

Original

10-074

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND **CERTIFICATION RECEIVED**

This Section must be completed for all projects.

NOV 05 2010

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care Chatham</i>		HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: <i>333 W. 87th Street</i>			
City and Zip Code: <i>Chicago, IL 60617</i>			
County: <i>Cook</i>	Health Service Area: <i>6</i>	Health Planning Area:	

Applicant /Co-Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Chatham, LLC d/b/a Fresenius Medical Care Chatham</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Rice Powell</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

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

Additional Contact

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

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

Post Permit Contact

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

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

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>Holland & Knight, LLP</i>
Address: <i>131 S. Dearborn, 30th Floor, Chicago, IL 60603</i>
Telephone Number: <i>312-578-6567</i>
E-mail Address: <i>clare.ranalli@hklaw.com</i>
Fax Number: <i>312-578-6666</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>LaSalle Building Corporation</i>
Address of Site Owner: <i>4007 S. Wabash Avenue, Chicago, IL 60653</i>
Street Address or Legal Description of Site: <i>333 W. 87th Street, Chicago, IL 60617</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Chatham, LLC d/b/a Fresenius Medical Care Chatham</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> 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 NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- Substantive
 Non-substantive

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

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

2. Narrative Description

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

Fresenius Medical Care Chatham, LLC, proposes to establish a 16 station in-center hemodialysis facility at 333 W. 87th Street, Chicago, Illinois. The facility will be in leased space in a single tenant building. The interior of the leased space will be built out by the applicant.

Fresenius Medical Care received permit for a 12 station Fresenius Medical Care Chatham facility, #09-061, located at 8315-8331 S. Holland Avenue, Chicago on January 12, 2010. We were unable to finalize the transaction to secure this site and therefore surrendered the permit for that location upon the submittal of this application. Fresenius Medical Care surrendered 4 stations at its Fresenius Medical Care Ross Dialysis – Englewood facility in conjunction with the approval of #09-061. These stations have been discontinued and added back into the inventory. The Ross-Englewood facility now has 16 stations and will remain so.

Fresenius Medical Care Chatham will be in HSA 6. There is a need for 100 more ESRD stations as of the October 2010 inventory. However accounting for the surrender of permit #09-061, the need would be 112.

This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide chronic renal dialysis services.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	978,750	N/A	978,750
Contingencies	97,875	N/A	97,875
Architectural/Engineering Fees	105,000	N/A	105,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	600,000	N/A	600,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	2,757,033	N/A	2,757,033
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	4,538,658		4,538,658
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	1,781,625	N/A	1,781,625
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	2,757,033	N/A	2,757,033
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources		N/A	
TOTAL SOURCES OF FUNDS	4,538,658	N/A	4,538,658
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

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

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

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

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary

Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): 02/01/2013

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.

Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry

APORS

All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

All reports regarding outstanding permits

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

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
ESRD							
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.

CERTIFICATION

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

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

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

Marc Lieberman
SIGNATURE

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

Mark Fawcett
SIGNATURE

Mark Fawcett
PRINTED NAME
Vice President & Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of Oct 2010

Notarization:
Subscribed and sworn to before me
this 29 day of Oct 2010

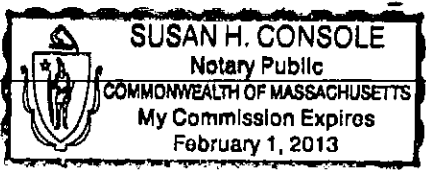
Susan H Console
Signature of Notary

Seal

Susan H Console
Signature of Notary

Seal

*Insert EXACT legal name of the applicant



CERTIFICATION

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

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

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

[Signature]
SIGNATURE

Marc Lieberman
PRINTED NAME
Asst. Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

Mark Lawcett
PRINTED NAME
Vice President & Asst. Treasurer

PRINTED TITLE

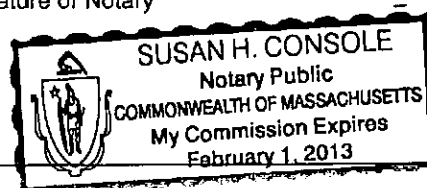
Notarization:
Subscribed and sworn to before me
this 29 day of Oct 2010

Notarization:
Subscribed and sworn to before me
this 29 day of Oct 2010

[Signature]
Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

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

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.**

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

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

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

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

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF 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: NOT APPLICABLE – THERE IS NO UNFINISHED SHELL SPACE

Submit the following:

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

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	16

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:**

<u>1,781,625</u>	<p>a) Cash and Securities – 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;
<u>N/A</u>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>2,757,033</u>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</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.
<u>N/A</u>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>N/A</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. (Tenant Improvement Allowance, per Letter of Intent for Leased Space)</p>
<u>4,538,658</u>	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance **NOT APPLICABLE**

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute 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	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	
43	Safety Net Impact Statement	
44	Charity Care Information	
Appendix 1	MapQuest Travel Times	
Appendix 2	Physician Referral Letters	



To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE CHATHAM, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 25, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of OCTOBER A.D. 2010 .



Authentication #: 1030001808

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

Jesse White

SECRETARY OF STATE

Co-Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Rice Powell</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant/Co-Applicant

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

- 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.

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>LaSalle Building Corporation</i>
Address of Site Owner: <i>4007 S. Wabash Avenue, Chicago, IL 60653</i>
Street Address or Legal Description of Site: <i>333 W. 87th Street, Chicago, IL 60617</i> <i>PIN #25-04-200-021-0000</i>

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

LaSalle Building Corporation
4007 S. Wabash Avenue
Chicago, IL 60653
773-855-8575
Fax 773-855-8578

October 26, 2010

VIA E-MAIL ONLY

Mr. William Popken
Fresenius Medical Care
128 Spring Street
Lexington, MA 02421-7998

Re: New Fresenius Medical Care Facility (approximately 7,500 square feet)
333 W. 87th Street, Chicago, IL

Dear Bill:

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

Building: 333 W. 87th Street, Chicago, IL ("Building").

Term: Fifteen (15) years, (approximately 7,500 square feet) with annual increases of two and one-half percent (2.5%) per year. Tenant will have three (3) five (5) year options to renew with annual rental increases of two and one-half percent (2.5%).

Rent: Base Rent is \$20.50 per square foot NNN.

<u>Year</u>	<u>Monthly Rent</u>
Year 1	\$12,812.50
Year 2	\$13,132.81
Year 3	\$13,461.13
Year 4	\$13,797.66
Year 5	\$14,142.60
Year 6	\$14,496.17
Year 7	\$14,858.57
Year 8	\$15,230.03
Year 9	\$15,610.78
Year 10	\$16,001.05
Year 11	\$16,401.08
Year 12	\$16,811.11
Year 13	\$17,231.38
Year 14	\$17,662.17
Year 15	\$18,103.72

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

**Operating Expenses &
Real Estate Taxes:**

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

Utilities:

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

Security Deposit:

None required.

Guaranty:

Fresenius Medical Care Holdings, Inc. will guaranty the Lease.

**Building and Tenant
Improvements:**

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

**Preliminary Improvement
Plans:**

Landlord will provide Tenant with architectural drawings of the proposed building with detailed specifications. The parties will reasonably agree on the proposed Building. Space plans may be provided to the Tenant upon request.

Parking:

Landlord and Tenant will agree on the number and location of the Tenant parking spaces during the architectural drawing phase of the project. Parking will be sufficient to satisfy Tenant's requirements and the City of Chicago building codes. Notwithstanding the foregoing, Landlord will attempt to provide approximately 20 parking spaces.

Signage:

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

Contingency:

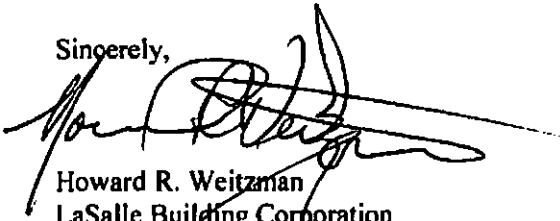
Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length

of the Planning Board review process, Tenant does not expect to receive a CON permit prior to February 2011. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award Tenant a CON permit to establish a dialysis center on the Premises by February 2011, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

Withdrawal Of Offer: The terms and conditions of this proposal shall expire on October 31, 2010 at 5:00 PM.

The terms and conditions of this proposal are confidential and should not be shared or discussed with individuals beyond those directly involved in this transaction. All space described in this proposal is subject to prior leasing or withdrawal at any time. Neither party shall be legally bound by this proposal or any acceptance thereof until such time as both parties formally execute and deliver the appropriate Lease documents. This proposal is also contingent upon final Landlord approval and review of financial statements. If the above terms and conditions are acceptable, please indicate so by signing below and returning to my attention.

Sincerely,



Howard R. Weitzman
LaSalle Building Corporation

cc: Jerald I. Much, LaSalle Building Corporation
Howard J. Powers II, Esq.
Charles R. DiNaso

ACCEPTED AND AGREED on this _____ day of _____ 2010

Fresenius Medical Care, USA

By: _____
Name: _____
Its: _____

Operating Identity/Licensee

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

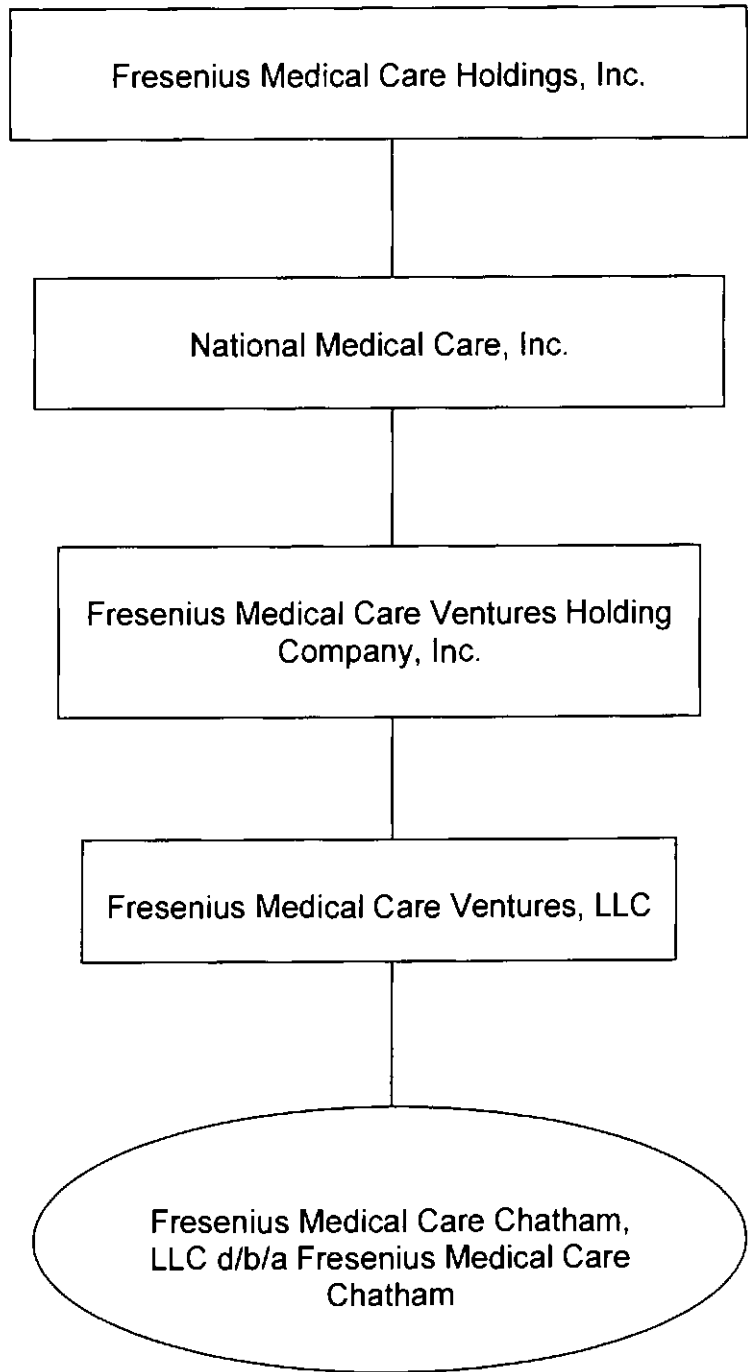
Exact Legal Name: *Fresenius Medical Care Chatham, LLC d/b/a Fresenius Medical Care Chatham*

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

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

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

Certificate of Good Standing at Attachment – 1.





Illinois Historic Preservation Agency

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

Cook County
Chicago
333 West 87th Street
CON - Establishment of a Dialysis Clinic

PLEASE REFER TO: IHPA LOG #030100410

October 18, 2010

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

Dear Ms. Wright:

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

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

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

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

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

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

AEH

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	48,000
Temp Facilities, Controls, Cleaning, Waste Management	2,000
Concrete	12,500
Masonry	14,500
Metal Fabrications	7,000
Carpentry	86,000
Thermal, Moisture & Fire Protection	17,000
Doors, Frames, Hardware, Glass & Glazing	67,000
Walls, Ceilings, Floors, Painting	158,000
Specialities	12,000
Casework, FI Mats & Window Treatments	5,850
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	312,500
Wiring, Fire Alarm System, Lighting	188,400
Miscellaneous Construction Costs	48,000
Total	978,750

Contingencies

Contingencies	\$97,875
---------------	-----------------

Architectural/Engineering

Architecture/Engineering Fees	\$105,000
-------------------------------	------------------

Movable or Other Equipment

Dialysis Chairs	\$24,000
Dialysis Machines	229,000
Misc. Clinical Equipment	30,000
Computers	6,000
Clinical Furniture & Equipment	35,000
Office Equipment & Other Furniture	35,000
Water Treatment	120,000
TVs & Accessories	48,000
Telephones	12,500
Generator	35,000
Facility Automation	20,000
Other miscellaneous	5,500
Total	\$600,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (7,500 GSF)	\$2,757,033
------------------------------	--------------------

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	4,538,658	7,500			7,500		
Total Clinical	4,538,658	7,500			7,500		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	4,538,658	7,500			7,500		
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Fresenius Medical Care Holdings, Inc. Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	538 E. Boughton Road	Bolingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign (managed)	14-2588	1405 W. Park Street	Champaign	61801
Chatham		S. Holland Avenue	Chicago	60633
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861-73 W. Cal Sag Road	Crestwood	60445
Decatur East	14-2503	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	#4 West Main Street	DuQuoin	62832
East Belmont	14-2531	1331 W. Belmont	Chicago	60613
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin		2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road	Elk Grove	60007
Evanston	14-2621	2953 Central Street	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lockport		Thornton Avenue	Lockport	60441
Lombard		1940 Springer Drive	Lombard	60148
Lutheran General	14-2559	8565 West Dempster	Niles	60714
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway		6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein		1400 Townline Road	Mundelein	60060
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	805 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Court	Ottawa	61350

Facility List

ATTACHMENT - 11

Palatine		Dundee Road	Palatine	60074
Pekin	14-2571	600 S. 13th Street	Pekin	61554
Peoria Downtown	14-2574	410 R.B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2300 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
River Forest		103 Forest Avenue	River Forest	60305
Rockford	14-2615	1302 E. State Street	Rockford	61104
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
South Side	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	Illinois Rts 3&143, #7 Eastgate Plz.	East Alton	62024
Spoon River	14-2565	210 W. Walnut Street	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger		219 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Villa Park	14-2612	200 E. North Ave.	Villa Park	60181
West Batavia		Branson Drive	Batavia	60510
West Belmont	14-2523	4848 W. Belmont	Chicago	60641
West Chicago	14-2702	1855-1863 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., Ste. 5000	Oak Park	60302
West Willow		14404W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, STE 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, STE 408	Willowbrook	60527

Certification & Authorization

Fresenius Medical Care Chatham, LLC

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

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

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

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

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

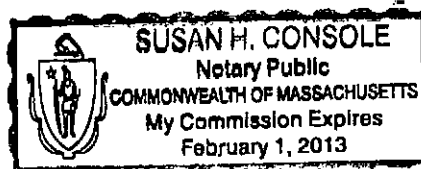
Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

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

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

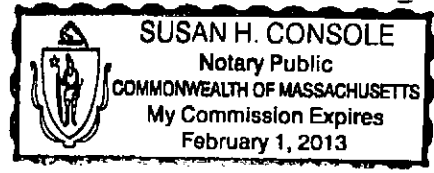
Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010

Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010

Susan H Console
Signature of Notary

Seal

Seal



Criterion 1110.230 – Purpose of Project

Fresenius Medical Care Chatham, #09-061, was approved in January 2010 by the IHF&SRB, however this permit was surrendered upon the submittal of the current project as outlined in this application. The applicant was unable to finalize the transaction to secure the original chosen/permitted site and a new site, at 333 W. 87th Street, Chicago was secured for the current application.

The purpose of this project is to proceed with the once approved Chatham facility by creating access to life-sustaining dialysis services to a growing End Stage Renal Disease (ESRD) population residing in the Chatham neighborhood of south Chicago in HSA 6. This is a relatively small market area made up of a densely populated neighborhood consisting of mainly the two Chatham zip codes of 60619 & 60620. In this area reside over 155,000 African Americans. African American's are disproportionately at risk for ESRD due to a higher prevalence of diabetes, which is the leading cause of kidney failure.

