

Original
10-093

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

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

Facility/Project Identification

DEC 30 2010

Facility Name:	Woodlawn Dialysis *	
Street Address:	4642 - 4658 South Drexel Boulevard	HEALTH FACILITIES &
City and Zip Code:	Chicago, Illinois 60653	SERVICES REVIEW BOARD
County:	Cook Health Service Area 6	Health Planning Area: 6

*Formerly known as University of Chicago - Woodlawn

Applicant /Co-Applicant Identification (PARENT)

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

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

Type of Ownership of Applicant/Co-Applicant

- | | |
|--|--|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| | <input type="checkbox"/> Other |
- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
 - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

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

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

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

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

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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City and Zip Code:	Chicago, Illinois 60653		
County:	Cook	Health Service Area	6
		Health Planning Area:	6

*Formerly known as University of Chicago - Woodlawn

Applicant /Co-Applicant Identification (OPERATING ENTITY)

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

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

Type of Ownership of Applicant/Co-Applicant

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

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

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

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

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:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	4642 S. Drexel, LLC
Address of Site Owner:	626 W. Jackson Blvd., Suite 650, Chicago, IL 60661
Street Address or Legal Description of Site:	4642 – 4658 S. Drexel Blvd., Chicago, Illinois 60653
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Total Renal Care Inc.		
Address:	601 Hawaii Street, El Segundo, California 90245		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements NOT APPLICABLE: NO 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)]

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive (Re-establish facility on new site.)</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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2. Narrative Description

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

DaVita Inc., the parent company, and Total Renal Care Inc., the operating entity, wish to discontinue Woodlawn Dialysis located at 1164 E. 55th Street in Chicago, Illinois (60615) as the lease on the facility expires December 31, 2011. The applicants wish to relocate the 20-station facility to 4642 – 4658 S. Drexel Blvd., about 1 ½ miles northwest of the current facility. The project would add twelve (12) stations resulting in a total 32 stations. The applicants would lease and modernize approximately 11,100 gross square feet (gsf) of existing space to be used solely for the in-center hemodialysis facility.

The project is in the schematic stage of design. See Attachment 14(1) for schematics. Modernization is expected to take fourteen (14) weeks, May 1, 2011 to August 15, 2011. The first patient treatment is anticipated to be on October 1, 2011.

The facility anticipates certification within nine (9) months of construction completion, by May 15, 2012. The project completion date is December 31, 2012.

The estimated total project cost is \$2,652,289, excluding the fair market value (FMV) of leased space of \$2,331,222.

TRC has signed a non-binding letter of intent (LOI) to lease the space (see Attachment 2.) The lease will be for fifteen (15) years, with two (2) five-year options to renew. The initial base lease is expected to be \$20.00/gsf triple net escalating at 3% per year.

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

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

Project Costs and Sources of Funds**WOODLAWN DIALYSIS**

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs (IDPH Review Fee estimate)	\$11,000	-	\$11,000
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	\$1,335,000	-	\$1,335,000
Contingencies (13.0%)	\$200,000	-	\$200,000
Architectural/Engineering Fees	\$110,000	-	\$110,000
Consulting and Other Fees	\$48,500	-	\$48,500
Movable or Other Equipment (not in construction contracts)	\$854,989	-	\$854,989
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space *	FMV \$2,331,222	-	FMV \$2,331,222
Other Costs To Be Capitalized (Utilities; Bldg Systems; Signs)	\$92,800	-	\$92,800
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$4,983,511	-	\$4,983,511
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,652,289	-	\$2,652,289
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value) *	FMV \$2,331,222	-	FMV \$2,331,222
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$4,983,511	-	\$4,983,511
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

* The fair market value (FMV) of the lease is \$210.02/gsf, the FMV of similar buildings in the area. Therefore, the 11,100 gsf in leased space has a FMV of \$2,331,222 (11,100 gsf X \$210.02 gsf.) (See Attachment 7B.)

Related Project Costs

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

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

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

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

Estimated start-up costs are **\$1,675,986, four month's operating expenses.**

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

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

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

- Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies (**Please see Attachment 2.**)
 Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits (**See following pages.**)

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

**DaVita Inc. Fire Region - Chicago Metropolitan Area
Compliance Checklist
4th Quarter - 2010**

<u>CON PROJECT</u>	<u>PERMIT/ DATE</u>	<u>PERMIT AMOUNT</u>	<u>D A T E S</u>		<u>ANNUAL PROG. REPORTS</u>	<u>PROJECT COMPLETION</u>
			<u>OBLIGATION</u>	<u>UPON PERMIT ISSUANCE</u>		
RLL Inc. d/b/a Beverly Dialysis	#08-067 11/5/08	\$2,738,465	Upon Permit Issuance		Sent 11/10/09 and in compliance	1/15/2011 COMMENTS Completion To send 12/17/10
TRC Inc. d/b/a West Lawn Dialysis	#08-100 3/10/09	\$1,888,441	Obligated 5/29/09 State rec'd 6/23/09		Sent March 31, 2010 Due Feb. 10 - April 10 Each year!	12/31/11 Permit Renewal Approved Nov. 10, 2010
TRC Inc. d/b/a	#09-036	\$2,472,632	By July 12, 2011		Dec. 12- February 12	6/30/11 Site in negotiation
TRC Inc. d/b/a Palos Park Dialysis	#09-055 1/12/10	\$2,657,248	By June 1, 2011		Dec. 12- February 12	8/31/11 Project may need Permit Renewal
TRC Inc. d/b/a Grand Crossing Dialysis	#10-004 6/8/10	\$2,169,191	October 5, 2010 Letter Sent (10/20/10)		May 9 - July 8	12/31/11 Obligation letter sent 12/14/10
<u>UCMC CHOWS</u> TRC Inc. d/b/a: Stony Island	7/27/10 #10-025	\$15,270,945	By 6/30/2011		Corrected Project Completion sent to the State Agency.	6/30/11
TRC Inc. d/b/a Crystal Springs Dialysis	#10-047 10/26/10	\$2,777,372	By April 26, 2012		Sept 26 - Nov 26	12/31/12 Stipulation Letter accepted 10/26/10
TRC Inc. d/b/a Cobblestone Dialysis	#10-058 12/14/10	\$2,556,734	By June 14, 2012		Nov 14 - Jan 14	12/31/12

8

Comments:

Beverly Dialysis: The project is under budget. First patient was treated December 7, 2009. Facility is now certified. Final realized project costs assembled and to be sent December 17, 2010.

West Lawn Dialysis: The project is under budget. First patient was treated on March 8, 2010. Facility's certification papers expired. Permit Renewal for one year (Dec. 31, 2011) approved November 10, 2010. Annual Progress Report due between Feb. 10 and April 10, 2011.

Barrington Creek: Foreclosure issues holding up lease negotiations. Annual Progress Report is due between Dec. 12th and Feb. 12th.

Palos Park: Obligation Letter sent 6/30/10. Project is under bid. New timeline expects construction to end in April 2011 and 1st patient treatment June 1, 2011. We may need to file a Permit Renewal as certification is needed before project completion can be awarded. CON completion date is 8/31/11. Therefore, we should consider filing a permit renewal request in around Memorial Day but no later than July 1, 2011. Annual Progress Report is due between Dec. 12th and Feb. 12th.

Grand Crossing: Working drawings are finalized. Obligation letter sent to State Agency 10/20/10; obligation occurred on 10/5/10. Project is out to bid and permits are expected by January 17, 2011. New timeline shows construction to commence Feb. 1, 2011 and 1st patient treatment by July 1, 2011.

UCMC CHOWs:

Stony Island CON completed and corrected Notice of Project Completion and Report of Final Project Cost sent to State Agency. Project was obligated on 8/3/10, at the time the APA was signed.

Crystal Springs Dialysis: CON permit granted 10/26/10 with two stipulations: (1) No change in stations for two years following project completion and (2) documentation that Da Vita's operating divisions are aware of each other's CON activities to avert future confusion. Lease not yet finalized.

Notes on Compliance:

- "Obligation" is a binding commitment to spend at least 1/3 of the total project cost. Obligation is accomplished by signing the lease or the major construction documents, whichever commits to spend 1/3 of the total project cost first.
- Obligation must be achieved within 12 - 18 months of CON issuance, depending on the project cost.
- Letter of Obligation must be sent to State Agency within 30 days of signing the obligation documents.
- CONs must be completed in the time specified in the CON application unless the project receives a permit renewal, filed at least 45 days before the permit expires. There appears to be no provision for renewal of a COE which expires 12 months from date of issue.
- CON project costs cannot exceed the amount granted without prior IHFPB approval of an alteration.
- Line items in the CON project costs (i.e. construction/contingency, equipment, and A/E fees) can exceed their individual CON amounts as long as the total project cost does not exceed the permit amount without prior IHFPB approval of an alteration.

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

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

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

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

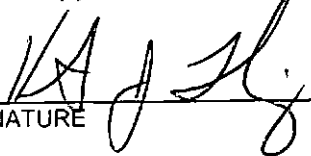
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal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

CERTIFICATION

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


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

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



SIGNATURE
Kent J. Thiry

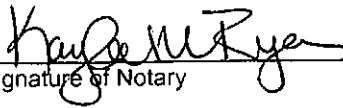
Chairman & CEO



SIGNATURE
Dennis L. Kogod

Chief Operating Officer

Notarization:
Subscribed and sworn to before me
this 23rd day of August, 2010.



Signature of Notary
Seal

KAYLA M RYAN
NOTARY PUBLIC
STATE OF COLORADO
MY COMMISSION EXPIRES 5/23/2011

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

~~_____
Signature of Notary
Seal~~

PLEASE SEE ATTACHED FORM

*Insert EXACT legal name of the applicant

Jurat

State of California

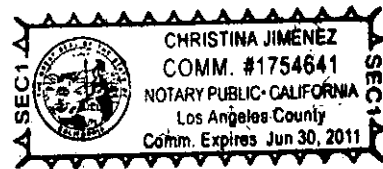
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 13 day of AUGUST,
2010 by DENNIS L. KOGOD

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Christina Jimenez
Signature

(Notary seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

APPLICATION FOR PERMIT CERTIFICATION
(Title or description of attached document)

FOR WOODLAWN DIALYSIS - DAVITA INC.
(Title or description of attached document)

Number of Pages 1 Document Date 8/13/10

(Additional information)

INSTRUCTIONS FOR COMPLETING THIS FORM

The wording of all Jurats completed in California after January 1, 2008 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

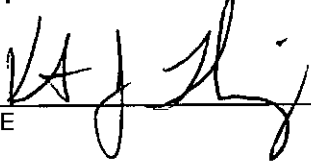
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document

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



SIGNATURE
Kent J. Thiry

PRINTED NAME
Chairman & CEO

PRINTED TITLE

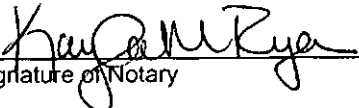


SIGNATURE
Dennis L. Kodod

PRINTED NAME
Chief Operating Officer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23rd day of August, 2010.



Signature of Notary

Seal



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

~~_____
Signature of Notary~~

~~Seal~~

PLEASE SEE ATTACHED FORM

*Insert EXACT legal name of the applicant

Jurat

State of California

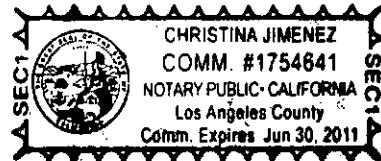
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 13 day of AUGUST,
20 10, by DENNIS L. KOGOD

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Christina Jimenez
Signature

(Notary seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

APPLICATION FOR PERMIT CERTIFICATION
(Title or description of attached document)

FOR WOODLAWN DIALYSIS - TOTAL RENAL CARE INC.
(Title or description of attached document continued)

Number of Pages 1 Document Date 8/13/10

(Additional information)

INSTRUCTIONS FOR COMPLETING THIS FORM

The wording of all Jurats completed in California after January 1, 2008 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused, or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document

SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

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	20	32

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>\$2,652,289</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	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.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>FMV of Lease</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
<u>\$2,331,222</u>	<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.
_____	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;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$4,983,511</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 **SEE ATTACHMENT 40**

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility SEE ATTACHMENTS 42 – 42(5)

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD	-	\$120.27	-	-	11,100	-	-	\$1,335,000	\$1,335,000
Contingency	-	\$18.02	-	-	-	-	-	\$200,000	\$200,000
TOTALS	-	\$138.29	-	-	11,100	-	-	\$1,535,000	\$1,535,000

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

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

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

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

INDEX OF ATTACHMENTS WOODLAWN DIALYSIS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification Certificate of Good Standing	29 - 32
2	Site Ownership	33 - 93
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	94
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	95 - 101
5	Flood Plain Requirements Project involves no new construction.	N/A
6	Historic Preservation Act Requirements	102
7	Project and Sources of Funds Itemization	103 - 108
8	Obligation Document if required See Attachment 2	above
9	Cost Space Requirements	109
10	Discontinuation	110 - 116
11	Background of the Applicant	117 - 138
12	Purpose of the Project	139 - 154
13	Alternatives to the Project	155 - 160
14	Size of the Project	161 - 162
15	Project Service Utilization Project Project has target utilization standards.	163 - 166
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	167 - 243
27	Non-Hospital Based Ambulatory Surgery	-
28	General Long Term Care	-
29	Specialized Long Term Care	-
30	Selected Organ Transplantation	-
31	Kidney Transplantation	-
32	Sub-acute Care Hospital Model	-
33	Post Surgical Recovery Care Center	-
34	Children's Community-Based Health Care Center	-
35	Community-Based Residential Rehabilitation Center	-
36	Long Term Acute Care Hospital	-
37	Clinical Service Areas Other than Categories of Service	-
38	Freestanding Emergency Center Medical Services	-
	Financial and Economic Feasibility:	
39	Availability of Funds	244 - 253
40	Financial Waiver	254
41	Financial Viability The project qualifies for a financial waiver.	N/A
42	Economic Feasibility	255 - 268
43	Safety Net Impact Statement	269 - 274
44	Charity Care Information	275
APPENDIX 1	Map Quest documentation of facilities within 45 minutes of current site	276 - 452
APPENDIX 2	Request for impact statement documentation	453 - 651
APPENDIX 3	Physician Credentials and Licenses	652 - 662
APPENDIX 4	Map Quest documentation of facilities within 30 minutes of new site	663 - 794

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Woodlawn Dialysis *		
Street Address:	4642 – 4658 South Drexel Boulevard		
City and Zip Code:	Chicago, Illinois 60653		
County:	Cook	Health Service Area	6
		Health Planning Area:	6

*Formerly known as University of Chicago - Woodlawn

Applicant /Co-Applicant Identification (PARENT)

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

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

Type of Ownership of Applicant/Co-Applicant

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

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

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

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

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

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

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Woodlawn Dialysis *		
Street Address:	4642 - 4658 South Drexel Boulevard		
City and Zip Code:	Chicago, Illinois 60653		
County:	Cook	Health Service Area	6
		Health Planning Area:	6

*Formerly known as University of Chicago - Woodlawn

Applicant /Co-Applicant Identification (OPERATING ENTITY)

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

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

Type of Ownership of Applicant/Co-Applicant

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

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact

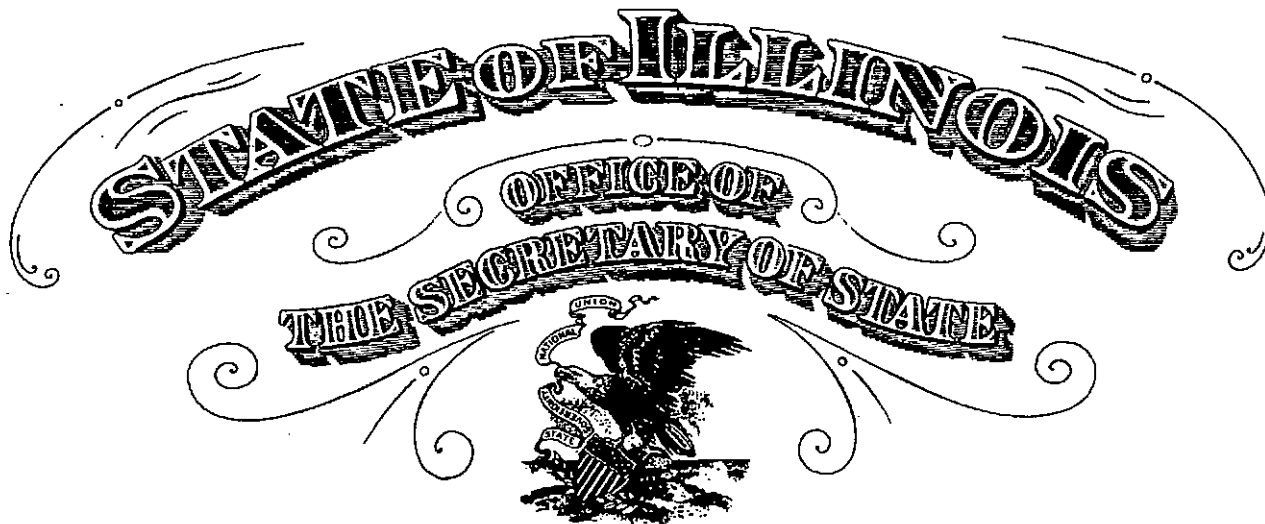
[Person to receive all correspondence or inquiries during the review period]

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

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

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



To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1004202498

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

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

Jesse White

SECRETARY OF STATE

Delaware

PAGE 1

The First State

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

2391269 8300

100141076

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7811432

DATE: 02-15-10

LEASE AGREEMENT

BY AND BETWEEN

4646 S. DREXEL, LLC ("LESSOR")

AND

TOTAL RENAL CARE, INC. ("LESSEE")

Dated: December __, 2010

Please refer to Page 1 of the lease for the "CON contingency clause."

TABLE OF CONTENTS

1. TERM
2. RENT
3. RENT ADJUSTMENTS
4. RENEWALS
5. CONDITION OF PREMISES
6. USE OF PREMISES
7. ASSIGNMENT/SUBLETTING
8. OPERATING EXPENSES AND UTILITIES
9. ALTERATIONS/SIGNAGE
10. ENVIRONMENTAL
11. DAMAGE TO PREMISES BY FIRE OR CASUALTY
12. EMINENT DOMAIN
13. RIGHT OF ENTRY BY LESSOR
14. INDEMNITY
15. DEFAULT AND REMEDIES
16. INSURANCE
17. SUBROGATION
18. REPAIRS AND MAINTENANCE
19. BROKERS
20. EMERGENCY
21. TITLE AND PARKING
22. COMPLIANCE WITH LAWS
23. RIGHT OF FIRST OPTION ON ADJACENT PREMISES
24. LESSEE TO SUBORDINATE
25. QUIET ENJOYMENT
26. MEMORANDUM OF LEASE

27. NOTICES
 28. ESTOPPEL CERTIFICATE
 29. HOLDING OVER
 30. BINDING EFFECT
 31. COMPLETE AGREEMENT
 32. SEVERABILITY
 33. APPLICABLE LAW
 34. FORCE MAJEURE
 35. AMENDMENT
 36. LESSEE IMPROVEMENTS
 37. LESSOR'S WORK
 38. LESSOR'S SALE OF THE BUILDING
 39. LESSEE'S SATELLITE AND CABLE RIGHTS
 40. REGULATORY COMPLIANCE
 41. COOPERATION WITH LESSEE'S COST REPORTING RESPONSIBILITIES
 42. PROTECTED HEALTH INFORMATION
 43. LESSOR'S CONSENT
 44. APPROVAL BY DAVITA INC. AS TO FORM
 45. COUNTERPARTS
 46. GUARANTY
 47. FINANCIAL STATEMENTS
 48. CONTINGENCY
- EXHIBIT A - BUILDING SITE PLAN
- EXHIBIT B- PREMISES FLOOR PLAN
- EXHIBIT C- FORM OF COMMENCEMENT DATE MEMORANDUM
- EXHIBIT D- FORM W-9
- EXHIBIT E- FORM OF SUBORDINATION, NON-DISTURBANCE, AND ATTORNMENMENT AGREEMENT

EXHIBIT F- FORM OF ESTOPPEL CERTIFICATE

EXHIBIT G- LESSOR'S WORK

EXHIBIT H- GUARANTY

EXHIBIT I - PERMITTED ENCUMBRANCES

SUMMARY OF LEASE INFORMATION

Possession Date: See Section 1
Commencement Date: See Section 1
Termination Date: See Section 1
Lessor: 4646 S. Drexel, LLC, an Illinois limited liability company
Address of Lessor: c/o Sterling Bay Companies, LLC
626 West Jackson Boulevard, Suite 650
Chicago, Illinois 60661
Lessee: Total Renal Care, Inc., a California corporation
Address of Lessee: c/o DaVita Inc.
601 Hawaii Street
El Segundo, CA 90245
Attn: General Counsel
Premises Address: 4650 S. Drexel Boulevard, Chicago, Illinois
Premises Rentable Area: approximately 11,100 square feet
Building Rentable Area: approximately 11,100 square feet
Initial Monthly Base Rent: \$18,500.00
Lessee's Proportionate Share: 100%

THIS LEASE AGREEMENT (the "Lease"), made and entered into this ____ day of December, 2010, by and between **4646 S. DREXEL, LLC**, an Illinois limited liability company (hereinafter called "Lessor"), and **TOTAL RENAL CARE, INC.**, a California corporation (hereinafter called the "Lessee").

WITNESSETH:

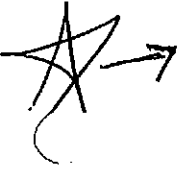
WHEREAS, the Lessor desires to demise, lease and rent unto Lessee, and the Lessee desires to rent and lease from Lessor space located at 4650 S. Drexel Boulevard, Chicago, Illinois, as more particularly described on Exhibit A (the "Building"), together with all improvements thereon and appurtenant rights thereto including, without limitation, parking areas, easements, declarations and rights of way; and

WHEREAS, Lessee shall lease and occupy the entire Building consisting of approximately Eleven Thousand One Hundred (11,100) rentable square feet (collectively, the "Premises") as more fully depicted on the floor plan attached hereto as Exhibit B.

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

1. Term. This Lease shall be effective upon full execution and delivery (the "Effective Date"). Lessor shall deliver possession of the Premises to Lessee upon substantial completion of the Lessor's Work (as defined in Section 37) (such date being referred to herein as the "Possession Date"). In the event the Possession Date does not occur within One Hundred Twenty (120) days following the Effective Date, Lessee may elect to terminate this Lease by written notice to Lessor.

The term of the Lease shall be for One Hundred Eighty (180) months ("Term") and shall commence upon the earlier of the occurrence of the following two events (the "Commencement Date"): (i) the last day of the seventh (7th) month following the Possession Date; or (ii) that date that Lessee obtains all necessary licenses and permits necessary to conduct its business in the Premises, including, but not limited to, the certificate of occupancy from the City and State in which the Premises is located. The expiration date of the Term of the Lease shall be One Hundred Eighty (180) months following the Commencement Date (as the same may be extended the "Termination Date"), unless renewed as hereinafter provided. Each twelve (12) month period beginning on the Commencement Date or any anniversary thereof shall hereinafter be called a "Lease Year." Upon determination of the Possession Date and Commencement Date, Lessor shall execute and forward a memorandum in the form attached hereto as Exhibit C to Lessee for Lessee's approval and execution.

 Notwithstanding any other provision herein, this Lease shall be contingent upon Lessee's receipt of the Certificate of Need from the Illinois Department of Health (the "CON") and neither the Term of this Lease nor the accrual of any obligation to pay Rent shall commence until Lessee

has obtained a final unappealable CON. Lessee shall use reasonable efforts to obtain such unappealable CON. In the event that Lessee has not obtained a final unappealable CON on or before March 31, 2011, Lessee may terminate this Lease by providing Lessor with written notice and the parties hereto shall be released from all liability hereunder.

Further, notwithstanding any other provision herein, the obligations of Lessee under this Lease are conditioned upon Lessor acquiring a fee title to the Premises free from any liens or encumbrances other than Permitted Encumbrances set forth on Exhibit I ("Contingency"). At such time as Lessor has satisfied the Contingency, Lessor shall provide Lessee with a written notice indicating that the Contingency has been satisfied and, upon Lessee's request, provide documents evidencing the same. Lessor agrees to use all reasonable efforts to satisfy the Contingency. If the foregoing Contingency has not been unconditionally satisfied for any reason on or before March 1, 2011, then either party may terminate this Lease by written notice delivered to the other any time prior to the satisfaction of the Contingency, and thereafter this Lease will automatically terminate and neither party shall have any obligations hereunder; provided, however, in the event Lessor determines that it shall not proceed with the acquisition of the Premises, prior to terminating its purchase agreement for the Premises, it shall first provide written notice of its intent to terminate such agreement to Lessee. Lessee shall then have five (5) business days to elect to assume Lessor's interest to acquire the Premises under the purchase agreement directly or through another assignee designated by Lessee at the time of election by notifying Lessor of same in writing within such five (5) business days period. In the event Lessee does not notify Lessor within such five (5) business day period, such right to assume Lessor's interest shall be of no further force or effect.

2. Rent. Beginning on the Commencement Date, Lessee agrees to pay as an initial annual base rent ("Rent") of Two Hundred Twenty-Two Thousand and No/100 Dollars (\$222,000.00) based on a Twenty and No/100 (\$20.00) per rentable square foot amount. Beginning on the Commencement Date, Lessee shall pay Rent in the amount of Eighteen Thousand Five Hundred and No/100 (\$18,500.00) per month in advance on the first day of each calendar month during the Term, such monthly installment to be prorated for any partial calendar month in which the Commencement Date or Termination Date shall occur. The Rent shall be adjusted in accordance with the provisions of Section 3. All amounts (unless otherwise provided herein) other than the Rent and the adjustments thereto described in Section 3 hereof owed by Lessee to Lessor hereunder shall be deemed additional rent. Prior to the Commencement Date, Lessor shall complete and deliver to Lessee a Form W-9 - Request for Taxpayer Identification and Certification in the form attached hereto as Exhibit D.

Actual square footage for the Premises will be determined with all measurements computed in accordance with BOMA method of floor measurement. Lessee may elect to have the space measured prior to the Commencement Date. If the square footage is found to be greater or less than the square footage shown in this Lease, Rent and other provisions of this Lease which are based on rentable area shall be adjusted accordingly.

Except as otherwise provided in this Lease, it is the intention of the parties that Lessor shall receive the rents, additional rents, and all sums payable by Lessee under this Lease free of

all taxes, expenses, charges, damages and deductions of any nature whatsoever (except as otherwise provided hereinafter) and Lessee covenants and agrees to pay all sums (including rent taxes) which except for this Lease would have been chargeable against the Premises and payable by Lessor. Lessee shall, however, be under no obligation to pay principal or interest on any mortgage on the fee of the Premises, penalties or interest for late or partial payment nor any income, franchise, margin, inheritance, estate, transfer, excise, gift or capital gain taxes, that are or may be payable by Lessor or that may be imposed against Lessor or against the rents payable hereunder, or succession tax by reason of any present, future or retroactive law which may be enacted during the Term of this Lease.

3. Rent Adjustments. Beginning on the 1st anniversary of the Commencement Date and continuing on every subsequent anniversary of the Commencement Date, the Rent shall be increased by three percent (3%) annually over the Rent for the prior Lease Year.

4. Renewals. Lessee shall have the right and option to renew this Lease for two (2) additional periods of five (5) years each, next immediately ensuing after the expiration of the initial Term of this Lease and the subsequent renewal periods by notifying Lessor in writing not more than twenty-four (24) months and not less than six (6) months before the expiration of the immediately preceding initial Term or subsequent renewal Term of this Lease of Lessee's intention to exercise its option to renew. In the event Lessee fails to provide a renewal notice before such six (6) month period, Lessor shall notify Lessee in writing within ninety (90) days prior to expiration of the then existing Term of Lessee's option to extend the Lease. Lessee shall then have a thirty (30) day period to exercise its right of renewal. In the event that Lessee so elects to extend this Lease, then, for such extended period of the Term, all of the terms, covenants and conditions of this Lease shall continue to be, and shall be, in full force and effect during such extended period of the Term hereof, except for the Rent.

The Rent for any such extended period shall be the greater of:

(i) the sum of (i) the Rent payable for the preceding Lease Year and (ii) the Rent payable for the preceding Lease Year multiplied by the percentage of increase (as increased by previous rent adjustments) payable for the preceding Lease Year multiplied by the percentage of increase by which the CPI in such succeeding year exceeds the CPI for the immediately preceding year, provided, however, that in no event shall the Rent be increased by more than three percent (3%) over the Rent for the previous Lease Year.

The term "CPI" means the Consumer Price Index-U.S. City Averages for All Urban Consumers - All Items (1982-84=100), of the United States Bureau of Labor Statistics. The CPI for any Lease year shall be determined by averaging the monthly All Items indices for that Lease year. If the Bureau of Labor Statistics revises the manner in which such CPI is determined, Landlord may adjust the revised index to produce results equivalent, as nearly as possible, to those which would have been obtained if the CPI had not been so revised. If the 1982-84 average shall no longer be used as an index of 100, such change shall constitute a revision. If the CPI shall become unavailable to the public because publication is discontinued, or otherwise, Landlord will substitute therefor a comparable index based upon changes in the cost of living or

purchasing power of the consumer dollar published by any other governmental agency or, if no such index shall be available then a comparable index published by a major bank or other financial institution; and

(ii) the Rent during the last Lease Year in the initial Term or subsequent renewal Term increased by two percent (2%) annually.

5. Condition of Premises. Lessor warrants to Lessee for a period of one (1) year after the Commencement Date, that the existing systems and equipment constituting a part of the Premises, will be in good order and condition, ordinary wear and tear excepted. Lessee shall give written notice to Lessor within such one (1) year period of any existing condition with the existing systems and equipment of the Premises which Lessee reasonably determines to be defective or other than as represented by Lessor herein. Lessor will, upon receipt of such notice from Lessee, repair such defective condition at Lessor's cost and expense.

6. Use of Premises. Lessee may exclusively occupy and use the Premises during the Term for purposes of the operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related, and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Lessee (the "Permitted Use"), or for any other lawful purpose(s). Lessee may operate during such days and hours as Lessee may determine, without the imposition of minimum or maximum hours of operation by Lessor and Lessee shall have full-time access to the Premises, and may operate, up to twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year.

Lessor shall not sell, rent or permit any property owned, leased or controlled by Lessor or any affiliate of Lessor within a radius of two (2) miles from the Premises to be occupied or used by a business that derives more than ten percent (10%) of its revenues from renal dialysis, renal dialysis home training, any aphaeresis service(s) or similar blood separation or cell collection procedures, except services involving the collection of blood or blood components from volunteer donors. Lessor shall not display or permit to be displayed upon any such property within said radius any advertisement for any such business other than Lessee's advertisement(s) for Lessee's business(es). Lessor further covenants that in any lease, deed or other agreement hereafter executed by Lessor affecting any property owned, leased or controlled by Lessor within such radius, Lessor will insert a restrictive clause preventing such property from being used for any purposes herein prohibited. This terms and conditions of this paragraph shall expire concurrently with the termination or expiration of this Lease.

Should Lessor lease space within the Building to any tenant that materially impairs Lessee's ability to use the Premises for the Permitted Use, including but not limited to any business that involves loud noises, strong food or chemical odors, or is otherwise a nuisance, and the disruption continues for in excess of thirty (30) days after notice to Lessor from Lessee, if Lessor is not diligently pursuing a cure for a period not to exceed an additional ninety (90) days from the date of such notice from Lessee, Lessee shall have the right to terminate this Lease upon

sixty (60) days' written notice specifying the effective date of Lessee's termination, and Lessor shall reimburse Lessee's unamortized leasehold improvement costs.

Lessor hereby acknowledges that in order to provide a continuum of care to Lessee's patients, Lessee may delay the effective date of Lessee's termination of this Lease under any provision of the Lease giving Lessee the right to terminate until such time as Lessee has established an alternative location for the treatment of Lessee's patients and any such delay shall not operate as a waiver of Lessee's termination rights. During any such period, Lessee shall pay to Lessor the holdover Rent set forth in Section 29 hereof.

7. Assignment/Subletting. Lessee shall not assign this Lease, or sublet the Premises, or any part thereof, without Lessor's prior written consent which consent shall not be unreasonably withheld, conditioned or delayed. Prior to any sublease or assignment, Lessee shall first notify Lessor in writing of its election to sublease all or a portion of the Premises or to assign this Lease or any interest thereunder. At any time within thirty (30) days after service of said notice, Lessor shall notify Lessee that it consents or refuses to consent to the sublease or assignment. A failure by Lessor to respond within such thirty (30) day period shall be deemed to be a consent.

Lessor shall not have the right to recapture any sublease or assignment space. Any denial of such sublease or assignment by Lessor as hereinabove provided must be predicated upon a commercially reasonable basis for such denial. Lessee shall pay Lessor 50% of all Rent and other consideration which Lessee receives as a result of a sublease or assignment that is in excess of the Rent and all other amounts payable to Lessor for the portion of the Premises and Term covered by such sublease or assignment after deducting all reasonable costs incurred by Lessee in connection with the space subject to such sublease or assignment, as further described below ("**Excess Rent**"). "Excess Rent," for a sublease or assignment, shall mean for any period the excess of (i) the sum of all annual rent, additional rent, insurance, taxes, utilities, and operating expenses, and other charges paid to Lessee under any sublease in such period over (ii) the sum of (A) all Rent, and all additional rent due from Lessee under Section 8 here of and all other charges payable to Lessor under this Lease with respect to the space covered by such sublease or assignment in such period, plus (B) reasonable costs and inducements incurred by Lessee in such period in entering into such sublease or assignment, including, without limitation, marketing expenses, rent abatement, brokerage fees, attorneys' fees and all costs and expenses of demolition, alteration or construction of improvements in the space covered by such sublease or assignment.

Notwithstanding the foregoing, no consent of Lessor is required for Lessee to assign or otherwise transfer (by operation of law or otherwise) this Lease or any of its rights hereunder to: (a) any person, corporation, partnership or other entity which acquires all or substantially all of the business or assets of Lessee or stock in Lessee; (b) any person, corporation, partnership or other entity which controls, is controlled by or is under common control with Lessee; (c) any affiliate (within the meaning of such term as set forth in Rule 501 of Regulation D under the Federal Securities Act of 1933) of Lessee; or (d) any physician, person, corporation, partnership

or other entity subleasing a portion of the Premises for purposes consistent with Lessee's Permitted Use.

No such assignment or other transfer, in whole or in part, of any Lessee's rights or obligations under this Lease shall be or operate as a release of Lessee hereunder and Lessee shall remain responsible for performing Lessee's obligations hereunder should Lessee's assignee or transferee fail to perform any such obligations, unless specifically provided otherwise by Lessor in writing.

8. Operating Expenses and Utilities.

(a) Lessee shall pay "Lessee's Proportionate Share" (as defined herein) of all Taxes (as defined below), common area maintenance charges for the Building ("CAM Charges") and insurance premiums for the Building ("Insurance"), in advance, in equal monthly installments at the time of the payment of Rent, based on Lessor's estimate of the Taxes, CAM Charges and Insurance for the calendar year in question (which estimate may be revised by Lessor from time to time). For reference purposes, Taxes, CAM Charges and Insurance are collectively referred to as the "Operating Expenses" for the Building and Premises. Promptly after the actual Operating Expenses for a calendar year are determined by Lessor, Lessor shall provide Lessee with a statement of such actual Operating Expenses for such calendar year and Lessee, within 30 days, shall pay to Lessor any deficiency, which obligation shall survive the expiration or termination of this Lease. If such statement shows an overpayment by Lessee, then any surplus paid by Lessee shall be credited to Lessee's next monthly installment of Operating Expenses or, if this Lease has expired or been terminated for reasons other than Lessee's breach or default, be paid to Lessee within 30 days of the end of the Term.

"Taxes" shall mean real property taxes, public charges and assessments assessed or imposed upon the Building, provided, however, that any one time (as opposed to on-going) special assessments for public improvements having a useful economic life exceeding the remaining term of this Lease shall be prorated between Lessor and Lessee using a straight-line method, based on the proportion of that economic life falling within the remaining term of the Lease. Taxes shall not include any penalties or interest for late or partial payment nor any income, franchise, margin, inheritance, estate, transfer, excise, gift or capital gain taxes, that are or may be payable by Lessor or that may be imposed against Lessor or against the rents payable hereunder. Lessor shall take advantage of any savings in Taxes that may be achieved by early payment or payment in installments. Should Lessor choose not to contest any Taxes, Lessee shall have the right to contest the Taxes in Lessor's name and with Lessor's reasonable cooperation, at no expense to Lessor. Lessor, at Lessee's sole expense, shall join in any such contestation proceedings if any Law shall so require.

"Lessee's Proportionate Share" is the quotient obtained by dividing the Premises Rentable Area by the Building Rentable Area. Lessee's Proportionate Share as of the Commencement Date will be 100%. Lessee's Proportionate Share shall be adjusted in the event the Building Rentable Area increases at any time. Lessor represents that the Building Rentable Area has been

determined without reference to whether such area is actually leased, leasable, occupable or occupied.

(b) Lessee's Proportionate Share of initial Operating Expenses is estimated at \$8.00 per square foot per annum. Thereafter, the "Controllable Operating Expenses" portion of Lessee's Operating Expenses shall not increase by more than three percent (3%) over the previous Lease Year "Controllable Operating Expenses", on a non-cumulative basis. "Controllable Operating Expenses" shall mean only those items included in Operating Expenses where the cost or expense thereof shall be within the reasonable ability of Lessor to control. Specifically excluded from Controllable Operating Expenses, without limitation, are the costs and expenses of Taxes, Insurance, and utilities for the Building.

(c) Lessee shall pay the net cost (after applying any discounts or incentives) all utilities and other services necessary in the operation of the Premises, including but not be limited to, gas, fuel oil, electrical, telephone and other utility charges. The Premises shall be separately metered for all utilities, including gas, water and electricity.

(d) Lessor shall make available at the Building or other designated place near the Premises, true and accurate records of items that constitute Operating Expenses. Such records shall be open for inspection from time to time by Lessee or its duly authorized representative for a period of one (1) year after the close of each calendar year. If any audit of Lessor's submitted reports shall disclose an overcharge, Lessor shall promptly pay to Lessee, within thirty (30) days, the amount of such overcharge, and if such audit discloses an overcharge of more than five percent (5%), Lessor shall reimburse Lessee its actual costs incurred in connection with such audit.

(e) All sums (other than the Rent) which may be due and payable under this Lease shall be deemed to be additional rent hereunder and in the event that Rent shall be prorated or shall abate pursuant to the terms of this Lease then such additional rent shall be prorated or abate to the same extent and in the same manner, unless otherwise specifically provided for in this Lease.

(f) Lessor appoints Lessee the attorney-in-fact of Lessor solely and exclusively for the purpose of making all payments to be made by Lessee pursuant to any of the provisions of this Lease to persons other than Lessor. In case any person to whom any sum is directly payable by Lessee under any of the provisions of this Lease shall refuse to accept payment of such sum from Lessee, Lessee shall thereupon give written notice of such fact to Lessor and shall pay such sum directly to Lessor, who shall thereupon pay such sum to such person.

(g) Notwithstanding the foregoing, the term "Operating Expenses" does not include the following: (i) depreciation of the Building, and all equipment, fixtures, improvements and facilities used in connection therewith; (ii) payments of principal, interest, loan fees, penalties, attorney's fees or amortization relating to any debt Lessor may have incurred or will incur in the future relating to the ownership, operating and maintenance of the Building; (iii) the cost of leasehold improvements, including redecorating or otherwise improving, painting, decorating or

redecorating space or vacant space for other lessees of the Building, except in connection with general maintenance of the Building; (iv) cost of any "tap fees" or any sewer or water connection fees for the benefit of any lessees in the Building; (v) fees and expenses (including legal and brokerage fees, advertising, marketing and promotional costs) paid by Lessor in connection with the lease of any space within the Building, including subleasing and assignments for lessees other than Lessee; (vi) any validated parking for any entity; (vii) all costs incurred by Lessor in connection with any negotiations or disputes and/or litigation with lessees or occupants within the Building or prospective lessees of the Building; (viii) expenses or costs incurred by Lessor relating to any violation by Lessor or any other lessee of the terms and conditions of any law or any lease covering the Building; (ix) the cost of any work or service performed for any lessee in the Building (other than Lessee) to a materially greater extent or in a materially more favorable manner than that furnished generally to lessees (including Lessee) in the Building; (x) the cost of any repair or replacement which would be required to be capitalized under generally accepted accounting principles, including without limitation the cost of renting any equipment or materials, which cost would be so capitalized if the equipment or materials were purchased, not rented, provided, however, that any such repair or replacement made to the Building which is performed primarily to reduce Operating Expenses or otherwise improve the operating efficiency of the Building shall be included in Operating Expenses, and the cost of capital improvements shall be amortized over the period reasonably estimated by Lessor for the cost savings resulting from such capital improvement to equal the total cost of the capital improvement; (xi) the costs and expenses of any item included in Operating Expenses to the extent that Lessor is actually reimbursed for such cost by an insurance company, a condemning authority, another lessee or any other party; (xii) payments of ground rents and related sums pursuant to a ground lease in favor of a ground lessor; (xiii) wages, salaries or other compensation paid to any employees at or above the grade of building manager; (xiv) Lessor's general overhead and administrative expenses which are not chargeable to Operating Expenses of the Building or the equipment, fixtures and facilities used in connection with the Building, in accordance with generally accepted accounting principles, including salaries and expenses of Lessor's executive officers; (xv) the cost of correcting defects (latent or otherwise) in the construction of the Building or in the Building equipment, except that conditions (other than construction defects) resulting from ordinary wear and tear shall not be considered defects for purposes hereof; (xvi) the cost of installing, operating and maintaining any specialty service (e.g., observatory, broadcasting facility, luncheon club, retail stores, newsstands or recreational club); (xvii) any expenses incurred by Lessor for the use of any portions of the Building to accommodate events, including but not limited to shows, promotions, kiosks, displays, filming, photography, private events or parties, ceremonies and advertising beyond the normal expenses otherwise attributable solely to Building services, such as lighting and HVAC to such public portions of the Building in normal operations during standard Building hours of operation; (xviii) any costs representing an amount paid to an entity related to Lessor which is in excess of the commercially reasonable amount which would have been paid absent such relationship; (xix) any entertainment, dining, or travel expenses of Lessor for any purpose, other than reasonable travel expenses to provide appropriate services to Lessee or the Building pursuant to the terms and conditions of this Lease; (xx) costs related to maintaining Lessor's existence, either as a corporation, partnership, or other entity; (xxi) any expenses for repairs or maintenance to the extent covered by warranties or service contracts; (xxii) any type of utility service which is separately metered to or separately charged or

paid by Lessee or any other lessee in the Building; (xxiii) the cost of any environmental remediation for which Lessor is responsible under Section 10 of this Lease; (xxiv) all ad valorem taxes paid or payable by Lessee or other lessees in the Building for (A) personal property and (B) on the value of the leasehold improvements in the Premises, or the Building of other lessees in the Building (in this connection it is agreed that Lessee shall be responsible for the payment of ad valorem taxes on Lessee's own leasehold improvements); (xv) all items and services for which Lessee pays third parties; (xvi) the cost of any item which is an expense or cost to Lessor in connection with Lessor's work to prepare the Premises for occupancy by Lessee including any allowances or credits granted to Lessee in lieu of a payment by Lessor; and (xvii) parking area replacement (excluding repair and maintenance) which would be required to be capitalized under generally accepted accounting principles, and (xvii) any item which is included in the Operating Expenses which, but for this provision, would be included twice.

9. Alterations/Signage. Lessee shall not make any alterations, or additions or leasehold improvements to the Premises following the Commencement Date ("Alterations") without Lessor's prior written consent in each and every instance, such consent not to be unreasonably withheld or delayed. Notwithstanding the foregoing, Lessee shall have the right to make non-structural Alterations to the Premises which do not exceed in cost Fifty Thousand Dollars (\$50,000.00) in the aggregate during each Lease Year without Lessor's consent. All Alterations which may be made by Lessee shall be the property of Lessee and Lessee shall be entitled to remove from the leased Premises during the Term all Alterations, tenant improvements and any and all furniture, removable trade fixtures, equipment and personal property ("Fixtures") installed or located on or in the leased Premises provided that Lessee repair any and all damages done by the removal of the foregoing. All Alterations and tenant improvements which Lessee does not elect to remove at the expiration of the Term shall be surrendered with the Premises at the termination of this Lease.

To the maximum extent permitted by applicable Laws, Lessor hereby waives any rights which Lessor may have, as to any of Lessee's furniture, fixtures, equipment, personal property, tenant improvements and Alterations, in the nature of a Lessor's lien, security interest or otherwise and further waives the right to enforce any such lien or security interest.

Lessee shall have the right to affix Lessee's standard signage, in accordance with the rules and regulations of the Building, including a sign on the exterior of the Building and a monument sign. All such signs shall comply with all applicable zoning Laws and Lessor's prior approval, which approval shall not be unreasonably withheld, conditioned or delayed. Lessor, at Lessor's expense, shall timely provide space for Lessee's designated name(s) on any directory boards located in the Building or complex.

10. Environmental. Lessee shall not cause or permit any hazardous or toxic substances, materials or waste, including, without limitation, medical waste and asbestos ("Hazardous Substances") to be used, generated, stored or disposed of in, on or under, or transported to or from the Premises unless such Hazardous Substances are reasonably necessary for Lessee's business conducted in the Premises; provided, however, Lessee shall at all times and in all material respects comply with all local, state, and federal laws, ordinances, rules,

regulations and orders, whether now in existence or hereafter adopted relating to Hazardous Substances or otherwise pertaining to the environment (the "Environmental Laws") and further provided that Lessee shall periodically cause to be removed from the Premises such Hazardous Substances placed thereon by Lessee or Lessee's agents, servants, employees, guests, invitees and/or independent contractors in accordance with good business practices, such removal to be performed by persons or entities duly qualified to handle and dispose of Hazardous Substances. Without limiting the generality of the foregoing, Lessor acknowledges that the following Hazardous Substances, among others, are required for Lessee's business operations: bleach, cidex, hibiclona, metrocide, hydrogen peroxide, and formaldehyde. Upon the expiration or earlier termination of this Lease, Lessee shall cause all Hazardous Substances placed on the Premises by Lessee to be removed, at Lessee's cost and expense, from the Premises and disposed of in strict accordance with the Environmental Laws.

Lessee shall indemnify, defend (by counsel reasonably acceptable to Lessor), protect, and hold Lessor harmless, from and against any and all claims, liabilities, penalties, fines, judgment, forfeitures, losses, costs (including clean-up costs) or expenses (including attorney's fees, consultant's fees and expert's fees) for the death of or injury to any person or damage to any property whatsoever, arising from or caused in whole or in part, directly or indirectly, by (a) the presence after the Commencement Date in, on, under, or about the Premises of any Hazardous Substances caused by Lessee or its agents, servants, employees, guests, invitees and/or independent contractors; (b) any discharge or release by Lessee or its agents, servants, employees, guests, invitees and/or independent contractors after the Commencement Date in or from the Premises of any Hazardous Substances; (c) Lessee's use, storage, transportation, generation, disposal, release or discharge after the Commencement Date of Hazardous Substances, to, in, on, under, about or from the Premises; or (d) Lessee's failure after the Commencement Date to comply with any Environmental Law.

Lessor shall indemnify, defend (by counsel reasonably accepted to Lessee), protect, and hold Lessee harmless, from and against any and all claims, liabilities, penalties, fines, judgment, forfeitures, losses, costs (including clean-up costs) or expenses (including attorney's fees, consultant's fees and expert's fees) for the death of or injury to any person or damage to any property whatsoever, arising from or caused in whole or in part, directly or indirectly, by (a) the presence prior to the Commencement Date in, on, under, or about the Premises or Building of any Hazardous Substances; (b) any discharge or release prior to the Commencement Date in or from the Premises or Building of any noxious or Hazardous Substances; (c) the use, storage, transportation, generation, disposal, release or discharge of Hazardous Substances by Lessor to, in, on, under, about or from the Premises or Building; (d) Lessor's failure to comply with any Environmental Law; or (e) any Hazardous Substances to the extent not due to any act or omission of Lessee or its agents, servants, employees, guests, invitees and/or independent contractors. Lessor agrees to remediate at Lessor's expense immediately upon receipt of notice from Lessee any condition described in (a) through (e) of the previous sentence.

Lessor represents and warrants to Lessee that (i) to the best of Lessor's knowledge, there are no Hazardous Substances on the Premises, including without limitation asbestos or mold, and

(ii) Lessor has received no notice from any governmental or private entity relating to Hazardous Substances on the Premises.

Lessor hereby covenants and agrees that if Lessee discovers mold at the Premises attributable to the period prior to the Possession Date or which has been caused by anything other than by Lessee's acts or omissions, Lessor shall, upon written notice from Lessee, promptly remediate the mold. If Lessor shall not commence such remediation within ten (10) days following written notice from Lessee and Lessee determines in Lessee's sole discretion that such remediation is necessary for the safety of Lessee's patients and employees, Lessee may, at its option, cause such remediation work to be performed at Lessor's cost and expense. Upon the completion of the remediation work, Lessee shall furnish Lessor with a written statement of the cost of the remediation work and Lessor shall reimburse Lessee for such cost of such remediation work within ten (10) days of Lessor's receipt of Lessee's statement. Should Lessor fail to reimburse Lessee within said ten (10) day period, then Lessee may, at its option, offset such amount against Rent. Notwithstanding the foregoing, in the event that the remediation work cannot be substantially completed or is not completed within ninety (90) days and Lessee is unable to utilize the Premises in Lessee's reasonable discretion, Lessee may elect to terminate the Lease upon thirty (30) days written notice to Lessor.

Lessee shall promptly deliver to Lessor copies of all notices made by Lessee to, or received by Lessee from, any state, county, municipal or other agency having authority to enforce any environmental law ("Enforcement Agency") or from the United States Occupational Safety and Health Administration concerning environmental matters or Hazardous Substances at the Premises. Lessor shall promptly deliver to Lessee copies of all notices received by Lessor from any Enforcement Agency or from the United States Occupational Safety and Health Administration concerning environmental matters or Hazardous Substances at the Premises.

11. Damage to Premises by Fire or Casualty. In the event the Premises shall be damaged by fire or other casualty during the Term of this Lease, whereby the same shall be rendered untenantable, then:

(a) if the damage to the Premises is so substantial that either: (i) the repair, restoration or rehabilitation of such damage cannot reasonably be expected to be substantially completed within one hundred eighty (180) days from the date of such damage or (ii) so much of the Premises is destroyed or rendered untenantable by such fire or other casualty as to make use of the Premises as a dialysis facility operating at least fifty-one percent (51%) of the dialysis stations operating prior to the fire or casualty impracticable, then Lessee may elect to terminate this Lease by giving written notice to Lessor within thirty (30) days of the date of such fire or casualty,

(b) if the damage to the Premises is so substantial that (i) the estimated repair costs exceed One Hundred Thousand (\$100,000.00) and such damage has occurred within the last one hundred eighty (180) days of the then current term and Lessee does not exercise its next available renewal option, if any or (ii) the Building is damaged to the extent of fifty percent (50%) or more

of the monetary value thereof, then Lessor may elect to terminate this Lease by giving written notice to Lessee within thirty (30) days of the date of such fire or casualty; or

(c) if not so terminated, Lessor shall proceed with all due diligence to repair, restore or rehabilitate the Premises, to substantially their former condition immediately prior to such damage or destruction, at Lessor's expense (unless such damage or destruction was caused by the act or neglect of Lessee, its agents, servants or employees, in which event the cost of such repairs and restoration shall be borne by Lessee), in which latter event this Lease shall not terminate.

If the Premises are rendered untenable by fire or other casualty, there shall be an abatement of Rent due Lessor by Lessee for the period of time during which the Premises are untenable. If the restoration is not substantially completed within two hundred ten (210) days of such damage, Lessee shall have the option to terminate this Lease by written notice to Lessor. In the event of any termination of this Lease, Rent shall be paid only to the date of such fire or casualty.

In the event that the Premises are partially but not substantially damaged by fire or other casualty, then Lessor shall immediately proceed with all due diligence to repair and restore the Premises and the Rent shall abate in proportion to the untenability of the Premises during the period of restoration.

Notwithstanding the foregoing provisions of this Section 11, in the event that insurance proceeds applicable to Alterations or tenant improvements constructed by Lessee at its expense are made available to Lessee, Lessee shall be responsible for restoring such Alterations; provided, however, that the Rent abatement provided for shall continue during such period of restoration so long as Lessee is diligently pursuing the completion of such restoration. In the event that Lessor does not restore the Premises, Lessee may retain all insurance proceeds applicable to Alterations and tenant improvements constructed by Lessee at its expense. Nothing herein shall be construed to permit Lessee to terminate this Lease or require Lessor to restore or repair the Premises in the event such damage or destruction arose out of the act or neglect of Lessee, its agents, servants or employees.

12. Eminent Domain.

(a) Taking. If by any lawful authority through condemnation or under the power of eminent domain: (i) the whole of the Premises shall be permanently taken; (ii) less than the entire Premises shall be permanently taken, but the remainder of the Premises, are not, in Lessee's sole judgment, fit for Lessee to carry on its business therein; (iii) Lessee determines, in its sole judgment, that after such taking adequate parking space will not be available near the Premises; (iv) there is any substantial impairment of ingress or egress from or to or visibility of the Premises; or (v) all or any portion of the common areas shall be taken resulting in a material interference with the operations of or access to Lessee's business, then in any such event, Lessee may terminate this Lease, effective as of the date of such taking, and the Rent and other sums paid or payable hereunder shall be prorated as of the date of such termination.

(b) Rent Adjustment. Unless this Lease is terminated as above provided, commencing with the date possession is acquired by the condemning authority the Rent and other sums payable hereunder shall be reduced by the then applicable per square foot Rent as by the number of square feet taken and Lessor shall restore the Premises, at Lessor's cost and expense to a complete architectural unit, and Operating Expenses will be recalculated based on the applicable square footage. During such restoration the Rent shall be abated to the extent the Premises are rendered untenable.

(c) Awards. All compensation awarded or paid in any such eminent domain proceeding shall belong to and be the property of Lessor without any participation by Lessee, except that nothing contained herein shall preclude Lessee from prosecuting any claim directly against the condemning authority in such eminent domain proceeding for its relocation costs, its unamortized leasehold improvements and trade fixtures, loss of business and the like.

13. Right of Entry by Lessor. Lessor, or any of its agents, shall have the right to enter said Premises during all reasonable hours and upon at least twenty-four (24) hours prior notice (except in cases of emergency), to perform its obligations under this Lease, examine the same or to exhibit said Premises. Lessor shall have the right to put or keep upon the doors or windows thereof a notice "FOR RENT" at any time within ninety (90) days before the expiration of this Lease. Any work done by Lessor to Premises shall be performed during hours that Lessee is not open for business (except in emergencies) unless Lessee, in the exercise of its reasonable discretion otherwise agrees. Any restoration work or alteration work at the Premises which is necessitated by or results from Lessor's entry, including, without limitation, any work necessary to conceal any element whose presence is permitted hereunder, shall be performed by Lessor at its expense or, at Lessee's election, by Lessee on Lessor's behalf and at Lessor's sole cost and expense. Lessor shall be liable for all loss, damage, or injury to persons or property and shall indemnify and hold Lessee harmless from all claims, losses, costs, expenses and liability, including reasonable attorney's fees resulting from Lessor's entry except to the extent caused by the negligent or intentional act of Lessee or its contractors, agents, employees or licensees. If Lessor's entry into the Premises pursuant to this Lease interferes with the conduct by Lessee of its business to such an extent that Lessee, in the exercise of its reasonable business judgment, must close the Premises or is unable to use seventy-five percent (75%) of the Premises for business for two (2) or more business days, then Rent and Operating Expenses shall totally abate for each day or portion thereof that such interference continues.

Lessor acknowledges that Lessee is subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 and related regulations ("HIPAA"), and that HIPAA requires Lessee to ensure the safety and confidentiality of patient medical records. Lessor further acknowledges that, in order for Lessee to comply with HIPAA, Lessee must restrict access to the portions of the Premises where patient medical records are kept or stored. Lessor hereby agrees that, notwithstanding the rights granted to Lessor pursuant to this Section 13 and under this Lease, except when accompanied by an authorized representative of Lessee, neither Lessor nor its employees, agents, representatives or contractors shall be permitted to enter those areas of the Premises designated by Lessee as locations where patient medical records are kept and/or stored or where such entry is prohibited by applicable state or federal health care privacy laws. Lessor

further agrees to comply with the provisions of HIPAA and all applicable medical privacy laws in connection with Lessor's entry into the Premises.

14. Indemnity. Lessee agrees to indemnify Lessor and save Lessor harmless from any and all liability, claims and loss for personal injury or property damage, or both, sustained or claimed to have been sustained by any person or persons, or property in, upon or about the leased Premises or Building caused or brought about by the act or neglect of Lessee, its agents, servants or employees. Lessor agrees to indemnify Lessee and save Lessee harmless from any and all liability, claims and loss for personal injury or property damage, or both, sustained or claimed to have been sustained by any person or persons, or property in, upon or about the leased Premises or Building caused or brought about by the act or neglect of Lessor, its agents, servants or employees. The indemnities set forth in this Section 14 shall survive the expiration of the term of this Lease.

15. Default and Remedies.

(a) Lessee Default and Lessor Remedies. In the event that (i) Lessee defaults in the payment of Rent hereunder and such Rent remains due and unpaid for ten (10) days following written notice of such default from Lessor to Lessee; (ii) or should Lessee default in the performance of any other provisions of this Lease and such default is not cured within thirty (30) days following written notice from Lessor specifying such default (unless such default is not reasonably capable of being cured within such thirty (30) day period and Lessee is diligently prosecuting such cure to completion); or (iii) if a petition in bankruptcy shall be filed by or against Lessee (provided Lessee shall have ninety (90) calendar days to stay any involuntary proceeding); or (iv) should Lessee make an assignment for the benefit of its creditors, or should a receiver be appointed for the said Lessee and such receiver is not dismissed within sixty (60) days of his appointment, then, in any of these events, Lessor, at its option, pursue any of its rights and remedies at Law or in equity, including any one or more of the following remedies:

1. Lessee shall pay Lessor on demand the amount of all past due Rent and other losses and damages which Lessor may suffer as a result of Lessee's Default, whether by Lessor's inability to relet the Premises on satisfactory terms or otherwise, including, without limitation, all Costs of Reletting (defined below) and any deficiency that may arise from reletting or the failure to relet the Premises. "Costs of Reletting" shall include all reasonable costs and expenses incurred by Lessor in reletting or attempting to relet the Premises, including, without limitation, reasonable legal fees, brokerage commissions, the cost of alterations and the value of other concessions or allowances granted to a new tenant.

2. Terminate Lessee's right to possession of the Premises and, in compliance with applicable Law, expel and remove Lessee, Lessee's property and any parties occupying all or any part of the Premises. Lessor may (but shall not be obligated to) relet all or any part of the Premises, without notice to Lessee, for a term that may be greater or less than the balance of the Term and on such conditions (which may include concessions, free rent and alterations of the Premises) and for such uses as Lessor in its reasonable discretion shall determine. Lessor may collect and receive all rents and other income from the reletting. Lessee shall pay Lessor on demand all past due Rent, all Costs of Reletting and any deficiency arising from the reletting or

failure to relet the Premises. Lessor shall not be responsible or liable for the failure to relet all or any part of the Premises or for the failure to collect any Rent. The re-entry or taking of possession of the Premises shall not be construed as an election by Lessor to terminate this Lease unless a written notice of termination is given to Lessee. However, Lessor agrees to use reasonable efforts to mitigate damages, provided that those efforts shall not require Lessor to relet the Premises in preference to any other space in the Building or to relet the Premises to any party that Lessor could reasonably reject as a transferee pursuant to Section 7.

3. In lieu of calculating damages under Sections 15(a)1 or 15(a)2 above, Lessor may elect to receive as damages the sum of (a) all Rent accrued through the date of termination of this Lease or Lessee's right to possession, and (b) an amount equal to the total Rent that Lessee would have been required to pay for the remainder of the Term discounted to present value at the Prime Rate then in effect, minus the then present fair rental value of the Premises for the remainder of the Term, similarly discounted, after deducting all anticipated Costs of Reletting.

Unless expressly provided in this Lease, the repossession or re-entering of all or any part of the Premises shall not relieve Lessee of its liabilities and obligations under this Lease. No right or remedy of Lessor shall be exclusive of any other right or remedy. Each right and remedy shall be cumulative and in addition to any other right and remedy now or subsequently available to Lessor at law or in equity. If Lessor declares Lessee to be in default after all applicable cure periods, Lessor shall be entitled to receive interest on any unpaid item of Rent at a rate equal to the Prime Rate plus 3%, but in no event at a rate less than 9% or the maximum rate permitted by applicable law. For purposes hereof, the "Prime Rate" shall be the per annum interest rate publicly announced as its prime or base rate by a federally insured bank selected by Lessor in the state in which the Building is located. Forbearance by Lessor to enforce one or more remedies shall not constitute a waiver of any Default.

(b) Lessor Default and Lessee Remedies. Subject to the terms and provisions hereinbelow, and in addition to any other remedy expressly available to Lessee pursuant to this Lease or at law or in equity, should Lessor fail to perform any term or covenant under this Lease or any other existing agreement between Lessor and Lessee, its parent company, subsidiaries or affiliates (each and any such failure being herein sometimes referred to as a "Lessor Default") and if any such Lessor Default shall not be cured and shall accordingly be continuing thirty (30) days following written notice by Lessee to Lessor of such Lessor Default (unless such default is not reasonably capable of being cured within such thirty (30) day period and Lessor is diligently prosecuting such cure to completion), then Lessee shall have the option (at Lessee's sole discretion) of remedying such Lessor Default and, in connection therewith, incurring expenses for the account of Lessor, and any and all such sums expended or obligations incurred by Lessee in connection therewith shall be paid by Lessor to Lessee upon demand, and if Lessor fails to immediately reimburse and pay same to Lessee, Lessee may, in addition to any other right or remedy that Lessee may have under this Lease, deduct such amount (together with interest thereon at the maximum rate permitted by applicable law from the date of any such expenditure by Lessee until the date of repayment thereof by Lessor to Lessee) from subsequent installments of Rent and other charges (if any) that from time to time thereafter may become due and payable by Lessee to Lessor hereunder. Notwithstanding the foregoing, in all events Lessee shall have the right to remedy any Lessor Default without prior notice in the event of an emergency (so long

as Lessee gives notice within a reasonable period of time thereafter) and invoice Lessor and abate Rent (if necessary) in the manner set forth in the preceding sentences of this Section 15.

If this Lease is terminated for any reason under this Section 15 before the first (1st) anniversary of the Commencement Date, and applicable Law, including without limitation applicable healthcare Law, restricts the parties from entering into any similar agreement with each other for the Premises before the first (1st) anniversary of the Commencement Date, both parties agree to comply with such applicable Law.

16. Insurance.

(a) Lessor's Insurance. During the Term of this Lease, Lessor shall procure and maintain in full force and effect with respect to the Building (i) a policy or policies of property insurance (including, to the extent required, sprinkler leakage, vandalism and malicious mischief coverage, and any other endorsements required by the holder of any fee or leasehold mortgage and earthquake, terrorism and flood insurance to the extent Lessor reasonably deems prudent and/or to the extent required by any mortgagee) for full replacement value; and (ii) a policy of commercial liability insurance in a minimum amount of \$1,000,000.00 per claim and \$3,000,000.00 in the aggregate for both bodily injury and property damage insuring Lessor's activities with respect to the Premises and the Building for loss, damage or liability for personal injury or death of any person or loss or damage to property occurring in, upon or about the Premises or the Building.

(b) Lessee's Insurance. Lessee covenants and agrees to keep Lessee Improvements (as defined in Section 36 hereof) and Lessee's contents in the Premises insured for full replacement value against loss by fire and casualty, under an all risk policy with extended coverage endorsements. In addition thereto, Lessee shall obtain and keep in force with respect to the Premises comprehensive general liability insurance in a minimum amount of \$1,000,000.00 per claim and \$3,000,000.00 in the aggregate for both bodily injury and property damage including plate glass coverage, and All Risk Property and Business Interruption Insurance covering one year of business interruption due to insured peril (excluding flood and earthquake but including water damage), written at replacement cost value and with a replacement cost endorsement covering all of Lessee's trade fixtures, equipment, furniture and other personal property within the Premises ("Lessee's Property"); (3) Workers' Compensation Insurance as required by the state in which the Premises is located and in amounts as may be required by applicable statute; (4) Employers Liability Coverage of at least \$1,000,000.00 per occurrence; (5) Commercial Automobile Liability coverage of at least \$1,000,000.00; and (6) Excess liability coverage specifically identifying each of the policies described above. In no event shall Lessee's insurance provide coverage or indemnity to Lessor for any claim, loss, suit, action or other legal proceeding in which Lessor, its agents or designees bear responsibility for the claim, loss, suit, action or other legal proceeding. Rather, it is the intent of this section to provide general liability coverage to Lessor when it is made a party to a claim, loss, suit, action or other legal proceeding for which it bears no responsibility. In the event that both Lessor and Lessee bear responsibility for the claim, loss, suit, action or other legal proceeding, then each party will look to their own insurance for coverage. Lessee may carry any insurance required by this Lease under a blanket

policy or under a policy containing a self insured retention. Each policy shall provide that the insurer shall give to Lessor thirty (30) days written notice prior to any cancellation of the policy.

17. Waiver of Subrogation. Each of the parties hereto hereby releases the other and the other's partners, agents and employees, to the extent of each party's property insurance coverage, from any and all liability for any loss or damage which may be inflicted upon the property of such party even if such loss or damage shall be brought about by the fault or negligence of the other party, its partners, agents or employees; and each party covenants and agrees that it shall cause all such insurance policies required hereby to contain a clause or endorsement effectuating such waiver of subrogation rights thereunder

18. Repairs and Maintenance.

(a) Lessor's Maintenance Responsibilities. Lessor shall timely maintain in good condition and repair the common areas of the Building and surrounding areas and such costs shall be considered CAM Charges in accordance with Section 8 of this Lease. Notwithstanding the foregoing, Lessor, at its sole cost and expense, shall maintain and keep in good order and repair and make any necessary replacements to the roof, roof membrane, roof covering, concrete slab, footings, foundation, structural components, exterior walls, sidewalks and driveways (including only those repairs and replacements which would be required to be capitalized under generally acceptable accounting principles), exterior windows, slab flooring (except for floor covering), main water and sanitary plumbing lines to Building, and main electrical systems of the Building.

