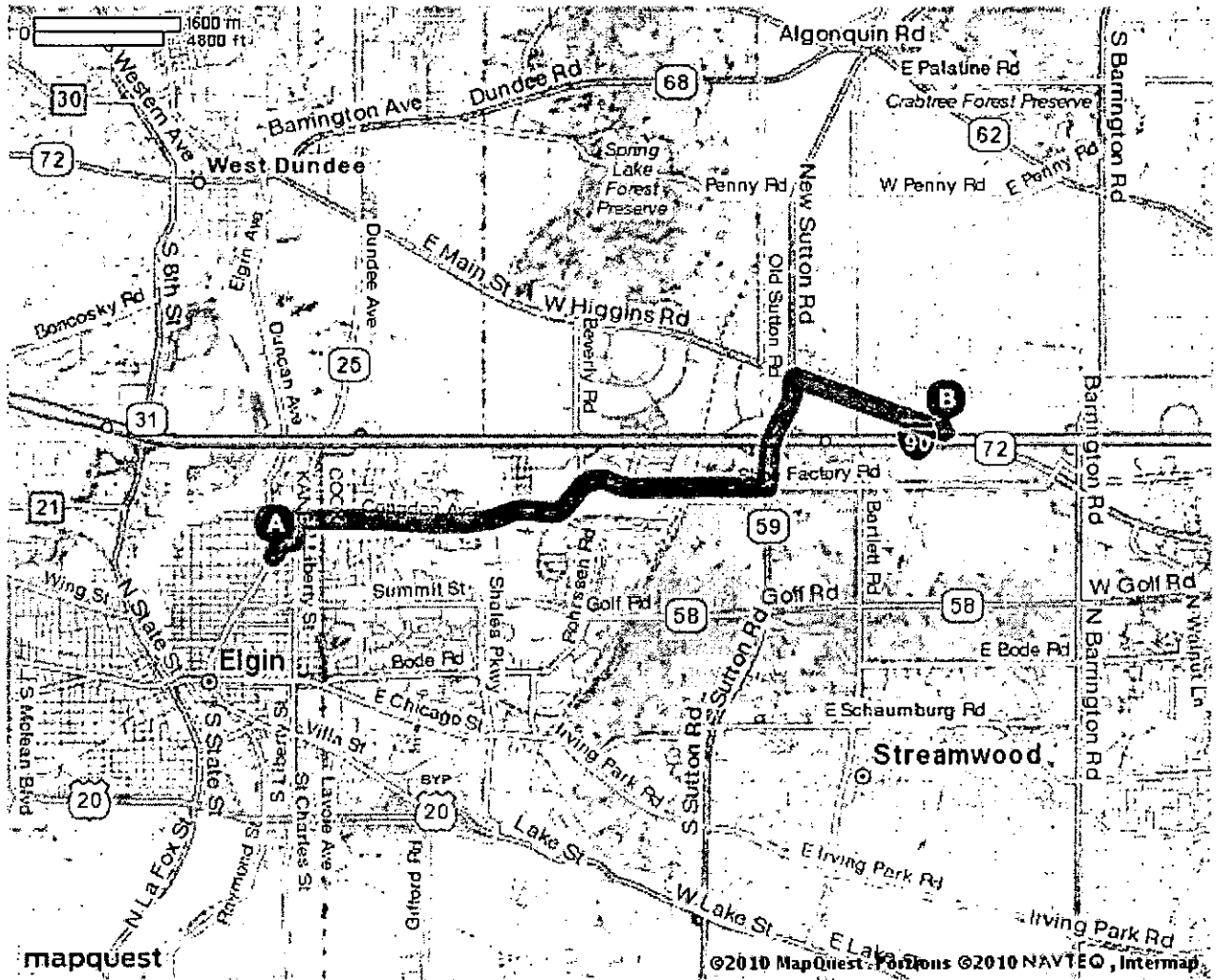


33 W Higgins Rd, South Barrington, IL 60010-9115

Total Travel Estimate : 6.65 miles - about 11 minutes

Route Map [Hide](#)

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MAPQUEST.

Trip to 3150 W Higgins Rd
Hoffman Estates, IL 60169-7237
7.14 miles - about 13 minutes

Notes

New address to FMC Hoffman Estates

#3

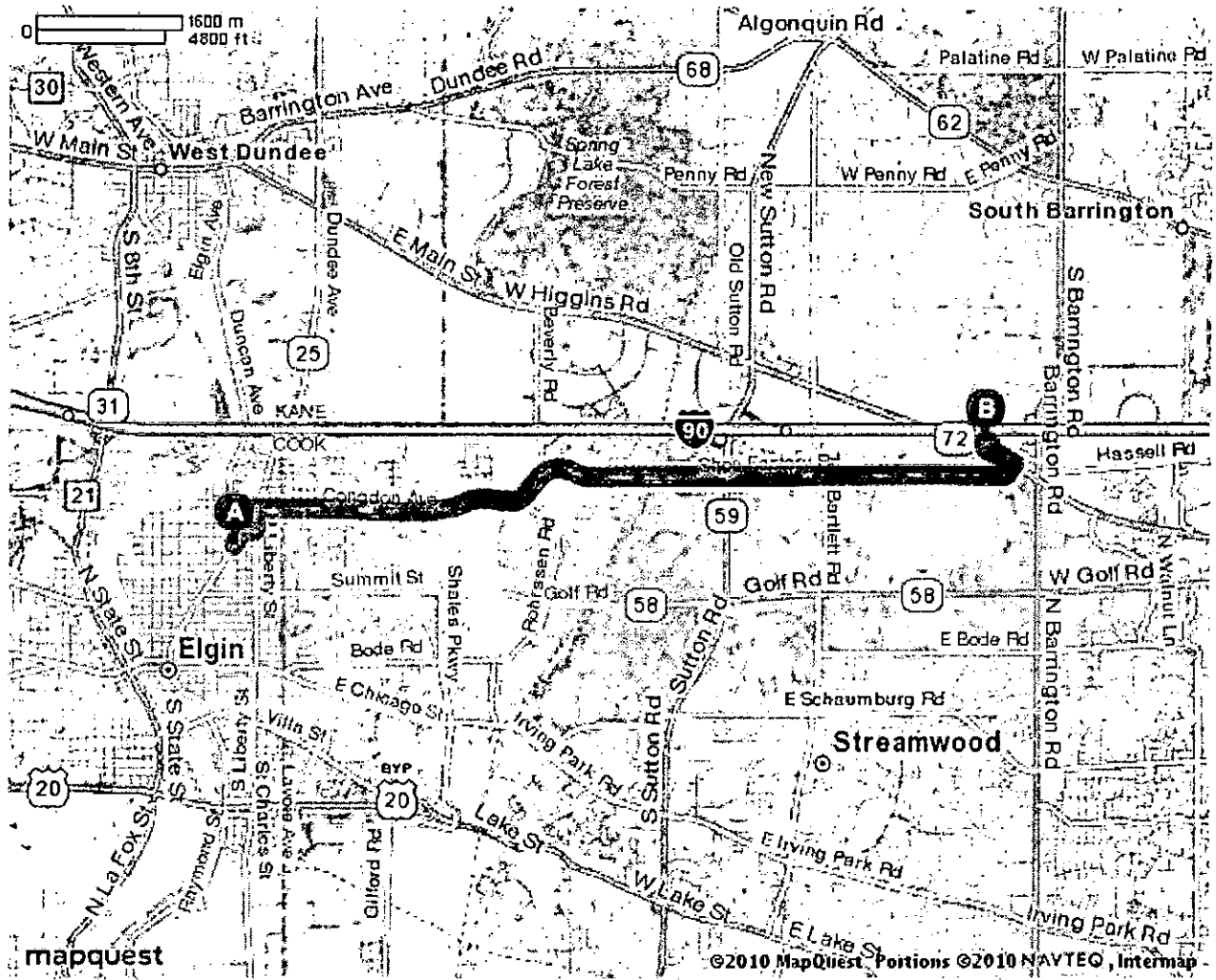
A 836 Dundee Ave, Elgin, IL 60120-3068

-  1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.** go 0.2 mi
-   2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.** go 0.0 mi
-   3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.** go 0.2 mi
-  4. Turn **RIGHT** onto **CONGDON AVE.** go 1.1 mi
-  5. **CONGDON AVE** becomes **SHOE FACTORY RD.** go 5.2 mi
-   6. Turn **LEFT** onto **IL-72 W / W HIGGINS RD.** go 0.3 mi
-  7. Turn **RIGHT** onto **GREENSPPOINT PKWY.** go 0.0 mi
-  8. Turn **LEFT** onto **W HIGGINS RD.** go 0.0 mi
-  9. 3150 W HIGGINS RD is on the **RIGHT.** go 0.0 mi

B 3150 W Higgins Rd, Hoffman Estates, IL 60169-7237
Total Travel Estimate : 7.14 miles - about 13 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes











New address to Quality Renal Care Carpentersville

#4

Trip to 2203 Randall Rd

Carpentersville, IL 60110-3355
8.68 miles - about 14 minutes

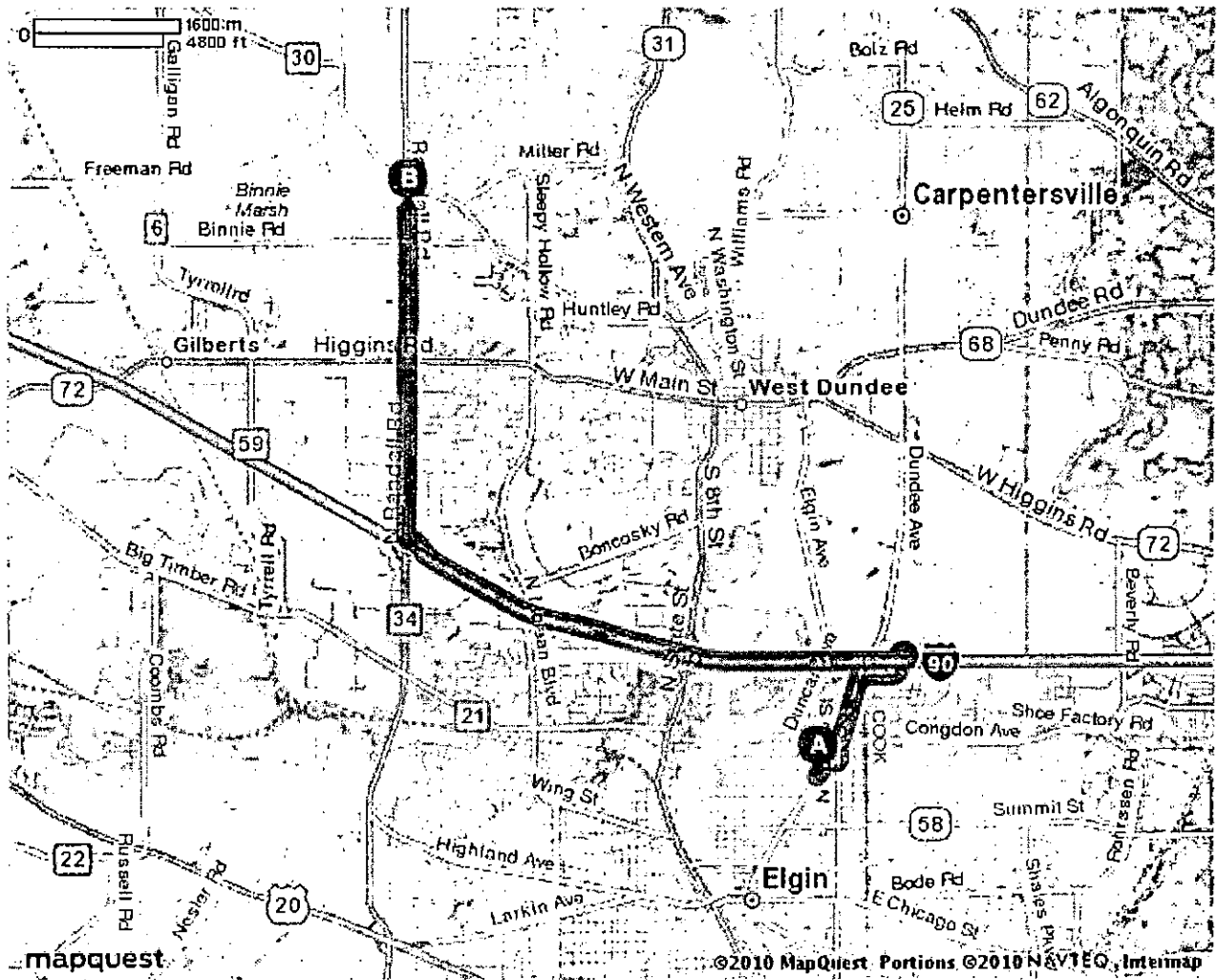
A 836 Dundee Ave, Elgin, IL 60120-3068

-  1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.** go 0.2 mi
-   2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.** go 0.0 mi
-   3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.** Continue to follow **IL-25 N.** go 0.8 mi
-   4. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** toward **ROCKFORD** (Portions toll). go 4.6 mi
-  5. Take the **RANDALL RD** exit. go 0.3 mi
-  6. Merge onto **N RANDALL RD / CR-34** toward **CRYSTAL LAKE / GILBERTS.** go 2.8 mi
-  7. **2203 RANDALL RD** is on the **RIGHT.** go 0.0 mi

B 2203 Randall Rd, Carpentersville, IL 60110-3355 Total Travel Estimate : 8.68 miles - about 14 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

New address to FMC West Chicago

Trip to 1859 N Neltnor Blvd

West Chicago, IL 60185-5900
13.92 miles - about 22 minutes

#5



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **N LIBERTY ST / IL-25.**

go 0.5 mi



4. Turn **LEFT** onto **SUMMIT ST / IL-58.** Continue to follow **IL-58.**

go 3.8 mi



5. Turn **RIGHT** onto **IL-59 / SUTTON RD.** Continue to follow **IL-59.**

go 9.3 mi



6. **1859 N NELTNOR BLVD.**

go 0.0 mi

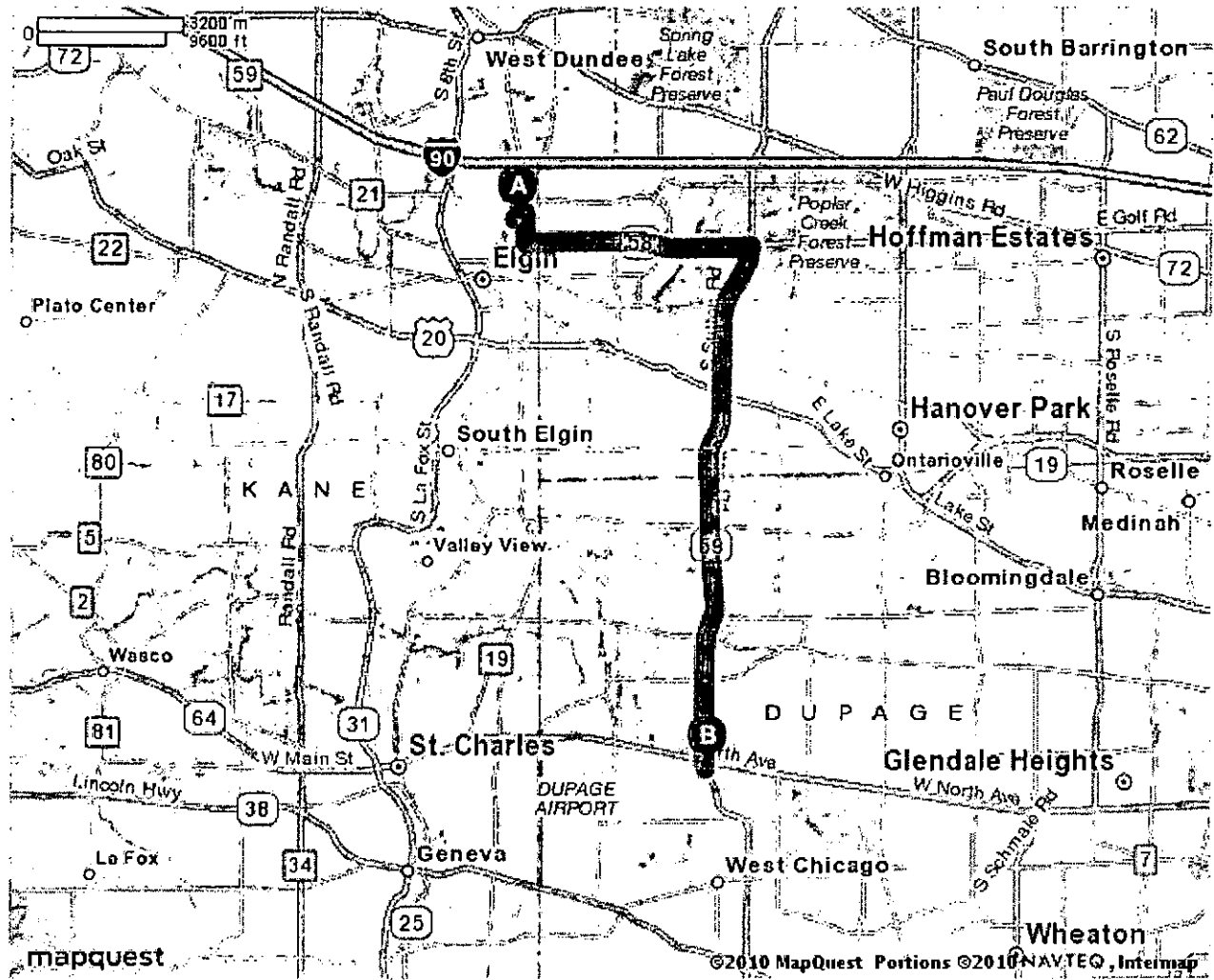


1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate : 13.92 miles - about 22 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

New address to DSI Schaumburg

#6

Trip to 1156 S Roselle Rd
Schaumburg, IL 60193-4072
13.21 miles - about 23 minutes