Clinic utilizations in this market range from 80% to 102% and there has been historic high utilization and growth of those facilities closest to Chatham over the past several years (see chart below) causing access issues with some facilities at capacity and difficulty scheduling a patient on a shift that is accommodating to their families, jobs or transportation.

• **Utilization of Dialysis Facilities Within The Market Area of Chatham
(5 mile radius)**

Name	Address	City	Zip	Miles	Travel Time	Adjusted Time	Stations	3rd Qtr Util
Fresenius Greenwood	1111 E 87th St	Chicago	60619	1.86	5	6	28	91%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	3.21	7	9	12	0%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	4.68	7	9	22	80%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	2.67	8	10	23	102%
DaVita Beverly Dialysis	9415 S Western Ave	Chicago	60620	3.46	9	11	12	82%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	3.86	10	13	30	91%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	3.94	10	13	24	82%
Fresenius Roseland	132 W 111th St	Chicago	60628	4.4	10	13	12	83%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	4.84	11	14	16	92%
DaVita Emerald	710 W 43rd St	Chicago	60609	6.84	11	14	24	87%
Fresenius South Shore	2420 E 79th St	Chicago	60649	4.54	12	15	16	85%

Associates in Nephrology, of which Dr. Crawford is a member, has seen a 16% increase in ESRD patients in the last three years (from 691 in 2007 to 801 in September 2010). They have identified 278 patients who live directly in the Chatham neighborhood who have lab values indicative of kidney failure resulting in dialysis in the next 2-3 years. Within a five mile radius of the Chatham market the actual overall utilization of facilities is 83% (179 stations and 888 patients). If the one facility in the market that is not yet operational, DaVita Grand Crossings, is eliminated the actual utilization is 89%.

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

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

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

Alternatives

1) All Alternatives

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

There was only one alternative considered that would entail a lesser scope and cost than the project proposed in this application, however it was not determined to be a feasible option. This was the alternative of doing nothing. The Associates in Nephrology practice has seen continued growth of ESRD and pre-ESRD in the south Chicago area where the population is disproportionately at risk for kidney disease. The facilities they refer to have consistently operated at high utilizations despite station additions There is no monetary cost associated with this alternative.

B. Pursuing a joint venture or similar arrangement with one or more providers of entities to meet all or a portion of the project's intended purposes' developing alternative settings to meet all or a portion of the project's intended purposes.

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

C. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project

The alternative of utilizing current ESRD facilities in the area was not pursued due to high utilization of facilities and growth in the market area and the high prevalence of ESRD in the are population. The overall actual utilization within just five miles of the Chatham market is 83% (179 stations and 888 patients), 89% if the not yet operational DaVita Grand Crossings facility is excluded.

- There is no monetary cost associated with the alternative of using area facilities. The cost to the healthcare system as far as Medicare and Medicaid are concerned remains the same regardless of where the patient dialyzes since the reimbursement does not change. The only cost is to the welfare of the ESRD patients who reside in this area as it pertains to access. With the high current high utilizations and the growth the physicians have seen in their practice for this area (16% from 2007-2010), it is responsible healthcare planning to propose the Chatham facility now.

- D. As discussed further in this application, the most desirable alternative to keep access to dialysis services available to this disadvantaged patient population is to establish the once approved Fresenius Medical Care Chatham dialysis facility, while still referring patients to the other providers in the area for services as needed per the patient/physician decision. The cost of this project is \$4,538,658.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Complete loss of access as most facilities are nearing capacity.	Patient clinical quality could possibly decline due to lack of access. Patients may skip treatment rather than travel outside of their market for services.	Higher transportation costs
Pursue Joint Venture	\$4,538,658	Same as current proposed project however, 40% would be funded by JV partner	Patient clinical quality would remain above standards	No effect on patients Fresenius Medical Care is capable of meeting its financial obligations and does not require additional funding, however this project is going to be a Joint Venture lowering the cost to Fresenius. Fresenius Medical Care will maintain control of the facility and therefore final financial responsibility.
Utilize Area Providers	\$0	AIN currently admits to various area dialysis facilities. If patients are sent out of market area for treatment it would create a hardship in regards to transportation for an already disadvantaged population. Would create ripple effect of raising utilization of area providers to or above capacity	If patients sent out of market area for treatment the result would be loss of continuity of care which would lead to lower patient outcomes	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Chatham	\$4,538,658	Continued access to dialysis treatment as patient numbers continue to grow. Improved access to favored treatment schedule times.	Patient clinical quality would remain above standards Patient satisfaction would improve with facilities closer to patient's home resulting in decreased travel times.	This is an expense to Fresenius Medical Care only who is able to support the development of additional dialysis facilities and is capable of meeting all financial obligations.

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that the Chatham facility would maintain the same quality outcomes as the other Fresenius facilities in Illinois as listed below:

- 90.55% of patients had a URR \geq 65%
- 92.66% of patients had a KtV \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	7,500 (16 Stations)	360-520 DGSF	None	Yes

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 7,500 DGSF amounts to 468.75 DGSF per station and falls within the State standard per station.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	Not Applicable New facility		80%	N/A
YEAR 1	IN-CENTER HEMODIALYSIS		90%	80%	Yes
YEAR 2	IN-CENTER HEMODIALYSIS		180%	80%	Yes

With the 278 pre-ESRD patients that Dr. Crawford expects to refer to the Chatham facility in the first two years of operation, the facility will exceed the State Standard of 80%.

*While Dr. Crawford has identified 278 pre-ESRD patients who would bring the utilization to over 100% by the end of the second year of operation, there is an approximate 30% rate of patients who will no longer require dialysis services due by that time. That would still leave 195 pre-ESRD patients to utilize the facility. Approximately 12% would no longer require dialysis services after the start of dialysis due to death or transplant.

A. Planning Area Need - Formula Need Calculation:

The proposed Fresenius Medical Care Chatham dialysis facility is located in HSA 6, which is comprised of the city of Chicago. According to the September 28, 2010 station inventory there is a need for 100 more stations in this HSA.

However, with the submittal of this application, permit #09-061 for a 12 station Fresenius Medical Care Chatham was surrendered. That would make the need for stations in HSA 6 112.

Planning Area Need – Service To Planning Area Residents:

2. Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of the Chatham area in Chicago in HSA 6. 100% of the pre-ESRD patients reside in HSA 6.

County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Chatham
Cook	6	278 – 100%

The remaining 174 pre-ESRD patients Dr. Crawford identified in his referral letter who could also possibly be referred to the Chatham facility also reside in HSA 6.

ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

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

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MARIA I. SOBRERO, M.D.

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NEETHA S. DHANANJAYA, M.D.

MARK P. LEISCHNER, M.D.

SREEDEVI CHITTINENI, M.D.

CHIRAG P. PATEL, M.D., F.A.S.N.

MADHAV RAO, M.D.

APRIL KENNEDY, M.D.

RIZWAN MOINUDDIN, D.O.

NIMEET R. BRAHMBHATT, M.D.

SUDESH K. VOHRA, M.D.

VIJAYKUMAR M. RAO, M.D., F.A.S.N.

CLARK MCCLURKIN, JR., M.D.

WADAH ATASSI, M.D., M.B.A.

HAROLD BREGMAN, M.D., F.A.C.P.

CONSTANTINE G. DELIS, D.O.

KAREEN R. SIMPSON, M.D., F.A.S.N.

AMITABHA MITRA, M.D.

JIM JIANLING YAO, M.D.

EDUARDO J. CREMER, M.D.

RICHARD HONG, M.D.

LO-KU CHIANG, M.D.

HARESH MUNI, M.D.

BOGDAN DERYLO, M.D., M.Sc.

NIC I. HRISTEA, M.D.

DONALD F. CRONIN, M.D.

October 13, 2010

Mr. Dale Galassie

Acting Chair

Illinois Health Facilities & Services Review Board

525 W. Jefferson St., 2nd Floor

Springfield, IL 62761

Dear Mr. Galassie:


I am a nephrologist in practice with Associates in Nephrology (AIN) and am also the Medical Director of the Fresenius Evergreen Park, Roseland and Ross-Englewood dialysis facilities. I have been practicing nephrology for 26 years and am on staff at South Shore, South Suburban, Roseland, & St. Joseph hospitals. I am in full support of the proposed 16 station Fresenius Medical Care Chatham facility. The south Chicago area where I practice has a population that is medically at risk. A majority of the area is densely populated by African Americans and Hispanic Americans, who have a higher incidence of diabetes and hypertension which are the leading causes of kidney failure.

Over the past three years (in those facilities listed below) AIN was treating 691 hemodialysis patients at the end of 2007, 766 patients at the end of 2008 and 791 patients at the end of 2009, as reported to The Renal Network. As of the most recent quarter, AIN was treating 801 hemodialysis patients. This represents a 16% increase overall in the number of hemodialysis patients since 2007. As well, over the past twelve months AIN has referred 213 new patients for hemodialysis services to Fresenius South Chicago, South Shore, Roseland, Ross-Englewood, Greenwood, Southside, Marquette Park and Evergreen Park. AIN currently has 278 pre-ESRD patients that live in the immediate Chatham area who will require dialysis within 24 months of the completion of Fresenius Chatham and will likely be referred there (see attached lists of patients). These patients all have lab values indicative of a patient in active kidney failure.

I therefore urge the Board to approve Fresenius Medical Care Chatham in order to keep access available to an evidenced growing number of ESRD patients in the south Chicago, south suburban region. Thank you for your consideration.

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

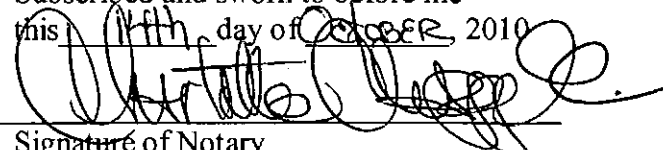
Sincerely,



Paul Crawford, M.D.

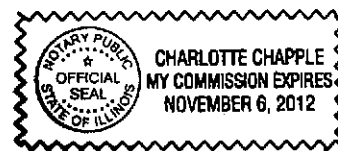
Notarization:

Subscribed and sworn to before me
this 17th day of OCTOBER, 2010



Signature of Notary

Seal



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

Zip Code	Neighborhood	Pre ESRD Patients
60619	Chatham	117
60620	Chatham - Auburn	161
Total		278

The above 278* pre-ESRD patients live in the immediate Chatham neighborhood and would be referred to the Chatham facility. The only other facility in this neighborhood is Fresenius Medical Care Greenwood and is operating at capacity.

AIN also has an additional 174* pre-ESRD patients who live in the vicinity of Chatham and could likely be referred to the Chatham facility depending on where their home is located within each zip code area. Some of these patients could be referred to Fresenius Roseland or Ross-Englewood.

Zip Code	Neighborhood	Pre ESRD Patients
60621	Roseland	25
60636	Englewood	48
60643	Washington Heigh	101
Total		174

The result is a total of 340 pre ESRD patients who will be on dialysis within the first two years after Fresenius Chatham opens.

*It is likely that approximately 30% of the above mentioned pre-ESRD patients may no longer require dialysis services by the time the facility is operational. If this were the case there would still be 195 pre-ESRD patients to be referred to the Chatham facility and another 122 patients in the Chatham area who could be referred there.

NEW REFERRALS OF AIN FOR THE PAST TWELVE MONTHS
FOR SOUTH CHICAGO & SUBURBS
OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS S SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
60104				1					1
60409						2			2
60415	1								1
60445	1								1
60453	1		1						2
60477	1								1
60608			1						1
60609	1		1				1		3
60615					1		2		3
60616			1						1
60617						2			2
60617			2	2	1	26	4		35
60619							1		1
60619	4	2		2	1	2	5		16
60620	1				1				2
60620	5	2	2	2	3				14
60621		1	2		10				13
60624					1				1
60628	8	1	1	21	1	4	2		38
60629	2		3	1					6
60636		1	1						2
60636	1		3		2	1			7
60637						1			1
60637					5		2		7
60640	1								1
60643	2								2
60643	10			6					16
60644					1				1
60649						3			3
60649		2	1		1	2	10		16
60652	1						1		2
60653	1		1				1		3
60804							1		1
60805	2							1	3
60827	2			1					3
62702				1					1
Total	45	9	20	37	28	43	30	1	213

**HEMODIALYSIS PATIENTS OF AIN AT YEAR END 2007
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA**

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
44121	1							1
46320					1			1
46322					1			1
46324					1			1
46409	1							1
60130							1	1
60406	4				1			5
60409	4	1			1			6
60415		1						1
60419	4				2	1		7
60426	2				1			3
60428	1							1
60430		1						1
60438		1			1			2
60445	2				1	1		4
60453	3							3
60455	1		1					2
60457		1						1
60459						1		1
60465					1			1
60469	1							1
60472	1							1
60473	3							3
60478			1			1		2
60608			1		1			2
60609			4	1	5	2		12
60610			1					1
60612	1							1
60615	1		2		2	3	1	9
60616		1	2		2	2		7
60617	5	14	3		87	13		122
60618						1		1
60619	7	17		2	23	10		59
60620	39	7	10	3	10	7		76
60621	4	1	4	8	5	2	1	25
60624				1				1
60627	1	1			1			3
60628	37	7	5	6	28	20	1	104
60629	2	2	24	1	1			30
60632			7					7
60633			1		2			3
60636	6	2	15	3	3	1		30
60637	1	1	1		3	1		7
60638			1		1			2
60639	1							1
60643	32	1	3		3	6	4	49
60644						2		2
60645	1							1
60647					1			1
60649	3	4	2	1	12	19		41
60651						1		1
60652	7							7
60653	1	1	1		1			4
60655	1							1
60657					1			1
60658						1		1
60660			1					1
60803	3							3
60804			1					1
60805	3				1		1	5
60827	8	2			3	5		18
TOTAL	192	66	91	26	207	100	9	691

HEMODIALYSIS PATIENTS OF AIN AT YEAR END 2008
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	FRESENIUS ROSELAND	TOTAL
46409	1								1
53704						1			1
55412				1					1
55422				1					1
60123						1			1
60130							1		1
60402					1				1
60406	4				1				5
60409	4	1			1				6
60415		1							1
60417								1	1
60419	4				2	1			7
60426	1				1				2
60428	1								1
60430		1							1
60438		1			1				2
60443	1								1
60445	1					1			2
60453	2								2
60455	1		2						3
60457		1							1
60465			1		1				2
60472	1								1
60473	5								5
60478			1			1			2
60482	1								1
60608					1				1
60609			4	2	3				9
60615	1		2		2	3			8
60616		1	2		2	1			6
60617	5	13	3	2	90	17			130
60618						1			1
60619	8	16	1	4	24	10			63
60620	44	8	9	11	13	6	1	1	93
60621	5	1	3	20	2	2	1	1	35
60622			1						1
60623			1						1
60624			1						1
60626				1					1
60627	1	1			1	1			4
60628	41	7	5	5	24	16	1	15	114
60629	2	2	23	1	1				29
60632			7						7
60633			1		1				2
60636	4	2	17	10	3	1			37
60637	2	2	1	2	3	2			12
60638			1		1				2
60639	1								1
60643	33	1	2	1	2	3	1	3	46
60644	1					1			2
60647		1			1	1			3
60648	1								1
60649	4	6	2	3	15	23			53
60652	5				1				6
60653	2	1	1	2	2				8
60655	2								2
60660			1						1
60803	2	1			1				4
60804			2		1				3
60805	3						1		4
60827	9	2		1	3	4		2	21
TOTAL	203	70	94	67	205	97	6	23	765

HEMODIALYSIS PATIENTS OF AIN AT YEAR END 2009
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
43211					1				1
44121	1								1
46561							1		1
60402						1			1
60406	3			1		1			5
60409	5	1				1			7
60411						2			2
60417		1		1					2
60419	4					2			6
60426	2					1			3
60428	1								1
60430		1	1						2
60438		1				1			2
60443	1			1					2
60445	1						1		2
60453	1		1			1			3
60455	1		2						3
60465			1						1
60471	1								1
60472	1								1
60473	4								4
60478			1				1		2
60482	1								1
60608						1			1
60609	2		2		1	3			8
60615	4		2		1	1	2		10
60616		1	2			1	1		5
60617	4	8	4		2	102	16		136
60619	8	20	2		4	24	8		66
60620	46	8	13	2	10	11	6	1	97
60621	5	1	2	1	21		1	1	32
60623			1				1		2
60624			1		1				2
60626					1				1
60627	1	1							2
60628	36	8	3	33	4	27	12	1	124
60629	1	1	26		3		2	1	34
60632			7		1				8
60633			1			2			3
60636	5	1	14		10	1			31
60637	3	3	1		2	4	1		14
60638						1			1
60639	1								1
60643	26	2	2	9	2	4	2	1	48
60644							1		1
60648	1								1
60649	4	8	3		1	13	28		57
60652	5					1	1	2	9
60653	3	1	2		1	2			9
60655	2								2
60660			1						1
60666	1								1
60803	1								1
60804			2						2
60805	3							1	4
60827	8	2		2	1	4	5		22
62702				1					1
TOTAL	197	69	97	51	68	211	90	8	791

HEMODIALYSIS PATIENTS OF AIN AT END OF 3RD QUARTER 2010
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
46205	1								1
60104				1					1
60406	2								2
60409	7	1							8
60415	1								1
60417		1		1					2
60419	2					1			3
60426	1					1			2
60430		1							1
60438		1				1			2
60443	1								1
60445	2						1		3
60453	2				1				3
60455	1		2						3
60471					1				1
60472	1								1
60473	4								4
60477	1								1
60478			1				1		2
60482	1								1
60608			1			1			2
60609	2		2		1	2			7
60615	4				2	1	3		10
60616		1	1			1		2	5
60617	4	6	5	2	2	99	19		137
60619	8	20	2	2	3	22	9		66
60620	45	7	9	4	12	8	3		88
60621	4	1	4		19		1		29
60623			1						1
60624					1				1
60626					1				1
60627	1	2						1	4
60628	33	12	4	44	2	25	9	1	130
60629	3	2	29	2	2		3	1	42
60632			6						6
60633			1			2			3
60636	6	1	15		9	2			33
60637	2	2	2		6	6	3		21
60638						1			1
60639	1								1
60643	33	2	2	12	2	1	2	1	55
60644					1		1		2
60648	1								1
60649	5	9	3		2	16	32		67
60652	4					1	1		6
60653	3	1	2			1	1		8
60655	1								1
60666	1								1
60803	1								1
60804			2				1		3
60805	3							4	7
60827	6	2		3	1	2	4		18
TOTAL	198	72	94	71	68	194	94	10	801

Service Accessibility – Service Restrictions

Fresenius Medical Care Chatham is located in HSA 6 which consists of the City of Chicago. This facility is being established specifically to serve the Chatham area of Chicago. Fresenius Medical Care Chatham, #09-061, was approved in January 2010 by the IHF&SRB, however this permit was surrendered upon the submittal of the current project as outlined in this application. The applicant was unable to finalize the transaction to secure the original chosen/permitted site and a new site, at 333 W. 87th Street, Chicago was secured for the current application.