(b) Lessee's Maintenance Responsibilities. Except for Lessor's obligations set forth above and except for any damage caused by the acts of negligence by Lessor or its agents within the Premises, Lessee shall keep the interior, non-structural portions of the Premises, interior and exterior doors, and all plumbing, electric, mechanical and HVAC systems exclusively serving the Premises for Lessee's Permitted Use, in the same condition, order and repair as they are at the commencement of said Term and shall deliver same to Lessor at the termination of this Lease in good order and condition, provided that normal wear and tear are excepted. The parties acknowledge that Lessee may request Lessor provide such service or maintenance as may be Lessee's responsibility hereunder, and the cost of same shall be borne by Lessee as Operating Expenses.

(c) To the extent not expressly prohibited by law and except as otherwise expressly set forth in this Lease, Lessor and its affiliates shall not be liable for, and Lessee waives, all claims for loss or damage to Lessee's business or loss, theft or damage to Lessee's property or the property of any person claiming by, through or under Lessee resulting from: (1) wind or weather; (2) the failure of any sprinkler, heating or air-conditioning equipment, any electric wiring or any gas, water or steam pipes; (3) the backing up of any sewer pipe or downspout; (4) the bursting, leaking or running of any tank, water closet, drain or other pipe; (5) water, snow or ice upon or coming through the roof, skylight, stairs, doorways, windows, walks or any other place upon or near the Building; (6) any act or omission of any party other than Lessor or its affiliates; and (7) any causes not reasonably within the control of Lessor. Lessee shall insure itself against such

losses under Section 16 above. Notwithstanding the foregoing, except as provided in Section 17 to the contrary, Lessee shall not be required to waive any claims against Lessor (other than for loss or damage to Lessee's business) where such loss or damage is due to the negligence or willful misconduct of Lessor or any of Lessor's agents or affiliates. Nothing herein shall be construed as to diminish the repair and maintenance obligations of Lessor contained elsewhere in this Lease.

19. Brokers. Lessor and Lessee each represent to the other that it has had no dealings with any real estate broker or agent in connection with the negotiation of this Lease, except for USI Real Estate Brokerage Services Inc., representing Lessee ("Lessee's Broker"), representing Lessor. Lessor shall pay Lessee's Broker a brokerage commission pursuant to a separate agreement. In the event Lessor does not timely pay Lessee's Broker such brokerage commission, Lessee may offset the amount of such brokerage commission against Rent due Lessor.

20. Emergency. If Lessor is unable or unwilling to take action which it is obligated to take hereunder where an emergency has occurred with respect to the Premises, then Lessee may take such action as is reasonably necessary to protect the Premises and persons or property in the Premises and Lessor shall, within thirty (30) days after written notice thereof from Lessee reimburse Lessee for its actual and reasonable out-of-pocket expenses incurred in curing such emergency; provided, however, should Lessor fail to reimburse Lessee within said thirty (30) day period, then Lessee may, at its option, offset such amount against subsequent rent due under this Lease.

21. Title, Authority and Parking. Lessor hereby represents that Lessor is the owner in fee simple of the Premises, including the Building and all improvements thereon and has the right and authority to enter into this Lease. Lessor hereby represents to Lessee that no covenants, restrictions, liens, or other encumbrances affecting the real property upon which the Building is constructed shall interfere or adversely affect Lessee's Permitted Use of the Premises. Each party hereto further represents to the other that those signatories executing this Lease on behalf of such party have full power and authority to execute this Lease.

Lessor agrees that Lessor will not make any material modifications to the Building or Premises (including, without limitation, the parking areas, driveways and walks) without Lessee's prior written consent, such consent not to be unreasonably withheld, conditioned or delayed. Lessee shall be entitled to the use of the parking area in accordance with a parking ratio of not less than three (3) spaces per 1,000 square feet of the Premises or such greater amount as may be required by local code (including handicapped parking spaces) in close proximity to the Premises for Lessee's exclusive use.

22. Compliance with Laws. Both parties hereby agree to comply with all applicable federal, state and local laws, ordinances, rules and regulations ("Laws") throughout the Term of the Lease. Lessor represents and warrants to Lessee that as of the Commencement Date the Premises, the Building, and the parking areas are in compliance with all Laws, including, without limitation, applicable zoning laws, ordinances, rules and regulations and with applicable instruments affecting title to the Premises. Lessor further represents that it has received no

notices or communications from any public authority having jurisdiction alleging violation of any Laws relating to the Premises or the Building or improvements thereon and has received no notices alleging violation of any title instrument. Without limiting the generality of the foregoing, Lessor represents that (i) the use of the Premises and the Building and improvements thereon for purposes of operation of a dialysis clinic and related medical and business offices is permitted by and will not violate applicable Laws, including without limitation zoning laws, and does not constitute a "non-conforming use" thereunder and (ii) the Premises, the Building, and the parking areas comply with all applicable Laws relating to handicapped accessibility, including, without limitation, the Americans with Disabilities Act.

If at any time or from time to time any Alterations, including, without limitation, structural Alterations, are required in order for the Premises or Building to comply with any generally applicable Laws from time to time applicable to the Premises, Lessor shall immediately make such alterations at its sole cost and expense, except to the extent such alterations are required as a result of any Lessee Alteration, in which event the cost of any such Alteration shall be borne Lessee. If at any time or from time to time any Alterations, including, without limitation, structural Alterations, are required in order for the Premises to comply with any Laws specifically applicable to the Premises due to Lessee's use as a dialysis facility and not due to any act by Lessor or another lessee, Lessee shall immediately make such Alterations at its sole cost and expense.

Lessor represents and warrants to Lessee that Lessor is not a "referring physician" or a "referral source" as to Lessee for services paid for by Medicare or a state health care program, as the terms are defined under any federal or state health care anti-referral or anti-kickback, regulation, interpretation or opinion ("Referral Source"). Lessor covenants, during the term of this Lease, it will not knowingly (i) take any action that would cause it to become a Referral Source as to Lessee, or (ii) sell, exchange or transfer the Premises to any individual or entity who is a Referral Source as to Lessee.

23. Right of First Option on Adjacent Premises. If rentable space (if any) adjacent to the Premises becomes available during the initial Term or any renewal period of this Lease, Lessor shall first notify Lessee in writing of Lessee's option to accept or decline the right to enter into a lease with Lessor on such adjacent rentable space in the Building. At any time within ten (10) business days after service of said notice, Lessee shall notify Lessor that it will exercise or not exercise its option to lease the adjacent space. A failure by Lessee to respond within such ten (10) business day period shall be deemed to be a rejection of the option to lease the adjacent space.

24. Lessee to Subordinate. Lessee shall, upon request of the holder of a mortgage or deed of trust in the nature of a mortgage, which holder is a commercial or institutional lender ("Mortgagee") subordinate any interest which it has by virtue of this Lease, and any extensions and renewals thereof to any mortgages or deeds of trust placed upon the Premises by Lessor, if and only if such Mortgagee shall execute, deliver and record in the appropriate registry of deeds a recognition and non-disturbance agreement in form and content substantially similar to Exhibit E, attached hereto and incorporated herein by reference. Such agreements shall provide by their

terms that notwithstanding any foreclosure of such mortgage or deeds of trust Lessee may continue to occupy the Premises during the Term of this Lease or any extensions or renewals thereof under the same terms, conditions and provisions of this Lease unless Lessee shall be in default beyond any applicable grace periods provided for herein. Lessor shall at or prior to the Commencement Date, secure from Lessor's present mortgagee of the Premises a non-disturbance agreement in a form reasonably acceptable to Lessee. Lessor shall also secure from any future mortgagee or lienholders of Lessor non-disturbance agreements during the initial Term or any renewal periods, if exercised.

25. Quiet Enjoyment. Lessee, upon paying the Rent, additional rent and other sums due under this Lease, and subject to all of the terms and covenants of this Lease, on Lessee's part to be kept, observed, and performed, shall quietly have and enjoy the Premises during the Term of this Lease. Lessor agrees that Lessee shall have continuous, peaceful, uninterrupted and exclusive possession and quiet enjoyment of the Premises during the Term of this Lease.

26. Memorandum of Lease. Lessor agrees to enter into and record a memorandum or notice of this Lease reasonably satisfactory to Lessee. Lessee shall be responsible for the preparation thereof and the cost of recording the same.

27. Notices. All notices, demands and requests which may be or are required to be given by either party to the other shall be in writing and shall be either (i) sent by registered or certified mail, return receipt requested, postage prepaid or (ii) delivered, by hand, or (iii) sent by overnight courier such as Federal Express. All notices to Lessor should be addressed to Lessor at 626 West Jackson Boulevard, Suite 650, Chicago, Illinois 60661; Telephone: (312) 466-4100; Facsimile: (312) 466-4101 or at such other place as Lessor may from time to time designate in written notice to Lessee. All notices to Lessee shall be addressed to Lessee c/o DaVita Inc., 601 Hawaii Street, El Segundo, California 90245, Attention: General Counsel, Telephone: (310) 536-2400, Facsimile: (310) 536-2679, with copy to: c/o DaVita Inc., 2611 North Halsted St., Chicago, Illinois 60614, Attention: Group General Counsel, or to any such other place as Lessee may from time to time designate in written notice to Lessor. In addition, all correspondence to Lessee related to Taxes, Insurance, Rent or Operating Expenses shall be sent to 1423 Pacific Avenue, Tacoma, WA 98402; attention: Rent Department. All notices, demands and requests which shall be served upon Lessor and Lessee in the manner aforesaid shall be deemed sufficiently served or given for all purposes hereunder.

28. Estoppel Certificate. Each of Lessor and Lessee agrees at any time and from time to time upon not less than fifteen (15) business days' prior written request by the other to execute, acknowledge and deliver to the other an estoppel certificate in the form attached hereto as Exhibit F certifying that (a) this Lease is unmodified and in full force and effect (or if there have been modifications that the same is in full force and effect as modified and stating the modifications), (b) the dates to which the Rent and other charges have been paid in advance, if any, and (c) all of the defaults of Lessor or Lessee hereunder, if any, (and if there are no defaults a statement to that effect) and any other information reasonably requested, it being intended that any such estoppel certificate delivered pursuant to this Section 28 may be relied upon by any prospective purchaser of the Premises or any mortgagee or assignee of any mortgage upon the fee

or leasehold of the Premises or by any prospective assignee of this Lease or sublessee of the whole or any portion of the Premises and/or by other party interested in the Premises or any part thereof.

29. Holding Over. In the event Lessee remains in possession of the Premises after the expiration of the term of this Lease, or any extensions hereof without the written consent of Lessor, this Lease shall continue on a month to month basis, terminable by either party upon thirty (30) days prior notice and Lessee shall be obligated to pay Rent at 125% of the then current rate (including all adjustments) and all other sums then payable hereunder prorated on a daily basis for each day that Lessor is kept out of possession of the Premises. Notwithstanding the foregoing, in the event that applicable Law, including without limitation applicable healthcare Law, limits the period of any such holdover, both parties agree to comply with such applicable Law; provided such holdover period shall not exceed six (6) months.

30. Binding Effect. All covenants, agreements, stipulations, provisions, conditions and obligations herein expressed and set forth shall extend to, bind and inure to the benefit of, as the case may require, the successors and assigns of Lessor and Lessee respectively, as fully as if such words were written wherever reference to Lessor or Lessee occurs in this Lease

31. Complete Agreement. Any stipulations, representations, promises or agreements, oral or written, made prior to or contemporaneously with this agreement shall have no legal or equitable consequences and the only agreement made and binding upon the parties with respect to the leasing of the Premises is contained herein, and it is the complete and total integration of the intent and understanding of Lessor and Lessee with respect to the leasing of the Premises.

32. Severability. If any term, covenant or condition of this Lease or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of this Lease, or the application of such term, covenant or condition to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term, covenant or condition of this Lease shall be valid and be enforced to the fullest extent permitted by law.

33. Applicable Law. The laws of the State where the Premises is located shall govern the validity, performance and enforcement of this Lease, without regard to such State's conflict-of-law principles.

34. Force Majeure. Whenever a day is appointed herein on which, or a period of time is appointed within which, either party hereto is required to do or complete any act, matter or thing, the time for the doing or completion thereof shall be extended by a period of time equal to the number of days on or during which such party is prevented from, or is interfered with, the doing or completion of such act, matter or thing because of strikes, lock-outs, embargoes, unavailability of labor or materials, wars, insurrections, rebellions, civil disorder, declaration of national emergencies, change in technology which interferes with Lessee's Permitted Use, acts of God, or other causes beyond such party's reasonable control.

35. Amendment. This Lease and the exhibits attached hereto and forming a part hereof set forth all the covenants, promises, agreements, conditions and understandings between Lessor and Lessee concerning the Premises, and there are no covenants, promises, agreements, conditions or understandings, either oral or written, between them other than are herein set forth. Except as herein otherwise provided, no subsequent alteration, amendment, change or addition to this Lease shall be binding upon Lessor or Lessee unless reduced to writing and signed by them.

36. Lessee Improvements. Lessee shall construct its tenant improvements to the Premises (the "Lessee Improvements"). Lessor shall provide Lessee with a Lessee Improvement allowance in the amount of One Hundred Eleven Thousand and No/100 Dollars (\$111,000.00) based upon a Ten Dollar (\$10.00) per square foot amount and a separate allowance for the construction of restrooms in the Premises in the amount of Eight Thousand and No/100 Dollars (\$8,000.00) (collectively, the "Allowance"). Said Allowance shall be payable to Lessee upon receipt of the certificate of occupancy from the City of Chicago. In the event Lessor fails to pay Lessee the Allowance within thirty (30) days following receipt of the certificate of occupancy from the City of Chicago, a late charge of five percent (5%) of the Allowance shall become immediately due and payable by Lessor to Lessee as liquidated damages and Lessee may, at its option, deduct such amount, including the Allowance and the late charge, plus interest at the maximum rate permitted by law (provided that interest shall not be assessed on the late charge) from subsequent Rent due under the Lease.

Lessee shall contract for the installation of the Lessee Improvements with a contractor of Lessee's choice subject to Lessor's approval, not to be unreasonably withheld, conditioned, or delayed. Lessor and Lessee shall mutually approve the plans and specifications of the Lessee Improvements prior to the commencement of work provided that Lessor shall have fourteen (14) days upon receipt of such plans to respond with its approval or disapproval for the plans. A failure of Lessor to respond within such fourteen (14) day period shall be construed as Lessor's approval of such plans. Lessor shall not charge Lessee any fee or other charges for the supervision and/or overhead associated with the construction of the Lessee Improvements. Notwithstanding the foregoing, Lessee Improvements shall not include the work involved with bringing electrical and water utilities to a point in the Premises designated by Lessee and for the separate metering for said utilities. The cost and expense of this work will not be deducted from the Allowance amount.

37. Lessor's Work. Lessor shall complete all of Lessor's Work, as described in Exhibit G attached hereto and incorporated herein. As part of Lessor's Work, Lessor, at its sole cost and expense, shall also install a new roof and replace the parking area to restore it to its original condition. All Lessor's Work shall be done in a good and workmanlike manner and in compliance with all applicable laws, ordinances, building and safety codes, regulations and orders of the federal, state, county, or other governmental authorities having jurisdiction thereof. Without in any way limiting any obligation of Lessor under the Lease, Lessor shall indemnify, defend and hold harmless Lessee from and against claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or resulting from performance of the Lessor's Work.

38. Lessor's Sale of the Building. Lessor may, at any time, without the prior consent of Lessee, contract to and/or perform any of the following transactions with respect to an interest in Lessor, the Lease, the Premises, the realty underlying the Premises, and/or any portion of or interest in the realty or improvements owned or hereafter acquired by Lessor: sale, purchase, exchange, transfer, assignment, lease, conveyance (collectively referred to herein as "Sale"); and/or encumbrance, pledge, mortgage, deed of trust, hypothecation or sale and leaseback transaction (collectively referred to herein as "Mortgage"). From and after a Sale, Lessor shall be released from all liability to Lessee and Lessee's successors and assigns arising from this Lease because of any act, occurrence or omission of Lessor occurring after such Sale, and Lessee shall look solely to Lessor's successor in connection with the same; provided however, that Lessor shall not be released from liability to Lessee and Lessee's successors and assigns from this Lease because of any act, occurrence or omission of Lessor occurring prior to such Sale and set forth in reasonable detail in written notice from Lessee to Lessor within one (1) year of such sale, unless such liability is expressly assumed by Lessor's successor-in-interest in the Building and Premises. Within thirty (30) days following the effective date of a Sale, Lessor shall notify Lessee whether Lessor's successor-in-interest and assignee to this Lease would or would not be a Referral Source as described in Section 22 above.

39. Lessee's Satellite and Cable Rights. Lessee shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Lessor shall reasonably cooperate with Lessee's satellite or cable provider to ensure there is no delay in acquiring such services. Any damage to the roof arising out of or in connection with Lessee's installation of its cabling or satellite dish shall be repaired at Lessee's sole cost and expense.

40. Regulatory Compliance. In the event Lessor, or Lessor's successors or assigns become a Referral Source as described in Section 22 above, this Section 40 shall apply but shall have no effect until such time:

40.1 Referral Source. Lessor and Lessee hereby acknowledge and agree that it is not a purpose of this Lease or any of the transactions contemplated herein to exert influence in any manner over the reason or judgment of any party with respect to the referral of patients or business of any nature whatsoever. It is the intent of the parties hereto that any referrals that may be made directly or indirectly by Lessor to Lessee's business, shall be based solely upon the medical judgment and discretion of a patient's physician while acting in the best interests of the patient. Lessor and Lessee hereby agree that the Rent and any increases in the Rent reflect fair market value and do not take into account the volume or value of referrals or business that may otherwise be generated between the parties for which payment may be made in whole or in part under Medicare, Medicaid or other Federal health care programs.

40.2 Termination Due to Legislative or Administrative Changes. In the event that there shall be a change in applicable health care law or the interpretation thereof, including, without limitation, Medicare or Medicaid, statutes, regulations, or general instructions, (or the application thereof), the adoption of new legislation or regulations applicable to this Lease, the implementation of a change in payment methodology in any material third party payor

reimbursement system, or the initiation of an enforcement action with respect to any applicable health care law, any of which affects the continuing legality of this Lease, then either party may, by notice, propose an amendment to conform this Lease to applicable laws. If notice of such proposed change is given and the parties hereto are unable to agree within ninety (90) days upon an amendment, then either party may terminate this Lease by ten (10) days' advance written notice to the other party, unless a sooner termination is required under applicable law or circumstances.

40.3 Exclusions. During the term of this Lease, Lessor shall notify Lessee of any exclusion of Lessor or its affiliates from participation in any federal health care program, as defined under 42 U.S.C. §1320a-7b (f), for the provision of items or services for which payment may be made under such federal health care programs ("Exclusion") within two (2) business days of learning of any such Exclusion or any basis therefore. Lessee shall have the right to immediately terminate this Lease and any and all other agreements between Lessor and its affiliates on the one hand and Lessee and its affiliates on the other hand, upon learning of any Exclusion or any reasonable basis therefore against the other, its affiliates and/or any employee, contractor or agent engaged by any of them to provide items or services.

40.4 Medicare Access to Books and Records. In the event, and only in the event, that Section 952 of P.L. 96-499 (42 U.S.C. Section 1395x(v)(1)(I)) is applicable to this Lease, Lessee and Lessor agree as follows: (i) until the expiration of four years after the termination of this Lease, Lessor shall make available, upon written request by the Secretary of the federal Department of Health and Human Services or upon request by the Comptroller General of the United States, or any of their duly authorized representatives, this Lease, and books, documents and records of Lessor that are necessary to certify the nature and extent of the costs incurred pursuant to this Lease; (ii) if Lessor carries out any of the duties of this Lease or other contract between the parties through a subcontract, with a value or cost of \$10,000 or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary of the federal Department of Health and Human Services or upon request to the Comptroller General of the United States, or any of their duly authorized representatives, the subcontract, and books, documents and records of such organization that are necessary to verify the nature and extent of the costs incurred pursuant to such subcontract; and (iii) Lessor shall notify Lessee immediately of the nature and scope of any request for access to books and records described above and shall provide copies of any books, records or documents to Lessee prior to the provision of same to any governmental agent to give Lessee an opportunity to lawfully oppose such production of documents if Lessee believes such opposition is warranted. In addition, Lessor shall indemnify and hold Lessee harmless from any liability arising out of any refusal by Lessor to grant access to books and records as required above. Nothing herein shall be deemed to be a waiver of any applicable privilege (such as attorney client privilege) by Lessee.

40.5. Medical Director or Other Agreements. In the event of the termination of any existing medical director or other agreement between Lessee, or any of its parent company, affiliates, or subsidiaries and Lessor, its affiliates or any person, corporation, partnership or other

entity which owns or controls, directly or indirectly any of the business or assets of Lessor, including an immediate family member, Lessee shall have the right to terminate this Lease upon written notice to Lessor.

40.6. Representations and Warranties of Lessee. Lessee represents and warrants to Lessor as follows:

(a) Non-Exclusion. Neither Lessee nor any of its affiliates are excluded from participation in any federal health care program, as defined under 42 U.S.C. §1320a-7b (f), for the provision of items or services for which payment may be made under such federal health care programs; and

(b) Business Terms. To Lessee's knowledge: (a) the Premises do not exceed that which is reasonable and necessary for the legitimate business of Lessee; (b) Lessee's Proportionate Share does not exceed Lessee's pro-rata share of expenses for the Premises and common areas based upon the total Building Rentable Area; and (c) the rental charges: (i) are set in advance, (ii) are consistent with fair market value, (iii) do not take into account the volume or value of any referrals or other business generated between the parties, nor do they include any additional charges attributable to the proximity or convenience of Lessor as a potential referral source; and (iv) would be commercially reasonable even if no referrals were made between Lessee and Lessor or their respective affiliates.

40.7. Representations and Warranties of Lessor. Lessor represents and warrants to Lessee as follows:

(a) Non-Exclusion. Neither Lessor nor any of its affiliates (i) are excluded from participation in any federal health care program, as defined under 42 U.S.C. §1320a-7b (f), for the provision of items or services for which payment may be made under such federal health care programs; or (ii) have arranged or contracted (by employment or otherwise) with any employee, contractor or agent that Lessor or its affiliates know or should know are excluded from participation in any federal health care program;

(b) Advisory Opinion. Lessor shall not, directly or indirectly, request or cause an Advisory Opinion to be requested regarding or relating to the legality of this Lease or the transactions contemplated hereunder or substantially similar circumstances from any governmental body, including without limitation the U.S. Department of Health and Human Services Office of Inspector General or the Centers for Medicare and Medicaid Services without the prior written concurrence of Lessee, whether pursuant to this Section or otherwise. All submissions of any nature in connection with an Advisory Opinion request shall be approved in writing by Lessee prior to submission; and

(c) Business Terms. To Lessor's knowledge: (a) the Premises do not exceed that which is reasonable and necessary for the legitimate business of Lessee; (b) Lessee's Proportionate Share does not exceed Lessee's pro-rata share of expenses for the Premises and common areas based upon the total Building Rentable Area; and (c) the rental charges: (i) are set in advance, (ii) are consistent with fair market value, (iii) do not take into account the volume or

value of any referrals or other business generated between the parties, nor do they include any additional charges attributable to the proximity or convenience of Lessee as a potential referral source, and (iv) would be commercially reasonable even if no referrals were made between Lessee and Lessor or their respective affiliates.

41. Cooperation with Lessee's Cost Reporting Responsibilities. Lessor's full cooperation with applicable authorities in connection with cost reporting is essential for Lessee's continued operation of its business. Therefore, Lessor agrees to provide to Lessee, within thirty (30) days of Lessee's request, any and all information that is reasonably necessary for Lessee to fulfill its cost reporting requirements to such applicable authorities.

42. Protected Health Information.

(a) Lessor acknowledges and agrees that from time to time during the Term, Lessor, its representatives or assigns may be exposed to, or have access to, Protected Health Information ("PHI"), as defined by HIPAA, 45 CFR Parts 160 and 164. Lessor agrees that it will not use or disclose PHI for any purpose unless required by a court of competent jurisdiction or by any governmental authority in accordance with the requirements of HIPAA and all other applicable medical privacy laws.

(b) Lessor shall preserve any "Confidential Information" of or pertaining to Lessee and shall not, without first obtaining Lessee's prior written consent, disclose to any person or organization, or use for its own benefit, any Confidential Information of or pertaining to Lessee during and after the Lease Term, unless such Confidential Information is required to be disclosed by a court of competent jurisdiction or by any governmental authority. As used herein, the term "Confidential Information" shall mean any business, financial, personal or technical information relating to the business or other activities of Lessee that Lessor obtains in connection with this Lease.

43. Lessor's Consent. Unless otherwise expressly stated herein, whenever Lessor's consent is required under this Lease, such consent shall not be unreasonably withheld or delayed, and Lessor's reasonable satisfaction shall be sufficient for any matters under this Lease.

44. Approval by DaVita Inc. as to Form. The parties acknowledge and agree that this Lease shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita Inc. as to the form hereof.

45. Counterparts. This Lease may be executed in any number of counterparts via facsimile or electronic transmission or otherwise, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

46. Intentionally deleted.

47. Guaranty. Lessee shall provide a guaranty of this Lease from DaVita Inc. to Lessor in the form of Exhibit H as attached hereto.

47. Financial Statements. Lessee shall provide Lessor with a current financial statement at the expiration of each Lease Year and such other information as Lessor may reasonably request from Lessee in connection with this Lease. Notwithstanding the foregoing, this obligation shall not apply if Lessee or Lessee's parent company is publicly traded with publicly available financials. Upon written request by Lessee, Lessor shall enter into a commercially reasonable confidentiality agreement covering any confidential information that is disclosed by Lessee.


48. Contingency. This Lease shall be contingent on Lessee's receipt of all necessary licenses, approvals and permits for Lessee's Permitted Use on the Premises. Notwithstanding anything to the contrary contained herein, in the event that Lessee does not receive all necessary licenses, approvals and permits for Lessee's Permitted Use of the Premises, including without limitation written approval from the City of Chicago by May 31, 2011, Lessee may terminate this Lease upon written notice to Lessor and neither party shall have any further obligations hereunder. Lessor shall use commercially reasonable efforts to obtain written approval from the City of Chicago for Lessee's Permitted Use and shall notify Lessee if such approval has been obtained and provide reasonable evidence of the same upon Lessee's request.

[Signature page follows]

IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as a sealed instrument, effective as of the day and year first above written.


LESSOR:

4646 S. DREXEL, LLC

By: 
Name: ANDREW GLOR
Title: MANAGER
Date: 12/21/10

LESSEE:

TOTAL RENAL CARE, INC.

By: 
Name: Mark Bratford
Title: DIVISION VP
Date: 12/21/10

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

By: _____
Name: Steve Lieb, Esq.
Title: Group General Counsel

IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as a sealed instrument, effective as of the day and year first above written.

LESSOR:

4646 S. DREXEL, LLC

By: _____
Name: _____
Title: _____
Date: _____

LESSEE:

TOTAL RENAL CARE, INC.

By: _____
Name: _____
Title: _____
Date: _____

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

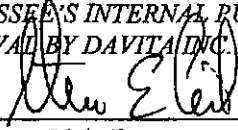
By:  _____
Name: Steve Lieb, Esq.
Title: Group General Counsel

EXHIBIT A

BUILDING SITE PLAN

(attached)

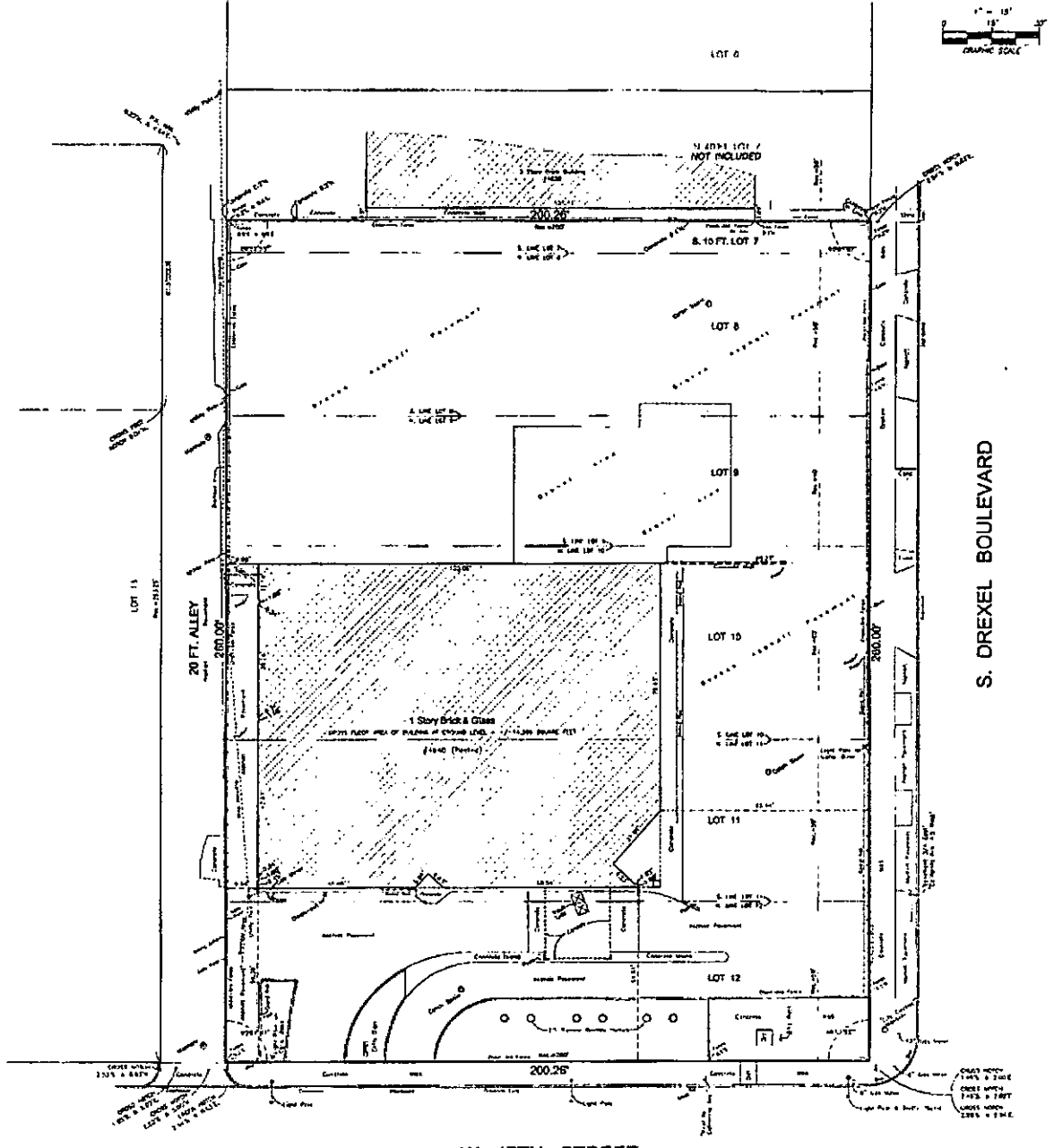
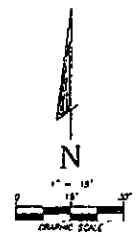
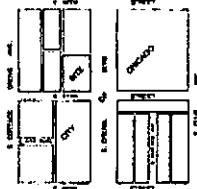
THOMAS A. MOLLOY, LTD.
Professional Land Surveying

PHONE: (773) 774-1330 fax: survey@taml.com

PLAT OF SURVEY

OF
THE SOUTH 10 FEET OF LOT 7 AND ALL OF LOT 8 TO 12, BOTH INCLUDING, IN THE
RESECTION OF BLOCK 7 IN PLAZA AND SUBDIVISION OF THE WEST END
OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TITLE COMMITMENT NOTES:
THIS SURVEY REFLECTS CERTAIN MATTERS OF TITLE AS NOTICED BY THE SURVEYOR. THE SURVEYOR
DOES NOT GUARANTEE THE ACCURACY OF THE TITLE COMMITMENT. THE SURVEYOR'S LIABILITY IS LIMITED TO
THE MATTERS LISTED IN THIS COMMITMENT: 80-02-370-016, 817 & 822
NOTES CORRECTIVE TO MONUMENT EXCEPTIONS IN ADJACENT SURVEYS.
NO TITLE COMMITMENT PRECEDES TO AND IN THE PREPARATION OF THIS SURVEY.



W. 47TH STREET

S. DREXEL BOULEVARD

LOOD ZONE DESIGNATION:
A review of the subject property and adjacent properties...
1) No Planned Building Under Construction on Site or Near Site...
2) No Obstruction or Evidence of Future Construction or Building...
3) No Evidence of Future Construction or Building...
4) No Evidence of Future Construction or Building...
5) No Evidence of Future Construction or Building...

TOTAL AREA OF TRACT SURVEYED:
52,068 SQUARE FEET OR 1.1853 ACRES

ALTA / ACSM LAND TITLE SURVEY

DATE OF SURVEY: 02/05/12
BY: THOMAS A. MOLLOY, PROFESSIONAL LAND SURVEYOR, NO. 116291, STATE OF ILLINOIS

THESE NOTES ARE TO BE READ IN CONNECTION WITH THE SURVEY AND THE SURVEYOR'S REPORT THEREON...
THIS SURVEY WAS MADE IN ACCORDANCE WITH THE STANDARDS FOR PROFESSIONAL LAND SURVEYING...
THE SURVEYOR HAS BEEN ADVISED BY THE ADJACENT PROPERTY OWNERS OF THE MATTERS LISTED IN THIS COMMITMENT...
THE SURVEYOR HAS BEEN ADVISED BY THE ADJACENT PROPERTY OWNERS OF THE MATTERS LISTED IN THIS COMMITMENT...
THE SURVEYOR HAS BEEN ADVISED BY THE ADJACENT PROPERTY OWNERS OF THE MATTERS LISTED IN THIS COMMITMENT...

ORDER NO: 10011
FILE NO: 2014
PROJECT NAME: [illegible]
DATE OF SURVEY: 02/05/12
BY: THOMAS A. MOLLOY, LTD.

THOMAS A. MOLLOY, LTD.
1111 N. LAKE STREET, SUITE 100
CHICAGO, ILLINOIS 60610
PHONE: (773) 774-1330
FAX: (773) 774-1331
WWW.TAML.COM



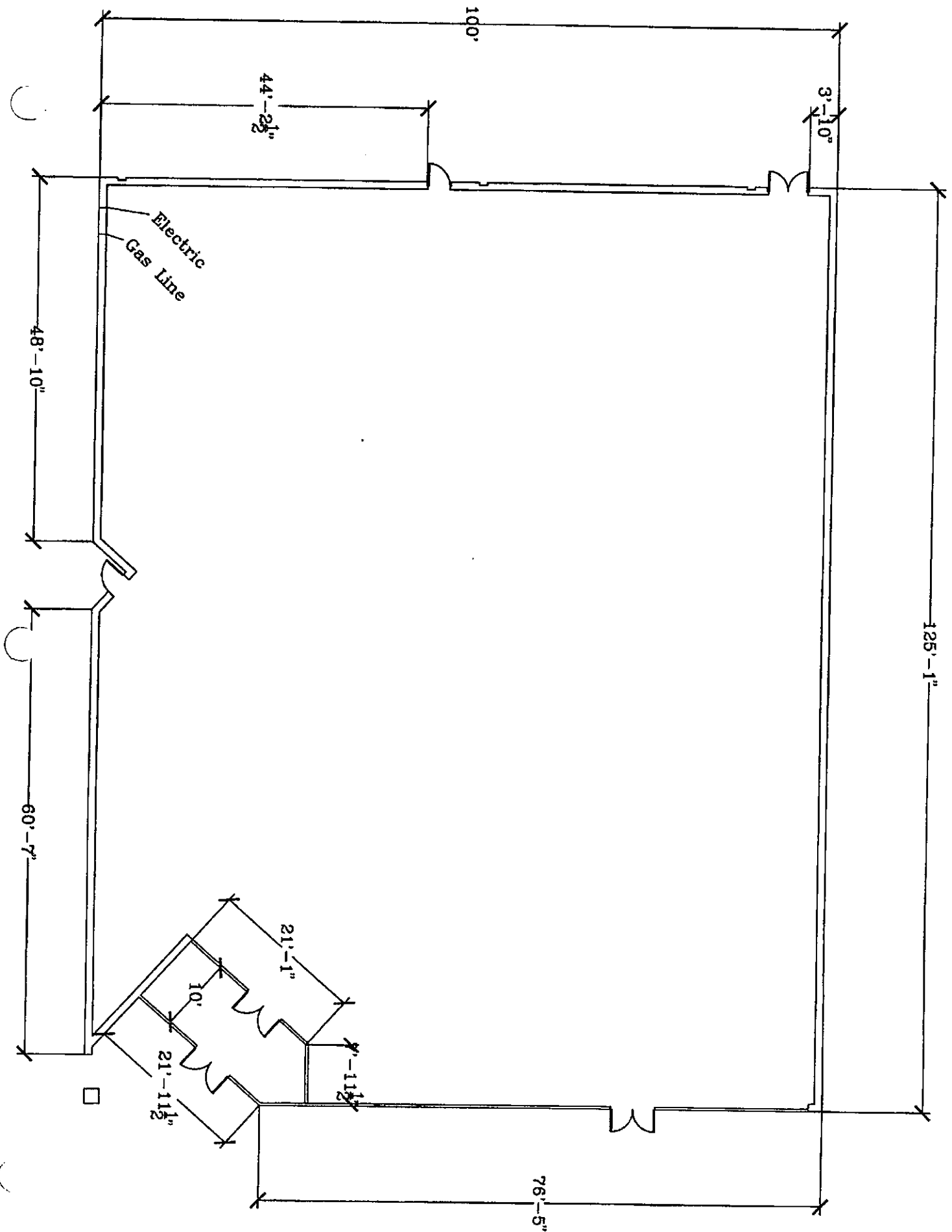
THIS SURVEY WAS MADE IN ACCORDANCE WITH THE STANDARDS FOR PROFESSIONAL LAND SURVEYING...
THE SURVEYOR HAS BEEN ADVISED BY THE ADJACENT PROPERTY OWNERS OF THE MATTERS LISTED IN THIS COMMITMENT...
THE SURVEYOR HAS BEEN ADVISED BY THE ADJACENT PROPERTY OWNERS OF THE MATTERS LISTED IN THIS COMMITMENT...

68

EXHIBIT B

PREMISES FLOOR PLAN

(attached)



70

EXHIBIT C

FORM OF COMMENCEMENT DATE MEMORANDUM

With respect to that certain lease ("Lease") dated _____, between _____ ("Lessor") and _____ ("Lessee"), whereby Lessor leased to Lessee and Lessee leased from Lessor space located at _____ (the "Premises"). Lessee and Lessor hereby acknowledge as follows:

- (1) Lessor delivered possession of the Premises to Lessee on _____ (the "Possession Date");
- (2) The Term of the Lease commenced on _____ (the "Commencement Date"); and
- (3) Lessee shall commence payment of Rent on _____.
- (4) The Premises contain _____ rentable square feet of space.

All capitalized terms herein, not otherwise defined herein, shall have the meaning assigned in the Lease.

IN WITNESS WHEREOF, this Commencement Date Memorandum is executed the date(s) set forth below.

LESSOR:

LESSEE:

By: _____
Name: _____
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____

FOR LESSEE'S INTERNAL USE ONLY
APPROVED AS TO FORM ONLY:

By: _____
Name: _____
Title: _____
Date: _____

EXHIBIT D

FORM W-9

(attached)

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) 4646 S. DREXEL, LLC	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ P <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 626 W. JACKSON STE 550	Requester's name and address (optional)
City, state, and ZIP code CHICAGO IL 60661	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

271 4297773

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person	Date ▶ 12/17/10
-----------	--------------------------	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

EXHIBIT E

**FORM OF SUBORDINATION, NON-DISTURBANCE
AND ATTORNMENT AGREEMENT**

THIS SUBORDINATION, NON-DISTURBANCE, AND ATTORNMENT AGREEMENT (this "Agreement") is entered into as of _____, 200__ (the "Effective Date"), between _____ (the "Mortgagee"), and _____ (the "Lessee").

WHEREAS, by Lease dated _____, _____ (hereinafter called the "Lease"), _____ (hereinafter called "Lessor") has leased to Lessee and Lessee has rented from Lessor the approximately _____ rentable square feet of leased premises ("Lessee's Premises") located within the _____ (such real property, including all buildings, improvements, structures and fixtures located thereon, "Lessor's Premises").

WHEREAS, Mortgagee has made a loan to Lessor in the original principal amount of \$ _____ (the "Loan"); and

WHEREAS, To secure the Loan, Lessor has encumbered Lessor's Premises by entering into that certain Deed of Trust and Security Agreement dated _____, in favor of Mortgagee (as amended, increased, renewed, extended, spread, consolidated, severed, restated, or otherwise changed from time to time, the "Mortgage") recorded on _____, under Clerk's File No. _____, in the Official Public Records of Real Property of the County of _____, State of _____ (the "Land Records").

WHEREAS, Lessee desires that Mortgagee recognize Lessee's rights under the Lease in the event of foreclosure of Mortgagee's lien, and Lessee is willing to agree to attorn to the purchaser at such foreclosure if Mortgagee will recognize Lessee's right of possession under the Lease.

NOW, THEREFORE, for and in consideration of their respective covenants herein made and the receipt of other good and valuable consideration, the receipt and sufficiency of which is acknowledged, the parties agree as follows:

1. **Definitions.**

The following terms shall have the following meanings for purposes of this Agreement.

1.1 *Foreclosure Event.* A "*Foreclosure Event*" means: (a) foreclosure under the Mortgage; (b) any other exercise by Mortgagee of rights and remedies (whether under the Mortgage or under applicable law, including bankruptcy law) as holder of the Loan and/or the Mortgage, as a result of which Successor Lessor becomes owner of Lessor's Premises; or (c) delivery by Lessor to Mortgagee (or its designee or nominee) of a deed or other conveyance of Lessor's interest in Lessor's Premises in lieu of any of the foregoing.

1.2 *Former Lessor.* A "*Former Lessor*" means Lessor and any other party that was landlord under the Lease at any time before the occurrence of any attornment under this Agreement.

1.3 *Offset Right.* An "*Offset Right*" means any right or alleged right of Lessee to any offset, defense (other than one arising from actual payment and performance, which payment and performance would bind a Successor Lessor pursuant to this Agreement), claim, counterclaim, reduction, deduction, or abatement against Lessee's payment of Rent or performance of Lessee's other obligations under the Lease, arising (whether under the Lease or other applicable law) from Lessor's breach or default under the Lease.

1.4 *Rent.* The "*Rent*" means any fixed rent, base rent or additional rent under the Lease.

1.5 *Successor Lessor.* A "*Successor Lessor*" means any party that becomes owner of Lessor's Premises as the result of a Foreclosure Event.

1.6 *Termination Right.* A "*Termination Right*" means any right of Lessee to cancel or terminate the Lease or to claim a partial or total eviction arising (whether under the Lease or under applicable law) from Lessor's breach or default under the Lease.

2. **Subordination.**

The Lease shall be, and shall at all times remain, subject and subordinate to the Mortgage, the lien imposed by the Mortgage, and all advances made under the Mortgage.

3. **Nondisturbance, Recognition and Attornment.**

3.1 *No Exercise of Mortgage Remedies Against Lessee.* So long as the Lease has not been terminated on account of Lessee's default that has continued beyond applicable cure periods (an "Event of Default"), Mortgagee shall not name or join Lessee as a defendant in any exercise of Mortgagee's rights and remedies arising upon a default under the Mortgage unless applicable law requires Lessee to be made a party thereto as a condition to proceeding against Lessor or prosecuting such rights and remedies. In the latter case, Mortgagee may join Lessee as a defendant in such action only for such purpose and not to terminate the Lease or otherwise adversely affect Lessee's rights under the Lease or this Agreement in such action. If Mortgagee joins Lessee in such action, Lessor, by executing the Consent hereinafter set forth, agrees to indemnify, defend and hold Lessee harmless from and against any loss, cost or expense incurred or suffered by Lessee, including without limitation, legal fees, in being a party to or arising from such action.

3.2 *Nondisturbance and Attornment.* If the Lease has not been terminated on account of an Event of Default by Lessee, then, when Successor Lessor takes title to Lessor's Premises: (a) Successor Lessor shall not terminate or disturb Lessee's possession or quiet enjoyment of Lessee's Premises under the Lease, except in accordance with the terms of the Lease and this Agreement; (b) Successor Lessor shall be bound to Lessee under all the terms and conditions of

the Lease (except as provided in this Agreement); (c) Lessee shall recognize and attorn to Successor Lessor as Lessee's direct landlord under the Lease as affected by this Agreement; and (d) the Lease shall continue in full force and effect as a direct lease, in accordance with its terms (except as provided in this Agreement), between Successor Lessor and Lessee.

3.3 *Further Documentation.* The provisions of Section 3 shall be effective and self-operative without any need for Successor Lessor or Lessee to execute any further documents. Lessee and Successor Lessor shall, however, confirm the provisions of Section 3 writing upon request by either of them.

3.4 *Consent to Lease.* Mortgagee hereby consents to the Lease and all of the terms and conditions thereof.

4. **Protection of Successor Lessor.**

Notwithstanding anything to the contrary in the Lease or the Mortgage, Successor Lessor shall not be liable for or bound by any of the following matters:

4.1 *Claims Against Former Lessor.* Any Offset Right that Lessee may have against any Former Lessor relating to any event or occurrence before the date of attornment, including any claim for damages of any kind whatsoever as the result of any breach by Former Lessor that occurred before the date of attornment. (The foregoing shall not limit Lessee's right to exercise against Successor Lessor any Offset Right otherwise available to Lessee because of events occurring after the date of attornment, if any).

4.2 *Prepayments.* Any payment of Rent that Lessee may have made to Former Lessor more than thirty days before the date such Rent was first due and payable under the Lease with respect to any period after the date of attornment other than, and only to the extent that, the Lease expressly required such a prepayment

4.3 *Payment; Security Deposit.* Any obligation: (a) to pay Lessee any sum(s) that any Former Lessor owed to Lessee or (b) with respect to any security deposited with Former Lessor, unless such security was actually delivered to Mortgagee.

4.4 *Termination, Surrender, Etc.* Any consensual or negotiated surrender, cancellation, or termination of the Lease, in whole or in part, agreed upon between Lessor and Lessee, unless effected unilaterally by Lessee pursuant to the express terms of the Lease or which results because of a default by Lessor under the Lease.

5. **Miscellaneous.**

5.1 *Notices.* All notices or other communications required or permitted under this Agreement shall be in writing and given by certified mail (return receipt requested) or by nationally recognized overnight courier service that regularly maintains records of items delivered. Notices shall be effective the next business day after being sent by overnight courier service, and three business days after being sent by certified mail (return receipt requested). Unless and until notice of a change of address is given under this Agreement, notices or other communications shall be given to Mortgagee and Lessee, respectively, at the following address:

Mortgagee:

Attn: _____

With a copy to:

Attn: _____

Lessee:

c/o DaVita Inc.
601 Hawaii Street
El Segundo, California 90245
Attn: General Counsel

With a copy to:

Attn: _____

5.2 *Successors and Assigns.* This Agreement shall bind and benefit the parties their successors and assigns, any Successor Lessor, and its successors and assigns.

5.3 *Entire Agreement.* This Agreement constitutes the entire agreement between Mortgagee and Lessee regarding the subordination of the Lease to the Mortgage and the rights and obligations of Lessee and Mortgagee as to the subject matter of this Agreement.

5.4 *Interaction with Lease and with Mortgage.* If this Agreement conflicts with the Lease, then this Agreement shall govern as between the parties and any Successor Lessor, including upon any attornment pursuant to this Agreement. This Agreement supersedes, and constitutes full compliance with, any provisions in the Lease that provide for subordination of the Lease to, or for delivery of nondisturbance agreements by the holder of the Mortgage. Mortgagee confirms that Mortgagee has consented to Lessor's entering into the Lease.

5.5 *Mortgagee's Rights and Obligations.* Except as expressly provided for in this Agreement, Mortgagee shall have no obligation to Lessee with respect to the Lease.

5.6 *Interpretation; Governing Law.* The interpretation, validity and enforcement of this Agreement shall be governed by and construed under the internal laws of the State where the Premises is located, including its principles of conflict of laws.

5.7 *Amendments.* This Agreement may be amended, discharged or terminated, or any of its provisions waived, only by a written instrument executed by the party to be charged.

5.8 *Execution.* This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

5.9 *Representations.* The parties represent that they each have full authority to enter into this Agreement. Mortgagee agrees to keep a copy of this Agreement in its permanent mortgage records with respect to the Loan.

[Signatures on the next page]

IN WITNESS WHEREOF, this Agreement has been duly executed by Mortgagee and Lessee as of the date(s) set forth below.

MORTGAGEE:

LESSEE:

By: _____
Name: _____
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____

LESSOR'S CONSENT

Lessor consents and agrees to the foregoing Agreement (including without limitation, the provisions of Section 3.1), which was entered into at Lessor's request. The foregoing Agreement shall not alter, waive or diminish any of Lessor's obligations under the Mortgage or the Lease. The above Agreement discharges any obligations of Mortgagee under the Mortgage and related loan documents to enter into a nondisturbance agreement with Lessee and the obligations of Lessee to enter into a subordination agreement with Mortgagee.

LESSOR:

By: _____
Name: _____
Title: _____
Date: _____

EXHIBIT F

FORM OF ESTOPPEL CERTIFICATE

THIS ESTOPPEL CERTIFICATE is made as of the ____ day of _____, 200__ by _____ ("Lessee") in connection with that certain Lease Agreement dated _____ by and between Lessee and _____, as Lessor (the "Lease") for the premises located at _____ (the "Premises").

Lessee hereby certifies to _____ as follows:

1. A true and correct copy of the Lease together with all amendments is attached hereto as Exhibit "A". There are no other oral or written agreements or understandings between Lessor and Lessee relating to the Premises.
2. The information set forth below is true and correct as of the date hereof:
 - (a) Approximate square footage of the Premises: _____ rentable square feet
 - (b) Monthly installment of Rent as of the date hereof: \$ _____
 - (c) Commencement Date: _____
 - (d) Termination date: _____
 - (e) Security deposit: _____
 - (f) Prepaid rent in the amount of: _____
 - (g) Renewal Options: _____
3. Lessee has accepted possession of the Premises and is in occupancy thereof under the Lease. As of the date hereof, the Lease is in full force and effect.
4. To the best of Lessee's actual knowledge and belief, without inquiry or investigation, there exists no default, no facts or circumstances exist that, with the passage of time or giving of notice, will or could constitute a default, event of default, or breach on the part of either Lessee or Lessor.
5. No rent has been or will be paid more than thirty (30) days in advance.
6. Lessee has no right of first refusal, option, or other right to purchase the Building or any part thereof, including, without limitation, the Premises.

[Signature page follows]

IN WITNESS WHEREOF, Lessee has executed this Estoppel Certificate as of the date first above written.

LESSEE:

By: _____
Name: _____
Title: _____
Date: _____

*FOR LESSEE'S INTERNAL PURPOSES ONLY:
APPROVAL AS TO FORM ONLY*

By: _____
Name: _____
Title: Group General Counsel
Date: _____

EXHIBIT A TO ESTOPPEL CERTIFICATE

COPY OF LEASE

(attached)

EXHIBIT G

LESSOR'S WORK

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

The Lessor shall provide the following Base Building Improvements to meet Lessee's requirements for an Existing Base Building Improvements at Lessor's sole cost.

All MBBI work completed by the Lessor will need to be coordinated and approved by the Lessee and there Consultants prior to any work being completed, including shop drawings and submittals reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) are to be performed in accordance with all applicable local, state, and federal building codes including as amended to date, as well as applicable, fire and life safety codes, ADA regulations, State Department of Public Health, and other applicable and codes as they pertain to Dialysis facilities. All Lessor's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil) plans and specifications prepared by a licensed architect and engineer.

Lessee shall have full control over the selection of the General Contractor for the tenant improvement work.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic. Lessor to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Lessee with the assistance of the Lessor to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Lessee.

3.0 - Common Areas

Intentionally deleted

4.0- Demolition

Lessor will be responsible for demolition of all interior partitions, doors, frames, plumbing, electrical, mechanical systems (other than those designated for reuse by Lessee) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition - which shall be defined as: exterior walls furred out with 3-5/8" metal studs", Sprinkler system in place, utilities stubbed into Premises as described herein, floor in good condition and new roof. Premises shall be broom-clean and ready for Tenant's improvements.. Building shall be free and clear of any components, asbestos or material that is in violation of any applicable EPA standards of acceptance and local hazardous material standards.

5.0 - Foundation and Floor

Existing Foundations and Slab on Grade in the Premises shall be free of cracks and settlement issues which would materially and adversely interfere with Tenant's use of the Premises. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work will be inspected by a Licensed Structural Engineer as mutually agreed by Landlord and Tenant. Prior to Tenant's acceptance of the Premises, Landlord shall, at Landlord's sole cost and expense make any structural repairs as recommended by the Structural Engineer to render the slab on grade structurally sound for Tenant's Permitted Use of the Premises.

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 3,000-psi with wire or fiber mesh, and/or rebar reinforcement over vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4bars or greater x 16" long or as designed per higher standards by Lessee's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 3-lbs.of moisture per 1000sf/24 hours is emitted per completed calcium chloride testing results. Means and methods to achieve this level will be sole responsibility of the Lessor.

6.0 - Structural

Existing exterior walls, lintels, floor and roof framing shall remain as-is and be free of defects. Should any defects be found repairs will be made by Lessor at his cost. Any repairs will meet with current codes and approved by a Structural Engineer and Lessee.

Lessor shall supply Lessee (if available) structural engineering drawings of space

7.0 - Existing Exterior Walls

All exterior walls shall be in good shape and properly maintained. Any damaged drywall and or Insulation will be replaced by Lessor prior to Lessee taking possession.

It will be the Lessor's responsibility for all cost to bring exterior walls up to code before Lessee takes possession.

8.0 - Demising walls

Intentionally deleted

9.0 - Roof Covering

The roof shall be properly sloped for drainage and flashed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and shall properly drain. Lessor will provide Lessee the information on the Roof and Contractor holding warranty. Lessor to provide minimum of R-20 roof

insulation at roof deck. Lessor to coordinate roofing with Lessee for new HVAC equipment roof curb installation.

Any new penetrations made during buildout will be at the Lessee's cost. Lessor shall grant Lessee that right to conceal or remove existing skylights as deemed appropriate by Lessee and their Consultants.

10.0 - Canopy

Lessor shall allow Lessee to design and construct a canopy structure for patient drop off and if allowed local code.

11.0 - Waterproofing and Weatherproofing

Lessor shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Lessor shall properly seal the building's exterior walls. Lessor shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement

11.0 - Windows

Any single pane window systems will be replaced by Lessor with code compliant energy efficient insulated-glass windows with thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Lessor. Lessor shall allow Lessee, at Lessee's discretion, to tint the existing windows (per manufactures recommendations) per Lessee's tenant improvement design.

12.0- Thermal Insulation

Lessor to replace any missing and/or damaged wall or ceiling insulation with appropriate insulation.

13.0- Exterior Doors

All exterior doors shall meet American Disabilities Act (ADA), Local Codes and State Department of Health requirements for egress. If not Lessor at his cost will need to bring them up to code, this will include installing push paddles and/or panic hardware or any other hardware for egress. Any missing weather stripping, damage to doors or frames will be repaired or replaced by Lessor.

Lessor will provide, if not already present, a front entrance and rear door to space. Should one not be present at each of the locations Lessor, to have them installed per the following criteria:

- Front/ Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, continuous hinge and

- Service Doors: Provide 72" wide double door (Alternates for approval by Lessee's Project Manager to include: 60" Roll up door, or a 48" wide single door or double door with 36" and 24" doors) with 20 gauge insulated hollow metal (double doors), Flush bolts, T astragal, Heavy Duty Aluminum threshold, continuous hinge each leaf, prepped for panic bar hardware (as required by code) painted with rust inhibiting paint and prepped to receive a push button keypad lock provided by Lessee. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee

Landlord shall provide to Lessee, prior to door fabrication, submittals containing specification information, hardware and shop drawings for review and acceptance by Lessee and Lessee's architect.

14.0 - Utilities

All utilities shall be provided at existing utility entrance points to the Building. Lessor shall be responsible for all tap/connection and impact fees for all new utilities required for a dialysis facility. All Utilities to be coordinated with Lessee's Architect.

15.0 - Plumbing

Lessor to provide a dedicated 2" water line stubbed to the Premises (and not tied-in to any other lessees spaces, fire suppression systems, or irrigation systems) with a shut off valve, 2 (two) 2" backflow preventors in parallel (with drain under BFP's), and 2" meter (1 1/2" meter under special circumstances which must be approved by Lessee) to provide a continuous minimum 50 psi (maximum of 80psi), with a minimum flow rate of 30 gallons per minute to Lessee space. Lessor to provide Lessee with the most recent water flow and pressure test results (gallons per minute and psi) for approval. Lessor shall perform water flow and pressure test prior to lease execution. Lessor to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

All existing hose bibs will be in proper working condition prior to Lessees possession of space.

Existing sanitary sewer line shall be a four-inch (4") minimum line to Lessee space and have an invert level of 42" minimum or a sanitary line(s) that will adequately support the drainage requirements leaving the space. Lift station/sewage ejectors will not be permitted. The sanitary sewer line feeding the demised space will need to be video scoped for integrity with a copy available for Lessee and his architect to review. Sewer line to receive a power rod with high pressure cleaning to insure flow integrity from facility inlet to city main. If the Sanitary line is not a 4" line, Lessor will have installed a new line to a location per Lessee plans to support the drainage requirements (with a minimum invert level of 42") and to meet local code. All cost associated with line, tap and impact fees will be Lessor responsibility.

Sanitary sampling manhole if required by local municipality on new line.

16.0 - Fire Protection and Alarm System

Landlord shall design, permit and install a new automatic wet-pipe sprinkler system per NFPA 101, 2000 in the Building and Premises consisting of all components required for proper operation of a complete system EXCEPT for sprinkler head installation in Tenant's ceiling to be furnished and installed by Tenant. The new Fire Protection system will be on a dedicated water line independent of Lessee's domestic water line requirements, including municipal approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch..., DaVita will drop its own heads

Landlord shall furnish and install one automated Fire Alarm life safety monitoring panel as required by local codes.

17.0 – Electrical;

Landlord shall provide dedicated electrical service consisting of not more than 800-amp, 120/240-volt, 3-phase, 4-wire service drop, switchgear, meter and one Main Distribution Panel at the existing utility service entrance of the building per applicable codes.

If 480V power is supplied, Lessor to provide step down transformer to Lessee requirements above.

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

18.0 - Gas Service

Existing Natural gas service at a minimum to have a 6" water column pressure and be able to supply 800,000-BTU's. Natural gas line shall be individually metered and sized per demand.

19.0 - Mechanical /Heating Ventilation Air Conditioning

Landlord shall provide a credit of \$80,000 to tenant for tenant's purchase and installation of new mechanical heating and cooling equipment.

The criteria is as follows: Equipment to be Carrier or Trane. Equipment will be new and come with a full warranty on parts (minimum of 5yrs) including labor. Supply air shall be provided to the Premises sufficient for cooling at the rate of 325 square feet per ton to meet Lessee's demands for dialysis facility. Ductwork shall be extended 5' into the space for supply and return air. System to be a ducted return air design. All ductwork to externally lined except for the drops from the units. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, thermostats and start-up. Anticipate minimum up to five (5) zones with programmable thermostat. Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on design criteria and local and state co

It also includes run gas, electric hookups and curb.

20.0 – Telephone

Phone service shall be provided by the utility company serving the building.

21.0 – Cable or Satellite TV

Lessor will allow for a satellite dish on the roof regardless if cable is present or not at Lessee's costs. Lessor shall permit Lessee to bring coaxial cable service to the Building and Premises at Lessee's expense. Lessor will need to grant right of access to cable company for new service.

22.0 - Handicap Accessibility

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

Lessor shall provide pavement marking, curb ramp and accessible path of travel for a dedicated delivery access in the rear of the building. The delivery access shall link the path from the driveway paving to the designated Lessee delivery door and also link to the accessible path of travel.

23.0 – Generator

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

24.0 – Existing Site Lighting

Lessor to provide adequate lighting per code and to illuminate all parking, pathways, for new and existing building access points. Parking lot lighting to be on a timer (and be programmed per Lessee business hours of operation) or photocell. Parking lot lighting shall be connected to and powered by Lessee's electric panel. If new lighting is provided it will need to be code compliant.

25.0 – Exterior Building Lighting

Lessor to provide adequate lighting per code and to illuminate the building main and service entrance/exits with related sidewalks. Lighting shall be connected to and powered by leasee's power.

26.0 – Parking Lot

Provide adequate amount of ADA curb cuts, handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be anchored in place onto the asphalt per stall layout.

27.0 – Refuse Enclosure

If an area is not designated, lessor to provide Refuse area for Lessee dumpsters. Lessor to provide a minimum 6" thick reinforced concrete pad approx 100 to 150SF based and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

28.0 – Signage

Lessor to allow for an illuminated façade mounted sign and rights to add signage to existing Pylon/monument sign. Final sign layout to be approved by Lessee and the City.

EXHIBIT H

GUARANTY

WHEREAS, **4646 S. DREXEL, LLC**, an Illinois limited liability company ("Lessor") and **TOTAL RENAL CARE, INC.**, a California corporation ("Lessee"), have entered into a certain lease agreement dated on or about the date hereof, covering certain premises located at 4642-46 Drexel Boulevard (the "Premises") in Chicago, Illinois (the "Lease"); and

WHEREAS, the Lessor requires as a condition to its execution of the Lease that the undersigned unconditionally becomes a guarantor to Lessor for the obligations of Lessee under the Lease; and

WHEREAS, the undersigned is the parent corporation of Lessee and as such is desirous that Lessor enter into the Lease with Lessee.

NOW THEREFORE, in consideration of the execution of the Lease by Lessor and other good and valuable consideration and intending to be legally bound hereby, the undersigned hereby unconditionally becomes a guarantor to Lessor, its successors and assigns as follows:

1. The undersigned guaranties the full, faithful and punctual performance of each and all of the covenants, agreements and conditions of the Lease, to be kept and performed by Lessee (subject to all applicable notice and/or cure periods set forth in the Lease), in accordance with and within the time prescribed by the Lease (hereinafter collectively referred to as the "Liabilities"). Notwithstanding anything herein to the contrary, this Guaranty, and all the obligations of the undersigned hereunder, shall terminate upon the expiration of the One Hundred Twentieth (120th) month following the Commencement Date (as defined in the Lease) of the Lease.

2. Lessor shall have the right from time to time, and at any time in its sole discretion, without notice to or consent from the undersigned, or without affecting, impairing or discharging in whole or in part, the Liabilities or the obligations of the undersigned hereunder, to modify, change, extend, alter, amend, or supplement in any respect whatever, the Lease, or any agreement or transaction between Lessor and Lessee or between Lessor and any other party liable for the Liabilities, or any portion or provision thereof; to grant extension of time and other indulgences of any kind to Lessee; to compromise, release, substitute, exercise, enforce or fail to refuse to exercise or enforce any claims, rights, or remedies of any kind which Lessor may have at any time against Lessee or any other party liable for the Liabilities, or any thereof, or with respect to any security of any kind held by Lessor at any time under any agreement or otherwise.

3. The undersigned waives: (a) all notice, including but not limited to (i) notice of acceptance of this Guaranty; (ii) notice of presentment, demand for payment, or protest of any of the Liabilities, or the obligation of any person, firm, or corporation held by Lessor as collateral security; (b) trial by jury and the right thereto in any proceeding of any kind, whether arising on or out of, under or by reason of this Guaranty, or any other agreement or transaction between the

undersigned, Lessor and/or Lessee; and (c) all notices of the financial condition or of any adverse or other change in the financial condition of Lessee.

4. Lessor may, without notice, assign this Guaranty in whole or in part to Lessor's successor in interest under the Lease, and no assignment of this Guaranty shall operate to extinguish or diminish the liability of the undersigned hereunder. The assignment of the Lease by Lessee to an entity not affiliated with the undersigned, if consented to in writing by Lessor, shall automatically terminate this Guaranty, and thereafter, the undersigned shall have no further liability hereunder. If Lessee elects to assign the Lease with Lessor's written consent pursuant to the terms of Section 7 under the Lease and the assignee of Lessee (the "Assignee") is an entity in which Lessee, Guarantor or another wholly-owned subsidiary of Guarantor (collectively, "DaVita") has an equity ownership interest equivalent to less than 100% of the entire ownership interest of Assignee, then this Guaranty shall automatically be reduced to a pro-rata or proportionate guaranty from Guarantor, in relation to DaVita's actual percentage of equity ownership in the Assignee on the effective date of such assignment. For example, if Lessee assigns the Lease pursuant to Section 7 under the Lease to an Assignee in which DaVita owns 70% of the equity ownership interest of the Assignee and an unrelated third-party(ies) own the remaining 30% of the equity ownership interest of the Assignee, then this Guaranty would be reduced from a 100% full guaranty from Guarantor to a 70% pro-rata guaranty from Guarantor on the effective date of such assignment. Any such request for consent to an assignment pursuant to Section 7 of the Lease shall set forth in reasonable detail any reduction in Guarantor's obligations hereunder.

5. The liability of the undersigned under the Guaranty shall be primary under any right of action which shall accrue to Lessor under the Lease and Lessor may, at its option, proceed against the undersigned without having to commence any action, or have obtained any judgment against Lessee.

6. All of the Liabilities and the obligations of the undersigned hereunder shall be immediately due and payable by the undersigned, anything contained herein to the contrary notwithstanding, immediately upon the occurrence of a default under the Lease which continues beyond the expiration of the applicable notice and/or grace period, if any, under the Lease.

7. The obligations of the undersigned hereunder shall not be affected, impaired or discharged, in whole or in part, by reason of: (a) the entry of an order for relief pursuant to the United States Bankruptcy Code by or against Lessee or the undersigned; or (b) the proposal of or the consummation of a plan of reorganization concerning Lessee or the undersigned.