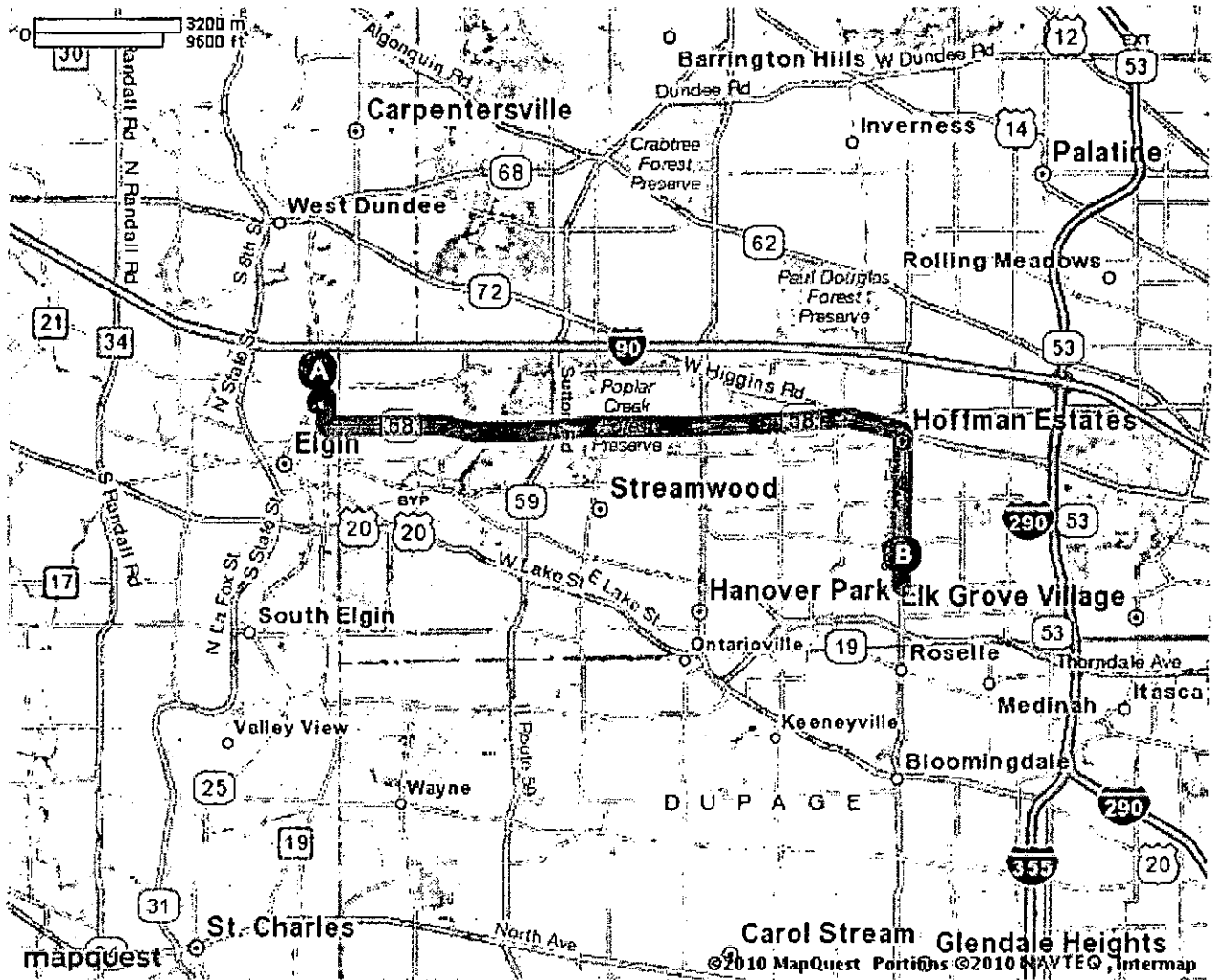
836 Dundee Ave, Elgin, IL 60120-3068

- 1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.** go 0.2 mi
- 2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.** go 0.0 mi
- 3. Turn **SLIGHT RIGHT** onto **N LIBERTY ST / IL-25.** go 0.5 mi
- 4. Turn **LEFT** onto **SUMMIT ST / IL-58.** Continue to follow **IL-58 E.** go 8.8 mi
- 5. Turn **SLIGHT RIGHT** onto **W HIGGINS RD / IL-72 E.** go 0.9 mi
- 6. Turn **RIGHT** onto **N ROSELLE RD.** go 2.7 mi
- 7. 1156 S ROSELLE RD is on the **RIGHT.** go 0.0 mi

1156 S Roselle Rd, Schaumburg, IL 60193-4072 Total Travel Estimate : 13.21 miles - about 23 minutes

Route Map [Hide](#)

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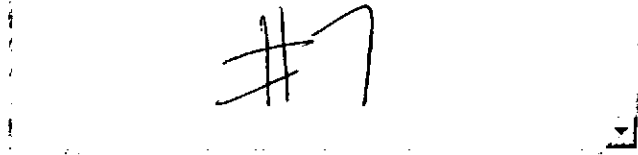


MAPQUEST

Notes

New address to FMCNA Rolling Meadows

Trip to 4180 Winnetka Ave
Rolling Meadows, IL 60008-1375
16.69 miles - about 24 minutes



A 836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 11.6 mi



5. Merge onto **IL-53 N** toward **NORTHWEST SUBURBS.**

go 3.3 mi



6. Merge onto **W EUCLID AVE.**

go 0.5 mi



7. Turn **RIGHT** onto **HICKS RD.**

go 0.3 mi



8. Turn **RIGHT** onto **WINNETKA AVE.**

go 0.0 mi



9. 4180 **WINNETKA AVE** is on the **LEFT.**

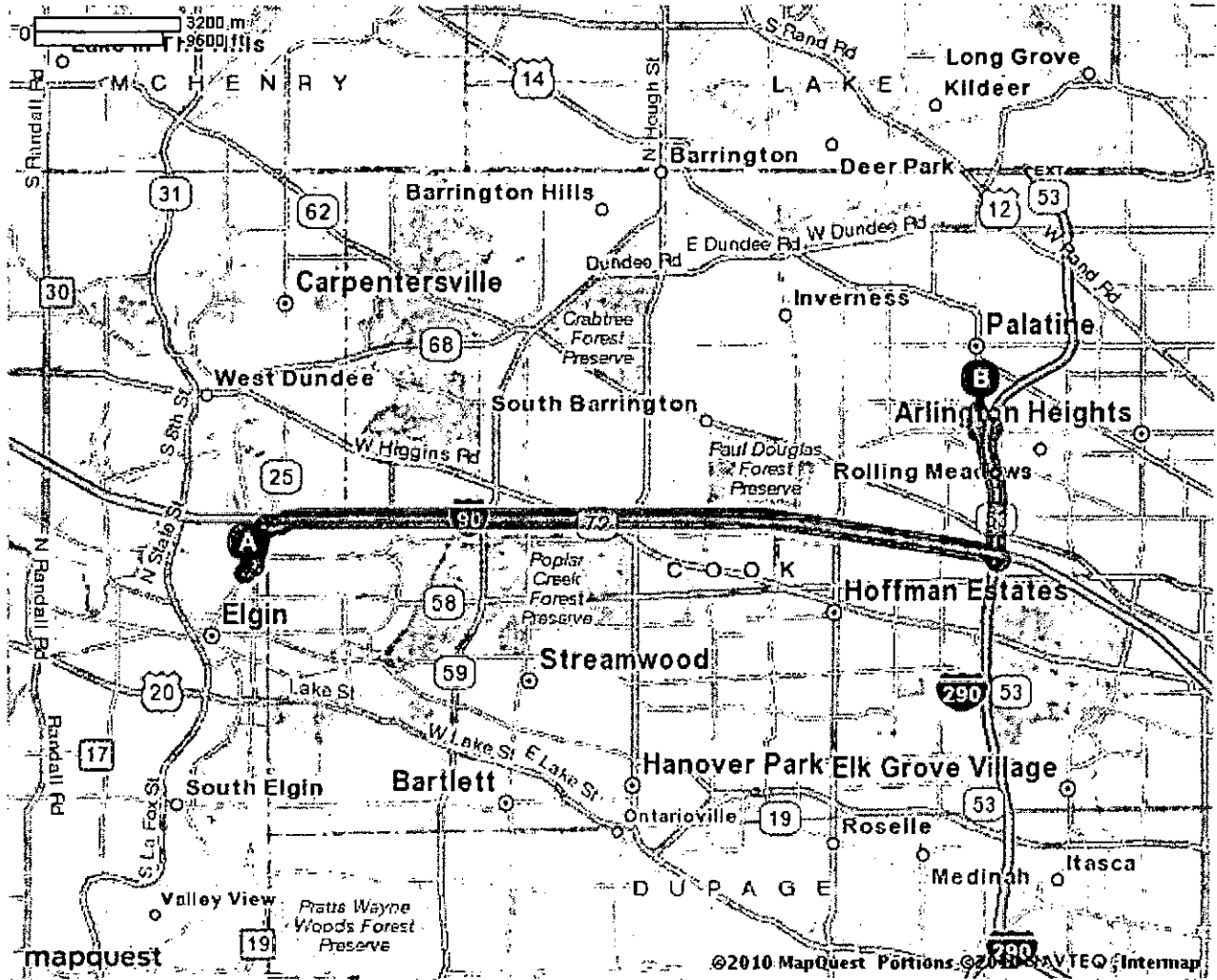
go 0.0 mi

B 4180 Winnetka Ave, Rolling Meadows, IL 60008-1375

Total Travel Estimate : 16.69 miles - about 24 minutes

Route Map [Hide](#)

400



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MAPQUEST.

Notes

New address to FMC Elk Grove Village

Trip to 901 Biesterfield Rd

Elk Grove Village, IL 60007-3392

17.30 miles - about 25 minutes

#8



836 Dundee Ave, Elgin, IL 60120-3068

1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi

4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 11.6 mi

5. Merge onto **I-290 E / IL-53 S** toward **CHICAGO / WEST SUBURBS.**

go 4.1 mi

6. Take the **IL-53 S / BIESTERFIELD RD** exit, **EXIT 4.**

go 0.2 mi

7. Turn **LEFT** onto **BIESTERFIELD RD.**

go 0.4 mi

8. **901 BIESTERFIELD RD** is on the **RIGHT.**

go 0.0 mi

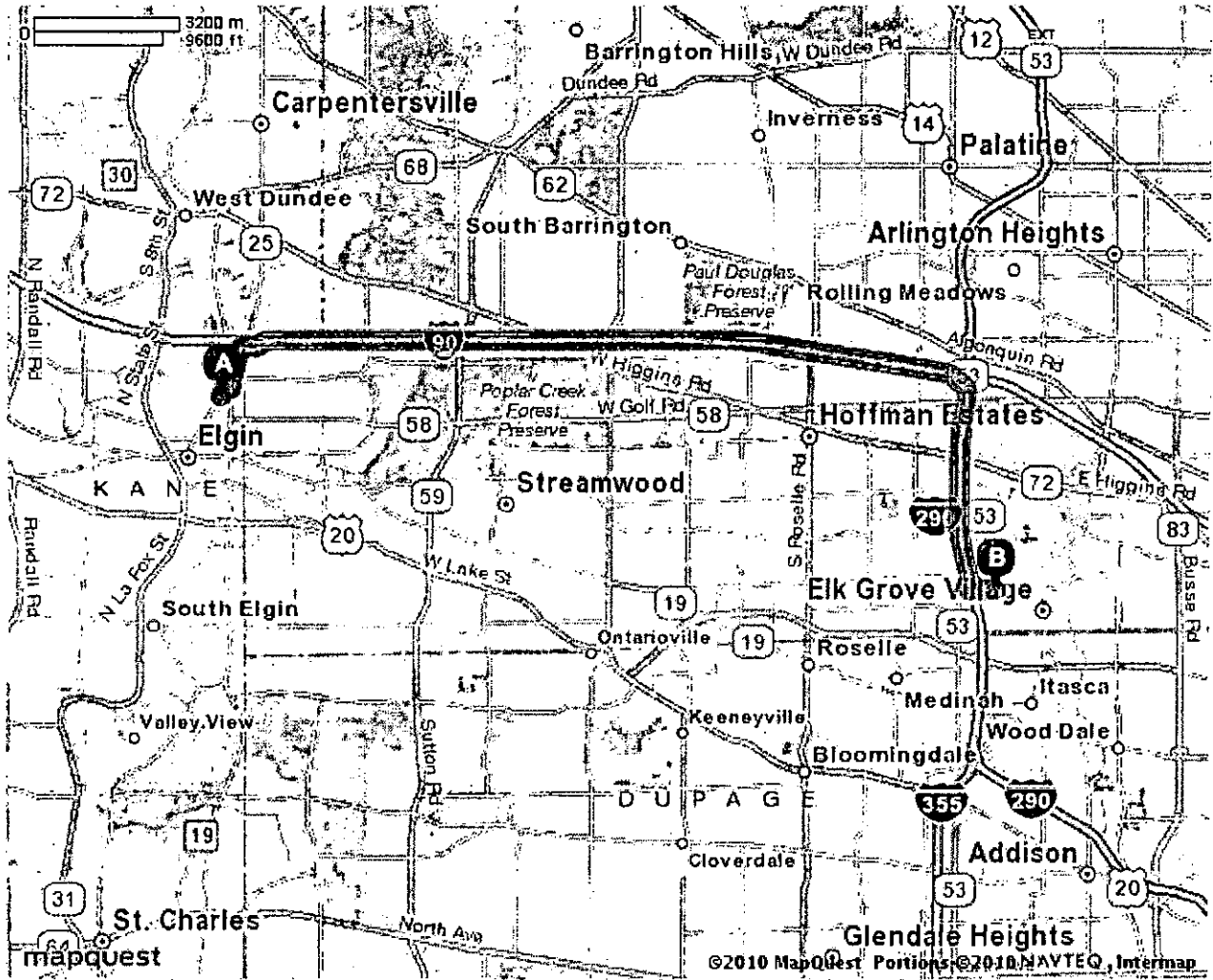


901 Biesterfield Rd, Elk Grove Village, IL 60007-3392

Total Travel Estimate : 17.30 miles - about 25 minutes

Route Map [Hide](#)

402



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MAPQUEST.

Notes

New address to DSI Arlington Heights

Trip to 17 W Golf Rd

Arlington Heights, IL 60005-3905
17.67 miles - about 25 minutes

9

836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 14.5 mi



5. Take the **ARLINGTON HTS ROAD** exit.

go 0.4 mi



6. Take the ramp toward **ARLINGTON HTS.**

go 0.0 mi



7. Turn **LEFT** onto **N ARLINGTON HEIGHTS RD.**

go 0.4 mi



8. Turn **LEFT** onto **W ALGONQUIN RD / IL-62.**

go 0.8 mi



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

go 0.6 mi



10. **17 W GOLF RD** is on the **RIGHT.**

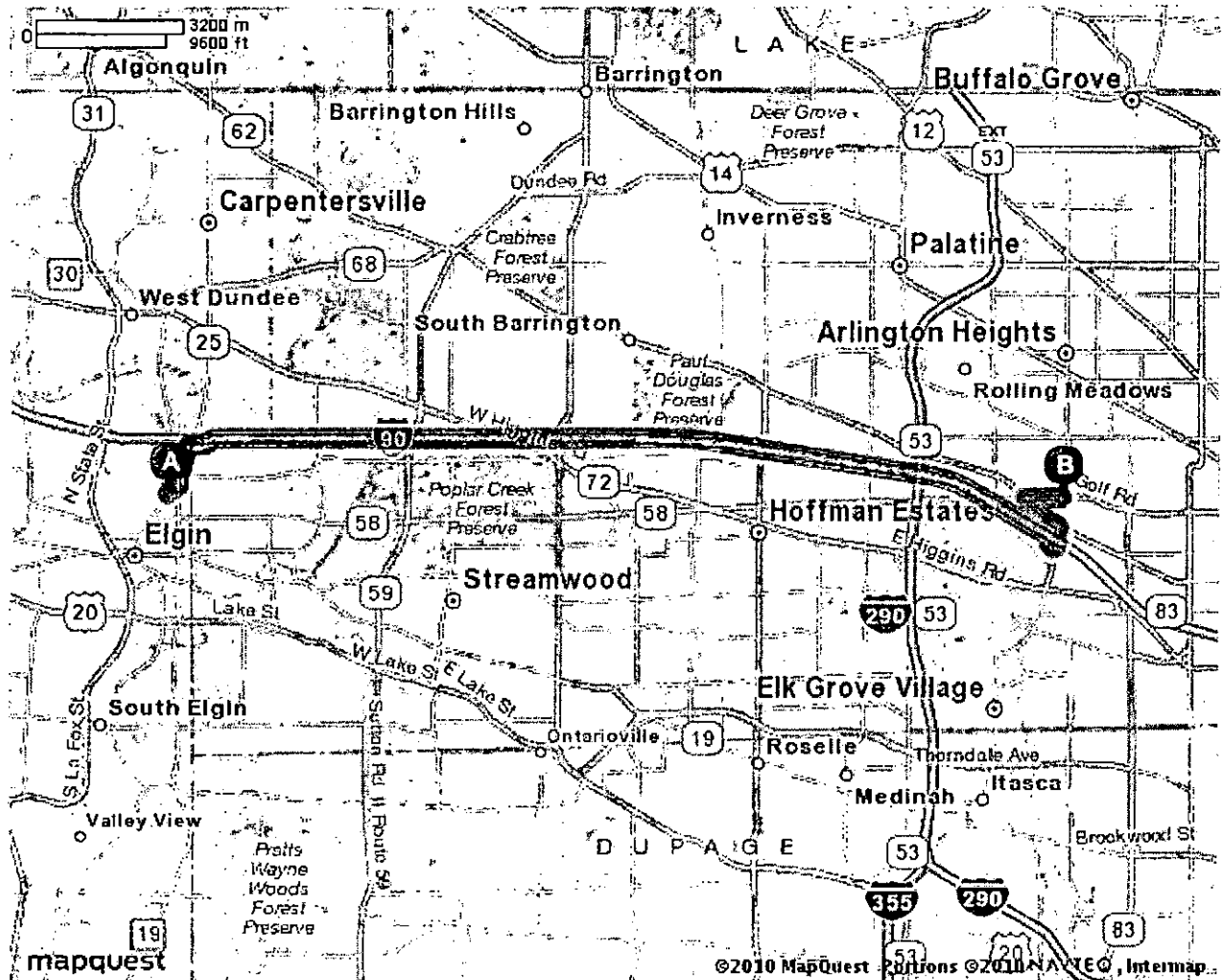
go 0.0 mi

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

404

Total Travel Estimate : 17.67 miles - about 25 minutes

Route Map Hide



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MAPQUEST

Trip to 306 Randall Rd
Geneva, IL 60134-4200
16.24 miles - about 26 minutes

Notes

New address to Tri-Cities Dialysis

#10

A 836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **SOUTHWEST** on **DUNDEE AVE** toward **CHESTER AVE.**

go 1.0 mi



2. **DUNDEE AVE** becomes **CENTER ST.**

go 0.1 mi



3. Turn **RIGHT** onto **E HIGHLAND AVE.**

go 0.4 mi



4. Turn **LEFT** onto **N STATE ST / IL-31.**

go 1.1 mi



5. Merge onto **US-20 W / ULYSSES S GRANT MEMORIAL HWY** toward **ROCKFORD.**

go 3.1 mi



6. Take the **RANDALL RD** ramp.

go 0.2 mi



7. Turn **RIGHT** onto **N RANDALL RD / CR-34 S.**

go 10.4 mi



8. **306 RANDALL RD** is on the **RIGHT.**

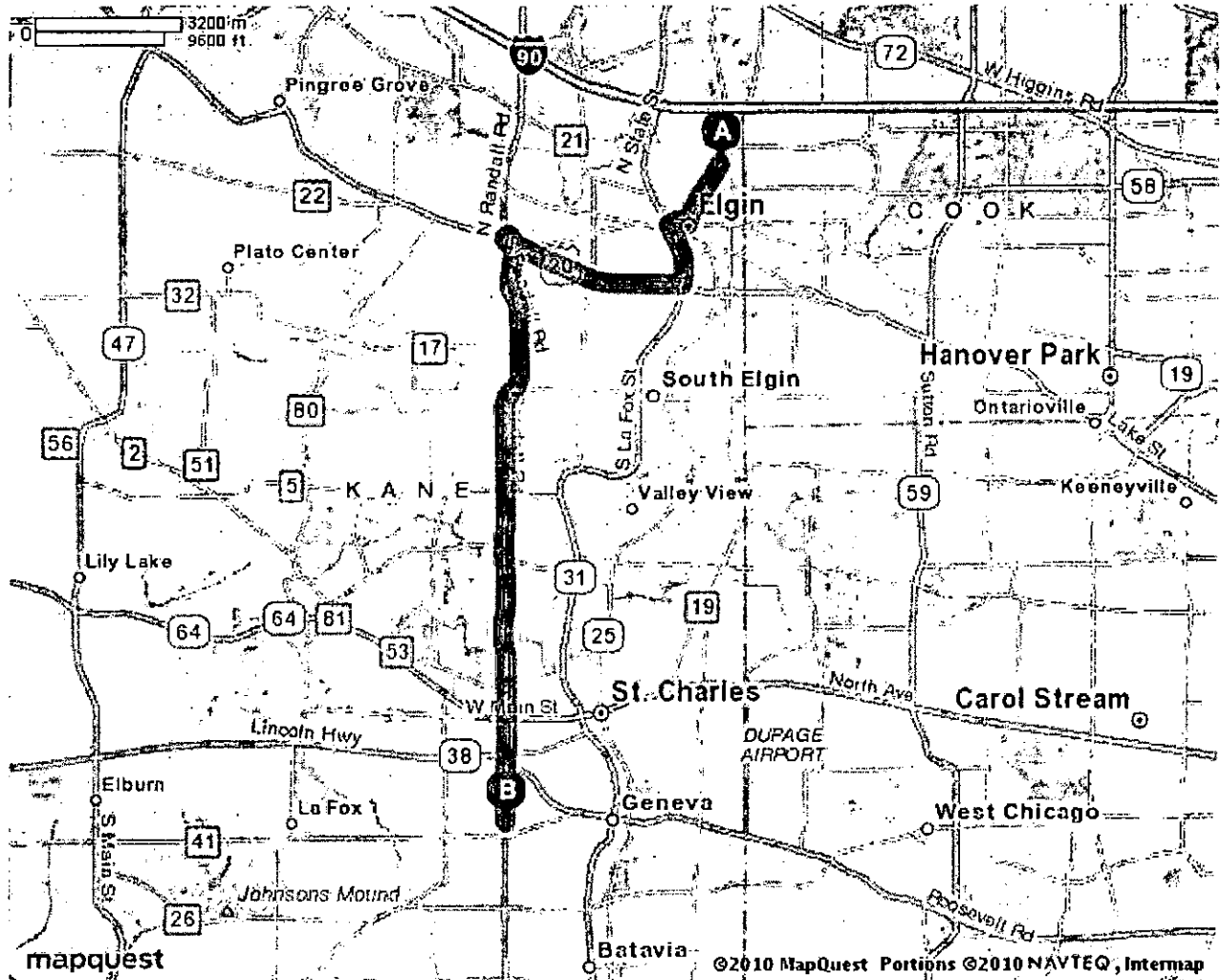
go 0.0 mi

B 306 Randall Rd, Geneva, IL 60134-4200

Total Travel Estimate : 16.24 miles - about 26 minutes

Route Map [Hide](#)

406



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407



MAPQUEST.