While dialysis services exist in the area, and not all facilities are within 30 minutes are above 80% utilization, the issue of access is problematic due to current area facilities operating at high utilization levels and a patient population that is disproportionately effected by kidney disease.

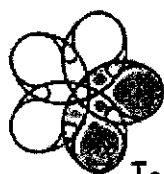
- Fresenius Medical Care Chatham is located in south Chicago nestled between the neighborhoods of Englewood, Roseland, Auburn, and Washington Heights. The residents of this area are predominantly African American, who experience a higher risk of diabetes and high blood pressure, which are the leading causes of kidney failure. This in itself explains why area facilities are operating at high utilizations. Healthcare for the residents of this area cannot be determined by what is available within a 30 minute travel radius. The actual Chatham Market is much smaller and consists mainly of the communities listed above. Even to look out further to a five mile radius of Chatham, the facilities overall actual utilization is 83% (based on 179 stations and 888 patients. The residents of Chatham need available healthcare in their community. (see maps on following pages)
- The map on the following page shows the relationship of the demographics of the pre-ESRD patients identified for the Chatham facility and the utilization of area facilities. The majority of these facilities are operating at target utilization standards to 100% utilization. There is only one nearby facility below target utilization and it is the DaVita Grand Crossings facility that is not yet operational. This facility cannot accommodate the patients identified for Chatham as the physicians supporting that application have identified patients to bring that facility to over 80% utilization by the end of the second year of operation.
- Another hindrance to residents of this area is income levels. Listed below are the percent of residents living below poverty levels (2000 census) for the zip codes where the physicians have identified pre-ESRD patients who will likely go to the Chatham facility and surrounding zip codes.

60619 Chatham	18%	60636 Englewood	31%
60620 Auburn	19%	60621 Roseland	42%
60643 Washington Park	11.5%		

Populations with inadequate income are often underserved when it comes to healthcare. Fresenius Medical Care will accept any patient for treatment regardless of their ability to pay.


FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS CHATHAM

Name	Address	City	Zip	Miles	Travel Time	Adjusted Time	Stations	3rd Qtr Ut
Fresenius Greenwood	1111 E 87th St	Chicago	60619	1.86	5	6	28	91%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	3.21	7	9	12	0%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	4.68	7	9	22	80%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	2.67	8	10	23	102%
DaVita Beverly Dialysis	9415 S Western Ave	Chicago	60620	3.46	9	11	12	82%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	3.86	10	13	30	91%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	3.94	10	13	24	82%
Fresenius Roseland	132 W 111th St	Chicago	60628	4.4	10	13	12	83%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	4.84	11	14	16	92%
DaVita Emerald	710 W 43rd St	Chicago	60609	6.84	11	14	24	87%
Fresenius South Shore	2420 E 79th St	Chicago	60649	4.54	12	15	16	85%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	6.65	12	15	36	80%
Fresenius Blue Island	12200 S Western Ave	Blue Island	60406	7.11	12	15	24	79%
Fresenius Southside	3134 W 76th St	Chicago	60652	4.96	13	16	39	80%
DaVita Woodlawn	1164 E 55th St	Chicago	60615	6.32	13	16	20	113%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	7.97	14	18	27	91%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	8.03	14	18	16	91%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	5.27	15	19	14	89%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	7.21	15	19	16	84%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	9.33	15	19	24	67%
DaVita Stony Creek	9115 S Cicero Ave	Oak Lawn	60453	6.08	16	20	12	93%
DSI Scottsdale	4651 W 79th Pl	Chicago	60652	6.42	16	20	35	76%
DaVita Lake Park	1531 E Hyde Park Blvd	Chicago	60615	7.29	16	20	20	106%
DSI Loop	1101 S Canal St	Chicago	60607	10.38	16	20	28	42%
Fresenius Polk	557 W Polk St	Chicago	60607	10.54	16	20	24	77%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629	6.64	17	21	12	1%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	11.4	17	21	21	54%
DSI South Holland	16136 S Park Ave	South Holland	60473	12.77	17	21	20	89%
Fresenius Burbank	4811 W. 77th	Burbank	60459	7.06	18	23	22	89%
Rush	1653 W Congress Pkwy	Chicago	60612	12.09	18	23	5	30%
DSI Markham	3053 W 159th St	Harvey	60426	13.3	18	23	24	71%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	12.02	19	24	16	93%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	12.39	19	24	27	75%
Stroger Cook Co Hospital	1901 W Harrison St	Chicago	60612	12.6	19	24	9	226%
U of I Hospital	1859 W Taylor St	Chicago	60612	12.63	20	25	26	84%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	14.18	20	25	30	57%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	11.25	21	26	16	70%
Fresenius Crestwood	4861 Cal Sag Rd	Crestwood	60445	11.36	21	26	32	64%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	11.9	21	26	31	44%
Fresenius West Willow	1444 W Willow St	Chicago	60622	13.82	21	26	12	0%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	12.9	22	28	44	74%
Direct Dialysis	14255 Cicero Ave	Crestwood	60445	13.37	22	28	6	144%
Mt Sinai	2700 W 15th St	Chicago	60608	13.84	22	28	16	71%
Fresenius South Holland	17225 Paxton Ave	South Holland	60473	15.33	22	28	17	74%
Community Dialysis Harvey	16657 Halsted St	Harvey	60426	16.38	22	28	16	77%
Fresenius Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	15.45	23	29	16	75%



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Ten Facts About African Americans And Kidney Disease

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

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

Service Accessibility

ATTACHMENT - 26b - 5

strokes and to experience greater disability than white Americans with diabetes. Death rates associated with diabetes are 20 percent higher for African American men and 40 percent higher for African American women, compared with their white counterparts.²

8. High blood pressure is the second leading cause of kidney failure among African Americans, accounting for 34 percent of the new cases each year.¹ However, high blood pressure remains the leading cause of death overall in African Americans because of its link with heart attacks and strokes.²
9. It is not known for sure why African Americans are more prone to develop high blood pressure. More than 40 percent of African Americans are believed to have high blood pressure, however.³ African-Americans also have higher death rates from causes related to high blood pressure. In 2004, for example, the death rates per 100,000 population from high blood pressure were 15.6 for white men, 49.9 for black men, 14.3 for white women and 40.6 for black women.³
10. The incident rate of diabetic end stage kidney failure has increased steadily among African Americans.

Sources Facts and Statistics:

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

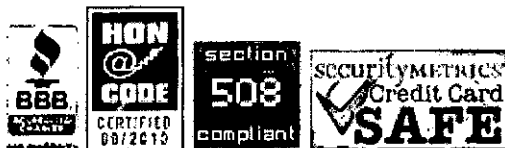
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TESTED FOR MALWARE - Oct. 13



U.S. Census Bureau

American FactFinder

FACT SHEET

Zip Code Tabulation Area 60619

Chatham

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	74,963			map	brief
Male	32,926	43.9	49.1%	map	brief
Female	42,037	56.1	50.9%	map	brief
Median age (years)	37.9	(X)	35.3	map	brief
Under 5 years	5,067	6.8	6.8%	map	
18 years and over	55,773	74.4	74.3%		
65 years and over	12,635	16.9	12.4%	map	brief
One race	74,239	99.0	97.6%		
White	428	0.6	75.1%	map	brief
Black or African American	73,510	98.1	12.3%	map	brief
American Indian and Alaska Native	77	0.1	0.9%	map	brief
Asian	65	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	26	0.0	0.1%	map	brief
Some other race	133	0.2	5.5%	map	
Two or more races	724	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	521	0.7	12.5%	map	brief
Household population	74,788	99.8	97.2%	map	brief
Group quarters population	175	0.2	2.8%	map	
Average household size	2.50	(X)	2.59	map	brief
Average family size	3.18	(X)	3.14	map	
Total housing units	32,488			map	
Occupied housing units	29,870	91.9	91.0%		brief
Owner-occupied housing units	14,145	47.4	66.2%	map	
Renter-occupied housing units	15,725	52.6	33.8%	map	brief
Vacant housing units	2,618	8.1	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	49,861				
High school graduate or higher	39,121	78.5	80.4%	map	brief
Bachelor's degree or higher	9,038	18.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	7,120	12.7	12.7%	map	brief
Disability status (population 5 years and over)	17,529	25.0	19.3%	map	brief
Foreign born	1,095	1.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,812	35.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	8,935	26.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,918	4.2	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	33,204	57.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	42.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	33,631	(X)	41,994	map	
Median family income in 1999 (dollars)	40,131	(X)	50,046	map	
Per capita income in 1999 (dollars)	17,267	(X)	21,587	map	
Families below poverty level	2,799	14.8	9.2%	map	brief
Individuals below poverty level	13,110	17.6	12.4%	map	

Housing Characteristics - show more >>

Number	Percent	U.S.	Service Accessibility
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ATTACHMENT - 26b - 5

59



U.S. Census Bureau
American FactFinder®

FACT SHEET

Zip Code Tabulation Area 60620

Chatham-Auburn

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	85,771			map	brief
Male	38,523	44.9	49.1%	map	brief
Female	47,248	55.1	50.9%	map	brief
Median age (years)	35.4	(X)	35.3	map	brief
Under 5 years	6,185	7.2	6.8%	map	
18 years and over	61,515	71.7	74.3%		
65 years and over	11,204	13.1	12.4%	map	brief
One race	85,134	99.3	97.6%		
White	2,822	3.3	75.1%	map	brief
Black or African American	81,946	95.5	12.3%	map	brief
American Indian and Alaska Native	109	0.1	0.9%	map	brief
Asian	95	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	9	0.0	0.1%	map	brief
Some other race	153	0.2	5.5%	map	
Two or more races	637	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	641	0.7	12.5%	map	brief
Household population	85,377	99.5	97.2%	map	brief
Group quarters population	394	0.5	2.8%	map	
Average household size	3.00	(X)	2.59	map	brief
Average family size	3.49	(X)	3.14	map	
Total housing units	30,877			map	
Occupied housing units	28,499	92.3	91.0%		brief
Owner-occupied housing units	15,781	55.4	66.2%	map	
Renter-occupied housing units	12,718	44.6	33.8%	map	brief
Vacant housing units	2,378	7.7	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	53,799				
High school graduate or higher	40,178	74.7	80.4%	map	brief
Bachelor's degree or higher	7,477	13.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	6,962	11.3	12.7%	map	brief
Disability status (population 5 years and over)	22,305	28.1	19.3%	map	brief
Foreign born	1,208	1.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,854	38.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,832	29.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,708	3.4	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	35,649	55.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	43.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	36,334	(X)	41,994	map	
Median family income in 1999 (dollars)	41,449	(X)	50,046	map	
Per capita income in 1999 (dollars)	15,913	(X)	21,587	map	
Families below poverty level	3,454	16.3	9.2%	map	brief
Individuals below poverty level	16,034	18.8	12.4%	map	

Housing Characteristics - show more >>

Number	Percent	U.S.	Service Accessibility
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ATTACHMENT - 26b - 5

60



U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 60621

ROSELAND

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	47,514			map	brief
Male	21,451	45.1	49.1%	map	brief
Female	26,063	54.9	50.9%	map	brief
Median age (years)	28.5	(X)	35.3	map	brief
Under 5 years	4,445	9.4	6.8%	map	
18 years and over	30,600	64.4	74.3%		
65 years and over	5,749	12.1	12.4%	map	brief
One race	47,181	99.3	97.6%		
White	286	0.6	75.1%	map	brief
Black or African American	46,658	98.2	12.3%	map	brief
American Indian and Alaska Native	58	0.1	0.9%	map	brief
Asian	32	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	10	0.0	0.1%	map	brief
Some other race	137	0.3	5.5%	map	
Two or more races	333	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	395	0.8	12.5%	map	brief
Household population	46,708	98.3	97.2%	map	brief
Group quarters population	806	1.7	2.8%	map	
Average household size	3.12	(X)	2.59	map	brief
Average family size	3.79	(X)	3.14	map	
Total housing units	17,917			map	
Occupied housing units	14,966	83.5	91.0%		brief
Owner-occupied housing units	4,551	30.4	66.2%	map	
Renter-occupied housing units	10,415	69.6	33.8%	map	brief
Vacant housing units	2,951	16.5	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	25,849				
High school graduate or higher	15,778	61.0	80.4%	map	brief
Bachelor's degree or higher	1,498	5.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,891	9.4	12.7%	map	brief
Disability status (population 5 years and over)	12,806	30.0	19.3%	map	brief
Foreign born	519	1.1	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,899	27.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,043	21.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,749	4.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,162	47.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	43.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	19,718	(X)	41,994	map	
Median family income in 1999 (dollars)	22,243	(X)	50,046	map	
Per capita income in 1999 (dollars)	9,617	(X)	21,587	map	
Families below poverty level	4,018	38.6	9.2%	map	brief
Individuals below poverty level	19,576	42.1	12.4%	map	

Housing Characteristics - show more >>

Number Percent U.S. Service Accessibility

ATTACHMENT - 26b - 5



FACT SHEET

Zip Code Tabulation Area 60636

Englewood

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	51,451			map	brief
Male	23,873	46.4	49.1%	map	brief
Female	27,578	53.6	50.9%	map	brief
Median age (years)	28.9	(X)	35.3	map	brief
Under 5 years	4,359	8.5	6.8%	map	
18 years and over	33,796	65.7	74.3%		
65 years and over	4,997	9.7	12.4%	map	brief
One race	51,073	99.3	97.6%		
White	427	0.8	75.1%	map	brief
Black or African American	50,329	97.8	12.3%	map	brief
American Indian and Alaska Native	56	0.1	0.9%	map	brief
Asian	51	0.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	207	0.4	5.5%	map	
Two or more races	378	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	599	1.2	12.5%	map	brief
Household population	50,996	99.1	97.2%	map	brief
Group quarters population	455	0.9	2.8%	map	
Average household size	3.63	(X)	2.59	map	brief
Average family size	4.07	(X)	3.14	map	
Total housing units	15,866			map	
Occupied housing units	14,041	88.5	91.0%		brief
Owner-occupied housing units	7,615	54.2	66.2%	map	
Renter-occupied housing units	6,426	45.8	33.8%	map	brief
Vacant housing units	1,825	11.5	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	28,108				
High school graduate or higher	17,909	63.7	80.4%	map	brief
Bachelor's degree or higher	1,430	5.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,205	9.5	12.7%	map	brief
Disability status (population 5 years and over)	13,094	28.2	19.3%	map	brief
Foreign born	587	1.1	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,614	28.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,700	22.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,411	3.0	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	18,827	52.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	46.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	27,727	(X)	41,994	map	
Median family income in 1999 (dollars)	30,278	(X)	50,046	map	
Per capita income in 1999 (dollars)	10,176	(X)	21,587	map	
Families below poverty level	3,040	27.4	9.2%	map	brief
Individuals below poverty level	15,888	31.4	12.4%	map	

Housing Characteristics - show more >>

Number Percent U.S. Service Accessibility
ATTACHMENT - 26b - 5

62



U.S. Census Bureau American FactFinder

FACT SHEET

Zip Code Tabulation Area 60643

Washington Heights

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	52,568			map	brief
Male	24,170	46.0	49.1%	map	brief
Female	28,398	54.0	50.9%	map	brief
Median age (years)	37.6	(X)	35.3	map	brief
Under 5 years	3,294	6.3	6.8%	map	
18 years and over	38,442	73.1	74.3%		
65 years and over	6,997	13.3	12.4%	map	brief
One race	51,833	98.6	97.6%		
White	10,786	20.5	75.1%	map	brief
Black or African American	40,511	77.1	12.3%	map	brief
American Indian and Alaska Native	80	0.2	0.9%	map	brief
Asian	132	0.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	6	0.0	0.1%	map	brief
Some other race	318	0.6	5.5%	map	
Two or more races	735	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	933	1.8	12.5%	map	brief
Household population	52,137	99.2	97.2%	map	brief
Group quarters population	431	0.8	2.8%	map	
Average household size	2.98	(X)	2.59	map	brief
Average family size	3.47	(X)	3.14	map	
Total housing units	18,362			map	
Occupied housing units	17,525	95.4	91.0%		brief
Owner-occupied housing units	13,821	78.9	66.2%	map	
Renter-occupied housing units	3,704	21.1	33.8%	map	brief
Vacant housing units	837	4.6	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	34,314				
High school graduate or higher	28,609	83.4	80.4%	map	brief
Bachelor's degree or higher	9,681	28.2	24.4%	map	
Civilian veterans (civilian population 18 years and over)	4,799	12.5	12.7%	map	brief
Disability status (population 5 years and over)	10,556	21.6	19.3%	map	brief
Foreign born	1,050	2.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,881	48.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	8,893	39.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,515	5.1	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	24,891	62.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	39.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	51,305	(X)	41,994	map	
Median family income in 1999 (dollars)	58,656	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,615	(X)	21,587	map	
Families below poverty level	1,180	8.8	9.2%	map	brief
Individuals below poverty level	5,940	11.5	12.4%	map	

Housing Characteristics - show more >>

Number Percent U.S. Service Accessibility

ATTACHMENT - 26b - 5

63

Unnecessary Duplication/Maldistribution

1(A-B) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Chatham is 1 station per 2,774 residents according to the 2000 census.