8. The waiver of any right by Lessor or its failure to exercise promptly any right shall not be construed as the waiver of any other right including the right to exercise the same at any time thereafter. No waiver or modification of any of the terms or conditions of this Guaranty shall be binding against Lessor unless such waiver or modification is in a writing signed by Lessor.

9. The provisions of the Guaranty shall bind all of the respective successors and assigns of the undersigned and shall inure to the benefit of Lessor, its successors and assigns.

10. All rights and remedies of Lessor are cumulative and not alternative. This Guaranty is, and shall be deemed to be, a contract entered into under and pursuant to the laws of the State of Illinois and shall be in all respects governed, construed, applied and enforced in accordance with the laws of said State.

11. The undersigned represents that at the time of the execution and delivery of this Guaranty nothing exists to impair the effectiveness of the obligations of the undersigned to Lessor hereunder, or the immediate taking effect of this Guaranty between the undersigned and Lessor with respect to the undersigned becoming a surety for the Liabilities.

IN WITNESS WHEREOF, the undersigned has caused this Guaranty to be executed this _____ day of _____, 2010.

DAVITA INC.

By: _____
Name: _____
Title: _____

EXHIBIT I

PERMITTED ENCUMBRANCES



To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1004202498

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

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

Jesse White

SECRETARY OF STATE

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

ORGANIZATIONAL STRUCTURE

DaVita Inc. owns 100% of the following entities:

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

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

ATTACHMENT 4

DaVita Inc.-Illinois Organization Chart

VillageHealth DM, LLC	Total Renal Care, Inc. Archway Acutes DNP Regional Office East DNVO-Pecunia HHD/PO IL DNVO-Vandalia Dialysis - IL Hearland (NC) Region D1 - Chicago Fire (aka Great Lakes & Skyline Region) Barrington Creek Dialysis Big Oaks Dialysis Crystal Lake Dialysis Center	RMS Lifeline Inc. Lifeline - Alsip - IL Lifeline - MP Budget Center Lifeline - Rockford - IL Lifeline - Rolling Meadows (A) - IL Lifeline - Rolling Meadows (B) - IL Lifeline - Woodridge - IL (aka DuPage A) Lifeline Divisional Office	DVA Renal Healthcare, Inc. Alton Dialysis Central Illinois Acutes Decatur East Wood at Home Decatur East Wood Dialysis Effingham At Home Effingham Dialysis Illi At Home Illini Renal Dialysis Jacksonville Dialysis Lincoln Dialysis Litchfield Dialysis Macon County Dialysis Mattoon Dialysis Rushville Dialysis Central Springfield Central at Home Springfield Montvale Dialysis Star Catchers Region 02 Office Star Catchers Region 04 Office Taylorville Dialysis	Renal Treatment Centers- Illinois, Inc. Churchview Dialysis Dixon Kidney Center DNVO-Lake Villa PD - IL Freeport Dialysis Granite City At Home Granite City Dialysis Center Kankakee County Dialysis Kankakee County Dialysis PD Lake Villa at Home Lake Villa Dialysis Little Village at Home (Chicago) Little Village Dialysis (Chicago) Little Village PD Maryville At Home Maryville Dialysis Maryville Dialysis PD Mt. Greenwood PD Mt. Greenwood At Home Mt. Greenwood Dialysis Rockford Dialysis Sauget Dialysis (aka East St. Louis Dialysis Center) Whiteside Dialysis	Renal Life Link, Inc. Benton Dialysis Beverly Dialysis Centralia Dialysis Marion At Home Marion Dialysis Metro East At Home Metro East Dialysis Mount Vernon At Home Mount Vernon Dialysis Oney Dialysis Center (aka Good Samaritan Hospital) Southern Illinois Acute Sbony Creek Dialysis	Lincoln Park Dialysis Services, Inc. Great Lakes Acute Kennedy Home Dialysis At Home Lincoln Park Dialysis (aka Skyline Home Dialysis (aka Lincoln Park PD))	Dialysis of Northern Illinois, LLC Rock River Acutes Roxbury At Home Roxbury Dialysis Sycamore at Home Sycamore Dialysis (aka DerKaf)	Chicago Heights Dialysis, LLC Chicago Heights Dialysis	Total Nephrology Care Network Medical Associates, PC Kidney Care Services, LLC
DaVita VillageHealth Division Office RMS Disease Management									

DaVita Inc.-Illinois Organization Chart

Kidney Care Services, LLC	Joliet Dialysis, LLC	DVA Healthcare Renal Care, Inc.	DaVita Rx, LLC	DaVita Nephrology Medical Associates of Illinois, P.C.	Quincy Dialysis, LLC	Lifeline Vascular Access Network, LLC	Lockport Dialysis, LLC	Robinson Dialysis, LLC
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**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Cook County
Chicago

CON - Relocation of Woodlawn Dialysis
Existing - 1164 E. 55th St., Proposed - 4642-4646 S. Drexel Blvd.
IHPA Log #006121310

December 27, 2010

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

Dear Ms. Wozniak:

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT 6

102

Project Costs and Sources of Funds

WOODLAWN DIALYSIS

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs (IDPH Review Fee estimate)	\$11,000	-	\$11,000
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	\$1,335,000	-	\$1,335,000
Contingencies (13.0%)	\$200,000	-	\$200,000
Architectural/Engineering Fees	\$110,000	-	\$110,000
Consulting and Other Fees	\$48,500	-	\$48,500
Movable or Other Equipment (not in construction contracts)	\$854,989	-	\$854,989
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space *	FMV \$2,331,222	-	FMV \$2,331,222
Other Costs To Be Capitalized (Utilities; Bldg Systems; Signs)	\$92,800	-	\$92,800
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$4,983,511	-	\$4,983,511
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,652,289	-	\$2,652,289
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value) *	FMV \$2,331,222	-	FMV \$2,331,222
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$4,983,511	-	\$4,983,511

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

* The fair market value (FMV) of the lease is \$210.02/gsf, the FMV of similar buildings in the area. Therefore, the 11,100 gsf in leased space has a FMV of \$2,331,222 (11,100 gsf X \$210.02 gsf.) (See Attachment 7B.)

OTHER PROJECT COSTS
Woodlawn Dialysis

<u>Area</u>	<u>Amount</u>	<u>Basis for Estimate</u>
PREPLANNING		
CON Fee	\$11,000	Regulation
NEW EQUIPMENT	\$854,989	DaVita Estimate See following pages for Summary & Full Itemized List
CONSTRUCTION/ CONTINGENCIES CONSULTING & OTHER FEES	\$1,535,000	DaVita Estimate
Architect/Engineering	\$110,000	DaVita Estimate
CON Consulting	\$42,500	Agreement
Legal	\$3,000	DaVita Estimate
Reimbursables	<u>\$3,000</u>	DaVita Estimate
	\$158,500	
OTHER COSTS TO BE CAPITALIZED		
<u>Utility Hook-ups:</u>		
Electric	\$10,000	DaVita Estimate
Water -- Tap	\$15,000	DaVita Estimate
Sewer	\$15,000	DaVita Estimate
Gas	\$2,000	DaVita Estimate
Cable	<u>\$7,500</u>	DaVita Estimate
	(\$49,500)	
<u>Building Systems:</u>		
Telephone System	\$11,000	DaVita Estimate
Network Cabling	\$19,000	DaVita Estimate
Emergency Call System	0	DaVita Estimate
Security System	0	DaVita Estimate
DSS System	0	DaVita Estimate
Fire Alarm System	<u>0</u>	DaVita Estimate
	(\$30,000)	
<u>Signage</u>	(\$13,300)	DaVita Estimate
Sub-Total	\$92,800	

WOODLAWN DIALYSIS

Summary
Equipment And Furnishings Cost

(See Following Pages for Complete Itemized List)

<u>Equipment Type</u>	<u>Cost</u>
Communications	\$74,800
Water Treatment	\$131,560
Bio-Medical	\$13,685
Re-use Equipment/Fixtures	\$0
Clinical Equipment	\$493,695
Clinical Furniture/Fixtures	\$41,121
Lounge Furniture/Fixtures	\$5,375
Storage Fixtures/Equipment	\$14,418
Business Office Fixtures	\$34,335
General Furniture/Fixtures	<u>\$46,000</u>
Total Equipment/Furnishings For 32 Stations	\$854,989
Total Equipment Cost Per Station	\$26,719

DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

WOODLAWN DIALYSIS

	Incremental	Total	
Square Footage:	11100	11100	347 square feet per station
Number of Hemo Stations (at Startup):	32	32	350 = typical DVA minimum standard
Number of PD Training Rooms	0	0	
Number of Home Training Stations:	0	0	Costs can be reduced with reduced # of Stations at open

Services/Fees	Architecture and Eng. Co:	Number	#	Cost/Unit	Total Cost	Sq. Ft.	Per Total Station	Comments/BDP
		01.04		\$ 110,000	\$ 110,000	\$ 9.01	\$ 3,437.50	
	Mover	01.05		\$ -	\$ -	\$ -	\$ -	
	Legal Fees	01.06		\$ 3,000	\$ 3,000	\$ 0.27	\$ 93.75	
	CON Expense	01.07		\$ 56,500	\$ 56,500	\$ 5.09	\$ 1,785.63	Includes State Board review fee of \$11,000.00 (based on 0.22% of total project cost including FMV of shell space of \$2,331,222.)
				\$ 169,500				
Construction	Gross Interiors (permit In	02.01		\$ 1,221,000	\$ 1,221,000	\$ 110.00	\$ 38,158.25	
	Gross MBBH (permit Inclu	02.02		\$ 90,000	\$ 90,000	\$ 8.11	\$ 2,812.50	
	Fire & Life Safety	02.03		\$ 125,000	\$ 125,000	\$ 11.26	\$ 3,906.25	
	Leasehold Improvment	02.07		\$ -	\$ -	\$ -	\$ -	
				\$ 1,436,000				
Utilities (hook-up) Electric		03.01	1	\$ 10,000	\$ 10,000	\$ 0.90	\$ 312.50	
	Back-up Generator	03.02	0	\$ -	\$ -	\$ -	\$ -	
	Gas	03.03	1	\$ 2,000	\$ 2,000	\$ 0.18	\$ 62.50	
	Water (tap fee)	03.04	1	\$ 15,000	\$ 15,000	\$ 1.35	\$ 468.75	
	Sewer (impact fee)	03.05	1	\$ 15,000	\$ 15,000	\$ 1.35	\$ 468.75	
	Cable	03.06	1	\$ 7,500	\$ 7,500	\$ 0.68	\$ 234.38	
				\$ 49,500	\$ 49,500	\$ 4.46	\$ 1,546.88	
Building System Telephone System		04.01	1	\$ 11,000.00	\$ 11,000	\$ 0.99	\$ 343.75	
	CRIS Cabling	04.02	1	\$ 19,000.00	\$ 19,000	\$ 1.71	\$ 593.75	9/3/2009
	Emergency Call System	04.03	1	\$ -	\$ -	\$ -	\$ -	
	Security System	04.04	1	\$ -	\$ -	\$ -	\$ -	
	DSS System	04.06	0	\$ 8,925.00	\$ -	\$ -	\$ -	
				\$ 30,000	\$ 30,000	2.7027027	\$ 937.50	
Communication TV System (w/ VCR)		04.05	40	\$ 1,195.00	\$ 47,800	\$ 4.31	\$ 1,493.75	
	Chairside Snappov - Serve	04.08	2	\$ 7,000.00	\$ 14,000	\$ 1.26	\$ 437.50	
	Chairside Snappov - Mach	04.09	1	\$ 13,000.00	\$ 13,000	\$ 1.17	\$ 406.25	\$ 40,059.00
				\$ 74,800				
Water Treatment R/O System		05.01	1	\$ 98,000.00	\$ 98,000	\$ 8.83	\$ 3,062.50	\$ 40,059.00
	Station Boxes and Fittings	05.02	34	\$ 420.00	\$ 14,280	\$ 1.29	\$ 468.25	
	Dry Acid System	05.03	1	\$ 4,180.00	\$ 4,180	\$ 0.38	\$ 130.63	
	Concentrate Tanks	05.04	2	\$ 1,550.00	\$ 3,100	\$ 0.28	\$ 96.88	
	Concentrate Pumps	05.05	2	\$ 800.00	\$ 1,600	\$ 0.14	\$ 50.00	
	Drum Dolly	05.06	1	\$ 200.00	\$ 200	\$ 0.02	\$ 6.25	
	Central Bi-carb System	05.07	1	\$ 10,200.00	\$ 10,200	\$ 0.92	\$ 318.75	
	Bi-carb Mixer	05.08	1	\$ -	\$ -	\$ -	\$ -	
	Bi-carb Drying Racks	05.09	0	\$ 250.00	\$ -	\$ -	\$ -	
				\$ 131,560	\$ 131,560	\$ 11.85	\$ 4,111.25	
Bio-Medical Equipment	Conductivity Meter	06.02	1	\$ 2,000.00	\$ 2,000	\$ 0.18	\$ 62.50	
	Dialysate Meter	06.03	1	\$ 2,200.00	\$ 2,200	\$ 0.20	\$ 68.75	
	R/O TDS Water Meter	06.04	1	\$ 500.00	\$ 500	\$ 0.05	\$ 15.63	
	Air Test Kit	06.05	1	\$ 385.00	\$ 385	\$ 0.03	\$ 12.03	
	Water Analysis Test Kit	06.06	1	\$ 50.00	\$ 50	\$ 0.00	\$ 1.56	
	Tool Chest - Portable	06.10	1	\$ 250.00	\$ 250	\$ 0.02	\$ 7.81	
	Parts Storage Cart	06.11	1	\$ 300.00	\$ 300	\$ 0.03	\$ 9.38	
	Miscellaneous Technical	06.12	1	\$ 2,000.00	\$ 2,000	\$ 0.18	\$ 62.50	
	Miscellaneous Fittings, T	06.13	1	\$ 6,000.00	\$ 6,000	\$ 0.54	\$ 187.50	
				\$ 13,665	\$ 13,665	\$ 1.23	\$ 427.00	
Reuse Equipme Renatron		07.03	0	\$ 19,675.00	\$ -	\$ -	\$ -	
Fixtures	Dialyzer Racks	07.05	0	\$ 64.00	\$ -	\$ -	\$ -	
	Reuse Refrigerator	07.06	0	\$ 550.00	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	

DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

WOODLAWN DIALYSIS

	Incremental	Total	
Square Footage:	11100	11100	347 square feet per station
Number of Hemo Stations (at Startup):	32	32	350 = typical DVA minimum standard
Number of PD Training Rooms	0	0	
Number of Home Training Stations:	0	0	Costs can be reduced with reduced # of Stations et open

	Number	#	Cost/Unit	Total Cost	Sq. Ft.	Per Total Station	Comments/BDP
Clinical Equipment							
Dialysis Machine	08.01	35	\$ 13,200.00	\$ 462,000	\$ 41.62	\$ 14,437.50	
Patient Lift	08.02	1	\$ 755.00	\$ 755	\$ 0.07	\$ 23.59	
Scale (lb)	08.03	1	\$ 4,825.00	\$ 4,825	\$ 0.43	\$ 150.78	
Scale (PD)	08.04	0	\$ 3,157.00	\$ -	\$ -	\$ -	
Lab Refrigerator	08.05	2	\$ 435.00	\$ 870	\$ 0.08	\$ 27.19	
Lab Freezer	08.06	2	\$ 550.00	\$ 1,100	\$ 0.10	\$ 34.38	
Meds Refrigerator (lb)	08.07	2	\$ 480.00	\$ 960	\$ 0.09	\$ 30.00	
Meds Refrigerator (PD)	08.09	1	\$ 480.00	\$ 480	\$ 0.04	\$ 15.00	updated unit price
Microwave (PD)	08.10	1	\$ 250.00	\$ 250	\$ 0.02	\$ 7.81	
Ice Machine	08.11	0	\$ 3,590.00	\$ -	\$ -	\$ -	
Crash Cart	08.12	2	\$ 1,245.00	\$ 2,490	\$ 0.22	\$ 77.81	
Medication Cart	08.13	1	\$ 1,321.23	\$ 1,321	\$ 0.12	\$ 41.28	
Defibrillator	08.14	2	\$ 2,263.00	\$ 4,526	\$ 0.41	\$ 141.44	
EKG	08.15	0	\$ 1,600.00	\$ -	\$ -	\$ -	
Ambubag	08.16	3	\$ 11.00	\$ 33	\$ 0.00	\$ 1.03	
Suction Machine	08.17	1	\$ 340.00	\$ 340	\$ 0.03	\$ 10.63	
Oxygen Equipment	08.18	3	\$ 595.00	\$ 1,785	\$ 0.16	\$ 55.78	
Infusion Pump	08.19	5	\$ 1,035.00	\$ 5,175	\$ 0.47	\$ 161.72	
IV Pole	08.20	2	\$ 65.00	\$ 130	\$ 0.01	\$ 4.06	
Thermometer	08.23	14	\$ 4.35	\$ 61	\$ 0.01	\$ 1.90	
Stethoscope	08.24	14	\$ 4.11	\$ 58	\$ 0.01	\$ 1.80	
Mobile BP Module(s)	08.30	1	\$ 288.00	\$ 288	\$ 0.03	\$ 8.84	
Emergency Evacuation K	08.32	1	\$ 250.00	\$ 250	\$ 0.02	\$ 7.81	
Miscellaneous Clinical	08.33	1	\$ 6,000.00	\$ 6,000	\$ 0.54	\$ 187.50	
			\$ 483,665	\$ 44.48	\$ 15,427.86		
Clinical Furniture							
Dialysis Chair - regular	09.01	28	\$ 970.00	\$ 28,130	\$ 2.53	\$ 878.08	
Dialysis Chair - oversized	09.02	7	\$ 1,235.00	\$ 8,645	\$ 0.78	\$ 270.16	
Task Stool	09.03	12	\$ 71.00	\$ 852	\$ 0.08	\$ 26.83	
Privacy Screen	09.04	2	\$ 140.00	\$ 280	\$ 0.03	\$ 8.75	
Exam Table	09.05	1	\$ 644.38	\$ 644	\$ 0.06	\$ 20.14	
Chart Rack	09.08	2	\$ 880.00	\$ 1,760	\$ 0.16	\$ 55.00	
Wheelchair	09.09	2	\$ 405.00	\$ 810	\$ 0.07	\$ 25.31	
			\$ 41,121	\$ 3.70	\$ 1,285.04		
Lounge Furniture							
Refrigerator (lounge)	10.01	2	\$ 980.00	\$ 1,920	\$ 0.17	\$ 60.00	
Microwave (lounge)	10.02	1	\$ 130.00	\$ 130	\$ 0.01	\$ 4.06	
Coffee Machine (lounge)	10.04	1	\$ -	\$ -	\$ -	\$ -	
Toaster Oven (lounge)	10.05	1	\$ 125.00	\$ 125	\$ 0.01	\$ 3.91	
Lockers	10.06	2	\$ 1,600.00	\$ 3,200	\$ 0.29	\$ 100.00	
			\$ 5,375	\$ 0.48	\$ 167.97		
Storage Fixtures							
Supply Cart	11.01	2	\$ 138.71	\$ 273	\$ 0.02	\$ 8.54	
Equipment							
Shelving	11.02	2	\$ 6,000.00	\$ 12,000	\$ 1.08	\$ 375.00	
Hand Dolly	11.03	1	\$ 100.00	\$ 100	\$ 0.01	\$ 3.13	
Flatbed Truck (hand)	11.04	1	\$ 200.00	\$ 200	\$ 0.02	\$ 6.25	
Utility Cart	11.05	6	\$ 174.09	\$ 1,045	\$ 0.09	\$ 32.84	
Floor Palates	11.06	8	\$ 100.00	\$ 800	\$ 0.07	\$ 25.00	
			\$ 14,418	\$ 1.30	\$ 450.56		
Business Office							
Copier	13.01	1	\$ 2,830.00	\$ 2,830	\$ 0.25	\$ 88.44	
Facsimile	13.02	1	\$ 800.00	\$ 800	\$ 0.05	\$ 18.75	
Timeclock	13.03	1	\$ 805.00	\$ 805	\$ 0.08	\$ 26.28	
Computer System	13.04	1	\$ 30,000.00	\$ 30,000	\$ 2.70	\$ 937.50	
			\$ 34,335	\$ 3.09	\$ 1,072.87		
General Furniture							
Office Furniture	14.01	1	\$ 38,000.00	\$ 38,000	\$ 3.42	\$ 1,187.50	
Artwork/Plants	14.02	1	\$ 4,000.00	\$ 4,000	\$ 0.38	\$ 125.00	
Window Blinds/Curtains	14.04	1	\$ 4,000.00	\$ 4,000	\$ 0.38	\$ 125.00	
			\$ 46,000				
Signage							
Interior	15.01	1	\$ 3,300.00	\$ 3,300	\$ 0.30	\$ 103.13	
Exterior	15.02	1	\$ 10,000.00	\$ 10,000	\$ 0.90	\$ 312.50	
			\$ 13,300				
Gross Leasehold Improvements			\$ 1,436,000	\$ 129.37	\$ 44,876.00		
Less: Landlord Contribution			\$ 0	\$ 0.00	\$ 0.00		
Leasehold Improvements Total			\$ 1,436,000	\$ 129.37	\$ 44,876.00		
Fees/Services Total			\$ 219,000	\$ 19.73	\$ 6,843.76		
Furniture/Fixtures/Equipment Total			\$ 688,289	\$ 60.93	\$ 22,071.53		
TOTAL			\$ 2,652,289	\$ 238.94	\$ 82,854.03		
Shipping & Taxes			assumed w/in				

DaVita/USI Real Estate Services Alliance
Chicago, IL
Opinion of Value
12/8/10

To: Jim Burke

From: Matthew Fetter

The following is the opinion of value of shell space for the facilities referenced below.

GOAL: Determine fair market value for current buildings available for purchase as well as the range of fair market values for similar types of properties in this market.

LOCATION: 4650 S Drexel Blvd, Chicago, IL

ASSUME: Properties available in the area close to 11,100 SF.

PRICE/SF: **101 E 51st St, Chicago, IL**
8,500 SF - \$1,750,000.00
Price/SF: \$205.88/SF
103-115 E 51 St, Chicago, IL
8,172 SF - \$1,750,000.00
Price/SF: \$214.15/SF

CONCESSIONS: In our market, shell space is usually delivered to tenants in "as-is" condition and the buyer is responsible to complete their own build out.

OVERVIEW: The shell space above is not considered "Medical" at this time, but would meet the zoning requirements.

CONCLUSION: **The purchase price for similar size and conditioned buildings is \$210.02/SF.**

Matthew Fetter
Director, Real Estate Services
USI Real Estate Services, Inc.

ATTACHMENT 7B

108

COST/SPACE REQUIREMENTS

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

<u>Department/Area</u>	<u>Cost</u>	<u>Gross Square Feet</u>		<u>Amount of Proposed Total GSF That Is:</u>			
		<u>Existing</u>	<u>Proposed</u>	<u>New Const.</u>	<u>Remodeled</u>	<u>As Is</u>	<u>Vacated Space</u>
ESRD	\$4,983,511*	8,110**	11,100**		11,100	0	8,110**

* The estimated total project cost includes the fair market value (FMV) of the leased space estimated at \$210.02/gsf, \$2,331,222 for 11,100 gross square feet (gsf.)

** The project relocates a 20-station facility which has 8,110 gsf or 405.5 gsf/station.

The new facility is only 1.52 miles and 4 minutes northwest of the existing facility.

ATTACHMENT 9

DISCONTINUATION

The applicants need to discontinue Woodlawn Dialysis' 20-station facility at 1164 E. 55th Street in Chicago (60615) as the lease expires December 31, 2011 and the landlord, the University of Chicago, will not renew the lease. The University plans to use the land for more strategic purposes. See Attachment 10(1) for documentation of the non-renewable lease.

Information Requirements

- 1 – 3. DaVita Inc. and Total Renal Care, Inc. wish to discontinue the existing 20-station in-center hemodialysis center located at 1164 E. 55th Street in Chicago (60615). The applicants propose to relocate the facility to 4642 - 4658 S. Drexel Boulevard in Chicago (60653) and add twelve (12) stations. No other services are provided on the site. The 20-station facility would be discontinued when the new facility is operational, no later than December 31, 2011.
4. The University of Chicago will not renew the lease as it intends to use the property for more strategic purposes (refer again to Attachment 10(1).)
5. All medical records will be transferred to the patients' new dialysis facility.
6. See Attachment 10(2) for certification that all required information will be submitted no later than 60 days following the discontinuation.

Reasons for the Discontinuation

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

Impact on Access

The proposed discontinuation will not negatively affect access to care as DaVita Inc. and Total Renal Care, Inc. propose to relocate and expand the facility by adding twelve (12) stations.

Please refer to Appendices 1 and 2 for documentation (Map Quest and Federal Express) that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes travel time on July 27, 2010. All facilities received this request on July 28, 2010.

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

ATTACHMENT 10



Jeffrey A. Finesilver
Vice President
and Director, Comer Children's Hospital

5721 South Maryland Avenue
MC 8000, Suite K160
Chicago, Illinois 60637
phone 773-702-9797
fax 773-702-4523
jeffrey.finesilver@uchospitals.edu

March 11, 2010

Nimalan Chinniah
Vice President, Administration
and Chief Financial Officer
Commercial Real Estate Operations
University of Chicago
5801 South Ellis avenue
Chicago, Illinois 60637

Re: Use of Space – 1160-66 East 55th Street

Dear Mr. Chinniah,

The University of Chicago Medical Center ("UCMC") is negotiating a sale of its dialysis centers to DaVita, Inc. As part of the sale, UCMC needs to assign its Lessee interest in the captioned premises to DaVita and hereby requests the consent of the Lessor, The University of Chicago, to such assignment. DaVita is aware that the space needs to be vacated, but between the time of the sale projected for this summer, and the build out of a new dialysis unit within the year following the sale, we request your permission to the lease assignment.

Please review and execute below if in agreement. Please call me at (773) 702-9797 and I will answer any questions you may have, or have it picked up after it is executed. Thank you.

Sincerely,

Jeffrey A. Finesilver
Vice President, Comer
University of Chicago Medical Center

cc: William Frazier
UCMC Legal Affairs

Agreed to and Accepted by:

Nimalan Chinniah
Vice President, Administration
and Chief Financial Officer

Date:

03/15/10

ATTACHMENT 10(1)
Page 1 of 3



THE UNIVERSITY OF CHICAGO
COMMERCIAL REAL ESTATE OPERATIONS
5801 SOUTH ELLIS AVENUE
CHICAGO - ILLINOIS 60637

June 18, 2009

Carolyn Wilson
Chief Operating Officer and Associate Dean
The University of Chicago Medical Center
5841 South Maryland Avenue
Chicago, Illinois 60637

RE: Use of Space – 1160-66 East 55th Street

Dear Jeffrey,

This letter establishes the terms of agreement under which The University of Chicago, Commercial Real Estate Operations ("Owner") shall provide to The University of Chicago Medical Center, Department of Medicine ("User") certain rights to enter, access and use the retail space located within the real property at 1160-66 East 55th Street (the "Space").

- 1) **Term:** The Term of this Agreement shall commence on July 1, 2009 and shall continue through June 30, 2010. Owner and User agree and acknowledge that User shall have no right to extend or renew the Term of this Agreement, and that User shall vacate the Space at the conclusion of the Term, leaving the Space free of User's property, in a broom-clean condition.
- 2) **Use Charge Rate:** For the period July 1, 2009, through and including June 30, 2010, the use charge will be figured at the rate of approximately \$25.94, per square foot per annum, based on 8,110 square feet or \$17,531.11, per month. Please note this represents an increase of 4%.
- 3) User shall pay all costs for gas, electricity, and water, which will be on separate meters and charged directly to the User, as well as all sewer and Sanitary District charges.
- 4) The User will operate the Space and make all alterations to the Space at its cost, and shall be responsible for all code compliance and all zoning arrangements to make proper and legal use of this Space. Within the same, User will make all repairs to the equipment except for roof and wall repairs (exterior structural repairs) with an understanding that Owner will endeavor to assist the User in making arrangements for repairs when necessary. The building owner is responsible for roof structure and HVAC insuring that HVAC is in good working order and the space is reasonably conditioned.
- 5) No exterior signs shall be attached to the building.
- 6) Because all costs for building and liability insurance are charged directly to properties operated by Owner, any increases in insurance rates shall continue to be borne by the User on a prorata share.

- 7) It is the responsibility of the User to immediately repair any damage to the plate glass windows, regardless of the cause of said damage. It is the further responsibility of the User to maintain the appearance of said windows in a neat fashion at all times, including, but not limited to, repainting the glass surfaces when necessary to present a uniform appearance.
- 8) It is the responsibility of the User to maintain all exterior facades, brick and glass, free of graffiti. Existing graffiti must be removed, and future occurrences, if any, removed within two (2) days of said occurrence.
- 9) User shall remove snow and ice on the sidewalks in front of the entire premises. For overnight snowfalls, the sidewalks shall be shoveled and/or salted by no later than that day's opening of the premises. Snowfalls during the times the building is opened shall be shoveled no later than when the snow reaches a depth of two inches. User shall also keep all such sidewalks and all such entrances, passages, vestibules, approaches, exists and stairways free from all obstructions of any kind, and from ashes, garbage, litter and refuse of every kind, and in a clean and sightly condition. User agrees to keep the temperature of the premises high enough to prevent the freezing of water and plumbing fixtures and all other damage caused by low temperatures.
- 10) User shall designate only one or two specific persons to contact The University of Chicago for facilities issues.

If you have any questions, please feel free to call James Hennessy, director of Commercial Real Estate Operations, at (773) 702-0898.

Very Truly Yours,

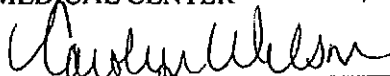
THE UNIVERSITY OF CHICAGO



Nimalan Chinniah
Vice President for Administration and Chief
Financial Officer

Agreed and accepted:

THE UNIVERSITY OF CHICAGO
MEDICAL CENTER



Carolyn Wilson
Chief Operating Officer and Associate Dean

Date: 7/1/09



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

August 6, 2010

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

Dear Mr. Galassie:

I hereby certify that all required information will be submitted no later than 60 days following the discontinuation.

Sincerely,

Kelly B Ladd
Group Director
DaVita, Inc.

ATTACHMENT 10(2)

114

FACILITIES WITHIN 45 MINUTES TRAVEL TIME OF WOODLAWN DIALYSIS
1164 E. 55th Street, Chicago, Illinois 60615

MapQuest

<u>Reference</u>	<u>Facility Name</u>	<u>Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Mileage</u>	<u>Drive Time</u>	<u>Time (1.25)</u>
Facilities within 45 Minutes Adjusted Travel Time							
2	University of Chicago - Lake Park	1531 E. Hyde Park Blvd.	Chicago	60615	1.02	3	3.75
3	FMC - Garfield	5401 S. Wentworth	Chicago	60609	1.89	6	7.50
80	DaVita - Grand Crossing (DeNovo)	7311 S. Cottage Grove Avenue	Chicago	60619	2.72	8	10.00
7	FMC - Jackson Park Dialysis Center	7531 S. Stony Island	Chicago	60649	3.28	10	12.50
4	DaVita - Emerald Dialysis	710 West 43rd St.	Chicago	60609	4.06	11	13.75
5	FMC - Ross Dialysis - Englewood	6333 S. Green Street	Chicago	60621	3.82	11	13.75
6	FMC - Bridgeport	825 W. 35th St	Chicago	60609	5.19	13	16.25
9	RCG - Prairie	1717 S. Wabash Street	Chicago	60616	6.09	13	16.25
23	FMC - Neomedica - South Shore	2420 E. 79th St.	Chicago	60649	4.38	13	16.25
10	FMC - Greenwood Avenue Dialysis Center	1111 E. 87th Street	Chicago	60619	4.87	14	17.50
89	FMC - Chatham (DENOVO)	8315-8331 S. Holland Avenue	Chicago	60620	6.38	14	17.5
11	University of Chicago - Stony Island Center	8725 South Stony Island Avenue	Chicago	60617	4.81	15	18.75
15	DSI - Chicago South or DSI - Loop	1101 S. Canal St	Chicago	60607	7.76	15	18.75
16	FMC - Neomedica Loop	557 W Polk Street	Chicago	60607	7.9	15	18.75
18	FMC - Neomedica - South	9200 S. South Chicago Avenue	Chicago	60617	8.86	15	18.75
20	FMC - Chicago Dialysis Center	820 W. Jackson Street	Chicago	60607	8.78	16	20.00
25	Renal Care Group - Univ Program	710 N. Fairbanks	Chicago	60611	8.17	17	21.25
12	DaVita - Little Village Dialysis	2335 W. Cermak Road	Chicago	60608	9.4	18	22.50
13	FMC - Neomedica - Marquette Park	8535 S. Western Avenue	Chicago	60636	5.78	18	22.50
26	Circle Medical Management	1426 W. Washington Blvd	Chicago	60607	9.76	18	22.50
33	John H. Stroger Jr Hospital of Cook County	1901 W. Harrison	Chicago	60612	9.96	18	22.50
22	University of Illinois Hospital - Dialysis	1859 W. Taylor	Chicago	60612	10	19	23.75
29	FMC - Dialysis Services of Congress Parkway	3410 West Van Buren St.	Chicago	60624	11.55	19	23.75
17	DaVita - Beverly Dialysis	8109 S. Western Avenue	Chicago	60620	8.19	20	25.00
19	FMC - Chicago Westside Dialysis	2011 Hastings Street or 1340 S	Chicago	60608	9.28	20	25.00
90	FMC - West Willow (DENOVO)	1444-1454 W. Willow	Chicago	60642	11.19	20	25
23	Mt. Sinai Hosp Med Cir Renal	2700 W. 15th Street or 1500 S.	Chicago	60608	11.25	21	26.25
28	FMC - Roseland Dialysis	132 W. 111th St.	Chicago	60628	11.46	21	26.25
21	FMC - Southside Dialysis Center	3134 West 78th Street	Chicago	60652	9.32	23	28.75
34	Garfield Kidney Center	3250 W. Franklin Blvd	Chicago	60624	12.37	23	28.75
39	FMC - Blue Island Dialysis Center	12203 S. Western	Blue Island	60406	12.68	23	28.75
44	FMC - West Suburban Dialysis Center	518 S. Austin	Oak Park	60304	14.96	23	28.75
27	FMC - Neomedica - Evergreen Park	8730 S. Western Avenue	Evergreen Park	60805	10.23	24	30.00
41	DaVita - Lincoln Park Dialysis	3157 N. Lincoln Avenue	Chicago	60657	12.97	24	30.00
42	DaVita - Logan Square Dialysis	2659 N. Milwaukee Avenue	Chicago	60647	13.91	24	30.00
31	FMC - West Metro Dialysis	1044 N. Mozart	Chicago	60622	12.3	25	31.25
38	RCG - Mentionette Park	11630 S. Kedzie	Mentionette Park	60803	13.63	25	31.25
45	FMC-NA Lakeview Dialysis	4008 North Broadway Avenue	Chicago	60613	12.72	25	31.25
46	FMC - North Center	2620 W. Addison St.	Chicago	60618	14.3	25	31.25
50	Maple Avenue Kidney Center	610 S. Maple Avenue	Oak Park	60304	16.71	25	31.25
30	DSI - Scottsdale	4651 W. 79th Street	Chicago	60652	11.09	26	32.50
36	DaVita Dialysis Mt. Greenwood	3401 W. 111th Street	Chicago	60655	12.6	26	32.50
51	FMCNA-Uptown	4700 or 4720 N. Marine	Chicago	60940	13.43	26	32.50
83	DaVita - West Lawn (DENOVO)	7000 S. Pulaski Road	Chicago	60629	8.44	26	32.50
32	FMC - Dialysis Services of Burbank	4811 W. 77th Street	Burbank	60459	11.42	27	33.75
40	FMC - Austin Community Kidney Center	4800 W. Chicago Avenue	Chicago	60651	15.84	28	35.00
47	FMC - Oak Park Dialysis Unit	733 W. Madison	Oak Park	60302	17.34	28	35.00
58	FMC-Neomedica - North Kilpatrick	4800 N Kilpatrick	Chicago	60630	17.09	28	35.00
59	DSI or RCG - South Holland	16136 South Park Avenue	South Holland	60473	18.34	28	35.00
84	FMC Midway (DENOVO)	6201 W. 83rd St.	Chicago	60638	15.85	28	35.00
35	DaVita - Stony Creek Dialysis	9115 S. Cicero Avenue	Oak Lawn	60453	12.48	29	36.25
55	Foster McGaw Hospital of Loyola	1201 W. Roosevelt Road	Maywood	60153	19.07	29	36.25
57	DSI - Markham	3053-3055 West 159th Street	Markham	60426	18.87	29	36.25
91	FMC - River Forest (DENOVO)	103 Forest Avenue	River Forest	60305	17.95	29	36.25
43	RCG - Berwyn	2801 S. Harlem Avenue	Berwyn	60402	18.46	30	37.50
52	FMC-Neomedica - West Belmont	4943 W. Belmont Avenue	Chicago	60641	16	30	37.50
54	Nephron Dialysis Center, LTD	5140 N. California Avenue	Chicago	60625	16.73	31	38.75
48	FMC - Alsip Dialysis Center	12250 S. Cicero	Alsip	60803	16.82	32	40.00
53	RCG - Crestwood	4861 West Cal Sag Road	Crestwood	60445	16.83	32	40.00
61	FMC - Neomedica - Melrose Park	1111 Superior St.	Melrose Park	60160	19.8	32	40.00
67	Center for Renal Replacement	7301 N. Lincoln Avenue	Lincolnwood	60712	20.51	32	40.00
70	Resurrection Medical Center	7435 W. Talcott Avenue	Chicago	60631	20.41	32	40.00
56	Direct Dialysis	14255 S. Cicero Avenue	Crestwood	60445	18.95	33	41.25
62	FMCNA - North Avenue Dialysis Center	911 W. North Avenue	Melrose Park	60160	20.93	33	41.25
63	Community Dialysis of Harvey	16657 S. Halsted	Harvey	60426	21.88	33	41.25
64	FMC - Neomedica - South Holland	17225 S. Paxton Avenue	South Holland	60473	20.91	33	41.25
68	FMC - Neomedica - Hazelcrest	17524 E. Carriageway Drive	Hazel Crest	60429	21.52	34	42.50
69	FMC - Norridge	4701 N. Cumberland Avenue	Norridge	60706	23.15	35	43.75
71	RCG - Hazelcrest	3470 W. 163rd St	Hazel Crest	60429	21.88	35	43.75
73	FMC - Willowbrook	6300 S. Kingery Hwy	Willowbrook	60527	25.96	35	43.75
65	FMC - LaGrange Dialysis Center	2400 Wolf Road	Westchester	60154	23.53	36	45.00
78	FMC - Skokie Dialysis	9801 Woods Drive	Skokie	60077	24.58	36	45.00
Facilities in Excess of 45 Minutes Adjusted Travel Time							
66	FMC - Rogers Park	2277 W Howard St	Chicago	60645	17.89	37	46.25
79	DaVita - Olympia Fields Dialysis Center	4557 B West Lincoln Highway	Matteson	60443	26.04	37	46.25
60	DaVita - Montclare Dialysis	7009 W. Belmont Avenue	Chicago	60634	18.64	38	47.50
81	FMC Mokena	8910 W. 102nd Street	Mokena	60448	26.76	38	47.50
85	DaVita - Palos Park (DeNovo)	13155 S La Grange Road	Orland Park	60462	27.86	38	47.50
72	RCG - Orland Park	9160 W. 159th Street	Orland Park	60462	24.43	39	48.75
75	FMC - MidAmerica Evanston	2953 Central Street	Evanston	60201	25.97	39	48.75
82	RCG South Suburban	2609 W. Lincoln Hwy	Olympia Fields	60461	28.51	42	52.50
86	FMC - Steger (DENOVO)	NW Corner Love Rock Rd & St	Steger	60129	29.03	42	52.5
77	DSI - Evanston Renal Center	1715 Central St.	Evanston	60201	27.05	43	53.75
88	FMC - Lombard (DENOVO)	1940 Springer Drive	Lombard	60148	30.04	44	55
76	Evanston-Northwestern Healthcare	2650 Ridge Avenue	Evanston	60201	27.78	45	56.25
87	FMC - Lockport (DENOVO)	1050-1062 Thomson Avenue	Lockport	60441	38.1	51	63.75

SOURCE: Mileage and Drive Time: MapQuest. See documentation in Appendix 1.

115



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Chicago Dialysis Center
820 W. Jackson Street
Chicago, 60607

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

ATTACHMENT 10(3)
Page 2 of 2

1/6

BACKGROUND OF APPLICANT

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

The physician who will be providing the medical care services at Woodlawn Dialysis are as follows:

Mary Hammes, D.O. (Medical Director)

See Appendix 3 for credentials of the medical director, Dr. Mary Hammes.

See previously submitted Cobblestone CON application #10-058, Appendix 4, for facilities owned or operated by DaVita Inc. and its operating entities in January 2010. The list includes the Medicare and Medicaid provider numbers for each of these facilities.

Illinois facilities are listed in Attachment 11(1.)

Please refer to Attachment 11(2) for information on Woodlawn Dialysis Center Medicare and Medicaid provider numbers. Attachment 11(3) is Woodlawn Dialysis' most recent IDPH Survey and Plan of Correction, dated July – August 2009.

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

DAVITA INC.

Dialysis Facilities in Illinois

January 2010

City/County/State	Address	City	State	Zip	Phone	Facility Name	Service Type	Access Type	Staffing	Ownership	Notes
Chicago, Illinois	117 N BOONE ST	CHICAGO	IL	60605-3109	14-2974	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	2100 WEST FIFTH	CHICAGO	IL	60608-1115	14-2982	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1135 ROUTE 14 W	BENTON	IL	62812-1900	14-2908	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	9115 S GOOSE AVE	CHICAGO	IL	60643-1865	14-2981	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	117 W 46TH ST	CHICAGO	IL	60641-1700	14-2938	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	2200 GARDENWAY DR	CHICAGO	IL	60618-3113	14-2938	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	475 ST FRANCES WAY	LITCHFIELD	IL	60594-1775	14-2930	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	801 W SPRESSER ST	TAYLORVILLE	IL	60599-1831	14-2987	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	2664 N MILWAUKEE AVE	CHICAGO	IL	60647-1643	14-2934	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	3109 SOUTH WESTERN AVE	CHICAGO	IL	60609-4909	14-2929	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1332 42ND STREET	CHICAGO	IL	60654-4303	14-2941	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1600 W MADISON AVE	DECATUR	IL	62528-3708	14-2984	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	37669 N ROUTE 59	LAKE VILLA	IL	60045-1332	14-2966	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	261 MATTHEWS AVE	WILMINGTON	IL	62471-2061	14-2963	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	253 S WOODLAND ST	ROCKFORD	IL	61102-2108	14-2971	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	81 WILLIAM R LATHAM SR DR	BOURBONNAIS	IL	60914-4189	14-2985	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	5509 N CUMBERLAND AVE	CHICAGO	IL	60634-1702	14-2901	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	425 JONES AVE	WOODSTOCK	IL	60091-2555	14-2964	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	3145 VANDERBILT DR	MARYVILLE	IL	60057-2407	14-2919	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	2130 VANDERBILT DR	MARYVILLE	IL	60057-2407	14-2919	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	719 MAIN ST	PEORIA	IL	61602-1081	14-2914	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	2032 W BELMONT AVE	CHICAGO	IL	60654-4533	14-2948	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	4578 LINCOLN HWY	MATTESON	IL	60445-2318	14-2949	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	2334 W CHERMARK RD	CHICAGO	IL	60608-3811	14-2960	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	333 N 11TH ST	PAISFIELD	IL	62537-1709	14-2968	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	827 S 11TH ST	PEORIA	IL	61602-1081	14-2972	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1028 S RIVINGTON BLVD	FREEPORT	IL	61031-2814	14-2821	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	2900 MONTVALE DR	SPRINGFIELD	IL	62704-8376	14-2920	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	832 N RUTLEDGE ST	SPRINGFIELD	IL	62703-3771	14-2906	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	604 MEDICAL PARK DR	EFFINGHAM	IL	62401-2185	14-2900	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	357 E UNIVERSITY AVE	CHAMPAIGN	IL	61820-3029	14-2933	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	710 W 48TH ST	CHICAGO	IL	60609-4432	14-2929	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	7008 W BELMONT AVE	CHICAGO	IL	60634-3709	14-2920	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1400 N HALSTED ST	CHICAGO	IL	60642-3701	14-2934	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	5333 N ROCKMOUNT AVE	CHICAGO	IL	60630-2923	14-2943	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	3461 W 111TH ST	CHICAGO	IL	60655-3379	14-2920	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	112 SULLIVAN DRIVE	ROCKFORD	IL	61102-1280	14-2920	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1515 WALNUT ST	JACKSONVILLE	IL	60950-1190	14-2901	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1231 STATE ROUTE 109	GENEVA	IL	60131-4729	14-2901	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	324 S 4TH ST	WILMINGTON	IL	62471-2061	14-2970	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	5670 CALIFORNIA AVE	ROCKFORD	IL	61102-2011	14-2944	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	1311 N GALERIA AVE	DIKENS	IL	61021-1013	14-2943	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	200 RICHMOND AVE	MATTOON	IL	61874-4652	14-2905	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	313 S MILWAUKEE AVE	LIBERTYVILLE	IL	60138-2924	14-2903	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR
Chicago, Illinois	734 E WOOD ST	DECATUR	IL	62528-1168	14-2900	DAVITA HEMODIALYSIS	ESRD	AV	Mein, Burmeister, Metz, Prohaska, Smith, Zeman, Zeman	Star Care Health System, Inc.	Star Care Health System, Inc. OPFR

118

WOODLAWN DIALYSIS

**IDPH SURVEY
&
PLAN OF CORRECTION**

JULY – AUGUST 2009

ATTACHMENT 11(3)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 07/23/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2009
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CHICAGO HOSP & C	STREET ADDRESS, CITY, STATE, ZIP CODE 1164 EAST 55TH STREET CHICAGO, IL 60615
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 113	<p>Continued From page 1</p> <p>He removed his gloves after each machine cleaning, but never washed his hands after glove removal.</p> <p>4. The above finding was conveyed to the Care Center Director on 7/20/09 at 10:30 AM, during an interview. Surveyor: 19840</p> <p>B. Based on review of Facility policy, observation and staff interview, it was determined that the Facility failed to ensure in 1 of 5 (E #1) staff adhered to policy governing the wear of gloves during patient care.</p> <p>Findings include:</p> <p>1. The Facility policy titled " Infection Control" reviewed on 7/21/09, required, "....staff should wear gloves...Dialysis Machines...2. Personnel should wear gloves whenever touching dialysis machines."</p> <p>2. Observation of the treatment area was conducted on 7/21/09 at 1:00 PM. E #1 was observed moving from station to station, adjusting parameters on dialysis machines at each station without wearing gloves.</p> <p>3. The above finding was conveyed to the Nurse Manager during an interview on 7/21/09 at 3:00 PM.</p>	V 113	<p>B. The Facility ensures the staff adheres to the policy governing wearing gloves during patient care.</p> <p>Items 1, 2 & 3 The patient care manager, nurse educator or designee will review with all personnel including Malcolm X dialysis technician students regarding the University of Chicago Medical Center Dialysis policy - Personnel should wear gloves whenever touching dialysis machines. If the control panel and the keyboard are touched with ungloved hands, then employees should use Purell® or wash their hands when finished. A roster of personnel and students having attended the review will be completed including signatures (see attached form). The preceptors for the students will monitor and address any issues during periods of clinical assignment and students will be required to observe the regulations imposed by the Facility on its employees in connection with patient welfare. The nurse manager or designee will conduct a weekly audit by observation to assure compliance with the policy (see attached form). The nurse manager will note deficiencies, assure appropriate education and corrective action, and notify the Medical Director & the Care Center Director. The results of this audit will be included in the reports for QAPI monthly meeting (see attached form). Weekly audits will be conducted for minimum of sixty days, after 100% compliance is achieved and maintained for six weeks the audits will be reduced to monthly.</p>	08/17/09
V 117	<p>494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE</p> <p>Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are</p>	V 117		08/17/09

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/23/2009
NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CHICAGO HOSP & C			STREET ADDRESS, CITY, STATE, ZIP CODE 1164 EAST 55TH STREET CHICAGO, IL 60615		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 117	<p>Continued From page 2</p> <p>handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.</p> <p>When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.</p> <p>Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.</p> <p>This Standard is not met as evidenced by: Surveyor: 19840</p> <p>A. Based on review of Facility policy, observation and staff interview, it was determined that in one of two treatment areas, the Facility failed to ensure unused supplies and dialysate filled containers were stored separate from designated dirty areas.</p> <p>findings include:</p> <ol style="list-style-type: none"> The Facility policy titled "Infection Control Policy" was reviewed on 7/20/09. The policy required, "...Dedicated clean area: Clean areas should be clearly designated for the preparation, handling and storage... Do not handle and store medication in the same area or adjacent area to where used equipment or bloodlines are handled. The Treatment area room B was toured and observed on 7/20/09 at 9:30 AM. Containers filled 	V 117	<p>V 117 494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE</p> <p>A. The facility ensures unused supplies and dialysate filled containers are stored separate from designated dirty areas.</p> <p>Items 1, 2 & 3: The staff has been provided with a review of the following: University of Chicago Medical Center Infection control policy 02-16a (see attached form) and the CMS regulation "Clean areas should be clearly separated from contaminated areas where used supplies or equipment are handled". The containers filled with dialysate are stored a minimum of 8 inches from the floor in the designated clean area per UCMC infection control policy 02-16a and policy 03-12 (see attached form). Any soiled fabric will be removed immediately and replaced with clean, see policy 03-12 (see attached form). Clean urinals used during priming of the dialysis machines are stored in the designated clean area. A roster of personnel and students having attended the review will be completed including signatures (see attached form). The nurse manager or designee will conduct a weekly audit by observation to assure compliance with the policy (see attached form). The nurse manager will note deficiencies, assure appropriate education and corrective action, and notify the Medical Director & the Care Center Director. The results of this audit will be included in the reports for QAPI monthly meeting (see attached form). Weekly audits will be conducted for minimum of sixty days, after 100% compliance is achieved and maintained for six weeks the audits will be reduced to monthly.</p>	08/17/09	08/17/09

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2009
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CHICAGO HOSP & C	STREET ADDRESS, CITY, STATE, ZIP CODE 1164 EAST 55TH STREET CHICAGO, IL 60615
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 117	<p>Continued From page 3</p> <p>with dialysate were stored 4 inches off the floor on a cloth lined shelf, adjacent to the used needle disposal and directly behind a biohazard receptacle. The biohazard receptacle contained all the discarded used dialyzers and blood lines. The fabric liner closest to the biohazard receptacle had a dime sized dark red stain.</p> <p>*A large plastic container containing clean urinals used to drain IV fluids were stored next to the dirty sink. A potential for cross contamination.</p> <p>3. The finding was conveyed to the Care Center Director on 7/20/09 at 10:15 AM during an interview.</p>	V 117		
V 119	<p>494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE</p> <p>If a common supply cart is used to store clean supplies in the patient treatment area, this cart should remain in a designated area at a sufficient distance from patient stations to avoid contamination with blood. Such carts should not be moved between stations to distribute supplies.</p> <p>Do not carry medication vials, syringes, alcohol swabs or supplies in pockets.</p> <p>This Standard is not met as evidenced by: Surveyor: 27125</p> <p>A. Based on observation and staff interview, it was determined that, for 16 of 16 supply carts, the Facility failed to ensure the supply carts were a sufficient distance from the patient stations to avoid contamination with blood.</p> <p>Findings include:</p> <p>1. A tour of the main dialysis area was conducted</p>	V 119	<p>V 119 494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE</p> <p>A. The facility ensures supply carts are a sufficient distance from the patient stations to avoid contamination with blood.</p>	09/01/09

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CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 07/23/2009
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2009
NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CHICAGO HOSP & C		STREET ADDRESS, CITY, STATE, ZIP CODE 1164 EAST 55TH STREET CHICAGO, IL 60615		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 122	<p>Continued From page 5 on 7/20/09 at 2:30 PM. The policy included "Patient chairs must be cleaned between patient use with the disinfectant solution".</p> <p>2. The contract between Malcolm X College and University of Chicago was reviewed in 7/22/09 at 10:00 AM. The contract included "...during periods of clinical assignment, students will be required to observe the regulations imposed by the Facility on its employees in connection with patient welfare..."</p> <p>3. A tour of the main dialysis area was conducted on 7/20/09 from 9:10 AM to 10:00 AM. Student #1 was observed cleaning the dialysis chairs at stations #11 and #13. The chairs remained in the upright position instead of the reclined position to allow for thorough cleaning of the chair.</p> <p>4. The above finding was conveyed to the Care Center Director on 7/20/09 at 10:30 AM, during an interview.</p> <p>B. Based on observation and staff interview, it was determined that, for 20 of 20 plastic Renal Pure containers, the Facility failed to ensure proper cleaning of containers between use.</p> <p>Findings include:</p> <p>1. A tour of the main dialysis area was conducted on 7/20/09 from 9:10 AM to 10:00 AM. Twenty (20) Renal Pure containers were observed to have a caked white residue present on the outer surface of the container. These containers were then placed in clean patient stations for patient use.</p> <p>2. The above findings were conveyed to the Care Center Director on 7/20/09 at 10:30 AM, during</p>	V 122	<p>Items 1, 2, 3 & 4: The staff has been provided with a review of the following: University of Chicago Medical Center Infection control policy 03-12 (<u>see attached form</u>) and the CMS regulation "Chairs must be cleaned between patient uses with the disinfectant solution". The staff and students have all been provided with direction to completely recline the chairs to allow for a thorough cleaning. A roster of personnel and students having attended the review will be completed including signatures (<u>see attached form</u>). The nurse manager or designee will conduct a weekly audit by observation to assure compliance with the policy (<u>see attached form</u>). The nurse manager will note deficiencies, assure appropriate education and corrective action, and notify the Medical Director & the Care Center Director. The results of this audit will be included in the reports for QAPI monthly meeting (<u>see attached form</u>). Weekly audits will be conducted for minimum of sixty days, after 100% compliance is achieved and maintained for six weeks the audits will be reduced to monthly.</p> <p>B. The facility ensures proper cleaning of dialysate containers between patients.</p>	08/17/09 08/17/09

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2009
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CHICAGO HOSP & C	STREET ADDRESS, CITY, STATE, ZIP CODE 1164 EAST 55TH STREET CHICAGO, IL 60615
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V 122	Continued From page 6 an interview. Surveyor: 19840 C. Based on review of Facility policy, observation and staff interview, it was determined that in 1 of 16 dialysis chairs (station #4) in the main treatment area, the Facility failed to ensure all dialysis chairs were maintained at a safe and functional level. Findings include: 1. The Facility policy titled "Infection Control Policy" reviewed on 7/20/09, required "...At the end of each treatment the staff must disinfect the dialysis station, ...Special attention should be given to...the treatment chairs...D. Reclining chairs for Dialysis patients should be vinyl to facilitate cleanings... Patient chairs must be cleaned between patient use with the disinfectant solution...." 2. During the tour and observation of the treatment area on 7/20/09 at 9:10 AM, the seams in the middle of the chair at station 4 were ripped, potentially allowing blood or other contaminants to enter the chair through the ripped area. Thus resulting in the chair not being cleaned properly or safely maintained for patient use. 3. The above finding was conveyed to the Care Center Director during and interview on 7/20/09 at approximately 10:45 AM.	V 122	Items 1 & 2: The staff has been provided with a review of the following: University of Chicago Medical Center Infection control policy 03-12 (see attached form) and the CMS regulation "...staff must clean and disinfect the dialysis station...." The staff and students have all been provided with direction to completely clean the dialysate containers after each patient treatment and to be sure to remove any residual concentrate after refilling the container. The staff and students have all been provided with direction to be sure there is no dried residual concentrate on the dialysate containers as they set up clean stations for the next patient. A roster of personnel and students having attended the review will be completed including signatures (see attached form). The nurse manager or designee will conduct a weekly audit by observation to assure compliance with the policy (see attached form). The nurse manager will note deficiencies, assure appropriate education and corrective action, and notify the Medical Director & the Care Center Director. The results of this audit will be included in the reports for QAPI monthly meeting (see attached form). Weekly audits will be conducted for minimum of sixty days, after 100% compliance is achieved and maintained for six weeks the audits will be reduced to monthly. C. The facility ensures all dialysis chairs are maintained at a safe and functional level.	08/17/09
V 196	494.40(a) ANS/AAMI RD52:2004 AS ADOPTED BY REFERENCE 6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating	V 196	Items 1, 2 & 3: The staff has been provided with a review of the following: University of Chicago Medical Center Infection control policy 03-12 (see attached form) and the CMS regulation "...at the end of each treatment the staff must clean and disinfect the dialysis station....special attention should be given to ... the treatment chairs"	09/01/09

127

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2009
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CHICAGO HOSP & C	STREET ADDRESS, CITY, STATE, ZIP CODE 1184 EAST 55TH STREET CHICAGO, IL 60615
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V 250	<p>Continued From page 9</p> <p>9, 10, 11, 12, and 13) patients records reviewed, the PH/conductivity of the dialysis machine were not checked prior to initiating treatment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The Facility policy titled "Phoenix Meter" was reviewed on 7/22/09 at 1:30 PM. The policy included "Verify Dialysis Machine Conductivity and PH. This procedure is done before initiating each treatment." 2. The clinical record of Pt. #2 was reviewed on 7/21/09. Pt. #2 was a 50 year old male admitted on 9/8/02 with the diagnosis of End Stage Renal Disease (ESRD) - Failed Transplant. The clinical record lacked documentation of the PH and conductivity for 8 of 9 treatments from 6/29/09 to 7/20/09. 3. The clinical record of Pt. #3 was reviewed on 7/21/09. Pt. #3 was a 74 year old male admitted on 2/19/09 with the diagnosis of ESRD. The clinical record lacked documentation of the PH and conductivity for 1 of 9 treatments from 6/27/09 to 7/18/09. 4. The clinical record of Pt. #4 was reviewed on 7/21/09. Pt. #4 was a 47 year old male admitted with the diagnosis of ESRD. The clinical record lacked documentation of the PH and conductivity for 3 of 9 treatments from 7/1/09 to 7/21/09. 5. The clinical record of Pt. #6 was reviewed on 7/21/09 at 12:45 PM. Pt. #6 was an 82 year old female admitted on 3/9/09 with the diagnosis of End Stage Renal Disease (ESRD) secondary to Hypertension (HTN). The clinical record lacked documentation of the PH and conductivity for 2 of 9 treatments from 7/1/09 to 7/20/09. 	V 250	<p>Items 1 through 9: The staff has been provided with a review of the following: University of Chicago Medical Center Dialysis Policy "Phoenix Meter" (see attached form). "Verify dialysis machine conductivity and pH. This procedure is done before initiating each treatment". The staff has all been provided with direction to record the results of this verification in the progress notes at the beginning of the dialysis treatment. A roster of personnel having attended the review will be completed including signatures (see attached form). The nurse manager or designee will conduct a weekly audit by observation to assure compliance with the policy (see attached form). The nurse manager will note deficiencies, assure appropriate education and corrective action, and notify the Medical Director & the Care Center Director. The results of this audit will be included in the reports for QAPI monthly meeting (see attached form). Weekly audits will be conducted for minimum of sixty days, after 100% compliance is achieved and maintained for six weeks the audits will be reduced to monthly.</p>	08/17/09

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES**

 Printed: 07/23/2009
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 OMB NO. 0938-0391

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V 250	Continued From page 10 6. The clinical record of Pt. #7 was reviewed on 7/21/09 at 1:15 PM. Pt. #7 was an 85 year old male admitted on 6/17/08 with the diagnosis of ESRD secondary to HTN. The clinical record lacked documentation of the PH and conductivity for 2 of 9 treatments from 6/30/09 to 7/18/09. 7. The clinical record of Pt. #8 was reviewed on 7/21/09 at 1:45 PM. Pt. #8 was a 59 year old male admitted on 4/30/09 with the diagnosis of ESRD secondary to Diabetes. The clinical record lacked documentation of the PH and conductivity for 2 of 9 treatments from 6/25/09 to 7/18/09. 8. The clinical record of Pt. #9 was reviewed on 7/22/09 at 8:30 AM. Pt. #9 was a 57 year old male admitted on 1/16/95 with the diagnosis of ESRD, failed transplant. The clinical record lacked documentation of the PH and conductivity for 2 of 9 treatments from 7/1/09 to 7/20/09. 9. The clinical record of Pt. # 10 was reviewed on 7/22/09 at 9:15 AM. Pt. #10 was a 38 year old female admitted 9/1/89 with the diagnosis of ESRD secondary to Nephrosis. The clinical record lacked documentation of the PH and conductivity for 7 of 9 treatments from 7/1/09 to 7/20/09. 10. The clinical record of Pt. #11 was reviewed on 7/22/09 at 10:45 AM. Pt. #11 was a 20 year old female admitted on 12/3/08 with the diagnosis of ESRD secondary to Systemic Lupus. The clinical record lacked documentation of the PH and conductivity for 2 of 9 treatments from 6/26/09 to 7/20/09. 11. The clinical record of Pt. #12 was reviewed on 7/22/09 at 11:00 AM. Pt. #12 was a 54 year old	V 250			

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V 250	<p>Continued From page 11</p> <p>female admitted on 11/10/08 with the diagnosis of ESRD secondary to HTN. The clinical record lacked documentation of the PH and conductivity for 3 of 9 treatments from 7/1/09 to 7/20/09.</p> <p>12. The clinical record of Pt. 13 was reviewed on 7/22/09 at 12:00 PM. Pt. #13 was a 66 year old female admitted on 10/20/08 with the diagnosis of ESRD. The clinical record lacked documentation of the PH and conductivity for 6 of 9 treatments from 7/1/09 to 7/20/09.</p> <p>13. The above findings were conveyed to the Nurse Manager on 7/22/09 at 11:30 AM, during an interview.</p>	V 250		
V 501	<p>494.80 PATIENT ASSESSMENT</p> <p>The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care.</p> <p>This Standard is not met as evidenced by: Surveyor: 27125 A. Based on review of Facility policy, clinical record review and staff interview, it was determined that for 7 of 9 (Pt #s 1, 3, 5, 6, 8, 11 and 12) comprehensive assessments reviewed, the Facility failed to ensure the comprehensive assessments were complete and addressed all issues that were actionable.</p>	V 501	<p>V 501 494.80 PATIENT ASSESSMENT A. The facility ensures the comprehensive assessments are complete and addressed all issues that are actionable.</p>	08/17/09

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V 501	<p>Continued From page 12</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility policy titled "Dialysis Medical Records" was reviewed on 7/22/09 at 2:30 PM. The policy included "Ensure that each patient's medical record contains sufficient information to identify the patient clearly..". 2. The clinical record of Pt. #1 was reviewed on 7/21/09. Pt. #1 was a 46 year old female admitted on 2/8/02 with the diagnosis of End Stage Renal Disease (ESRD). The Comprehensive Assessment dated 3/31/09 lacked the nursing assessment and transplant status. 3. The clinical record of Pt. #3 was reviewed on 7/21/09. Pt. #3 was a 74 year old male admitted on 2/19/09 with the diagnosis of ESRD. The Comprehensive Assessment dated 7/13/09 lacked the nursing assessment, transplant status and social service assessment. 4. The clinical record of Pt. #5 was reviewed on 7/21/09 at 10:00 AM. Pt. #5 was a 37 year old male admitted on 12/1/08 with the diagnosis of ESRD - failed transplant. The Comprehensive Assessment dated 12/11/08 lacked the current health status, appropriateness of dialysis, adequacy and vascular access assessments. 5. The clinical record of Pt. #6 was reviewed on 7/21/09 at 12:45 PM. Pt #6 was an 82 year old female admitted on 3/9/09 with the diagnosis of ESRD secondary to HTN. The Comprehensive Assessment dated 4/20/09 lacked the social service assessment. 6. The clinical record of Pt. #8 was reviewed on 7/21/09 at 1:45 PM. Pt. #8 was a 59 year old 	V 501	<p>Items 1 through 9: The staff has been provided with a review of the following: University of Chicago Medical Center "Dialysis Medical Records" Policy (<u>see attached form</u>) and the CMS regulation "The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs." Included in the assessment is nursing, transplant status, social service, health status, appropriateness of dialysis, adequacy, vascular access, home modality evaluation and other areas of concern. The staff has all been provided with direction to completely document results or the assessment. The interdisciplinary comprehensive patient assessment frequency is: Initial comprehensive assessment must be conducted on all new patient (that is, all admissions to the dialysis facility), within the latter of 30 calendar days or 13 hemodialysis sessions beginning with the first dialysis session. A follow up comprehensive reassessment must occur within 3 months after the completion of the initial assessment to provide information to adjust the patient's plan of care. A comprehensive reassessment of each patient and a revision of the plan of care must be conducted (1) at least annually for stable patients; and (2) at least monthly for unstable patients. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care.</p>	

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V 501	<p>Continued From page 13 male admitted on 4/30/09 with the diagnosis of ESRD secondary to Diabetes. The Comprehensive Assessment dated 6/8/09 lacked the social service assessment.</p> <p>7. The clinical record of Pt. #11 was reviewed on 7/22/09 at 10:45 AM. Pt. #11 was a 20 year old female admitted on 12/3/08 with the diagnosis of ESRD secondary to Systemic Lupus. The Comprehensive Assessment dated 12/18/08 lacked the vascular access and social service assessments, home modality evaluation and transplant status.</p> <p>8. The clinical record of Pt. #12 was reviewed on 7/22/09 at 11:00 AM. Pt. #12 was a 54 year old female admitted on 11/10/08 with the diagnosis of ESRD secondary to HTN. The Comprehensive Assessment dated 1/26/09 lacked the social service assessment, home modality evaluation and transplant status.</p> <p>9. The above findings were conveyed to the Nurse Manager on 7/22/09 at 11:30 AM, during an interview.</p>	V 501	<p>A roster of personnel having attended the review will be completed including signatures (<u>see attached form</u>). The nurse manager or designee will conduct a weekly audit by observation to assure compliance with the policy (<u>see attached form</u>). The nurse manager will note deficiencies, assure appropriate education and corrective action, and notify the Medical Director & the Care Center Director. The results of this audit will be included in the reports for QAPI monthly meeting (<u>see attached form</u>). Weekly audits will be conducted for minimum of sixty days, after 100% compliance is achieved and maintained for six weeks the audits will be reduced to monthly.</p>	08/17/09
V 558	<p>494.90(b)(1) IMPLEMENTATION OF THE PATIENT PLAN OF CARE</p> <p>The patient's plan of care must-</p> <p>(i) Be completed by the interdisciplinary team, including the patient if the patient desires; and</p> <p>(ii) Be signed by the team members, including the patient or the patient's designee; or, if the patient chooses not to sign the plan of care, this choice must be documented on the plan of care, along with the reason the signature was not provided.</p> <p>This Standard is not met as evidenced by: Surveyor: 27125</p>	V 556	<p>V 556</p> <p>494.90(b)(1) IMPLEMENTATION OF THE PATIENT PLAN OF CARE.</p> <p>A. The facility ensures the patient signed the plan of care in order to acknowledge the information in the plan.</p>	08/17/09

134

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 07/23/2009
FORM APPROVED
OMB NO. 0938-0391

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V 558	<p>Continued From page 14</p> <p>A. Based on review of Facility policy, clinical record review and staff interview, it was determined that that for 8 of 9 (Pt #s 1, 3, 6, 8, 10, 11, 12 and 13) care plans reviewed, the Facility failed to ensure that patient signed the plan of care in order to acknowledge the information in the plan.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The Facility policy titled " Dialysis Medical Records" was reviewed on 7/22/09 at 2:30 PM. The policy included "All medical records contain the following... 2. Evidence that the patient was informed of the plan of care developed from the assessment". 2. The clinical record of Pt. #1 was reviewed on 7/21/09. Pt. #1 was a 46 year old female admitted on 2/8/02 with the diagnosis of End Stage Renal Disease (ESRD). The Plan of Care dated 4/27/09 lacked Pt #1's signature. 3. The clinical record of Pt. #3 was reviewed on 7/21/09. Pt. #3 was a 74 year old male admitted on 2/19/09 with the diagnosis of ESRD. The Plan of Care dated 4/20/09 lacked Pt. #3's signature. 4. The clinical record of Pt. #6 was reviewed on 7/21/09 at 12:45 PM. Pt. #6 was an 82 year old female admitted on 3/9/09 with the diagnosis of End Stage Renal Disease (ESRD) secondary to Hypertension (HTN). The Plan of Care dated 4/20/09 lacked Pt. #6's signature. 5. The clinical record of Pt. #8 was reviewed on 7/21/09 at 1:45 PM. Pt. #8 was a 59 year old male admitted on 4/30/09 with the diagnosis of ESRD secondary to Diabetes. The Plan of Care dated 6/8/09 lacked Pt. #8's signature. 	V 558	<p>Items 1 through 10: The staff has been provided with a review of the following: University of Chicago Medical Center "Dialysis Medical Records" Policy (see attached form) and the CMS regulation "The patient's plan of care must ... Be signed by the team members, including the patient or the patient's designee, or if the patient chooses not to sign the plan of care, this choice must be documented on the plan of care; along with the reason the signature was not provided. The staff has all been provided with direction to complete the plan of care including patient signature following the completion of the interdisciplinary team assessment. Implementation of the initial plan of care must begin within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session. Implementation of monthly or annual updates of the plan care must be performed within 15 days of the completion of the patient assessments. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care.</p>		

135

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 142310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/23/2009
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V 556	Continued From page 15 6. The clinical record of Pt # 10 was reviewed on 7/22/09 at 9:15 AM. Pt #10 was a 38 year old female admitted 9/1/89 with the diagnosis of ESRD secondary to Nephrosis. The Plan of Care dated 6/8/09 lacked Pt # 10's signature. 7. The clinical record of Pt #11 was reviewed on 7/22/09 at 10:45 AM. Pt #11 was a 20 year old female admitted on 12/3/08 with the diagnosis of ESRD secondary to Systemic Lupus. The Plan of Care dated 12/29/08 Lacked Pt #11's signature. 8. The clinical record of Pt #12 was reviewed on 7/22/09 at 11:00 AM. Pt #12 was a 54 year old female admitted on 11/10/08 with the diagnosis of ESRD secondary to HTN. The Plan of Care dated 2/2/09 lacked Pt #12's signature. 9. The clinical record of Pt. 13 was reviewed on 7/22/09 at 12:00 PM. Pt #13 was a 66 year old female admitted on 10/20/08 with the diagnosis of ESRD. The Plan of Care dated 1/5/09 lacked Pt #13's signature. 10. The above findings were conveyed to the Nurse Manager on 7/22/09 at 11:30 AM, during an interview.	V 556	A roster of personnel having attended the review will be completed including signatures (see attached form). The nurse manager or designee will conduct a weekly audit by observation to assure compliance with the policy (see attached form). The nurse manager will note deficiencies, assure appropriate education and corrective action, and notify the Medical Director & the Care Center Director. The results of this audit will be included in the reports for QAPI monthly meeting (see attached form). Weekly audits will be conducted for minimum of sixty days, after 100% compliance is achieved and maintained for six weeks the audits will be reduced to monthly.	08/17/09	



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

August 12, 2010

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

Dear Mr. Galassie:

RE: Certificate Of Need to Expand and Relocate Woodlawn Dialysis

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

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

Sincerely,

Kent Thiry
Chairman and CEO
DaVita Inc.