Notes

New address to DVA Barrington Creek

Trip to 28214 W Northwest Hwy

Lake Barrington, IL 60010-2324

15.14 miles - about 26 minutes

11



836 Dundee Ave, Elgin, IL 60120-3068

1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 3.6 mi

4. Turn **RIGHT** onto **IL-68.**

go 4.3 mi

5. Turn **LEFT** onto **IL-59 / IL-68 / NEW SUTTON RD.**
Continue to follow **IL-59.**

go 4.2 mi

6. Turn **LEFT** onto **W NORTHWEST HWY / US-14 W.**

go 2.9 mi

7. 28214 W NORTHWEST HWY is on the **RIGHT.**

go 0.0 mi

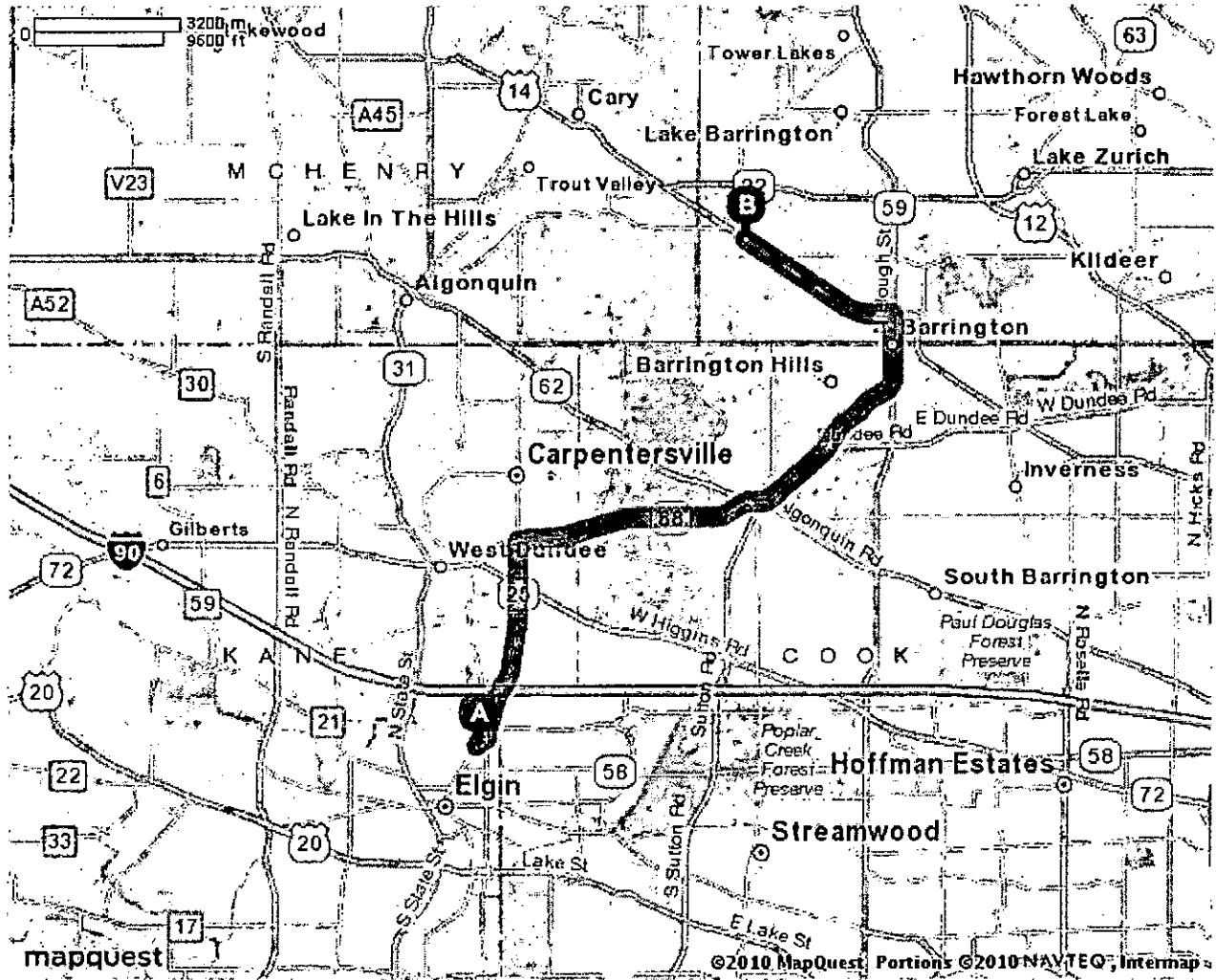


28214 W Northwest Hwy, Lake Barrington, IL 60010-2324

Total Travel Estimate : 15.14 miles - about 26 minutes

[Route Map](#) [Hide](#)

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**MAPQUEST.**

Trip to 6298 Northwest Hwy
 Crystal Lake, IL 60014-7933
 14.00 miles - about 26 minutes

Notes

New address to ARA Crystal Lake

#12

**836 Dundee Ave, Elgin, IL 60120-3068**

1. Start out going **NORTHEAST** on **DUNDEE AVE** toward
SLADE AVE.

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
 Continue to follow **IL-25 N.**

go 6.8 mi



4. Turn **LEFT** onto **E ALGONQUIN RD / IL-62.**

go 3.1 mi



5. Turn **RIGHT** onto **PYOTT RD.**

go 3.0 mi



6. **PYOTT RD** becomes **S MAIN ST / CR-V32.**

go 0.7 mi



7. Turn **LEFT** onto **NORTHWEST HWY / US-14.**

go 0.2 mi



8. **6298 NORTHWEST HWY** is on the **RIGHT.**

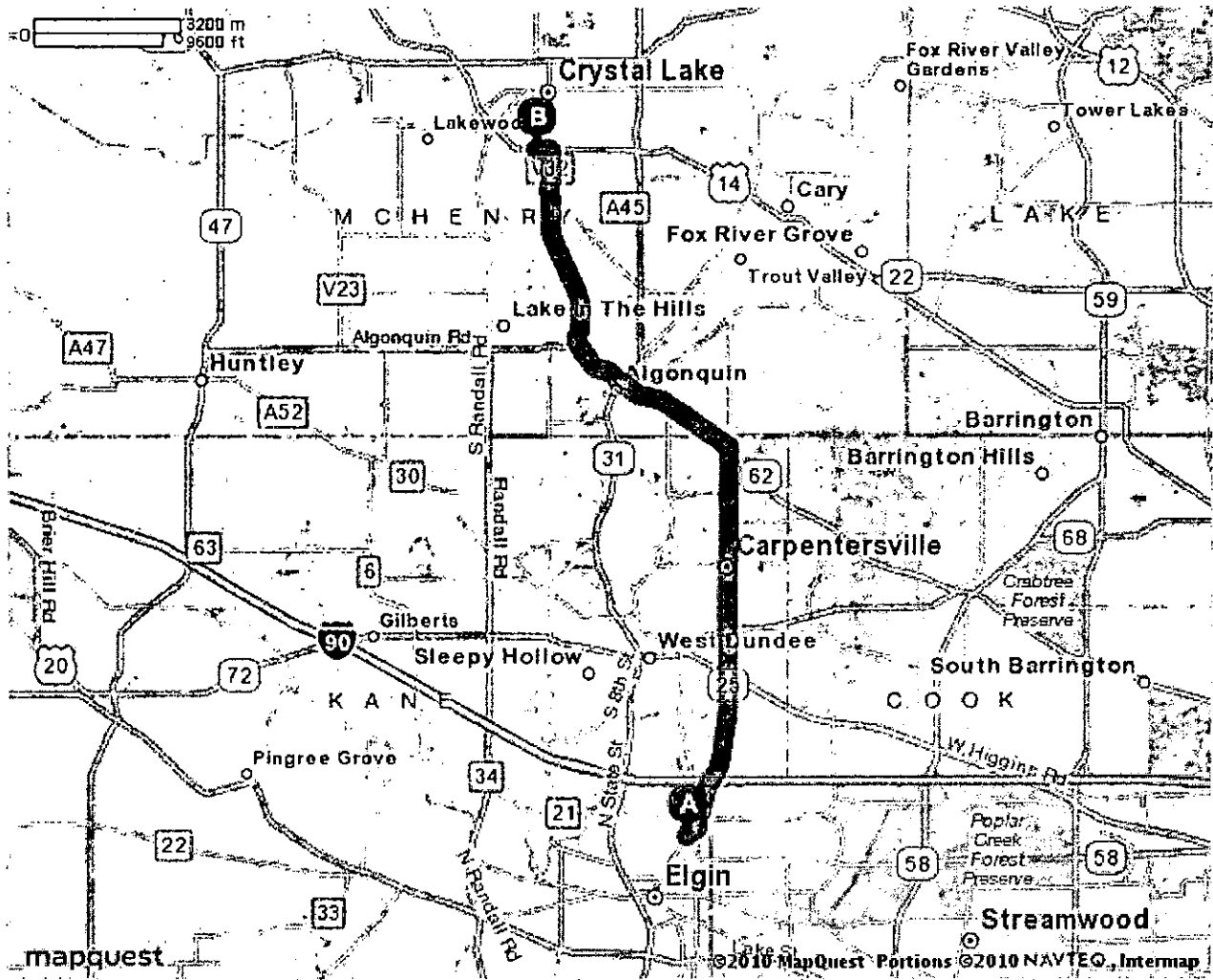
go 0.0 mi

**6298 Northwest Hwy, Crystal Lake, IL 60014-7933**

Total Travel Estimate : 14.00 miles - about 26 minutes

Route Map [Hide](#)

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MAPQUEST.













Notes

New address to FMC Palatine

#13

Trip to 691 E Dundee Rd
Palatine, IL 60074-2817
16.32 miles - about 26 minutes

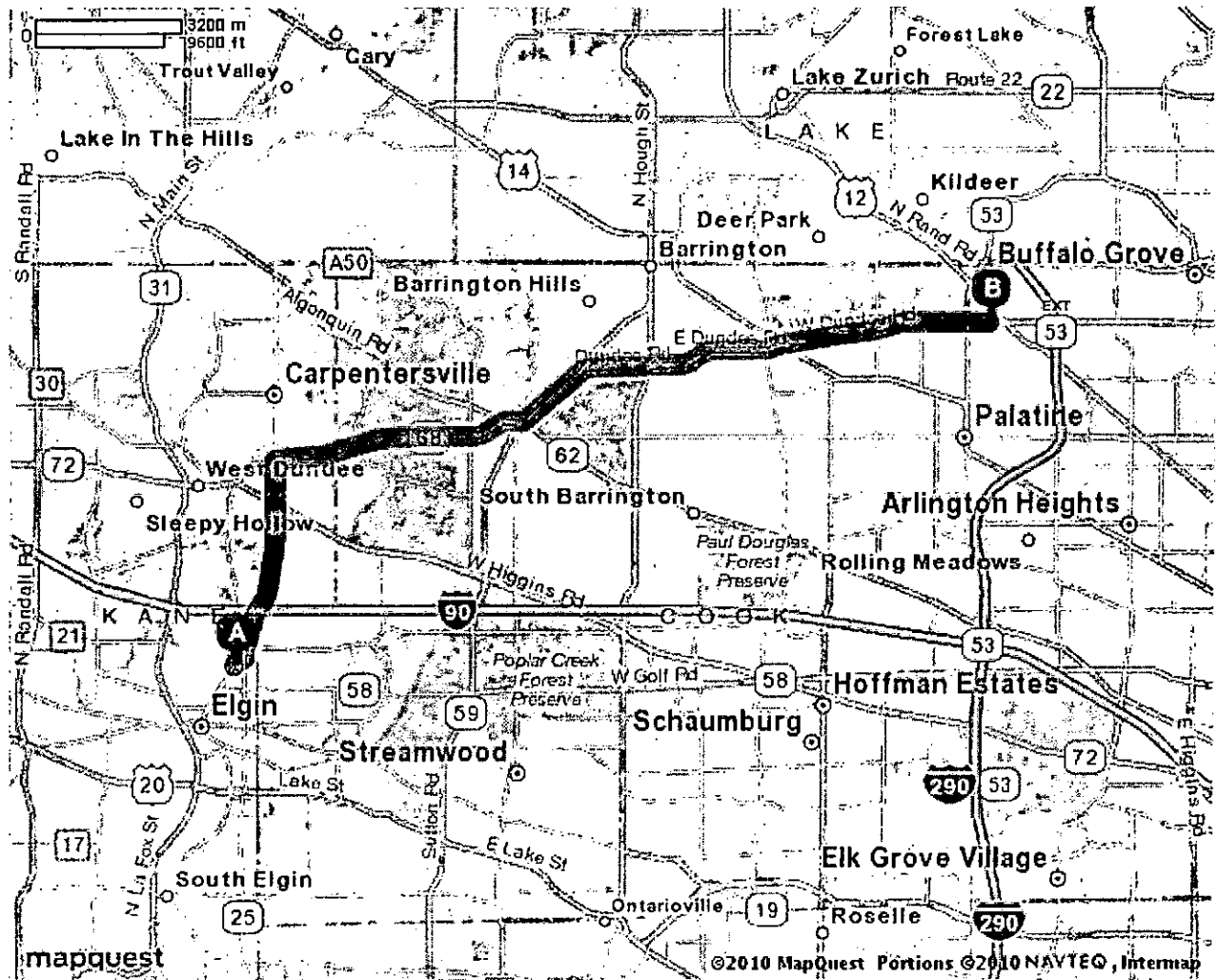
A 836 Dundee Ave, Elgin, IL 60120-3068

-  1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.** go 0.2 mi
-   2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.** go 0.0 mi
-   3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.** Continue to follow **IL-25 N.** go 3.6 mi
-   4. Turn **RIGHT** onto **IL-68.** go 4.3 mi
-   5. Turn **LEFT** onto **IL-59 / IL-68 / NEW SUTTON RD.** go 1.4 mi
-   6. Turn **SLIGHT RIGHT** onto **DUNDEE RD / IL-68.** go 6.9 mi
-  7. 691 E DUNDEE RD is on the **RIGHT.** go 0.0 mi

B 691 E Dundee Rd, Palatine, IL 60074-2817 Total Travel Estimate : 16.32 miles - about 26 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

New address to Crystal Springs

#14

Trip to 4900 S Il Route 31

Crystal Lake, IL 60012-3784

15.56 miles - about 27 minutes



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 6.8 mi



4. Turn **LEFT** onto **E ALGONQUIN RD / IL-62.**

go 2.1 mi



5. Turn **RIGHT** onto **N MAIN ST / IL-31.** Continue to follow **IL-31 N.**

go 6.4 mi



6. 4900 S IL ROUTE 31.

go 0.0 mi

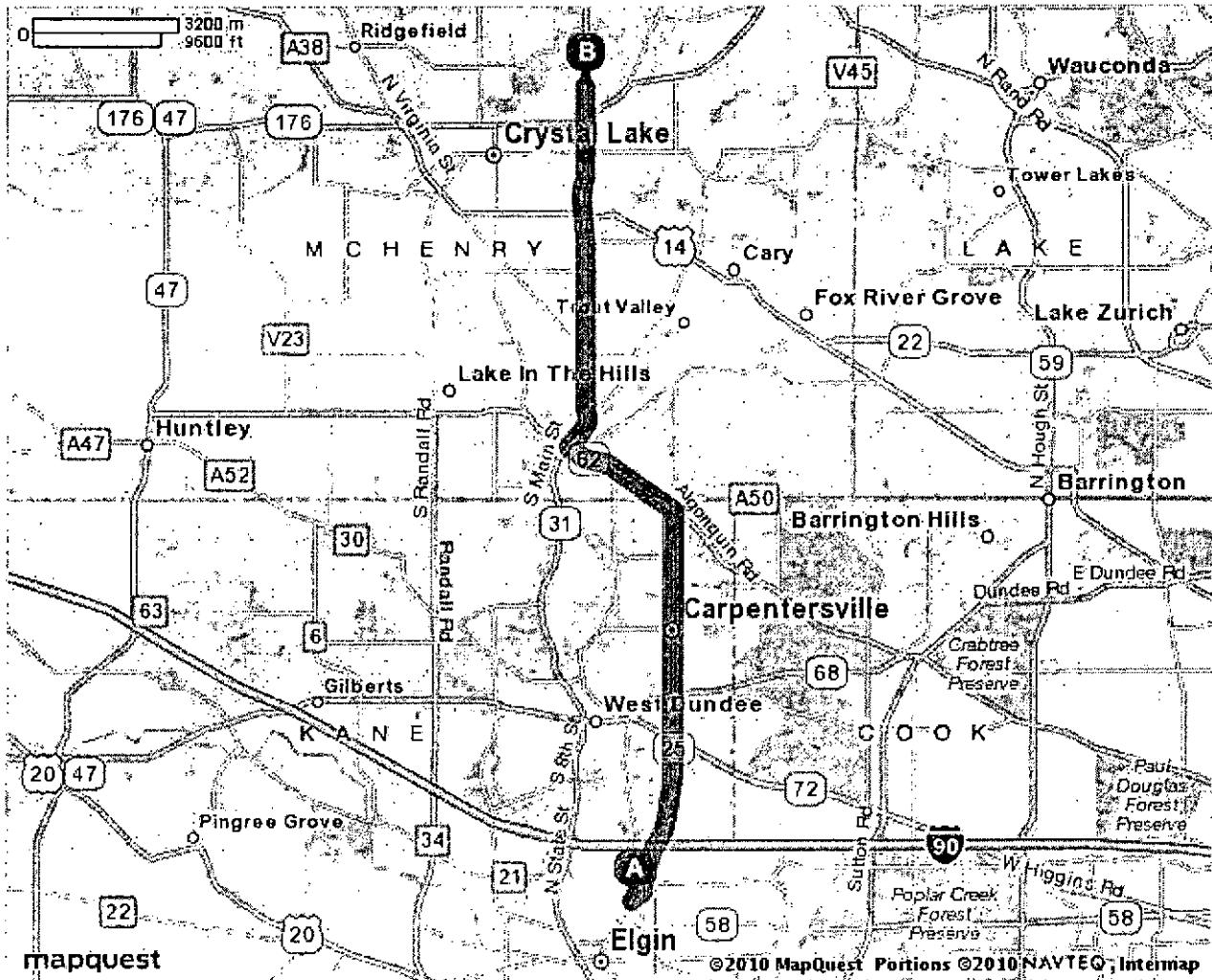


4900 S Il Route 31, Crystal Lake, IL 60012-3784

Total Travel Estimate : 15.56 miles - about 27 minutes

Route Map [Hide](#)

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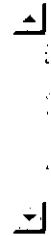
MAPQUEST.