Zip Code	Population	Stations	Facility
60406	25,370	24	Fresenius Blue Island
60409	39,065		
60415	14,039		
60419	25,567		
60426	47,649	40	DSI Markham, Community Harvey
60429	16,070		
60438	28,950		
60445	25,979	38	Fresenius Crestwood, Direct Dialysis
60452	27,899		
60453	54,499	12	DaVita Stony Creek
60455	16,138		
60456	4,452		
60457	14,110		
60458	14,226		
60459	27,987	22	Fresenius Burbank
60469	4,703		
60472	6,672		
60473	22,218	37	DSI South Holland, Fresenius South Holland
60478	16,168		
60482	11,262		
60601	5,591		
60602	70		
60603	378		
60604	78		
60605	12,423		
60606	1,682		
60607	15,552	112	DSI Loop, Fresenius Polk, Fresenius Chicago, Circle Medical Management
60608	92,472	63	DaVita Little Village, Fresenius Chicago Westside, Mt. Sinai
60609	79,469	73	Fresenius Garfield, DaVita Emerald, Fresenius Bridgeport
60610	47,513		
60611	26,522	44	Fresenius Northwestern
60612	37,990	40	Rush, Cook County Hospital, U of IL Hospital
60614	65,474		CONT NEXT COLUMN

Zip Code	Population	Stations	Facility
60615	45,096	40	Lake Park
60616	47,073	24	Fresenius Prairie
60617	96,288	59	UC Stony Island, Fresenius South Chicago
60618	98,147		
60619	74,963	28	Fresenius Greenwood
60620	85,771	12	DaVita Beverly
60621	47,514	20	Fresenius Ross Englewood
60622	76,015		
60623	108,144		
60624	45,647	46	Fresenius Congress Pky, Garfield Kidney Center
60628	87,827	12	Fresenius Roseland
60629	113,984	26	DaVita West Lawn
60632	87,577		
60633	13,262		
60636	51,451		
60637	57,090		
60638	55,788	12	Fresenius Midway
60643	52,568		
60644	59,059		
60647	98,769		
60649	54,823	40	Fresenius Jackson Park, Fresenius South Shore
60651	77,583		
60652	39,126	74	Fresenius Southside, DSI Scottsdale
60653	34,502		
60654	7		
60655	29,138	16	DaVita Mt. Greenwood
60657	66,789		
60661	4,382		
60803	22,757	32	Fresenius Merrionette Park, Fresenius Alsip
60804	86,133		
60805	20,821	27	Fresenius Evergreen Park
60827	33,209		
TOTAL	2,699,540	973	

Total population within a 30 minutes* of Fresenius Chatham is 2,112,828 according to the 2000 Census.

According to the Sept 28, 2010 Station Inventory (3,511 stations) and the 2005-7 U.S. Census Bureau projection (12,783,049), the State ratio of stations to population is 1/3,641.

*Travel time is MapQuest x 1.25

Unnecessary Duplication/Maldistribution

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

Name	Address	City	Zip	Miles	Travel Time	Adjusted Time	Stations	3rd Qtr Util
Fresenius Greenwood	1111 E 87th St	Chicago	60619	1.86	5	6	28	91%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	3.21	7	9	12	0%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	4.68	7	9	22	80%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	2.67	8	10	23	102%
DaVita Beverly Dialysis	9415 S Western Ave	Chicago	60620	3.46	9	11	12	82%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	3.86	10	13	30	91%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	3.94	10	13	24	82%
Fresenius Roseland	132 W 111th St	Chicago	60628	4.4	10	13	12	83%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	4.84	11	14	16	92%
DaVita Emerald	710 W 43rd St	Chicago	60609	6.84	11	14	24	87%
Fresenius South Shore	2420 E 79th St	Chicago	60649	4.54	12	15	16	85%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	6.65	12	15	36	80%
Fresenius Blue Island	12200 S Western Ave	Blue Island	60406	7.11	12	15	24	79%
Fresenius Southside	3134 W 76th St	Chicago	60652	4.96	13	16	39	80%
DaVita Woodlawn	1164 E 55th St	Chicago	60615	6.32	13	16	20	113%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	7.97	14	18	27	91%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	8.03	14	18	16	91%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	5.27	15	19	14	89%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	7.21	15	19	16	91%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	9.33	15	19	24	67%
DaVita Stony Creek	9115 S Cicero Ave	Oak Lawn	60453	6.08	16	20	12	93%
DSI Scottsdale	4651 W 79th Pl	Chicago	60652	6.42	16	20	35	76%
DaVita Lake Park	1531 E Hyde Park Blvd	Chicago	60615	7.29	16	20	20	106%
DSI Loop	1101 S Canal St	Chicago	60607	10.38	16	20	28	42%
Fresenius Polk	557 W Polk St	Chicago	60607	10.54	16	20	24	77%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629	6.64	17	21	12	1%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	11.4	17	21	21	54%
DSI South Holland	16136 S Park Ave	South Holland	60473	12.77	17	21	20	89%
Fresenius Burbank	4811 W. 77th	Burbank	60459	7.06	18	23	22	89%
Rush	1653 W Congress Pkwy	Chicago	60612	12.09	18	23	5	30%
DSI Markham	3053 W 159th St	Harvey	60426	13.3	18	23	24	71%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	12.02	19	24	16	93%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	12.39	19	24	27	75%
Stroger Cook Co Hospital	1901 W Harrison St	Chicago	60612	12.6	19	24	9	226%
U of I Hospital	1859 W Taylor St	Chicago	60612	12.63	20	25	26	84%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	14.18	20	25	30	57%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	11.25	21	26	16	70%
Fresenius Crestwood	4861 Cal Sag Rd	Crestwood	60445	11.36	21	26	32	64%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	11.9	21	26	31	44%
Fresenius West Willow	1444 W Willow St	Chicago	60622	13.82	21	26	12	0%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	12.9	22	28	44	74%
Direct Dialysis	14255 Cicero Ave	Crestwood	60445	13.37	22	28	6	161%
Mt Sinai	2700 W 15th St	Chicago	60608	13.84	22	28	16	71%
Fresenius South Holland	17225 Paxton Ave	South Holland	60473	15.33	22	28	17	74%
Community Dialysis Harvey	16657 Halsted St	Harvey	60426	16.38	22	28	16	77%
Fresenius Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	15.45	23	29	16	72%

2. Despite the fact that all facilities within thirty minutes travel time are not above the target utilization of 80%, and the ratio of stations to population is below the State ratio, Fresenius Medical Care Chatham will not create a maldistribution of services for several reasons. As noted previously in the purpose of the project, the physicians supporting this facility have 278 pre-ESRD patients who live directly in the Chatham neighborhood who have lab values indicative of kidney failure resulting in dialysis in the next 2-3 years. They also have 174 pre-ESRD patients residing in the nearby Englewood, Roseland and Washington Heights neighborhoods. Even further out from this market, within a five mile radius of Chatham the actual overall utilization of facilities is 83% (179 stations and 888 patients). Although there may be one or two facilities in this market area that have excess capacity, there is simply not enough room for the pre ESRD patients identified for this application along with the patients of numerous other nephrologists who practice in this area. Due to the demographic make-up of this community, almost 100% African American, kidney disease is more prevalent. African Americans have an increased risk of diabetes and hypertension, which are the main causes of kidney failure.

Although Fresenius Medical Care respects the State rules regarding the 30 minute travel area, it is not reasonable to evaluate the need for a facility in the inner city on a 30 minute MapQuest adjusted travel time. It would be difficult if not impossible for these patients to travel out into the suburbs for treatment three times each week. As well, a majority of the MapQuest travel times for those facilities considered within 30 minutes are based on highway travel for a large portion of the trip. Dialysis patients do not generally choose to travel these routes. Although there is no documentation to this effect, it is reasonable that a person who is ill, often elderly with many co-morbid conditions, and often times in a wheelchair would not be willing to travel on busy Chicago highways. Even the healthiest of dialysis patients are often feeling ill prior to treatment and are often weak and exhausted after treatment.

- 3A. Fresenius Medical Care Chatham will not have an adverse effect on any other area ESRD provider in that all of the 278 patients identified for this facility are new pre-ESRD patients. No patients will be transferred from any other facility. Furthermore, Associates in Nephrology will still refer patients to the other ESRD facilities they currently refer to, on an ongoing basis per the patient's preference and home address, some of which are operating at high utilizations (Fresenius Evergreen Park, Marquette Park, Evergreen Park, Roseland, Ross-Englewood, South Chicago, South Shore, Hazel Crest, Alsip, and Greenwood).

- B. Not applicable – applicant is not a hospital

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Crawford is currently the Medical Director for Fresenius Evergreen Park, Roseland and Ross-Englewood. Attached is his curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Charge Nurse – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

CURRICULUM VITAE

Paul Crawford, MD FACP

PERSONAL INFORMATION

Date of Birth: October 31, 1948
Place of Birth: Toledo, Ohio USA

Professional address/phone: 210 South Des Plaines
Chicago, IL 60661
312-654-2700

PRESENT ACADEMIC RANK AND POSITION

Adjunct Professor, Department of Medicine,
Northwestern University Medical School
Chicago, Illinois

EDUCATION

College/University: University of Illinois, Champaign-Urbana
9/1966 - 6/1970 B.S. Degree
Medical School: Loyola University Stritch School of Medicine,
Maywood, Illinois
7/1970 - 6/1974 M.D. Degree
Residency: St. Joseph Hospital, Chicago, Illinois
7/1974 - 6/1977 Internal Medicine
Fellowship: University of Illinois Medical Center, Chicago
7/1977 - 6/1979 Nephrology

BOARD CERTIFICATION

American Board of Internal Medicine, 9/1983
American Board of Nephrology, 11/1984

MEDICAL LICENSURE

State of Illinois 036-052828

HONORS AND AWARDS

Undergraduate: Dean's List, Outstanding Senior Award, Phi Epsilon
Kappa, Jewel Tea Scholarship
Medical School: Student Admission Committee Representative
Fellow, American College of Physicians
Golden Heart Award, Chicago Heart Association, 1983-86
Chicago's Caring Physician Award, EHS Trinity Hospital, 1987
Louis B. Russell Jr. Award, American Heart Association, 1999
Family Life Award, African American Family Association, 1999
Top Doctor (no info)
Named "Today's Medical Prodigy", Chicago Defender Publication, Vol
XCVII, No 147, 2002.

PAUL CRAWFORD, M.D.
PAGE TWO

PREVIOUS PROFESSIONAL POSITIONS AND APPOINTMENTS

Associate in Medicine
University of Illinois, Abraham Lincoln School of Medicine
Chicago, Illinois 1977 - 1979

Assistant Attending
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois 1989 - 1990

EDUCATION-TEACHING

Attending Physician, Teaching Service; Hyde Park Community Hospital,
University of Chicago Medical Center; Internal Medicine Residents, 1987-
1990.

Attending Physician, Teaching Service; Trinity Hospital, Mt. Sinai Hospital;
Internal Medicine Residents, July, 1984 - June, 1989.

Attending Physician, Teaching Service; Rush-Presbyterian-St. Luke's
Medical Center, second year medical students, September, 1989 -
December, 1989.

African-American Heart Health Takes Center Stage, Chicago State
University; Community Leadership Panel, N. Lubin, P. Crawford, J. Carter
and L. Becker Panelists, October 2001.

**INSTITUTIONAL, DEPARTMENTAL, AND DIVISIONAL ADMINISTRATIVE
RESPONSIBILITIES, COMMITTEE MEMBERSHIPS, AND OTHER ACTIVITIES**

- Chairman, Renal Dialysis Technician, Education Advisory Committee, Malcolm X
College; Chicago, Illinois, 1980
- Chairman, Hypertension Subcommittee, Chicago Heart Association, 1981-1982
- Co-Chairman, Church-based Hypertension Control Program; Chicago Heart
Association, 1983-1985
- Chicago Coalition for Hypertension Control, 1982-1987
- Hypertension Task Force of Chicago Heart Association, 1982-1983
- Prevention Goal Committee; Chicago Heart Association, 1985-1990
- Chairman, Church-based Hypertension Control Program; Chicago Heart
Association, 1985-1999
- Long-Range Planning Committee; American Heart Association of Metropolitan
Chicago, 1989
- AIDS Task Force, Oak Park, Illinois, 1989-1991
- Medical Executive Committee, Advocate Trinity Hospital, 1990-Present
- Chicago Pilot Project of American Heart Association of Metropolitan Chicago,
1990
- President, American Heart Association of Metropolitan Chicago
- Board Member, Midwest Regional Board of the American Heart Association,
1997-2000.
- President-Elect, Medical Staff, Advocate Trinity Hospital, 1999-2000
- Chairman, Medical Affairs, American Kidney Fund, 2000-Present
- Member, National Anemia Action Council, 2000-Present
- Medical Staff President, Advocate Trinity Hospital, Chicago, Illinois, 2001-2003
- Member, Medical Review Board, Advocate Trinity, 2002-Present
- Board Member, Gift of Hope (formerly Regional Organ Bank of Illinois)

PROFESSIONAL AND SOCIETY MEMBERSHIPS

- American College of Physicians
- American Society of Internal Medicine
- American Society of Nephrology
- International Society of Nephrology
- Illinois Society of Internal Medicine
- National Medical Association

PAUL CRAWFORD, M.D.
PAGE THREE

- International Society on Hypertension in Blacks
- Renal Physicians Association
- American Society of Artificial Organs
- American Society of Hypertension, Charter Member Pheresis Forum
- Cook County Physicians Association
- American Heart Association
- National Kidney Foundation
- Regional Organ Bank of Illinois

PRESENTATIONS

Church-based Hypertension Control Program, Chicago Heart Association, Harry Porterfield, Moderator; Chicago Heart Association; Chicago, Illinois, 1984.

Moderator, Hypertension Session of the Cardiology Update Symposium; Itasca, Illinois, 1986.

Emergencies in Renal Failure, American Society of Critical Care Nurses, South Side Chapter, Chicago, Illinois; 1987.

Hypertension and Heart Disease as it Relates to the Black Community; WVON Radio, Chicago, Illinois, 1988.

Church-based Hypertension Control Program, Chicago Heart Association, Bill Campbell, Moderator; Chicago Heart Association; Chicago, Illinois, 1989.

Hypertension in Blacks (Urban Medicine Videocassette); American Heart Association of Metropolitan Chicago. Mark Alyn and Paul Crawford, moderators, 1989.

Hypertension Control Efforts, Ninth Annual Great Lakes Conference on High Blood Pressure Control, American Heart Association of Metropolitan Chicago, Great Lakes, Illinois, 1989.

Taking Care of Yourself (Black Health Awareness Week Seminar), National Association for the Advancement of Colored People (NAACP), National Kidney Foundation, Renal Network of Illinois and the Baxter Healthcare Corporation, Chicago, Illinois, 1989.

Church-based Hypertension Control Program, the International Society on Hypertension in Blacks, P. Crawford & J. Harrington; Long Beach, California; 1990.

Quality Assurance Concerns with Angioaccess Grafts Symposium; W.L. Gore & Associates. J. King, P. Lubin and P. Crawford, panelists. Chicago, Illinois, 1990.

Overview of 1992 Report of Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure, Church-based Hypertension Control Program of American Heart Association of Metropolitan Chicago, Chicago, Illinois, 1992.