ATTACHMENT 11(4)
Page 1 of 2

137



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

August 12, 2010

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

Dear Mr. Galassie:

RE: Certificate Of Need to Expand and Relocate Woodlawn Dialysis

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

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

Sincerely,

Kent Thiry
Chairman and CEO
TRC Inc.

PURPOSE OF THE PROJECT

The Project

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease with the University of Chicago Medical Center expires December 31, 2011 and the landlord will not renew the lease (see Attachment 10, "Discontinuation.") The project relocates the facility to a nearby site approximately one and one-half miles northwest to 4642 - 4658 South Drexel Boulevard in Chicago (60653.) The project adds 12 stations, for a total of 32 stations. The purpose of the project is twofold: (1) to continue to provide necessary hemodialysis services to an identified population and (2) to improve access to hemodialysis services.

Relocation and Expansion Ensures Continued, Timely Access to Care in the Area

The loss of the existing lease gives DaVita an opportunity to expand services. The 20-station facility continuously operates over 100% utilization (see Attachment 12(1) for historic utilization.) To serve patients the facility operates a 4th shift with the last patient leaving well past 10 p.m.

The following evidence documents the need to relocate and expand the facility to ensure timely access to high-quality, modern dialysis services both in the market area and planning area:

- (1) Substantial historic and projected physician support/referrals which are separate and distinct from patient referrals to other projects in the area;
- (2) High (78%) occupancy of dialysis stations currently operating in the market area;
- (3) Service to Planning Area 6, City of Chicago, residents;
- (4) Identified need for stations in Planning Area 6 and higher ratios of population per dialysis station in the market area than either Illinois or Chicago; and
- (5) Low impact on other facilities in the market area.

Substantial Historical and Projected Referrals

Dr. Mary Hammes identifies 156 referrals to support the new Woodlawn Dialysis. Patient referrals include 135 current patient transfers from Woodlawn Dialysis, and 21 pre-renal patients. Physicians verify that patient referrals have not been used to support any other pending or approved CON application and verify that the information is true and correct (see letters of referral in Attachment 26C(1).)

Woodlawn Dialysis would serve 159 patients by the end of the second year reaching 82.8% occupancy (see facility projected utilization in Attachment 12(2).) Projections are conservative based on the referring physician's historical referrals and patient caseloads (see attachments to referral letters in Attachment 26C(1).) In 2009 Dr. Hammes referred 29 new patients. These referrals are identified by the patients' residential zip code and ICD 9 code.

Woodlawn' utilization projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachment 12(2) for projected utilization and 12(8) for mortality and transplantation data.)

High Occupancy of Dialysis Stations Operating in the Market Area

Woodlawn Dialysis serves a market area of 4.1 million people living within 30 minutes of the proposed site (see Attachment 12(3) for 2000 U.S. Census population data.) Recent data from The Renal Network indicate that the 37 other facilities that currently this large population operate at over 78% utilization (see Attachment 12(4) for the names, locations and 3rd quarter 2010 utilization of these facilities.)

Service to Planning Area 6: City of Chicago Residents

The overwhelming majority of Woodlawn Dialysis' patients live in Chicago, Planning Area 6. Currently 97% of patients (131 of the current 135 patients) live in Chicago. Upon referral of the additional 21 pre-renal patients 96% of patients (150 of the proposed 156 patients) will live in Chicago (see Attachment 12(5) for current and projected patient origin.)

Identified Need for Stations and High Ratio of Population/Dialysis Station in the Market Area

The IHFSRB Inventory (Updated 12/17/10) identifies a need for 81 additional stations in Planning Area 6, City of Chicago. This need is further documented by data on the ratio of people per dialysis station in the market area (see Attachment 12(6).) With these 12 additional stations, the market area's 2000 population of 4.1 million people will be served by 940 dialysis stations, a ratio of 4,409 people per dialysis station. This ratio is 23% higher than the state ratio of 3,567 people per station. Similarly, there are over 50% more people per station in the market area than in Planning Area 6 which has a ratio of 2,879 people per station. These ratios further support the need for Woodlawn Dialysis to add stations to ensure timely access to care.

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

Woodlawn Dialysis will not impact other facilities. The referral of Woodlawn's 135 current patients and 21 pre-renal patients will not affect the utilization of any existing/approved facility.

DaVita's High Quality of Care

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

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

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

In conclusion the project enables DaVita to provide patients with high-quality care in modern facilities. The relocation and expansion would ensure timely access to services; serve a large and growing number of patients in the planning area; reach appropriate utilization; improve the distribution of services in the planning area; and not impact other dialysis facilities.

WOODLAWN DIALYSIS

**ANNUAL HISTORIC UTILIZATION
2007 - 2010**

<u>Year</u>	<u>Chronic Hemodialysis</u>		
	<u>Treatments</u>	<u>Patients*</u>	<u>Utilization</u>
2007	20,137	144	120%
2008	20,588	143	119%
2009	20,101	142	118%
YTD 2010 (11/30/10)	19,500	135	113%

SOURCES: Data through July 30, 2010 are from University of Chicago Medical Center. Subsequent data are from DaVita which purchased the facility on August 3, 2010.

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

ATTACHMENT 12(1)

WOODLAWN DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	76.6%	80%	No
2013	32	22,030	82.8%	80%	Yes
2014	32	23,131	84.9%	80%	Yes

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

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

142

Mortality Assumption 14.0%

Treatments
 DRAFT - CONFIDENTIAL
 For Discussion Purposes Only

TREATMENT SCHEDULE

IN-CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	135	1,616	148	1,770	159	1,906	163	1,953	167	2,001
2	136	1,629	149	1,782	160	1,910	164	1,957	168	2,005
3	137	1,642	150	1,794	160	1,914	164	1,961	168	2,009
4	138	1,654	151	1,806	160	1,918	164	1,965	168	2,013
5	139	1,667	152	1,818	161	1,922	165	1,969	169	2,017
6	141	1,680	153	1,830	161	1,926	165	1,973	169	2,021
7	142	1,693	154	1,842	161	1,930	165	1,977	169	2,025
8	143	1,706	155	1,854	162	1,934	166	1,981	170	2,029
9	144	1,719	156	1,866	162	1,938	166	1,985	170	2,033
10	145	1,732	157	1,878	162	1,942	166	1,989	170	2,037
11	146	1,745	158	1,890	163	1,945	167	1,993	171	2,041
12	147	1,758	159	1,902	163	1,949	167	1,997	171	2,045
Total		20,242		22,030 8.8%		23,131 5.0%		23,705 2.5%		24,279 2.4%

HOME

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

New Patients on Service

Beginning Patients	135	148	159	163	167
Less 14.0% Mortality	19	21	22	23	23
Ending Patients	147	159	163	167	171
Net New Patients	31	32	26	27	27

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
WOODLAWN DIALYSIS
4642 - 4658 S. Drexel Boulevard, Chicago, IL 60653**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Distance</u>
60653	CHICAGO	IL	COOK	34,502	0
60615	CHICAGO	IL	COOK	45,096	1.3
60616	CHICAGO	IL	COOK	47,073	2.1
60609	CHICAGO	IL	COOK	79,469	2.3
60637	CHICAGO	IL	COOK	57,090	2.5
60621	CHICAGO	IL	COOK	47,514	3.3
60605	CHICAGO	IL	COOK	12,423	3.6
60608	CHICAGO	IL	COOK	92,472	3.6
60636	CHICAGO	IL	COOK	51,451	4.1
60604	CHICAGO	IL	COOK	78	4.2
60603	CHICAGO	IL	COOK	378	4.4
60649	CHICAGO	IL	COOK	54,823	4.5
60602	CHICAGO	IL	COOK	70	4.5
60606	CHICAGO	IL	COOK	1,682	4.5
60607	CHICAGO	IL	COOK	15,552	4.5
60661	CHICAGO	IL	COOK	4,382	4.7
60601	CHICAGO	IL	COOK	5,591	4.7
60619	CHICAGO	IL	COOK	74,963	5.1
60632	CHICAGO	IL	COOK	87,577	5.1
60654	CHICAGO	IL	COOK	7	5.2
60611	CHICAGO	IL	COOK	26,522	5.3
60620	CHICAGO	IL	COOK	85,771	5.6
60612	CHICAGO	IL	COOK	37,990	5.7
60629	CHICAGO	IL	COOK	113,984	5.7
60623	CHICAGO	IL	COOK	108,144	5.9
60610	CHICAGO	IL	COOK	47,513	6.1
60622	CHICAGO	IL	COOK	76,015	6.8
60617	CHICAGO	IL	COOK	96,288	7
60624	CHICAGO	IL	COOK	45,647	7
60652	CHICAGO	IL	COOK	39,126	7.4
60614	CHICAGO	IL	COOK	65,474	7.5
60804	CICERO	IL	COOK	86,133	7.9
60805	EVERGREEN PARK	IL	COOK	20,821	8.1
60647	CHICAGO	IL	COOK	98,769	8.3
60638	CHICAGO	IL	COOK	55,788	8.6
60657	CHICAGO	IL	COOK	66,789	8.6
60651	CHICAGO	IL	COOK	77,583	8.7
60456	HOMETOWN	IL	COOK	4,452	8.7
60644	CHICAGO	IL	COOK	59,059	8.7
60643	CHICAGO	IL	COOK	52,568	8.7
60628	CHICAGO	IL	COOK	87,827	8.8
60402	BERWYN	IL	COOK	60,373	9.4
60459	BURBANK	IL	COOK	27,978	9.6
60613	CHICAGO	IL	COOK	50,548	9.6
60655	CHICAGO	IL	COOK	29,138	9.6
60304	OAK PARK	IL	COOK	17,839	9.8
60618	CHICAGO	IL	COOK	98,147	10
60639	CHICAGO	IL	COOK	92,951	10.2
60453	OAK LAWN	IL	COOK	54,499	10.2
60302	OAK PARK	IL	COOK	32,527	10.4
60501	SUMMIT ARGO	IL	COOK	11,175	10.4
60301	OAK PARK	IL	COOK	2,158	10.8
60546	RIVERSIDE	IL	COOK	15,700	10.9
60534	LYONS	IL	COOK	10,212	10.9
60640	CHICAGO	IL	COOK	74,030	10.9
60130	FOREST PARK	IL	COOK	15,688	10.9

46394	WHITING	IN	LAKE	12,728	11.2
60641	CHICAGO	IL	COOK	73,824	11.3
60455	BRIDGEVIEW	IL	COOK	16,138	11.4
60625	CHICAGO	IL	COOK	91,351	11.5
60415	CHICAGO RIDGE	IL	COOK	14,039	11.7
60803	ALSIP	IL	COOK	22,757	11.8
60406	BLUE ISLAND	IL	COOK	25,370	11.8
60827	RIVERDALE	IL	COOK	33,209	11.8
60305	RIVER FOREST	IL	COOK	11,635	11.8
60633	CHICAGO	IL	COOK	13,262	12
60141	HINES	IL	COOK	247	12.1
60660	CHICAGO	IL	COOK	47,726	12.1
60513	BROOKFIELD	IL	COOK	19,146	12.2
60707	ELMWOOD PARK	IL	COOK	42,621	12.4
60458	JUSTICE	IL	COOK	14,226	12.5
60153	MAYWOOD	IL	COOK	26,863	12.7
60457	HICKORY HILLS	IL	COOK	14,110	12.8
60659	CHICAGO	IL	COOK	39,155	12.8
60155	BROADVIEW	IL	COOK	8,254	12.9
60630	CHICAGO	IL	COOK	54,781	12.9
60634	CHICAGO	IL	COOK	74,164	12.9
60482	WORTH	IL	COOK	11,262	12.9
60472	ROBBINS	IL	COOK	6,672	13
60526	LA GRANGE PARK	IL	COOK	13,301	13.2
60419	DOLTON	IL	COOK	25,567	13.3
60626	CHICAGO	IL	COOK	59,251	13.5
60525	LA GRANGE	IL	COOK	32,475	13.7
60469	POSEN	IL	COOK	4,703	13.8
60645	CHICAGO	IL	COOK	44,197	13.8
60465	PALOS HILLS	IL	COOK	17,198	13.8
46327	HAMMOND	IN	LAKE	12,075	13.8
60160	MELROSE PARK	IL	COOK	23,034	13.9
60171	RIVER GROVE	IL	COOK	10,681	13.9
60445	MIDLOTHIAN	IL	COOK	25,979	14.1
60463	PALOS HEIGHTS	IL	COOK	13,286	14.3
60154	WESTCHESTER	IL	COOK	16,714	14.3
60646	CHICAGO	IL	COOK	27,016	14.3
60104	BELLWOOD	IL	COOK	20,571	14.3
60712	LINCOLNWOOD	IL	COOK	12,371	14.4
60426	HARVEY	IL	COOK	47,649	14.4
60409	CALUMET CITY	IL	COOK	39,065	14.4
60706	HARWOOD HEIGHTS	IL	COOK	22,809	14.6
60480	WILLOW SPRINGS	IL	COOK	4,758	14.6
46312	EAST CHICAGO	IN	LAKE	32,385	14.7
60558	WESTERN SPRINGS	IL	COOK	12,539	14.8
46320	HAMMOND	IN	LAKE	16,539	15
60202	EVANSTON	IL	COOK	32,208	15
60165	STONE PARK	IL	COOK	5,171	15
60162	HILLSIDE	IL	COOK	8,513	15.3
60473	SOUTH HOLLAND	IL	COOK	22,218	15.3
60656	CHICAGO	IL	COOK	27,129	15.6
60131	FRANKLIN PARK	IL	COOK	19,342	15.8
60631	CHICAGO	IL	COOK	28,832	16
60163	BERKELEY	IL	COOK	5,212	16.1
60464	PALOS PARK	IL	COOK	9,520	16.1
60076	SKOKIE	IL	COOK	34,263	16.3
60164	MELROSE PARK	IL	COOK	21,682	16.3
60521	HINSDALE	IL	DUPAGE	37,496	16.3
60452	OAK FOREST	IL	COOK	27,899	16.3

Total population in radius = 4,144,607

SOURCE: U.S. Census of Population, 2000.

NOTE: Travel time is based on MapQuest data adjusted by 1.25.

ESRD FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF PROPOSED SITE OF WOODLAWN DIALYSIS
4842 - 4858 South Drexel Blvd, Chicago, Illinois 60653

3rd Quarter 2010 - Utilization

MapQuest Number	Facility Name	Address	City	Zip Code	Mileage	Drive Time	MapQuest Time (1,25)	Capacity	IHPB Inventory	9/30/2010 Pt. Census	9/30/2010 Utilization
1	DaVita - LaVo Park	1531 E. Hyde Park Blvd.	Chicago	60616	1.24	3	3.75	120	20	122	101.67%
2	FMC - Garfield	5401 S. Wernwood	Chicago	60609	2.55	8	10.00	132	22	122	91.71%
3	DaVita - Emerald Dialysis	710 West 43rd St.	Chicago	60609	2.59	6	10.00	144	24	125	86.81%
4	RCG - Grand Crossing (DeNovo)	7311 S. Cottage Grove Avenue	Chicago	60619	3.48	10	12.50	72	12	0	0.00%
5	RCG - Prairie	1717 S. Wabash Street	Chicago	60616	3.47	11	13.75	144	24	86	59.72%
6	FMC - Bridgeport	825 W. 35th St	Chicago	60609	3.78	12	13.75	178	27	119	73.49%
7	FMC - Ross Dialysis - Englewood	6533 S. Green Street	Chicago	60621	4.97	11	15.00	120	20	88	73.33%
8	DSI - Loop	1101 S. Canal St	Chicago	60607	7.15	13	16.25	166	23	70	41.67%
9	FMC - Neomedica Loop	627 W Park Street	Chicago	60607	7.29	13	16.25	144	24	103	71.53%
10	FMC - Neomedica Park Dialysis Center	4311 S. Stony Island	Chicago	60649	5.43	14	17.50	144	24	115	80.56%
11	FMC - Neomedica South Shore	2406 S. Michigan	Chicago	60607	5.59	14	17.50	198	33	82	41.41%
12	FMC - Chicago Dialysis Center	420 W. Madison	Chicago	60607	8.17	14	17.50	198	33	88	44.44%
13	Renal Care Group - Unity Program	710 N. LaSalle	Chicago	60610	7.06	15	18.75	264	44	196	74.24%
14	Circle Medical Management	1426 W. Washington Blvd	Chicago	60607	8.75	16	20.00	264	44	182	68.94%
15	DaVita - Little Village Dialysis	2336 W. Carmack Road	Chicago	60608	8.37	16	20.00	96	16	122	126.04%
16	John H. Stroger, Jr Hospital of Cook County	1801 W. Harrison	Chicago	60612	8.37	16	20.00	96	16	122	126.04%
17	FMC - Dialysis Services of Congress Parkway	3410 West Van Buren St	Chicago	60624	10.94	17	21.25	156	30	103	66.03%
18	University of Illinois Hospital - Dialysis	1659 W. Taylor	Chicago	60612	9.30	17	21.25	156	30	103	66.03%
19	FMC - Neomedica - South	8200 S. South Chicago Avenue	Chicago	60617	9.11	17	21.25	216	36	151	70.00%
20	FMC - Greenwood Avenue Dialysis Center	1111 E. 87th Street	Chicago	60619	9.91	17	21.25	216	36	151	70.00%
21	FMC - Chicago Westlake Dialysis	1340 S. Damen Avenue	Chicago	60608	8.67	18	22.50	186	31	152	81.24%
22	FMC - West Willow (DENOVO)	1444-1454 W. Willow	Chicago	60642	10.53	18	22.50	186	31	152	81.24%
23	DaVita - Stony Island Center	6729 South Stony Island Avenue	Chicago	60637	6.65	18	22.50	139	23	124	89.24%
24	FMC - Neomedica - Marquette Park	6535 S. Western Avenue	Chicago	60636	8.63	18	22.50	139	23	124	89.24%
25	Mc Small Hosp Med Ctr Renal	2700 W. 15th Street	Chicago	60608	10.6	20	25.00	66	10	68	78.79%
26	FMC - Beverly Dialysis	1109 S. Western Avenue	Chicago	60608	8.85	20	25.00	66	10	68	78.79%
27	FMC - West Loop Dialysis Center	132 W. 11th St.	Chicago	60608	10.19	21	26.25	72	12	53	73.61%
28	Geoffrey Kidney Center	152 W. 11th St.	Chicago	60608	10.43	21	26.25	72	12	53	73.61%
29	FMC - South Deering	2250 W. Franklin Blvd	Chicago	60607	11.79	22	27.50	96	16	84	87.50%
30	DaVita - Lincoln Park Dialysis	1659 N. Lincoln Avenue	Chicago	60617	12.31	22	27.50	120	20	109	90.83%
31	DaVita - Logan Square Dialysis	3157 N. Lincoln Avenue	Chicago	60641	11.37	23	28.75	132	22	109	82.58%
32	FMC - West Metro Dialysis	2659 N. Milwaukee Avenue	Chicago	60641	11.37	23	28.75	132	22	109	82.58%
33	FMC - NA Lakeview Dialysis	1944 N. Mezz	Chicago	60622	12.11	23	28.75	180	30	169	93.89%
34	FMC - Southside Dialysis Center	4008 North Broadway Avenue	Chicago	60613	12.11	23	28.75	180	30	169	93.89%
35	FMC - Blue Island Dialysis Center	3134 West 76th Street	Chicago	60635	10	23	30.00	144	24	141	97.92%
36	FMC - North Center	12200 S. Western	Chicago	60618	13.36	24	30.00	144	24	141	97.92%
37	Maple Avenue Kidney Center	2920 W. Addison St.	Chicago	60641	18.1	24	30.00	72	12	69	95.83%
38	FMC - North Center	610 S. Maple Avenue	Chicago	60640	12.8	24	30.00	72	12	69	95.83%
39	FMC - Uptown	4700 N. Madison	Chicago	60640	12.8	24	30.00	72	12	69	95.83%
40	FMC - Neomedica - Evergreen Park	9730 S. Western Avenue	Evergreen Park	60805	10.9	24	30.00	162	27	163	100.62%
Average Utilization								5448	908	4011	73.62%
Average Utilization of Stations in Operation **								5136	856	4011	78.10%

Facilities Over 30 Minutes Adjusted Travel Time	Address	City	Zip Code	Mileage	Drive Time	MapQuest Time (1,25)	Capacity	IHPB Inventory	9/30/2010 Pt. Census	9/30/2010 Utilization	
37	RCG - West Loop Dialysis Center	1650 S. Kedzie	Chicago	60603	14.3	25	31.25	96	16	67	69.79%
41	FMC - North Center Kidney Center	4801 W. Chicago Avenue	Chicago	60651	15.23	26	32.50	96	16	45	46.88%
42	FMC - Oak Park Dialysis Unit	1001 W. 11th St	Oak Park	60302	18.74	26	32.50	108	18	128	118.52%
43	DaVita - West Loop (DENOVO)	7000 S. Prairie Road	Chicago	60629	11.73	26	32.50	72	12	1	1.39%
44	DSI - Scottsdale	3401 W. 11th Street	Chicago	60642	13.47	26	32.50	96	16	82	85.42%
45	FMC - Neomedica - North	4651 W. 79th Street	Chicago	60634	15.34	26	32.50	210	35	159	75.71%
46	FMC - Neomedica - North	8201 W. 63rd St.	Chicago	60634	15.34	26	32.50	210	35	159	75.71%
47	FMC - Neomedica - North	8201 N. Kilpatrick	Chicago	60630	18.40	27	33.75	72	12	114	80.36%
48	FMC - Dialysis Services of Burnham	4911 W. 77th Street	Chicago	60649	12.00	27	33.75	132	22	117	88.64%
49	Feeder McGraw Hospital of Loyola	1201 W. Roosevelt Road	Maywood	60153	15.42	28	35.00	180	30	143	79.44%
50	FMC - Neomedica - West Belmont	4943 W. Belmont Avenue	Chicago	60641	15.42	28	35.00	180	30	143	79.44%
51	RCG - Berwyn	2801 S. Harlem Avenue	Chicago	60641	17.85	28	35.00	156	26	140	89.74%
52	FMC - River Forest (DENOVO)	103 Forest Avenue	River Forest	60473	17.34	28	35.00	156	26	140	89.74%
53	DSI - South Holland	19138 South Park Avenue	South Holland	60473	18.01	29	35.00	120	20	107	89.17%
54	DaVita - Stony Creek Dialysis	6115 S. Cicero Avenue	Oak Lawn	60453	13.18	29	36.25	144	24	102	70.83%
55	Neperon Dialysis Center, LTD	3053-3055 West 158th Street	Marietta	60428	19.55	29	36.25	144	24	102	70.83%
56	Lincoln Park Hospital	7301 N. Lincoln Avenue	Lincolnwood	60712	16.12	30	37.50	96	16	79	82.29%
57	Feeder McGraw Hospital of Loyola	1111 Superior St.	Chicago	60600	18.9	30	37.50	96	16	67	69.79%
58	Feeder McGraw Hospital of Loyola	7411 W. Belmont Avenue	Chicago	60631	19.3	30	37.50	108	18	59	54.63%
59	Feeder McGraw Hospital of Loyola	8111 W. Belmont Avenue	Chicago	60610	20.52	32	40.00	120	20	61	50.83%
60	FMC - North Avenue Dialysis Center	12250 S. Cicero	Chicago	60640	17.0	32	40.00	120	20	101	84.17%
61	FMC - North Avenue Dialysis Center	4881 West Cal Sag Road	Crestwood	60446	17.01	32	40.00	162	32	122	83.94%
Average Utilization								2634	439	1902	72.21%
Average Utilization of Stations in Operation **								2514	410	1902	75.66%

SOURCES: Patients - The Renal Network, Inc., 2010, 3rd Quarter data released December 2010.
Stations - IHPB Inventory Updated, December 17, 2010.
Mileage & Travel Time: Map Quest. See Appendix 4 for documentation.

NOTES:
* Occupancy rates are calculated based on the IHPB standard of 3 shifts per day and 6 days per week.
* In 2010 52 stations were not in operation within 30 minutes of Woodlawn Dialysis: DVA - Grand Crossing (12 stations); FMC - West Willow (12 stations); FMC - South Deering (20 stations); and 8 stations at FMC - Lakeview.
** In 2010 the 20 stations at FMC - River Forest were not in operation.

WOODLAWN DIALYSIS

PATIENT ORIGIN November 30, 2010

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Chicago	60608	1	0.74%
	60609	3	2.22%
	60615	14	10.37%
	60616	3	2.22%
	60617	6	4.44%
	60619	17	12.59%
	60620	8	5.93%
	60621	9	6.67%
	60622	1	0.74%
	60624	1	0.74%
	60628	5	3.70%
	60632	1	0.74%
	60636	10	7.41%
	60637	25	18.52%
	60643	3	2.22%
	60647	1	0.74%
	60649	13	9.63%
60653	8	5.93%	
60656	2	1.48%	
	Subtotal	131	(97.04%)
Out of Town	30126	1	0.74%
Lansing	60438	1	0.74%
Country Club Hills	60478	1	0.74%
Riverdale	60827	1	0.74%
	Subtotal	4	(2.96%)
	Total	135	100.00%

Source: DaVita Inc.
Note: Percentages may not add due to rounding.

WOODLAWN DIALYSIS

PATIENT ORIGIN Proposed Patients

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Chicago	60605	1	0.64%
	60608	1	0.64%
	60609	4	2.56%
	60615	14	8.97%
	60616	3	1.92%
	60617	9	5.77%
	60619	19	12.18%
	60620	12	7.69%
	60621	11	7.05%
	60622	1	0.64%
	60624	1	0.64%
	60628	5	3.21%
	60629	1	0.64%
	60632	1	0.64%
	60636	12	7.69%
	60637	26	16.67%
	60639	1	0.64%
	60643	4	2.56%
	60647	1	0.64%
	60649	13	8.83%
60653	8	5.13%	
60656	2	1.28%	
	Subtotal	150	(96.15%)
Out of Town	30126	1	0.64%
Rolling Meadows	60008	1	0.64%
Lansing	60438	1	0.64%
Country Club Hills	60478	2	1.28%
Riverdale	60827	1	0.64%
	Subtotal	6	(3.85%)
	Total	156	100.00%

Source: Physician Letter of Referral in Attachment 26C(1).

**RATIO OF POPULATION TO STATIONS
WOODLAWN DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,578	3,567 people/station
Planning Area 6 City of Chicago	2,884,800	1,002	2,879 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Woodlawn Dialysis	<u>Year 2000 Population</u>		
	4,144,607		
Without 12 additional stations		928	4,466 people/station
With 12 additional stations		940	4,409 people/station

SOURCES: (1) 2005 population data for Illinois and Planning Area 6 are from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

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

(2) Number of stations is from IHFSRB Inventory, Updated 12/17/10.

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

Adequacy of Dialysis

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

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

Davita - Chicago Region
Mortality Rate, By Facility

2009

Facility Name/Number	Pts Beg Year	Started 1st Time	Restarted	Transferred In	Ret'd After Transplant	Total Pts	Deaths	Mortality %
Logan Square - 311	110	26	0	12	0	148	15	10.14%
Lake County - 312	63	26	1	23	1	114	16	14.04%
Lincoln Park - 314	113	22	1	25	1	162	20	12.35%
Children's - 319	17	11	0	1	1	30	0	0.00%
Emerald - 321	122	20	0	20	1	163	14	8.59%
Olympia Fields - 322	108	28	1	11	1	149	21	14.09%
Chicago Heights - 1608	94	15	2	12	1	124	22	17.74%
Stony Creek - 1784	61	23	3	14	1	102	15	14.71%
Beverly - 1785	59	10	1	9	1	80	4	5.00%
Montclare - 2030	72	18	0	16	2	108	10	9.26%
Mt. Greenwood - 2118	70	25	1	14	1	111	13	11.71%
Lake Villa - 2119	30	12	0	6	0	48	8	16.67%
Little Village - 2133	71	28	0	13	0	112	11	9.82%
Kankakee County - 2147	26	14	0	2	1	43	10	23.26%
Big Oaks - 4362						0		
TOTAL	1016	278	10	178	12	1494	179	11.98%

151

DaVita - Chicago Region
Transplantation, By Facility

2008

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

SOURCE: DaVita Inc.

Not Open

152

**DaVita - Chicago Region
Transplantation, By Facility**

2009

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

Source: DaVita Inc.

Not Open

153

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

Hi Margaret,

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

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

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

4.8%

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

4.6%

Rick

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

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

= 4.5%

7/15/2010 10:22 PM

ATTACHMENT 12(8)

Page 4 of 4

154

ALTERNATIVES

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease with the University of Chicago Medical Center (UCMC) expires December 31, 2011 and the landlord will not renew the lease (see Attachment 10, "Discontinuation.") The applicants propose to relocate and expand the facility. The project relocates the facility to a nearby site approximately one and one-half miles away, 4642 - 4658 South Drexel Boulevard in Chicago (60653) and adds 12 stations, for a total of 32 stations.

GENERAL ALTERNATIVES

Proposing a project of greater or lesser scope and cost

DaVita considered projects of lesser scope. DaVita considered relocating the facility with the following number of stations: 20 stations; 24 stations and 28 stations. These alternatives were each rejected as the facility has a large current and proposed patient population.

Woodlawn Dialysis currently serves 135 patients, 112.5% utilization of its 20 stations. The facility consistently exceeds 100% utilization and serves patients late into the night on a 4th shift. (See Attachment 13(1) for historic utilization.) The referring physician, Dr. Mary Hammes, would refer a total of 156 patients to the facility, the 135 current Woodlawn Dialysis patients and another 21 pre-renal patients who would need dialysis within the next 12 months. Refer to Attachment 26C(1) for the physician referral letter. The letter also attests that in 2009 the physician referred 29 new patients. Woodlawn Dialysis projects to serve 159 patients by the end of the second year reaching 82.8% occupancy. The projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachment 13(2) for projected utilization; refer to Attachment 12(8) for mortality and transplantation data.)

Therefore, Total Renal Care Inc. d/b/a Woodlawn Dialysis will meet or exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Woodlawn Dialysis anticipates serving 159 patients by the end of the second full year of operation, reaching 82.8% occupancy, as follows:

$$\frac{159 \text{ patients}}{192 \text{ patients}^*} = 82.8\%$$

* The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serve six patients. Therefore, 32 stations can serve 192 patients.

DaVita determined that given the large current and projected population adding fewer stations would not be cost-effective in the short-term or long-term.

DaVita never considered the option of doing nothing for the following two reasons:

- (1) A condition of the sale from the UCMC was to relocate the dialysis facility from the existing location as they would use that property for another strategic initiative.
- (2) The facility's high current and projected utilization.

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

DaVita is open to Joint Venture relationships and has developed joint ventures with physicians in the past. This option was not selected as a partner was not readily available and the project has significant time constraints.

Utilizing other healthcare facilities in the area

Woodlawn Dialysis serves a market area of 4.1 million people living within 30 minutes of the proposed site (see Attachment 12(3) for 2000 U.S. Census population data.) Recent data from The Renal Network indicate that the 37 other facilities currently serving this large population operate at over 78% utilization (see Attachment 12(4) for the names, locations and 3rd quarter 2010 utilization of these facilities.)

It is infeasible to use other facilities due to the large current and proposed population.

Establishing a new facility

DaVita has determined that the most effective and efficient way to serve its patients in Woodlawn is to address the need for more stations in Planning Area 6 and add stations to the existing facility. DaVita searched for property within a two-mile radius of the existing location. The search yielded only one other suitable property, 1301 E. 47th Street in Chicago, IL (60653.) Unfortunately, the landlord decided to lease the property to another healthcare company. The lease rate for that property was \$16 NNN. The chosen property on south Drexel Boulevard is only 1.5 miles northwest of the existing site. It provides adequate space (11,100 gsf), sufficient parking and excellent accessibility for both patients and deliveries. The lease rate is \$20.00 NNN.

No existing facility will be negatively impacted by the proposed Woodlawn Dialysis.

Measurable patient outcomes

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

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

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

Please refer to Attachment 13(3) for a comparison of alternatives' cost, patient access, quality and financial benefits.

WOODLAWN DIALYSIS

**ANNUAL HISTORIC UTILIZATION
2007 - 2010**

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients*</u>
2007	20,137	144
2008	20,588	143
2009	20,101	142
YTD 2010 (11/30/10)	19,500	135

SOURCES: Data through July 30, 2010 are from University of Chicago Medical Center. Subsequent data are from DaVita which purchased Woodlawn Dialysis on August 3, 2010.

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

WOODLAWN DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	147	76.6%	80%	No
2013	32	22,030	159	82.8%	80%	Yes
2014	32	23,131	163	84.9%	80%	Yes

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

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

Mortality Assumption 14.0%

Treatments

DRAFT - CONFIDENTIAL
For Discussion Purposes Only

TREATMENT SCHEDULE

IN-CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	135	1,616	148	1,770	159	1,906	163	1,953	167	2,001
2	136	1,628	149	1,782	160	1,910	164	1,957	168	2,005
3	137	1,642	150	1,794	160	1,914	164	1,961	168	2,009
4	138	1,654	151	1,806	160	1,918	164	1,965	168	2,013
5	139	1,667	152	1,818	161	1,922	165	1,969	169	2,017
6	141	1,680	153	1,830	161	1,926	165	1,973	169	2,021
7	142	1,693	154	1,842	161	1,930	165	1,977	169	2,025
8	143	1,706	155	1,854	162	1,934	166	1,981	170	2,029
9	144	1,719	156	1,866	162	1,938	166	1,985	170	2,033
10	145	1,732	157	1,878	162	1,942	166	1,989	170	2,037
11	146	1,745	158	1,890	163	1,945	167	1,993	171	2,041
12	147	1,758	159	1,902	163	1,949	167	1,997	171	2,045
Total		20,242		22,030 8.8%		23,131 5.0%		23,705 2.5%		24,279 2.4%

HOME

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

New Patients on Service

Beginning Patients	135	148	159	163	167
Less 14.0% Mortality	19	21	22	23	23
Ending Patients	147	159	163	167	171
Net New Patients	31	32	26	27	27

159

COMPARISON OF ALTERNATIVES

<u>Alternative</u>	<u>Total Cost</u>	<u>Patient Access</u>	<u>Quality</u>	<u>Financial Benefits</u>
Do Nothing or Lesser Scope	\$0	Poor Access high current occupancies; large current & projected population	Loss of continuity of care due to large current patient population	Patients would have added travel expenses
Joint Venture	\$4,983,511	Same as Project	Same as project	No difference for patients DaVita would incur less capital cost but would maintain control & Financial responsibility
Utilize Area Facilities	\$0	Poor Access due to large current & projected population and high current occupancies	Loss of continuity of care due to large current & proposed patient population and high current occupancies	DaVita would incur no capital cost but patients would have high travel expenses
Relocate & expand Woodlawn Dialysis	\$4,983,511	High continuity of care and improved access to care	DaVita maintains high standard of care	DaVita incurs capital cost and maintains financial responsibility

SIZE OF PROJECT

Total Renal Care Inc. d/b/a Woodlawn Dialysis proposes to relocate and expand its 20-station freestanding in-center hemodialysis facility. The project adds 12 stations for a total of 32 stations and would contain a total of approximately 11,100 gross square feet.

Please see schematics in Attachment 14(1.)

Therefore, the proposed 32-station hemodialysis service conforms to the IHFSRB guideline as follows:

<u>Number of Stations</u>	<u>Proposed GSF</u>	<u>GSF/Station</u>	<u>IHFSRB Standard</u>
32	11,100	347 gsf/station	520 dgsf/station

ATTACHMENT 14

**WOODLAWN
 DIALYSIS**

For
DaVita Inc.

AE

copyright 2008
 No. Description Date

FLOOR
 PLAN

A1

Project

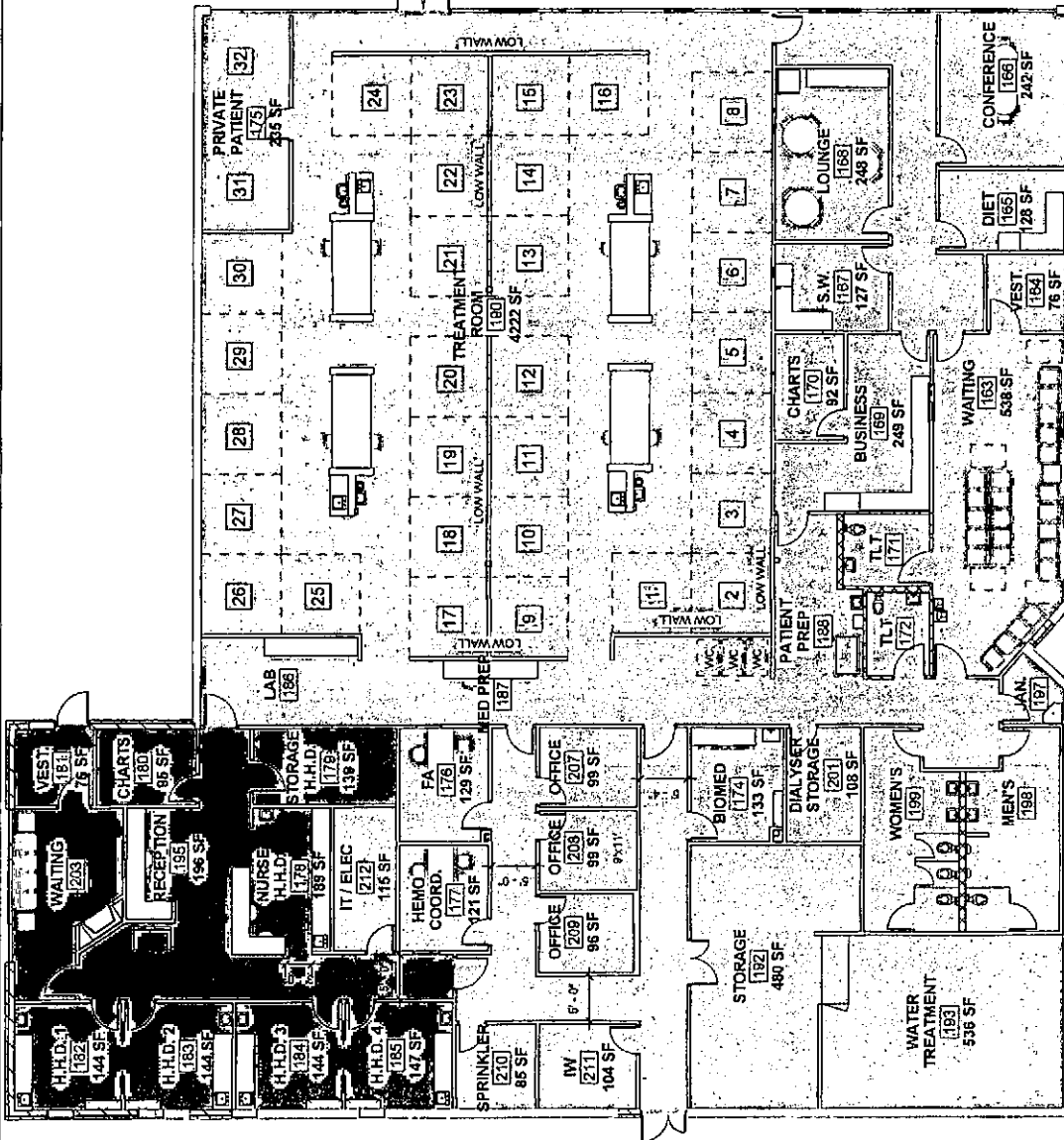
**HEMO BOMA AREA:
 11,100 SF.**

**H.H.D. BOMA AREA:
 2,326 SF.**

**① FLOOR PLAN
 1/16" = 1'-0"**

**TOTAL BOMA
 AREA:
 13,426 SF.**

**TOTAL USEABLE
 AREA:
 12,935 SF.**



PROJECT UTILIZATION

The Project

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease expires December 31, 2011 and the landlord, University of Chicago Medical Center, will not renew the lease (see Attachment 10, "Discontinuation.") The applicants propose to relocate and expand the facility. The project relocates the facility to a nearby site approximately one and one-half miles away, 4642 – 4658 South Drexel Boulevard in Chicago (60653) and adds 12 stations, for a total of 32 stations.

Historical and projected referrals

Woodlawn Dialysis has a large current and projected patient population. In November 2010 Woodlawn served 135 patients, 112.5% utilization of its 20 stations. The facility consistently exceeds 100% utilization and serves patients late into the night on a 4th shift. (See Attachment 15(1) for historic utilization.)

The referring physician, Dr. Mary Hammes, would refer a total of 156 patients to the facility, 135 current Woodlawn Dialysis patients and another 21 pre-renal patients who would need dialysis within the next 12 months. Refer to Attachment 26C(1) for the physician referral letter. The letter also attests that in 2009 the physician referred 29 new patients. Woodlawn Dialysis projects to serve 159 patients by the end of the second year reaching 82.8% occupancy.

The projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachment 15(2) for projected utilization and 12(8) for mortality and transplantation data.)

Therefore, Total Renal Care Inc. d/b/a Woodlawn Dialysis will meet or exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Woodlawn Dialysis anticipates serving 159 patients by the end of the second full year of operation, reaching 82.8% occupancy, as follows:

$$\frac{159 \text{ proposed patients}}{192 \text{ patient-capacity}^*} = 82.8\%$$

* The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serve six patients. Therefore, 32 stations can serve 192 patients.

Low Impact on Existing Facilities

Woodlawn Dialysis will not impact other facilities. The referral of Woodlawn's 135 current patients and 21 pre-renal patients will not affect the utilization of any existing facility.

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

ATTACHMENT 15

WOODLAWN DIALYSIS

**ANNUAL HISTORIC UTILIZATION
2007 - 2010**

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients*</u>
2007	20,137	144
2008	20,588	143
2009	20,101	142
YTD 2010 (11/30/10)	19,500	135

SOURCES: Data through July 30, 2010 are from University of Chicago Medical Center. Subsequent data are from DaVita which purchased Woodlawn Dialysis on August 3, 2010.

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

WOODLAWN DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	147	76.6%	80%	No
2013	32	22,030	159	82.8%	80%	Yes
2014	32	23,131	163	84.9%	80%	Yes

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

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

Mortality Assumption 14.0%

Treatments
 DRAFT - CONFIDENTIAL
 For Discussion Purposes Only

TREATMENT SCHEDULE

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	135	1,616	148	1,770	159	1,906	163	1,953	167	2,001
2	136	1,829	149	1,782	160	1,910	164	1,957	168	2,005
3	137	1,842	150	1,794	160	1,914	164	1,961	168	2,008
4	138	1,854	151	1,806	160	1,918	164	1,965	168	2,013
5	139	1,867	152	1,818	161	1,922	165	1,969	169	2,017
6	141	1,880	153	1,830	161	1,926	165	1,973	169	2,021
7	142	1,893	154	1,842	161	1,930	165	1,977	169	2,025
8	143	1,706	155	1,854	162	1,934	166	1,981	170	2,029
9	144	1,719	156	1,866	162	1,938	166	1,985	170	2,033
10	145	1,732	157	1,878	162	1,942	166	1,989	170	2,037
11	146	1,745	158	1,890	163	1,945	167	1,993	171	2,041
12	147	1,758	159	1,902	163	1,949	167	1,997	171	2,045
Total		20,242		22,030 8.8%		23,131 5.0%		23,705 2.5%		24,279 2.4%

HOME

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

New Patients on Service

Beginning Patients	135	148	159	163	167
Less 14.0% Mortality	19	21	22	23	23
Ending Patients	147	159	163	167	171
Net New Patients	31	32	26	27	27

166

PLANNING AREA NEED

Formula Need Calculation

1 – 3. DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease expires December 31, 2011 and the landlord, University of Chicago Medical Center, will not renew the lease (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility. The project relocates the facility to a nearby site approximately one and one-half miles away, 4642 – 4658 South Drexel Boulevard in Chicago (60653.)

There is a need for 81 additional stations in Planning Area 6 (12/17/2010), as follows:

Planning Area Health Service Area 6 City of Chicago

Category of Service	No. of Additional Stations Requested	HFPB Inventory Need 2010 Population	Part 1100 Occupancy/Utilization Standard
In-Center Hemodialysis	12 stations	81 Stations	80% use rate

4. Total Renal Care Inc. d/b/a Woodlawn Dialysis will meet or exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Woodlawn Dialysis anticipates serving 159 patients by the end of the second full year of operation, reaching 82.8% occupancy, as follows:

$$\frac{159 \text{ proposed patients}}{192 \text{ patient-capacity}^*} = 82.8\%$$

* The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serve six patients. Therefore, 32 stations can serve 192 patients.

Historical and projected referrals

Woodlawn Dialysis has a large current and projected patient population. In November 2010 Woodlawn served 135 patients, 112.5% utilization of its 20 stations. The facility consistently exceeds 100% utilization and serves patients late into the night on a 4th shift. (See Attachment 26A(1) for historic and projected utilization.) The physician's referral letter in Attachment 26C(1) further attests to historic and projected utilization.)

The referring physician, Dr. Mary Hammes, would refer a total of 156 patients to the facility, 135 current Woodlawn Dialysis patients and another 21 pre-renal patients will need dialysis within the next 12 months. Again refer to Attachment 26C(1) for the physician referral letter which indicates that in 2009 the physician referred 29 new patients. Woodlawn Dialysis projects to serve 159 patients by the end of the second year reaching 82.8% occupancy.

The projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachments 26A(1) for projected utilization and 12(8) for mortality and transplantation data.)

ATTACHMENT 26A

WOODLAWN DIALYSIS

**ANNUAL HISTORIC UTILIZATION
2007 - 2010**

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients*</u>
2007	20,137	144
2008	20,588	143
2009	20,101	142
YTD 2010 (11/30/10)	19,500	135

SOURCES: Data through July 30, 2010 are from University of Chicago Medical Center. Subsequent data are from DaVita which purchased Woodlawn Dialysis on August 3, 2010.

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

WOODLAWN DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	147	76.6%	80%	No
2013	32	22,030	159	82.8%	80%	Yes
2014	32	23,131	163	84.9%	80%	Yes

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

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

169

SERVICE TO PLANNING AREA RESIDENTS

The project will continue to provide needed in-center hemodialysis services to residents of Planning Area 6, City of Chicago. See Attachment 26B(1) for Woodlawn Dialysis' current and proposed patient origin. The data indicate that 97% (131) of 135 current patients live in Chicago, Planning Area 6 and 96% (150) of 156 proposed patients live in Chicago.

ATTACHMENT 26B

WOODLAWN DIALYSIS

PATIENT ORIGIN November 30, 2010

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Chicago	60608	1	0.74%
	60609	3	2.22%
	60615	14	10.37%
	60616	3	2.22%
	60617	6	4.44%
	60619	17	12.59%
	60620	8	5.93%
	60621	9	6.67%
	60622	1	0.74%
	60624	1	0.74%
	60628	5	3.70%
	60632	1	0.74%
	60636	10	7.41%
	60637	25	18.52%
	60643	3	2.22%
	60647	1	0.74%
	60649	13	9.63%
	60653	8	5.93%
	60656	<u>2</u>	<u>1.48%</u>
	Subtotal	131	(97.04%)
Out of Town	30126	1	0.74%
Lansing	60438	1	0.74%
Country Club Hills	60478	1	0.74%
Riverdale	60827	<u>1</u>	<u>0.74%</u>
	Subtotal	4	(2.96%)
	Total	135	100.00%

Source: DaVita Inc.
Note: Percentages may not add due to rounding.

WOODLAWN DIALYSIS

PATIENT ORIGIN Proposed Patients

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Chicago	60605	1	0.64%
	60608	1	0.64%
	60609	4	2.56%
	60615	14	8.97%
	60616	3	1.92%
	60617	9	5.77%
	60619	19	12.18%
	60620	12	7.69%
	60621	11	7.05%
	60622	1	0.64%
	60624	1	0.64%
	60628	5	3.21%
	60629	1	0.64%
	60632	1	0.64%
	60636	12	7.69%
	60637	26	16.67%
	60639	1	0.64%
	60643	4	2.56%
	60647	1	0.64%
	60649	13	8.83%
60653	8	5.13%	
60656	2	1.28%	
	Subtotal	150	(96.15%)
Out of Town	30126	1	0.64%
Rolling Meadows	60008	1	0.64%
Lansing	60438	1	0.64%
Country Club Hills	60478	2	1.28%
Riverdale	60827	1	0.64%
	Subtotal	6	(3.85%)
	Total	156	100.00%

Source: Physician Letter of Referral in Attachment 26C(1).

ATTACHMENT 26B(1)

Page 2 of 2

172

SERVICE DEMAND: ESTABLISH A NEW SERVICE

The Project

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease with the University of Chicago Medical Center expires December 31, 2011 and the landlord will not renew the lease (see Attachment 10, "Discontinuation.") The applicants propose to relocate and expand the facility. The project relocates the facility to a nearby site approximately one and one-half miles away, 4642 – 4658 South Drexel Boulevard in Chicago (60653) and adds 12 stations, for a total of 32 stations.

Historical and projected referrals

Woodlawn Dialysis has a large current and projected patient population. In November 2010 Woodlawn served 135 patients, 112.5% utilization of its 20 stations. The facility consistently exceeds 100% utilization and serves patients late into the night on a 4th shift. (See Attachment 15(1) for historic utilization.)

The referring physician, Dr. Mary Hammes, would refer a total of 156 patients to the facility, 135 current Woodlawn Dialysis patients and another 21 pre-renal patients who would need dialysis within the next 12 months. Refer to Attachment 26C(1) for the physician referral letter. The letter also attests that in 2009 the physician referred 29 new patients. Woodlawn Dialysis projects to serve 159 patients by the end of the second year reaching 82.8% occupancy.

The projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachment 26C(2) for projected utilization and 26C(3) for mortality and transplantation data.)

Therefore, Total Renal Care Inc. d/b/a Woodlawn Dialysis will meet or exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Woodlawn Dialysis anticipates serving 159 patients by the end of the second full year of operation, reaching 82.8% occupancy, as follows:

$$\frac{\text{159 proposed patients}}{\text{192 patient-capacity*}} = 82.8\%$$

* The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serve six patients. Therefore, 32 stations can serve 192 patients.

The following evidence further documents the need to relocate and expand the facility to ensure timely access to high-quality, modern dialysis services both in the market area and planning area:

- (1) Substantial historic and projected physician support/referrals which are separate and distinct from patient referrals to other projects in the area;
- (2) High (78%) occupancy of dialysis stations currently operating in the market area;
- (3) Service to Planning Area 6, City of Chicago, residents;
- (4) Identified need for stations in Planning Area 6 and higher ratios of population per dialysis station in the market area than either Illinois or Chicago; and
- (5) Low impact on other facilities in the market area.

High Occupancy of Dialysis Stations Operating in the Market Area

Woodlawn Dialysis serves a market area of 4.1 million people living within 30 minutes of the proposed site (see Attachment 12(3) for 2000 U.S. Census population data.) Recent data from The Renal Network indicate that the 37 other facilities currently serving this large population operate at over 78% utilization (see Attachment 12(4) for the names, locations and 3rd quarter 2010 utilization of these facilities.)

Service to Planning Area 6: City of Chicago Residents

The overwhelming majority of Woodlawn Dialysis' patients live in Chicago, Planning Area 6. Currently 97% of patients (131 of the current 135 patients) live in Chicago. Upon referral of the additional 21 pre-renal patients 96% of patients (150 of the proposed 156 patients) will live in Chicago (see Attachment 12(5) for current and projected patient origin.)

Identified Need for Stations and High Ratio of Population/Dialysis Station in the Market Area

The IHFSRB Inventory (Updated 12/17/10) identifies a need for 81 additional stations in Planning Area 6, City of Chicago. This need is further documented by data on the ratio of people per dialysis station in the market area (see Attachment 12(6).) With these 12 additional stations, the market area's 2000 population of 4.1 million people will be served by 940 dialysis stations, a ratio of 4,409 people per dialysis station. This ratio is 23% higher than the state ratio of 3,567 people per station. Similarly, the market area has over 50% more people per station than Chicago, Planning Area 6, which has a ratio of 2,879 people per station. These ratios further support the need for Woodlawn Dialysis to establish a 32-station facility to ensure timely access to care.

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

The relocation and expansion of Woodlawn Dialysis will not impact other facilities. The referral of Woodlawn's 135 current patients and 21 pre-renal patients will not affect the utilization of any existing/approved facility.

DaVita's High Quality of Care

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

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

In conclusion the project enables DaVita to provide patients with high-quality care in modern facilities. The relocation and expansion would ensure timely access to services; serve a large and growing number of patients in the planning area; reach appropriate utilization; improve the distribution of services in the planning area; and not impact other dialysis facilities.

175



The University of Chicago

DEPARTMENT OF MEDICINE
Section of Nephrology

Mary Hammes, D.O.
Assistant Professor of Medicine
5841 South Maryland Avenue, MC 5100
Chicago, IL 60637
Phone 773-702-9892 • Fax 773-753-8301
mhammes@medicine.bsd.uchicago.edu

December 13, 2010

Kelly Ladd
Group Director
DaVita -Total Renal Care Inc.
2659 N. Milwaukee Avenue
Chicago, Illinois 60647

Dear Ms. Ladd:

We are pleased to support the relocation and expansion of Woodlawn Dialysis. The new 32-station chronic renal dialysis facility, to be located at 4642-4658 S. Drexel Boulevard in Chicago (60653), will provide us with the space we need to provide the services needed for today's standard of care. The proposed addition of twelve (12) stations would assist us in serving our large patient population. Therefore, we are excited by the enhancement in patient care which the facility offers us.

Between 2007 and 2010 Woodlawn Dialysis has served between 138 and 152 patients with utilization of the 20-station facility consistently over 100%. To serve all of our patients we must operate four shifts, and our last patients leave well past ten o'clock. In 2009 alone we referred 29 new patients to the facility. Please refer to the attached Historical Caseload of our recent practice in the area.

Due to our large practice we are in full support of your plans. We have discussed the project with our patients and when your facility opens at the end of next year we would refer a total of 156 patients. Our patient referrals include all 135 current Woodlawn Dialysis patients who wish to transfer to the new facility and 21 patients with renal insufficiency. See the attached lists of patient referrals.

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

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

Sincerely,

Mary Hammes D.O.

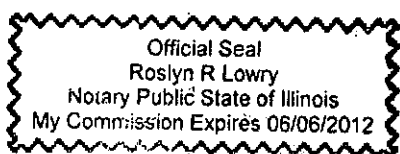
Mary Hammes, D.O.
Nephrologist

Notarization:

Subscribed and sworn before me this
13 day of December, 2010

[Signature]

Signature of Notary (seal)



176

Woodlawn - Current Pt. List
30-Nov-10

	<u>Patient Intials</u>	<u>Zip Code of Residency</u>
1	MT	30126
2	MO	60438
3	ON	60478
4	CC	60608
5	HD	60609
6	AG	60609
7	AH	60609
8	EB	60615
9	TB	60615
10	CF	60615
11	BG	60615
12	JH	60615
13	TJ	60615
14	MJ	60615
15	VM	60615
16	CN	60615
17	SN	60615
18	DR	60615
19	LR	60615
20	PS	60615
21	CS	60615
22	TR	60616
23	RW	60616
24	RW	60616
25	CA	60617
26	BB	60617
27	RJ	60617
28	ML	60617
29	AL	60617
30	BW	60617
31	KA	60619
32	DC	60619
33	TD	60619
34	EJ	60619
35	LJ	60619
36	CJ	60619
37	JL	60619
38	MM	60619
39	FO	60619
40	MP	60619
41	LP	60619
42	MR	60619
43	MS	60619
44	OS	60619
45	LT	60619
46	MT	60619
47	KT	60619

177

48	RC	60620
49	CC	60620
50	RH	60620
51	FP	60620
52	QS	60620
53	WW	60620
54	JW	60620
55	YH	60620
56	HB	60621
57	TB	60621
58	JF	60621
59	LH	60621
60	CJ	60621
61	SLT	60621
62	CM	60621
63	AO	60621
64	BS	60621
65	IJ	60622
66	LB	60624
67	BB	60628
68	AD	60628
69	EH	60628
70	EH	60628
71	LJ	60628
72	ELL	60632
73	DA	60636
74	DA	60636
75	JD	60636
76	JJ	60636
77	BJ	60636
78	AL	60636
79	TP	60636
80	JQ	60636
81	JT	60636
82	KW	60636
83	LA	60637
84	LA	60637
85	MB	60637
86	AD	60637
87	ED	60637
88	CD	60637
89	JE	60637
90	BG	60637
91	KJ	60637
92	DJ	60637
93	DJ	60637
94	LL	60637
95	HL	60637
96	YN	60637
97	MP	60637
98	BS	60637
99	TS	60637

100	CS	60637
101	MS	60637
102	TT	60637
103	DW	60637
104	AW	60637
105	JW	60637
106	RW	60637
107	NW	60637
108	HD	60643
109	RE	60643
110	JS	60643
111	MS	60647
112	BS	60649
113	AB	60649
114	LB	60649
115	LD	60649
116	TH	60649
117	MH	60649
118	SJ	60649
119	SJ	60649
120	LL	60649
121	LM	60649
122	CP	60649
123	LW	60649
124	CW	60649
125	CC	60653
126	OC	60653
127	DG	60653
128	AM	60653
129	CM	60653
130	MS	60653
131	ET	60653
132	QT	60653
133	ZA	60656
134	EA	60656
135	JJ	60827

179

**WOODLAWN DIALYSIS
PRE-RENAL PATIENT REFERRALS**

<u>Pt Number</u>	<u>Zip</u>	<u>ICD 9</u>	<u>Diagnosis</u>
23	60008	585.5	CHRONIC KIDNEY DISEASE, STAGE V
21	60478	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
1	60605	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
11	60609	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
6	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
9	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
12	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
8	60619	585.5	CHRONIC KIDNEY DISEASE, STAGE V
22	60619	585.5	CHRONIC KIDNEY DISEASE, STAGE V
3	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
13	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
18	60620	585.5	CHRONIC KIDNEY DISEASE, STAGE V
20	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
7	60621	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
17	60621	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
15	60629	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
4	60636	585.5	CHRONIC KIDNEY DISEASE, STAGE V
14	60636	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
10	60637	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
16	60639	585.5	CHRONIC KIDNEY DISEASE, STAGE V
2	60643	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)

SOURCE: Mary Hammes, D.O.

WOODLAWN DIALYSIS

**Number of Patients
2009**

<u>Zip Code</u>	<u>Patients</u>
60430	1
60435	1
60438	1
60445	1
60466	1
60478	1
60605	1
60607	1
60609	5
60615	15
60616	2
60617	9
60619	16
60620	7
60621	11
60622	1
60625	1
60628	8
60629	1
60636	6
60637	23
60643	3
60649	12
60652	1
60653	9
60656	1
60690	1
60803	1
60805	1
60827	2

144

181

WOODLAWN DIALYSIS

**Number of Patients
2008**

<u>Zip Code</u>	<u>Patients</u>
60409	1
60419	1
60430	1
60435	1
60438	2
60445	1
60466	1
60478	1
60605	1
60607	1
60609	5
60615	13
60616	1
60617	7
60618	1
60619	16
60620	7
60621	10
60622	1
60625	2
60628	6
60629	3
60636	6
60637	33
60643	2
60644	1
60649	14
60652	1
60653	8
60656	1
60690	1
60803	1
60827	1

152

182

WOODLAWN DIALYSIS

**Number of Patients
2007**

<u>Zip Code</u>	<u>Patients</u>
60409	1
60419	1
60435	1
60438	1
60445	1
60466	1
60473	1
60478	1
60605	1
60609	6
60615	10
60616	2
60617	8
60619	12
60620	6
60621	11
60622	1
60625	2
60628	6
60629	3
60636	4
60637	28
60643	3
60649	17
60651	1
60652	1
60653	10
60656	1
60803	2
60827	1
	144

Woodlawn Dialysis
New Patients
2009

WL	60609	1
WL	60615	5
WL	60616	2
WL	60617	1
WL	60619	2
WL	60620	1
WL	60621	5
WL	60628	2
WL	60636	2
WL	60637	1
WL	60643	1
WL	60649	1
WL	60653	3
WL	60803	1
WL	60805	1

29

184

WOODLAWN DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	147	76.6%	80%	No
2013	32	22,030	159	82.8%	80%	Yes
2014	32	23,131	163	84.9%	80%	Yes

185

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

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

Mortality Assumption 14.0%

Treatments
 DRAFT - CONFIDENTIAL
 For Discussion Purposes Only

TREATMENT SCHEDULE

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	135	1,616	148	1,770	159	1,906	163	1,953	167	2,001
2	136	1,629	149	1,782	160	1,910	164	1,957	168	2,005
3	137	1,642	150	1,794	160	1,914	164	1,961	168	2,009
4	138	1,654	151	1,806	160	1,918	164	1,965	168	2,013
5	139	1,667	152	1,818	161	1,922	165	1,969	169	2,017
6	141	1,680	153	1,830	161	1,926	165	1,973	169	2,021
7	142	1,693	154	1,842	161	1,930	165	1,977	169	2,025
8	143	1,706	155	1,854	162	1,934	166	1,981	170	2,029
9	144	1,719	156	1,866	162	1,938	166	1,985	170	2,033
10	145	1,732	157	1,878	162	1,942	166	1,989	170	2,037
11	146	1,745	158	1,890	163	1,945	167	1,993	171	2,041
12	147	1,758	159	1,902	163	1,949	167	1,997	171	2,045
Total		20,242		22,030 8.8%		23,131 5.0%		23,705 2.5%		24,279 2.4%

HOME

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

New Patients on Service

Beginning Patients	135	148	159	163	167
Less 14.0% Mortality	19	21	22	23	23
Ending Patients	116	127	137	140	144
Net New Patients	31	32	26	27	27

186

Davita - Chicago Region
Mortality Rate, By Facility

2009

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

187

**DaVita - Chicago Region
Transplantation, By Facility**

2009

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

Source: DaVita Inc.