Notes











New address to FMC DuPage West

Trip to 450 E Roosevelt Rd
West Chicago, IL 60185-3905
18.17 miles - about 29 minutes

#15



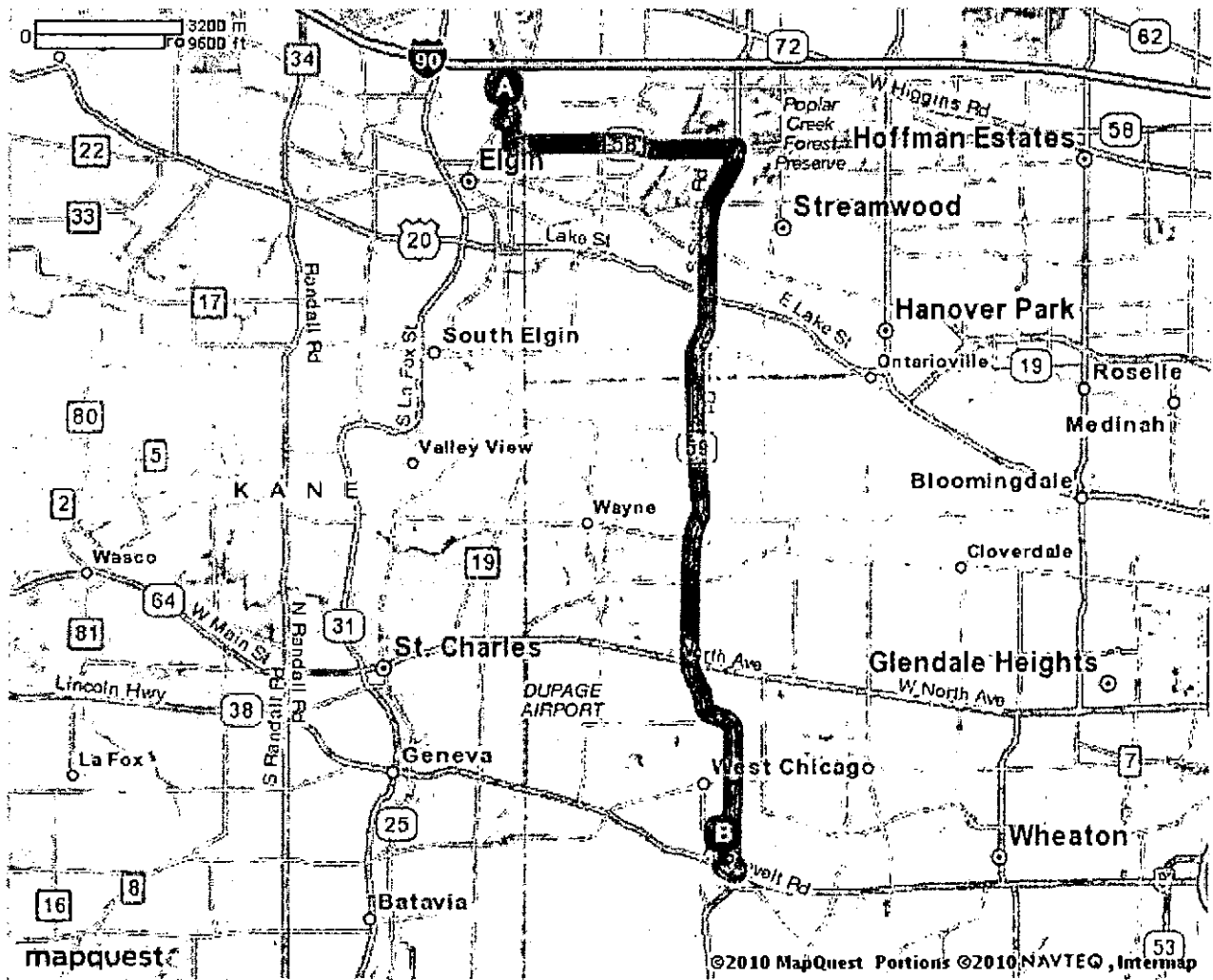
A 836 Dundee Ave, Elgin, IL 60120-3068

-  1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.** go 0.2 mi
-   2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.** go 0.0 mi
-   3. Turn **SLIGHT RIGHT** onto **N LIBERTY ST / IL-25.** go 0.5 mi
-   4. Turn **LEFT** onto **SUMMIT ST / IL-58.** Continue to follow **IL-58.** go 3.8 mi
-   5. Turn **RIGHT** onto **IL-59 / SUTTON RD.** Continue to follow **IL-59.** go 13.1 mi
-  6. Turn **LEFT** onto **DAYTON AVE.** go 0.0 mi
-  7. Turn **SLIGHT RIGHT** onto **SARANA AVE.** go 0.2 mi
-   8. Turn **RIGHT** onto **E ROOSEVELT RD / IL-38.** go 0.3 mi
-  9. **450 E ROOSEVELT RD** is on the **LEFT.** go 0.0 mi

B 450 E Roosevelt Rd, West Chicago, IL 60185-3905
Total Travel Estimate : 18.17 miles - about 29 minutes

Route Map [Hide](#)

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MAPQUEST.

Trip to 1291 W Dundee Rd
Buffalo Grove, IL 60089-4009
20.81 miles - about 29 minutes

Notes

New address to DSI Buffalo Grove

#16

A 836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 11.6 mi



5. Merge onto **IL-53 N** toward **NORTHWEST SUBURBS.**

go 7.1 mi



6. Merge onto **IL-68 E / W DUNDEE RD.**

go 1.1 mi



7. 1291 W DUNDEE RD is on the **RIGHT.**

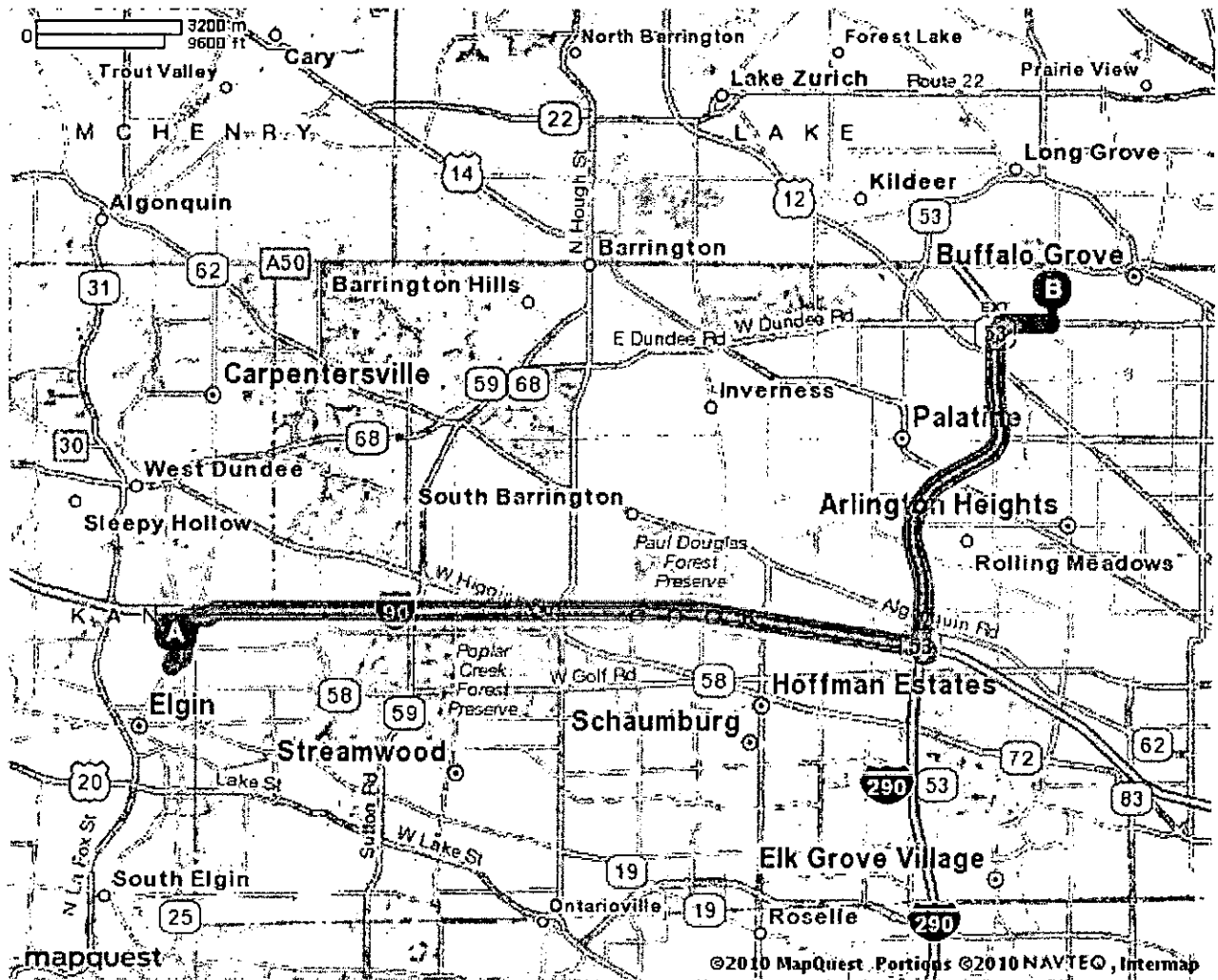
go 0.0 mi

B 1291 W Dundee Rd, Buffalo Grove, IL 60089-4009

Total Travel Estimate : 20.81 miles - about 29 minutes

Route Map [Hide](#)

418



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419



MAPQUEST.

Trip to [36w501-36w515] Fabyan Pkwy
Batavia, IL 60510
19.23 miles - about 32 minutes

Notes

New address to FMC West Batavia

#17

836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **SOUTHWEST** on **DUNDEE AVE** toward **CHESTER AVE.**

go 1.0 mi



2. **DUNDEE AVE** becomes **CENTER ST.**

go 0.1 mi



3. Turn **RIGHT** onto **E HIGHLAND AVE.**

go 0.4 mi



4. Turn **LEFT** onto **N STATE ST / IL-31.**

go 1.1 mi



5. Merge onto **US-20 W / ULYSSES S GRANT MEMORIAL HWY** toward **ROCKFORD.**

go 3.1 mi



6. Take the **RANDALL RD** ramp.

go 0.2 mi



7. Turn **RIGHT** onto **N RANDALL RD / CR-34 S.**

go 12.1 mi



8. Turn **RIGHT** onto **SOUTH DR.**

go 0.6 mi



9. Turn **RIGHT** onto **BRANSON DR.**

go 0.0 mi



10. Turn **RIGHT** onto **FABYAN PKWY / CR-8 E.**

go 0.6 mi

420

END

11. [36W501-36W515] FABYAN PKWY.

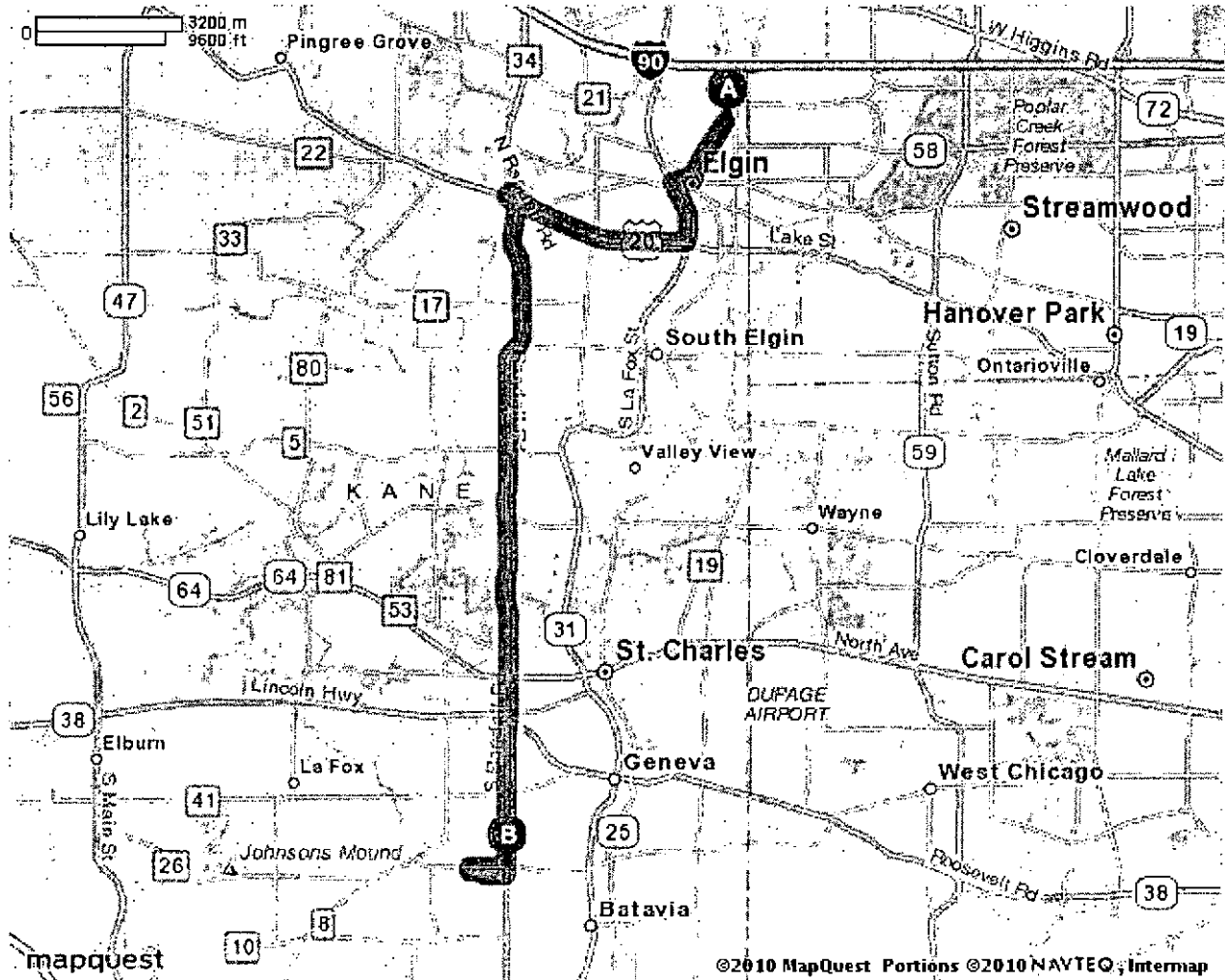
go 0.0 mi



[36w501-36w515] Fabyan Pkwy, Batavia, IL 60510

Total Travel Estimate : 19.23 miles - about 32 minutes

Route Map [Hide](#)



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421



MAPQUEST

Trip to 910 Greenlee St
Marengo, IL 60152-8200
25.04 miles - about 33 minutes

Notes

New address to Quality Renal Care Marengo

#18



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 W / JANE ADDAMS MEMORIAL TOLLWAY** toward **ROCKFORD** (Portions toll).

go 15.0 mi



5. Take the **US-20** exit toward **HAMPSHIRE / MARENGO.**

go 0.4 mi



6. Take the ramp toward **MARENGO / UNION / ILL 23.**

go 0.0 mi



7. Turn **LEFT** onto **US-20 / ULYSSES S GRANT MEMORIAL HWY.**

go 8.2 mi



8. Turn **RIGHT** onto **S PROSPECT ST.**

go 0.5 mi



9. Turn **RIGHT** onto **GREENLEE ST.**

go 0.0 mi



10. **910 GREENLEE ST** is on the **RIGHT.**

go 0.0 mi

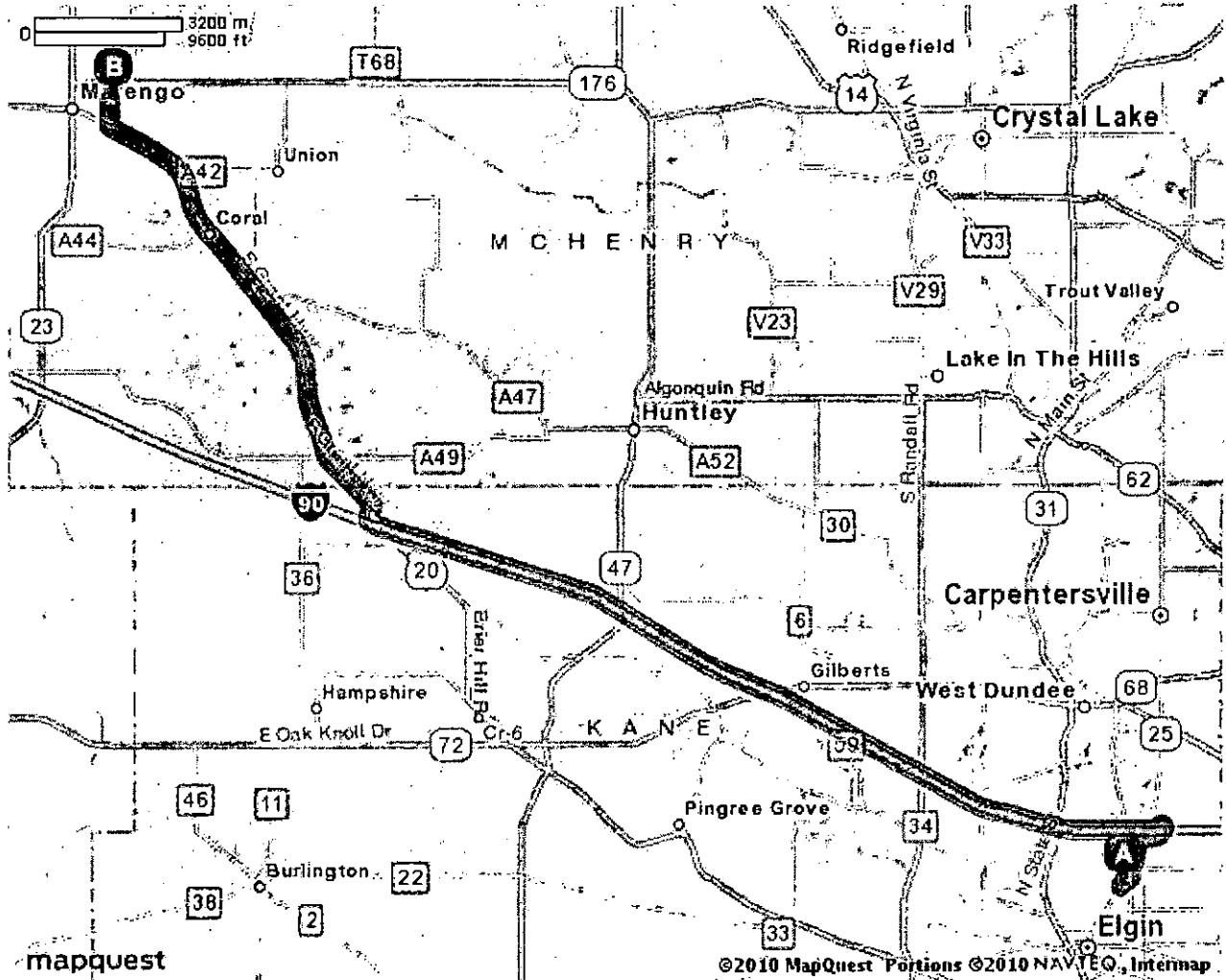


910 Greenlee St, Marengo, IL 60152-8200

422

Total Travel Estimate : 25.04 miles - about 33 minutes

Route Map [Hide](#)



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423

MAPQUEST.