Risk Factors in Stroke and Heart Disease, WVAZ Radio Interview, American Heart Association of Metropolitan Chicago (for broadcast throughout the month of February, designated "Heart" month). Chicago, Illinois, 1993.

Kidney Disease in African Americans, National Society of Black Engineers. Kansas City, Missouri, 1999.

New Strategies and Diagnoses in Treatment of Kidney Disease, Blacks in Government Conference, Atlanta, Georgia, 2002.

PAUL CRAWFORD, M.D.
PAGE FOUR

New Strategies in Treatment and Diagnosis of Chronic Kidney Disease, Emory University, 2002.

Educational Opportunities for Patients and Medical Professionals, Racial Disparities and Kidney Disease, Advisory Board Meeting. P. Crawford and M. Freeman Group Facilitators, Dallas, Texas, 2002.

INTRAMURAL PRESENTATIONS

Lecture series presented at Advocate Trinity Hospital, South Shore Hospital and St. Frances Medical Center, 1997-1999. Topics included:

- Acid Base Disturbances - Implications for Patient Care
- Principles of Hemodialysis and Peritoneal Dialysis
- Clinical Assessment of Patients with Renal Failure
- Fluid and Electrolyte Disorders
- Chronic Renal Failure
- Acute Renal Failure
- Hypertension
- Plasmapheresis

CLINICAL PRACTICE, INTERESTS, AND ACCOMPLISHMENTS

- President, Associates in Nephrology 1997 - 2000
- Medical Director, Evergreen Park Dialysis Center 1995 - Present
- Nephrology Chief, Cermak Branch (Cook County Hospital) 1998 - Present

RESEARCH INTERESTS

Developed pilot study to reach high-risk population for the Church-based Hypertension Control Screening Program of the American Heart Association of Metropolitan Chicago, 1983-1984.

African American Outreach Study presented to American Kidney Foundation, sponsored by Amgen, Principle Investigator, 2000

Chronic Renal Insufficiency Study, sponsored by Amgen. Principal Investigator 2000-2001

AMPS Study, sponsored by Amgen, Principle Investigator 2002-2003

RESEARCH GRANTS AWARDED

Church-based Hypertension Control program of American Heart Association of Metropolitan Chicago, Frank Douglas, M.D., Ph.D. and Paul W. Crawford, M.D., Co-Investigators, 1985-1987.

NIH Education Project of Church-based Hypertension Control Program of American Heart Association of Metropolitan Chicago, Eva Smith, R.N., Ph.D., Principal Investigator, Paul W. Crawford, M.D., Co-Investigator, 1988.

Marion Laboratories, Inc., Church-based Hypertension Control Program, Paul W. Crawford, M.D., Principal Investigator, 1989-1991.

CIVIC ACTIVITIES

Jamaica 2002 Crusade, Sheldon Heights Church of Christ. Two-week medical mission to St. Catherine Parish in Jamaica. Volunteered personal services and raised funds for (Include grant number and title, time period, and Category 1 time.)

PAUL CRAWFORD, M.D.
PAGE FIVE

Sickle Cell Fundraiser, Rotary Club, F. Iglesias, President. P. Crawford on Planning Committee. 2001

Heart Ball Gala, Member, Planning Committee, 2001

BIBLIOGRAPHY

Publications - Journals

Westenfelder C, Crawford PW, Baranowski RL, Earnest W, Kurtzman NA. Renal tubular function and Na-K-ATPase(NKA) activity in nonoliguric acute renal failure (ARF). Clin Res 1978;26:479A.

Westenfelder C, Crawford PW, McClurkin C, Zerwer P, Earnest W, Baranowski RL, Kurtzman NA. Effects of glycerol rechallenge (RC) or saline loading (SL) on the renal function in glycerol (G) induced acute renal failure (ARF). Proc Amer Soc Neph 1978;11:101A.

Westenfelder C, Crawford PW, Baranowski RL, Kurtzman NA. Effect of glycerol rechallenge (RC) or saline loading (SL) on the course of glycerol-induced acute renal failure (ARF) Clin Res 1979;27:433A.

Westenfelder C, Battle D, Crawford PW, Baranowski RL, Kurtzman NA. Estudios en el fallo renal agudo (FRA) despues de un episodio previo de fallo renal o sobrecarga saline (SS). IV Lat Amer Congress of Nephrology.

Westenfelder C, Arevalo GJ, Crawford PW, Zerwer P, Baranowski RL, Birch RM, Earnest W, Hamburger RK, Coleman RD, Kurtzman, NA. Recent tubular function in glycerol-induced acute renal failure. Kidney International, 1980;18:432.

Crawford PW, Murphy M. Controlling hypertension from the pews. Chicago Medicine, Vol 93 No 8, April 1990.

Crawford, PW. Urban Renal Disease: Reflections of an Urban Nephrologist, Seminars in Nephrology, Vol 21, No 4, July 2001.

Crawford, PW, Lea, J. Developing a CRI pre-screening program for African Americans, Nephrology News & Issues, Vol 16, No 5, April, 2002.

Crawford, PW, Maxey, R, and Dacosta, K. Community Outreach: A Call for Community Action, Journal of the National Medical Association, Vol 94, No 8 (Suppl), August 2002.

Publications - Abstracts

Reducing Hyperparathyroidism in African-American Hemodialysis Patients Using Paricalcitol. P. Crawford, M. Sobrero, S. Shott, A. Deering, T. Young. FMC Neomedica, Evergreen Park, Illinois. National Kidney Foundation, Orlando, Florida. 2001.

Publications- Editorials

Time Deficiency: How to be Counted In While Your Doctor is Maxed Out. Health Adviser Section, Chicago Tribune, July 7, 2002.

PAUL CRAWFORD, M.D.
PAGE SIX

MEDIA APPEARANCES/ARTICLES

Black Churches Widen Scope of Targeted Blood Pressure Screenings, Medical World News, 1988.

Hypertension - The Silent Killer, Two Part Series, Chicago Sun Times, Chicago, Illinois, April 26, 1989.

Hypertension - Church-based Hypertension Control Program, American Heart Association of Metropolitan Chicago, Crawford PW, Miller A, Moderator, HEARTBEAT, Public Access Television, Channel 19, September, 1989.

Hypertension and Heart Disease; WGCI AM Radio, Chicago, Illinois, 1989.

Hypertension, Cable TV Station 26, Chicago, Illinois, 1991

Hypertension, WVON AM Radio, Melody Spann, Moderator, Chicago, Illinois, 1992.

"American Kidney Fund Cites Studies as Cause for Concern" discussion by P. Crawford via radio and website appearances. 2002

The Washington Post

CBS Marketwatch

BostonGlobe.com (*The Boston Globe*)

DallasNews.com (*The Dallas Morning News*)

NBC6.com (NCB channel 6 in Charlotte, NC website)

Canada. Com

NewsAlert.com

National Hispanic Corporate Council (NHCC.com)

Yahoo.com

WKYU National Public Radio affiliate

WKPB National Public Radio affiliate

WKUE National Public Radio affiliate

WDCL National Public Radio affiliate

Chicago Tribune

Kidney Disease and Osama Bin Laden, PBS National Public Radio, Chicago, Illinois, 2002

9/07

Paul W. Crawford, M.D.

Hospital Staff Appointments:

South Suburban Hospital

17800 South Kedzie Avenue
Hazel Crest, Illinois 60429

Membership Status: Attending Staff

Dates: 1984 **To:** Present

Department/Division: Internal Medicine/Nephrology **Fax:** 708-957-4310

Phone: 708-799-8000 No limitations

South Shore Hospital

8012 South Crandon Avenue
Chicago, Illinois 60617

Membership Status: Active Staff

Dates: 1981 **To:** 12/2002

Department/Division: Internal Medicine/Nephrology **Fax:** 773-768-8154

Phone: 773-356-5362 No limitations

Roseland Community Hospital

45 West 111th Street
Chicago, Illinois 60628

Membership Status: Consult-Attending Staff

Dates: 1980 **To:** Present

Department/Division: Internal Medicine/Nephrology **Fax:** 773-995-5863

Phone: 773-995-3000 No limitations

St. Joseph Hospital (Chicago)

2900 North Lake Shore Drive
Chicago, Illinois 60657

Membership Status: Courtesy Staff

Dates: 1980 **To:** Present

Department/Division: Internal Medicine/Nephrology **Fax:** 773-665-3126

Phone: 773-665-3392 No limitations

Criterion 1110.1430 (e)(5) Medical Staff

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

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



Signature

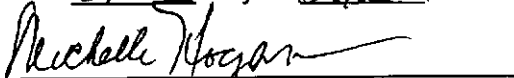
Coleen Muldoon

Printed Name

Regional Vice President

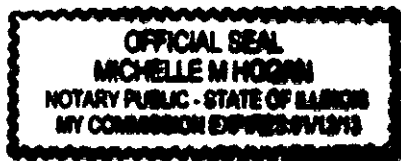
Title

Subscribed and sworn to before me
this 21st day of October, 2010



Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

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

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

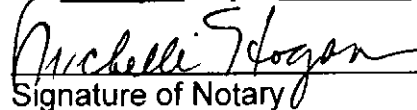


Signature

Coleen Muldoon/Regional Vice President

Name/Title

Subscribed and sworn to before me
this 21st day of October, 2010



Signature of Notary

Seal



Support Services
ATTACHMENT – 26f

Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Chatham is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Chatham will have sixteen dialysis stations thereby meeting this requirement.

September 17, 2009

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

Dear Ms. Wright:

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

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

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

Sincerely,



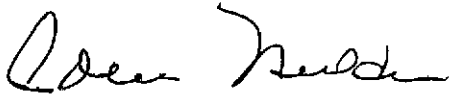
Jonathan R. Bruss
President

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Medical Care Chatham in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 91% of patients had a URR \geq 65%
 - o 95% of patients had a Kt/V \geq 1.2

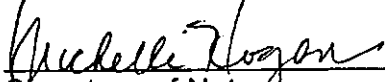
and same is expected for Fresenius Medical Care Chatham.



Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 21st day of October 2010


Signature of Notary

Seal



LaSalle Building Corporation
4007 S. Wabash Avenue
Chicago, IL 60653
773-855-8575
Fax 773-855-8578

October 26, 2010

VIA E-MAIL ONLY

Mr. William Popken
Fresenius Medical Care
128 Spring Street
Lexington, MA 02421-7998

**Re: New Fresenius Medical Care Facility (approximately 7,500 square feet)
333 W. 87th Street, Chicago, IL**

Dear Bill:

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

Building: 333 W. 87th Street, Chicago, IL ("Building").

Term: Fifteen (15) years, (approximately 7,500 square feet) with annual increases of two and one-half percent (2.5%) per year. Tenant will have three (3) five (5) year options to renew with annual rental increases of two and one-half percent (2.5%).

Rent: **Base Rent is \$20.50 per square foot NNN.**

<u>Year</u>	<u>Monthly Rent</u>
Year 1	\$12,812.50
Year 2	\$13,132.81
Year 3	\$13,461.13
Year 4	\$13,797.66
Year 5	\$14,142.60
Year 6	\$14,496.17
Year 7	\$14,858.57
Year 8	\$15,230.03
Year 9	\$15,610.78
Year 10	\$16,001.05
Year 11	\$16,401.08
Year 12	\$16,811.11
Year 13	\$17,231.38
Year 14	\$17,662.17
Year 15	\$18,103.72

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

**Operating Expenses &
Real Estate Taxes:**

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

Utilities:

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

Security Deposit:

None required.

Guaranty:

Fresenius Medical Care Holdings, Inc. will guaranty the Lease.

**Building and Tenant
Improvements:**

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

**Preliminary Improvement
Plans:**

Landlord will provide Tenant with architectural drawings of the proposed building with detailed specifications. The parties will reasonably agree on the proposed Building. Space plans may be provided to the Tenant upon request.

Parking:

Landlord and Tenant will agree on the number and location of the Tenant parking spaces during the architectural drawing phase of the project. Parking will be sufficient to satisfy Tenant's requirements and the City of Chicago building codes. Notwithstanding the foregoing, Landlord will attempt to provide approximately 20 parking spaces.

Signage:

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

Contingency:

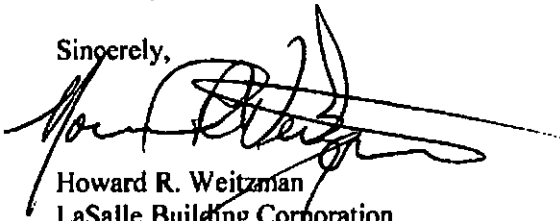
Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length

of the Planning Board review process, Tenant does not expect to receive a CON permit prior to February 2011. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award Tenant a CON permit to establish a dialysis center on the Premises by February 2011, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

Withdrawal Of Offer: The terms and conditions of this proposal shall expire on October 31, 2010 at 5:00 PM.

The terms and conditions of this proposal are confidential and should not be shared or discussed with individuals beyond those directly involved in this transaction. All space described in this proposal is subject to prior leasing or withdrawal at any time. Neither party shall be legally bound by this proposal or any acceptance thereof until such time as both parties formally execute and deliver the appropriate Lease documents. This proposal is also contingent upon final Landlord approval and review of financial statements. If the above terms and conditions are acceptable, please indicate so by signing below and returning to my attention.

Sincerely,



Howard R. Weitzman
LaSalle Building Corporation

cc: Jerald I. Much, LaSalle Building Corporation
Howard J. Powers II, Esq.
Charles R. DiNaso

ACCEPTED AND AGREED on this _____ day of _____ 2010

Fresenius Medical Care, USA

By: _____
Name: _____
Its: _____

Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

2009 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #10-036, Fresenius Medical Care Mundelein and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		130.50			7,500				978,750
Contingency		13.05			7,500				97,875
TOTALS		143.55			7,500				1,076,625

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2014

Salaries \$620,860
 Benefits 155,215
 Supplies 131,866
 Total \$907,941

Annual Treatments 12,012

Cost Per Treatment \$75.59

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

Year 2014

Depreciation/Amortization \$143,252
 Interest 0
 CAPITAL COSTS \$143,252

Treatments: 12,012

Capital Cost per treatment \$11.93

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Chatham, LLC

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

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

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

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

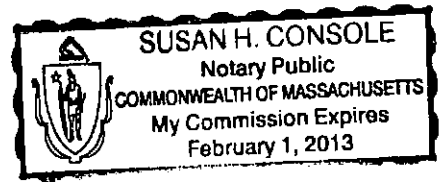
Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

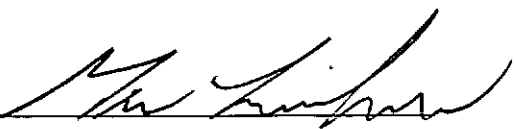
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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

By: 
Title: Marc Lieberman
Asst. Treasurer

By: 
Title: Mark Fawcett
Vice President & Asst. Treasurer

Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010

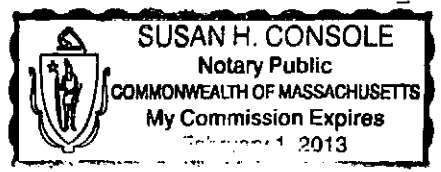
Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010

Signature of Notary 

Signature of Notary _____

Seal

Seal



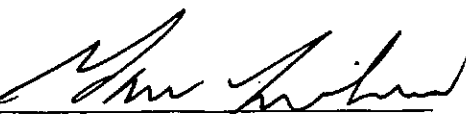
Criterion 1120.310(b) Conditions of Debt Financing

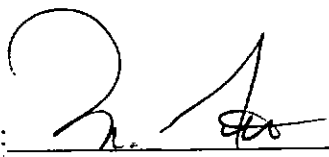
Fresenius Medical Care Chatham, LLC

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

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

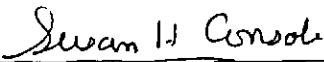
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
Marc Lieberman
ITS: Asst. Treasurer

By: 
Mark Fawcett
ITS: Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010

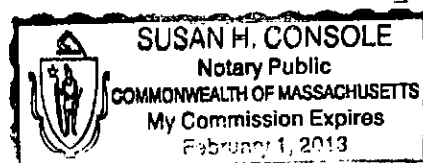
Notarization:
Subscribed and sworn to before me
this 29 day of Oct, 2010


Signature of Notary

Signature of Notary

Seal

Seal



Charity Care Information

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



MAPQUEST.

Trip to 1111 E 87th St
Chicago, IL 60619-7038
1.86 miles - about 5 minutes

Notes

TO FRESENIUS GREENWOOD



333 W 87th St, Chicago, IL 60620-1309

START

1. Start out going EAST on W 87TH ST toward S HOLLAND RD.

go 1.9 mi

END

2. 1111 E 87TH ST is on the RIGHT.

go 0.0 mi

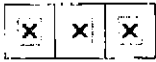


1111 E 87th St, Chicago, IL 60619-7038

Total Travel Estimate : 1.86 miles - about 5 minutes

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MAPQUEST.