188

**DaVita - Chicago Region
Transplantation, By Facility**

2008

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

SOURCE: DaVita Inc.

189

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

Hi Margaret,

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

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

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

4.8%
4.6%

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

Rick

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

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

= 4.5%

7/15/2010 10:22 PM

ATTACHMENT 26C(3)
Page 4 of 4

190

SERVICE DEMAND: EXPANSION

The Project

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease with the University of Chicago Medical Center expires December 31, 2011 and the landlord will not renew the lease (see Attachment 10, "Discontinuation.") The applicants propose to relocate and expand the facility. The project relocates the facility to a nearby site approximately one and one-half miles away, 4642 – 4658 South Drexel Boulevard in Chicago (60653) and adds 12 stations, for a total of 32 stations.

Historical and projected referrals

Woodlawn Dialysis has a large current and projected patient population. In November 2010 Woodlawn served 135 patients, 112.5% utilization of its 20 stations. The facility consistently exceeds 100% utilization and serves patients late into the night on a 4th shift. (See Attachment 15(1) for historic utilization.)

The referring physician, Dr. Mary Hammes, would refer a total of 156 patients to the facility, 135 current Woodlawn Dialysis patients and another 21 pre-renal patients who would need dialysis within the next 12 months. Refer to Attachment 26C(1) for the physician referral letter. The letter also attests that in 2009 the physician referred 29 new patients. Woodlawn Dialysis projects to serve 159 patients by the end of the second year reaching 82.8% occupancy.

The projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachment 26C(2) for projected utilization and 26C(3) for mortality and transplantation data.)

Therefore, Total Renal Care Inc. d/b/a Woodlawn Dialysis will meet or exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Woodlawn Dialysis anticipates serving 159 patients by the end of the second full year of operation, reaching 82.8% occupancy, as follows:

$$\frac{159 \text{ proposed patients}}{192 \text{ patient-capacity}^*} = 82.8\%$$

* The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serve six patients. Therefore, 32 stations can serve 192 patients.

The following evidence further documents the need to relocate and expand the facility to ensure timely access to high-quality, modern dialysis services both in the market area and planning area:

- (1) Substantial historic and projected physician support/referrals which are separate and distinct from patient referrals to other projects in the area;
- (2) High (78%) occupancy of dialysis stations currently operating in the market area;
- (3) Service to Planning Area 6, City of Chicago, residents;
- (4) Identified need for stations in Planning Area 6 and higher ratios of population per dialysis station in the market area than either Illinois or Chicago; and
- (5) Low impact on other facilities in the market area.

High Occupancy of Dialysis Stations Operating in the Market Area

Woodlawn Dialysis serves a market area of 4.1 million people living within 30 minutes of the proposed site (see Attachment 12(3) for 2000 U.S. Census population data.) Recent data from The Renal Network indicate that the 37 other facilities currently serving this large population operate at over 78% utilization (see Attachment 12(4) for the names, locations and 3rd quarter 2010 utilization of these facilities.)

Service to Planning Area 6: City of Chicago Residents

The overwhelming majority of Woodlawn Dialysis' patients live in Chicago, Planning Area 6. Currently 97% of patients (131 of the current 135 patients) live in Chicago. Upon referral of the additional 21 pre-renal patients 96% of patients (150 of the proposed 156 patients) will live in Chicago (see Attachment 12(5) for current and projected patient origin.)

Identified Need for Stations and High Ratio of Population/Dialysis Station in the Market Area

The IHFSRB Inventory (Updated 12/17/10) identifies a need for 81 additional stations in Planning Area 6, City of Chicago. This need is further documented by data on the ratio of people per dialysis station in the market area (see Attachment 12(6).) With these 12 additional stations, the market area's 2000 population of 4.1 million people will be served by 940 dialysis stations, a ratio of 4,409 people per dialysis station. This ratio is 23% higher than the state ratio of 3,567 people per station. Similarly, the market area has over 50% more people per station than Chicago, Planning Area 6, which has a ratio of 2,879 people per station. These ratios further support the need for Woodlawn Dialysis to establish a 32-station facility to ensure timely access to care.

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

The relocation and expansion of Woodlawn Dialysis will not impact other facilities. The referral of Woodlawn's 135 current patients and 21 pre-renal patients will not affect the utilization of any existing/approved facility.

DaVita's High Quality of Care

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

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

In conclusion the project enables DaVita to provide patients with high-quality care in modern facilities. The relocation and expansion would ensure timely access to services; serve a large and growing number of patients in the planning area; reach appropriate utilization; improve the distribution of services in the planning area; and not impact other dialysis facilities.

ACCESS

The Project

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease with the University of Chicago Medical Center expires December 31, 2011 and the landlord will not renew the lease (see Attachment 10, "Discontinuation.") The applicants propose to relocate and expand the facility. The project relocates the facility to a nearby site approximately one and one-half miles away, 4642 – 4658 South Drexel Boulevard in Chicago (60653) and adds 12 stations, for a total of 32 stations.

Historical and projected referrals

Woodlawn Dialysis has a large current and projected patient population. In November 2010 Woodlawn served 135 patients, 112.5% utilization of its 20 stations. The facility consistently exceeds 100% utilization and serves patients late into the night on a 4th shift. (See Attachment 15(1) for historic utilization.)

The referring physician, Dr. Mary Hammes, would refer a total of 156 patients to the facility, 135 current Woodlawn Dialysis patients and another 21 pre-renal patients who would need dialysis within the next 12 months. Refer to Attachment 26C(1) for the physician referral letter. The letter also attests that in 2009 the physician referred 29 new patients. Woodlawn Dialysis projects to serve 159 patients by the end of the second year reaching 82.8% occupancy.

The projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachment 26C(2) for projected utilization and 26C(3) for mortality and transplantation data.)

Therefore, Total Renal Care Inc. d/b/a Woodlawn Dialysis will meet or exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Woodlawn Dialysis anticipates serving 159 patients by the end of the second full year of operation, reaching 82.8% occupancy, as follows:

$$\frac{159 \text{ proposed patients}}{192 \text{ patient-capacity}^*} = 82.8\%$$

* The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serve six patients. Therefore, 32 stations can serve 192 patients.

The following evidence further documents the need to relocate and expand the facility to ensure timely access to high-quality, modern dialysis services both in the market area and planning area:

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

The relocation and expansion of Woodlawn Dialysis will not impact other facilities. The referral of Woodlawn's 135 current patients and 21 pre-renal patients will not affect the utilization of any existing/approved facility.

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UNNECESSARY DUPLICATION

The Project

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WOODLAWN DIALYSIS

**ANNUAL HISTORIC UTILIZATION
2007 - 2010**

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients*</u>
2007	20,137	144
2008	20,588	143
2009	20,101	142
YTD 2010 (11/30/10)	19,500	135

SOURCES: Data through July 30, 2010 are from University of Chicago Medical Center. Subsequent data are from DaVita which purchased Woodlawn Dialysis on August 3, 2010.

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

WOODLAWN DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	147	76.6%	80%	No
2013	32	22,030	159	82.8%	80%	Yes
2014	32	23,131	163	84.9%	80%	Yes

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

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

Mortality Assumption 14.0%

Treatments
 DRAFT - CONFIDENTIAL
 For Discussion Purposes Only

TREATMENT SCHEDULE

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	135	1,616	148	1,770	159	1,806	163	1,953	167	2,001
2	136	1,629	149	1,782	160	1,910	164	1,957	168	2,005
3	137	1,642	150	1,794	160	1,914	164	1,961	168	2,009
4	138	1,654	151	1,806	160	1,918	164	1,965	168	2,013
5	139	1,667	152	1,818	161	1,922	165	1,969	169	2,017
6	141	1,680	153	1,830	161	1,926	165	1,973	169	2,021
7	142	1,693	154	1,842	161	1,930	165	1,977	169	2,025
8	143	1,706	155	1,854	162	1,934	166	1,981	170	2,029
9	144	1,719	156	1,866	162	1,938	166	1,985	170	2,033
10	145	1,732	157	1,878	162	1,942	166	1,989	170	2,037
11	146	1,745	158	1,890	163	1,945	167	1,993	171	2,041
12	147	1,758	159	1,902	163	1,949	167	1,997	171	2,045
Total		20,242		22,030 8.8%		23,131 5.0%		23,705 2.5%		24,279 2.4%

HOME

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

New Patients on Service

Beginning Patients	135	148	159	163	167
Less 14.0% Mortality	19	21	22	23	23
Ending Patients	147	159	163	167	171
Net New Patients	31	32	26	27	27

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
WOODLAWN DIALYSIS
4642 - 4658 S. Drexel Boulevard, Chicago, IL 60653**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Distance</u>
60653	CHICAGO	IL	COOK	34,502	0
60615	CHICAGO	IL	COOK	45,096	1.3
60616	CHICAGO	IL	COOK	47,073	2.1
60609	CHICAGO	IL	COOK	79,469	2.3
60637	CHICAGO	IL	COOK	57,090	2.5
60621	CHICAGO	IL	COOK	47,514	3.3
60605	CHICAGO	IL	COOK	12,423	3.6
60608	CHICAGO	IL	COOK	92,472	3.6
60636	CHICAGO	IL	COOK	51,451	4.1
60604	CHICAGO	IL	COOK	78	4.2
60603	CHICAGO	IL	COOK	378	4.4
60649	CHICAGO	IL	COOK	54,823	4.5
60602	CHICAGO	IL	COOK	70	4.5
60606	CHICAGO	IL	COOK	1,682	4.5
60607	CHICAGO	IL	COOK	15,552	4.5
60661	CHICAGO	IL	COOK	4,382	4.7
60601	CHICAGO	IL	COOK	5,591	4.7
60619	CHICAGO	IL	COOK	74,963	5.1
60632	CHICAGO	IL	COOK	87,577	5.1
60654	CHICAGO	IL	COOK	7	5.2
60611	CHICAGO	IL	COOK	26,522	5.3
60620	CHICAGO	IL	COOK	85,771	5.6
60612	CHICAGO	IL	COOK	37,990	5.7
60629	CHICAGO	IL	COOK	113,984	5.7
60623	CHICAGO	IL	COOK	108,144	5.9
60610	CHICAGO	IL	COOK	47,513	6.1
60622	CHICAGO	IL	COOK	76,015	6.8
60617	CHICAGO	IL	COOK	96,288	7
60624	CHICAGO	IL	COOK	45,647	7
60652	CHICAGO	IL	COOK	39,126	7.4
60614	CHICAGO	IL	COOK	65,474	7.5
60804	CICERO	IL	COOK	86,133	7.9
60805	EVERGREEN PARK	IL	COOK	20,821	8.1
60647	CHICAGO	IL	COOK	98,769	8.3
60638	CHICAGO	IL	COOK	55,788	8.6
60657	CHICAGO	IL	COOK	66,789	8.6
60651	CHICAGO	IL	COOK	77,583	8.7
60456	HOMETOWN	IL	COOK	4,452	8.7
60644	CHICAGO	IL	COOK	59,059	8.7
60643	CHICAGO	IL	COOK	52,568	8.7
60628	CHICAGO	IL	COOK	87,827	8.8
60402	BERWYN	IL	COOK	60,373	9.4
60459	BURBANK	IL	COOK	27,978	9.6
60613	CHICAGO	IL	COOK	50,548	9.6
60655	CHICAGO	IL	COOK	29,138	9.6
60304	OAK PARK	IL	COOK	17,839	9.8
60618	CHICAGO	IL	COOK	98,147	10
60639	CHICAGO	IL	COOK	92,951	10.2
60453	OAK LAWN	IL	COOK	54,499	10.2
60302	OAK PARK	IL	COOK	32,527	10.4
60501	SUMMIT ARGO	IL	COOK	11,175	10.4
60301	OAK PARK	IL	COOK	2,158	10.8
60546	RIVERSIDE	IL	COOK	15,700	10.9
60534	LYONS	IL	COOK	10,212	10.9
60640	CHICAGO	IL	COOK	74,030	10.9
60130	FOREST PARK	IL	COOK	15,688	10.9

46394	WHITING	IN	LAKE	12,728	11.2
60641	CHICAGO	IL	COOK	73,824	11.3
60455	BRIDGEVIEW	IL	COOK	16,138	11.4
60625	CHICAGO	IL	COOK	91,351	11.5
60415	CHICAGO RIDGE	IL	COOK	14,039	11.7
60803	ALSIP	IL	COOK	22,757	11.8
60406	BLUE ISLAND	IL	COOK	25,370	11.8
60827	RIVERDALE	IL	COOK	33,209	11.8
60305	RIVER FOREST	IL	COOK	11,635	11.8
60633	CHICAGO	IL	COOK	13,262	12
60141	HINES	IL	COOK	247	12.1
60660	CHICAGO	IL	COOK	47,726	12.1
60513	BROOKFIELD	IL	COOK	19,146	12.2
60707	ELMWOOD PARK	IL	COOK	42,621	12.4
60458	JUSTICE	IL	COOK	14,226	12.5
60153	MAYWOOD	IL	COOK	26,863	12.7
60457	HICKORY HILLS	IL	COOK	14,110	12.8
60659	CHICAGO	IL	COOK	39,155	12.8
60155	BROADVIEW	IL	COOK	8,254	12.9
60630	CHICAGO	IL	COOK	54,781	12.9
60634	CHICAGO	IL	COOK	74,164	12.9
60482	WORTH	IL	COOK	11,262	12.9
60472	ROBBINS	IL	COOK	6,672	13
60526	LA GRANGE PARK	IL	COOK	13,301	13.2
60419	DOLTON	IL	COOK	25,567	13.3
60626	CHICAGO	IL	COOK	59,251	13.5
60525	LA GRANGE	IL	COOK	32,475	13.7
60469	POSEN	IL	COOK	4,703	13.8
60645	CHICAGO	IL	COOK	44,197	13.8
60465	PALOS HILLS	IL	COOK	17,198	13.8
46327	HAMMOND	IN	LAKE	12,075	13.8
60160	MELROSE PARK	IL	COOK	23,034	13.9
60171	RIVER GROVE	IL	COOK	10,681	13.9
60445	MIDLOTHIAN	IL	COOK	25,979	14.1
60463	PALOS HEIGHTS	IL	COOK	13,286	14.3
60154	WESTCHESTER	IL	COOK	16,714	14.3
60646	CHICAGO	IL	COOK	27,016	14.3
60104	BELLWOOD	IL	COOK	20,571	14.3
60712	LINCOLNWOOD	IL	COOK	12,371	14.4
60426	HARVEY	IL	COOK	47,649	14.4
60409	CALUMET CITY	IL	COOK	39,065	14.4
60706	HARWOOD HEIGHTS	IL	COOK	22,809	14.6
60480	WILLOW SPRINGS	IL	COOK	4,758	14.6
46312	EAST CHICAGO	IN	LAKE	32,385	14.7
60558	WESTERN SPRINGS	IL	COOK	12,539	14.8
46320	HAMMOND	IN	LAKE	16,539	15
60202	EVANSTON	IL	COOK	32,208	15
60165	STONE PARK	IL	COOK	5,171	15
60162	HILLSIDE	IL	COOK	8,513	15.3
60473	SOUTH HOLLAND	IL	COOK	22,218	15.3
60656	CHICAGO	IL	COOK	27,129	15.6
60131	FRANKLIN PARK	IL	COOK	19,342	15.8
60631	CHICAGO	IL	COOK	28,832	16
60163	BERKELEY	IL	COOK	5,212	16.1
60464	PALOS PARK	IL	COOK	9,520	16.1
60076	SKOKIE	IL	COOK	34,263	16.3
60164	MELROSE PARK	IL	COOK	21,682	16.3
60521	HINSDALE	IL	DUPAGE	37,496	16.3
60452	OAK FOREST	IL	COOK	27,899	16.3

Total population in radius = 4,144,607

SOURCE: U.S. Census of Population, 2000.
NOTE: Travel time is based on MapQuest data adjusted by 1.25.

ESRD FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF PROPOSED SITE OF WOODLAWN DIALYSIS
4842 - 4868 South Drexel Blvd, Chicago, Illinois 60653

MapQuest Number	Facility Name	Address	City	Zip Code	Mileage	Drive Time	MapQuest Time (1.25)	Capacity	IHFPB Inventory	9/30/2010 Pl. Census	9/30/2010 Utilization
1	Diva - Lake Park	1531 E. Hyde Park Blvd.	Chicago	60615	1.24	3	3.75	120	20	122	101.67%
2	FMC - Genfield	5401 S. Wentworth	Chicago	60609	2.55	8	10.00	132	22	102	77.27%
3	DuVla - Emerald Dialysis	710 West 43rd St	Chicago	60609	2.59	8	10.00	144	24	126	87.50%
4	DuVla - Grand Crossing (Oaklawn)	7311 S. Cottage Grove Avenue	Chicago	60619	3.46	11	12.50	120	12	0	0.00%
5	RCG - Englewood	7717 S. Wabash Street	Chicago	60616	5.47	11	13.75	144	24	86	59.72%
6	FMC - Rosas	8254 N. 35th St	Chicago	60630	3.78	12	13.75	182	27	119	73.46%
7	DSI - Loop	1101 S. Green Street	Chicago	60621	4.57	12	15.00	120	20	88	73.33%
8	FMC - Neomedical Loop	567 W. Park Street	Chicago	60607	7.15	13	16.25	168	28	70	41.67%
9	FMC - Jackson Park Dialysis Center	7531 S. Stony Island	Chicago	60619	7.29	13	16.25	144	24	103	71.63%
10	FMC - Neomedical - South Shore	2420 E. 78th St	Chicago	60649	5.43	14	17.50	144	24	116	81.94%
11	FMC - Chicago Dialysis Center	820 W. Jackson Street	Chicago	60607	5.25	14	17.50	96	16	82	85.42%
12	Renal Care Group - Unity Program	110 N. Fairbanks	Chicago	60611	7.55	15	17.50	198	33	85	34.34%
13	DuVla - Little Village Dialysis	1428 W. Washington Blvd	Chicago	60607	9.15	18	18.75	284	44	184	73.86%
14	John H. Stroger, Jr. Hospital of Cook County	2335 W. Cermak Road	Chicago	60608	8.79	18	18.75	162	27	122	75.31%
15	FMC - Dialysis Services of Congress Parkway	3410 West Van Buren St	Chicago	60654	10.94	17	21.25	180	30	122	226.93%
16	FMC - Neomedical - South	6901 W. Taylor	Chicago	60612	9.39	17	21.25	158	26	103	65.07%
17	FMC - Greenwood Avenue Dialysis Center	1111 E. 87th Street	Chicago	60617	9.11	17	21.25	216	36	171	81.07%
18	FMC - Chicago West Loop (DENOVIO)	1340 S. Damen Avenue	Chicago	60608	8.67	18	22.50	188	31	69	31.72%
19	DuVla - Stony Island (DENOVIO)	444-164th Yr. Willow	Chicago	60642	10.66	18	22.50	72	12	0	0.00%
20	FMC - Neomedical - Marquette Park	8748 South Stony Island Avenue	Chicago	60637	8.95	18	22.50	138	23	124	89.89%
21	MI. Sinai Hosp Med Ctr Renal	2700 W. 15th Avenue	Chicago	60633	8.53	19	23.75	84	14	75	89.29%
22	DuVla - Beverly Dialysis	8109 S. Western Avenue	Chicago	60608	10.8	20	25.00	96	16	63	70.03%
23	FMC - Roseland Dialysis	132 W. 114th St	Chicago	60620	8.86	20	25.00	72	12	53	73.81%
24	FMC - West Suburban Dialysis Center	518 N. Audin, Suite 5000	Oak Park	60302	10.18	21	27.50	72	12	57	79.17%
25	Garfield Kidney Center	3250 W. Franklin Blvd	Chicago	60624	11.76	22	27.50	270	48	236	85.14%
26	FMC - South Deering	10559 S. Torrance Avenue	Chicago	60617	12.31	22	27.50	96	18	84	87.50%
27	DuVla - Lincoln Park Dialysis	3157 N. Lincoln Avenue	Chicago	60647	13.3	23	28.75	120	20	0	0.00%
28	DuVla - Logan Square Dialysis	2659 N. Milwaukee Avenue	Chicago	60647	13.3	23	28.75	120	20	100	82.59%
29	FMC - West Metro Dialysis	1044 N. Mezzet	Chicago	60622	11.7	23	28.75	160	30	66	41.25%
30	FMC - North Lakeview Dialysis	4008 North Brookfield Avenue	Chicago	60613	12.11	23	28.75	108	18	100	84.03%
31	FMC - Southside Dialysis Center	3134 West 75th Street	Chicago	60652	10	23	28.75	234	39	159	79.74%
32	FMC - Blue Island Dialysis Center	12200 S. Western	Blue Island	60408	13.38	23	30.00	144	24	114	85.83%
33	North Center	610 S. Maple Avenue	Oak Park	60304	16.1	24	30.00	72	12	69	95.83%
34	Maple Woods Kidney Center	1700 N. Warren	Chicago	60640	12.8	24	30.00	72	12	69	95.83%
35	FMC - Neomedical - Evergreen Park	9730 S. Western Avenue	Evergreen Park	60855	10.8	24	30.00	162	27	183	100.02%
Average Utilization											
Average Utilization of Stations in Operation *											
Facilities Over 30 Minutes Adjusted Travel Time											
37	RCG - Merrimott Park	11830 S. Kedzie	Merrimott Park	60853	14.3	26	31.25	86	16	87	90.63%
40	FMC - Austin Community Kidney Center	4800 W. Chicago Avenue	Chicago	60631	12.23	26	32.50	96	16	45	46.88%
41	FMC - Oak Park Dialysis Unit	733 W. Milwaukee	Oak Park	60302	12.73	26	32.50	108	18	128	118.52%
42	DuVla - West Lawn (DENOVIO)	7000 S. Pulaski Road	Chicago	60628	11.71	26	32.50	72	12	1	1.39%
53	DuVla Dialysis Mt. Greenwood	3401 W. 111th Street	Chicago	60655	13.47	28	32.50	96	18	82	86.42%
54	DSI - Southdale	4851 W. 78th Street	Chicago	60652	11.95	26	32.50	210	35	159	75.71%
44	FMC Midway (DENOVIO)	6201 W. 69th St	Chicago	60638	15.24	27	33.75	72	12	5	6.94%
45	FMC-Neomedical - North Kilpatrick	4800 N. Kilpatrick	Chicago	60630	16.49	27	33.75	132	22	114	86.36%
47	FMC - Dialysis Services of Burbank	4811 W. 77th Street	Burbank	60459	12.09	27	33.75	180	30	153	85.04%
48	Foster McGraw Hospital of Loyola	1201 W. Roosevelt Road	Maywood	60153	18.46	28	35.00	60	10	40	66.67%
49	RCG - Neomedical - Yiret Belmont	4943 W. Belmont Avenue	Chicago	60641	15.42	28	35.00	60	10	40	66.67%
51	FMC - Phoenix	2601 S. Harlem Avenue	Beverly	60402	17.85	28	35.00	156	26	142	91.03%
52	DSI - South Holland	103 Forest Avenue	River Forest	60405	17.34	28	35.00	120	20	0	0.00%
58	DuVla - Stony Creek Dialysis	9116 South Park Avenue	South Holland	60473	19.01	28	35.00	120	20	107	88.17%
59	DSI - Marbun	3055-3055 West 115th Street	Oak Lawn	60453	13.16	29	36.25	144	24	64	44.44%
63	Nashon Dialysis Center, LTD	5140 N. California Avenue	Peotom	60428	16.35	29	36.25	144	24	102	70.83%
54	Center for Renal Replacement	7301 N. Lincoln Avenue	Chicago	60625	16.12	30	37.50	96	18	79	109.72%
56	FMC - Neomedical - Melrose Park	1111 Superior St	Chicago	60615	18.18	30	37.50	84	14	67	69.76%
57	Resurrection Medical Center	7435 W. Talbot Avenue	Melrose Park	60155	19.18	30	37.50	84	14	81	94.63%
60	FMC/NA - North Avenue Dialysis Center	811 W. North Avenue	Chicago	60610	20.32	31	40.00	20	20	0	0.00%
61	FMC - Alisp Dialysis Center	12390 S. Cicero	Melrose Park	60150	17.5	32	40.00	162	27	101	69.79%
62	RCG - Crestwood	4881 West Cal Sag Road	Crestwood	60445	17.61	32	40.00	182	32	122	67.03%
Average Utilization											
Average Utilization of Stations In Operation **											
SOURCES: Patients: The Renal Network, Inc., 2010, 3rd Quarter data released December 2010.											
Stations: IHFSRB Inventory, Updated, December 17, 2010.											
Mileage & Travel Time: Map Quest. See Appendix 4 for documentation.											
NOTES: Occupancy rates are calculated based on the IHFSRB standard of 3 shifts per day and 6 days per week.											
* In 2010, 52 stations were not in operation within 30 minutes of Woodlawn Dialysis: DVA - Grand Crossing (12 stations); FMC - West Willow (12 stations); FMC - South Deering (20 stations); and 8 stations at FMC - Lakewood.											
** In 2010 the 20 stations at FMC - River Forest were not in operation.											

WOODLAWN DIALYSIS

PATIENT ORIGIN November 30, 2010

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Chicago	60608	1	0.74%
	60609	3	2.22%
	60615	14	10.37%
	60616	3	2.22%
	60617	6	4.44%
	60619	17	12.59%
	60620	8	5.93%
	60621	9	6.67%
	60622	1	0.74%
	60624	1	0.74%
	60628	5	3.70%
	60632	1	0.74%
	60636	10	7.41%
	60637	25	18.52%
	60643	3	2.22%
	60647	1	0.74%
	60649	13	9.63%
	60653	8	5.93%
60656	2	1.48%	
	Subtotal	131	(97.04%)
Out of Town	30126	1	0.74%
Lansing	60438	1	0.74%
Country Club Hills	60478	1	0.74%
Riverdale	60827	1	0.74%
	Subtotal	4	(2.96%)
	Total	135	100.00%

Source: DaVita Inc.

Note: Percentages may not add due to rounding.

WOODLAWN DIALYSIS

PATIENT ORIGIN Proposed Patients

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Chicago	60605	1	0.64%
	60608	1	0.64%
	60609	4	2.56%
	60615	14	8.97%
	60616	3	1.92%
	60617	9	5.77%
	60619	19	12.18%
	60620	12	7.69%
	60621	11	7.05%
	60622	1	0.64%
	60624	1	0.64%
	60628	5	3.21%
	60629	1	0.64%
	60632	1	0.64%
	60636	12	7.69%
	60637	26	16.67%
	60639	1	0.64%
	60643	4	2.56%
	60647	1	0.64%
	60649	13	8.83%
60653	8	5.13%	
60656	<u>2</u>	<u>1.28%</u>	
	Subtotal	150	(96.15%)
Out of Town	30126	1	0.64%
Rolling Meadows	60008	1	0.64%
Lansing	60438	1	0.64%
Country Club Hills	60478	2	1.28%
Riverdale	60827	<u>1</u>	<u>0.64%</u>
	Subtotal	6	(3.85%)
	Total	156	100.00%

Source: Physician Letter of Referral in Attachment 26C(1).

**RATIO OF POPULATION TO STATIONS
WOODLAWN DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,578	3,567 people/station
Planning Area 6 City of Chicago	2,884,800	1,002	2,879 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Woodlawn Dialysis	<u>Year 2000 Population</u>		
	4,144,607		
Without 12 additional stations		928	4,466 people/station
With 12 additional stations		940	4,409 people/station

SOURCES: (1) 2005 population data for Illinois and Planning Area 6 are from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

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

(2) Number of stations is from IHFSRB Inventory, Updated 12/17/10.

ATTACHMENT 26F(6)

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

Adequacy of Dialysis

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

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

IMPACT

The relocation and expansion of Woodland Dialysis will not impact other facilities.

The project involves the referral of Woodlawn's 135 current patients and 21 pre-renal patients. These referrals will not affect the utilization of any existing or approved facility (see physicians' letters of referral in Attachment 26C(1).)

ATTACHMENT 26G



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

WOODLAWN DIALYSIS

Staffing Plan

<u>Staffing</u>	<u>Full-Time Equivalents by Year End</u>		
	<u>2011</u>	<u>2012</u>	<u>2013</u>
Medical Director	1.0	1.0	1.0
Registered Nurse	7.0	7.0	7.0
Dialysis Technicians	15.0	15.0	15.0
Dietitian	1.0	1.25	1.25
Social Worker	1.0	1.25	1.25

Documentation of Qualifications

See Attachment 11(1) for the curriculum vitae of Dr. Hammes, the Medical Director. She is not currently a medical director at any other in-center hemodialysis facility.

DaVita will staff the new facility with all needed, qualified staffing. Below is a narrative explanation of how DaVita will fill each position with qualified staffing:

- 1) Assessment of existing DaVita teammates takes place well before the expanded facility is opened in preparation for filling new positions—all qualified staff are transferred to the expanded facility.
- 2) 60 days before the opening of the facility we will post necessary positions on the internet.
- 3) Recruiters will pre screen any qualified candidates.
- 4) Facility Administrator will interview potential candidates.
- 5) Peer interview will take place.
- 6) Selection will be made.

Documentation of On-Going Training Program in Dialysis Techniques

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

Documentation of Staffing Plan

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

Open Medical Staff

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

NEW HIRE TRAINING: Also found in the Star Tracker

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

Inservice Progress

Annual Mandatory Inservices	Teammates																			
Needlestick Injury Prevention MAN2001																				
Needlestick Injury Prevention MAN2001-POST																				
Infection Control MAN2002																				
Infection Control Post Test MAN2002-POST																				
Emergency Preparedness MAN2003																				
Emergency Preparedness Post Test MAN2003-POST																				
Hazardous Communications MAN2004																				
Hazardous Communications Post Test MAN2004-POST																				
Body Mechanics MAN2006																				
Body Mechanics Post Test MAN2006																				
CEC2012																				
CEC2014 A Water Rev																				

213



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
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www.davita.com

August 6, 2010

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

Dear Mr. Galassie:

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

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

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

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

Thank you for your consideration of this matter.

Sincerely,

Kelly B. Ladd
Group Director
DaVita, Inc.

SUPPORT SERVICES

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

ATTACHMENT 26I

216

MINIMUM NUMBER OF STATIONS

DaVita Inc. and Total Renal Care Inc. d/b/a Woodlawn Dialysis propose to establish a *32-station* facility which exceeds the required 8-station minimum number of stations for a metropolitan statistical area (MSA.)

ATTACHMENT 26J

CONTINUITY OF CARE

Total Renal Care Inc. d/b/a Woodlawn Dialysis has written patient transfer agreements with the University of Chicago Medical Center to guarantee access to needed acute care inpatient services and Tissue Typing and Transplantation Services (see following pages for written agreements.)

ATTACHMENT 26K
Page 1 of 23

EXECUTION VERSION

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the 1st day of August, 2010 (the "Effective Date"), by and between **University of Chicago Medical Center** (hereinafter "Hospital") and **Total Renal Care, Inc.**, a wholly owned corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

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

Lake Park Dialysis #5578
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039

Stony Island Dialysis # 5579
8725 S. Stony Island
Chicago, Illinois 60617-2709

Woodlawn Dialysis #5580
1164 E. 55th Street
Chicago, Illinois 60615

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

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

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

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

1. JOINT RESPONSIBILITIES. In accordance with Company's policies and procedures and upon the recommendation of the patient's attending physician that such a transfer is medically appropriate, a patient of Company may be transferred to Hospital as long as Hospital has bed availability, staff availability, is able to provide the services requested by Company, including on-call specialty physician availability, and the transfer is consistent with current patient transfer laws. In such cases, Hospital and Company agree to exercise their best efforts to provide for prompt admission of the patient. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, including but not limited to, the

Emergency Medical Treatment and Active Labor Act, the standards of the Joint Commission and any other applicable accrediting bodies, and policies and procedures of the facilities. Hospital and Company further acknowledge and agree that neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility.

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

(a) Hospital agrees to exercise its best efforts to ensure the prompt admission of patients as necessary, provided that Hospital has the capacity to treat the patient and all usual conditions of admission are met. In doing so, Hospital agrees to accept and treat patients in emergency situations requiring transfer of a patient from Company to Hospital.

(b) Hospital shall designate an individual to coordinate with Company in order to establish acceptable and efficient transfer guidelines.

3. COMPANY OBLIGATIONS.

(a) Upon transfer of a patient to Hospital pursuant to the criteria set forth in Section 1, Company agrees:

i. That it shall transfer patients to Hospital for medical treatment only where such transfer has been determined to be medically appropriate;

ii. That transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution;

iii. That it shall obtain the informed consent for the transfer to Hospital from the patient, if medically possible, or from the legal guardian, legal representative or other surrogate decision maker of a patient who is determined to be unable to give informed consent to transfer;

iv. To notify Hospital as far in advance as possible of the impending transfer;

v. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;

vi. That it shall, to the extent possible, stabilize patients prior to transfer and initiate treatment to insure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. The parties recognize that the responsibility to arrange for transfer to Hospital rests with Company in emergency situation. Should a patient require transfer to Hospital

upon request of patient's attending physician in a non-emergency situation, the patient, or the patient through a relative or guardian, shall be responsible for transportation. Hospital's responsibility for the patient's care shall begin when the patient is admitted to Hospital;

vii. Original medical records kept by each of the parties shall remain the property of that institution; and

viii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

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

- i. contact information for the referring physician;
- ii. name of physician(s) at Hospital contacted with regard to the patient (and to whom the patient is to be transferred);
- iii. medical, nursing and other care plans;
- iv. current medical and lab findings;
- v. diagnosis;
- vi. rehabilitation potential;
- vii. discharge summary;
- viii. a brief summary of the course of treatment followed at Company;
- ix. medications administered;
- x. known allergies;
- xi. nursing and dietary information;
- xii. ambulating status;
- xiii. advanced medical directives; and
- xiv. pertinent administrative, third party billing and social information.

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

4. **NON-DISCRIMINATION.** The parties hereby acknowledge that nothing in this Agreement shall be construed to permit discrimination by either party in the transfer process set forth herein based on race, color, national origin, handicap, religion, age, sex or any characteristic protected by Illinois state laws, Title VI of the Civil Rights Act of 1964, as amended or any other applicable state or federal laws. Further, Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act require that no otherwise qualified individual with a handicap shall, solely by reason of the handicap be excluded from participation in, or denied the benefits of, or be subjected to discrimination in a facility certified under the Medicare or Medicaid programs.

5. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital. Hospital and Company agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. Hospital and Company will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

6. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations at 45 C.F.R. Parts 160 and 164 promulgated by the United States Department of Health and Human Services, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations (collectively, "HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

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

8. **INSURANCE.** Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, comprehensive general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

9. INDEMNIFICATION.

(a) Hospital Indemnity. Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) Company Indemnity. Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by Hospital or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

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

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

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

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

prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

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

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

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

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

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

If to Hospital: The University of Chicago Medical Center
5841 S. Maryland Avenue
Chicago, Illinois 60637-1670
Attention: Executive Administrator, Department of Medicine

With a copy to: The University of Chicago Medical Center
5841 S. Maryland Avenue, Room O130
Chicago, Illinois 60637-1670
Attention: General Counsel

If to Company: Lake Park Dialysis
DaVita Inc.
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039
Attention: Facility Administrator

Stony Island Dialysis
DaVita Inc.
8725 S. Stony Island
Chicago, Illinois 60617-2709
Attention: Facility Administrator

Woodlawn Dialysis
DaVita Inc.
1164 E. 55th Street
Chicago, Illinois 60615
Attention: Facility Administrator

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

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

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

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

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

16. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

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

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

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

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

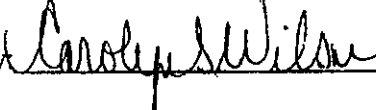
[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

4978245v.3

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

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: 

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: _____

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

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

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: _____

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: Kelly B Ladd

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

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

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: _____

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: _____

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By:  _____

Name: Steven E. Lieb

Its: Group General Counsel

KIDNEY TRANSPLANT AFFILIATION AGREEMENT

This **KIDNEY TRANSPLANT AFFILIATION AGREEMENT** ("Agreement") is effective as of the 1st day of August, 2010 ("Effective Date") by and between **University of Chicago Medical Center** ("Hospital") and **Total Renal Care, Inc.**, a corporation and subsidiary of DaVita Inc. ("Company") (referred to individually as "Party" and collectively as "Parties").

RECITALS:

WHEREAS, Hospital is a Medicare-approved renal transplantation center, and is located at **5841 South Maryland Avenue, Chicago, Illinois 60637-1670**;

WHEREAS, Company owns and operates the free-standing renal dialysis facilities known as **Lake Park Dialysis** located at **1531 E. Hyde Park Boulevard, Chicago, Illinois 60615-3039**; and **Stony Island Dialysis** located at **8725 S. Stony Island, Chicago, Illinois 60617-2709**; and **Woodlawn Dialysis** **1164 E. 55th Street, Chicago, Illinois 60615**; and

WHEREAS, only an attending physician (but not Company) is able to refer patients to Hospital for transplantation services; and

WHEREAS, both Hospital and Company desire to improve the treatment of patients by (a) providing continuity of care and treatment appropriate to the needs of the patients in Hospital and at Company by utilizing the knowledge and resources of both facilities in a coordinated and cooperative manner to improve the health care of patients; (b) facilitating the timely transfer of patients and medical and other information necessary or useful in the care and treatment of such patients; and (c) providing means to expeditiously evaluate the patients of Company for renal transplantation and to provide renal transplants to those patients found eligible for renal transplantation;

NOW, THEREFORE, in consideration of the premises listed above, the Parties hereby covenant and agree as follows:

1. HOSPITAL OBLIGATIONS.

- (a) Hospital shall perform an initial evaluation, and shall periodically re-evaluate, each patient referred to Hospital by attending physician to determine whether such patient is eligible for renal transplantation, including, but not limited to, cadaveric and living donor renal transplantation ("Eligible Patient").
- (b) Hospital shall maintain Eligible Patients on any and all transplant lists affiliated with Hospital.
- (c) Hospital shall promptly notify in writing the Eligible Patient, Eligible Patient's attending physician and Company of the addition of the Eligible patient to the transplant waiting

list, the inability to list the patient for transplant, the need for further testing to determine transplant candidacy, and/or a transplant surgery.

- (d) Hospital shall perform and arrange for all products and services with respect to the kidney transplantations including, but not limited to, tissue typing and matching, surgical transplant capability, kidney perfusion or other storage devices, immunology services, available surgeons qualified by skill or training in the transplantation of kidneys, available physicians skilled in the management of post-transplant patients, back-up dialysis services, consultative services, laboratory services, and treatment capabilities for dialysis-related complications. Hospital will also provide for chronic maintenance when necessary.
- (e) Hospital shall make all arrangements with respect to transplants and tests and provide for chronic maintenance services when necessary.
- (f) Hospital will be responsible for effecting the transfer of the Eligible Patient for transplantation which transfers shall be supervised by a member of medical staff of Company and member of medical staff of Hospital, including arranging for appropriate and safe transportation and care of the patient during the transfer in accordance with applicable Federal and State laws and regulations; provided, however, that nothing in this Section shall be construed as obligating Hospital to arrange for the transportation of the Eligible Patient to Hospital on a regular basis including, without limitation, for scheduled appointments or procedures.

2. COMPANY OBLIGATIONS.

- (a) Company shall provide chronic maintenance hemodialysis for its patients awaiting transplants when necessary.
- (b) Company shall be responsible for obtaining and submitting monthly blood samples to Hospital and/or Gift of Hope for patients awaiting transplants, as directed by Eligible Patient's transplant team.
- (c) Company will send with each Eligible Patient at the time of transfer, or in the case of emergency, as promptly as possible, the completed transfer and referral forms mutually agreed upon to provide the medical and administrative information necessary to determine the appropriateness of the placement and to enable continuing care to the Eligible Patient at Hospital. The transfer and referral forms will include such information as current medical findings, diagnosis, a brief summary of the course of treatment followed in Company, nursing and dietary information, psychosocial evaluations, compliance history, ambulation status, as appropriate, pertinent administrative and social information, and any other patient information required by Federal, State or local laws.
- (d) Company will be responsible for the transfer or other appropriate disposition of the Eligible Patients' personal effects, particularly money and valuables, and information related to these items.

3. BILLING.

Charges for services performed by either Hospital or Company shall be collected by the party rendering the services, directly from patient, third-party payor or other sources. No compensation shall be exchanged by and between the parties for services provided under this Agreement.

4. TERM.

The term of this Agreement shall commence on the Effective Date and shall continue for one (1) year, unless sooner terminated as provided below (the "Initial Term"). This Agreement shall be automatically renewed for successive one (1) year terms ("Renewal Term") after the end of the Initial Term, unless sooner terminated as provided below (the "Initial Term" and any "Renewal Term" are collectively known as the "Term").

5. TERMINATION. This Agreement may be terminated as follows:

(a) Without Cause. Either Party may terminate this Agreement at any time without cause by providing at least sixty (60) days prior written notice to the other Party.

(b) Immediate Termination. Company may immediately terminate this Agreement upon the occurrence of any of the following events: (i) the imposition of any sanction against Hospital under federal or state fraud and abuse laws or any other federal or state laws relating to Hospital's participation in the Medicare or state Medicaid programs; (ii) appointment of a receiver for Hospital's assets, an assignment by Hospital for the benefit of its creditors or any relief taken or suffered by Hospital under any bankruptcy or insolvency act; or (iii) Hospital has its Medicare-certification voluntarily or involuntarily revoked.

(c) Mutual Agreement. The Parties may terminate this Agreement by mutual written agreement at any time.

6. INSURANCE.

Each Party shall secure and maintain, or cause to be secured and maintained during the Term of this Agreement, comprehensive general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. A Party shall deliver to the other Party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. A Party shall provide the other Party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

7. MISCELLANEOUS.

(a) Excluded Persons. Each Party warrants to the other party that neither it nor any of its directors, officers or owners, and to the best of its knowledge, its employees and agents, have been debarred, suspended, declared ineligible, or excluded from Medicare, Medicaid or any other plan or program that provides health benefits, whether directly through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government or any State health care program. This shall be an ongoing representation and warranty during the Term of this Agreement and each party shall immediately notify the other party of any change in the status of the representations and warranty set forth in this subsection.

(b) Access to Books and Records. The Parties agree to make books and records available and to require any subcontractor to make books and records available, upon request of the Secretary of the U.S. Department of Health and Human Services or the Comptroller General of the United States for up to four (4) years following the furnishing of services under this Agreement pursuant to Section 1861(v)(1)(I) of the Social Security Act.

8. COMPLIANCE WITH LAWS.

Hospital and Company agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. Hospital and Company will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

9. INDEMNIFICATION.

(a) Hospital Indemnity. Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) Company Indemnity. Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by Hospital or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

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

10. NOTICES.

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

If to Company:

Lake Park Dialysis
DaVita Inc.
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039
Attention: Facility Administrator

Stony Island Dialysis
DaVita Inc.
8725 S. Stony Island
Chicago, Illinois 60617-2709
Attention: Facility Administrator

Woodlawn Dialysis
DaVita Inc.
1164 E. 55th Street
Chicago, Illinois 60615
Attention: Facility Administrator

With copies to:

Total Renal Care, Inc.
DaVita Inc.
C/o TRC Children's Dialysis
2611 N. Halsted Street
Chicago, Illinois 60614
Attention: Group General Counsel

and

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

If to Hospital:

University of Chicago Medical Center
5841 South Maryland Avenue
Chicago, Illinois 60637-1670
Attention: Administrator

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

11. DISPUTE RESOLUTION.

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

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 11(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 11(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the state of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 11(b), the parties shall be entitled to seek any and all available legal remedies.

12. ASSIGNMENT.

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

13. ENTIRE AGREEMENT.

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof. This Agreement may be amended only in writing and only if executed by both parties.

14. COUNTERPARTS.

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

15. NON-DISCRIMINATION.

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

16. WAIVER.

The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

17. GOVERNING LAW.

This Agreement shall be governed by the laws of the state of Illinois.

18. ENFORCEABILITY/SEVERABILITY.

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

19. HEADINGS.

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

20. RELATIONSHIP OF THE PARTIES.

Nothing in this Agreement shall be construed as limiting the right of Company to establish an affiliation with any other transplant hospital. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship between the parties hereto other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this Agreement. Neither this Agreement nor the fulfillment of any of the obligations of Hospital or Company hereunder shall be deemed to create any partnership, joint venture, legal association, or other operating relationship between the parties other than as independent contractors.

21. JOINT PREPARATION.

Each party to this Agreement (a) has participated in the preparation of this Agreement; (b) has read and understands this Agreement; and (c) has been represented by counsel of its own choice in the negotiation and preparation of this Agreement. Each party represents that this Agreement is executed voluntarily and should not be construed against any party hereto solely because it drafted all or a portion hereof.

22. HIPAA.

Each of the parties hereto agrees to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations at 45 C.F.R. Parts 160 and 164 promulgated by the United States Department of Health and Human Services, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations ("HIPAA"). The parties agree that from time to time, HIPAA may require modification of this Agreement for Compliance purposes and each party agrees to comply with the requests of the other related to such compliance with HIPAA.

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

[Signatures appear on the following page.]

IN WITNESS WHEREOF, the Parties' duly authorized officials have executed this Agreement on the dates set forth below to be effective as of the Effective Date.

COMPANY:

TOTAL RENAL CARE, INC.

By: M. Bratland

Name: Mark Bratland.....

Title: Division Vice President

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Title: Group General Counsel

HOSPITAL:

**UNIVERSITY OF CHICAGO MEDICAL
CENTER**

By: _____

Name: Carolyn S. Wilson

Title: Chief Operating Officer

IN WITNESS WHEREOF, the Parties' duly authorized officials have executed this Agreement on the dates set forth below to be effective as of the Effective Date.

COMPANY:

TOTAL RENAL CARE, INC.

By: _____

Name: Mark Bratland

Title: Division Vice President

APPROVED AS TO FORM ONLY:

By:  _____

Name: Steven E. Lieb

Title: Group General Counsel

HOSPITAL:

**UNIVERSITY OF CHICAGO MEDICAL
CENTER**

By: _____

Name: Carolyn S. Wilson

Title: Chief Operating Officer

IN WITNESS WHEREOF, the Parties' duly authorized officials have executed this Agreement on the dates set forth below to be effective as of the Effective Date.

COMPANY:

TOTAL RENAL CARE, INC.

By: _____

Name: Mark Bratland

Title: Division Vice President

APPROVED AS TO FORM ONLY:

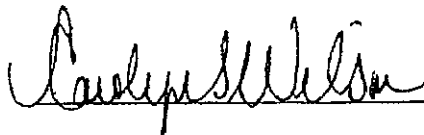
By: _____

Name: Steven E. Lieb

Title: Group General Counsel

HOSPITAL:

**UNIVERSITY OF CHICAGO MEDICAL
CENTER**

By:  _____

Name: Carolyn S. Wilson

Title: Chief Operating Officer



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

August 12, 2010

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

Dear Mr. Galassie:

RE: Certificate of Need (CON) to Relocate and Expand Woodlawn Dialysis Assurances

We attest to the following:

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

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

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

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

Thank you for your consideration of this matter.

Sincerely,

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

ATTACHMENT 26(L)
Page 1 of 8

201

WOODLAWN DIALYSIS

**ANNUAL HISTORIC UTILIZATION
2007 - 2010**

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients*</u>
2007	20,137	144
2008	20,588	143
2009	20,101	142
YTD 2010 (11/30/10)	19,500	135

SOURCES: Data through July 30, 2010 are from University of Chicago Medical Center. Subsequent data are from DaVita which purchased Woodlawn Dialysis on August 3, 2010.

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

WOODLAWN DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2012 - 2014**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	147	76.6%	80%	No
2013	32	22,030	159	82.8%	80%	Yes
2014	32	23,131	163	84.9%	80%	Yes

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

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

2 2 2

QUALITY OF CARE

HEMODIALYSIS

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

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

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

TRANPLANTATION RATES

In addition, DaVita patients in the Chicago area have transplantation at rates near the national average. Data on the following pages indicate that national transplantation rates in the U.S. for dialysis patients was 4.6% and 4.5% in 2008 and 2009 respectively. In 2008 and 2009 DaVita's Chicago area facilities experienced averaged transplantation rates of 3.81% and 3.34% respectively.

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

Adequacy of Dialysis

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

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

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

Hi Margaret,

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

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

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

4.8%

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

4.6%

Rick

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

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

= 4.5%

7/15/2010 10:22 PM

ATTACHMENT 26L
Page 6 of 8

236

**DaVita - Chicago Region
Transplantation, By Facility**

2008

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

SOURCE: DaVita Inc.

237

**DaVita - Chicago Region
Transplantation, By Facility**

2009

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

Source: DaVita Inc.

238

RELOCATION

The Project

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th Street in Chicago (60615) as the lease expires December 31, 2011 and the landlord, University of Chicago Medical Center, will not renew the lease (see Attachment 10, "Discontinuation.") The applicants propose to relocate and expand the facility. The project relocates the facility to a nearby site approximately one and one-half miles away, 4642 - 4658 South Drexel Boulevard in Chicago (60653) and adds 12 stations, for a total of 32 stations.

Historical and projected referrals

Woodlawn Dialysis has a large current and projected patient population. In November 2010 Woodlawn served 135 patients, 112.5% utilization of its 20 stations. The facility consistently exceeds 100% utilization and serves patients late into the night on a 4th shift. (See Attachment 26M(1) for historic utilization.)

The referring physician, Dr. Mary Hammes, would refer a total of 156 patients to the facility, 135 current Woodlawn Dialysis patients and another 21 pre-renal patients who would need dialysis within the next 12 months. Refer to Attachment 26C(1) for the physician referral letter. The letter also attests that in 2009 the physician referred 29 new patients. Woodlawn Dialysis projects to serve 159 patients by the end of the second year reaching 82.8% occupancy.

The projections discount patient utilization by 14%: 11% discount for mortality and 3% for transplantation (see Attachment 26M(2) for projected utilization and 12(8) for mortality and transplantation data.)

Therefore, Total Renal Care Inc. d/b/a Woodlawn Dialysis will meet or exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Woodlawn Dialysis anticipates serving 159 patients by the end of the second full year of operation, reaching 82.8% occupancy, as follows:

$$\frac{159 \text{ proposed patients}}{192 \text{ patient-capacity}^*} = 82.8\%$$

- * The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serve six patients. Therefore, 32 stations can serve 192 patients.

Improved Access to Care

The following evidence further documents the need to relocate and expand the facility to ensure timely access to high-quality, modern dialysis services both in the market area and planning area:

- (1) Substantial historic and projected physician support/referrals which are separate and distinct from patient referrals to other projects in the area;
- (2) High (78%) occupancy of dialysis stations currently operating in the market area;
- (3) Service to Planning Area 6, City of Chicago, residents;
- (4) Identified need for stations in Planning Area 6 and higher ratios of population per dialysis station in the market area than either Illinois or Chicago; and
- (5) Low impact on other facilities in the market area.

High Occupancy of Dialysis Stations Operating in the Market Area

Woodlawn Dialysis serves a market area of 4.1 million people living within 30 minutes of the proposed site (see Attachment 12(3) for 2000 U.S. Census population data.) Recent data from The Renal Network indicate that the 37 other facilities currently serving this large population operate at over 78% utilization (see Attachment 12(4) for the names, locations and 3rd quarter 2010 utilization of these facilities.)

Service to Planning Area 6: City of Chicago Residents

The overwhelming majority of Woodlawn Dialysis' patients live in Chicago, Planning Area 6. Currently 97% of patients (131 of the current 135 patients) live in Chicago. Upon referral of the additional 21 pre-renal patients 96% of patients (150 of the proposed 156 patients) will live in Chicago (see Attachment 12(5) for current and projected patient origin.)

Identified Need for Stations and High Ratio of Population/Dialysis Station in the Market Area

The IHFSRB Inventory (Updated 12/17/10) identifies a need for 81 additional stations in Planning Area 6, City of Chicago. This need is further documented by data on the ratio of people per dialysis station in the market area (see Attachment 12(6).) With these 12 additional stations, the market area's 2000 population of 4.1 million people will be served by 940 dialysis stations, a ratio of 4,409 people per dialysis station. This ratio is 23% higher than the state ratio of 3,567 people per station. Similarly, the market area has over 50% more people per station than Chicago, Planning Area 6, which has a ratio of 2,879 people per station. These ratios further support the need for Woodlawn Dialysis to establish a 32-station facility to ensure timely access to care.

Low Impact on Existing Facilities

Woodlawn Dialysis will not impact other facilities. The referral of Woodlawn's 135 current patients and 21 pre-renal patients will not affect the utilization of any existing facility.

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

WOODLAWN DIALYSIS

**ANNUAL HISTORIC UTILIZATION
2007 - 2010**

<u>Year</u>	<u>Chronic Hemodialysis</u>		
	<u>Treatments</u>	<u>Patients*</u>	<u>Utilization</u>
2007	20,137	144	120%
2008	20,588	143	119%
2009	20,101	142	118%
YTD 2010 (11/30/10)	19,500	135	113%

SOURCES: Data through July 30, 2010 are from University of Chicago Medical Center. Subsequent data are from DaVita which purchased the facility on August 3, 2010.

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

ATTACHMENT 26M(1)

WOODLAWN DIALYSIS

PROJECTED ANNUAL UTILIZATION
2012 - 2014

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis Treatments</u>	<u>Patients*</u>	<u>Percent Utilization**</u>	<u>IHFSRB Standard</u>	<u>Standard Met</u>
2012	32	20,242	147	76.6%	80%	No
2013	32	22,030	159	82.8%	80%	Yes
2014	32	23,131	163	84.9%	80%	Yes

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

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

** Percent utilization is based on the IHFSRB standard: 3 patient shifts per day, 6 days per week and maximum utilization of six (6) patients per station.

Mortality Assumption 14.0%

Treatments
DRAFT - CONFIDENTIAL
 For Discussion Purposes Only

TREATMENT SCHEDULE

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	135	1,616	148	1,770	159	1,906	163	1,953	167	2,001
2	136	1,629	149	1,782	160	1,910	164	1,957	168	2,005
3	137	1,642	150	1,794	160	1,914	164	1,961	168	2,009
4	138	1,654	151	1,806	160	1,918	164	1,965	168	2,013
5	139	1,667	152	1,818	161	1,922	165	1,969	169	2,017
6	141	1,680	153	1,830	161	1,926	165	1,973	169	2,021
7	142	1,693	154	1,842	161	1,930	165	1,977	169	2,025
8	143	1,706	155	1,854	162	1,934	166	1,981	170	2,029
9	144	1,719	156	1,866	162	1,938	166	1,985	170	2,033
10	145	1,732	157	1,878	162	1,942	166	1,989	170	2,037
11	146	1,745	158	1,890	163	1,945	167	1,993	171	2,041
12	147	1,758	159	1,902	163	1,948	167	1,997	171	2,045
Total		20,242		22,030 8.8%		23,131 5.0%		23,705 2.5%		24,278 2.4%

HOME

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

New Patients on Service	
Beginning Patients	135
Less 14.0% Mortality	19
Ending Patients	147
Net New Patients	31

Beginning Patients	159
Less 14.0% Mortality	22
Ending Patients	163
Net New Patients	26

Beginning Patients	148
Less 14.0% Mortality	21
Ending Patients	159
Net New Patients	32

Beginning Patients	163
Less 14.0% Mortality	23
Ending Patients	167
Net New Patients	27

243



P.O. Box 2076
Tacoma, WA 98401-2076
1423 Pacific Ave.
Tacoma, WA 98402
Tel: (253) 272-1916
www.davita.com

December 7, 2010

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

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

Dear Ms. Wozniak:

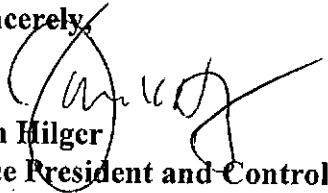
Total Renal Care Inc. wishes to expand and relocate Woodlawn Dialysis. The facility, located at 1164 E. 55th in Chicago (60615), would be relocated 1.5 miles northwest to 4642 – 4646 S. Drexel Boulevard in Chicago (60653). The project also adds twelve (12) stations, expanding from 20 stations to 32 stations.

DaVita Inc. will provide equity financing for this project. The project consists of the modernization of approximately 11,100 gross square feet (gsf) of leased space and the purchase of needed equipment. The estimated total project cost is \$2,652,289, excluding the fair market values (FMV) of the space to be leased.

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

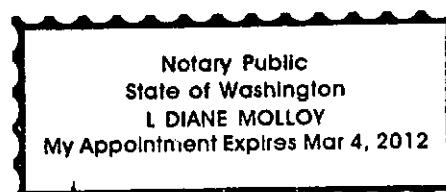
I have enclosed our 2009 audited financial statements to support our liquidity. If you have any further questions, please contact me.

Sincerely,


Jim Hilger
Vice President and Controller
Enclosures

NOTARY

ATTACHMENT 39
Page 1 of 10



244

L. Diane molloy

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 10-K

For the Fiscal Year Ended

December 31, 2009

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

Commission File Number: 1-14106

DAVITA INC.

601 Hawaii Street

El Segundo, California 90245

Telephone number (310) 536-2400

Delaware
(State of incorporation)

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

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

Class of Security:

Common Stock, \$0.001 par value
Common Stock Purchase Rights

Registered on:

New York Stock Exchange
New York Stock Exchange

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

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

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

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

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

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

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

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

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

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

Documents incorporated by reference

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

DAVITA INC.

MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

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

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

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

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

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

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

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

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

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

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

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

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

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

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

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

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

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

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

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

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

See notes to consolidated financial statements.

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

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

See notes to consolidated financial statements.

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

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

See notes to consolidated financial statements.

DAVITA INC.
CONSOLIDATED STATEMENTS OF EQUITY
AND
COMPREHENSIVE INCOME
(dollars and shares in thousands)

	Non-controlling interests subject to put provisions	DaVita Inc. Shareholders' Equity								Non-controlling interests not subject to put provisions	Comprehensive Income
		Common stock		Additional paid-in capital	Retained earnings	Treasury stock		Accumulated other comprehensive income (loss)	Total		
		Shares	Amount			Shares	Amount				
Balance at December 31, 2006	\$191,871	134,862	\$135	\$ 523,500	\$1,129,621	(30,226)	\$(526,920)	\$ 12,997	\$1,139,333	\$ 37,079	
Comprehensive income:											
Net income	30,157				381,778				381,778	16,708	\$428,643
Unrealized losses on interest rate swaps, net of tax							(7,169)		(7,169)		(7,169)
Less reclassification of net swap realized gains into net income, net of tax							(8,858)		(8,858)		(8,858)
Unrealized gains on investments, net of tax							4,211		4,211		4,211
Less reclassification of net investment realized gains into net income, net of tax							(3,692)		(3,692)		(3,692)
Total comprehensive income											<u>\$413,135</u>
Cumulative effect of change in accounting principle SFAS Interpretation No (FIN) 48					3,891				3,891		
Stock purchase shares issued				3,831		124	2,160		5,991		
Stock unit shares issued				(1,848)		120	2,098		250		
Stock options and SSARs exercised				13,429		2,361	41,268		54,697		
Stock-based compensation expense				34,149					34,149		
Excess tax benefits from stock awards exercised				27,428					27,428		
Distributions to noncontrolling interests	(28,553)									(19,476)	
Contributions from noncontrolling interests	9,124									5,611	
Sales and assumptions of additional noncontrolling interests	6,061									7,281	
Changes in fair value of noncontrolling interests	121,374			(121,374)					(121,374)		
Other adjustments to noncontrolling interests	433									975	
Purchase of treasury stock						(111)	(6,350)		(6,350)		
Balance at December 31, 2007	\$330,467	134,862	\$135	\$ 479,115	\$1,515,290	(27,732)	\$(487,744)	\$ (2,511)	\$1,504,285	\$ 48,178	
Comprehensive income:											
Net income	30,401				374,160				374,160	16,759	\$421,320
Unrealized losses on interest rate swaps, net of tax							(12,947)		(12,947)		(12,947)
Less reclassification of net swap realized losses into net income, net of tax							2,590		2,590		2,590
Unrealized losses on investments, net of tax							(1,174)		(1,174)		(1,174)
Less reclassification of net investment realized gains into net income, net of tax							(297)		(297)		(297)
Total comprehensive income											<u>\$409,492</u>

DAVITA INC.
CONSOLIDATED STATEMENTS OF EQUITY
AND
COMPREHENSIVE INCOME—(Continued)
(dollars and shares in thousands)

	Non-controlling interests subject to put provisions	DaVita Inc. Shareholders' Equity							Non-controlling interests not subject to put provisions	Comprehensive income	
		Common stock		Additional paid-in capital	Retained earnings	Treasury stock		Accumulated other comprehensive income (loss)			Total
		Shares	Amount			Shares	Amount				
Stock purchase shares issued . . .				2,981		98	1,730		4,711		
Stock unit shares issued				(2,670)		181	3,544		874		
Stock options and SSARs exercised				12,278		1,133	23,328		35,606		
Stock-based compensation expense				41,235					41,235		
Excess tax benefits from stock awards exercised				8,165					8,165		
Distributions to noncontrolling interests	(40,016)									(19,341)	
Contributions from noncontrolling interests	7,305									11,769	
Sales and assumptions of additional noncontrolling interests	9,389									4,726	
Purchases from noncontrolling interests	(2,347)									(2,334)	
Changes in fair value of noncontrolling interests	(43,254)			43,254					43,254	—	
Other adjustments to noncontrolling interests	(548)									(605)	
Purchase of treasury stock						(4,789)	(232,715)		(232,715)		
Balance at December 31, 2008	\$291,397	134,862	\$135	\$584,358	\$1,889,450	(31,109)	\$(691,857)	\$(14,339)	\$1,767,747	\$ 59,152	
Comprehensive income:											
Net income	38,381				422,684				422,684	18,694	
Unrealized losses on interest rate swaps, net of tax								(2,578)	(2,578)	(2,578)	
Less reclassification of net swap realized losses into net income, net of tax								10,542	10,542	10,542	
Unrealized gains on investments, net of tax								986	986	986	
Less reclassification of net investment realized gains into net income, net of tax								(159)	(159)	(159)	
Total comprehensive income										\$488,550	
Stock purchase shares issued . . .				2,135		107	2,387		4,522		
Stock unit shares issued				(1,570)		69	1,570		—		
Stock options and SSARs exercised				15,598		2,036	48,055		63,653		
Stock-based compensation expense				44,422					44,422		
Excess tax benefits from stock awards exercised				6,150					6,150		
Distributions to noncontrolling interests	(44,277)									(23,471)	
Contributions from noncontrolling interests	10,502									2,569	
Sales and assumptions of additional noncontrolling interests	13,483			(529)					(529)	4,039	
Purchases from noncontrolling interests	(2,594)			(3,721)					(3,721)	(544)	
Changes in fair value of noncontrolling interests	24,819			(24,819)					(24,819)	—	
Other adjustments	14			(339)					(339)	(1,346)	
Purchase of treasury stock						(2,903)	(153,495)		(153,495)		
Balance at December 31, 2009	\$331,725	134,862	\$135	\$621,685	\$2,312,134	(31,800)	\$(793,340)	\$(5,548)	\$2,135,066	\$ 59,093	

See notes to consolidated financial statements.

ATTACHMENT 39
Page 10 of 10

FINANCIAL WAIVER

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

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

ATTACHMENT 40

254



P.O. Box 2076
Tacoma, WA 98401-2076
1423 Pacific Ave.
Tacoma, WA 98402
Tel: (253) 272-1916
www.davita.com

December 7, 2010

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

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

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to expand and relocate Woodlawn Dialysis. The facility, located at 1164 E. 55th in Chicago (60615), would be relocated 1.5 miles northwest to 4642 - 4646 S. Drexel Boulevard in Chicago (60653). The project also adds twelve (12) stations, expanding from 20 stations to 32 stations.

DaVita Inc. will provide equity financing for this project. The project consists of the modernization of approximately 11,100 gross square feet (gsf) of leased space and the purchase of needed equipment. The estimated total project cost is \$2,652,289, excluding the fair market values (FMV) of the space to be leased.

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

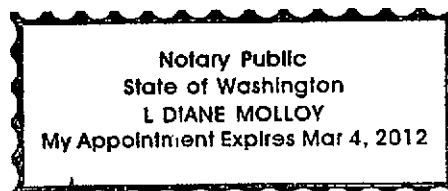
I have enclosed our 2009 audited financial statements to support our liquidity. If you have any further questions, please contact me.

Sincerely,

Jim Hilger
Vice President and Controller
Enclosures

ATTACHMENT 42

NOTARY



255

L. Diane Molloy



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

December 14, 2010

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

RE: DaVita Inc. and Total Renal Care Inc. d/b/a Woodlawn Dialysis
Conditions of the Space Lease

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to relocate and expand Woodlawn Dialysis. The project relocates the facility 1.5 miles northwest from 1164 E. 55th Street in Chicago (60616) to 4642 - 4646 S. Drexel Boulevard in Chicago (60653).

The project also adds twelve (12) stations to the 20-station facility, resulting in 32 stations.

Total Renal Care Inc. would lease and modernize approximately 11,100 gross square feet (gsf) to house the 32-station dialysis facility. The lease will be for fifteen (15) years, with two (2) five-year options to renew. The initial base lease rate would be \$20.00 per square foot triple net and increase 3% per year.

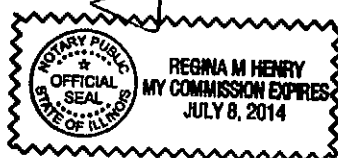
The terms of the lease appear reasonable based on a comparison to similar rents in the area (see attached analysis.) Also, lease expenses are less costly than constructing a new facility.