Notes

New Address to FMC Glendale Heights

Trip to 520 North Ave

Glendale Heights, IL 60139-3119
22.08 miles - about 34 minutes

#19

836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.1 mi



3. Turn **SLIGHT RIGHT** onto **N LIBERTY ST / IL-25.**

go 0.5 mi



4. Turn **LEFT** onto **SUMMIT ST / IL-58.** Continue to follow **IL-58.**

[Map](#)

go 3.8 mi



5. Turn **RIGHT** onto **IL-59 / SUTTON RD.** Continue to follow **IL-59.**

go 9.2 mi



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

go 7.8 mi



7. Make a **U-TURN** at **GOODRICH AVE** onto **NORTH AVE / IL-64 W.**

go 0.4 mi



8. **520 NORTH AVE** is on the **RIGHT.**

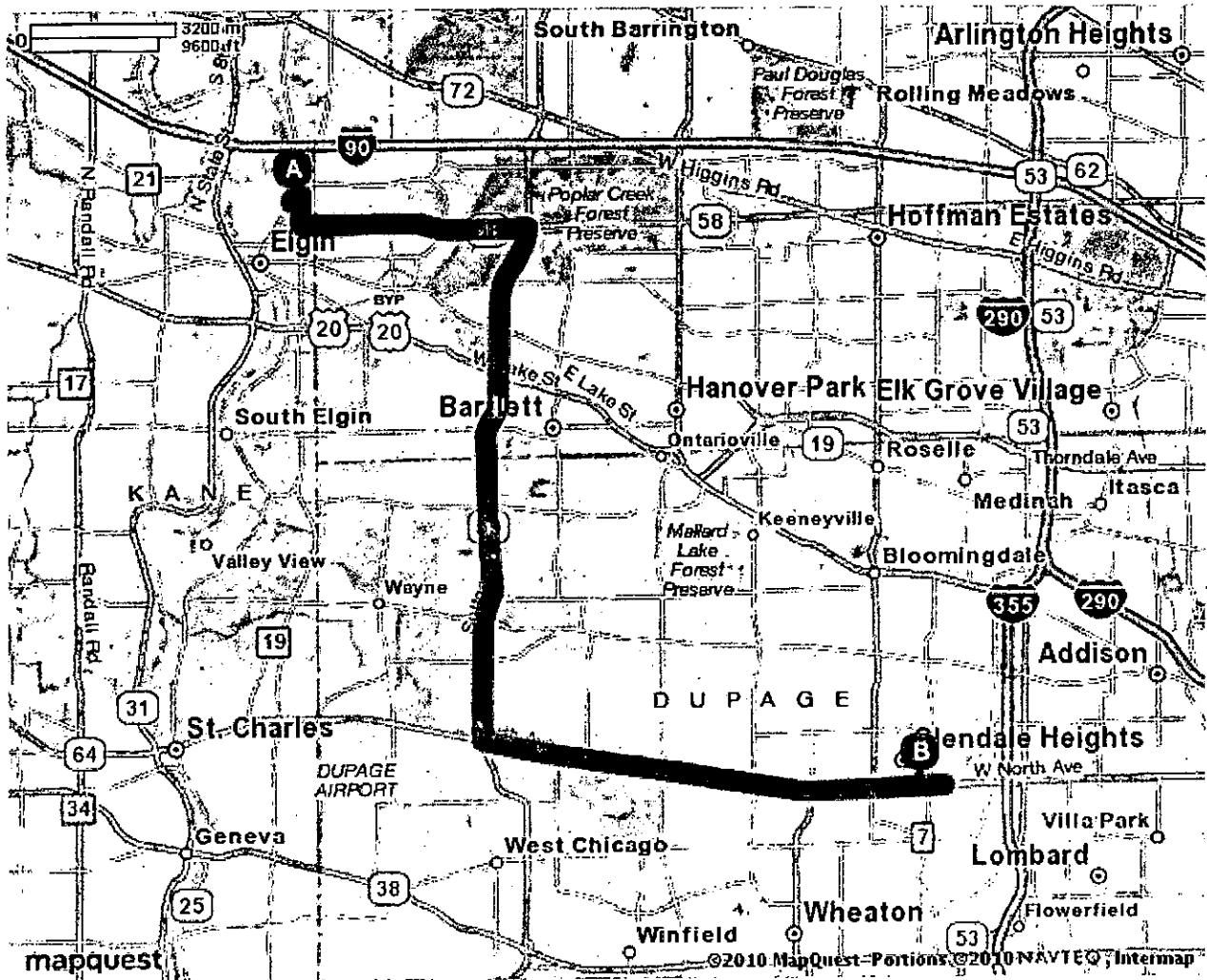
go 0.0 mi

520 North Ave, Glendale Heights, IL 60139-3119

Total Travel Estimate : 22.08 miles - about 34 minutes

Route Map [Hide](#)

424



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425

**MAPQUEST.**

Notes

New address to FMC Norridge

Trip to 4701 N Cumberland Ave

Norridge, IL 60706-2905

25.82 miles - about 35 minutes

#20

**836 Dundee Ave, Elgin, IL 60120-3068**1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi

4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 22.1 mi

5. Keep **RIGHT** at the fork to go on **I-90 E** (Portions toll).

go 1.2 mi

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

go 1.5 mi

7. Turn **LEFT** onto **W LELAND AVE.**

go 0.0 mi

8. **4701 N CUMBERLAND AVE.**

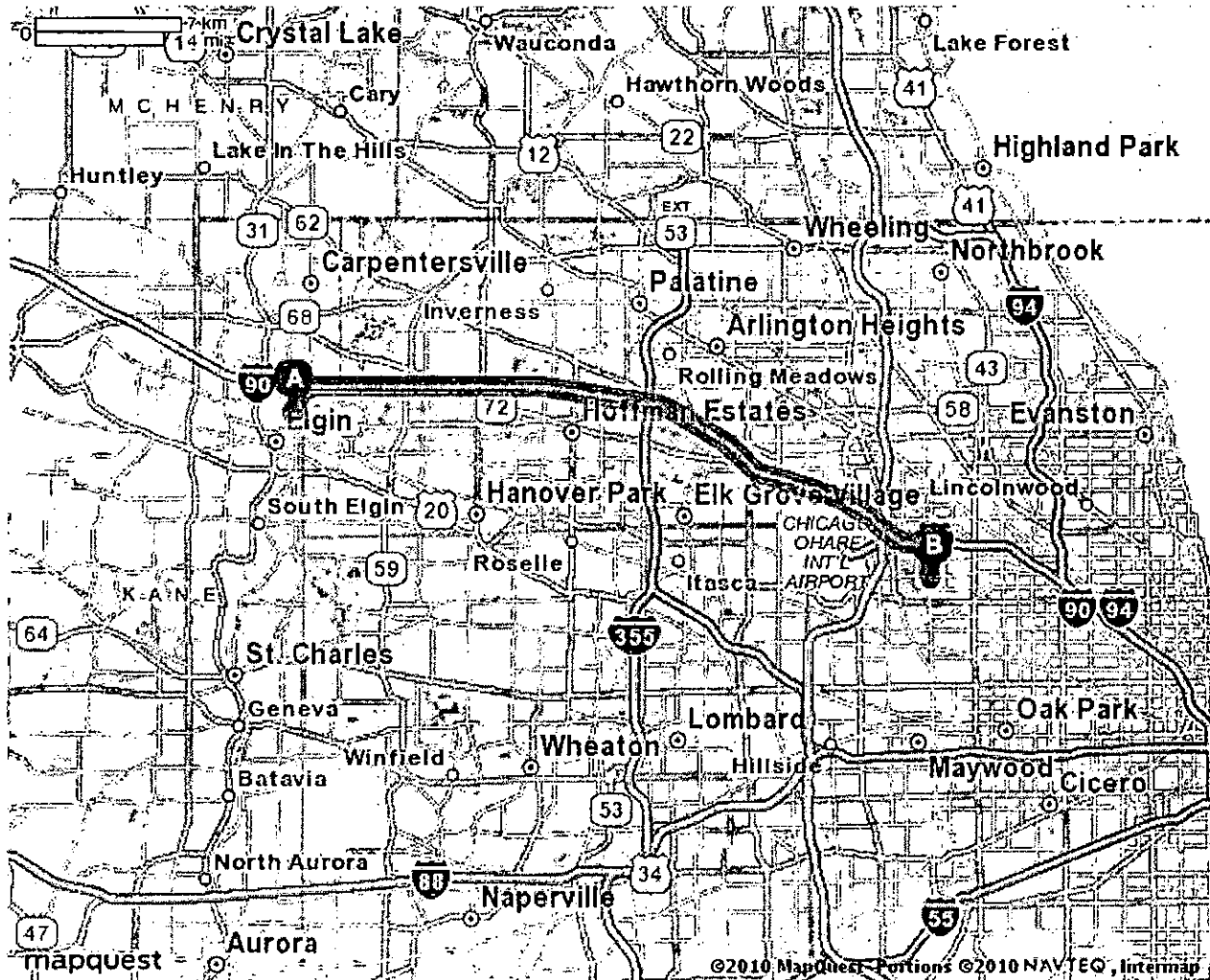
go 0.0 mi

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

Total Travel Estimate : 25.82 miles - about 35 minutes

Route Map [Hide](#)

426



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427

**MAPQUEST.**

Notes

New address to Resurrection Medical Center

Trip to 7435 W Talcott Ave

Chicago, IL 60631-3707

26.87 miles - about 37 minutes

#21

**836 Dundee Ave, Elgin, IL 60120-3068**1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi

4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 22.1 mi

5. Keep **RIGHT** at the fork to go on **I-90 E** (Portions toll).

go 2.7 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.**

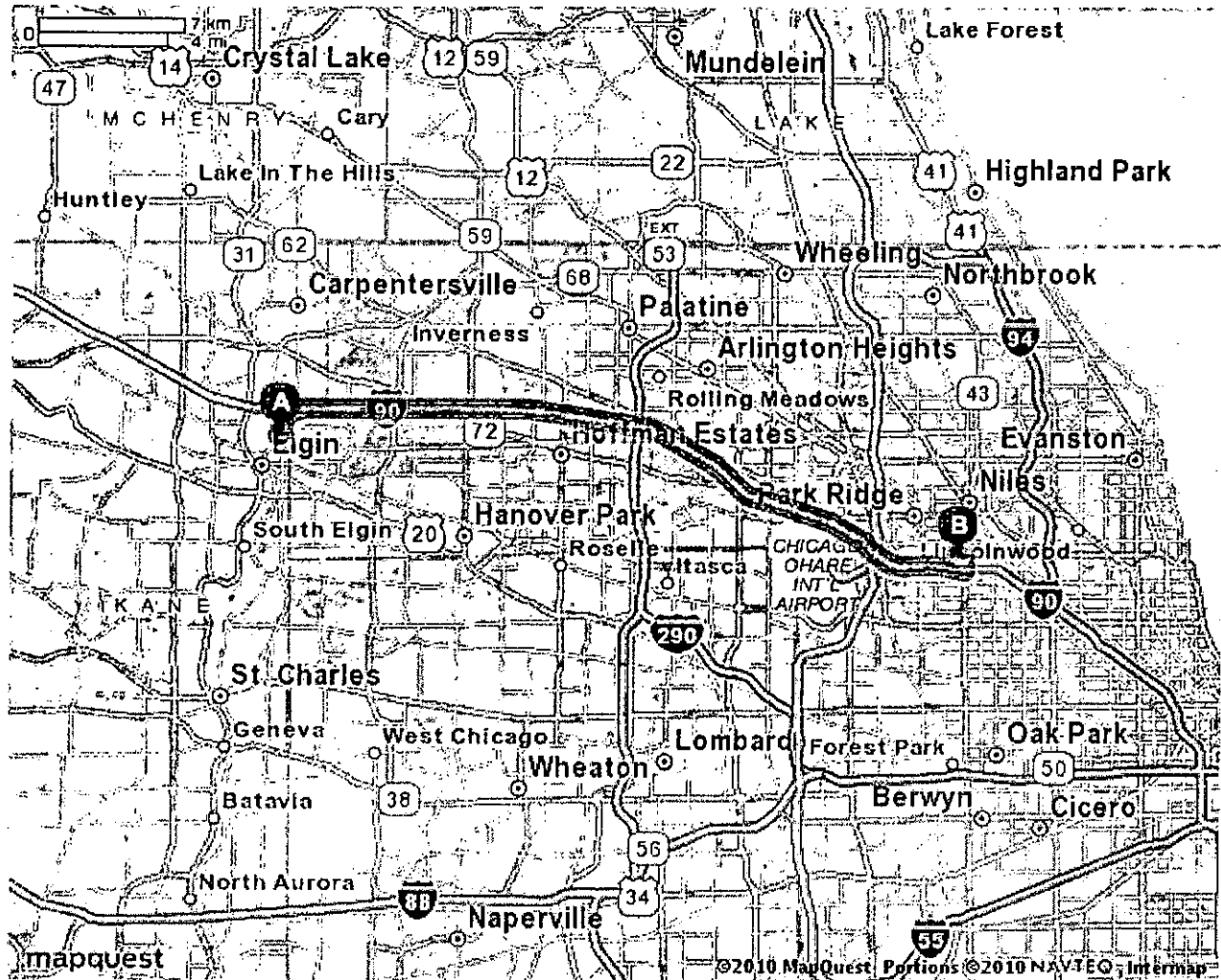
go 0.0 mi

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

428

Total Travel Estimate : 26.87 miles - about 37 minutes

Route Map [Hide](#)



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429

**MAPQUEST.**

Notes

New Address to FMC McHenry

Trip to 4312 W Elm St

McHenry, IL 60050-4003

22.12 miles - about 37 minutes

#22

**836 Dundee Ave, Elgin, IL 60120-3068**1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 6.8 mi

4. Turn **LEFT** onto **E ALGONQUIN RD / IL-62.**

go 2.1 mi

5. Turn **RIGHT** onto **N MAIN ST / IL-31.** Continue to follow **IL-31 N.**

go 12.5 mi

6. Turn **LEFT** onto **W ELM ST / IL-120.**

go 0.4 mi

7. 4312 W ELM ST is on the **RIGHT.**

go 0.0 mi

**4312 W Elm St, McHenry, IL 60050-4003**

Total Travel Estimate : 22.12 miles - about 37 minutes

Route Map [Hide](#)

430



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431



MAPQUEST.

Trip to 4248 Commercial Way

Glenview, IL 60025-3573

27.20 miles - about 40 minutes

Notes

New address to FMC Glenview

#23



836 Dundee Ave, Elgin, IL 60120-3068

1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi

4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 11.6 mi

5. Merge onto **IL-53 N** toward **NORTHWEST SUBURBS.**

go 5.2 mi

6. Take the **EAST PALATINE RD** exit.

go 0.3 mi

7. Merge onto **W PALATINE RD.**

go 1.4 mi

8. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.**

go 3.6 mi

9. Take the ramp toward **IL-21 / MILWAUKEE AVE / US-45.**

go 0.0 mi

10. Stay **STRAIGHT** to go onto **E PALATINE RD.**

go 0.6 mi

432



11. Turn **RIGHT** onto **N MILWAUKEE AVE / US-45 / IL-21**.
Continue to follow **N MILWAUKEE AVE / IL-21**.

go 3.0 mi



12. Turn **RIGHT** onto **DEARLOVE RD**.

go 0.3 mi



13. Turn **RIGHT** onto **COMMERCIAL WAY**.

go 0.1 mi



14. **4248 COMMERCIAL WAY** is on the **LEFT**.