Trip to 7319 S Cottage Grove Ave
 Chicago, IL 60619-1909
 3.21 miles - about 7 minutes

Notes

TO DAVITA GRAND CROSSINGS

A 333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.5 mi



2. Turn **LEFT** onto **S STATE ST.** go 0.0 mi



3. Merge onto **I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT.** go 1.0 mi



4. Take **EXIT 60B** toward **76TH ST.** go 0.2 mi



5. Keep **RIGHT** at the fork in the ramp. go 0.0 mi



6. Turn **SLIGHT LEFT** onto **S STATE ST.** go 0.2 mi



7. Turn **RIGHT** onto **E 75TH ST.** go 1.0 mi



8. Turn **LEFT** onto **S COTTAGE GROVE AVE.** go 0.2 mi



9. **7319 S COTTAGE GROVE AVE** is on the **RIGHT.** go 0.0 mi

B 7319 S Cottage Grove Ave, Chicago, IL 60619-1909
 Total Travel Estimate : 3.21 miles - about 7 minutes

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MAPQUEST.

Trip to 5401 S Wentworth Ave
Chicago, IL 60609-6300
4.68 miles - about 7 minutes

Notes

TO FRESENIUS GARFIELD

A **333 W 87th St, Chicago, IL 60620-1309**



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.5 mi



2. Turn **LEFT** onto **S STATE ST.** go 0.0 mi



3. Merge onto **I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT.** go 3.7 mi



4. Take **EXIT 57** toward **GARFIELD BLVD.** go 0.3 mi



5. Stay **STRAIGHT** to go onto **S WENTWORTH AVE.** go 0.2 mi



6. **5401 S WENTWORTH AVE** is on the **RIGHT.** go 0.0 mi

B **5401 S Wentworth Ave, Chicago, IL 60609-6300**
Total Travel Estimate : 4.68 miles - about 7 minutes

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MAPQUEST.

Trip to 8725 S Stony Island Ave
Chicago, IL 60617-2709
2.67 miles - about 8 minutes

Notes

TO DAVITA STONY ISLAND



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 2.5 mi



2. Turn **RIGHT** onto **S STONY ISLAND AVE.** go 0.1 mi



3. Make a **U-TURN** at **E 88TH ST** onto **S STONY ISLAND AVE.** go 0.0 mi



4. **8725 S STONY ISLAND AVE** is on the **RIGHT.** go 0.0 mi

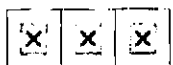


8725 S Stony Island Ave, Chicago, IL 60617-2709

Total Travel Estimate : 2.67 miles - about 8 minutes

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MAPQUEST.

Trip to 9415 S Western Ave
Chicago, IL 60620
3.46 miles - about 9 minutes

Notes

TO DAVITA BEVERLY



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **WEST** on **W 87TH ST** toward **S EGGLESTON AVE.**

go 2.6 mi



2. Turn **LEFT** onto **S WESTERN AVE.**

go 0.9 mi



3. **9415 S WESTERN AVE** is on the **LEFT.**

go 0.0 mi



9415 S Western Ave, Chicago, IL 60620

Total Travel Estimate : 3.46 miles - about 9 minutes

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MAPQUEST.

Trip to 9730 S Western Ave
Evergreen Park, IL 60805-2814
3.86 miles - about 10 minutes

Notes

TO FRESENIUS EVERGREEN PARK



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **WEST** on **W 87TH ST** toward **S EGGLESTON AVE.** go 2.6 mi



2. Turn **LEFT** onto **S WESTERN AVE.** go 1.3 mi



3. **9730 S WESTERN AVE** is on the **RIGHT.** go 0.0 mi



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

Total Travel Estimate : 3.86 miles - about 10 minutes

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MAPQUEST.

Trip to 7531 S Stony Island Ave
Chicago, IL 60649-3954
3.94 miles - about 10 minutes

Notes

TO FRESENIUS JACKSON PARK



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.5 mi



2. Turn **LEFT** onto **S STATE ST.** go 0.0 mi



3. Merge onto **I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT.** go 0.5 mi



4. Take **EXIT 60C** toward **79TH ST.** go 0.2 mi



5. Keep **RIGHT** at the fork in the ramp. go 0.2 mi



6. Stay **STRAIGHT** to go onto **S STATE ST.** go 0.0 mi



7. Turn **RIGHT** onto **E 79TH ST.** go 2.0 mi



8. Turn **LEFT** onto **S STONY ISLAND AVE.** go 0.4 mi



9. **7531 S STONY ISLAND AVE** is on the **RIGHT.** go 0.0 mi



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

Total Travel Estimate : 3.94 miles - about 10 minutes

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MAPQUEST.

Trip to 132 W 111th St
Chicago, IL 60628-4215
4.40 miles - about 10 minutes

Notes

TO FRESENIUS ROSELAND



333 W 87th St, Chicago, IL 60620-1309



1. Start out going WEST on W 87TH ST toward S EGGLESTON AVE. go 0.5 mi



2. Turn LEFT onto S HALSTED ST. go 3.0 mi



3. Turn LEFT onto W 111TH ST. go 0.8 mi



4. 132 W 111TH ST is on the LEFT. go 0.0 mi

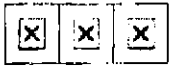


132 W 111th St, Chicago, IL 60628-4215

Total Travel Estimate : 4.40 miles - about 10 minutes

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MAPQUEST.













Trip to 6333 S Green St
 Chicago, IL 60621-1943
 4.84 miles - about 11 minutes

Notes

TO FRESENIUS ROSS-ENGLWOOD



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT . | go 2.0 mi |
|  | 4. Take EXIT 59B toward MARQUETTE RD / 67TH ST. | go 0.2 mi |
|  | 5. Keep RIGHT at the fork in the ramp. | go 0.2 mi |
|  | 6. Turn LEFT onto W 67TH ST / W MARQUETTE RD. | go 1.0 mi |
|  | 7. Turn RIGHT onto S HALSTED ST. | go 0.5 mi |
|  | 8. Turn LEFT onto W 63RD ST. | go 0.1 mi |
|  | 9. Turn LEFT onto S PEORIA ST. | go 0.2 mi |
|  | 10. Turn LEFT onto S GREEN ST. | go 0.0 mi |
|  | 11. 6333 S GREEN ST is on the RIGHT . | go 0.0 mi |



MAPQUEST.













Trip to 710 W 43rd St
 Chicago, IL 60609-3435
 6.84 miles - about 11 minutes

Notes

TO DAVITA EMERALD



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT . | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 2.3 mi |
|  | 5. Take the I-90-LOCAL / I-94-LOCAL exit. | go 0.5 mi |
|   | 6. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W. | go 0.4 mi |
|  | 7. Take the 43RD ST exit, EXIT 56A. | go 0.2 mi |
|  | 8. Stay STRAIGHT to go onto S LASALLE ST. | go 0.0 mi |
|  | 9. Turn LEFT onto W 43RD ST. | go 0.7 mi |
|  | 10. 710 W 43RD ST is on the RIGHT. | go 0.0 mi |



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

Total Travel Estimate : 6.84 miles - about 11 minutes



MAPQUEST.

Trip to 2420 E 79th St
Chicago, IL 60649-5112
4.54 miles - about 12 minutes

Notes

TO FRESENIUS SOUTH SHORE



333 W 87th St, Chicago, IL 60620-1309



1. Start out going EAST on W 87TH ST toward S HOLLAND RD. go 0.5 mi



2. Turn LEFT onto S STATE ST. go 0.0 mi



3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. go 0.5 mi



4. Take EXIT 60C toward 79TH ST. go 0.2 mi



5. Keep RIGHT at the fork in the ramp. go 0.2 mi



6. Stay STRAIGHT to go onto S STATE ST. go 0.0 mi



7. Turn RIGHT onto E 79TH ST. go 3.1 mi



8. 2420 E 79TH ST is on the LEFT. go 0.0 mi

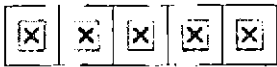


2420 E 79th St, Chicago, IL 60649-5112

Total Travel Estimate : 4.54 miles - about 12 minutes

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MAPQUEST.

Trip to 9212 S South Chicago Ave

Chicago, IL 60617-4512












6.65 miles - about 12 minutes

Notes

TO FRESENIUS SOUTH CHICAGO



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.4 mi |
|  | 2. Turn RIGHT onto S LAFAYETTE AVE. | go 0.0 mi |
|  | 3. Merge onto I-94 E via the ramp on the LEFT. | go 2.4 mi |
|  | 4. Take the STONY ISLAND AVE exit, EXIT 65, toward 95TH-103RD STS. | go 0.8 mi |
|  | 5. Take the NORTH STONY ISLAND AVE ramp toward 95TH ST. | go 0.5 mi |
|  | 6. Merge onto S STONY ISLAND EXT. | go 0.2 mi |
|  | 7. S STONY ISLAND EXT becomes S STONY ISLAND AVE. | go 0.0 mi |
|  | 8. Turn RIGHT onto E 95TH ST / US-12 / US-20 / ULYSSES S GRANT MEMORIAL HWY. | go 1.8 mi |
|  | 9. Turn LEFT onto S COMMERCIAL AVE. | go 0.3 mi |
|  | 10. Turn SLIGHT LEFT onto S SOUTH CHICAGO AVE. | go 0.1 mi |
|  | 11. 9212 S SOUTH CHICAGO AVE is on the RIGHT. | go 0.0 mi |



MAPQUEST.

Trip to Fresenius Medical Care

12200 Western Ave, Blue Island, IL 60406 -

(708) 597-9933

7.11 miles - about 12 minutes

Notes

TO FRESENIUS BLUE ISLAND



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.**

go 0.4 mi



2. Turn **RIGHT** onto **S LAFAYETTE AVE.**

go 0.0 mi



3. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.**

go 1.1 mi



4. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.**

go 3.8 mi



5. Take **EXIT 354** toward **119TH ST.**

go 0.2 mi



6. Stay **STRAIGHT** to go onto **S MARSHFIELD AVE.**

go 0.2 mi



7. Turn **RIGHT** onto **W 119TH ST.**

go 0.9 mi



8. Turn **LEFT** onto **WESTERN AVE.**

go 0.4 mi



9. **12200 WESTERN AVE** is on the **RIGHT.**

go 0.0 mi



Fresenius Medical Care - (708) 597-9933

12200 Western Ave, Blue Island, IL 60406

Total Travel Estimate : 7.11 miles - about 12 minutes

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MAPQUEST.

Trip to 3134 W 76th St
Chicago, IL 60652-1968
4.96 miles - about 13 minutes

Notes

TO FRESENIUS SOUTHSIDE



333 W 87th St, Chicago, IL 60620-1309



1. Start out going WEST on W 87TH ST toward S EGGLESTON AVE. go 0.5 mi



2. Turn RIGHT onto S HALSTED ST. go 1.0 mi



3. Turn LEFT onto W 79TH ST. go 3.0 mi



4. Turn RIGHT onto S KEDZIE AVE. go 0.4 mi



5. Turn RIGHT onto W 76TH ST. go 0.0 mi



6. 3134 W 76TH ST is on the LEFT. go 0.0 mi



3134 W 76th St, Chicago, IL 60652-1968

Total Travel Estimate : 4.96 miles - about 13 minutes

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MAPQUEST.













Trip to 1164 E 55th St
 Chicago, IL 60615-5115
 6.32 miles - about 13 minutes

Notes

TO DAVITA WOODLAWN



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 3.7 mi |
|  | 4. Take EXIT 57 toward GARFIELD BLVD. | go 0.3 mi |
|  | 5. Stay STRAIGHT to go onto S WENTWORTH AVE. | go 0.0 mi |
|  | 6. Turn RIGHT onto W GARFIELD BLVD / W 55TH ST. | go 0.8 mi |
|  | 7. W GARFIELD BLVD / W 55TH ST becomes MORGAN DR. | go 0.2 mi |
|  | 8. Turn SLIGHT LEFT onto RAINEY DR. | go 0.2 mi |
|  | 9. RAINEY DR becomes PAYNE DR. | go 0.0 mi |
|  | 10. Turn RIGHT onto E GARFIELD BLVD / E 55TH ST. Continue to follow E 55TH ST. | go 0.5 mi |
|  | 11. 1164 E 55TH ST is on the LEFT. | go 0.0 mi |



MAPQUEST.

Trip to 825 W 35th St
Chicago, IL 60609-1511
7.97 miles - about 14 minutes

Notes

TO FRESENIUS BRIDGEPORT



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.5 mi



2. Turn **LEFT** onto **S STATE ST.** go 0.0 mi



3. Merge onto **I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT.** go 2.2 mi



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



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



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W.** go 1.1 mi



7. Take **EXIT 55A** toward **35TH ST.** go 0.2 mi



8. Stay **STRAIGHT** to go onto **S LASALLE ST.** go 0.3 mi



9. Turn **LEFT** onto **W 35TH ST.** go 0.9 mi



10. **825 W 35TH ST** is on the **LEFT.** go 0.0 mi



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

Total Travel Estimate : 7.97 miles - about 14 minutes



MAPQUEST.

Trip to 11650 S Kedzie Ave
Merrionette Park, IL 60803-6302
8.03 miles - about 14 minutes

Notes

TO FRESENIUS MERRIONETTE PARK



333 W 87th St, Chicago, IL 60620-1309



1. Start out going EAST on W 87TH ST toward S HOLLAND RD. go 0.4 mi



2. Turn RIGHT onto S LAFAYETTE AVE. go 0.0 mi



3. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. go 1.1 mi



4. Merge onto I-57 S via EXIT 63 toward MEMPHIS. go 3.8 mi



5. Take EXIT 354 toward 119TH ST. go 0.2 mi



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



7. Turn RIGHT onto W 119TH ST. go 2.0 mi



8. Turn RIGHT onto S KEDZIE AVE. go 0.3 mi



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



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

Total Travel Estimate : 8.03 miles - about 14 minutes

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MAPQUEST.

Trip to 6535 S Western Ave
Chicago, IL 60636-2410
5.27 miles - about 15 minutes

Notes

TO FRESENIUS EVERGREEN PARK



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **WEST** on **W 87TH ST** toward **S EGGLESTON AVE.** go 0.5 mi



2. Turn **RIGHT** onto **S HALSTED ST.** go 1.0 mi



3. Turn **LEFT** onto **W 79TH ST.** go 2.0 mi



4. Turn **RIGHT** onto **S WESTERN AVE.** go 1.7 mi



5. **6535 S WESTERN AVE** is on the **RIGHT.** go 0.0 mi



6535 S Western Ave, Chicago, IL 60636-2410

Total Travel Estimate : 5.27 miles - about 15 minutes

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MAPQUEST.

Trip to 3401 W 111th St
 Chicago, IL 60655-3329
 7.21 miles - about 15 minutes

Notes

TO DAVITA MT. GREENWOOD



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|--|--|-----------|
| | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.4 mi |
| | 2. Turn RIGHT onto S LAFAYETTE AVE. | go 0.0 mi |
| | 3. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 1.1 mi |
| | 4. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 2.9 mi |
| | 5. Take the 111TH ST exit, EXIT 355. | go 0.3 mi |
| | 6. Turn RIGHT onto W 111TH ST. | go 0.1 mi |
| | 7. Turn LEFT onto S VINCENNES AVE. | go 0.2 mi |
| | 8. Turn RIGHT onto W MONTEREY AVE. | go 0.3 mi |
| | 9. W MONTEREY AVE becomes W 111TH ST. | go 1.8 mi |
| | 10. 3401 W 111TH ST is on the LEFT. | go 0.0 mi |



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

Total Travel Estimate : 7.21 miles - about 15 minutes



MAPQUEST.












Trip to 1717 S Wabash Ave
Chicago, IL 60616-1219
9.33 miles - about 15 minutes

Notes

TO FRESENIUS PRAIRIE



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|  | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT . | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 4.9 mi |
|  | 5. Take the I-55 N / STEVENSON EXPY exit, EXIT 53C , toward LAKE SHORE DR / 22ND ST. | go 0.4 mi |
|  | 6. Take the 22ND ST exit on the LEFT . | go 0.5 mi |
|  | 7. Turn RIGHT onto W CERMAK RD / W 22ND ST. | go 0.2 mi |
|  | 8. Turn LEFT onto S STATE ST. | go 0.3 mi |
|  | 9. Turn RIGHT onto E 18TH ST. | go 0.0 mi |
|  | 10. Turn LEFT onto S WABASH AVE. | go 0.0 mi |
|  | 11. 1717 S WABASH AVE is on the RIGHT . | go 0.0 mi |



MAPQUEST.

Trip to 9115 S Cicero Ave
Oak Lawn, IL 60453-1895
6.08 miles - about 16 minutes

Notes

TO DAVITA STONY CREEK

A 333 W 87th St, Chicago, IL 60620-1309



1. Start out going **WEST** on **W 87TH ST** toward **S EGGLESTON AVE.** go 4.6 mi



2. Turn **SLIGHT LEFT** onto **SOUTHWEST HWY.** go 1.2 mi



3. Turn **RIGHT** onto **S CICERO AVE / IL-50.** go 0.2 mi



4. **9115 S CICERO AVE** is on the **RIGHT.** go 0.0 mi

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

Total Travel Estimate : 6.08 miles - about 16 minutes

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MAPQUEST.