Sincerely,

Steven E. Lieb
Group General Counsel

See Attached

NOTARY



256

ATTACHMENT 42(1)
Page 1 of 3



USI Real Estate Brokerage Services, Inc.
Broker Opinion of Value
December 8, 2010

GOAL: Determine fair market rent for similar type properties in the Chicago market

SUBJECT
PROPERTY: 4650 S Drexel Blvd, Chicago, IL 60653

SUBJECT
PROPERTY
RENT: \$20.00/SF NNN

CURRENT COMPS: See following page

MARKET
RANGE: Current market rents for properties comparable to the subject property range from \$18.00 - \$23.00 NNN ("Comparable Properties"). The subject properties are well located in very small medical building markets. The closer we got to University of Chicago Hospital the tighter the supply. There are a number of medical buildings in the area but most are 100% leased or have small spaces available.

CONCLUSION: Based on a comparison of the characteristics (as described above) of the Subject Property to the Comparable Properties, the **Fair Market Rental Range** for 4650 S Drexel Blvd, Chicago, IL 60653 is between \$18.00 to \$23.00 NNN.

PREPARED BY: Matthew Fetter

(This information is believed to be accurate, this is an opinion based on our research we are not responsible for misstatements of facts, errors or omissions, prior sale, changes of price or withdrawal from the market without notice.)

ATTACHMENT 42(1)
Page 2 of 3

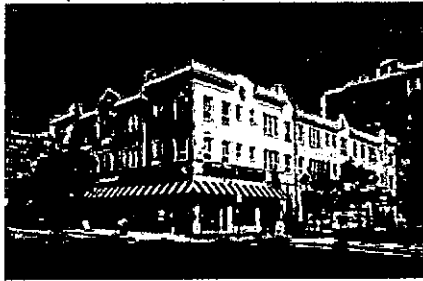
257

Subject Property



4650 S Drexel Blvd Chicago, IL 60653	
Building Class / Type:	B
Total Building Size:	11,100
Year Built:	1966
DaVita Space:	11,100 SF

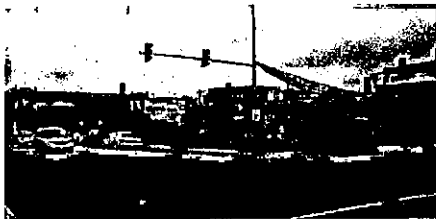
Comparables Properties



1424-1428 E 53rd	
Chicago, IL 60615	
Building Class / Type:	B
Total Building Size:	28,459 SF
Year Built:	1927
Completed: 3/24/10 Square Footage: 1,500 SF	
Rental Rate: \$19.00/SF NNN	



119-133 E 75th St	
Chicago, IL 60619	
Building Class/Type:	B
Total Building Size:	7,818 SF
Year Built:	2009
Completed: 3/1/10 Square Footage: 2,359 SF	
Rental Rate: \$23.00/SF NNN	



607-621 E 79th St	
Chicago, IL 60644	
Building Class/Type:	B
Total Building Size:	12,868 SF
Year Built:	N/A
Completed: 3/1/10 Square Footage: 1,052 SF	
Rental Rate: \$18.00/SF NNN	

Market Summary

Although rental rates vary above, based on the existing building type and class, the

(This information is believed to be accurate, this is an opinion based on our research we are not responsible for misstatements of facts, errors or omissions, prior sale, changes of price or withdrawal from the market without notice.)

ATTACHMENT 42(1)
Page 3 of 3

OTHER PROJECT COSTS
Woodlawn Dialysis

<u>Area</u>	<u>Amount</u>	<u>Basis for Estimate</u>
PREPLANNING		
CON Fee	\$11,000	Regulation
NEW EQUIPMENT	\$854,989	DaVita Estimate See following pages for Summary & Full Itemized List
CONSTRUCTION/ CONTINGENCIES CONSULTING & OTHER FEES	\$1,535,000	DaVita Estimate
Architect/Engineering	\$110,000	DaVita Estimate
CON Consulting	\$42,500	Agreement
Legal	\$3,000	DaVita Estimate
Reimbursables	<u>\$3,000</u>	DaVita Estimate
	\$158,500	
OTHER COSTS TO BE CAPITALIZED		
<u>Utility Hook-ups:</u>		
Electric	\$10,000	DaVita Estimate
Water – Tap	\$15,000	DaVita Estimate
Sewer	\$15,000	DaVita Estimate
Gas	\$2,000	DaVita Estimate
Cable	<u>\$7,500</u>	DaVita Estimate
	(\$49,500)	
<u>Building Systems:</u>		
Telephone System	\$11,000	DaVita Estimate
Network Cabling	\$19,000	DaVita Estimate
Emergency Call System	0	DaVita Estimate
Security System	0	DaVita Estimate
DSS System	0	DaVita Estimate
Fire Alarm System	<u>0</u>	DaVita Estimate
	(\$30,000)	
<u>Signage</u>	(\$13,300)	DaVita Estimate
Sub-Total	\$92,800	

WOODLAWN DIALYSIS

Summary
Equipment And Furnishings Cost

(See Following Pages for Complete Itemized List)

<u>Equipment Type</u>	<u>Cost</u>
Communications	\$74,800
Water Treatment	\$131,560
Bio-Medical	\$13,685
Re-use Equipment/Fixtures	\$0
Clinical Equipment	\$493,695
Clinical Furniture/Fixtures	\$41,121
Lounge Furniture/Fixtures	\$5,375
Storage Fixtures/Equipment	\$14,418
Business Office Fixtures	\$34,335
General Furniture/Fixtures	<u>\$46,000</u>
Total Equipment/Furnishings For 32 Stations	\$854,989
Total Equipment Cost Per Station	\$26,719

DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

WOODLAWN DIALYSIS

Square Footage:	Incremental	Total	
	11100	11100	347 square feet per station
Number of Hemo Stations (at Startup):	32	32	350 = typical OVA minimum standard
Number of PD Training Rooms	0	0	
Number of Home Training Stations:	0	0	Costs can be reduced with reduced # of Stations at open

	Number	#	Cost/Unit	Total Cost	Sq. Ft.	Per Total Station	Comments/BDP
Services/Fees	Architecture and Eng. Co.	01.04		\$ 110,000	\$ 8.91	\$ 3,437.50	
	Mover	01.05		\$ -	\$ -	\$ -	
	Legal Fees	01.06		\$ 3,000	\$ 0.27	\$ 93.75	
	CON Expense	01.07		\$ 56,500	\$ 5.09	\$ 1,765.63	Includes State Board review fee of \$11,000.00 (based on 0.22% of total project cost including FMV of shell space of \$2,331,222.)
				\$ 169,500			
Construction	Gross Interiors (permit inclu	02.01		\$ 1,221,000	\$ 110.00	\$ 38,156.25	
	Gross MBBF (permit inclu	02.02		\$ 90,000	\$ 8.11	\$ 2,812.50	
	Fire & Life Safety	02.03		\$ 125,000	\$ 11.26	\$ 3,808.25	
	Leasehold Improvment	02.07		\$ -	\$ -	\$ -	
				\$ 1,436,000			
Utilities (hook-up)	Electric	03.01	1	\$ 10,000	\$ 10,000	\$ 0.80	\$ 312.50
	Back-up Generator	03.02	0	\$ -	\$ -	\$ -	\$ -
	Gas	03.03	1	\$ 2,000	\$ 2,000	\$ 0.18	\$ 82.50
	Water (tap fee)	03.04	1	\$ 15,000	\$ 15,000	\$ 1.35	\$ 488.75
	Sewer (impact fee)	03.05	1	\$ 15,000	\$ 15,000	\$ 1.35	\$ 488.75
	Cable	03.06	1	\$ 7,500	\$ 7,500	\$ 0.68	\$ 234.38
				\$ 49,500	\$ 4.46	\$ 1,548.88	
Building System	Telephone System	04.01	1	\$ 11,000.00	\$ 11,000	\$ 0.89	\$ 343.75
	CRIS Cabling	04.02	1	\$ 19,000.00	\$ 19,000	\$ 1.71	\$ 593.75
	Emergency Call System	04.03	1	\$ -	\$ -	\$ -	\$ -
	Security System	04.04	1	\$ -	\$ -	\$ -	\$ -
	DSS System	04.06	0	\$ 8,925.00	\$ -	\$ -	\$ -
				\$ 30,000	2.7027027	\$ 937.50	
Communication	TV System (w/ VCR)	04.05	40	\$ 1,195.00	\$ 47,800	\$ 4.31	\$ 1,483.75
	Chairside Snappy - Serve	04.08	2	\$ 7,000.00	\$ 14,000	\$ 1.26	\$ 437.50
	Chairside Snappy - Mach	04.09	1	\$ 13,000.00	\$ 13,000	\$ 1.17	\$ 408.25
				\$ 74,800			\$ 40,058.00
Water Treatment	R/O System	05.01	1	\$ 98,000.00	\$ 98,000	\$ 8.83	\$ 3,062.50
	Station Boxes and Fitting	05.02	34	\$ 420.00	\$ 14,280	\$ 1.29	\$ 448.25
	Dry Acid System	05.03	1	\$ 4,180.00	\$ 4,180	\$ 0.38	\$ 130.63
	Concentrate Tanks	05.04	2	\$ 1,550.00	\$ 3,100	\$ 0.28	\$ 96.88
	Concentrate Pumps	05.05	2	\$ 800.00	\$ 1,600	\$ 0.14	\$ 50.00
	Drum Dolly	05.06	1	\$ 200.00	\$ 200	\$ 0.02	\$ 6.25
	Central BI-carb System	05.07	1	\$ 10,200.00	\$ 10,200	\$ 0.92	\$ 318.75
	BI-carb Mixer	05.08	1	\$ -	\$ -	\$ -	\$ -
	BI-carb Drying Racks	05.09	0	\$ 250.00	\$ -	\$ -	\$ -
				\$ 131,560	\$ 11.85	\$ 4,111.25	
Bio-Medical	Conductivity Meter	06.02	1	\$ 2,000.00	\$ 2,000	\$ 0.18	\$ 62.50
Equipment	Dialysate Meter	06.03	1	\$ 2,200.00	\$ 2,200	\$ 0.20	\$ 68.75
	R/O TDS Water Meter	06.04	1	\$ 500.00	\$ 500	\$ 0.05	\$ 15.93
	Air Test Kit	06.05	1	\$ 385.00	\$ 385	\$ 0.03	\$ 12.03
	Water Analysis Test Kit	06.06	1	\$ 50.00	\$ 50	\$ 0.00	\$ 1.56
	Tool Chest - Portable	06.10	1	\$ 250.00	\$ 250	\$ 0.02	\$ 7.81
	Parts Storage Cart	06.11	1	\$ 300.00	\$ 300	\$ 0.03	\$ 9.38
	Miscellaneous Technical	06.12	1	\$ 2,000.00	\$ 2,000	\$ 0.18	\$ 62.50
	Miscellaneous Filtrins, Ti	06.13	1	\$ 8,000.00	\$ 8,000	\$ 0.54	\$ 187.50
				\$ 13,885	\$ 1.23	\$ 427.66	
Reuse Equipme	Renatron	07.03	0	\$ 19,875.00	\$ -	\$ -	\$ -
Fixtures	Dialyzer Racks	07.05	0	\$ 64.00	\$ -	\$ -	\$ -
	Reuse Refrigerator	07.06	0	\$ 550.00	\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -

DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

WOODLAWN DIALYSIS

	Incremental	Total	
Square Footage:	11100	11100	347 square feet per station
Number of Hemo Stations (at Startup):	32	32	350 = typical OVA minimum standard
Number of PD Training Rooms	0	0	
Number of Home Training Stations:	0	0	Costs can be reduced with reduced # of Stations at open

	Number	#	Cost/Unit	Total Cost	Sq. Ft.	Per Total Station	Comments/BDP
Clinical Equipment							
Dialysis Machine	08.01	35	\$ 13,200.00	\$ 462,000	\$ 41.82	\$ 14,437.50	
Patient Lift	08.02	1	\$ 755.00	\$ 755	\$ 0.07	\$ 23.59	
Scale (lb)	08.03	1	\$ 4,825.00	\$ 4,825	\$ 0.43	\$ 150.78	
Scale (PD)	08.04	0	\$ 3,157.80	\$ -	\$ -	\$ -	
Lab Refrigerator	08.05	2	\$ 435.00	\$ 870	\$ 0.08	\$ 27.19	
Lab Freezer	08.06	2	\$ 550.00	\$ 1,100	\$ 0.10	\$ 34.38	
Meds Refrigerator (bc)	08.07	2	\$ 480.00	\$ 960	\$ 0.09	\$ 30.00	
Meds Refrigerator (PD)	08.09	1	\$ 480.00	\$ 480	\$ 0.04	\$ 15.00	updated unit price
Microwave (PD)	08.10	1	\$ 250.00	\$ 250	\$ 0.02	\$ 7.81	
Ice Machine	08.11	0	\$ 3,590.00	\$ -	\$ -	\$ -	
Crash Cart	08.12	2	\$ 1,245.00	\$ 2,490	\$ 0.22	\$ 77.61	
Medication Cart	08.13	1	\$ 1,321.23	\$ 1,321	\$ 0.12	\$ 41.29	
Defibrillator	08.14	2	\$ 2,283.00	\$ 4,526	\$ 0.41	\$ 141.44	
EKG	08.15	0	\$ 1,600.00	\$ -	\$ -	\$ -	
Ambubag	08.16	3	\$ 11.00	\$ 33	\$ 0.00	\$ 1.03	
Suction Machine	08.17	1	\$ 340.00	\$ 340	\$ 0.03	\$ 10.63	
Oxygen Equipment	08.18	3	\$ 595.00	\$ 1,785	\$ 0.16	\$ 55.78	
Infusion Pump	08.19	5	\$ 1,035.00	\$ 5,175	\$ 0.47	\$ 161.72	
IV Pole	08.20	2	\$ 65.00	\$ 130	\$ 0.01	\$ 4.06	
Thermometer	08.23	14	\$ 4.35	\$ 61	\$ 0.01	\$ 1.90	
Stethoscope	08.24	14	\$ 4.11	\$ 58	\$ 0.01	\$ 1.80	
Mobile BP Module(s)	08.30	1	\$ 286.00	\$ 286	\$ 0.03	\$ 8.94	
Emergency Evacuation K	08.32	1	\$ 250.00	\$ 250	\$ 0.02	\$ 7.81	
Miscellaneous Clinical	08.33	1	\$ 6,000.00	\$ 6,000	\$ 0.54	\$ 187.50	
				\$ 493,695	\$ 44.48	\$ 15,427.98	
Clinical Furniture							
Dialysis Chair - regular	09.01	29	\$ 970.00	\$ 28,130	\$ 2.53	\$ 879.06	
Dialysis Chair - oversized	09.02	7	\$ 1,235.00	\$ 8,645	\$ 0.78	\$ 270.16	
Task Stool	09.03	12	\$ 71.00	\$ 852	\$ 0.08	\$ 26.63	
Privacy Screen	09.04	2	\$ 140.00	\$ 280	\$ 0.03	\$ 8.75	
Exam Table	09.05	1	\$ 644.38	\$ 644	\$ 0.06	\$ 20.14	
Chart Rack	09.08	2	\$ 880.00	\$ 1,760	\$ 0.16	\$ 55.00	
Wheelchair	09.09	2	\$ 405.00	\$ 810	\$ 0.07	\$ 25.31	
				\$ 41,121	\$ 3.70	\$ 1,285.04	
Lounge Furniture							
Refrigerator (lounge)	10.01	2	\$ 860.00	\$ 1,920	\$ 0.17	\$ 60.00	
Microwave (lounge)	10.02	1	\$ 130.00	\$ 130	\$ 0.01	\$ 4.08	
Coffee Machine (lounge)	10.04	1	\$ -	\$ -	\$ -	\$ -	
Toaster Oven (lounge)	10.05	1	\$ 125.00	\$ 125	\$ 0.01	\$ 3.91	
Lockers	10.06	2	\$ 1,600.00	\$ 3,200	\$ 0.28	\$ 100.00	
				\$ 5,375	\$ 0.48	\$ 167.87	
Storage Furniture							
Supply Cart	11.01	2	\$ 136.71	\$ 273	\$ 0.02	\$ 8.54	
Equipment							
Shelving	11.02	2	\$ 6,000.00	\$ 12,000	\$ 1.08	\$ 375.00	
Hand Dolly	11.03	1	\$ 100.00	\$ 100	\$ 0.01	\$ 3.13	
Flatbed Truck (hand)	11.04	1	\$ 200.00	\$ 200	\$ 0.02	\$ 6.25	
Utility Cart	11.05	6	\$ 174.09	\$ 1,045	\$ 0.09	\$ 32.64	
Floor Plates	11.06	8	\$ 100.00	\$ 800	\$ 0.07	\$ 25.00	
				\$ 14,418	\$ 1.30	\$ 450.58	
Business Office							
Copier	13.01	1	\$ 2,830.00	\$ 2,830	\$ 0.25	\$ 88.44	
Fixtures							
Facsimile	13.02	1	\$ 600.00	\$ 600	\$ 0.05	\$ 18.75	
Timeclock	13.03	1	\$ 905.00	\$ 905	\$ 0.08	\$ 28.28	
Computer System	13.04	1	\$ 30,000.00	\$ 30,000	\$ 2.70	\$ 937.50	
				\$ 34,335	\$ 3.09	\$ 1,072.87	
General Furniture							
Office Furniture	14.01	1	\$ 38,000.00	\$ 38,000	\$ 3.42	\$ 1,187.50	
Fixtures							
Artwork/Plants	14.02	1	\$ 4,000.00	\$ 4,000	\$ 0.36	\$ 125.00	
Window Blinds/Curtains	14.04	1	\$ 4,000.00	\$ 4,000	\$ 0.36	\$ 125.00	
				\$ 48,000			
Signage							
Interior	15.01	1	\$ 3,300.00	\$ 3,300	\$ 0.30	\$ 103.13	
Exterior	15.02	1	\$ 10,000.00	\$ 10,000	\$ 0.90	\$ 312.50	
				\$ 13,300			
Gross Leasehold Improvements				\$ 1,436,000	\$ 129.37	\$ 44,875.00	
Less: Landlord Contribution				\$ 0	\$ 0.00	\$ 0.00	
Leasehold Improvements Total				\$ 1,436,000	\$ 129.37	\$ 44,875.00	
Fees/Services Total				\$ 219,000	\$ 19.73	\$ 6,843.75	
Furniture/Fixtures/Equipment Total				\$ 898,289	\$ 80.93	\$ 28,071.63	
TOTAL				\$ 2,652,289	\$ 238.94	\$ 82,884.03	
Shipping & Taxes				assumed w/in			

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

Projected Operating Costs

Year 2014

Salaries and Benefits (39%)	\$1,990,797
Medical Supplies (Excluding Epogen)	<u>\$292,009</u>
TOTAL	\$2,282,806
Number of Treatments	23,131
Cost per Treatment	<u>\$98.69</u>

SOURCE: Feasibility Study in Attachment 42(4).

ATTACHMENT 42(3)

START-UP COSTS			Annual
	Cost	Life	Depreciation
Construction/Contingency	\$1,535,000	39	\$39,359
Gross site improvements		39	\$0
Pre-opening		0	\$0
Equipment/Furniture	\$898,289	7	\$128,327
Fees/services	\$219,000	39	\$5,615
Shipping/taxes		0	\$0
Total	\$2,652,289		\$173,301
Facility			
Square feet of space	11,100		
Cost per square foot	\$138.29		
Hemo stations	32		

ESTIMATED CAPITAL EXPENDITURES	Year 1	Year 2	Year 3	Year 4	Year 5
	\$64,000	\$65,920	\$67,898	\$69,935	\$72,033

INCOME STATEMENT

Pro Forma Projected

	Year 1	Year 2	Year 3	Year 4	Year 5
Treatments					
Chronic	20,242	22,030	23,131	23,705	24,279
Home	0	0	0	0	0
Total Treatments	20,242	22,030	23,131	23,705	24,279
<i>Growth</i>		8.8%	5.0%	2.5%	2.4%
Net Revenue	\$ 5,647,740	\$ 6,230,457	\$ 6,219,311	\$ 6,604,964	\$ 7,002,552
<i>Net Revenue/Tx</i>	279.01	282.81	268.88	278.63	288.42
SW&B	\$1,763,232	\$1,878,408	\$1,990,797	\$2,058,875	\$2,180,090
Other Expenses	\$3,264,727	\$3,589,865	\$3,828,577	\$3,997,806	\$4,172,674
Total Expenses	\$5,027,959	\$5,468,273	\$5,819,374	\$6,056,681	\$6,352,765
EBITDA	\$ 619,781	\$ 762,184	\$ 399,937	\$ 548,283	\$ 649,788
<i>EBITDA/Tx</i>	330.62	334.60	317.29	323.13	326.76
<i>EBITDA as a % of Revenue</i>	11.0%	12.2%	6.4%	8.3%	9.3%

Depr & Amort	\$174,744	\$184,162	\$193,861	\$203,852	\$214,142
EBIT	\$445,037	\$578,022	\$206,075	\$344,431	\$435,646
Interest Expense	0.0%	\$0	\$0	\$0	\$0
Pre-Tax Income	\$445,037	\$578,022	\$206,075	\$344,431	\$435,646
Income Taxes	40.0%	\$178,015	\$231,209	\$82,430	\$137,773
Net Income	\$267,022	\$346,813	\$123,645	\$206,659	\$261,387
Shares Outstanding (Diluted 3Q-2010)	104,022,458	104,022,458	104,022,458	104,022,458	104,022,458
Incremental EPS	\$0.003	\$0.003	\$0.001	\$0.002	\$0.003

Pro Forma Projected

	Per Tx	Est. Per Tx	Year 1	Year 2	Year 3	Year 4	Year 5
Treatments							
Chronic	100%		20,242	22,030	23,131	23,705	24,279
PD	0%		0	0	0	0	0
Total Treatments	100%		20,242	22,030	23,131	23,705	24,279
Growth				8.8%	5.0%	2.5%	2.4%
REVENUES:							
In Center	\$ 279.01	\$ 279.01	\$ 5,647,740	\$ 6,230,457	\$ 6,219,311	\$ 6,604,964	\$ 7,002,552
Home	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Epopgn	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Ancillary	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Gross Revenue	279.01	279.01	5,647,740	6,230,457	6,219,311	6,604,964	7,002,552

Less: Contractual Allowances
Epopgn Allowance

Net Revenue	279.01	279.01	5,647,740	6,230,457	6,219,311	6,604,964	7,002,552
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EXPENSES:

SW&B - Chronic	\$ 87.11	\$ 87.11	\$ 1,763,232	\$ 1,878,408	\$ 1,990,797	\$ 2,058,875	\$ 2,180,090
SW&B - Home	12.25	12.25	248,049	274,008	292,009	303,746	315,768
Medical Supplies - Chronic	0.34	0.34	6,871	7,343	7,479	7,333	7,080
Medical Supplies - Home	24.59	24.59	497,772	549,073	584,312	606,943	630,080
Pharmacy	0.95	0.95	19,129	20,819	21,859	22,401	22,944
Lab	50.41	50.41	1,020,331	1,138,220	1,224,945	1,286,731	1,350,840
Epopgn	7.39	7.39	149,610	159,317	169,677	180,735	191,614
Provision for Bond Debts	5.20	5.20	105,206	108,362	111,613	114,961	118,410
Utilities and Telephone	6.00	6.00	121,454	132,182	138,784	142,228	145,673
Maintenance and Repair	1.40	1.40	28,384	31,818	34,409	36,321	38,317
Insurance	0.25	0.25	4,981	5,081	5,286	5,392	5,500
Taxes and Licenses	1.63	1.63	33,000	35,915	37,709	38,645	39,581
Other Supplies	16.12	16.12	326,379	378,960	418,209	445,510	474,865
Other Expenses	4.69	4.69	95,000	97,850	100,786	103,809	106,923
Physician Fees	12.06	12.06	244,200	249,084	254,066	259,147	264,330
Rent	18.00	18.00	364,361	401,833	427,537	444,010	460,856
G&A Expenses	241.00	248.39	\$5,027,959	\$5,468,273	\$5,819,374	\$6,056,681	\$6,352,765
Total Expenses	38.01	30.62	\$769,391	\$762,184	\$399,937	\$548,283	\$649,788

EBITDA	13.6%		\$619,781	\$762,184	\$399,937	\$548,283	\$649,788
EBITDA/Tx			\$30.62	\$34.60	\$17.29	\$23.13	\$26.76
EBITDA as a % of Revenue			11.0%	12.2%	6.4%	8.3%	9.3%

CASH FLOW:

Net Income	\$0		174,744	184,162	193,861	203,852	214,142
Depr & Amort	\$769,391		\$445,037	\$578,022	\$206,075	\$344,431	\$435,646
EBIT			\$224,422	\$239,617	\$249,936	\$258,283	\$269,788
Net Income			\$267,022	\$346,813	\$123,645	\$206,659	\$261,387
Depr & Amort			\$174,744	\$184,162	\$193,861	\$203,852	\$214,142
Capital Expenditures			(\$64,000)	(\$65,920)	(\$67,898)	(\$69,935)	(\$72,033)
Incremental Working Capital			(133,745)	(68,868)	44,988	(70,401)	(70,576)
Net Cash Flow			\$244,022	\$396,187	\$294,597	\$270,175	\$332,921

265

Mortality Assumption 14.0%

Treatments
 DRAFT - CONFIDENTIAL
 For Discussion Purposes Only

TREATMENT SCHEDULE

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	135	1,616	148	1,770	159	1,906	163	1,953	167	2,001
2	136	1,629	149	1,782	160	1,910	164	1,957	168	2,005
3	137	1,642	150	1,794	160	1,914	164	1,961	168	2,009
4	138	1,654	151	1,806	160	1,918	164	1,965	168	2,013
5	139	1,667	152	1,818	161	1,922	165	1,969	169	2,017
6	141	1,680	153	1,830	161	1,926	165	1,973	169	2,021
7	142	1,693	154	1,842	161	1,930	165	1,977	169	2,025
8	143	1,706	155	1,854	162	1,934	166	1,981	170	2,029
9	144	1,719	156	1,866	162	1,938	166	1,985	170	2,033
10	145	1,732	157	1,878	162	1,942	166	1,989	170	2,037
11	146	1,745	158	1,890	163	1,945	167	1,993	171	2,041
12	147	1,758	159	1,902	163	1,949	167	1,997	171	2,045
Total		20,242		22,030		23,131		23,705		24,279
			8.3%		5.0%		2.5%			2.4%

HOME

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

New Patients on Service

Beginning Patients	135	148	159	163	167
Less 14.0% Mortality	19	21	22	23	23
Ending Patients	147	159	163	167	171
Net New Patients	31	32	26	27	27

266

Woodlawn

Assumptions for Denovo:

Expansion Costs:	
Pre. Opening	\$0
Construction/Contingency	\$1,535,000
Gross site improvements	\$0
Equipment & Furniture	\$898,289
Fees/services	\$219,000
Total	\$2,652,289

Revenues & Expenses: Based Denovo Model using August - November 2010 Revenue and Expenses [Woodlawn CON v6.0 2010-11-01.xls]
Calibrated with UC Acquisition Model prepared by Deal Depot [UC - New Valuation Model - 080310 - PD+HHD Final.xls]
Bad Debt: UC Acquisition Model prepared by Deal Depot

Proposed Staffing: Based on current staffing and adjusted for future growth. \$83 (including benefits) first year actual per treatment.
Benefits portion of SWBs is 39%

Patient Census: Year one average census of 141 (20,242 treatments per year) for year 1 with an annual growth rate of 8.8% (Year 2),
3.3% (Years 3-5)

Working Capital: Based Denovo Model [Woodlawn CON v6.0 2010-11-01.xls]

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

Projected Capital Costs

Year 2014

Depreciation/Amortization	\$193,861
Interest	<u>0</u>
TOTAL	\$193,861
Number of Treatments	23,131
Capital Cost per Treatment	<u>\$8.38</u>

SOURCE: Feasibility Study in Attachment 42(4).

ATTACHMENT 42(5)

Safety Net Impact Statement

The project has no impact on "Safety Net Service" providers as defined in Public Act 96-031.

Hemodialysis is a unique health care service which is covered by Medicare regardless of patient age. The rare patient who may ultimately be denied Medicare coverage due to lack of citizenship receives coverage through the State of Illinois' Medicaid program. See the following pages for three (3) years' data on revenues, costs, patients and treatments by payer for DaVita's Illinois and Chicago facilities.

DaVita facilities will provide any member of the community with dialysis services prescribed by a licensed physician. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability. In addition, DaVita provides service to persons with barriers to mainstream health care due to lack of insurance, inability to pay, or geographic isolation.

Below is the process whereby DaVita ensures that patients receive care. DaVita first verifies Medicare or Medicaid eligibility and/or private insurance coverage. Patients who lack insurance are authorized to receive treatment at the facility level with necessary written approval while they complete necessary applications for Medicare or Medicaid. Medicaid under Illinois law will provide treatment back to the first date of treatment. Medicare has a waiting period of 90 days after starting an ongoing course of dialysis. In any case, DaVita treats the patient with ongoing dialysis whether the service is ever covered or not.

Persons, who are not eligible for medical benefits because they do not meet citizenship/immigration requirements, may qualify for medical emergency care under Illinois law. Hemodialysis is considered an emergency medical condition and as long as the patient needs hemodialysis services they are covered. If there is a gap in coverage or eligibility for coverage at any time and in any case, DaVita provides care to those in any of those circumstances.

DaVita offers monthly pre-ESRD teaching to any patient who would like to attend at community based centers near its dialysis centers. Classes consist of the following different curricula: Making Healthy Choices, Taking Control and Treatment Choices including transplant services from local programs. The classes offer patients tips on how to maintain healthy living and the pro and cons of the options available for treating end stage renal disease (ESRD) along with the process to receive a transplant.

DaVita also has a website (DaVita.com) that offers an education section with topics such as kidney disease, dialysis, home dialysis, transplant and diet & nutrition. The DaVita website contains multiple sources for services available, recipes for patients with ESRD, other tools provided by DaVita and videos about multiple topics.

DaVita Clinical Research (DCR) is a renal Phase I-IV clinical trial site and site management organization. It offers the following services: Phase I-IV, Pharmacokinetics, and Pharmacodynamics. Our specialty patient population includes Renal, Renal Transplants and Peritoneal Dialysis. DCR is committed to the success of our customers' studies in providing the highest quality, professional services. It is unique, with Phase I-IV clinical trial capabilities, quick local or central institutional review board (IRB) approval, rapid enrollment of patients and board-certified physicians committed to managing all protocol-related activities. It has been conducting clinical trials for over 15 years and has worked with over 65 drug and device sponsors, to provide quality, timely and cost effective clinical trials.

DAVITA INC.

**Illinois
Chronic Hemodialysis**

Safety Net Information

CHARITY CARE	<u>2007</u>	<u>2008</u>	<u>2009</u>
Charity (# of Self-Pay Patients)	8	10	19
Charity (Self-Pay Cost)	\$244,745	\$321,510	\$597,263
MEDICAID			
Medicaid (Patients)	204	214	220
Medicaid (Revenue)	\$8,929,985	\$9,073,985	\$9,212,781

SOURCE: DaVita Inc.

NOTE: Illinois includes Heartland Regions 1 and 2 + Star Catchers
Regions 2, 4, and 8.

DaVita Inc.

Revenues and Treatments, By Payer

	<u>2007</u>	<u>2008</u>	<u>2009</u>
ILLINOIS REVENUES			
Medicare	\$79,229,775	\$82,651,051	\$88,220,128
Blue Cross/Blue Shield	\$24,022,742	\$20,454,198	\$23,668,861
Medicaid	\$8,929,985	\$9,073,985	\$9,212,781
Self Pay	\$250,518	\$297,508	\$575,803
Commercial/all other	\$51,532,023	\$44,746,861	\$44,895,814
Total	\$163,965,043	\$157,223,604	\$166,573,387
CHICAGO REVENUES			
Medicare	\$28,149,305	\$30,390,842	\$32,127,717
Blue Cross/Blue Shield	\$12,541,341	\$10,815,424	\$11,415,959
Medicaid	\$5,366,104	\$5,497,429	\$5,550,862
Self Pay	\$150,073	\$155,138	\$376,585
Commercial/all other	\$17,100,684	\$14,432,920	\$14,509,169
Total	\$63,307,508	\$61,291,753	\$63,980,292
Illinois Treatments			
Medicare	337,187	355,978	372,720
Blue Cross/Blue Shield	22,341	24,120	26,829
Medicaid	30,242	30,615	31,392
Self Pay	1,129	1,478	2,723
Commercial/all other	47,034	48,985	48,791
Total	437,932	461,176	482,455
Chicago Treatments			
Medicare	111,579	122,087	127,472
Blue Cross/Blue Shield	10,864	12,663	13,048
Medicaid	17,964	18,357	18,655
Self Pay	634	736	1,722
Commercial/all other	11,521	11,156	11,936
Total	152,561	164,999	172,833

271

DaVita Inc.

Revenues and Treatments, By Payer

	<u>2007</u>	<u>2008</u>	<u>2009</u>
ILLINOIS REVENUES			
Medicare	48.3%	52.6%	53.0%
BCBS of IL	14.7%	13.0%	14.2%
Medicaid	5.4%	5.8%	5.5%
Patient	0.2%	0.2%	0.3%
Commercial/all other	31.4%	28.5%	27.0%
Total	100.0%	100.0%	100.0%
CHICAGO REVENUES			
Medicare	44.5%	49.6%	50.2%
BCBS of IL	19.8%	17.6%	17.8%
Medicaid	8.5%	9.0%	8.7%
Patient	0.2%	0.3%	0.6%
Commercial/all other	27.0%	23.5%	22.7%
Total	100.0%	100.0%	100.0%
Illinois Treatments			
Medicare	77.0%	77.2%	77.3%
BCBS of IL	5.1%	5.2%	5.6%
Medicaid	6.9%	6.6%	6.5%
Patient	0.3%	0.3%	0.6%
Commercial/all other	10.7%	10.6%	10.1%
Total	100.0%	100.0%	100.0%
Chicago Treatments			
Medicare	73.1%	74.0%	73.8%
BCBS of IL	7.1%	7.7%	7.5%
Medicaid	11.8%	11.1%	10.8%
Patient	0.4%	0.4%	1.0%
Commercial/all other	7.6%	6.8%	6.9%
Total	100.0%	100.0%	100.0%

DaVita Inc.

Patients , By Payer

	2007	2008	2009
	ILLINOIS PATIENT COUNT, (Estimate)		
Medicare	2,275	2,494	2,606
Blue Cross/Blue Shield of IL	151	169	188
Medicaid	204	214	220
Self Pay	8	10	19
Commercial/all other	317	343	341
Total	2,954	3,230	3,374
Tx / Pt	148.2	142.8	143.0
	CHICAGO PATIENT COUNT, (Estimate)		
Medicare	780	855	880
Blue Cross/Blue Shield of IL	76	89	90
Medicaid	126	129	129
Self Pay	4	5	12
Commercial/all other	81	78	82
Total	1,067	1,156	1,193
Tx / Pt	143.0	142.7	144.9

Methodology:

Chicago includes Heartland Regions 1 and 2

Illinois includes Heartland Regions 1 and 2 + Star Catchers Regions 2, 4, and 8

Pulled historical Treatments and Patient count from essbase

DaVita Inc.

Cost per Treatment

	<u>2007</u>	<u>2008</u>	<u>2009</u>
ILLINOIS Cost per Treatment			
Salary Wage & Benefit	\$ 76.30	\$ 78.12	\$ 77.10
Medical Supplies	\$ 89.11	\$ 87.17	\$ 89.20
Other Controllable Expense	\$ 19.46	\$ 19.81	\$ 19.35
Other Operating Expense	\$ 31.90	\$ 32.43	\$ 33.68
Pre G&A Expense per Tx	\$ 216.78	\$ 217.53	\$ 219.34
CHICAGO Cost per Treatment			
Salary Wage & Benefit	\$ 87.04	\$ 89.65	\$ 87.57
Medical Supplies	\$ 95.48	\$ 93.66	\$ 93.23
Other Controllable Expense	\$ 21.68	\$ 21.60	\$ 20.82
Other Operating Expense	\$ 37.08	\$ 36.69	\$ 37.99
Pre G&A Expense per Tx	\$ 241.28	\$ 241.60	\$ 239.61

274

CHARITY CARE*

DaVita Inc.

Illinois Facilities

CHARITY CARE/SELF PAY*			
	2007	2008	2009
Net Patient Revenue	\$163,965,043	\$157,223,604	\$166,573,387
Amount of Charity Care (Self Pay) (revenues)	\$250,518	\$297,508	\$575,803
Cost of Charity Care	\$244,745	\$321,510	\$597,263

SOURCE: DaVita Inc.

NOTES: Illinois facilities include Heartland Regions 1 and 2 and Star Catcher's Regions 2, 4, and 8.

In-center hemodialysis is a unique health service covered by Medicare regardless of patient age. The rare patient who may be denied Medicare coverage due to lack of citizenship receives coverage through Illinois' Medicaid program. Therefore, DaVita does not have charity care to report that meets the State of Illinois definition.

DaVita provides any member of the community with dialysis services prescribed by a licensed physician. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability. In addition, DaVita provides service to persons with barriers to mainstream health care due to lack of insurance, inability to pay, or geographic isolation.

While "Self-pay" patients are billed for services their care is largely discounted and written off as bad debt upon approval of the Regional Operations Director.

ATTACHMENT 44

WOODLAWN DIALYSIS

**DISCONTINUATION, RELOCATION
AND EXPANSION
CON
APPLICATION**

APPENDICES

APPENDIX 1

Documentation

**List of Facilities within 45 minutes of the
Existing Location of
Woodlawn Dialysis**

FACILITIES WITHIN 45 MINUTES TRAVEL TIME OF WOODLAWN DIALYSIS
1164 E. 55th Street, Chicago, Illinois 60615

<u>MapQuest Reference</u>	<u>Facility Name</u>	<u>Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Mileage</u>	<u>Drive Time</u>	<u>Time (1.25)</u>
Facilities within 45 Minutes Adjusted Travel Time							
2	University of Chicago - Lake Park	1531 E. Hyde Park Blvd.	Chicago	60615	1.02	3	3.75
3	FMC - Garfield	5401 S. Weniworth	Chicago	60609	1.89	6	7.50
80	DaVita - Grand Crossing (DeNovo)	7311 S. Cottage Grove Avenue	Chicago	60619	2.72	8	10.00
7	FMC - Jackson Park Dialysis Center	7531 S. Stony Island	Chicago	60649	3.28	10	12.50
4	DaVita - Emerald Dialysis	710 West 43rd St.	Chicago	60609	4.06	11	13.75
5	FMC - Ross Dialysis - Englewood	6333 S. Green Street	Chicago	60621	3.62	11	13.75
6	FMC - Bridgeport	825 W. 35th St	Chicago	60609	5.19	13	16.25
9	RCG - Prairie	1717 S. Wabash Street	Chicago	60616	6.09	13	16.25
23	FMC - Neomedica - South Shore	2420 E. 79th St.	Chicago	60649	4.38	13	16.25
10	FMC - Greenwood Avenue Dialysis Center	1111 E. 87th Street	Chicago	60618	4.87	14	17.50
89	FMC - Chatham (DENOVO)	8315-8331 S. Holland Avenue	Chicago	60620	5.38	14	17.5
11	University of Chicago - Stony Island Center	8725 South Stony Island Avenue	Chicago	60617	4.81	15	18.75
15	DSI - Chicago South of DSI - Loop	1101 S. Canal St	Chicago	60607	7.76	15	18.75
16	FMC - Neomedica Loop	557 W Polk Street	Chicago	60607	7.9	15	18.75
18	FMC - Neomedica - South	9200 S. South Chicago Avenue	Chicago	60617	6.86	15	18.75
20	FMC - Chicago Dialysis Center	820 W. Jackson Street	Chicago	60607	8.78	16	20.00
25	Renal Care Group - Univ Program	710 N. Fairbanks	Chicago	60611	8.17	17	21.25
12	DaVita - Little Village Dialysis	2335 W. Cermak Road	Chicago	60608	9.4	18	22.50
13	FMC - Neomedica - Marquette Park	6535 S. Western Avenue	Chicago	60636	5.78	18	22.50
26	Circle Medical Management	1426 W. Washington Blvd	Chicago	60607	9.76	18	22.50
33	John H. Stroger Jr Hospital of Cook County	1901 W. Harrison	Chicago	60612	9.96	18	22.50
22	University of Illinois Hospital - Dialysis	1859 W. Taylor	Chicago	60612	10	19	23.75
29	FMC - Dialysis Services of Congress Parkway	3410 West Van Buren St.	Chicago	60624	11.55	19	23.75
17	DaVita - Beverly Dialysis	8109 S. Western Avenue	Chicago	60620	8.19	20	25.00
19	FMC - Chicago Westside Dialysis	2011 Hastings Street or 1340 S	Chicago	60608	9.28	20	25.00
90	FMC - West Willow (DENOVO)	1444-1454 W. Willow	Chicago	60642	11.19	20	25
23	Mt. Sinai Hosp Med Ctr Renal	2700 W. 15th Street or 1500 S.	Chicago	60608	11.25	21	28.25
28	FMC - Roseland Dialysis	132 W. 111th St.	Chicago	60628	11.46	21	28.25
21	FMC - Southside Dialysis Center	3134 West 78th Street	Chicago	60652	9.32	23	28.75
34	Garfield Kidney Center	3250 W. Franklin Blvd	Chicago	60624	12.37	23	28.75
39	FMC - Blue Island Dialysis Center	12200 S. Western	Blue Island	60406	12.68	23	28.75
44	FMC - West Suburban Dialysis Center	518 S. Austin	Oak Park	60304	14.96	23	28.75
27	FMC - Neomedica - Evergreen Park	9730 S. Western Avenue	Evergreen Park	60805	10.23	24	30.00
41	DaVita - Lincoln Park Dialysis	3157 N. Lincoln Avenue	Chicago	60657	12.97	24	30.00
42	DaVita - Logan Square Dialysis	2659 N. Milwaukee Avenue	Chicago	60647	13.91	24	30.00
31	FMC - West Metro Dialysis	1044 N. Mozart	Chicago	60622	12.3	25	31.25
38	RCG - Merionette Park	11630 S. Kedzie	Merionette Park	60803	13.63	25	31.25
45	FMC-NA Lakeview Dialysis	4008 North Broadway Avenue	Chicago	60613	12.72	25	31.25
46	FMC - North Center	2620 W. Addison St.	Chicago	60618	14.3	25	31.25
50	Maple Avenue Kidney Center	610 S. Maple Avenue	Oak Park	60304	16.71	25	31.25
30	DSI - Scottsdale	4651 W. 79th Street	Chicago	60652	11.09	28	32.50
36	DaVita Dialysis Mt. Greenwood	3401 W. 111th Street	Chicago	60655	12.8	26	32.50
51	FMCNA-Uptown	4700 or 4720 N. Marine	Chicago	60640	13.43	26	32.50
83	DaVita - West Lawn (DENOVO)	7000 S. Pulaski Road	Chicago	60629	8.44	26	32.50
32	FMC - Dialysis Services of Burbank	4811 W. 77th Street	Burbank	60459	11.42	27	33.75
40	FMC - Austin Community Kidney Center	4800 W. Chicago Avenue	Chicago	60651	15.84	28	35.00
47	FMC - Oak Park Dialysis Unit	733 W. Madison	Oak Park	60302	17.34	28	35.00
58	FMC-Neomedica - North Kipatrick	4800 N Kipatrick	Chicago	60630	17.09	28	35.00
59	DSI or RCG - South Holland	16135 South Park Avenue	South Holland	60473	18.34	28	35.00
84	FMC Midway (DENOVO)	6201 W. 63rd St.	Chicago	60638	15.85	28	35.00
35	DaVita - Stony Creek Dialysis	8115 S. Cicero Avenue	Oak Lawn	60453	12.48	29	36.25
55	Foster McCaw Hospital of Loyola	1201 W. Roosevelt Road	Maywood	60153	19.07	28	36.25
57	DSI - Markham	3053-3055 West 159th Street	Markham	60426	18.87	29	36.25
91	FMC - River Forest (DENOVO)	103 Forest Avenue	River Forest	60305	17.99	29	36.25
43	RCG - Benwyn	2601 S. Harlem Avenue	Benwyn	60402	16.46	30	37.50
52	FMC-Neomedica - West Belmont	4943 W. Belmont Avenue	Chicago	60641	16	30	37.50
54	Nephron Dialysis Center, LTD	5140 N. California Avenue	Chicago	60625	16.73	31	38.75
48	FMC - Alsip Dialysis Center	12250 S. Cicero	Alsip	60803	16.82	32	40.00
53	RCG - Crestwood	4861 West Cal Sag Road	Crestwood	60445	16.93	32	40.00
61	FMC - Neomedica - Metrose Park	1111 Superior St.	Metrose Park	60160	19.8	32	40.00
67	Center for Renal Replacement	7301 N. Lincoln Avenue	Lincolnwood	60712	20.51	32	40.00
70	Resurrection Medical Center	7435 W. Talcott Avenue	Chicago	60631	20.41	32	40.00
56	Direct Dialysis	14255 S. Cicero Avenue	Crestwood	60445	18.95	33	41.25
62	FMCNA - North Avenue Dialysis Center	911 W. North Avenue	Metrose Park	60160	20.93	33	41.25
63	Community Dialysis of Harvey	16557 S. Halsted	Harvey	60426	21.98	33	41.25
64	FMC - Neomedica - South Holland	17225 S. Paxton Avenue	South Holland	60473	20.91	33	41.25
68	FMC - Neomedica - Hazelcrest	17524 E. Cartegway Drive	Hazel Crest	60429	21.52	34	42.50
69	FMC - Norridge	4701 N. Cumberland Avenue	Norridge	60708	23.15	35	43.75
71	RCG - Hazelcrest	3470 W. 183rd St	Hazel Crest	60429	21.88	35	43.75
73	FMC - Willowbrook	6300 S. Kingery Hwy	Willowbrook	60527	25.96	35	43.75
65	FMC - LaGrange Dialysis Center	2400 Wolf Road	Westchester	60154	23.53	36	45.00
78	FMC - Skokie Dialysis	9801 Woods Drive	Skokie	60077	24.58	36	45.00
Facilities in Excess of 45 Minutes Adjusted Travel Time							
66	FMC - Rogers Park	2277 W Howard St	Chicago	60645	17.89	37	46.25
79	DaVita - Olympia Fields Dialysis Center	4557 B West Lincoln Highway	Matteson	60443	26.04	37	46.25
60	DaVita - Montclare Dialysis	7009 W. Belmont Avenue	Chicago	60634	18.64	38	47.50
81	FMC Mokena	8910 W. 192nd Street	Mokena	60448	26.76	38	47.50
85	DaVita - Palos Park (DeNovo)	13155 S La Grange Road	Orland Park	60462	27.86	38	47.50
72	RCG - Orland Park	9160 W. 159th Street	Orland Park	60462	24.43	39	48.75
75	FMC - MidAmerica Evanston	2953 Central Street	Evanston	60201	25.97	39	48.75
82	RCG South Suburban	2609 W. Lincoln Hwy	Olympia Fields	60461	28.51	42	52.50
86	FMC - Steger (DENOVO)	NW Corner Love Rock Rd & St	Steger		28.03	42	52.5
77	DSI - Evanston Renal Center	1715 Central St.	Evanston	60201	27.05	43	53.75
88	FMC - Lombard (DENOVO)	1940 Springer Drive	Lombard	60148	30.04	44	55
76	Evanston-Northwestern Healthcare	2850 Ridge Avenue	Evanston	60201	27.78	45	56.25
87	FMC - Lockport (DENOVO)	1050-1062 Thornton Avenue	Lockport	60441	38.1	51	63.75

SOURCE: Mileage and Drive Time: MapQuest. See documentation in Appendix 1.



MAPQUEST.

Notes

University of Chicago Hospitals



Trip to 5841 S Maryland Ave

Chicago, IL 60637-1447

0.93 miles - about 2 minutes

#1



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.4 mi



2. Turn **LEFT** onto **S COTTAGE GROVE AVE.**

go 0.4 mi



3. Turn **LEFT** onto **E 58TH ST.**

go 0.0 mi



4. Turn **RIGHT** onto **S MARYLAND AVE.**

go 0.0 mi



5. 5841 **S MARYLAND AVE** is on the **LEFT.**

go 0.0 mi

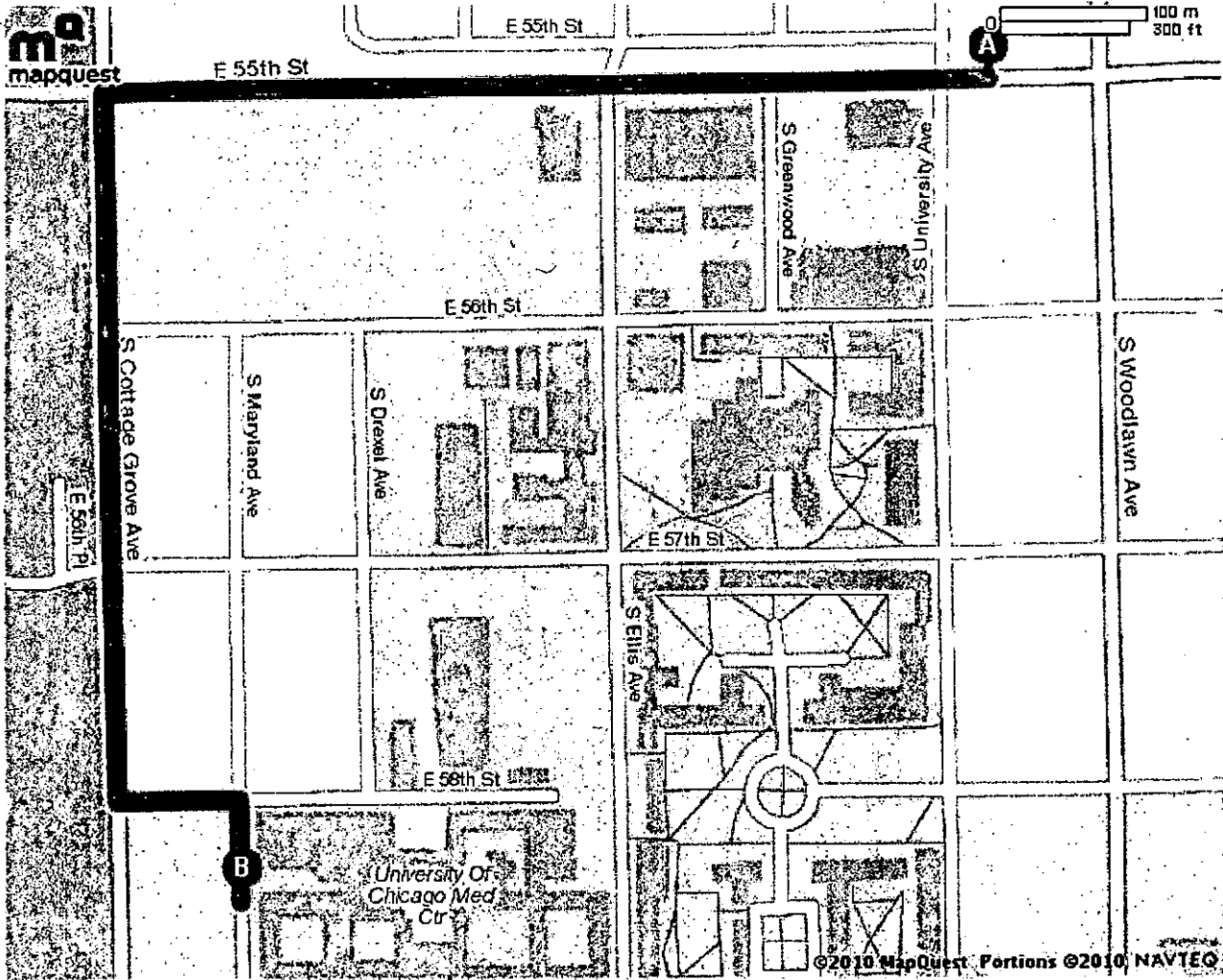


5841 S Maryland Ave, Chicago, IL 60637-1447

Total Travel Estimate : 0.93 miles - about 2 minutes

Route Map [Hide](#)

279



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280



MAPQUEST.

Notes

LakePark



Trip to 1531 E Hyde Park Blvd
Chicago, IL 60615-3039
1.02 miles - about 3 minutes

#2



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 0.5 mi



3. Turn **RIGHT** onto **E HYDE PARK BLVD / E 51ST ST.**

go 0.5 mi



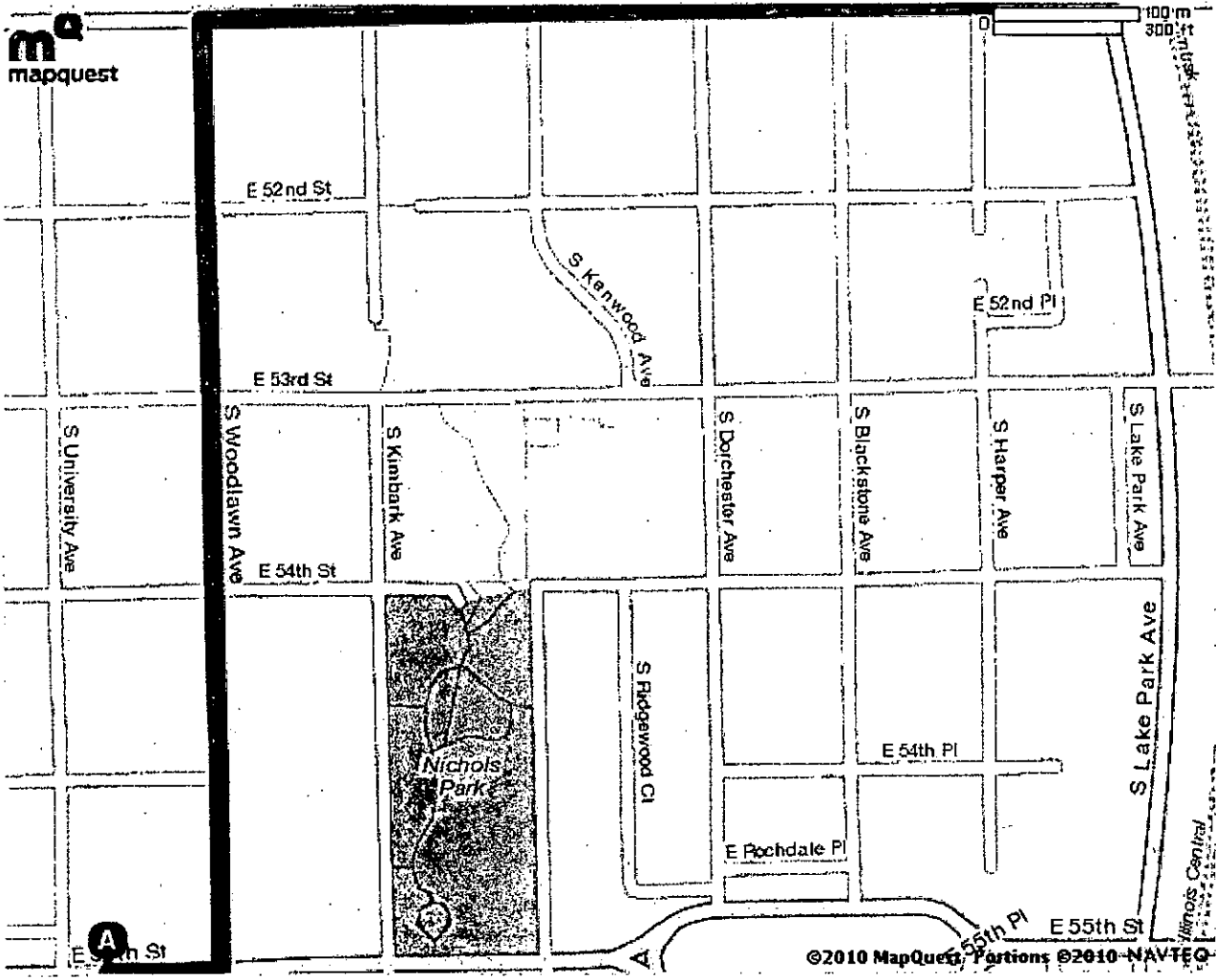
4. **1531 E HYDE PARK BLVD** is on the **RIGHT.**

go 0.0 mi

B 1531 E Hyde Park Blvd, Chicago, IL 60615-3039
Total Travel Estimate : 1.02 miles - about 3 minutes

Route Map [Hide](#)

281



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282



MAPQUEST.

Notes

FMC - Garfield



Trip to 5401 S Wentworth Ave

#3

Chicago, IL 60609-6300

1.89 miles - about 6 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE.

go 0.5 mi



2. Turn LEFT onto PAYNE DR.

go 0.0 mi



3. Turn SLIGHT RIGHT onto RAINEY DR.

go 0.2 mi



4. RAINEY DR becomes MORGAN DR.

go 0.2 mi



5. Turn LEFT onto E GARFIELD BLVD / E 55TH ST.

go 0.8 mi



6. Turn RIGHT onto S WENTWORTH AVE.

go 0.1 mi



7. 5401 S WENTWORTH AVE is on the RIGHT.

go 0.0 mi

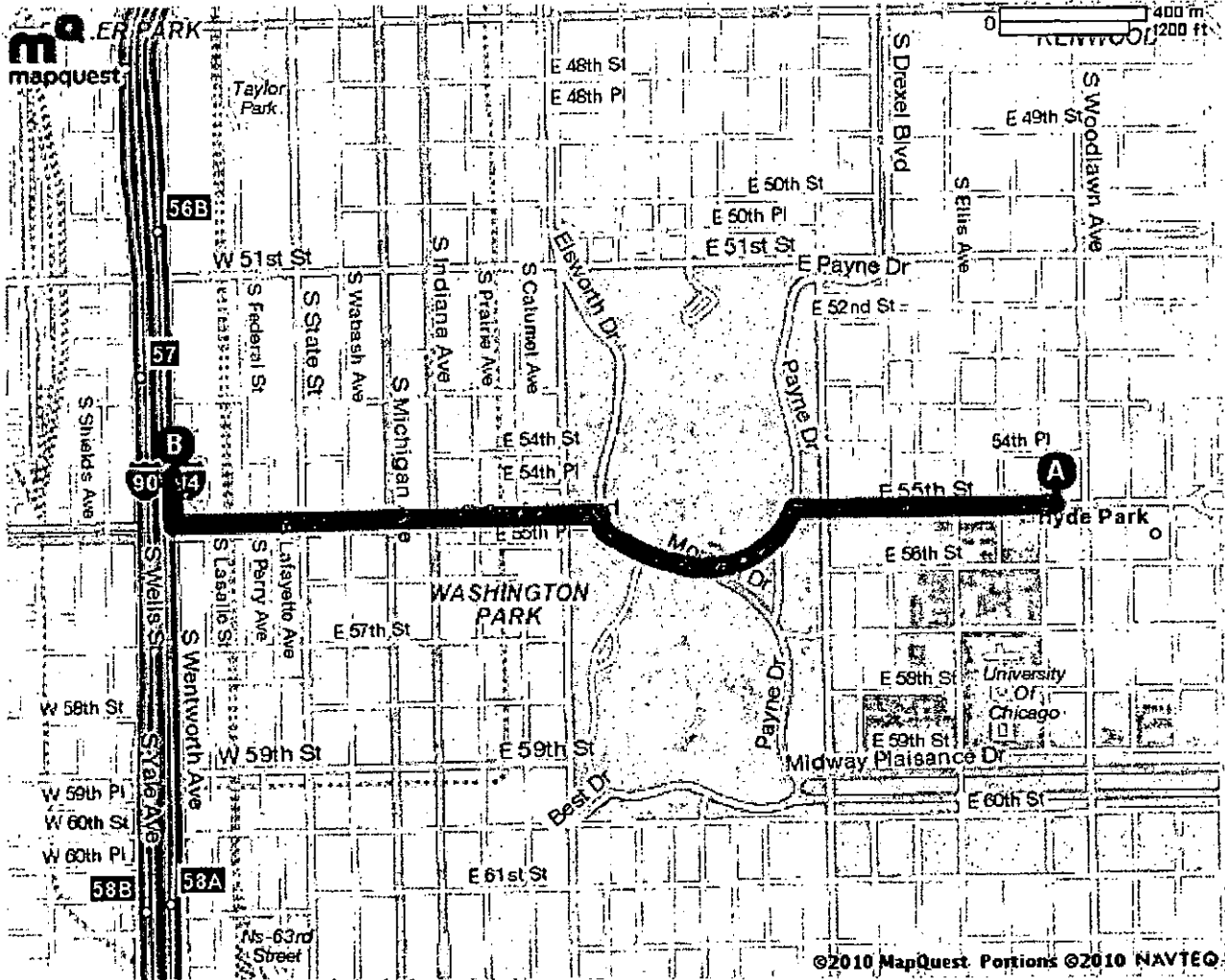


5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate : 1.89 miles - about 6 minutes

Route Map [Hide](#)

283



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284



MAPQUEST.

Notes

DaVita - Emerald Dialysis

#4

Trip to 710 W 43rd St

Chicago, IL 60609-3435

4.06 miles - about 11 minutes

1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE.

go 0.5 mi



2. Turn LEFT onto PAYNE DR.

go 0.0 mi



3. Turn SLIGHT RIGHT onto RAINEY DR.

go 0.2 mi



4. RAINEY DR becomes MORGAN DR.

go 0.2 mi



5. Turn LEFT onto E GARFIELD BLVD / E 55TH ST.

go 0.8 mi



6. Turn RIGHT onto S WENTWORTH AVE.

go 0.0 mi



7. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via the ramp on the LEFT.

go 1.3 mi



8. Take EXIT 56A toward 43RD ST.

go 0.2 mi



9. Stay STRAIGHT to go onto S LASALLE ST.

go 0.0 mi



10. Turn LEFT onto W 43RD ST.

go 0.7 mi

285

ENO

11. 710 W 43RD ST is on the RIGHT.

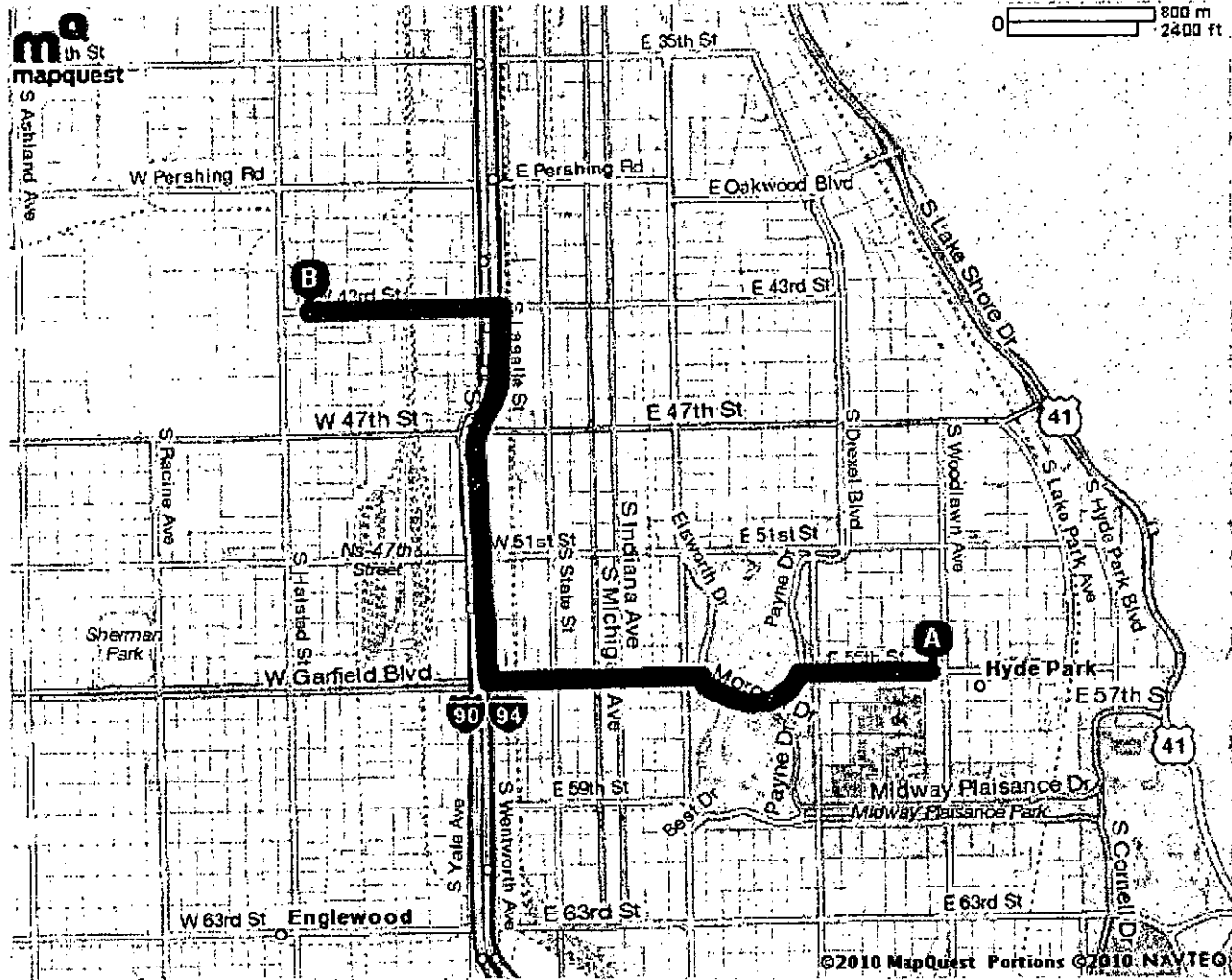
go 0.0 mi



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

Total Travel Estimate : 4.06 miles - about 11 minutes

Route Map [Hide](#)



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286



MAPQUEST.