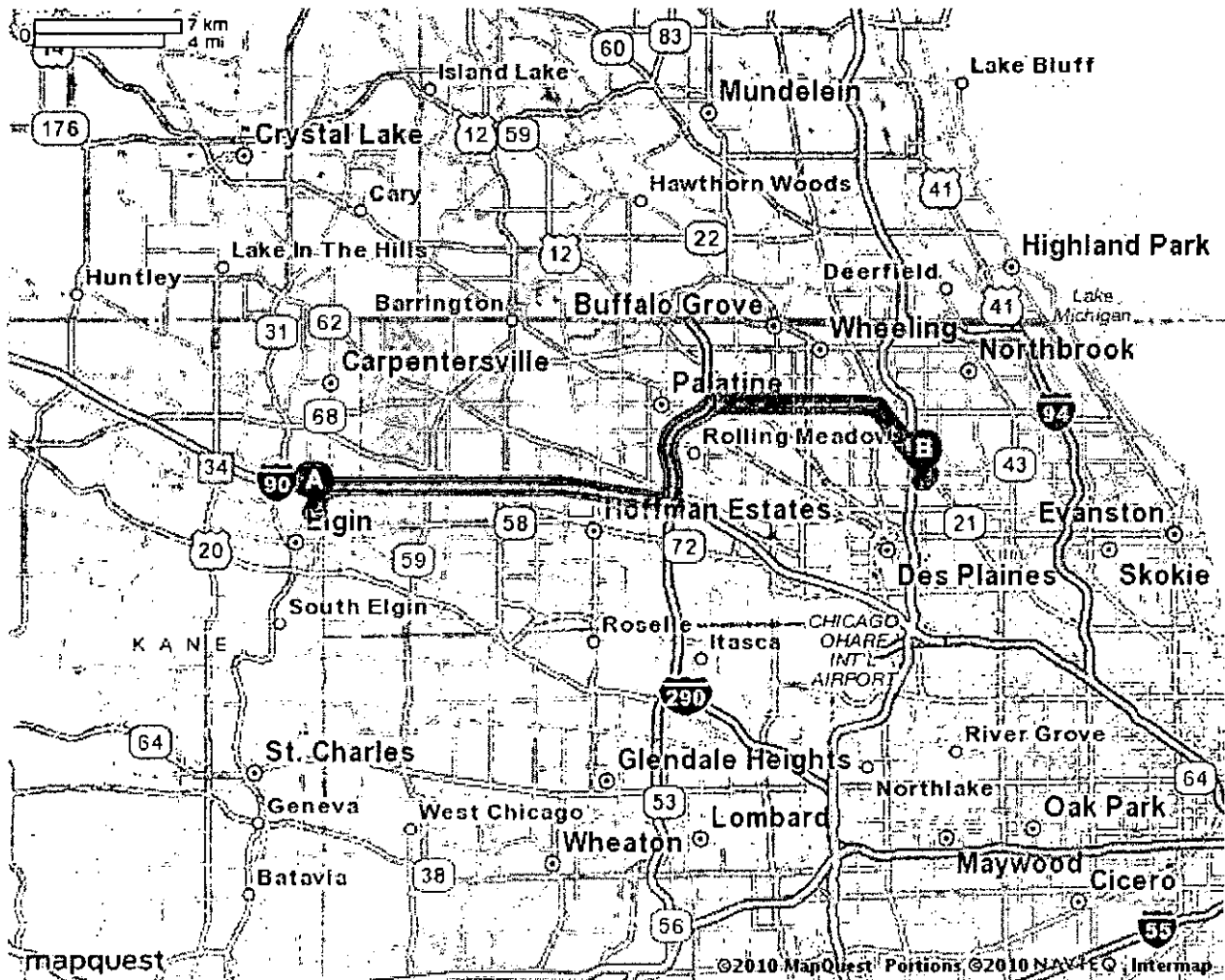
go 0.0 mi



4248 Commercial Way, Glenview, IL 60025-3573

Total Travel Estimate : 27.20 miles - about 40 minutes

Route Map [Hide](#)



433

**MAPQUEST.**

Notes

New address to FMC Naperville North

Trip to 516 W 5th Ave

Naperville, IL 60563-2901

26.18 miles - about 42 minutes

#24

**836 Dundee Ave, Elgin, IL 60120-3068**1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT RIGHT** onto **N LIBERTY ST / IL-25.**

go 0.5 mi

4. Turn **LEFT** onto **SUMMIT ST / IL-58.** Continue to follow **IL-58.**

go 3.8 mi

5. Turn **RIGHT** onto **IL-59 / SUTTON RD.** Continue to follow **IL-59.**

go 17.0 mi

6. Turn **LEFT** onto **W FERRY RD / CR-3.**

go 0.8 mi

7. Turn **RIGHT** onto **RAYMOND DR / CR-13.**

go 0.4 mi

8. Turn **LEFT** onto **W DIEHL RD / CR-53 E.** Continue to follow **W DIEHL RD.**

go 1.9 mi

9. Turn **RIGHT** onto **N MILL ST / CR-32.** Continue to follow **N MILL ST.**

go 1.4 mi

10. Turn **RIGHT** onto **W 5TH AVE.**

go 0.0 mi

434

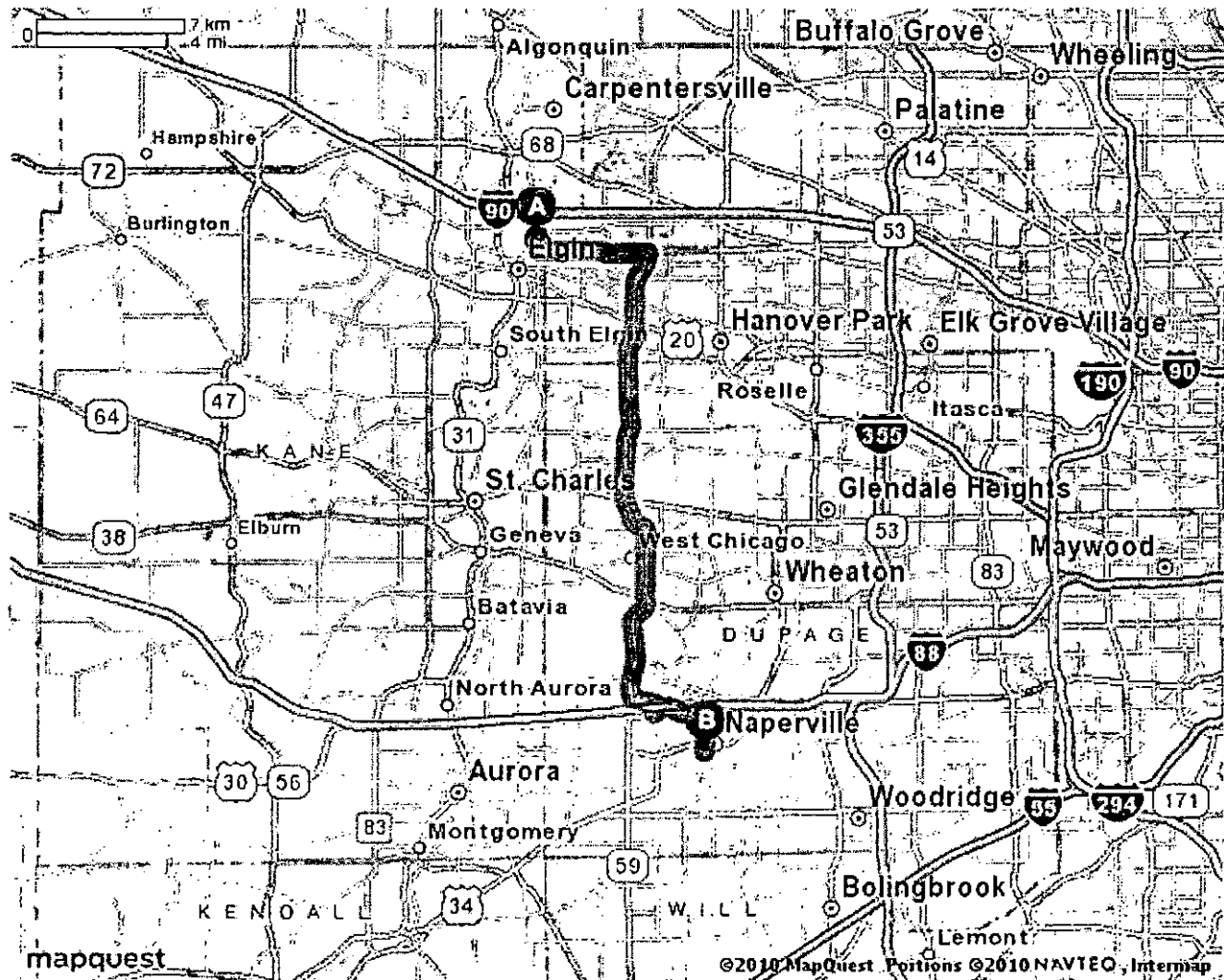
END

11. 516 W 5TH AVE is on the LEFT.

go 0.0 mi

B 516 W 5th Ave, Naperville, IL 60563-2901
Total Travel Estimate : 26.18 miles - about 42 minutes

Route Map [Hide](#)



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435



MAPQUEST.

Notes

New address to FMC Deerfield

#25

Trip to 405 Lake Cook Rd

Deerfield, IL 60015-4993

26.81 miles - about 41 minutes



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 3.6 mi



4. Turn **RIGHT** onto **IL-68.**

go 4.3 mi



5. Turn **LEFT** onto **IL-59 / IL-68 / NEW SUTTON RD.**

go 1.4 mi



6. Turn **SLIGHT RIGHT** onto **DUNDEE RD / IL-68.**

go 6.5 mi



7. Turn **LEFT** onto **N HICKS RD.**

go 1.1 mi



8. Turn **RIGHT** onto **LAKE COOK RD.**

go 9.8 mi



9. **405 LAKE COOK RD** is on the **RIGHT.**

go 0.0 mi

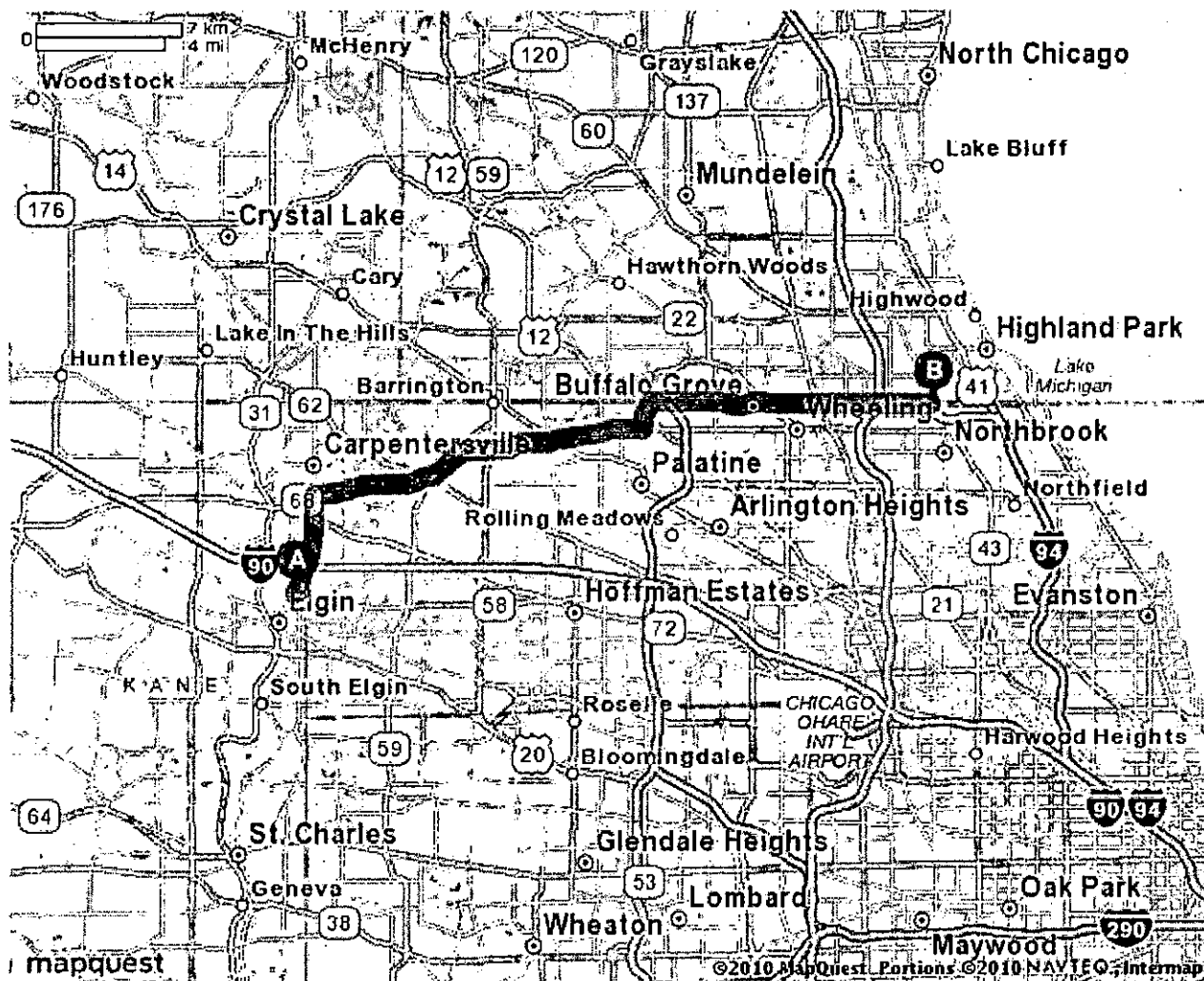


405 Lake Cook Rd, Deerfield, IL 60015-4993

Total Travel Estimate : 26.81 miles - about 41 minutes

Route Map Hide

436



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437



MAPQUEST.

Trip to 1960 Springer Dr
Lombard, IL 60148-6419
28.91 miles - about 41 minutes

Notes

New address to FMC Lombard

#26



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 11.6 mi



5. Merge onto **I-290 E** toward **CHICAGO / WEST SUBURBS.**

go 6.5 mi



6. Keep **LEFT** to take **I-355 S** via **EXIT 7** toward **JOLIET.**

go 3.1 mi



7. Keep **LEFT** at the fork to go on **I-355 S / VETERANS MEMORIAL TOLLWAY** (Portions toll).

go 4.6 mi



8. Take the **IL-38 / ROOSEVELT RD** exit.

go 0.3 mi



9. Turn **SLIGHT LEFT** to take the ramp toward **LOMBARD.**

go 0.0 mi



10. Turn **LEFT** onto **ROOSEVELT RD / IL-38 E.**

go 0.8 mi

438



11. Turn RIGHT onto S FINLEY RD.

go 0.7 mi



12. Turn RIGHT onto OAK CREEK DR.

go 0.1 mi



13. Turn LEFT onto SPRINGER DR.

go 0.1 mi

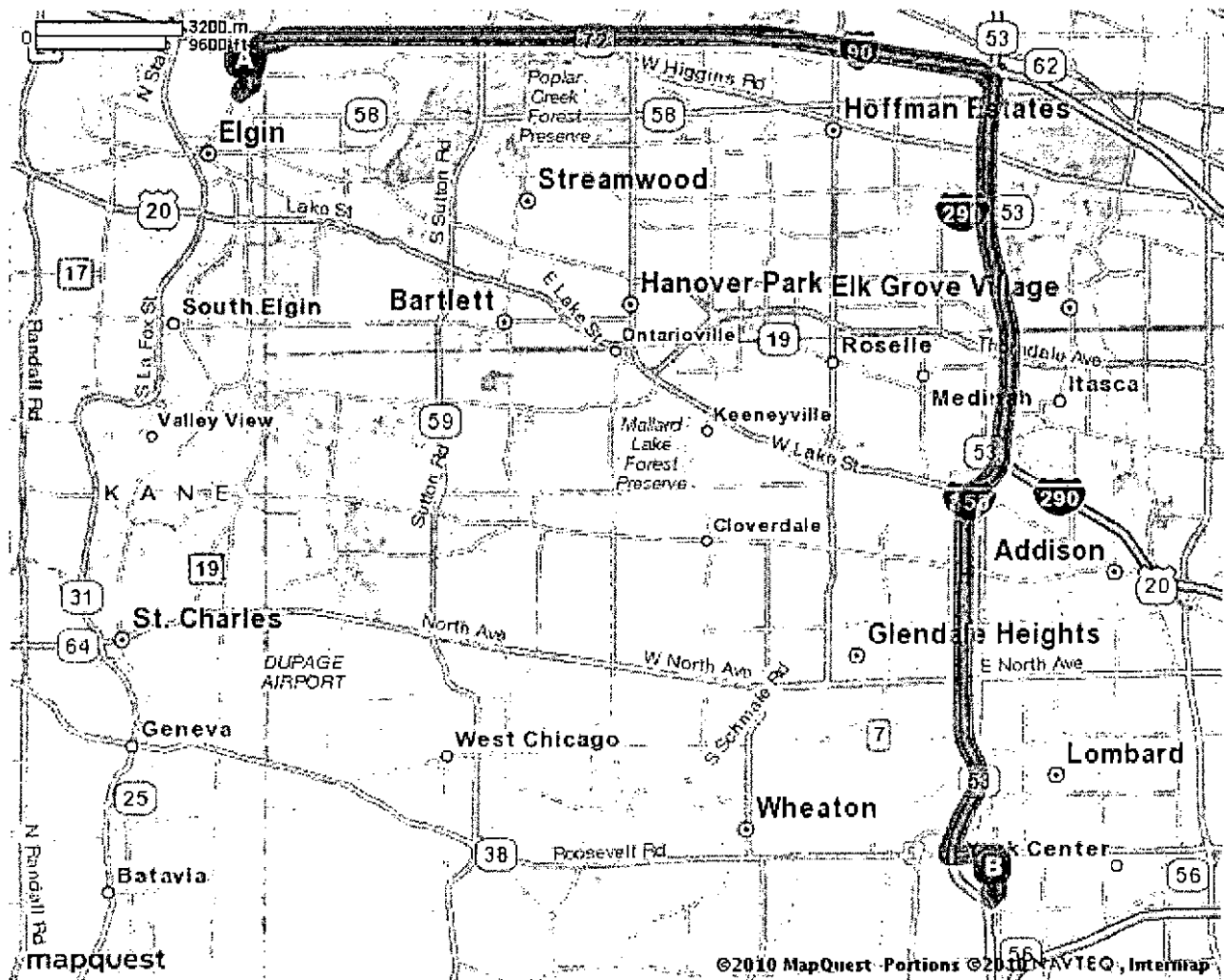


14. 1960 SPRINGER DR is on the RIGHT.

go 0.0 mi

B 1960 Springer Dr, Lombard, IL 60148-6419
Total Travel Estimate : 28.91 miles - about 41 minutes

Route Map Hide



439



MAPQUEST

Notes

New address to DVA Sycamore

Trip to 2200 Gateway Dr
Sycamore, IL 60178-3113
29.79 miles - about 44 minutes

#27

836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **SOUTHWEST** on **DUNDEE AVE** toward **CHESTER AVE.**

go 1.0 mi



2. **DUNDEE AVE** becomes **CENTER ST.**

go 0.1 mi



3. Turn **RIGHT** onto **E HIGHLAND AVE.**

go 0.4 mi



4. Turn **LEFT** onto **N STATE ST / IL-31.**

go 1.1 mi



5. Merge onto **US-20 W / ULYSSES S GRANT MEMORIAL HWY** toward **ROCKFORD.**

go 5.1 mi



6. Turn **LEFT** onto **CR-22 / PLANK RD.**

go 9.0 mi



7. Turn **RIGHT** onto **CR-11 / N MAIN ST.**

go 0.0 mi



8. Turn **LEFT** onto **PLANK RD / CR-38.** Continue to follow **PLANK RD.**

go 7.6 mi



9. **PLANK RD** becomes **PEACE RD.**

go 3.7 mi



10. Turn **RIGHT** onto **DEKALB AVE / IL-23.**

go 1.5 mi

440



11. Turn LEFT onto GATEWAY DR.

go 0.3 mi



12. 2200 GATEWAY DR.