Trip to 4651 W 79th Pl
Chicago, IL 60652-2021
6.42 miles - about 16 minutes

Notes

TO DSI SCOTTSDALE



333 W 87th St, Chicago, IL 60620-1309



1. Start out going WEST on W 87TH ST toward S EGGLESTON AVE. go 0.5 mi



2. Turn RIGHT onto S HALSTED ST. go 1.0 mi



3. Turn LEFT onto W 79TH ST. go 4.8 mi



4. Turn LEFT onto S KILPATRICK AVE. go 0.0 mi



5. Turn LEFT onto W 79TH PL. go 0.0 mi



6. 4651 W 79TH PL is on the RIGHT. go 0.0 mi



4651 W 79th Pl, Chicago, IL 60652-2021

Total Travel Estimate : 6.42 miles - about 16 minutes

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MAPQUEST.

Trip to 1531 E Hyde Park Blvd
 Chicago, IL 60615-3039
 7.29 miles - about 16 minutes

Notes

TO DAVITA LAKE PARK



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.5 mi



2. Turn **LEFT** onto **S STATE ST.** go 0.0 mi



3. Merge onto **I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT.** go 3.7 mi



4. Take **EXIT 57** toward **GARFIELD BLVD.** go 0.3 mi



5. Stay **STRAIGHT** to go onto **S WENTWORTH AVE.** go 0.0 mi



6. Turn **RIGHT** onto **W GARFIELD BLVD / W 55TH ST.** go 0.7 mi



7. Turn **LEFT** onto **S DR MARTIN L KING JR DR.** go 0.5 mi



8. Turn **RIGHT** onto **E 51ST ST.** go 1.5 mi



9. **1531 E HYDE PARK BLVD** is on the **RIGHT.** go 0.0 mi



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

Total Travel Estimate : 7.29 miles - about 16 minutes

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MAPQUEST.

Trip to 1101 S Canal St
 Chicago, IL 60607-4901
 10.38 miles - about 16 minutes

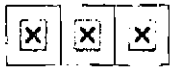
Notes

TO DSI LOOP

A 333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|   | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.7 mi |
|  | 6. Take EXIT 52B toward ROOSEVELT RD / TAYLOR ST. | go 0.1 mi |
|  | 7. Stay STRAIGHT to go onto S RUBLE ST. | go 0.0 mi |
|  | 8. Turn RIGHT onto W ROOSEVELT RD. | go 0.3 mi |
|  | 9. Turn LEFT onto S CANAL ST. | go 0.0 mi |
|  | 10. 1101 S CANAL ST is on the RIGHT. | go 0.0 mi |

B 1101 S Canal St, Chicago, IL 60607-4901
 Total Travel Estimate : 10.38 miles - about 16 minutes



MAPQUEST.

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

Notes

TO FRESENIUS POLK



333 W 87th St, Chicago, IL 60620-1309



1. Start out going EAST on W 87TH ST toward S HOLLAND RD. go 0.5 mi



2. Turn LEFT onto S STATE ST. go 0.0 mi



3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. go 2.2 mi



4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. go 5.4 mi



5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. go 1.7 mi



6. Take EXIT 52B toward ROOSEVELT RD / TAYLOR ST. go 0.1 mi



7. Stay STRAIGHT to go onto S RUBLE ST. go 0.0 mi



8. Take the I-90 W / I-94 W ramp toward KENNEDY EXPY / WISCONSIN. go 0.2 mi



9. Turn RIGHT onto W TAYLOR ST. go 0.1 mi



10. Turn LEFT onto S JEFFERSON ST. go 0.2 mi



11. Turn RIGHT onto W POLK ST. go 0.0 mi



MAPQUEST.

Trip to 7000 S Pulaski Rd
Chicago, IL 60629-5842
6.64 miles - about 17 minutes

Notes

TO DAVITA WEST LAWN



333 W 87th St, Chicago, IL 60620-1309



1. Start out going WEST on W 87TH ST toward S EGGLESTON AVE. go 0.5 mi



2. Turn RIGHT onto S HALSTED ST. go 1.0 mi



3. Turn LEFT onto W 79TH ST. go 4.0 mi



4. Turn RIGHT onto S PULASKI RD. go 1.1 mi



5. 7000 S PULASKI RD is on the LEFT. go 0.0 mi

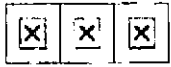


7000 S Pulaski Rd, Chicago, IL 60629-5842

Total Travel Estimate : 6.64 miles - about 17 minutes

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MAPQUEST.












Trip to 820 W Jackson Blvd
Chicago, IL 60607-3026
11.40 miles - about 17 minutes

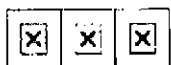
Notes

TO FRESENIUS CHICAGO DIALYSIS



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|  | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT . | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|  | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.8 mi |
|  | 6. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H , toward WEST SUBURBS. | go 0.5 mi |
|  | 7. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SUBURBS. | go 0.5 mi |
|  | 8. Take the MORGAN ST exit, EXIT 29B. | go 0.1 mi |
|  | 9. Turn RIGHT onto S MORGAN ST. | go 0.1 mi |
|  | 10. Turn RIGHT onto W JACKSON BLVD. | go 0.2 mi |
|  | 11. 820 W JACKSON BLVD is on the LEFT. | go 0.0 mi |









MAPQUEST.

Trip to 16136 S Park Ave
 South Holland, IL 60473-1511
 12.77 miles - about 17 minutes

Notes

TO DSI SOUTH HOLLAND

A 333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|------------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.4 mi |
|  | 2. Turn RIGHT onto S LAFAYETTE AVE. | go 0.0 mi |
|  | 3. Merge onto I-94 E via the ramp on the LEFT. | go 10.9 mi |
|  | 4. Merge onto US-6 W / E 162ND ST via EXIT 73A. | go 1.4 mi |
|  | 5. Turn RIGHT onto S PARK AVE. | go 0.0 mi |
|  | 6. 16136 S PARK AVE is on the LEFT. | go 0.0 mi |

B 16136 S Park Ave, South Holland, IL 60473-1511
 Total Travel Estimate : 12.77 miles - about 17 minutes

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MAPQUEST.

Trip to 4811 W 77th St
 Burbank, IL 60459-1586
 7.06 miles - about 18 minutes

Notes

TO FRESINIUS BURBANK

A 333 W 87th St, Chicago, IL 60620-1309



1. Start out going WEST on W 87TH ST toward S EGGLESTON AVE. go 0.5 mi



2. Turn RIGHT onto S HALSTED ST. go 1.0 mi



3. Turn LEFT onto W 79TH ST. go 5.0 mi



4. Turn RIGHT onto S CICERO AVE / IL-50. go 0.4 mi



5. Turn LEFT onto W 76TH ST / W 77TH ST. go 0.1 mi



6. Turn LEFT. go 0.0 mi



7. Turn RIGHT onto W 77TH ST. go 0.0 mi



8. 4811 W 77TH ST is on the LEFT. go 0.0 mi

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

Total Travel Estimate : 7.06 miles - about 18 minutes

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MAPQUEST.

















Trip to 1653 W Congress Pkwy
 Chicago, IL 60612-3833
 12.09 miles - about 18 minutes

Notes

RUSH UNIVERSITY HOSPITAL DIALYSIS



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT . | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|   | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.8 mi |
|   | 6. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H , toward WEST SUBURBS. | go 0.5 mi |
|   | 7. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SURBURBS. | go 1.2 mi |
|   | 8. Take EXIT 28B toward ASHLAND AVE / PAULINA ST. | go 0.2 mi |
|  | 9. Turn SLIGHT LEFT onto W VAN BUREN ST. | go 0.2 mi |
|  | 10. Turn LEFT onto S PAULINA ST. | go 0.0 mi |
|  | 11. Turn LEFT onto W CONGRESS PKWY. | go 0.0 mi |



MAPQUEST.

Trip to 3053 W 159th St
Harvey, IL 60428-4003
13.30 miles - about 18 minutes

Notes

TO DSI MARKHAM



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.4 mi



2. Turn **RIGHT** onto **S LAFAYETTE AVE.** go 0.0 mi



3. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 1.1 mi



4. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 10.1 mi



5. Merge onto **W 159TH ST / US-6 E** via **EXIT 34B.** go 1.7 mi



6. **3053 W 159TH ST** is on the **RIGHT.** go 0.0 mi

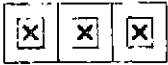


3053 W 159th St, Harvey, IL 60428-4003

Total Travel Estimate : 13.30 miles - about 18 minutes

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MAPQUEST.

Trip to 2335 W Cermak Rd
Chicago, IL 60608-3811
12.02 miles - about 19 minutes

Notes

TO DAVITA LITTLE VILLAGE



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.5 mi



2. Turn **LEFT** onto **S STATE ST.** go 0.0 mi



3. Merge onto **I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT.** go 2.2 mi



4. Keep **LEFT** to take **DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W** toward **PERSHING RD.** go 5.4 mi



5. **DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W** becomes **I-90 W / I-94 W / DAN RYAN EXPY W.** go 0.2 mi



6. Merge onto **I-55 S / STEVENSON EXPY S** via **EXIT 53B** toward **ST LOUIS.** go 1.8 mi



7. Take the **DAMEN AVE** exit, **EXIT 290.** go 0.3 mi



8. Keep **RIGHT** at the fork to go on **S DAMEN AVE.** go 1.0 mi



9. Turn **LEFT** onto **W CERMAK RD.** go 0.5 mi



10. **2335 W CERMAK RD.** go 0.0 mi



2335 W Cermak Rd, Chicago, IL 60608-3811

Total Travel Estimate : 12.02 miles - about 19 minutes



MAPQUEST.















Trip to 1426 W Washington Blvd
 Chicago, IL 60607-1821
 12.39 miles - about 19 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT DIALYSIS



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|   | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.8 mi |
|  | 6. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H, toward WEST SUBURBS. | go 0.5 mi |
|   | 7. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SURBURBS. | go 1.2 mi |
|  | 8. Take EXIT 28B toward ASHLAND AVE / PAULINA ST. | go 0.2 mi |
|  | 9. Turn SLIGHT LEFT onto W VAN BUREN ST. | go 0.0 mi |
|  | 10. Turn RIGHT onto S ASHLAND AVE. | go 0.3 mi |
|  | 11. Turn SLIGHT RIGHT onto W OGDEN AVE. | go 0.2 mi |

















MAPQUEST.

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

Notes

TO STROGER HOSPITAL DIALYSIS

A 333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|   | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.8 mi |
|  | 6. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H, toward WEST SUBURBS. | go 0.5 mi |
|   | 7. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SURBURBS. | go 1.7 mi |
|  | 8. Take EXIT 28A toward DAMEN AVE. | go 0.1 mi |
|  | 9. Stay STRAIGHT to go onto W VAN BUREN ST. | go 0.0 mi |
|  | 10. Turn LEFT onto S DAMEN AVE. | go 0.2 mi |
|  | 11. Turn LEFT onto W HARRISON ST. | go 0.1 mi |



MAPQUEST.












Trip to 1859 W Taylor St
Chicago, IL 60612-4319
12.63 miles - about 20 minutes

Notes

TO UNIVERSITY OF ILLINOIS HOSPITAL
DIALYSIS



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|  | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT . | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|  | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.8 mi |
|  | 6. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H , toward WEST SUBURBS. | go 0.5 mi |
|  | 7. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SUBURBS. | go 1.2 mi |
|  | 8. Take EXIT 28B toward ASHLAND AVE / PAULINA ST. | go 0.2 mi |
|  | 9. Turn SLIGHT LEFT onto W VAN BUREN ST. | go 0.0 mi |
|  | 10. Turn LEFT onto S ASHLAND AVE. | go 0.5 mi |
|  | 11. Turn RIGHT onto W TAYLOR ST. | go 0.3 mi |



MAPQUEST.












Trip to 3410 W Van Buren St
Chicago, IL 60624-3358
14.18 miles - about 20 minutes

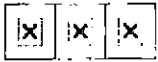
Notes

TO FRESENIUS CONGRESS PARKWAY



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|  | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT . | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|  | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.8 mi |
|  | 6. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H , toward WEST SUBURBS. | go 0.5 mi |
|  | 7. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SURBURBS. | go 3.5 mi |
|  | 8. Take EXIT 26B toward HOMAN AVE. | go 0.2 mi |
|  | 9. Stay STRAIGHT to go onto W CONGRESS PKWY. | go 0.0 mi |
|  | 10. Turn RIGHT onto S HOMAN AVE. | go 0.0 mi |
|  | 11. Turn LEFT onto W VAN BUREN ST. | go 0.0 mi |












MAPQUEST.

Trip to 12250 S Cicero Ave
Alsip, IL 60803-2946
11.25 miles - about 21 minutes

Notes

TO FRESENIUS ALSIP

333 W 87th St, Chicago, IL 60620-1309

-  1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.4 mi
-  2. Turn **RIGHT** onto **S LAFAYETTE AVE.** go 0.0 mi
-  3. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 1.1 mi
-  4. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 5.0 mi
-  5. Take **EXIT 353** toward **127TH ST / BURR OAK AVE.** go 0.2 mi
-  6. Stay **STRAIGHT** to go onto **S PAULINA ST.** go 0.0 mi
-  7. Turn **RIGHT** onto **W 127TH ST / W BURR OAK AVE.** Continue to follow **W 127TH ST.** go 3.9 mi
-  8. Turn **RIGHT** onto **IL-50 N / S CICERO AVE.** go 0.6 mi
-  9. **12250 S CICERO AVE** is on the **LEFT.** go 0.0 mi

12250 S Cicero Ave, Alsip, IL 60803-2946 Total Travel Estimate : 11.25 miles - about 21 minutes

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MAPQUEST.

Trip to 4861 Cal Sag Rd
 Crestwood, IL 60445-4415
 11.36 miles - about 21 minutes

Notes

TO FRESENIUS CRESTWOOD

A 333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.4 mi |
|  | 2. Turn RIGHT onto S LAFAYETTE AVE. | go 0.0 mi |
|  | 3. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 1.1 mi |
|  | 4. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 5.0 mi |
|  | 5. Take EXIT 353 toward 127TH ST / BURR OAK AVE. | go 0.2 mi |
|  | 6. Stay STRAIGHT to go onto S PAULINA ST. | go 0.0 mi |
|  | 7. Turn RIGHT onto W 127TH ST / W BURR OAK AVE.
Continue to follow W 127TH ST. | go 3.9 mi |
|  | 8. Turn LEFT onto IL-50 S / S CICERO AVE / IL-83 S. | go 0.6 mi |
|  | 9. Turn SLIGHT RIGHT onto CAL SAG RD. | go 0.1 mi |
|  | 10. 4861 CAL SAG RD is on the LEFT. | go 0.0 mi |

B 4861 Cal Sag Rd, Crestwood, IL 60445-4415
 Total Travel Estimate : 11.36 miles - about 21 minutes













MAPQUEST.

Trip to 1340 S Damen Ave
 Chicago, IL 60608-1169
 11.90 miles - about 21 minutes

Notes

TO FRESENIUS CHICAGO WESTSIDE

A 333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|  | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|  | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.7 mi |
|  | 6. Take EXIT 52B toward ROOSEVELT RD / TAYLOR ST. | go 0.1 mi |
|  | 7. Stay STRAIGHT to go onto S RUBLE ST. | go 0.0 mi |
|  | 8. Turn LEFT onto W ROOSEVELT RD. | go 1.7 mi |
|  | 9. Turn LEFT onto S DAMEN AVE. | go 0.2 mi |
|  | 10. 1340 S DAMEN AVE. | go 0.0 mi |

B 1340 S Damen Ave, Chicago, IL 60608-1169
 Total Travel Estimate : 11.90 miles - about 21 minutes



MAPQUEST.














Trip to 1444 W Willow St
Chicago, IL 60642-1524
13.82 miles - about 21 minutes

Notes

TO FRESENIUS WEST WILLOW



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|   | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W. | go 5.0 mi |
|  | 6. Take the IL-64 / NORTH AVE exit, EXIT 48B. | go 0.2 mi |
|   | 7. Turn RIGHT onto IL-64 / W NORTH AVE. | go 0.1 mi |
|  | 8. Turn LEFT onto N ELSTON AVE. | go 0.2 mi |
|  | 9. Turn RIGHT onto W WILLOW ST. | go 0.0 mi |
|  | 10. 1444 W WILLOW ST is on the LEFT. | go 0.0 mi |



1444 W Willow St, Chicago, IL 60642-1524

Total Travel Estimate : 13.82 miles - about 21 minutes



MAPQUEST.

Trip to 710 N Fairbanks Ct
Chicago, IL 60611-3013
12.90 miles - about 22 minutes

Notes

TO FRESENIUS NORTHWESTERN



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.5 mi



2. Turn **LEFT** onto **S STATE ST.** go 0.0 mi



3. Merge onto **I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT.** go 2.2 mi



4. Keep **LEFT** to take **DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W** toward **PERSHING RD.** go 4.9 mi



5. Merge onto **I-55 N / STEVENSON EXPY N** via **EXIT 53C** toward **LAKE SHORE DR.** go 1.3 mi



6. Merge onto **US-41 N / S LAKE SHORE DR** via the exit on the **LEFT.** go 2.7 mi



7. Take the **RANDOLPH ST / WACKER DR** ramp toward **I-290.** go 0.2 mi



8. Take the ramp toward **WACKER DR.** go 0.2 mi



9. Keep **RIGHT** at the fork in the ramp. go 0.1 mi



10. Merge onto **N LAKE SHORE LOWER DR.** go 0.2 mi



11. Turn **LEFT** onto **E GRAND AVE.** go 0.3 mi



MAPQUEST.