Notes

FMC - Ross Dialysis - Englewood

#5

Trip to 6333 S Green St

Chicago, IL 60621-1943

3.82 miles - about 11 minutes



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.6 mi



3. **PAYNE DR** becomes **BEST DR.**

go 0.5 mi



4. Turn **LEFT** onto **S DR MARTIN L KING JR DR.**

go 0.4 mi



5. Turn **RIGHT** onto **E 63RD ST.**

go 1.6 mi



6. Turn **LEFT** onto **S PEORIA ST.**

go 0.2 mi



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

go 0.0 mi



8. **6333 S GREEN ST** is on the **RIGHT.**

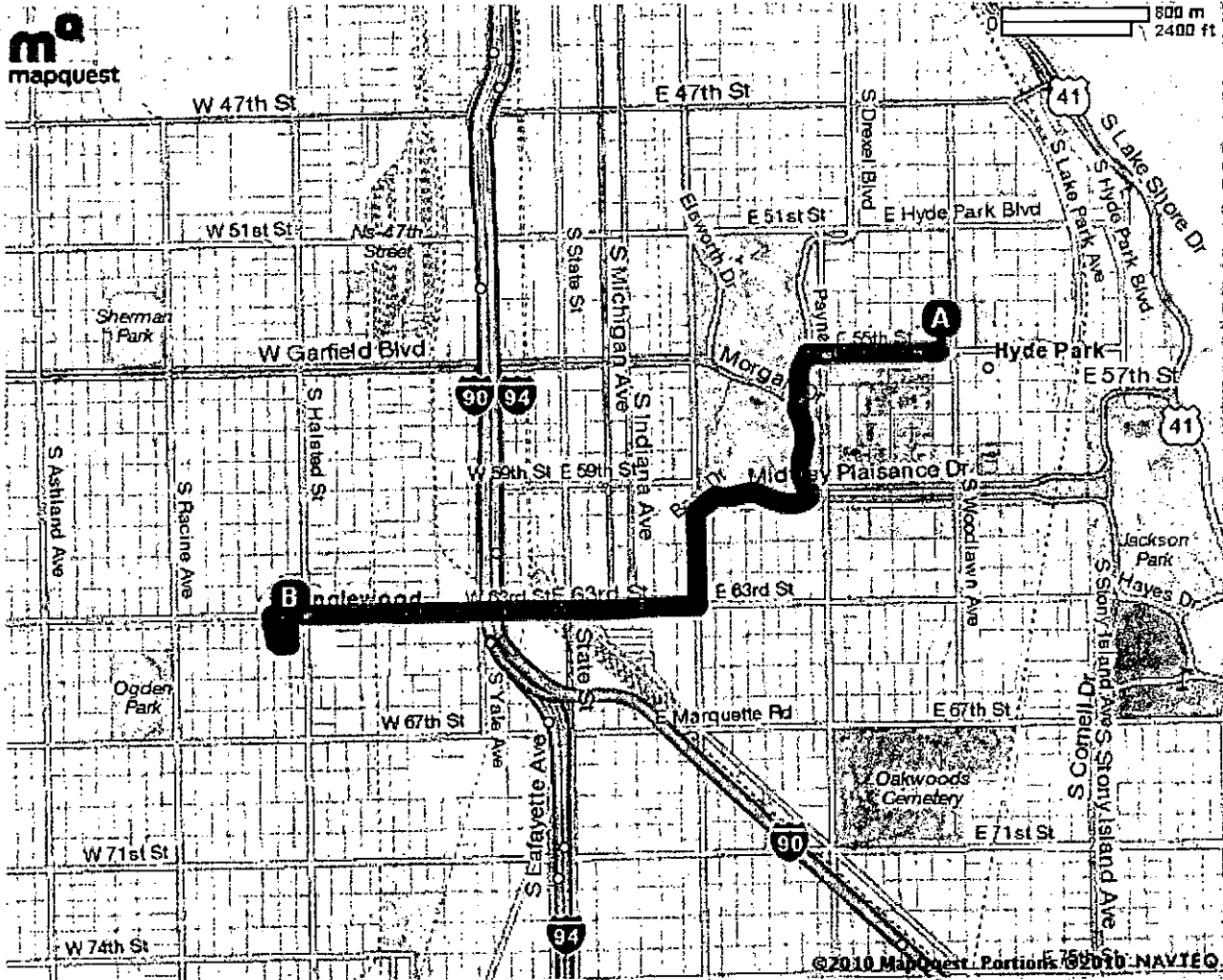
go 0.0 mi

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

Total Travel Estimate : 3.82 miles - about 11 minutes

Route Map [Hide](#)

287



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288



MAPQUEST.

Notes

FMC - Bridgeport



Trip to 825 W 35th St

Chicago, IL 60609-1511

5.19 miles - about 13 minutes

#6



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.8 mi



6. Turn **RIGHT** onto **S WENTWORTH AVE.**

go 0.0 mi



7. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via the ramp on the **LEFT**.

go 2.0 mi



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

go 0.2 mi



9. Stay **STRAIGHT** to go onto **S LASALLE ST.**

go 0.3 mi



10. Turn **LEFT** onto **W 35TH ST.**

go 0.9 mi

289

END

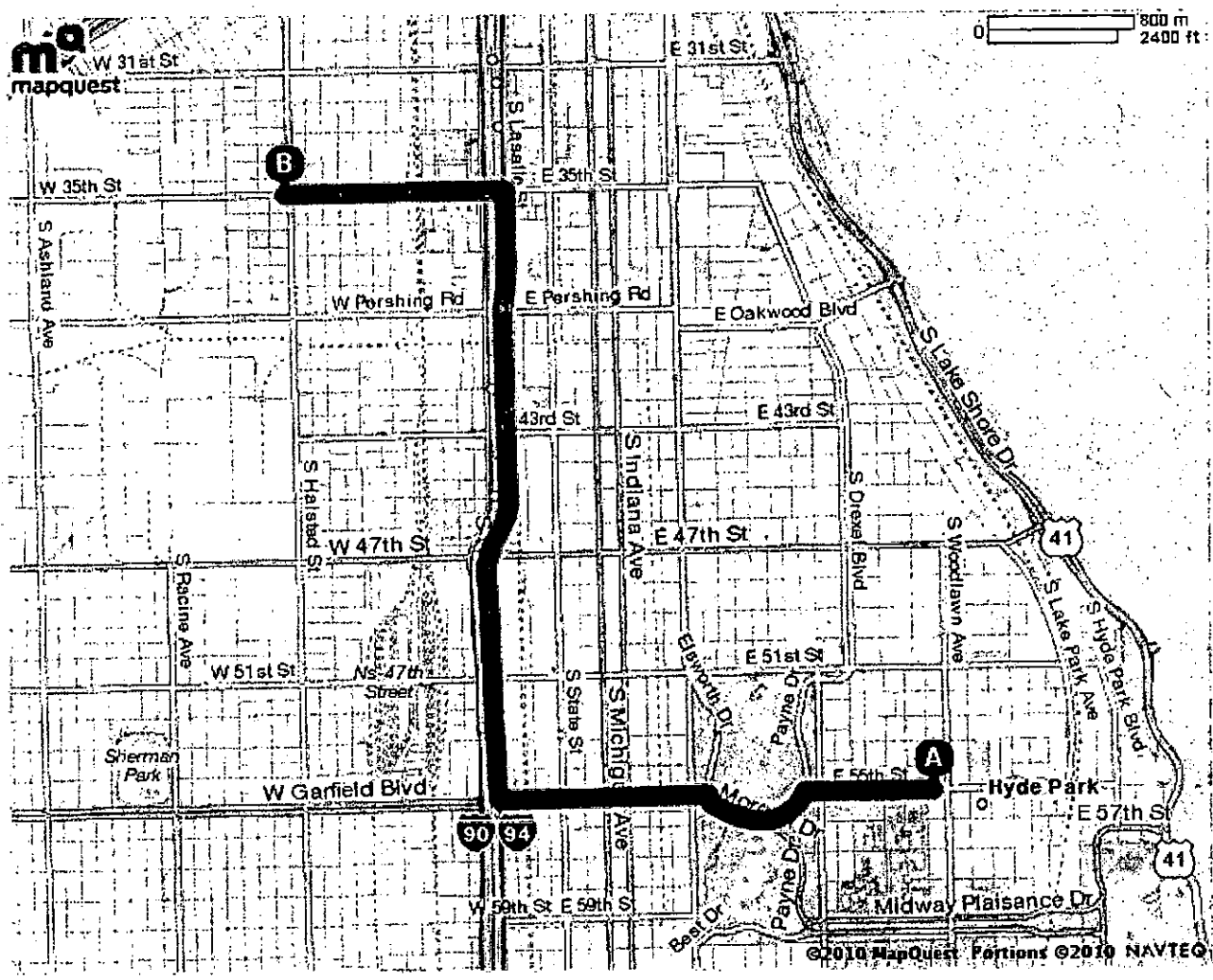
11. 825 W 35TH ST is on the LEFT.

go 0.0 mi

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

Total Travel Estimate : 5.19 miles - about 13 minutes

Route Map [Hide](#)



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2 90



MAPQUEST.

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

Notes

FMC - Jackson Park Dialysis

#7

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **RIGHT** onto **S WOODLAWN AVE.** go 1.5 mi



3. Turn **LEFT** onto **E 67TH ST.** go 0.5 mi



4. Turn **RIGHT** onto **S STONY ISLAND AVE.** go 1.1 mi



5. Make a **U-TURN** onto **S STONY ISLAND AVE.** go 0.1 mi

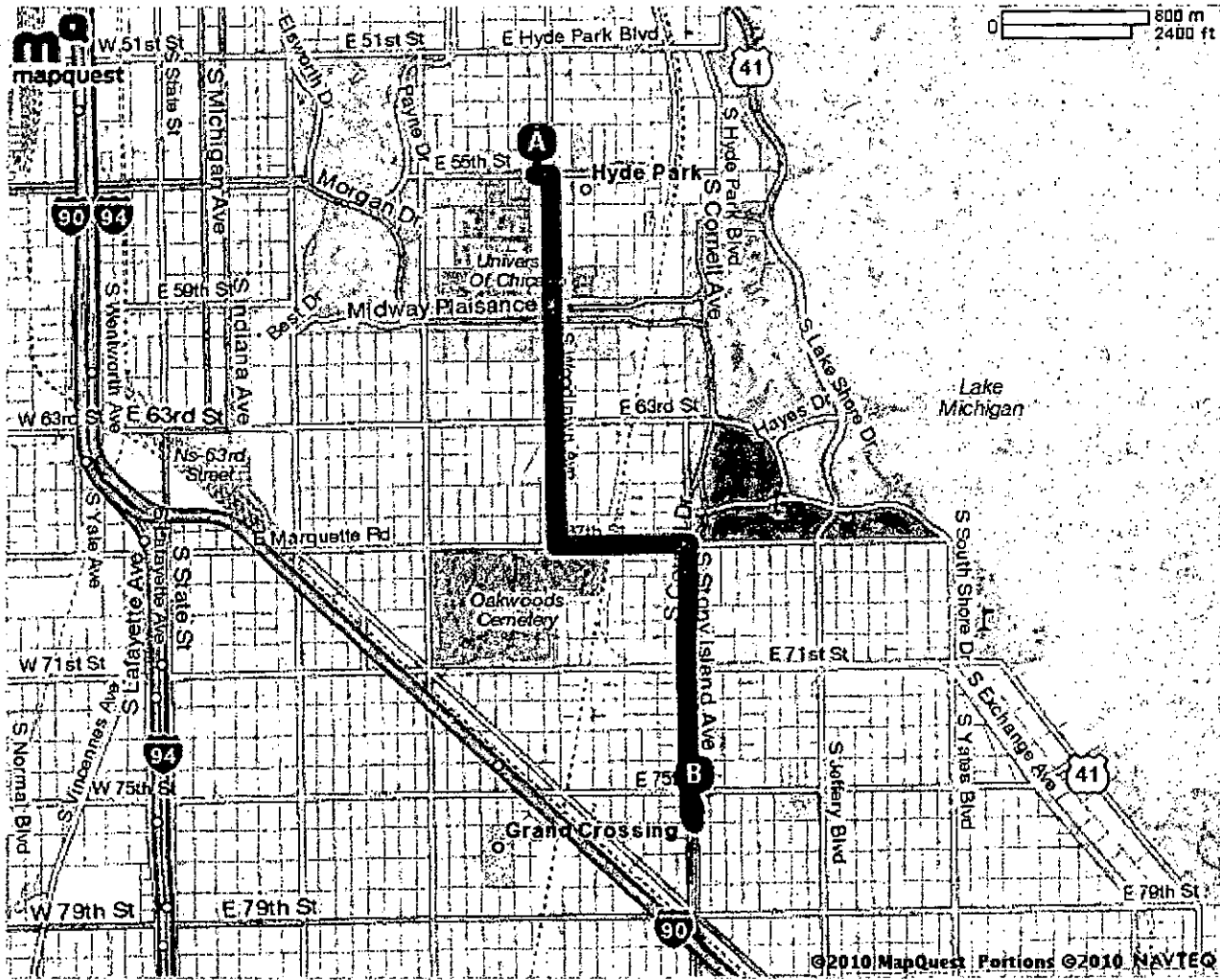


6. **7531 S STONY ISLAND AVE** is on the **RIGHT.** go 0.0 mi

B 7531 S Stony Island Ave, Chicago, IL 60649-3954
Total Travel Estimate : 3.28 miles - about 10 minutes

Route Map [Hide](#)

291



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292



MAPQUEST.

Notes

FMC - Neomedica - South Shore

#8

Trip to 2420 E 79th St

Chicago, IL 60649-5112

4.38 miles - about 13 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.3 mi



2. Turn **SLIGHT RIGHT** onto **E 55TH PL.**

go 0.2 mi



3. Turn **SLIGHT RIGHT** onto **E 55TH ST.**

go 0.3 mi



4. Turn **RIGHT** onto **S HYDE PARK BLVD.**

go 0.2 mi



5. Turn **LEFT** onto **E 57TH ST.**

go 0.2 mi



6. Turn **RIGHT** onto **S LAKE SHORE DR / US-41 S.**
Continue to follow **US-41 S.**

go 1.3 mi



7. Turn **LEFT** onto **E MARQUETTE DR / US-41.** Continue to follow **US-41.**

go 1.0 mi



8. Stay **STRAIGHT** to go onto **S YATES BLVD.**

go 1.0 mi



9. Turn **LEFT** onto **E 79TH ST.**

go 0.0 mi



10. **2420 E 79TH ST** is on the **LEFT.**

go 0.0 mi

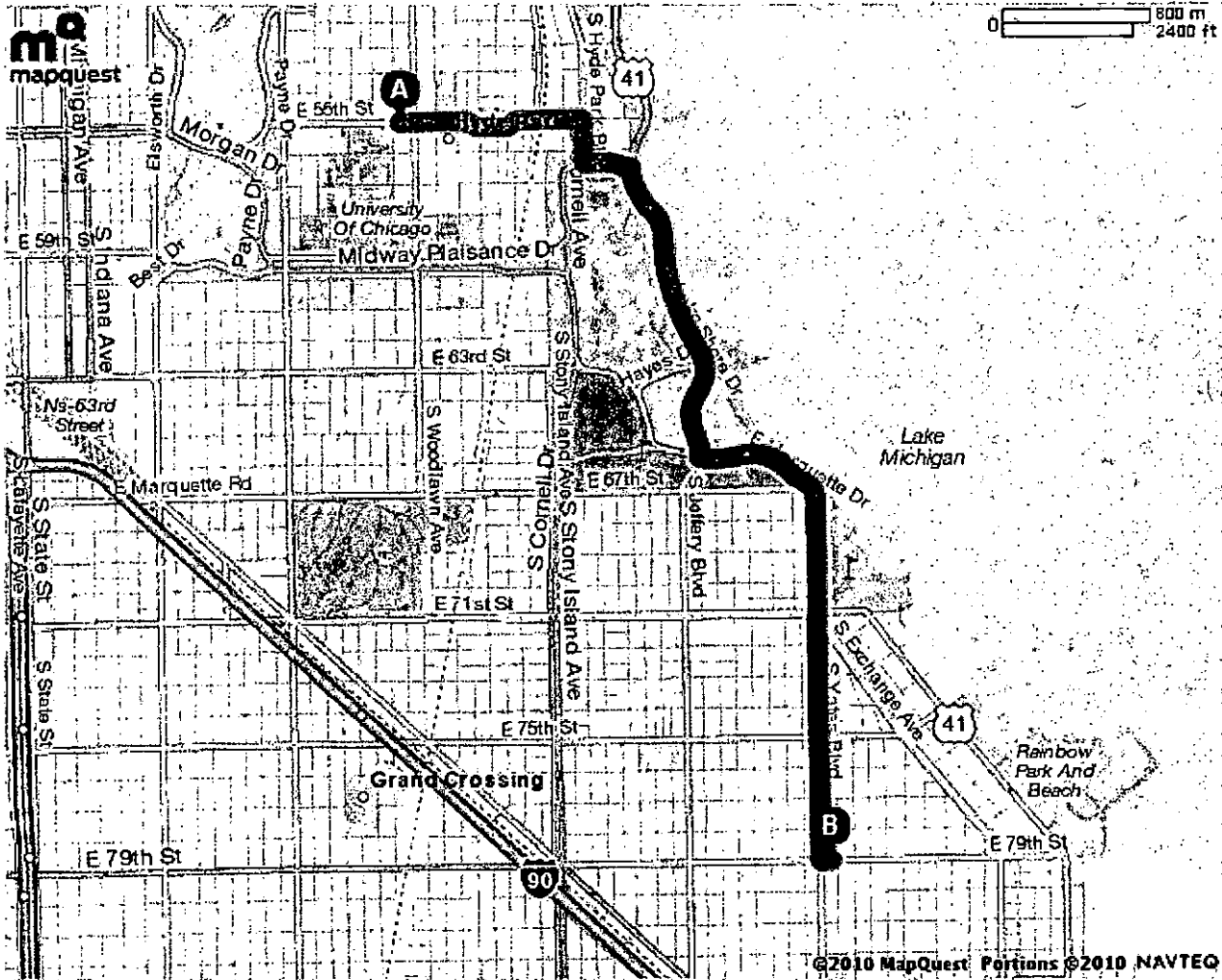


2420 E 79th St, Chicago, IL 60649-5112

298

Total Travel Estimate : 4.38 miles - about 13 minutes

Route Map Hide



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294



MAPQUEST.

Notes


FMC - Prairie

#9

Trip to 1717 S Wabash Ave

Chicago, IL 60616-1219

6.09 miles - about 13 minutes

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.0 mi



6. Take **EXIT 293C** toward **STATE ST.**

go 0.2 mi



7. Stay **STRAIGHT** to go onto **E 24TH PL.**

go 0.0 mi



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

go 0.7 mi



9. Turn **RIGHT** onto **E 18TH ST.**

go 0.0 mi



10. Turn **LEFT** onto **S WABASH AVE.**

go 0.0 mi

295

END

11. 1717 S WABASH AVE is on the RIGHT.

go 0.0 mi

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

Total Travel Estimate : 6.09 miles - about 13 minutes

Route Map [Hide](#)



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296



MAPQUEST.

Trip to 1111 E 87th St
Chicago, IL 60619-7038
4.87 miles - about 14 minutes

Notes

FMC - Greenwood Avenue Dialysis

#10



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE.

go 0.4 mi



2. Turn LEFT onto S COTTAGE GROVE AVE.

go 4.0 mi



3. Turn LEFT onto E 87TH ST.

go 0.4 mi



4. 1111 E 87TH ST is on the RIGHT.

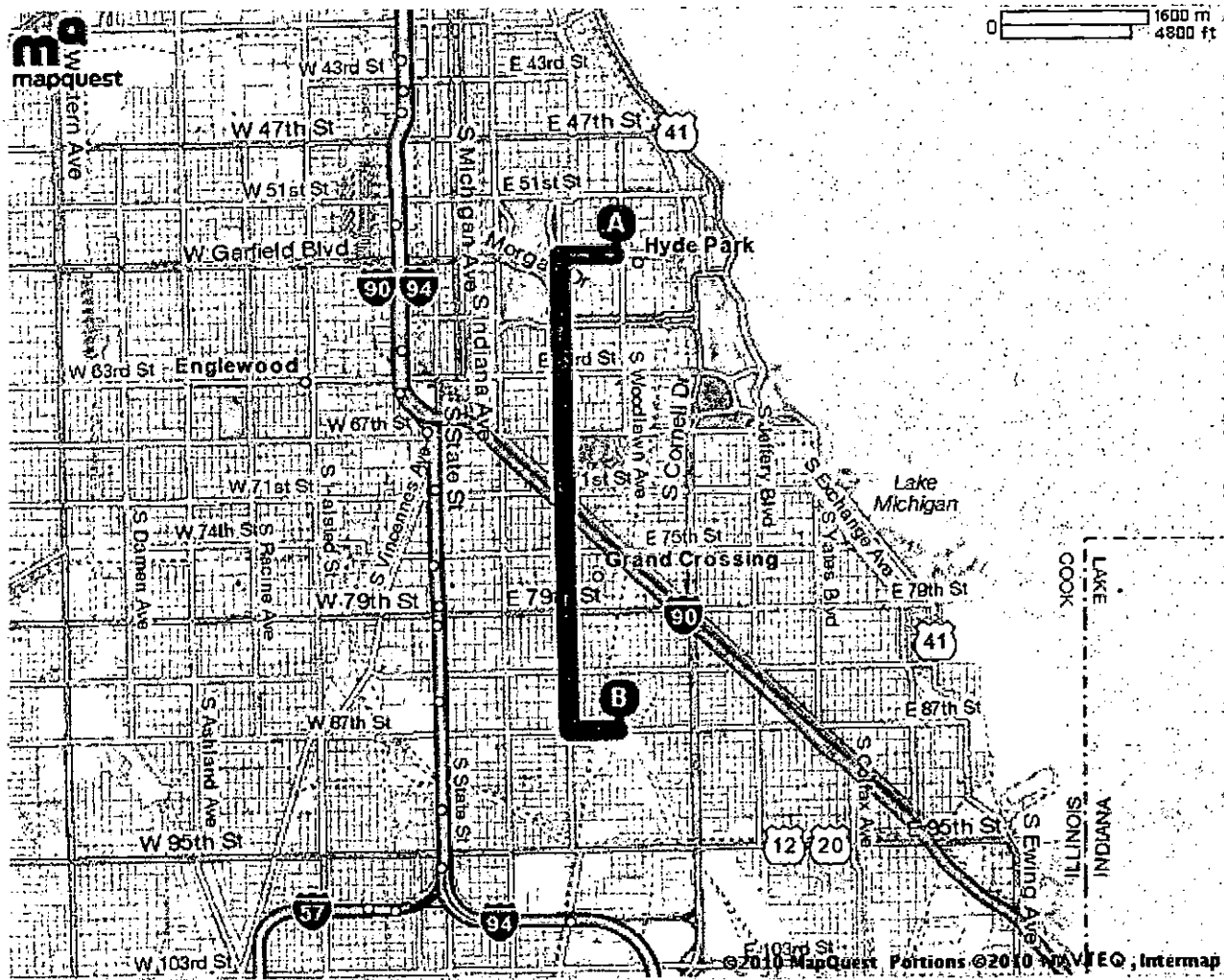
go 0.0 mi

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

Total Travel Estimate : 4.87 miles - about 14 minutes

Route Map [Hide](#)

297



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298



MAPQUEST.

Notes

Stony Island Center

Trip to 8725 S Stony Island Ave

Chicago, IL 60617-2709

4.81 miles - about 15 minutes

#11



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going EAST on E 55TH ST toward S WOODLAWN AVE.

go 0.0 mi



2. Turn RIGHT onto S WOODLAWN AVE.

go 1.5 mi



3. Turn LEFT onto E 67TH ST.

go 0.5 mi



4. Turn RIGHT onto S STONY ISLAND AVE.

go 2.7 mi



5. Make a U-TURN at E 88TH ST onto S STONY ISLAND AVE.

go 0.0 mi



6. 8725 S STONY ISLAND AVE is on the RIGHT.

go 0.0 mi

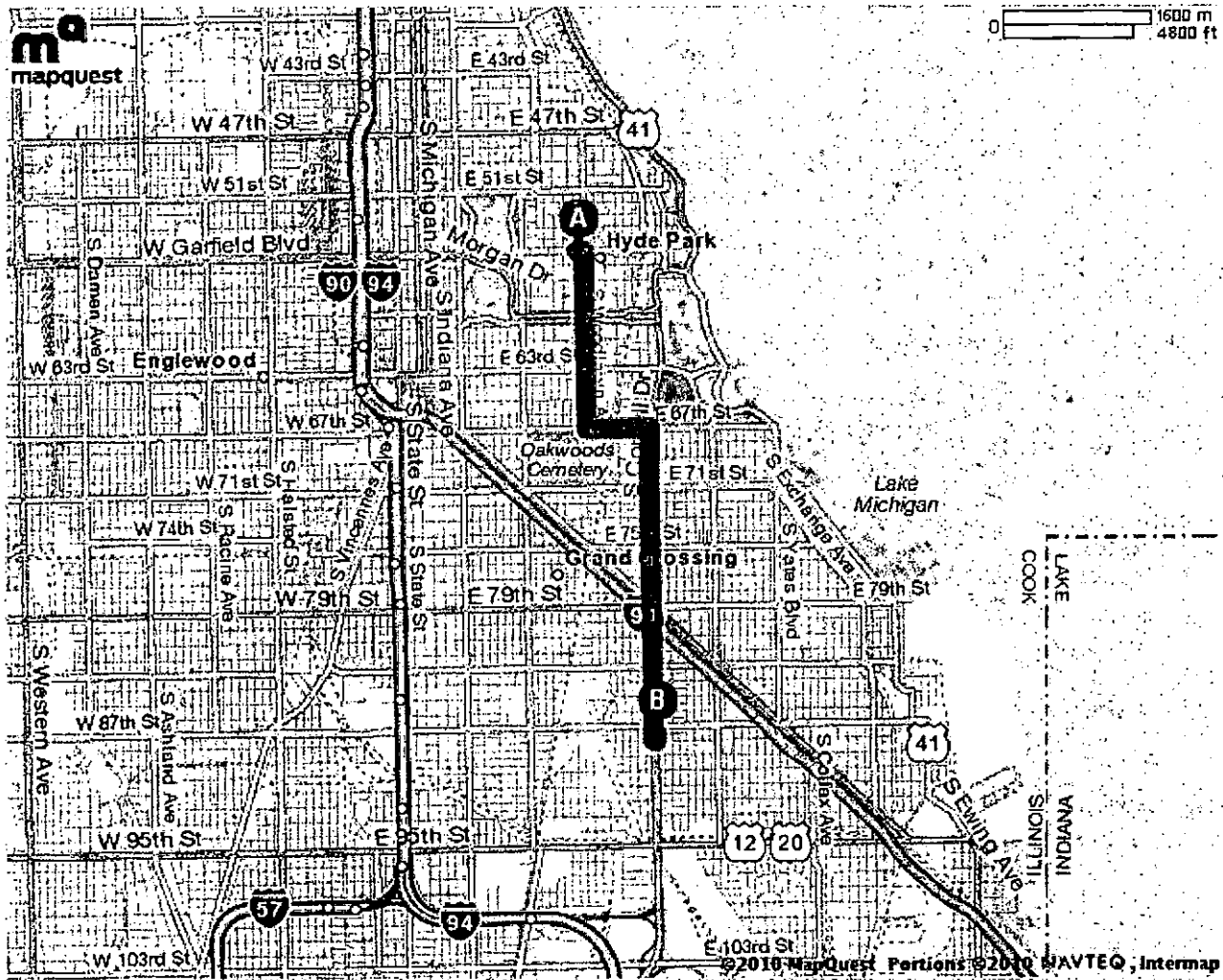


8725 S Stony Island Ave, Chicago, IL 60617-2709

Total Travel Estimate : 4.81 miles - about 15 minutes

Route Map [Hide](#)

299



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300



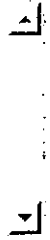
MAPQUEST.

Notes

DaVita - Little Village Dialysis

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

#2



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 3.5 mi



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



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



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



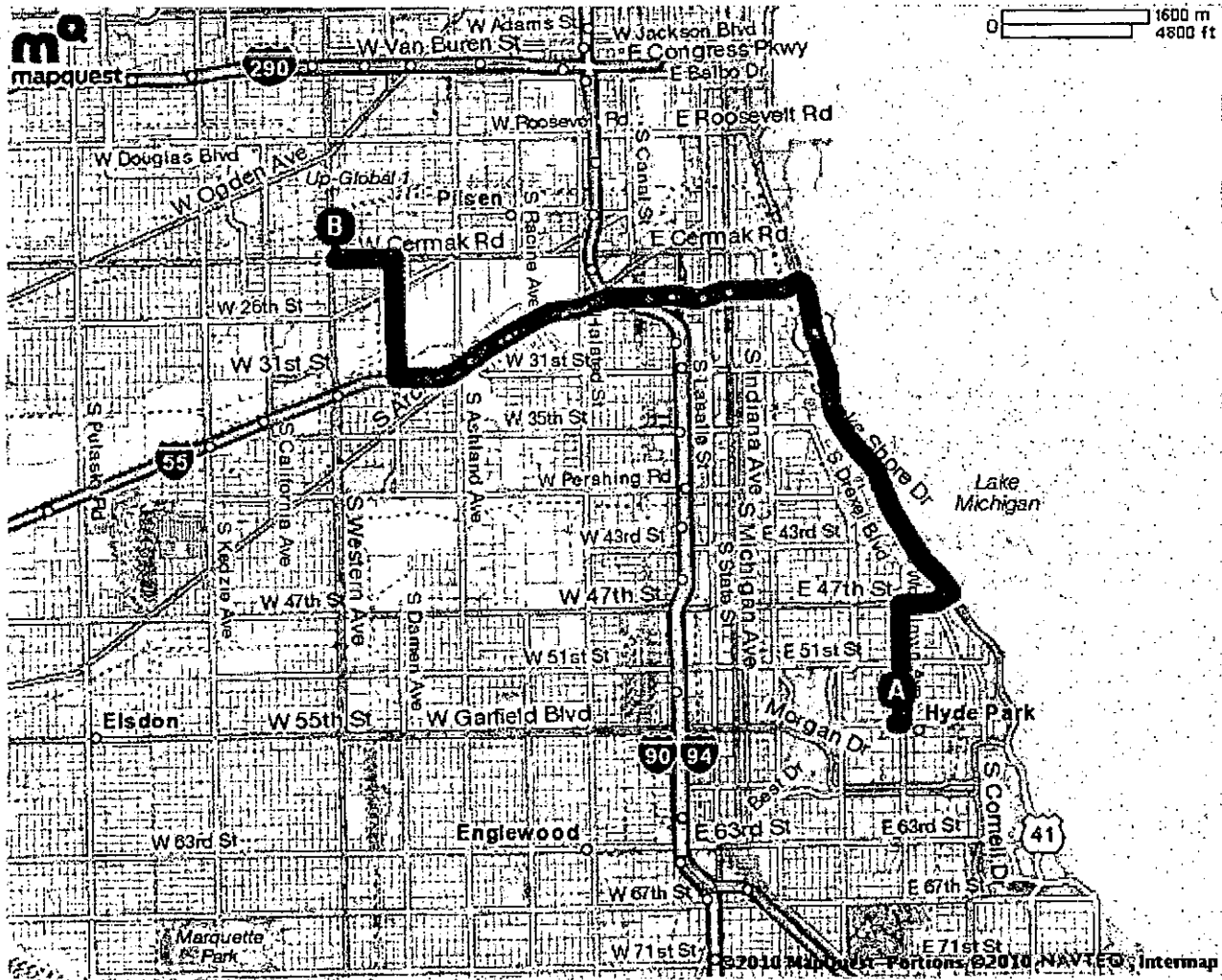
9. **2335 W CERMAK RD.** go 0.0 mi

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

Total Travel Estimate : 9.40 miles - about 18 minutes

Route Map Hide

301



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302



MAPQUEST.

Notes

FMC - Marquette Park

#13

Trip to 6535 S Western Ave

Chicago, IL 60636-2410

5.78 miles - about 18 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE.

go 0.5 mi



2. Turn LEFT onto PAYNE DR.

go 0.6 mi



3. PAYNE DR becomes BEST DR.

go 0.5 mi



4. Turn LEFT onto S DR MARTIN L KING JR DR.

go 0.4 mi



5. Turn RIGHT onto E 63RD ST.

go 3.5 mi



6. Turn LEFT onto S WESTERN AVE.

go 0.3 mi



7. 6535 S WESTERN AVE is on the LEFT.

go 0.0 mi

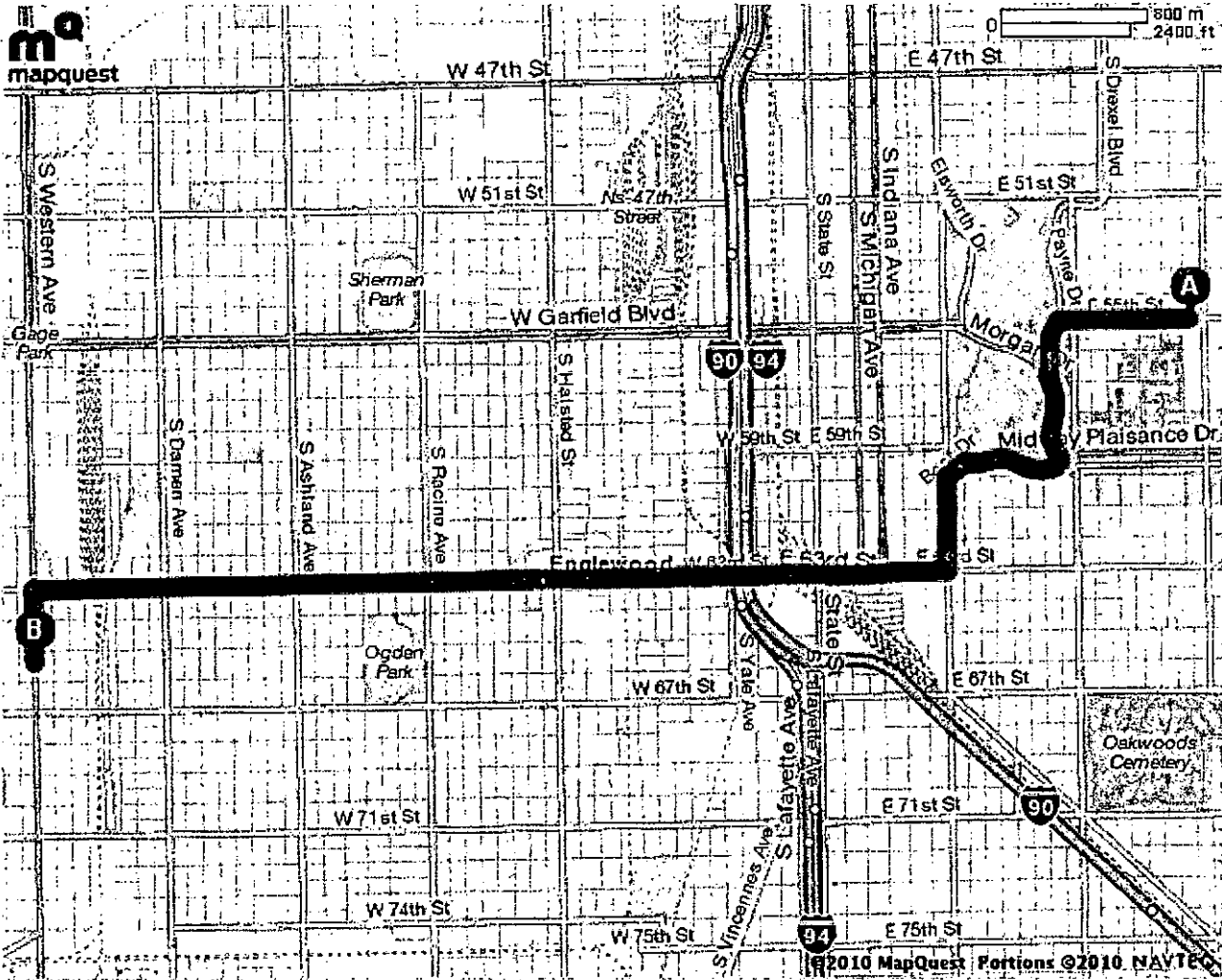


6535 S Western Ave, Chicago, IL 60636-2410

Total Travel Estimate : 5.78 miles - about 18 minutes

Route Map [Hide](#)

303



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MAPQUEST.

Notes

Summit Medical Care

Trip to 1310 W 18th St

Chicago, IL 60608-3132

7.60 miles - about 16 minutes

#14

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Take the **I-90 W / I-94 W** exit, **EXIT 292**, toward **WISCONSIN.** go 0.7 mi



7. Take **EXIT 53A** on the **LEFT** toward **CANALPORT AVE / CERMAK RD.** go 0.4 mi



8. Turn **SLIGHT LEFT** onto **S RUBLE ST.** go 0.1 mi



9. Turn **LEFT** onto **W 18TH ST.** go 0.1 mi



10. Turn **RIGHT** onto **S HALSTED ST.** go 0.0 mi

305



11. Turn **LEFT** onto **W 18TH ST.**

go 0.6 mi



12. 1310 **W 18TH ST** is on the **RIGHT.**

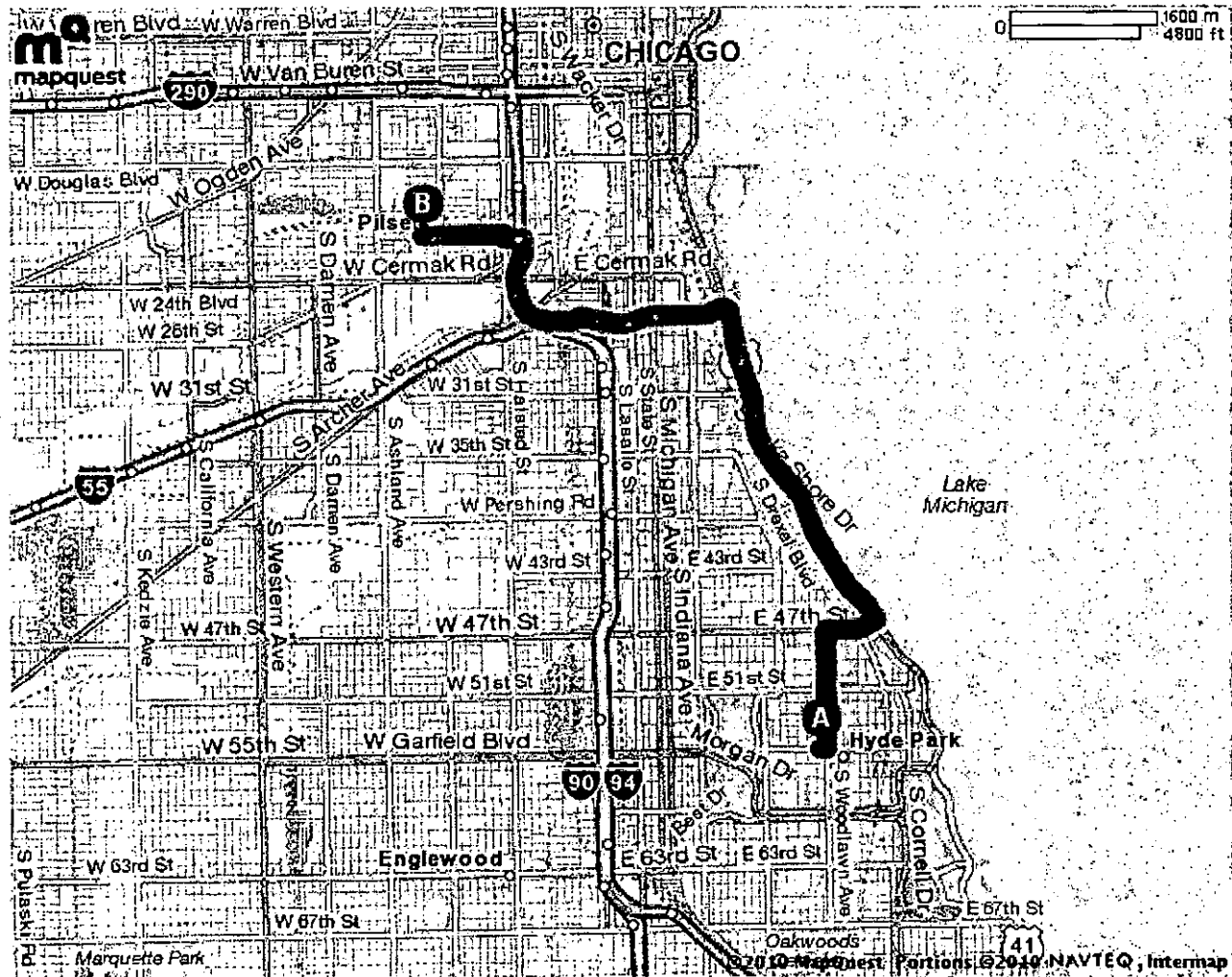
go 0.0 mi



1310 W 18th St, Chicago, IL 60608-3132

Total Travel Estimate : 7.60 miles - about 16 minutes

Route Map [Hide](#)



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306



MAPQUEST.

Notes

DSI - Loop

HS

Trip to 1101 S Canal St

Chicago, IL 60607-4901

7.76 miles - about 15 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.7 mi



7. Take **EXIT 52B** toward **ROOSEVELT RD / TAYLOR ST.**

go 0.1 mi



8. Stay **STRAIGHT** to go onto **S RUBLE ST.**

go 0.0 mi



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

go 0.3 mi



10. Turn **LEFT** onto **S CANAL ST.**

go 0.0 mi

307

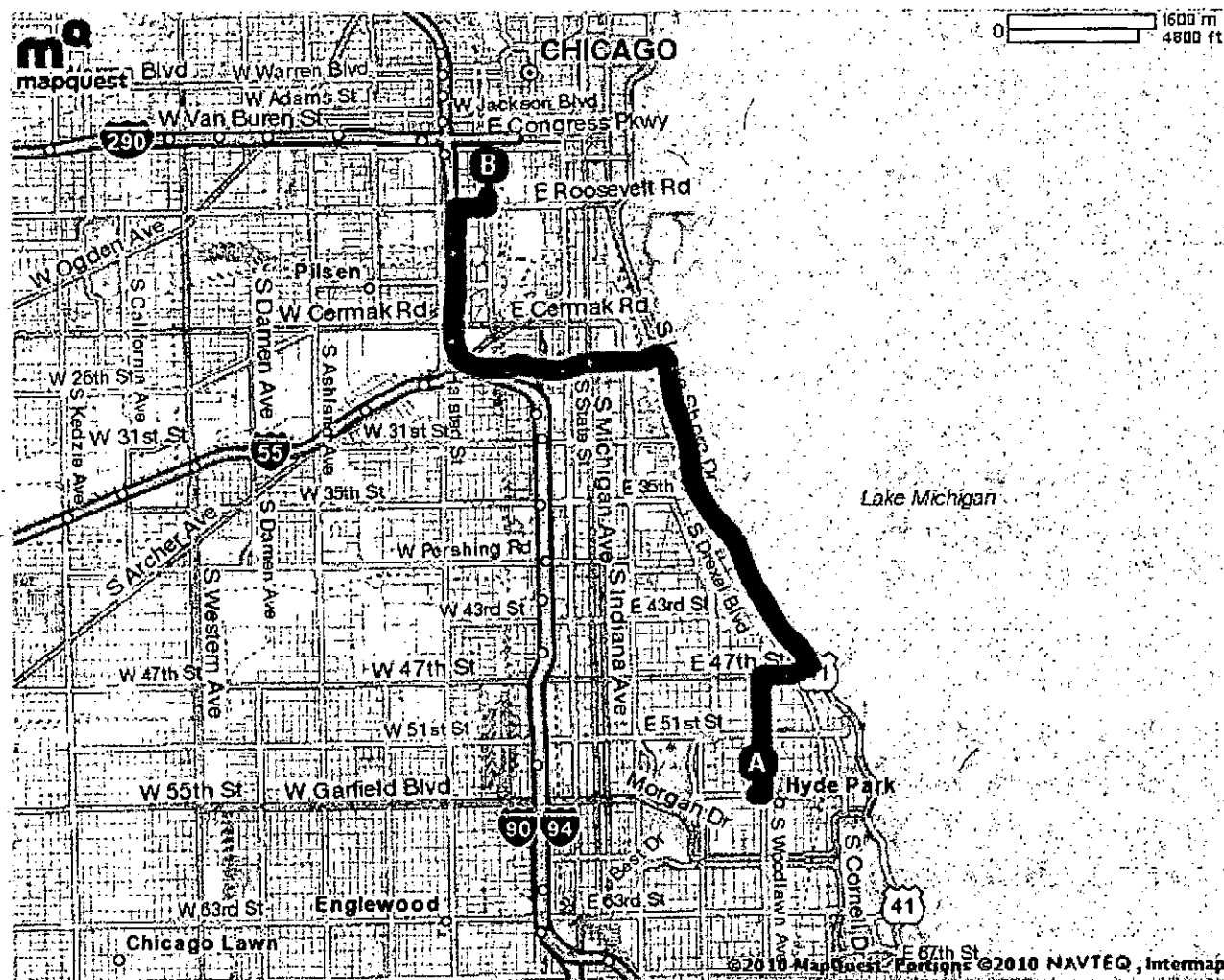
END

11. 1101 S CANAL ST is on the RIGHT.

go 0.0 mi

B 1101 S Canal St, Chicago, IL 60607-4901
Total Travel Estimate : 7.76 miles - about 15 minutes

Route Map [Hide](#)



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Trip to 557 W Polk St

Chicago, IL 60607-4388

7.90 miles - about 15 minutes

Notes

FMC - Loop

#16

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.7 mi



7. Take **EXIT 52B** toward **ROOSEVELT RD / TAYLOR ST.**

go 0.1 mi



8. Stay **STRAIGHT** to go onto **S RUBLE ST.**

go 0.0 mi



9. Take the **I-90 W / I-94 W / I-290** ramp.

go 0.0 mi



10. Take the **TAYLOR ST** ramp toward **I-90 W / KENNEDY EXPY / I-94 W / WISCONSIN.**

go 0.1 mi

309



11. Turn **RIGHT** onto **W TAYLOR ST.**

go 0.1 mi



12. Turn **LEFT** onto **S JEFFERSON ST.**

go 0.2 mi



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

go 0.0 mi



14. **557 W POLK ST** is on the **RIGHT.**

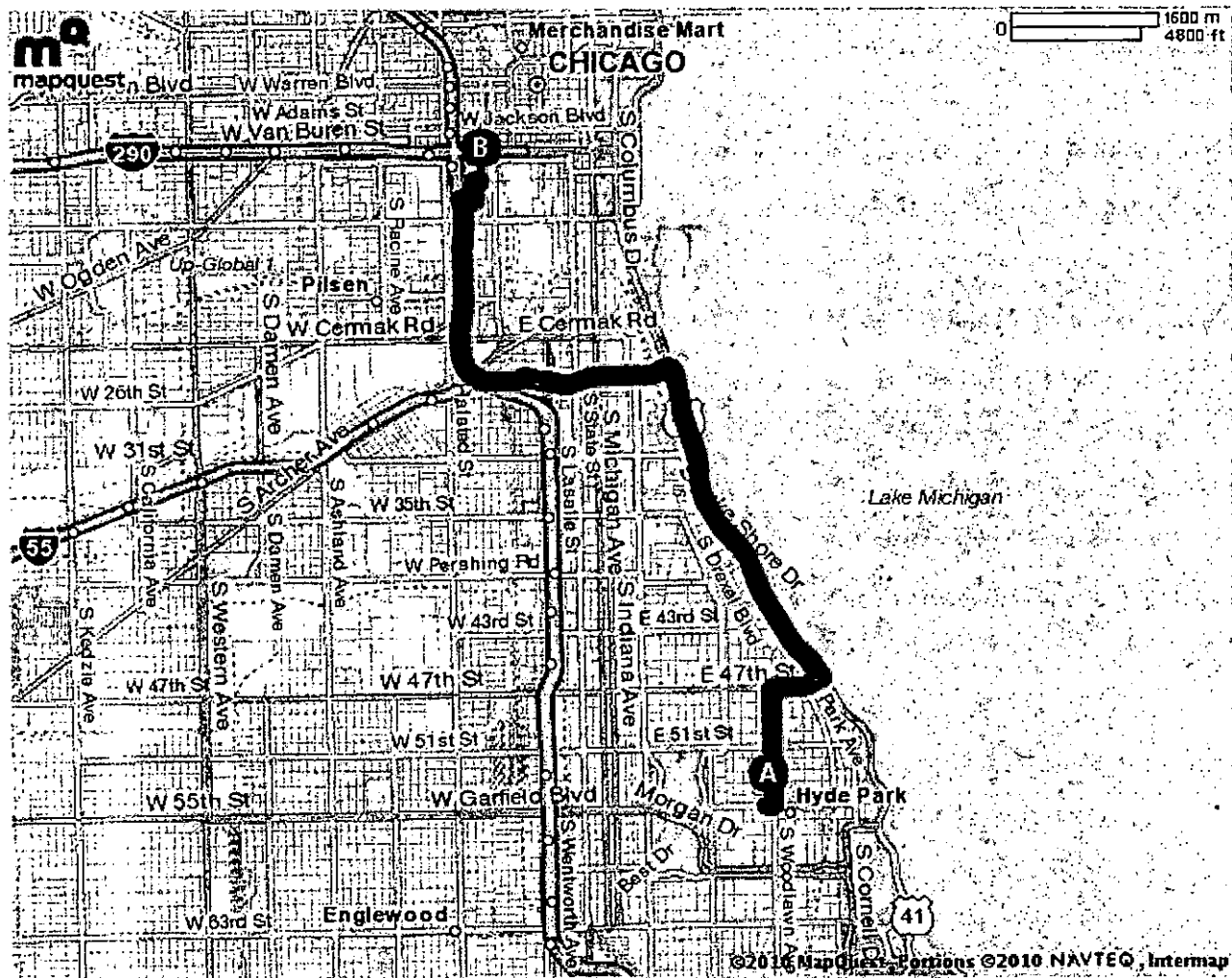
go 0.0 mi



557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate : 7.90 miles - about 15 minutes

Route Map [Hide](#)



310



MAPQUEST

Trip to 8109 S Western Ave
Chicago, IL 60620-5939
8.19 miles - about 20 minutes

Notes

DaVita - Beverly

#17

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 2.6 mi



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



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



10. Turn **SLIGHT LEFT** onto **S LAFAYETTE AVE.** go 0.0 mi

311



11. Turn **RIGHT** onto **W 79TH ST.**

go 2.9 mi



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

go 0.3 mi



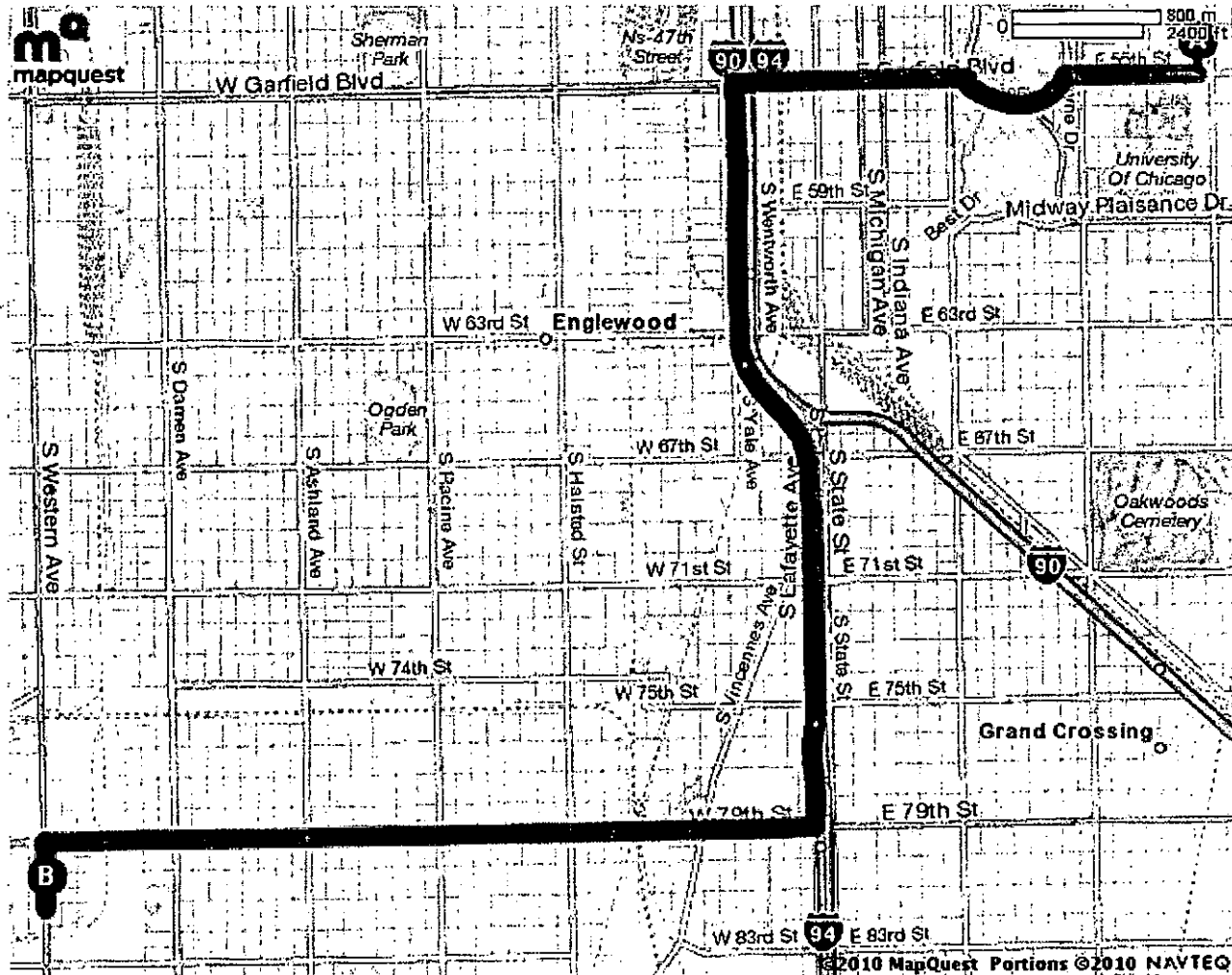
13. **8109 S WESTERN AVE** is on the **LEFT.**

go 0.0 mi

B 8109 S Western Ave, Chicago, IL 60620-5939

Total Travel Estimate : 8.19 miles - about 20 minutes

Route Map [Hide](#)



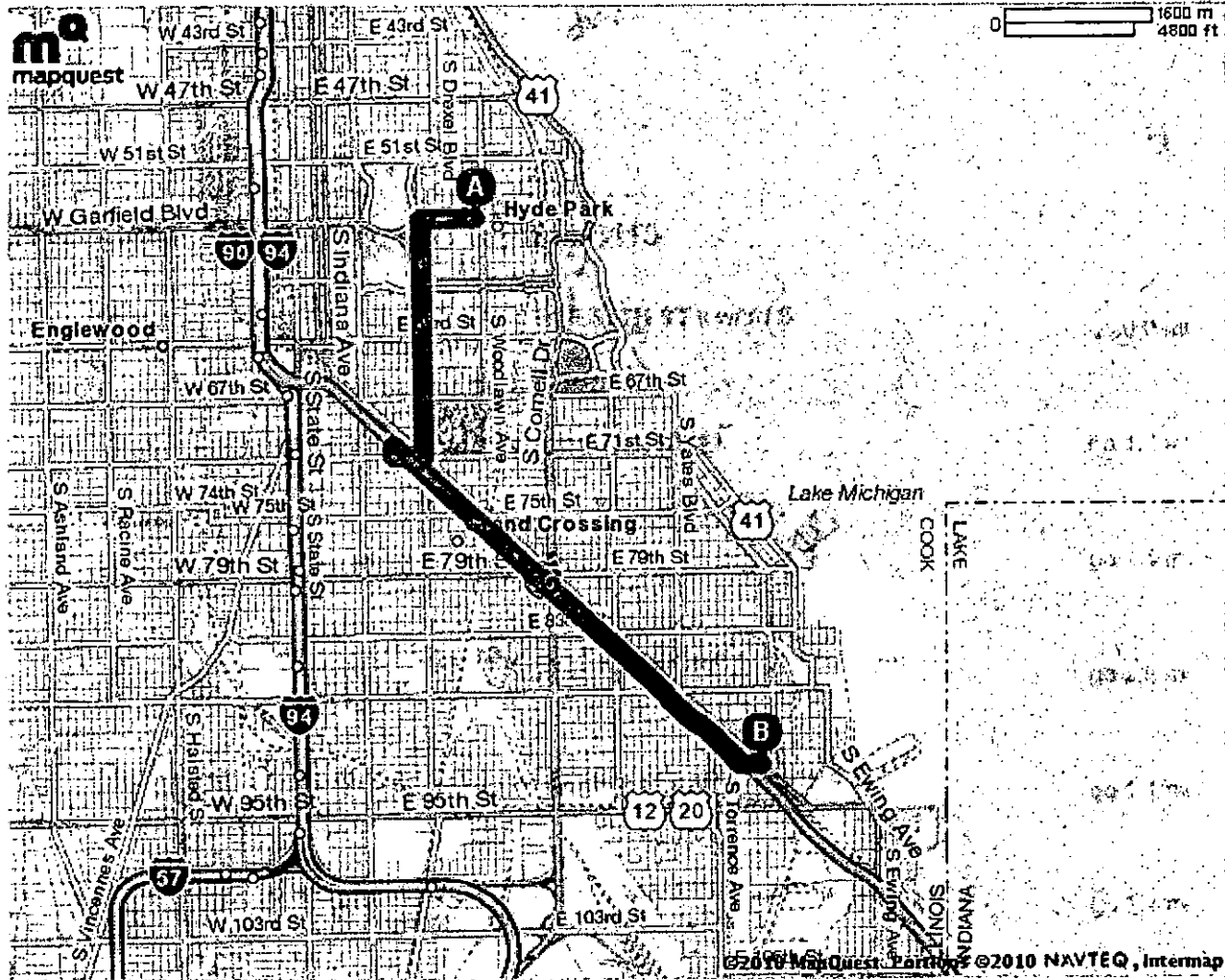
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3/2

Total Travel Estimate : 6.86 miles - about 15 minutes

Route Map Hide



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313

END

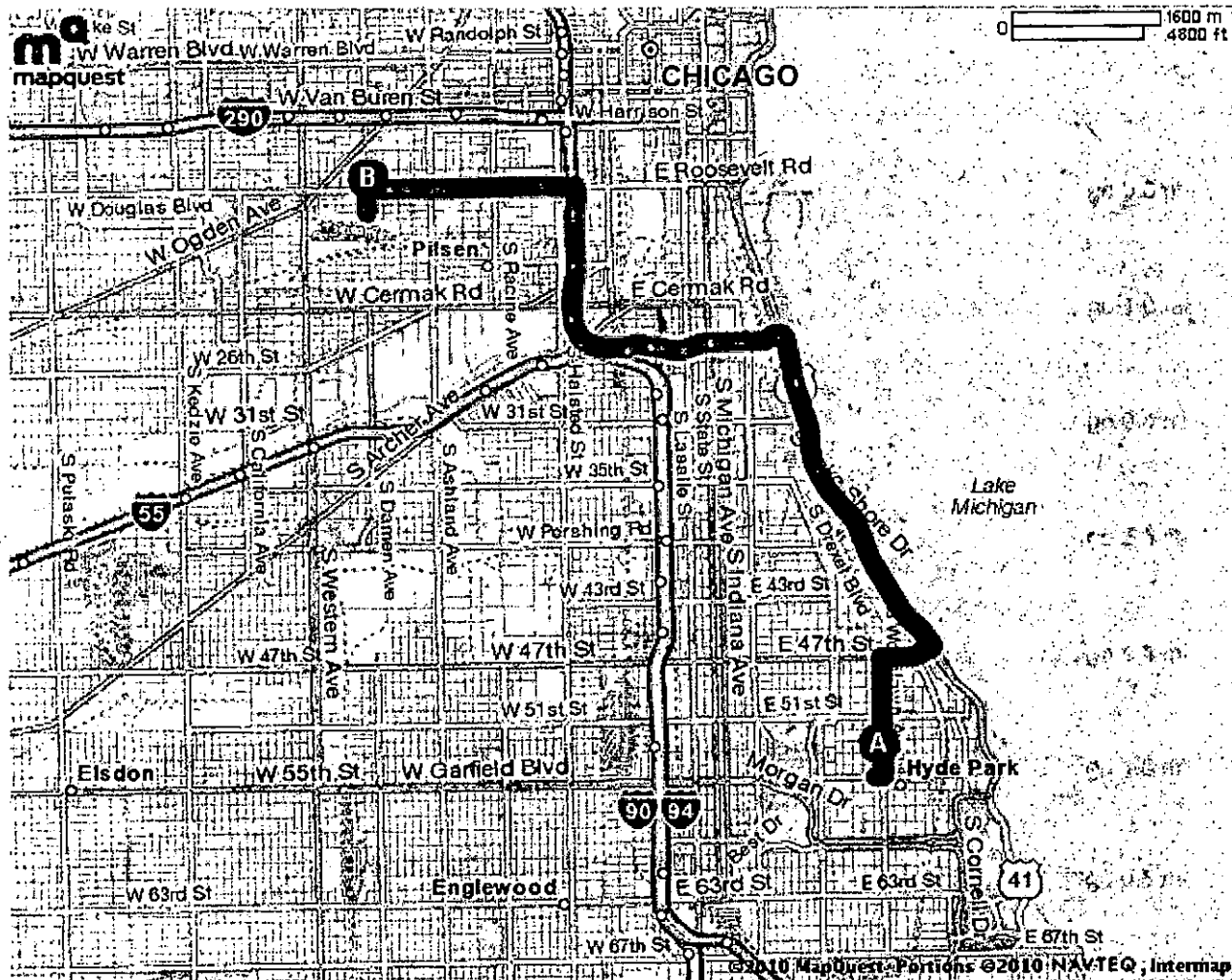
11. 1340 S DAMEN AVE.

go 0.0 mi

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

Total Travel Estimate : 9.28 miles - about 20 minutes

Route Map Hide



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314



11. Turn **RIGHT** onto **W JACKSON BLVD.**

go 0.2 mi

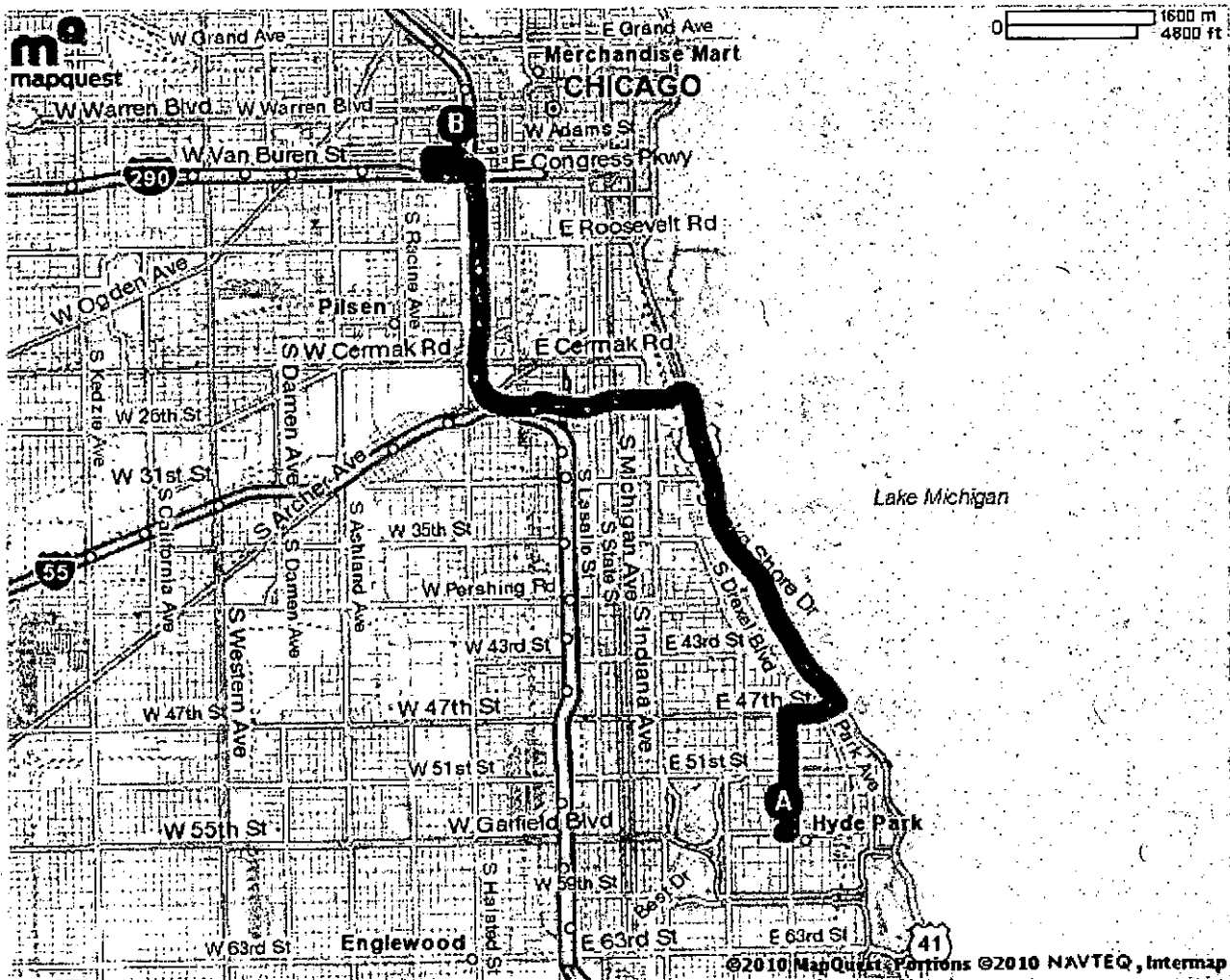


12. **820 W JACKSON BLVD** is on the **LEFT.**

go 0.0 mi

B 820 W Jackson Blvd, Chicago, IL 60607-3026
Total Travel Estimate : 8.78 miles - about 16 minutes

Route Map [Hide](#)



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315



MAPQUEST.