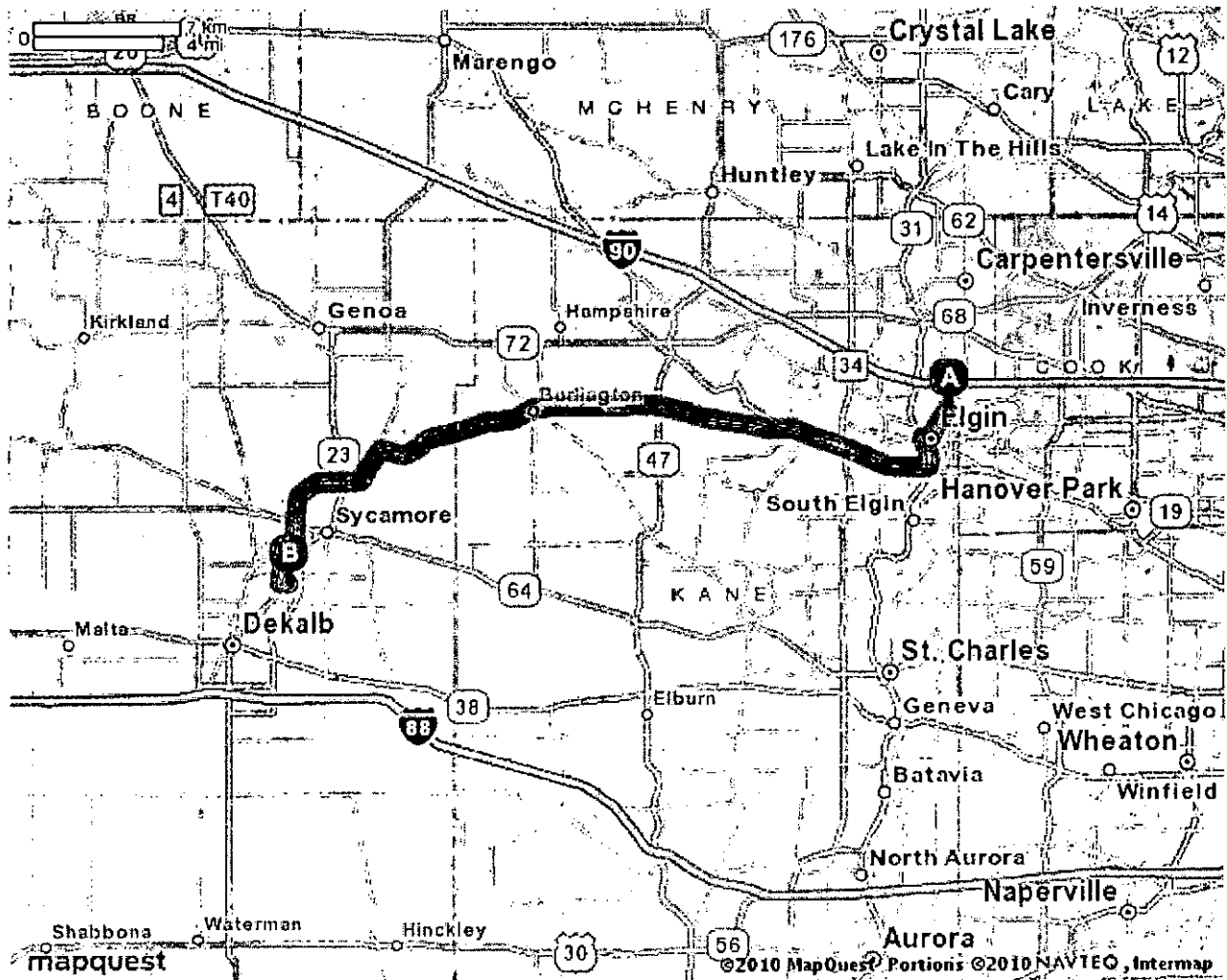
go 0.0 mi



2200 Gateway Dr, Sycamore, IL 60178-3113

Total Travel Estimate : 29.79 miles - about 44 minutes

Route Map Hide



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441



MAPQUEST.

Trip to 8565 W Dempster St
Niles, IL 60714-1472
28.06 miles - about 38 minutes

Notes
FMC Niles

#28



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 21.9 mi



5. Merge onto **I-294 N** toward **MILWAUKEE** (Portions toll).

go 3.5 mi



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

go 1.6 mi



7. **8565 W DEMPSTER ST** is on the **RIGHT.**

go 0.0 mi

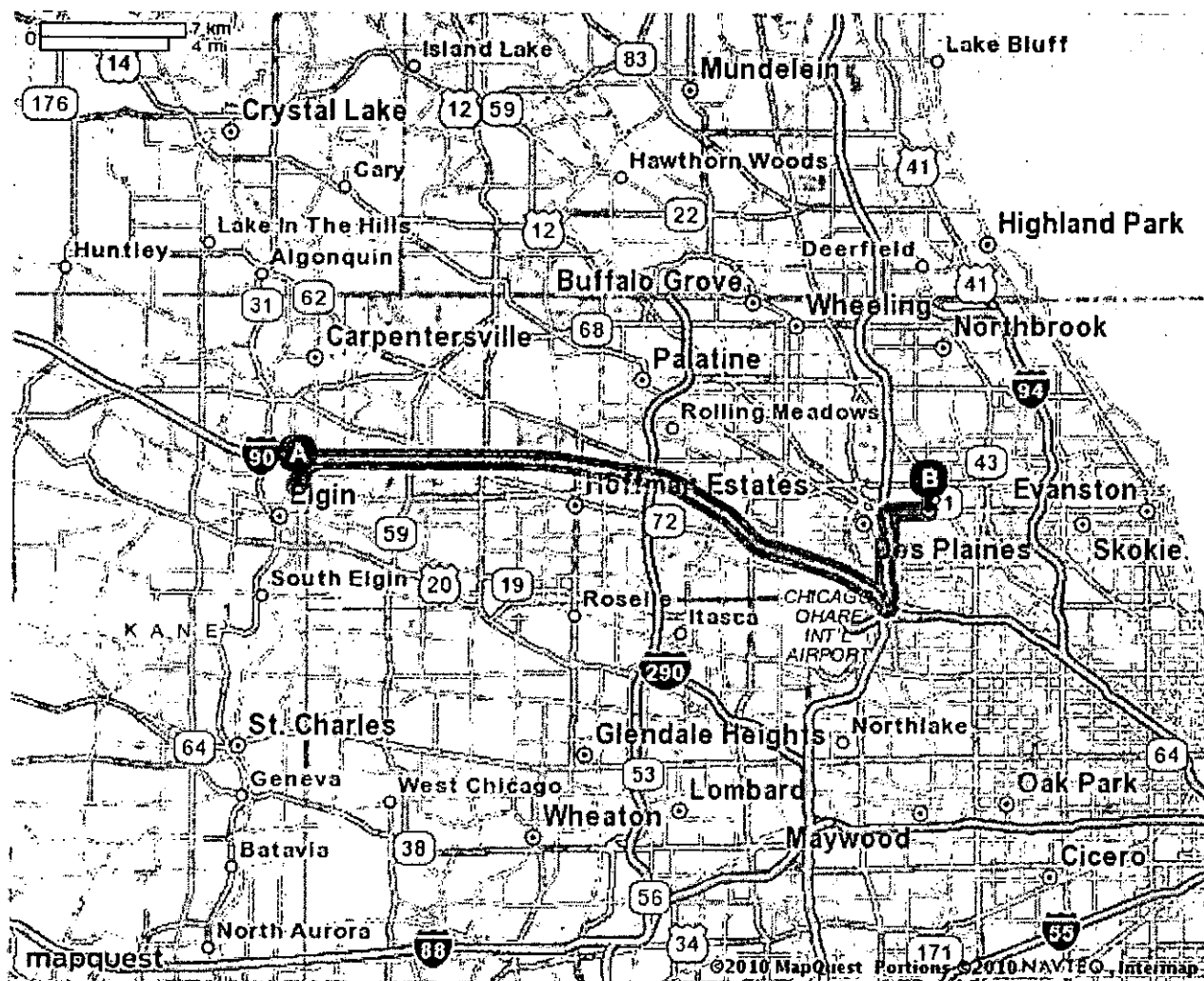


8565 W Dempster St, Niles, IL 60714-1472

Total Travel Estimate : 28.06 miles - about 38 minutes

Route Map [Hide](#)

442



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443



MAPQUEST.

Trip to 3825 Highland Ave

Downers Grove, IL 60515-1552

31.39 miles - about 44 minutes

Notes

New address to FMC Downer's Grove

29



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 11.6 mi



5. Merge onto **I-290 E** toward **CHICAGO / WEST SUBURBS.**

go 6.5 mi



6. Keep **LEFT** to take **I-355 S** via **EXIT 7** toward **JOLIET.**

go 3.1 mi



7. Keep **LEFT** at the fork to go on **I-355 S / VETERANS MEMORIAL TOLLWAY** (Portions toll).

go 6.4 mi



8. Take the **I-88 / E-W TOLLWAY / IL-56 / BUTTERFIELD RD** exit toward **CHICAGO / AURORA.**

go 0.3 mi



9. Take the **IL-56** exit toward **BUTTERFIELD RD.**

go 0.3 mi



10. Take the ramp toward **OAK BROOK.**

go 0.0 mi

444



11. Turn LEFT onto IL-56 E / BUTTERFIELD RD.

go 0.7 mi



12. Take the HIGHLAND AVE ramp.

go 0.3 mi



13. Keep RIGHT at the fork to go on HIGHLAND AVE / CR-9 S.

go 1.2 mi



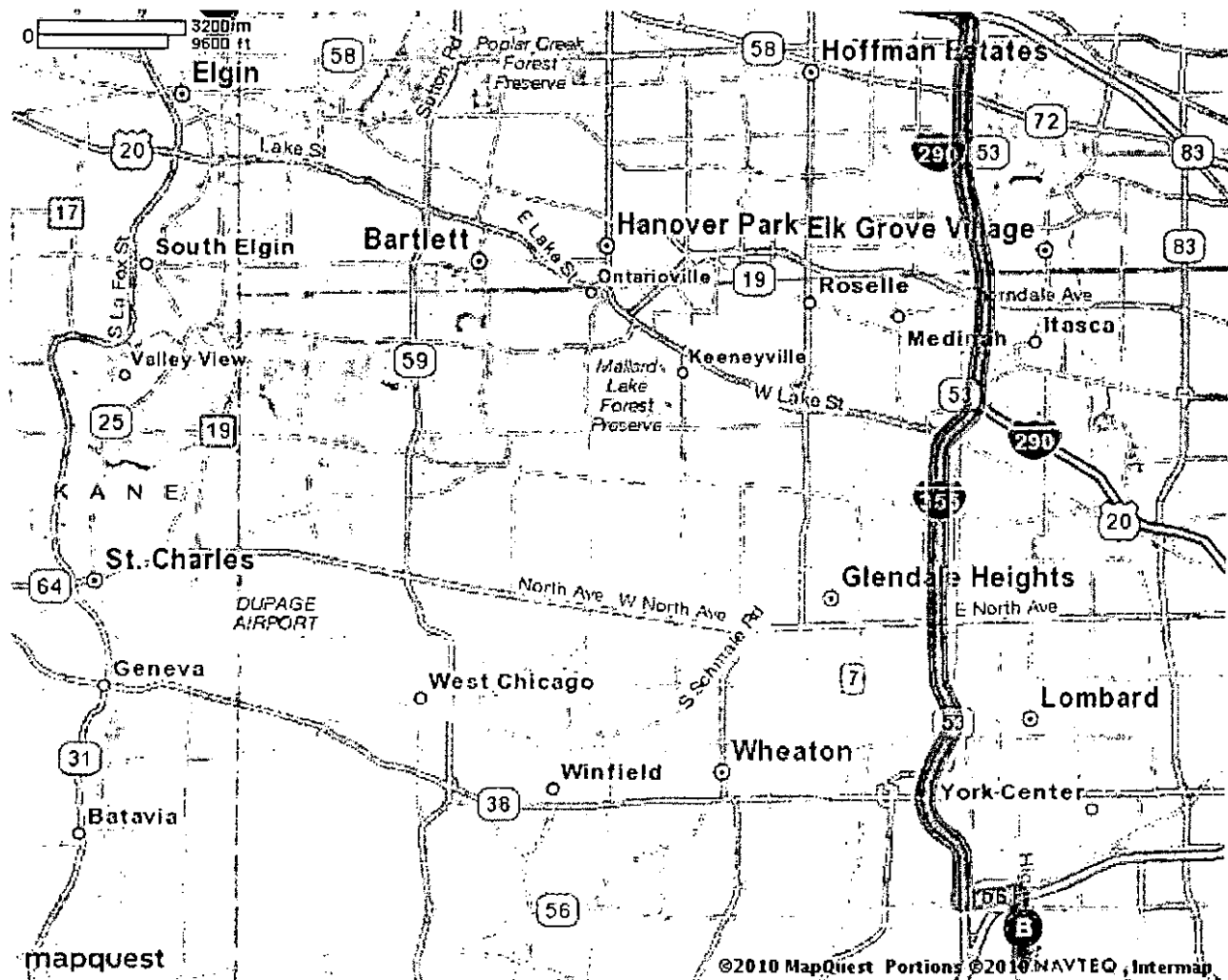
14. 3825 HIGHLAND AVE is on the LEFT.

go 0.0 mi

B 3825 Highland Ave, Downers Grove, IL 60515-1552

Total Travel Estimate : 31.39 miles - about 44 minutes

Route Map Hide



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445



MAPQUEST.

Trip to 401 W Nippersink Rd

Round Lake Heights, IL 60073-3280

29.22 miles - about 45 minutes

Notes

New address to FMC Round Lake

#30



836 Dundee Ave, Elgin, IL 60120-3068

1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 3.6 mi

4. Turn **RIGHT** onto **IL-68.**

go 4.3 mi

5. Turn **LEFT** onto **IL-59 / IL-68 / NEW SUTTON RD.**
Continue to follow **IL-59.**

go 10.9 mi

6. Merge onto **US-12 W / IL-59 N.**

go 5.5 mi

7. Turn **RIGHT** onto **IL-120 / BELVIDERE RD.**

go 3.6 mi

8. Turn **LEFT** onto **S CEDAR LAKE RD / CR-28 / CR-V63.**

go 0.9 mi

9. Keep **RIGHT** at the fork to go on **CR-28 / CR-V63.**

go 0.2 mi

10. Stay **STRAIGHT** to go onto **NIPPERSINK AVE / CR-28 / CR-V63.**

go 0.0 mi

446

END

11. 401 W NIPPERSINK RD.

go 0.0 mi

B 401 W Nippersink Rd, Round Lake Heights, IL 60073-3280
Total Travel Estimate : 29.22 miles - about 45 minutes

Route Map [Hide](#)



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MAPQUEST.

Trip to 5623 W Touhy Ave
Niles, IL 60714-4019
30.77 miles - about 45 minutes

Notes

New address to DVA Big Oaks

#31



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 0.8 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** toward **CHICAGO** (Portions toll).

go 22.1 mi



5. Keep **RIGHT** at the fork to go on **I-90 E** (Portions toll).

go 3.8 mi



6. Take **EXIT 82A** toward **NAGLE AVE.**

go 0.2 mi



7. Turn **SLIGHT LEFT** onto **W GREGORY ST.**

go 0.0 mi



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

go 1.1 mi



9. Turn **RIGHT** onto **W DEVON AVE.**

go 1.2 mi



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

go 0.8 mi

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11. N CENTRAL AVE becomes CARPENTER RD.

go 0.2 mi



12. Turn LEFT onto TOUHY AVE.

go 0.3 mi



13. 5623 W TOUHY AVE is on the LEFT.

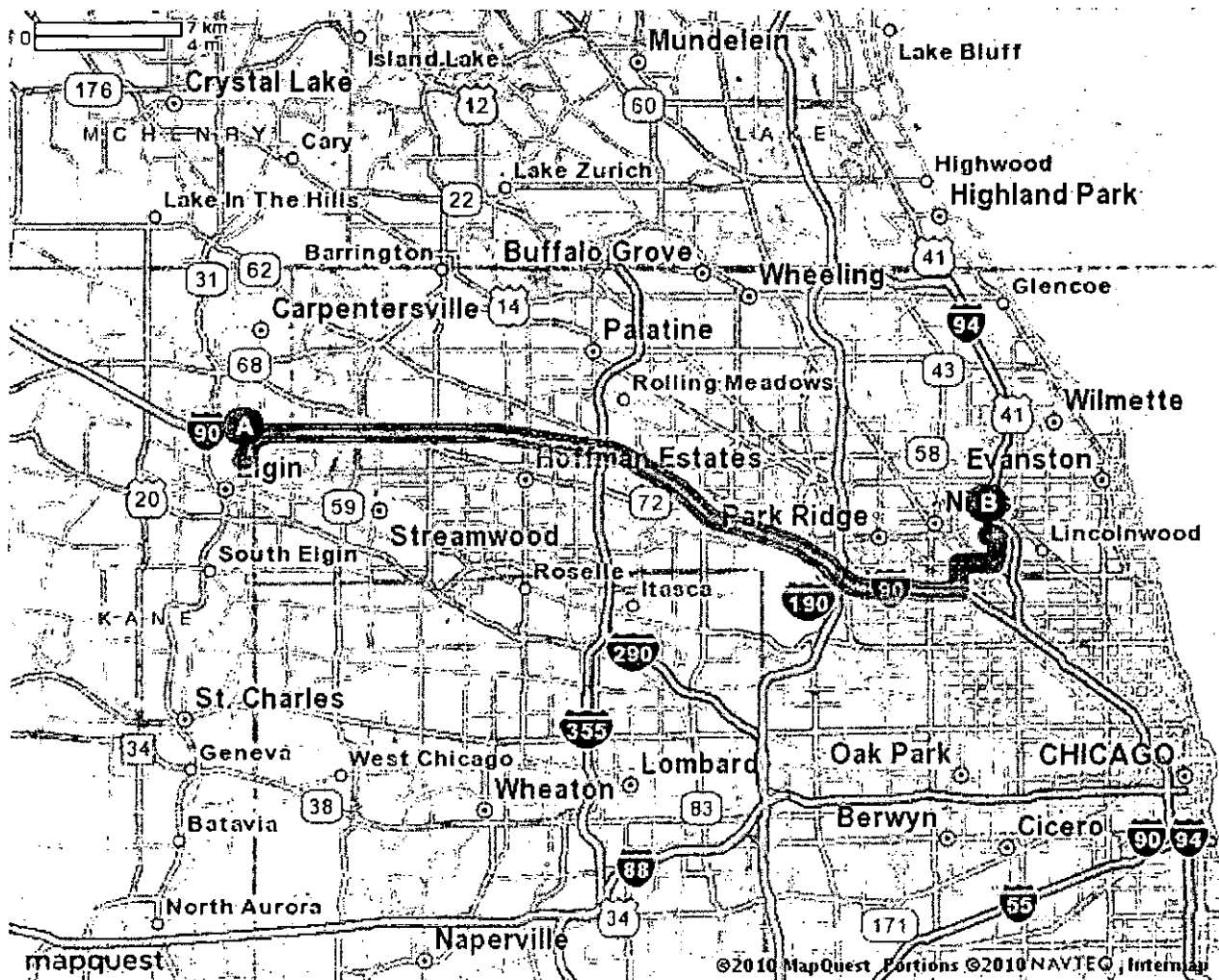
go 0.0 mi



5623 W Touhy Ave, Niles, IL 60714-4019

Total Travel Estimate : 30.77 miles - about 45 minutes

Route Map [Hide](#)



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MAPQUEST.