Trip to 14255 Cicero Ave
Crestwood, IL 60445-2154
13.37 miles - about 22 minutes

Notes

TO DIRECT DIALYSIS



333 W 87th St, Chicago, IL 60620-1309

-  1. Start out going EAST on W 87TH ST toward S HOLLAND RD. go 0.4 mi
-  2. Turn RIGHT onto S LAFAYETTE AVE. go 0.0 mi
-  3. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. go 1.1 mi
-  4. Merge onto I-57 S via EXIT 63 toward MEMPHIS. go 8.1 mi
-  5. Merge onto W 147TH ST / IL-83 N via EXIT 350 toward MIDLOTHIAN. go 3.2 mi
-  6. Turn RIGHT onto CICERO AVE / IL-50 / IL-83. go 0.6 mi
-  7. 14255 CICERO AVE is on the RIGHT. go 0.0 mi



14255 Cicero Ave, Crestwood, IL 60445-2154

Total Travel Estimate : 13.37 miles - about 22 minutes

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MAPQUEST.


Trip to 2700 W 15th St
 Chicago, IL 60608-1610
 13.84 miles - about 22 minutes

Notes

TO MT. SINAI DIALYSIS



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.5 mi |
|  | 2. Turn LEFT onto S STATE ST. | go 0.0 mi |
|   | 3. Merge onto I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 2.2 mi |
|  | 4. Keep LEFT to take DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W toward PERSHING RD. | go 5.4 mi |
|   | 5. DAN RYAN EXPRESS LN W / I-94 EXPRESS LN W becomes I-90 W / I-94 W / DAN RYAN EXPY W. | go 1.8 mi |
|  | 6. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H, toward WEST SUBURBS. | go 0.5 mi |
|   | 7. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SURBURBS. | go 1.7 mi |
|  | 8. Take EXIT 28A toward DAMEN AVE. | go 0.1 mi |
|  | 9. Stay STRAIGHT to go onto W VAN BUREN ST. | go 0.0 mi |
|  | 10. Turn LEFT onto S DAMEN AVE. | go 0.2 mi |
|  | 11. Turn SLIGHT RIGHT onto W OGDEN AVE. | go 1.2 mi |



MAPQUEST.

Trip to 17225 Paxton Ave
South Holland, IL 60473-3757
15.33 miles - about 22 minutes

Notes

TO FRESENIUS SOUTH HOLLAND



333 W 87th St, Chicago, IL 60620-1309



1. Start out going **EAST** on **W 87TH ST** toward **S HOLLAND RD.** go 0.4 mi



2. Turn **RIGHT** onto **S LAFAYETTE AVE.** go 0.0 mi



3. Merge onto **I-94 E** via the ramp on the **LEFT.** go 13.0 mi



4. Keep **RIGHT** toward **US-6 W / IL-83 / TORRENCE AVE.** go 0.5 mi



5. Merge onto **US-6 W / TORRENCE AVE / IL-83 N** via **EXIT 161** on the **LEFT.** go 0.5 mi



6. Turn **LEFT** onto **173RD ST.** go 0.0 mi



7. Turn **LEFT** onto **BERNICE RD.** go 0.6 mi



8. Turn **RIGHT** onto **PAXTON AVE.** go 0.3 mi



9. **17225 PAXTON AVE** is on the **RIGHT.** go 0.0 mi



17225 Paxton Ave, South Holland, IL 60473-3757

Total Travel Estimate : 15.33 miles - about 22 minutes

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MAPQUEST.

Trip to 16657 Halsted St
 Harvey, IL 60426-6112
 16.38 miles - about 22 minutes

Notes

TO COMMUNITY DIALYSIS HARVEY

A 333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|---|------------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.4 mi |
|  | 2. Turn RIGHT onto S LAFAYETTE AVE. | go 0.0 mi |
|  | 3. Merge onto I-94 E via the ramp on the LEFT . | go 11.9 mi |
|  | 4. Keep RIGHT to take BISHOP FORD FWY via EXIT 74A / B toward DANVILLE / IOWA / WISCONSIN . | go 0.5 mi |
|  | 5. Merge onto I-294 N / I-80 W via EXIT 74B toward IOWA / WISCONSIN (Portions toll). | go 2.5 mi |
|  | 6. Take the IL-1 N / HALSTED ST exit. | go 0.6 mi |
|  | 7. Turn SLIGHT RIGHT onto IL-1 / HALSTED ST . | go 0.4 mi |
|  | 8. 16657 HALSTED ST is on the RIGHT . | go 0.0 mi |

B 16657 Halsted St, Harvey, IL 60426-6112
 Total Travel Estimate : 16.38 miles - about 22 minutes

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MAPQUEST.










Trip to 17524 E Carriageway Dr
 Hazel Crest, IL 60429-2187
 15.45 miles - about 23 minutes

Notes

TO FRESINIUS HAZEL CREST



333 W 87th St, Chicago, IL 60620-1309

- | | | |
|---|--|------------|
|  | 1. Start out going EAST on W 87TH ST toward S HOLLAND RD. | go 0.4 mi |
|  | 2. Turn RIGHT onto S LAFAYETTE AVE. | go 0.0 mi |
|  | 3. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 1.1 mi |
|  | 4. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 10.1 mi |
|  | 5. Merge onto W 159TH ST / US-6 E via EXIT 348. | go 1.5 mi |
|  | 6. Turn RIGHT onto KEDZIE AVE. | go 2.0 mi |
|  | 7. Turn LEFT onto 175TH ST. | go 0.2 mi |
|  | 8. Turn RIGHT onto E CARRIAGE WAY. | go 0.0 mi |
|  | 9. 17524 E CARRIAGEWAY DR. | go 0.0 mi |



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

Total Travel Estimate : 15.45 miles - about 23 minutes

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October 13, 2010

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

Dear Mr. Galassie:


I am a nephrologist in practice with Associates in Nephrology (AIN) and am also the Medical Director of the Fresenius Evergreen Park, Roseland and Ross-Englewood dialysis facilities. I have been practicing nephrology for 26 years and am on staff at South Shore, South Suburban, Roseland, & St. Joseph hospitals. I am in full support of the proposed 16 station Fresenius Medical Care Chatham facility. The south Chicago area where I practice has a population that is medically at risk. A majority of the area is densely populated by African Americans and Hispanic Americans, who have a higher incidence of diabetes and hypertension which are the leading causes of kidney failure.

Over the past three years (in those facilities listed below) AIN was treating 691 hemodialysis patients at the end of 2007, 766 patients at the end of 2008 and 791 patients at the end of 2009, as reported to The Renal Network. As of the most recent quarter, AIN was treating 801 hemodialysis patients. This represents a 16% increase overall in the number of hemodialysis patients since 2007. As well, over the past twelve months AIN has referred 213 new patients for hemodialysis services to Fresenius South Chicago, South Shore, Roseland, Ross-Englewood, Greenwood, Southside, Marquette Park and Evergreen Park. AIN currently has 278 pre-ESRD patients that live in the immediate Chatham area who will require dialysis within 24 months of the completion of Fresenius Chatham and will likely be referred there (see attached lists of patients). These patients all have lab values indicative of a patient in active kidney failure.

I therefore urge the Board to approve Fresenius Medical Care Chatham in order to keep access available to an evidenced growing number of ESRD patients in the south Chicago, south suburban region. Thank you for your consideration.

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

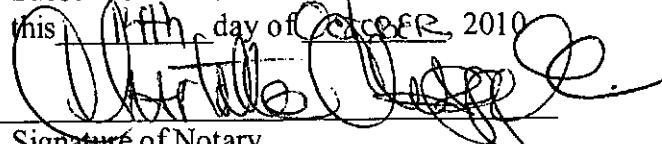
Sincerely,


Paul Crawford, M.D.

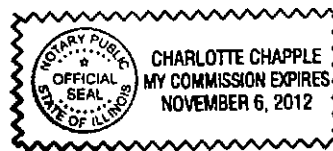
Notarization:

Subscribed and sworn to before me

this 10th day of October, 2010


Signature of Notary

Seal



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

Zip Code	Neighborhood	Pre ESRD Patients
60619	Chatham	117
60620	Chatham - Auburn	161
Total		278

The above 278* pre-ESRD patients live in the immediate Chatham neighborhood and would be referred to the Chatham facility. The only other facility in this neighborhood is Fresenius Medical Care Greenwood and is operating at capacity.

AIN also has an additional 174* pre-ESRD patients who live in the vicinity of Chatham and could likely be referred to the Chatham facility depending on where their home is located within each zip code area. Some of these patients could be referred to Fresenius Roseland or Ross-Englewood.

Zip Code	Neighborhood	Pre ESRD Patients
60621	Roseland	25
60636	Englewood	48
60643	Washington Heigh	101
Total		174

The result is a total of 340 pre ESRD patients who will be on dialysis within the first two years after Fresenius Chatham opens.

*It is likely that approximately 30% of the above mentioned pre-ESRD patients may no longer require dialysis services by the time the facility is operational. If this were the case there would still be 195 pre-ESRD patients to be referred to the Chatham facility and another 122 patients in the Chatham area who could be referred there.

NEW REFERRALS OF AIN FOR THE PAST TWELVE MONTHS
FOR SOUTH CHICAGO & SUBURBS
OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS S SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
60104				1					1
60409						2			2
60415	1								1
60445	1								1
60453	1		1						2
60477	1								1
60608			1						1
60609	1		1				1		3
60615					1		2		3
60616			1						1
60617						2			2
60617			2	2	1	26	4		35
60619							1		1
60619	4	2		2	1	2	5		16
60620	1				1				2
60620	5	2	2	2	3				14
60621		1	2		10				13
60624					1				1
60628	8	1	1	21	1	4	2		38
60629	2		3	1					6
60636		1	1						2
60636	1		3		2	1			7
60637						1			1
60637					5		2		7
60640	1								1
60643	2								2
60643	10			6					16
60644					1				1
60649						3			3
60649		2	1		1	2	10		16
60652	1						1		2
60653	1		1				1		3
60804							1		1
60805	2							1	3
60827	2			1					3
62702				1					1
Total	45	9	20	37	28	43	30	1	213

**HEMODIALYSIS PATIENTS OF AIN AT YEAR END 2007
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA**

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
44121	1							1
46320					1			1
46322					1			1
46324					1			1
46409	1							1
60130							1	1
60406	4				1			5
60409	4	1			1			6
60415		1						1
60419	4				2	1		7
60426	2				1			3
60428	1							1
60430		1						1
60438		1			1			2
60445	2				1	1		4
60453	3							3
60455	1		1					2
60457		1						1
60459						1		1
60465					1			1
60469	1							1
60472	1							1
60473	3							3
60478			1			1		2
60608			1		1			2
60609			4	1	5	2		12
60610			1					1
60612	1							1
60615	1		2		2	3	1	9
60616		1	2		2	2		7
60617	5	14	3		87	13		122
60618						1		1
60619	7	17		2	23	10		59
60620	39	7	10	3	10	7		76
60621	4	1	4	8	5	2	1	25
60624				1				1
60627	1	1			1			3
60628	37	7	5	6	28	20	1	104
60629	2	2	24	1	1			30
60632			7					7
60633			1		2			3
60636	6	2	15	3	3	1		30
60637	1	1	1		3	1		7
60638			1		1			2
60639	1							1
60643	32	1	3		3	6	4	49
60644						2		2
60645	1							1
60647					1			1
60649	3	4	2	1	12	19		41
60651						1		1
60652	7							7
60653	1	1	1		1			4
60655	1							1
60657					1			1
60658						1		1
60660			1					1
60803	3							3
60804			1					1
60805	3				1		1	5
60827	8	2			3	5		18
TOTAL	192	66	91	26	207	100	9	691

141

**HEMODIALYSIS PATIENTS OF AIN AT YEAR END 2008
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA**

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	FRESENIUS ROSELAND	TOTAL
46409	1								1
53704						1			1
55412				1					1
55422				1					1
60123						1			1
60130							1		1
60402					1				1
60406	4				1				5
60409	4	1			1				6
60415		1							1
60417								1	1
60419	4				2	1			7
60426	1				1				2
60428	1								1
60430		1							1
60438		1			1				2
60443	1								1
60445	1					1			2
60453	2								2
60455	1		2						3
60457		1							1
60465			1		1				2
60472	1								1
60473	5								5
60478			1			1			2
60482	1								1
60608					1				1
60609			4	2	3				9
60615	1		2		2	3			8
60616		1	2		2	1			6
60617	5	13	3	2	90	17			130
60618						1			1
60619	8	16	1	4	24	10			63
60620	44	8	9	11	13	6	1	1	93
60621	5	1	3	20	2	2	1	1	35
60622			1						1
60623			1						1
60624			1						1
60626				1					1
60627	1	1			1	1			4
60628	41	7	5	5	24	16	1	15	114
60629	2	2	23	1	1				29
60632			7						7
60633			1		1				2
60636	4	2	17	10	3	1			37
60637	2	2	1	2	3	2			12
60638			1		1				2
60639	1								1
60643	33	1	2	1	2	3	1	3	46
60644	1					1			2
60647		1			1	1			3
60648	1								1
60649	4	6	2	3	15	23			53
60652	5				1				6
60653	2	1	1	2	2				8
60655	2								2
60660			1						1
60803	2	1			1				4
60804			2		1				3
60805	3						1		4
60827	9	2		1	3	4		2	21
TOTAL	203	70	94	67	205	97	6	23	765

HEMODIALYSIS PATIENTS OF AIN AT YEAR END 2009
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
43211					1				1
44121	1								1
46561							1		1
60402						1			1
60406	3			1		1			5
60409	5	1				1			7
60411						2			2
60417		1		1					2
60419	4					2			6
60426	2					1			3
60428	1								1
60430		1	1						2
60438		1				1			2
60443	1			1					2
60445	1						1		2
60453	1			1	1				3
60455	1			2					3
60465				1					1
60471	1								1
60472	1								1
60473	4								4
60478				1			1		2
60482	1								1
60608							1		1
60609	2			2		1	3		8
60615	4			2		1	1	2	10
60616		1		2			1	1	5
60617	4	8		4		2	102	16	136
60619	8	20		2		4	24	8	66
60620	46	8		13	2	10	11	6	97
60621	5	1		2	1	21		1	32
60623				1				1	2
60624				1		1			2
60626						1			1
60627	1	1							2
60628	36	8		3	33	4	27	12	124
60629	1	1		26		3		2	34
60632				7		1			8
60633				1			2		3
60636	5	1		14		10	1		31
60637	3	3		1		2	4	1	14
60638							1		1
60639	1								1
60643	26	2		2	9	2	4	2	48
60644								1	1
60648	1								1
60649	4	8		3		1	13	28	57
60652	5						1	1	9
60653	3	1		2		1	2		9
60655	2								2
60660				1					1
60666	1								1
60803	1								1
60804				2					2
60805	3							1	4
60827	8	2			2	1	4	5	22
62702					1				1
TOTAL	197	69	97	51	68	211	90	8	791

HEMODIALYSIS PATIENTS OF AIN AT END OF 3RD QUARTER 2010
FOR SOUTH CHICAGO & SOUTH SUBURBAN AREA

ZIP CODE	FRESENIUS EVERGREEN PARK	FRESENIUS GREENWOOD	FRESENIUS MARQUETTE PARK	FRESENIUS ROSELAND	FRESENIUS ROSS - ENGLEWOOD	FRESENIUS SOUTH CHICAGO	FRESENIUS SOUTH SHORE	FRESENIUS SOUTHSIDE	TOTAL
46205	1								1
60104				1					1
60406	2								2
60409	7	1							8
60415	1								1
60417		1		1					2
60419	2						1		3
60426	1						1		2
60430		1							1
60438		1					1		2
60443	1								1
60445	2						1		3
60453	2				1				3
60455	1		2						3
60471					1				1
60472	1								1
60473	4								4
60477	1								1
60478			1				1		2
60482	1								1
60608			1			1			2
60609	2		2		1	2			7
60615	4				2	1	3		10
60616		1	1			1		2	5
60617	4	6	5	2	2	99	19		137
60619	8	20	2	2	3	22	9		66
60620	45	7	9	4	12	8	3		88
60621	4	1	4		19		1		29
60623			1						1
60624					1				1
60626					1				1
60627	1	2						1	4
60628	33	12	4	44	2	25	9	1	130
60629	3	2	29	2	2		3	1	42
60632			6						6
60633			1			2			3
60636	6	1	15		9	2			33
60637	2	2	2		6	6	3		21
60638						1			1
60639	1								1
60643	33	2	2	12	2	1	2	1	55
60644					1		1		2
60648	1								1
60649	5	9	3		2	16	32		67
60652	4					1	1		6
60653	3	1	2			1	1		8
60655	1								1
60666	1								1
60803	1						1		3
60804			2					4	7
60805	3								3
60827	6	2		3	1	2	4		18
TOTAL	198	72	94	71	68	194	94	10	801

144