Trip to 1300 Waterford Dr
Aurora, IL 60504-5502
29.18 miles - about 45 minutes

Notes

New address to Fox Valley Dialysis

#32

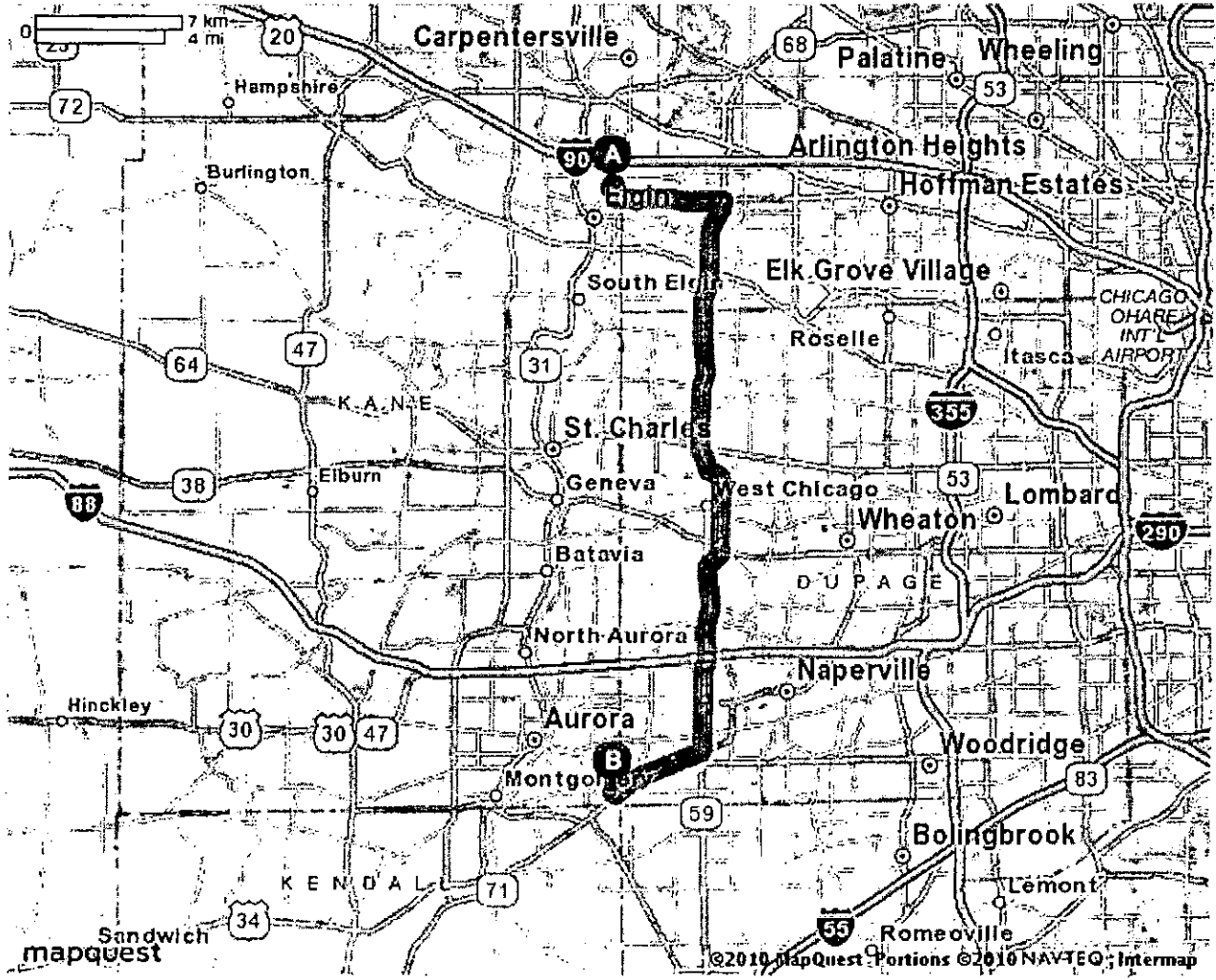
A 836 Dundee Ave, Elgin, IL 60120-3068

-  1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.** go 0.2 mi
-   2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.** go 0.0 mi
-   3. Turn **SLIGHT RIGHT** onto **N LIBERTY ST / IL-25.** go 0.5 mi
-   4. Turn **LEFT** onto **SUMMIT ST / IL-58.** Continue to follow **IL-58.** go 3.8 mi
-   5. Turn **RIGHT** onto **IL-59 / SUTTON RD.** Continue to follow **IL-59 S.** go 20.9 mi
-   6. Turn **RIGHT** onto **OGDEN AVE / US-34 W.** go 3.5 mi
-  7. Turn **RIGHT** onto **RIDGE AVE.** go 0.0 mi
-  8. **RIDGE AVE** becomes **WATERFORD DR.** go 0.1 mi
-  9. **1300 WATERFORD DR** is on the **RIGHT.** go 0.0 mi

B 1300 Waterford Dr, Aurora, IL 60504-5502
Total Travel Estimate : 29.18 miles - about 45 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

New address to FMC Naperville

Trip to 100 Spalding Dr

Naperville, IL 60540-6550

28.16 miles - about 46 minutes

#33

**836 Dundee Ave, Elgin, IL 60120-3068**1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi

2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi

3. Turn **SLIGHT RIGHT** onto **N LIBERTY ST / IL-25.**

go 0.5 mi

4. Turn **LEFT** onto **SUMMIT ST / IL-58.** Continue to follow **IL-58.**

go 3.8 mi

5. Turn **RIGHT** onto **IL-59 / SUTTON RD.** Continue to follow **IL-59 S.**

go 20.3 mi

6. Turn **LEFT** onto **AURORA AVE.**

go 2.5 mi

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

go 0.4 mi

8. Turn **LEFT** onto **W MARTIN AVE / MARTIN AVE.** Continue to follow **W MARTIN AVE.**

go 0.2 mi

9. Turn **RIGHT** onto **BROM DR.**

go 0.1 mi

10. Turn **LEFT** onto **SPALDING DR.**

go 0.0 mi

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END

11. 100 SPALDING DR is on the LEFT.

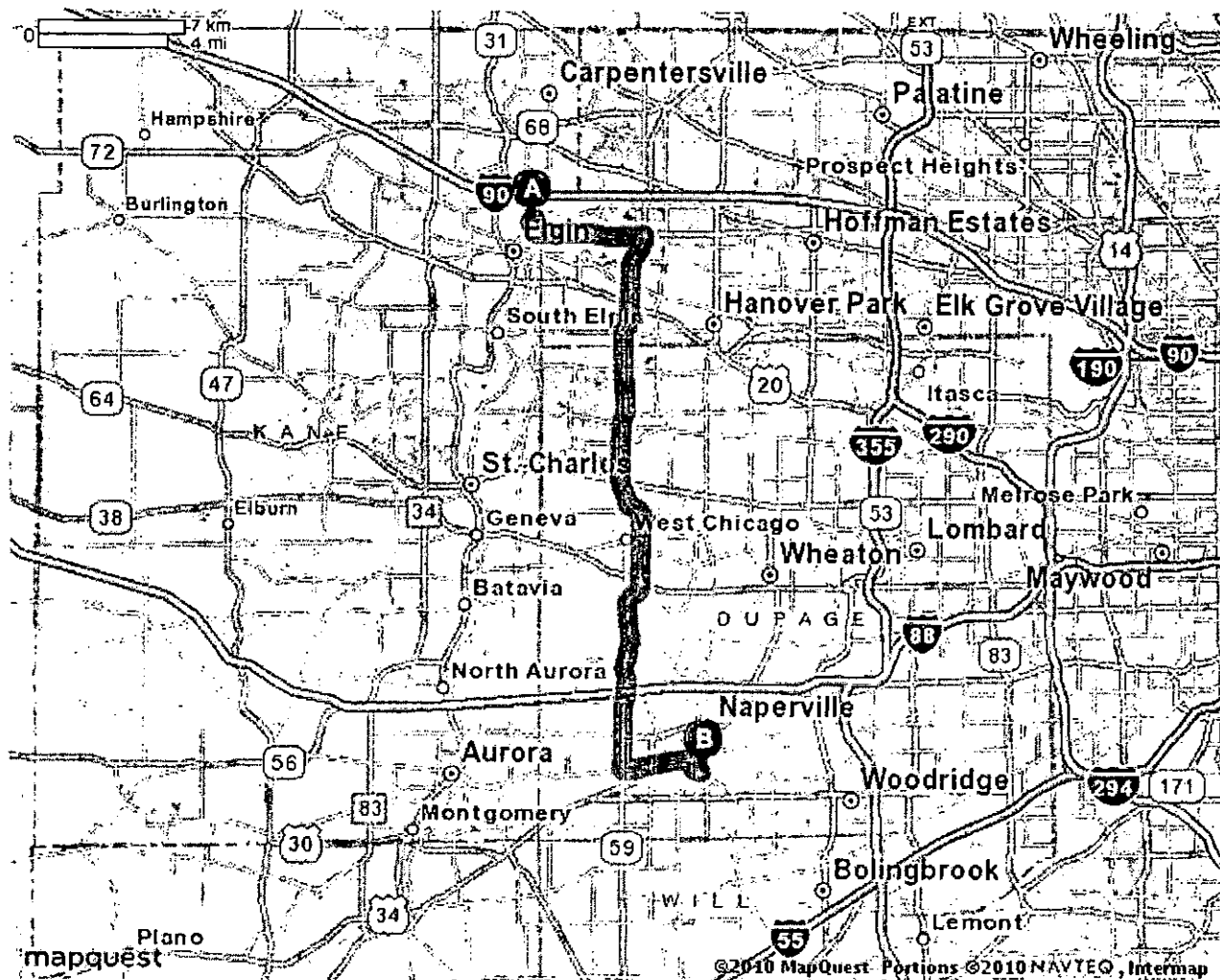
go 0.0 mi



100 Spalding Dr, Naperville, IL 60540-6550

Total Travel Estimate : 28.16 miles - about 46 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

New address to DVA Lake County

Trip to 918 S Milwaukee Ave

Libertyville, IL 60048-3229

29.40 miles - about 47 minutes

#34



836 Dundee Ave, Elgin, IL 60120-3068



1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.**

go 0.2 mi



2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.**

go 0.0 mi



3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.**
Continue to follow **IL-25 N.**

go 3.6 mi



4. Turn **RIGHT** onto **IL-68.**

go 4.3 mi



5. Turn **LEFT** onto **IL-59 / IL-68 / NEW SUTTON RD.**

go 1.4 mi



6. Turn **SLIGHT RIGHT** onto **DUNDEE RD / IL-68.**

go 6.5 mi



7. Turn **LEFT** onto **N HICKS RD.**

go 2.2 mi



8. **N HICKS RD** becomes **IL-53.**

go 1.9 mi



9. Turn **LEFT** onto **IL-83 N.**

go 4.3 mi



10. Stay **STRAIGHT** to go onto **S LAKE ST / US-45.**


go 0.3 mi

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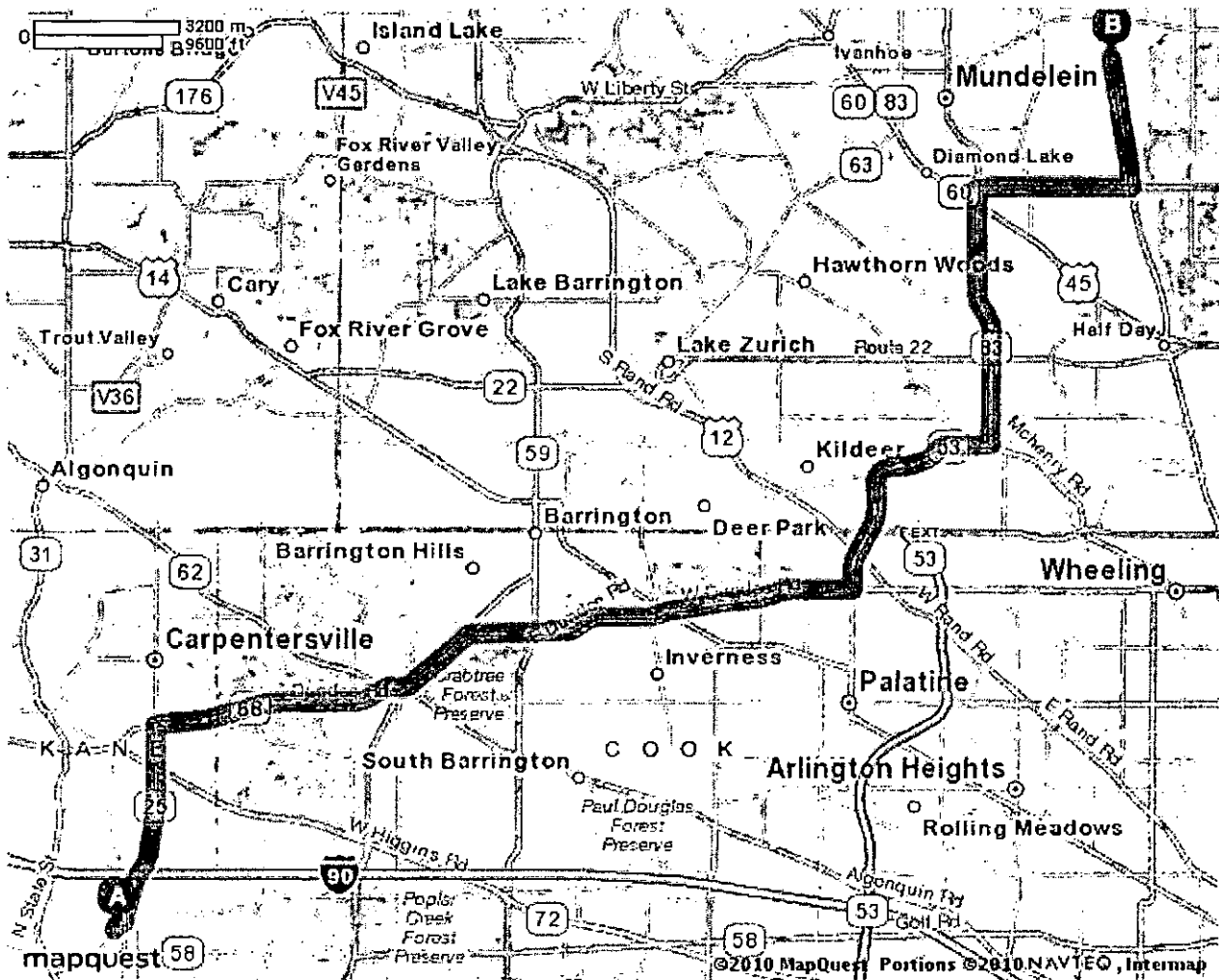
  11. Turn **RIGHT** onto **TOWNLIN RD / IL-60**. go 2.5 mi

  12. Turn **LEFT** onto **N MILWAUKEE AVE / IL-21**. go 2.3 mi

 **END** 13. **918 S MILWAUKEE AVE**. go 0.0 mi

 **918 S Milwaukee Ave, Libertyville, IL 60048-3229**
Total Travel Estimate : 29.40 miles - about 47 minutes

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MAPQUEST.











Notes

New address to DVA Lake Villa

#35

Trip to 37809 N Il Route 59
Lake Villa, IL 60046-7332
32.11 miles - about 49 minutes

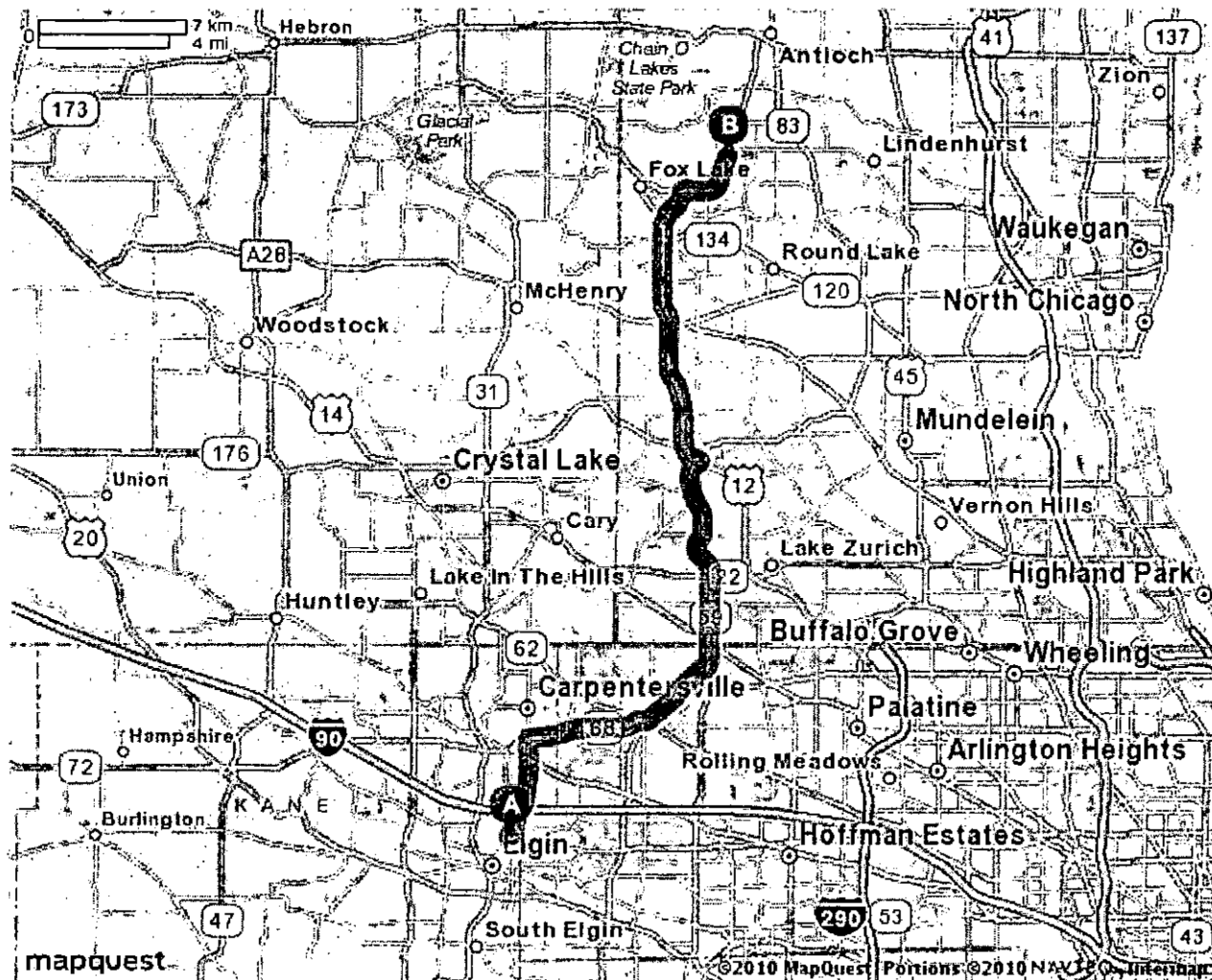
A 836 Dundee Ave, Elgin, IL 60120-3068

-  1. Start out going **NORTHEAST** on **DUNDEE AVE** toward **SLADE AVE.** go 0.2 mi
-   2. Turn **RIGHT** onto **PAGE AVE / IL-25 S.** go 0.0 mi
-   3. Turn **SLIGHT LEFT** onto **N LIBERTY ST / IL-25 N.** Continue to follow **IL-25 N.** go 3.6 mi
-   4. Turn **RIGHT** onto **IL-68.** go 4.3 mi
-   5. Turn **LEFT** onto **IL-59 / IL-68 / NEW SUTTON RD.** Continue to follow **IL-59 N.** go 24.0 mi
-  6. **37809 N IL ROUTE 59.** go 0.0 mi

B 37809 N Il Route 59, Lake Villa, IL 60046-7332 Total Travel Estimate : 32.11 miles - about 49 minutes

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