Notes

FMC - Southside Dialysis Center



Trip to 3134 W 76th St

Chicago, IL 60652-1968

9.32 miles - about 23 minutes

3/21



1164 E 55th St, Chicago, IL 60615-5115

1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi

2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi

3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi

4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi

5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.9 mi

6. Turn **LEFT** onto **S WELLS ST.**

go 0.0 mi

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

go 2.6 mi

8. Take **EXIT 60C** toward **79TH ST.**

go 0.2 mi

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

go 0.1 mi

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

go 0.0 mi

314



11. Turn **RIGHT** onto **W 79TH ST.**

go 4.0 mi



12. Turn **RIGHT** onto **S KEDZIE AVE.**

go 0.4 mi



13. Turn **RIGHT** onto **W 76TH ST.**

go 0.0 mi



14. **3134 W 76TH ST** is on the **LEFT.**

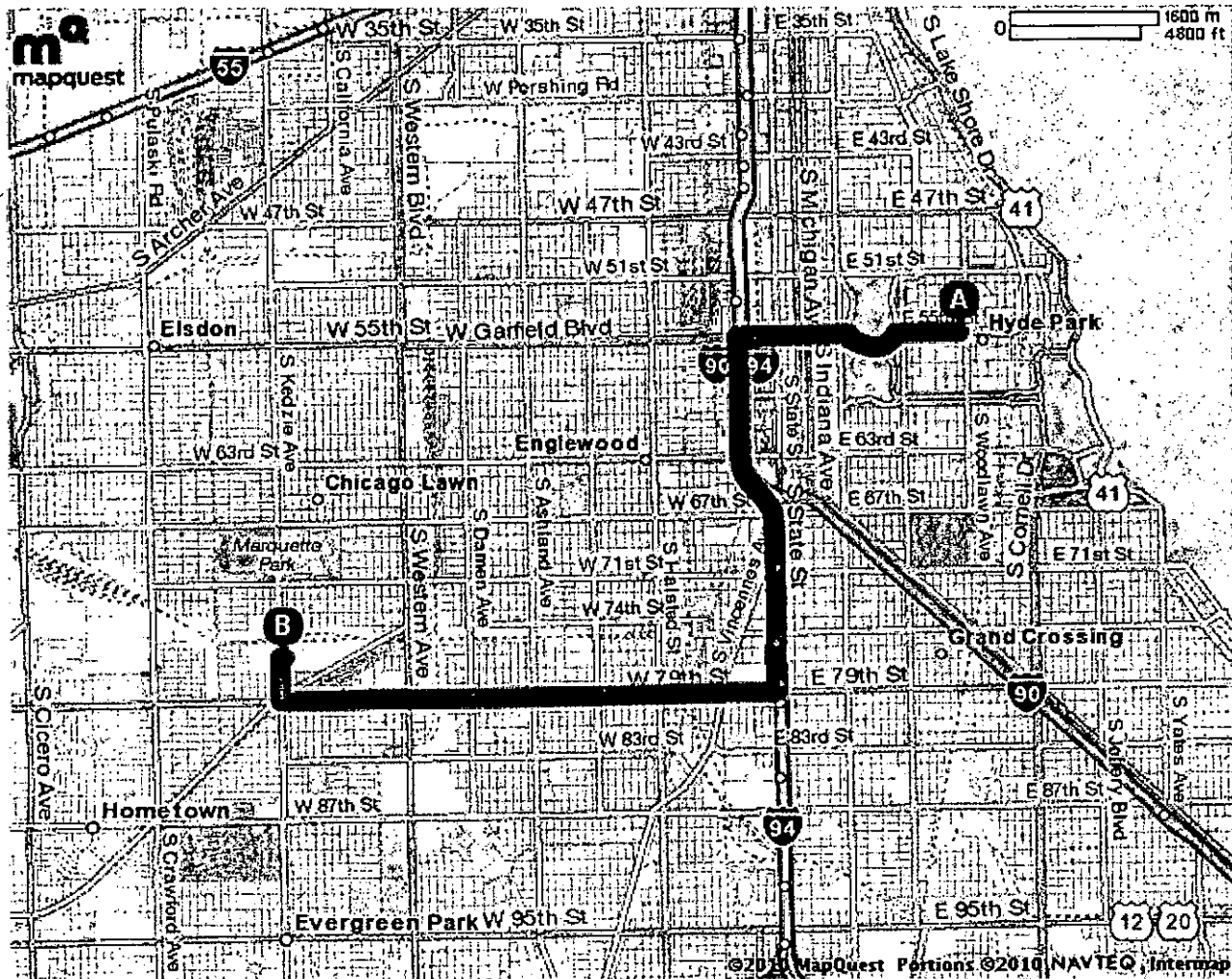
go 0.0 mi



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

Total Travel Estimate : 9.32 miles - about 23 minutes

Route Map Hide



317



Trip to 1859 W Taylor St
Chicago, IL 60612-4319
10.00 miles - about 19 minutes

Notes

U Of Illinois Hospital - Dialysis

#22

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H**, toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 1.2 mi



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

go 0.2 mi



10. Turn **SLIGHT LEFT** onto **W VAN BUREN ST.**

go 0.0 mi

318



11. Turn LEFT onto S ASHLAND AVE.

go 0.5 mi



12. Turn RIGHT onto W TAYLOR ST.

go 0.3 mi



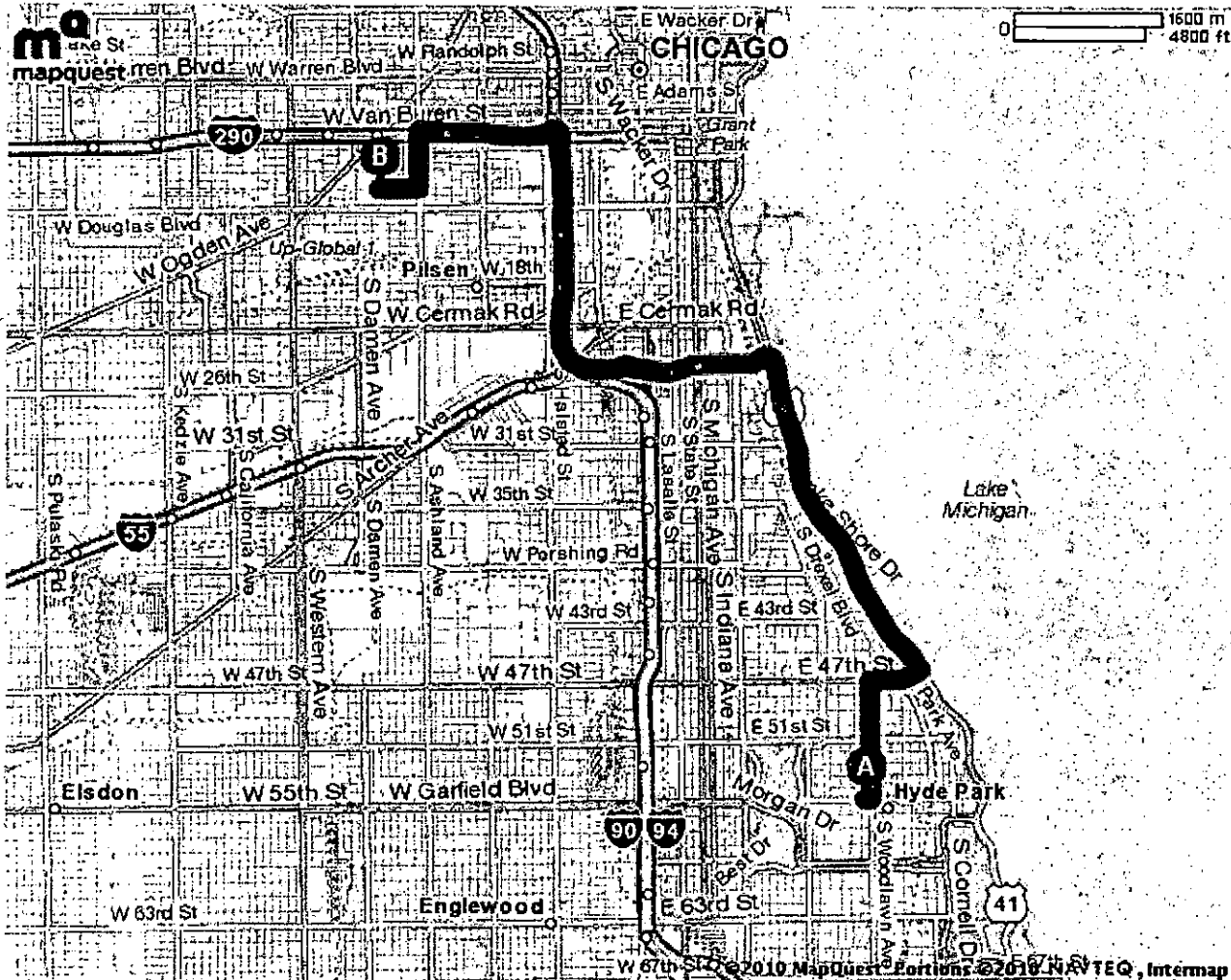
13. 1859 W TAYLOR ST is on the LEFT.

go 0.0 mi

B 1859 W Taylor St, Chicago, IL 60612-4319

Total Travel Estimate : 10.00 miles - about 19 minutes

Route Map [Hide](#)



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319



MAPQUEST.

Notes

Mt. Sinai Hospital

#23

Trip to 1500 S California Ave

Chicago, IL 60608-1729

11.25 miles - about 21 minutes



1164 E 55th St, Chicago, IL 60615-5115

1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi

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

go 1.0 mi

3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi

4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi

5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi

6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi

7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**

go 0.5 mi

8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 1.7 mi

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

go 0.1 mi

10. Stay **STRAIGHT** to go onto **W VAN BUREN ST.**

go 0.0 mi

320



11. Turn **LEFT** onto **S DAMEN AVE.**

go 0.2 mi



12. Turn **SLIGHT RIGHT** onto **W OGDEN AVE.**

go 1.3 mi



13. Turn **LEFT** onto **S CALIFORNIA AVE.**

go 0.0 mi



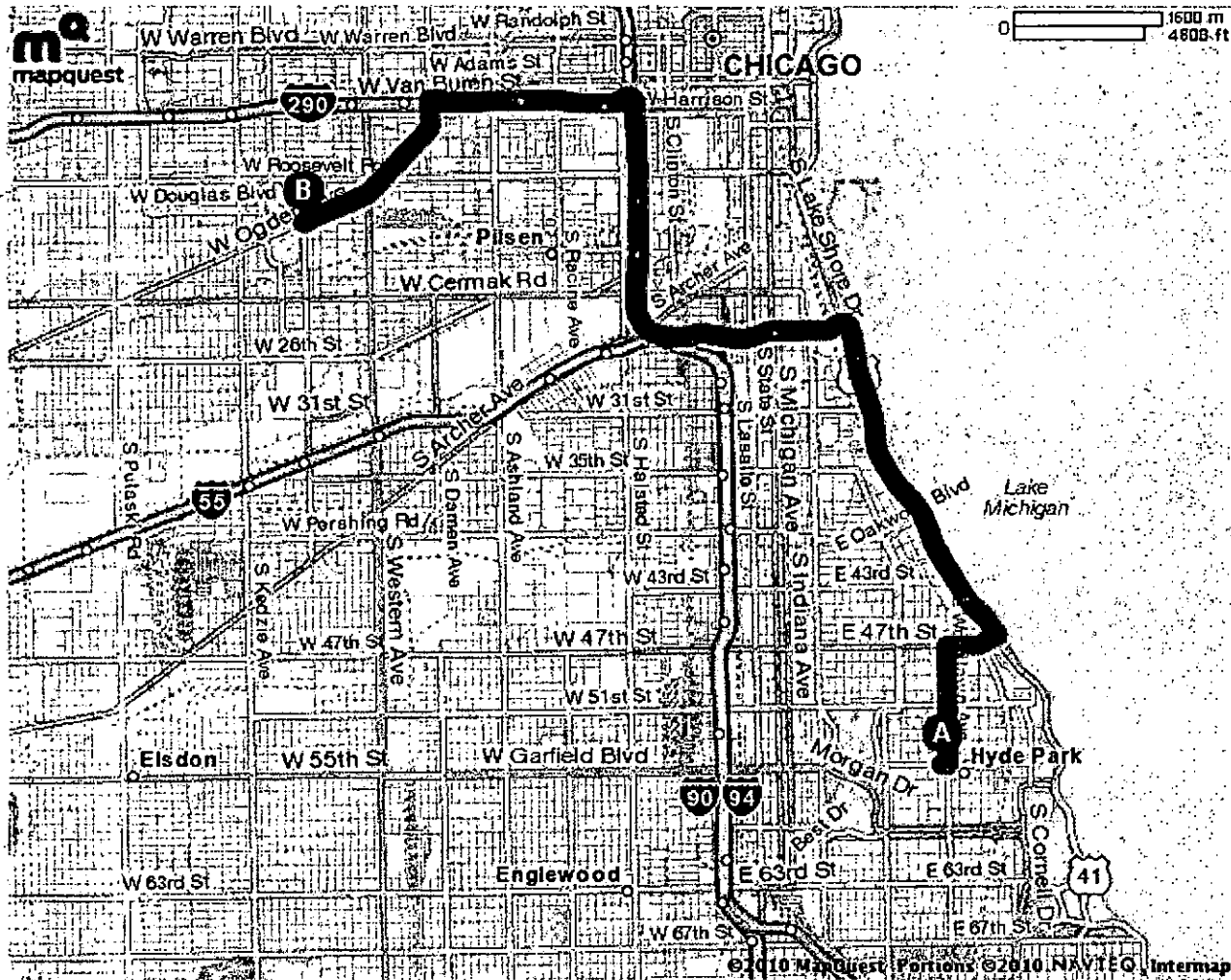
14. **1500 S CALIFORNIA AVE** is on the **RIGHT.**

go 0.0 mi

B 1500 S California Ave, Chicago, IL 60608-1729

Total Travel Estimate : 11.25 miles - about 21 minutes

Route Map [Hide](#)



321


Trip to 1653 W Congress Pkwy


Chicago, IL 60612-3833

9.46 miles - about 17 minutes

Notes

Rush-University-St. Lukes Med Ctr

#24


1164 E 55th St, Chicago, IL 60615-5115
1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi

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

go 1.0 mi

3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi

4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi

5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi

6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi

7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**

go 0.5 mi

8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 1.2 mi

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

go 0.2 mi

10. Turn **SLIGHT LEFT** onto **W VAN BUREN ST.**

go 0.2 mi

322



11. Turn LEFT onto S PAULINA ST.

go 0.0 mi



12. Turn LEFT onto W CONGRESS PKWY.

go 0.0 mi



13. 1653 W CONGRESS PKWY is on the RIGHT.

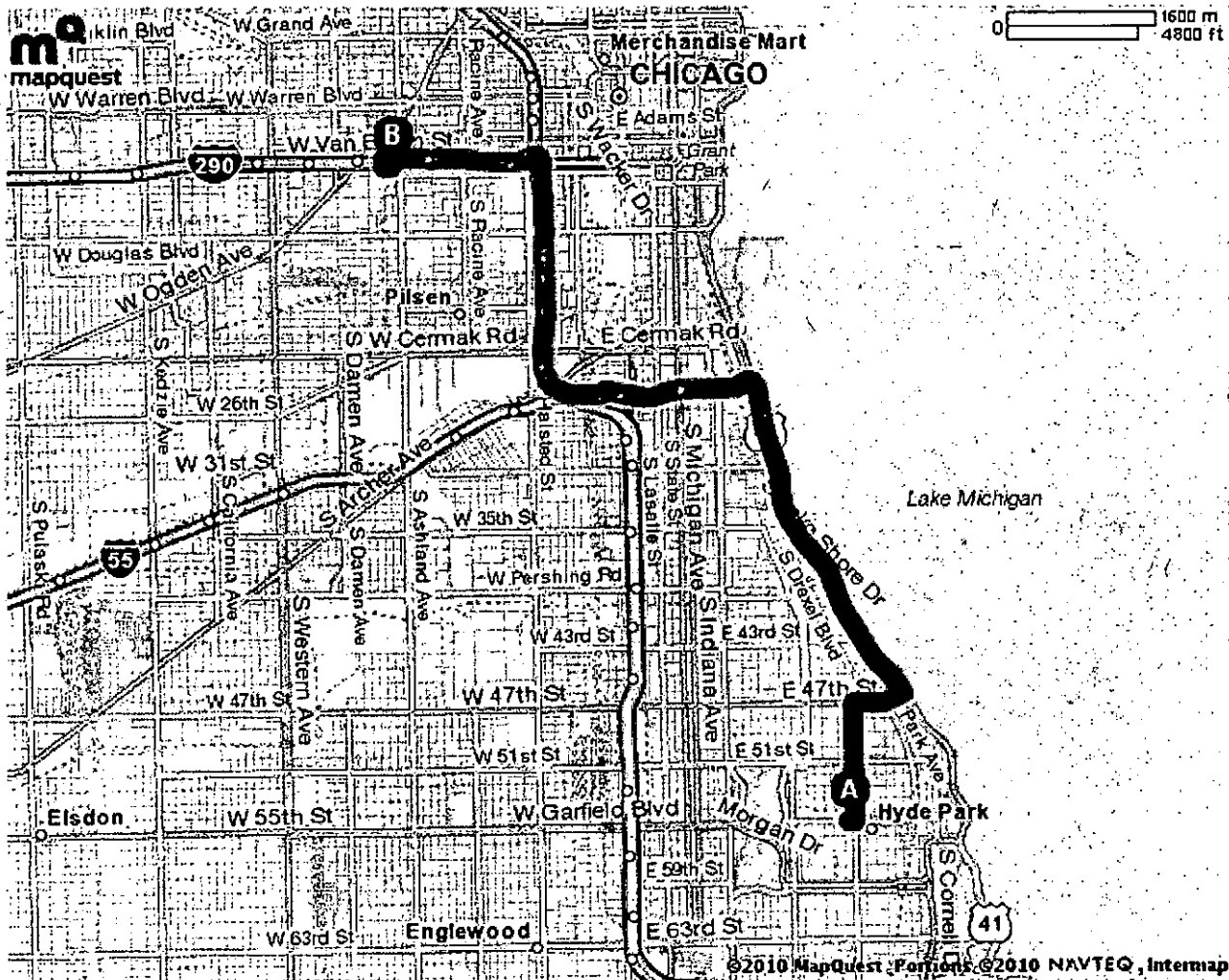
go 0.0 mi



1653 W Congress Pkwy, Chicago, IL 60612-3833

Total Travel Estimate : 9.46 miles - about 17 minutes

Route Map [Hide](#)



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323



MAPQUEST.

Notes

FMC - Northwestern

#26

Trip to 710 N Fairbanks Ct

Chicago, IL 60611-3013

8.17 miles - about 17 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 5.4 mi



5. Take the **RANDOLPH ST / WACKER DR** ramp toward **I-290.**

go 0.2 mi



6. Take the ramp toward **WACKER DR.**

go 0.2 mi



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

go 0.1 mi



8. Merge onto **N LAKE SHORE LOWER DR.**

go 0.2 mi



9. Turn **LEFT** onto **E GRAND AVE.**

go 0.3 mi



10. Turn **RIGHT** onto **N FAIRBANKS CT.**

go 0.2 mi

324



Trip to 1426 W Washington Blvd
Chicago, IL 60607-1821
9.76 miles - about 18 minutes

Notes

Circle Medical Management

#26

 1164 E 55th St, Chicago, IL 60615-5115


1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 1.2 mi



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

go 0.2 mi



10. Turn **SLIGHT LEFT** onto **W VAN BUREN ST.**

go 0.0 mi

326



11. Turn **RIGHT** onto **S ASHLAND AVE.**

go 0.3 mi



12. Turn **SLIGHT RIGHT** onto **W OGDEN AVE.**

go 0.2 mi



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

go 0.0 mi



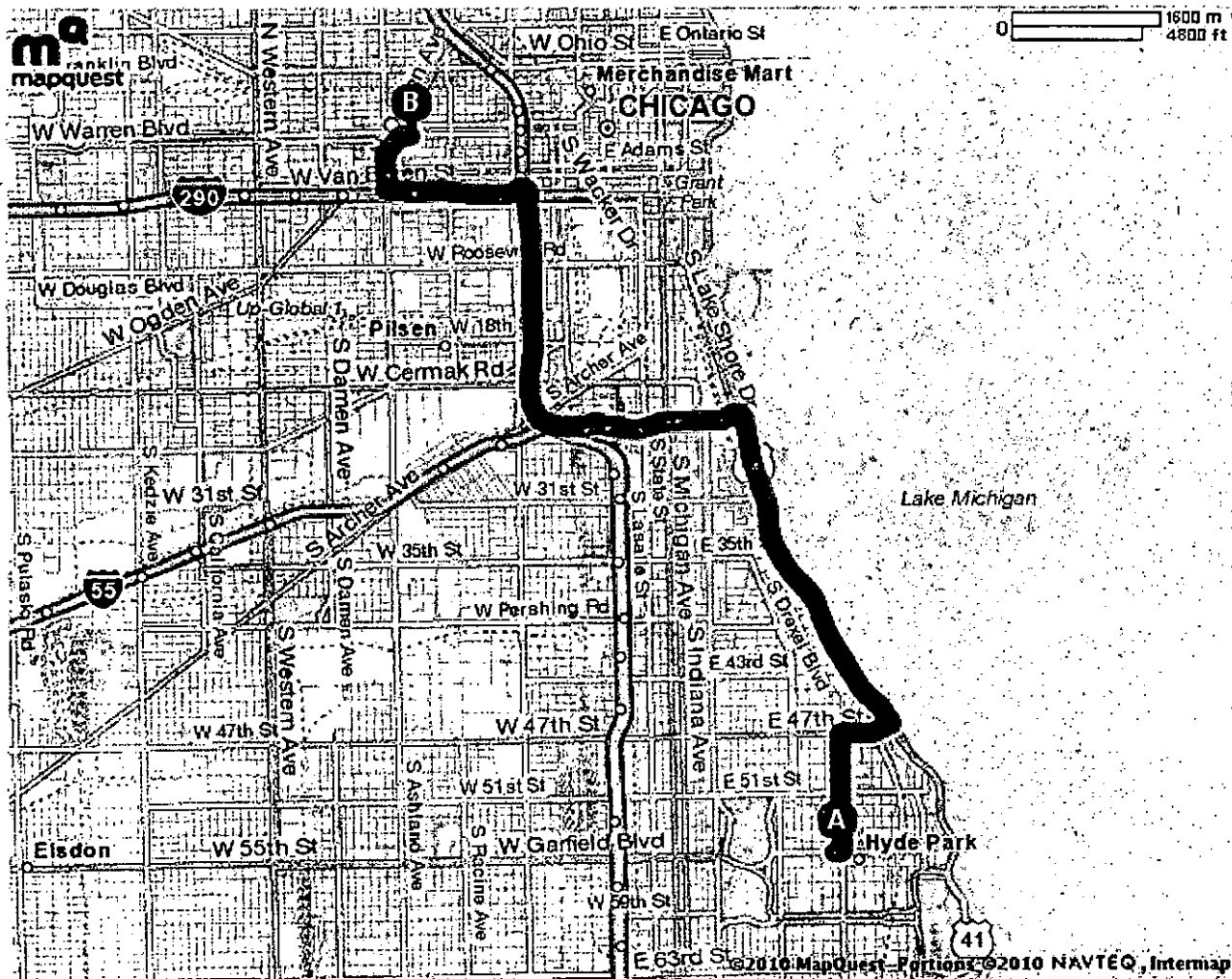
14. 1426 W WASHINGTON BLVD is on the **LEFT**.

go 0.0 mi

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

Total Travel Estimate : 9.76 miles - about 18 minutes

Route Map [Hide](#)



327



MAPQUEST.

Notes

FMC - Evergreen

#27

Trip to 9730 S Western Ave
Evergreen Park, IL 60805-2814
10.23 miles - about 24 minutes

1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 4.7 mi



8. Take **EXIT 62** toward **US-12 / US-20 / 95TH ST.** go 0.2 mi



9. Stay **STRAIGHT** to go onto **S LAFAYETTE AVE.** go 0.1 mi



10. Turn **RIGHT** onto **W 95TH ST / US-12 W / US-20 W / ULYSSES S GRANT MEMORIAL HWY.** go 3.0 mi

328



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

go 0.3 mi



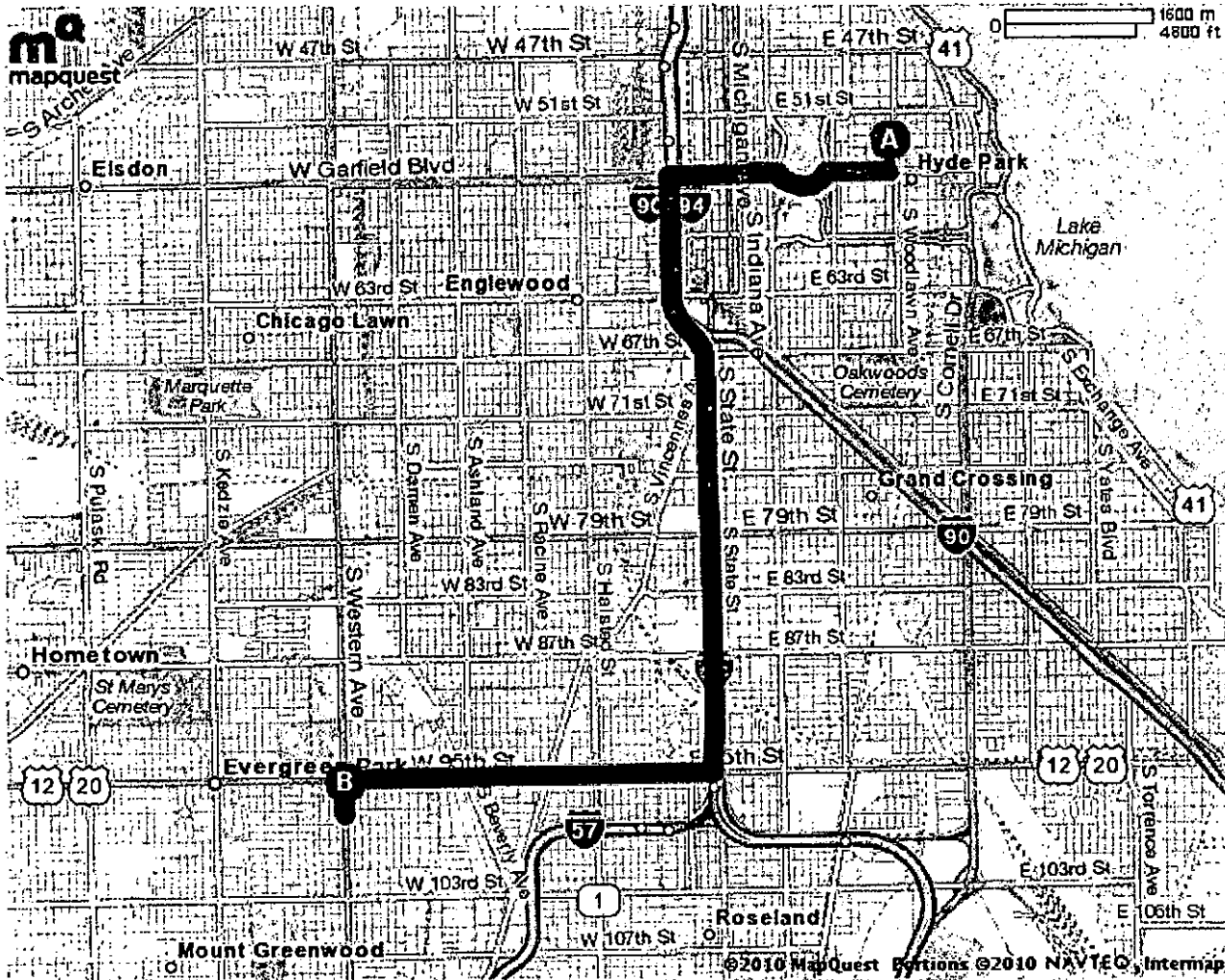
12. **9730 S WESTERN AVE** is on the **RIGHT.**

go 0.0 mi

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

Total Travel Estimate : 10.23 miles - about 24 minutes

Route Map Hide



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329



MAPQUEST.

Notes

FMC - Roseland Dialysis

#28

Trip to [132-139] E 111th St
Chicago, IL 60628
11.46 miles - about 21 minutes

1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E** via the ramp on the **LEFT.** go 8.3 mi



8. Take the **111TH ST** exit, **EXIT 66A.** go 0.2 mi



9. Keep **RIGHT** at the fork to go on **E 111TH ST.** go 1.1 mi



10. **[132-139] E 111TH ST.** go 0.0 mi



[132-139] E 111th St, Chicago, IL 60628

330

MAPQUEST.

Trip to 3410 W Van Buren St
Chicago, IL 60624-3358
11.55 miles - about 19 minutes

Notes

FMC - Dialysis Services of Congress Parkway

#29

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.** go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.** go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.** go 3.5 mi



9. Take **EXIT 26B** toward **HOMAN AVE.** go 0.2 mi



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

332



11. Turn **RIGHT** onto **S HOMAN AVE.**

go 0.0 mi



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

go 0.0 mi



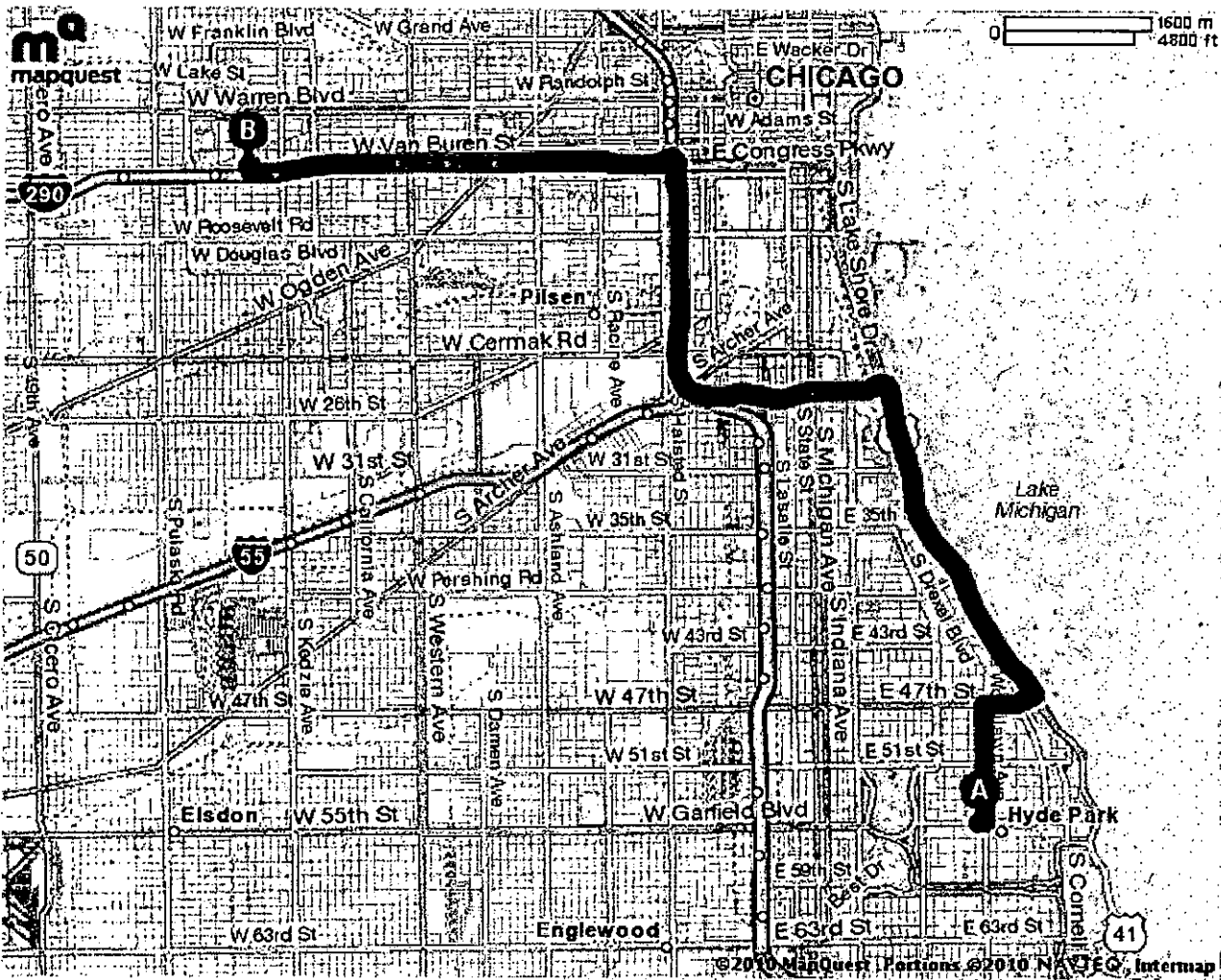
13. **3410 W VAN BUREN ST** is on the **RIGHT.**

go 0.0 mi

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

Total Travel Estimate : 11.55 miles - about 19 minutes

Route Map [Hide](#)



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333



MAPQUEST.

Notes

DSI - Scottsdale

Trip to 4651 W 79th St

Chicago, IL 60652-1186

11.09 miles - about 26 minutes

#30



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.**

go 0.0 mi



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

go 2.6 mi



8. Take **EXIT 60C** toward **79TH ST.**

go 0.2 mi



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

go 0.1 mi



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

go 0.0 mi

334



11. Turn **RIGHT** onto **W 79TH ST.**

go 5.8 mi



12. Turn **RIGHT** onto **S KNOX AVE.**

go 0.1 mi



13. Turn **LEFT** onto **W 78TH ST.**

go 0.0 mi



14. Turn **LEFT** onto **S KILPATRICK AVE.**

go 0.1 mi



15. Turn **LEFT** onto **W 79TH ST.**

go 0.0 mi



16. **4651 W 79TH ST** is on the **RIGHT.**

go 0.0 mi

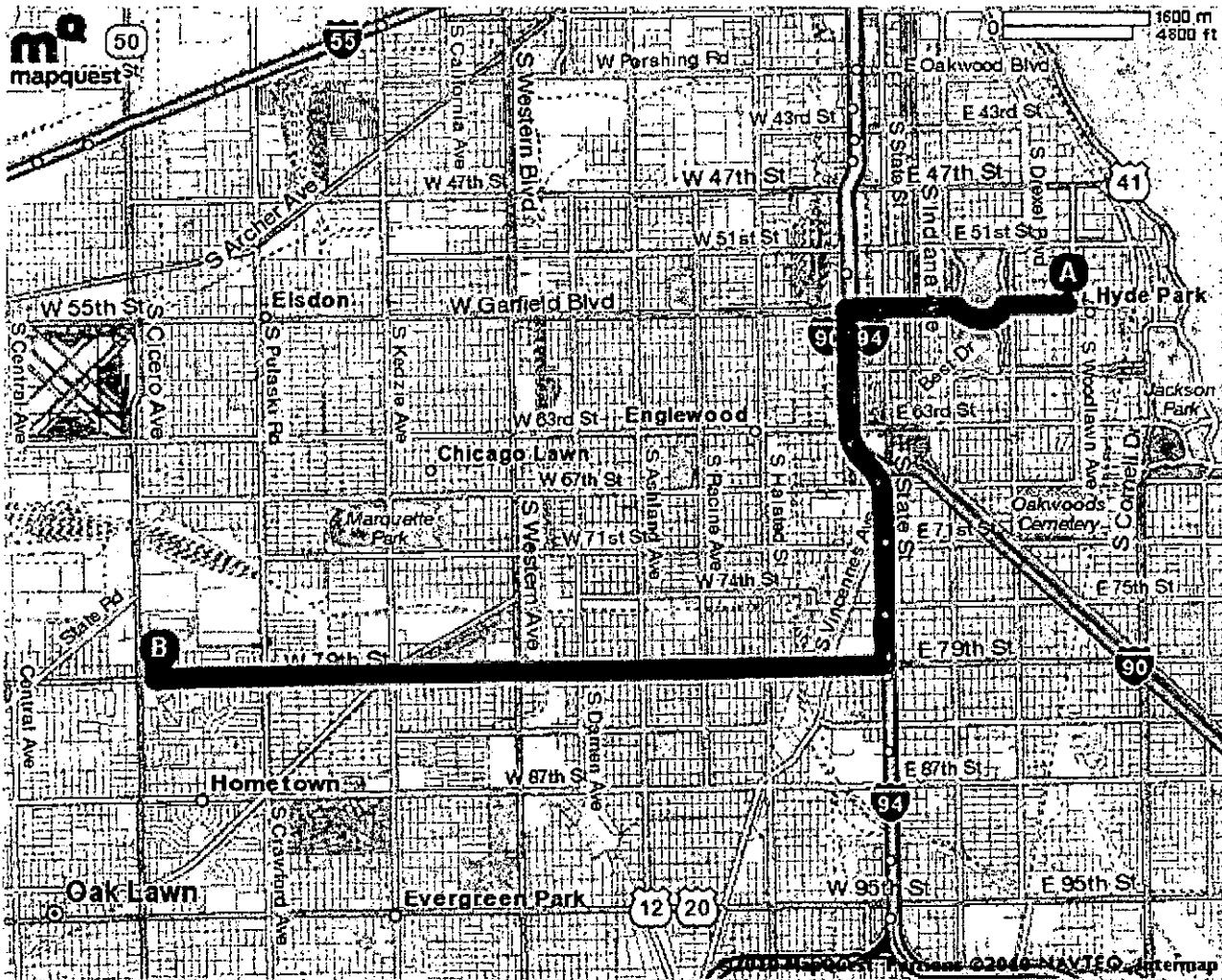


4651 W 79th St, Chicago, IL 60652-1186

Total Travel Estimate : 11.09 miles - about 26 minutes

Route Map Hide

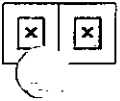
335



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MAPQUEST.

Notes

FMC - West Metro Dialysis

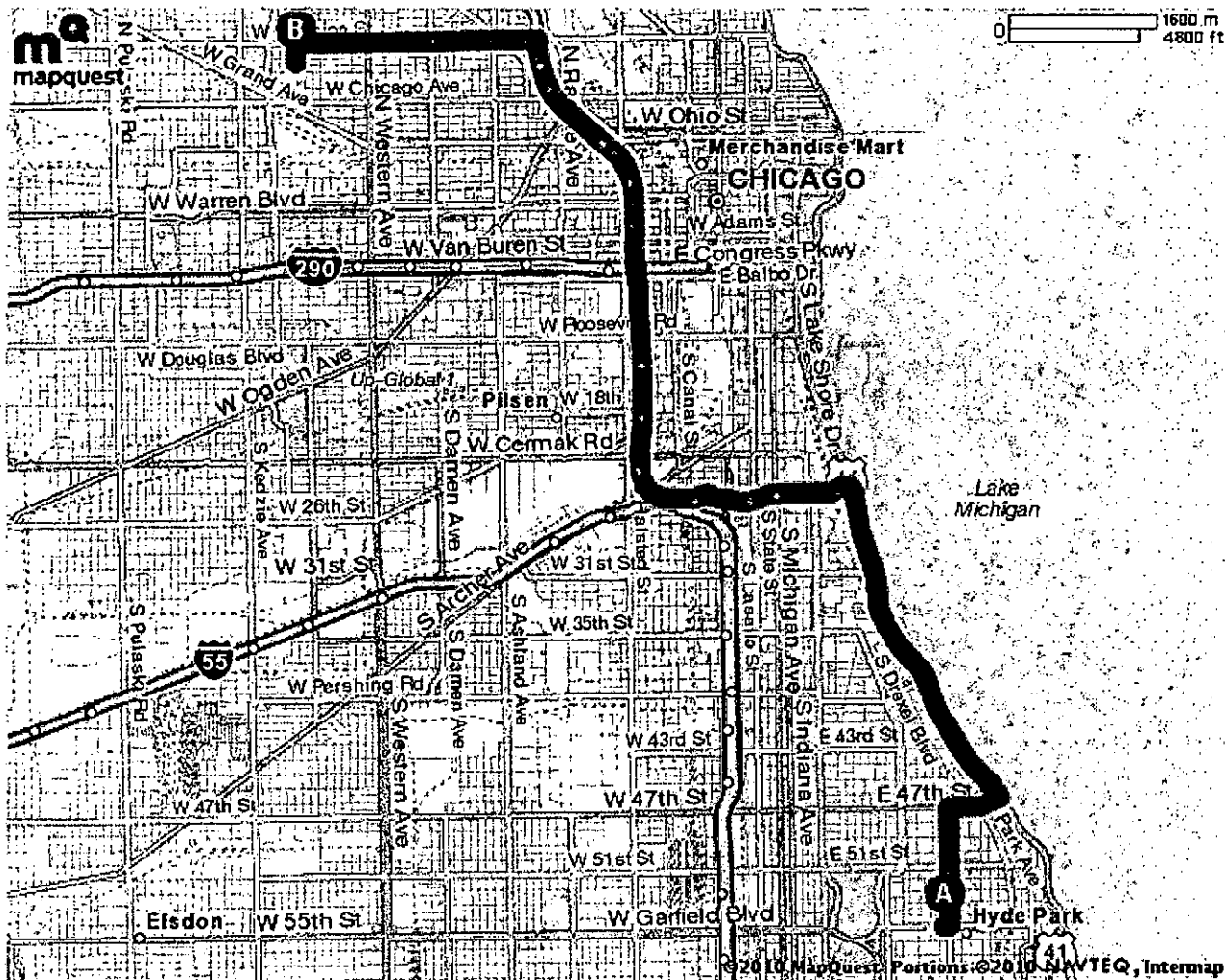
#31

Trip to 1044 N Mozart St

Chicago, IL 60622-2789

12.30 miles - about 25 minutes

Route Map Hide



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337



MAPQUEST.

Trip to 4811 W 77th St

Burbank, IL 60459-1586

11.42 miles - about 27 minutes

Notes

FMC - Dialysis Services of Burbank

#32

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.**

go 0.0 mi



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

go 2.6 mi



8. Take **EXIT 60C** toward **79TH ST.**

go 0.2 mi



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

go 0.1 mi



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

go 0.0 mi

338



11. Turn **RIGHT** onto **W 79TH ST.**

go 6.0 mi



12. Turn **RIGHT** onto **S CICERO AVE / IL-50.**

go 0.4 mi



13. Turn **LEFT** onto **W 76TH ST / W 77TH ST.**

go 0.1 mi



14. Turn **LEFT.**

go 0.0 mi



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

go 0.0 mi



16. **4811 W 77TH ST** is on the **LEFT.**

go 0.0 mi

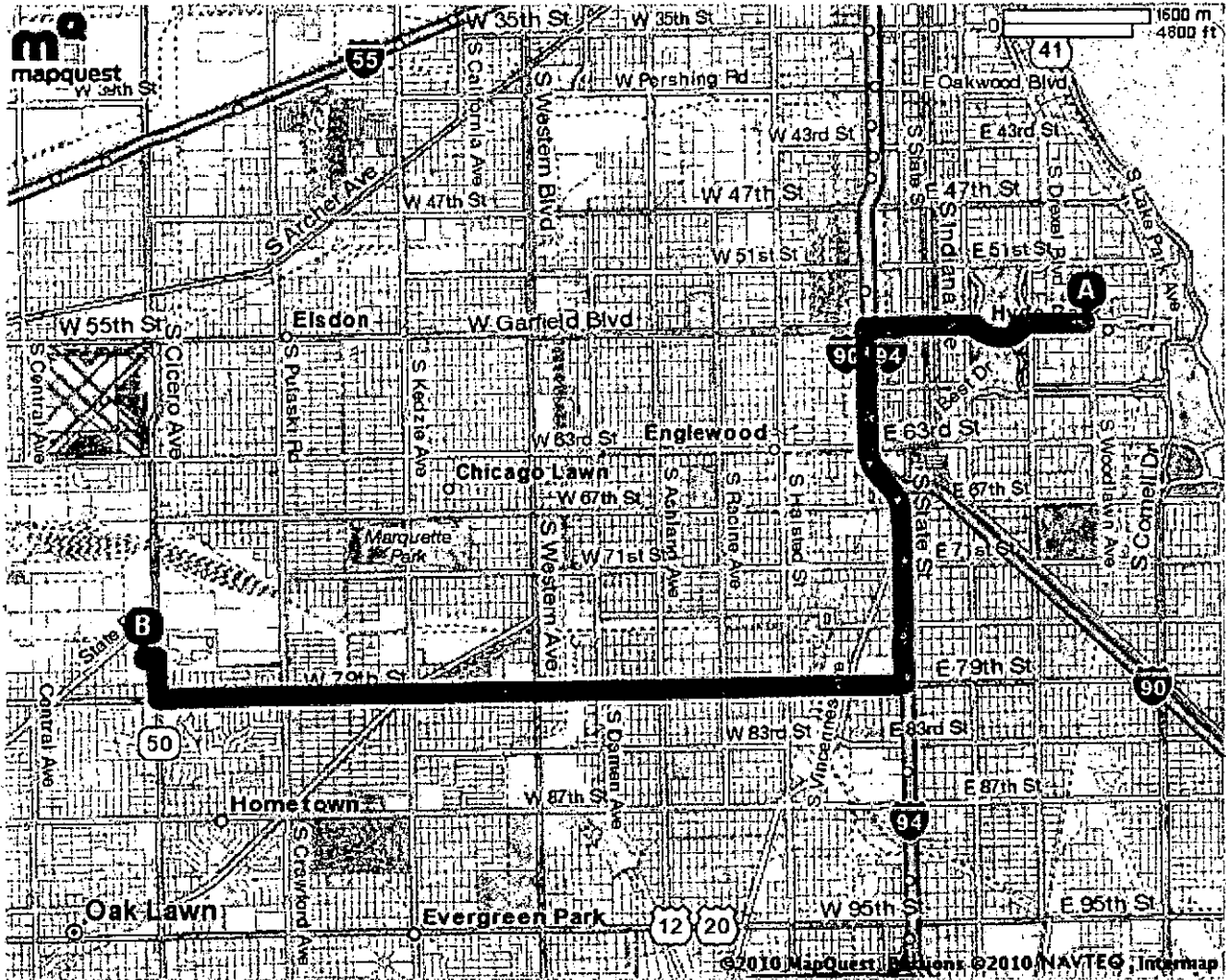


4811 W 77th St, Burbank, IL 60459-1586

Total Travel Estimate : 11.42 miles - about 27 minutes

Route Map Hide

338



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MAPQUEST.

Trip to [1900-1925] W Harrison St
 Chicago, IL 60612
 9.96 miles - about 18 minutes

Notes

John H. Stroger Jr. Hospital of Cook County

#33



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.** go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.** go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.** go 1.7 mi



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



10. Stay **STRAIGHT** to go onto **W VAN BUREN ST.** go 0.0 mi

341



11. Turn LEFT onto S DAMEN AVE.

go 0.2 mi



12. Turn LEFT onto W HARRISON ST.

go 0.1 mi



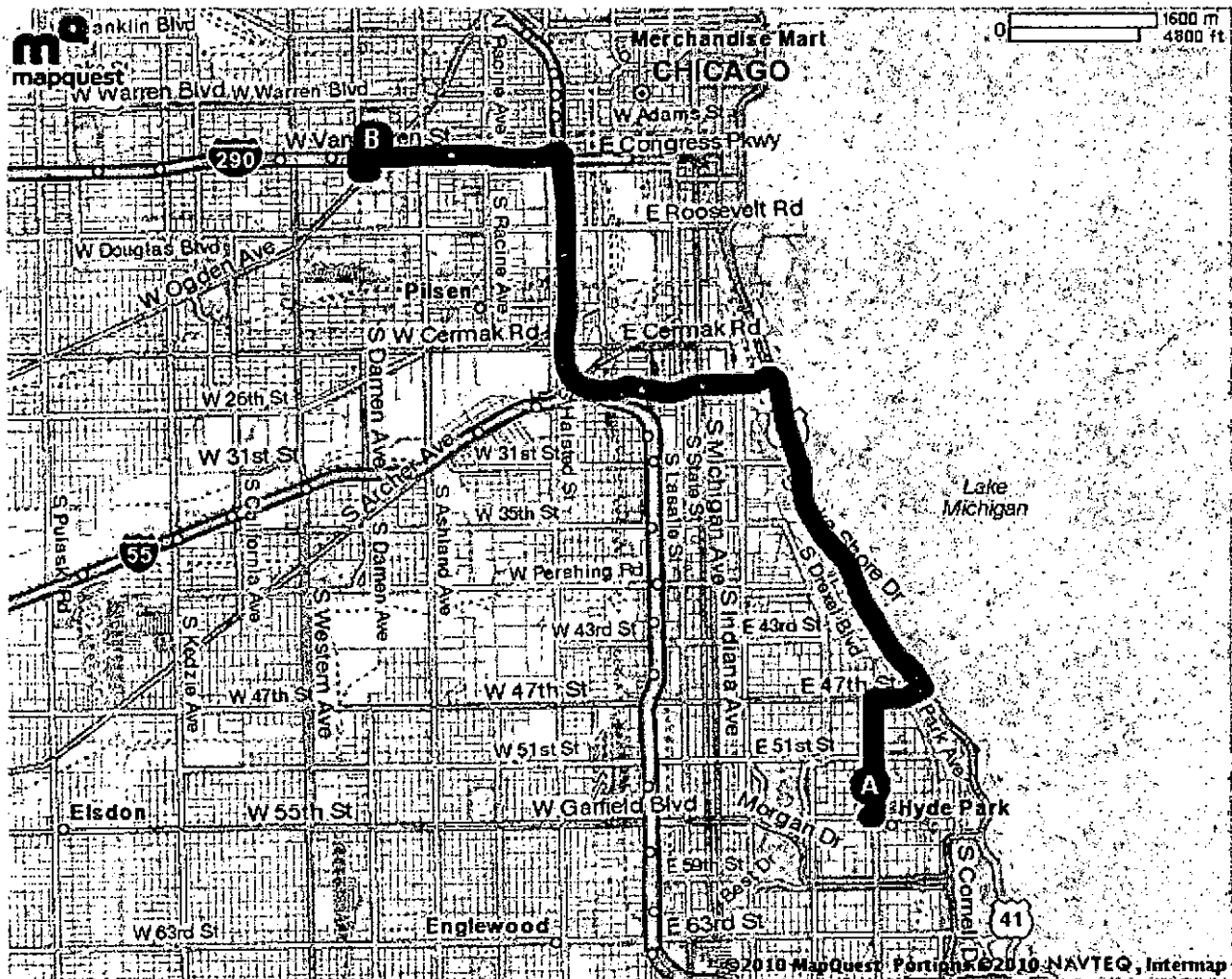
13. [1900-1925] W HARRISON ST.

go 0.0 mi

B [1900-1925] W Harrison St, Chicago, IL 60612

Total Travel Estimate : 9.96 miles - about 18 minutes

Route Map [Hide](#)



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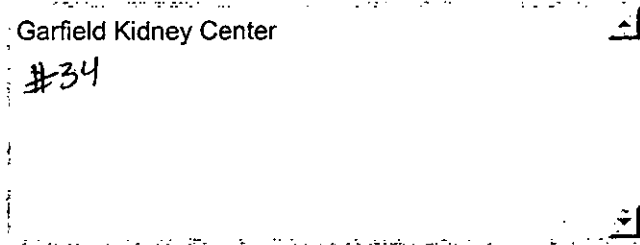


MAPQUEST.

Trip to 3250 W Franklin Blvd
Chicago, IL 60624-1509
12.37 miles - about 23 minutes

Notes

Garfield Kidney Center
#34



★ 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.** go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.** go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.** go 2.5 mi

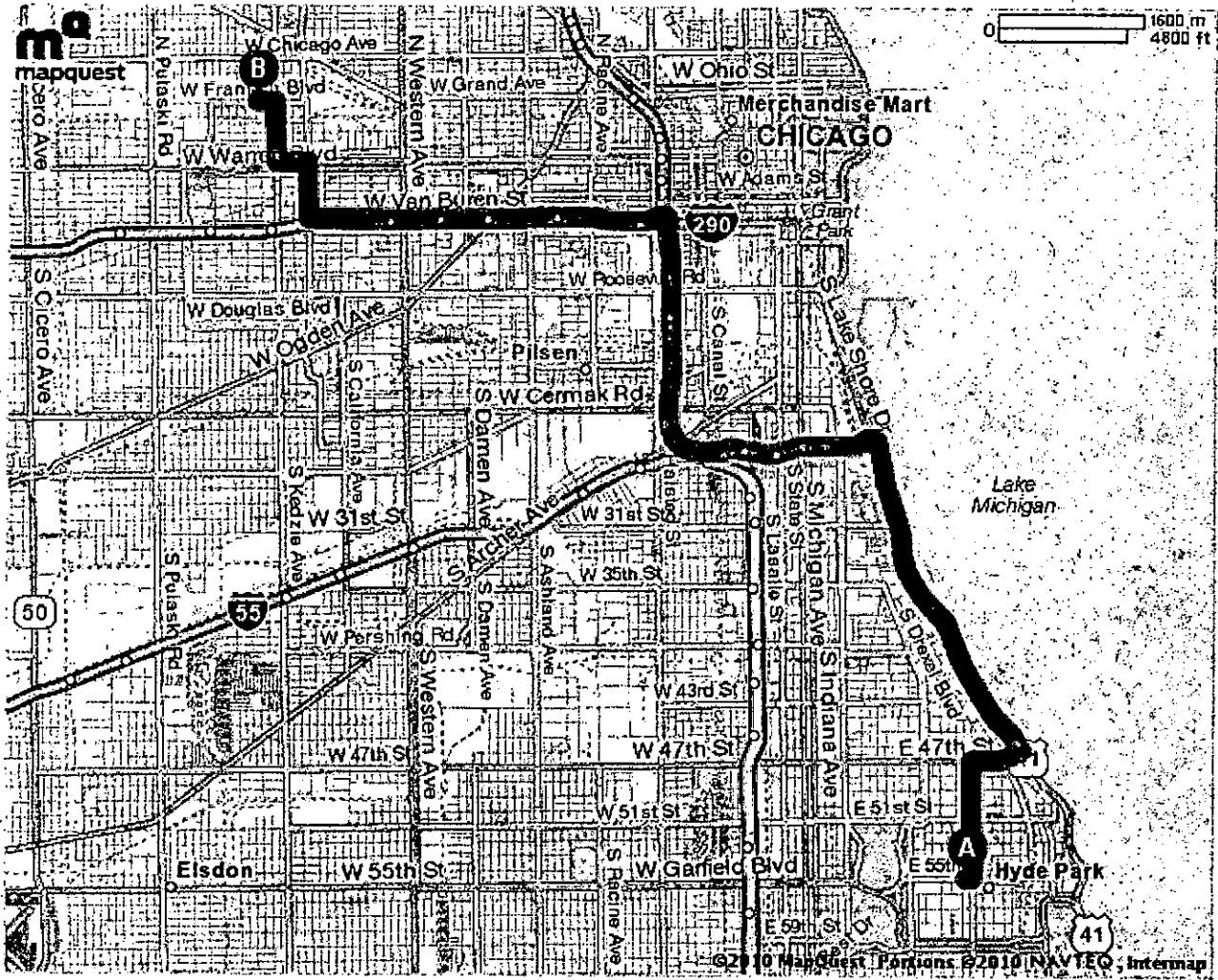


9. Take **EXIT 27B** toward **CALIFORNIA AVE / 2800 W.** go 0.4 mi



10. Turn **SLIGHT LEFT** onto **W VAN BUREN ST.** go 0.3 mi

343



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344



MAPQUEST.

Trip to 9115 S Cicero Ave

Oak Lawn, IL 60453-1895

12.48 miles - about 29 minutes

Notes

DaVita - Stony Creek Dialysis

#35



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.**

go 0.0 mi



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

go 2.6 mi



8. Take **EXIT 60C** toward **79TH ST.**

go 0.2 mi



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

go 0.1 mi



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

go 0.0 mi

345



11. Turn **RIGHT** onto **W 79TH ST.**

go 6.0 mi



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

go 1.6 mi



13. **9115 S CICERO AVE** is on the **LEFT.**

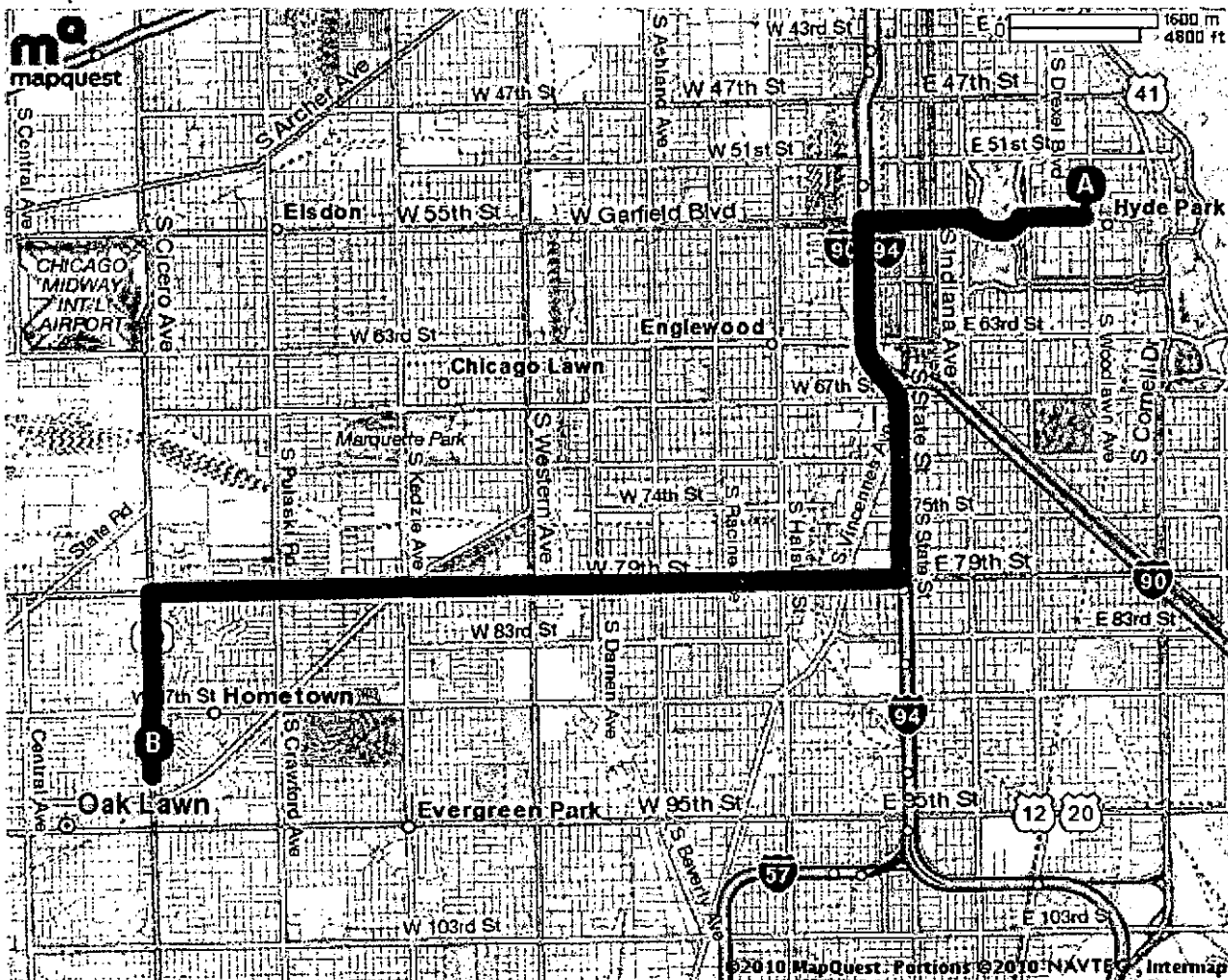
go 0.0 mi



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

Total Travel Estimate : 12.48 miles - about 29 minutes

Route Map [Hide](#)



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346



Trip to 3401 W 111th St

Chicago, IL 60655-3329

12.80 miles - about 26 minutes

Notes

DaVita - Mt. Greenwood

#36

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.**

go 0.0 mi



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

go 5.2 mi



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

go 2.9 mi



9. Take the **111TH ST** exit, **EXIT 355.**

go 0.3 mi



10. Turn **RIGHT** onto **W 111TH ST.**

go 0.1 mi

347



11. Turn LEFT onto S VINCENNES AVE.

go 0.2 mi



12. Turn RIGHT onto W MONTEREY AVE.

go 0.3 mi



13. W MONTEREY AVE becomes W 111TH ST.

go 1.8 mi



14. 3401 W 111TH ST is on the LEFT.

go 0.0 mi

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

Total Travel Estimate : 12.80 miles - about 26 minutes

Route Map [Hide](#)



348

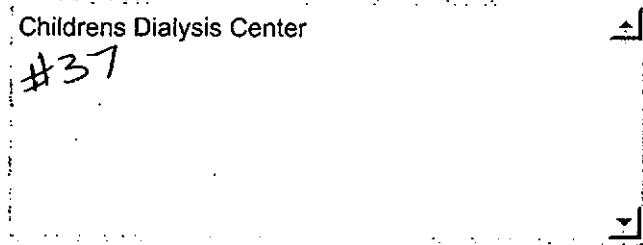
MAPQUEST.

Trip to 2611 N Halsted St
Chicago, IL 60614-2301
11.44 miles - about 23 minutes

Notes

Childrens Dialysis Center

#37



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 8.6 mi



5. Take the **FULLERTON PKWY** ramp. go 0.1 mi



6. Turn **LEFT** onto **W FULLERTON PKWY.** go 0.9 mi



7. Turn **RIGHT** onto **N HALSTED ST.** go 0.3 mi

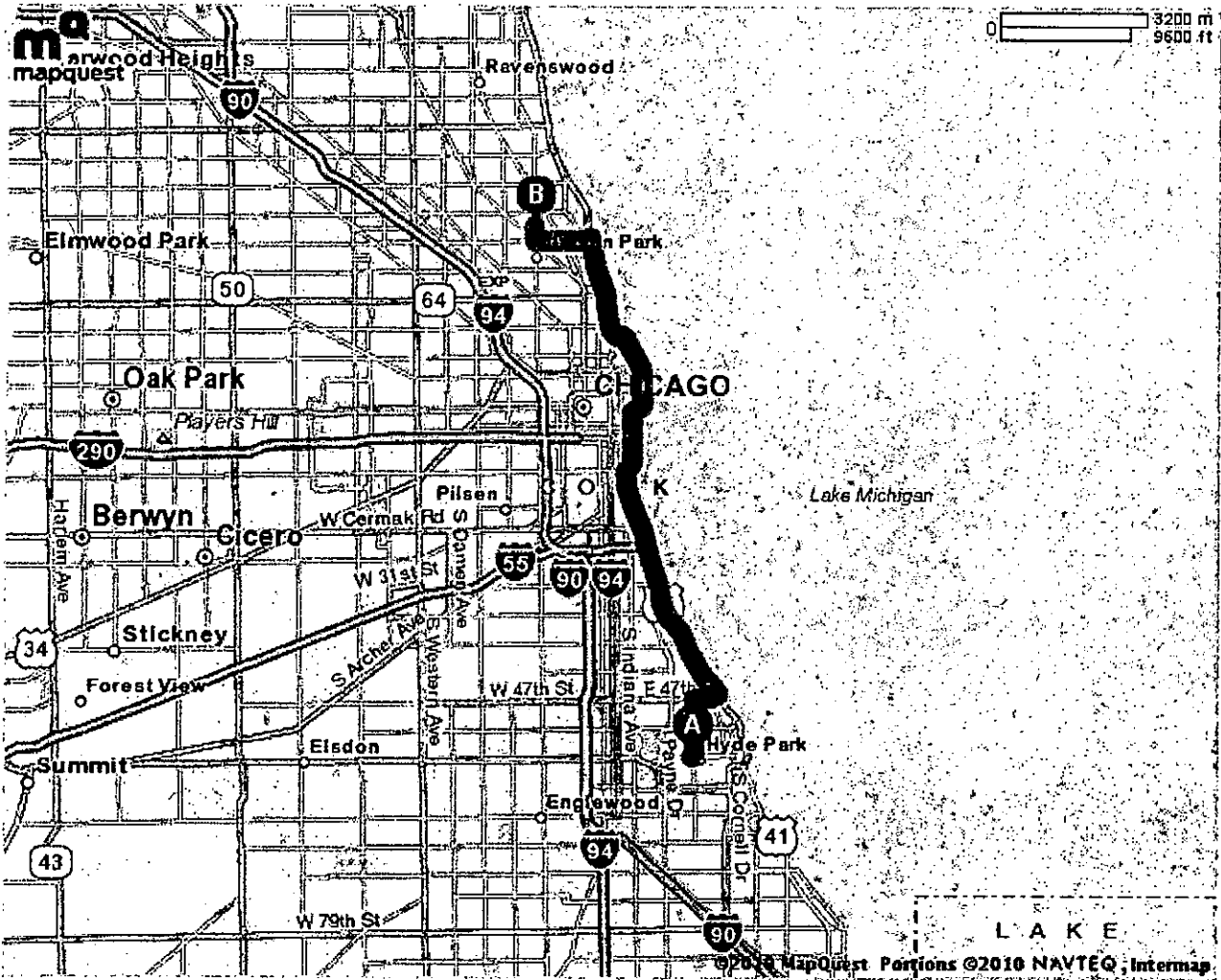


8. **2611 N HALSTED ST** is on the **RIGHT.** go 0.0 mi

B 2611 N Halsted St, Chicago, IL 60614-2301
Total Travel Estimate : 11.44 miles - about 23 minutes

Route Map [Hide](#)

349



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350















Trip to 11630 S Kedzie Ave
 Merrionette Park, IL 60803-6302
 13.63 miles - about 25 minutes

Notes

FMC - Merrionette Park

#38

 **1164 E 55th St, Chicago, IL 60615-5115**

- | | | |
|---|--|-----------|
|  | 1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE. | go 0.5 mi |
|  | 2. Turn LEFT onto PAYNE DR. | go 0.0 mi |
|  | 3. Turn SLIGHT RIGHT onto RAINEY DR. | go 0.2 mi |
|  | 4. RAINEY DR becomes MORGAN DR. | go 0.2 mi |
|  | 5. Turn LEFT onto E GARFIELD BLVD / E 55TH ST. | go 0.9 mi |
|  | 6. Turn LEFT onto S WELLS ST. | go 0.0 mi |
|   | 7. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 5.2 mi |
|   | 8. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 3.8 mi |
|  | 9. Take EXIT 354 toward 119TH ST. | go 0.2 mi |
|  | 10. Stay STRAIGHT to go onto S MARSHFIELD AVE. | go 0.2 mi |

351



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

go 2.0 mi



12. Turn **RIGHT** onto **S KEDZIE AVE.**

go 0.3 mi



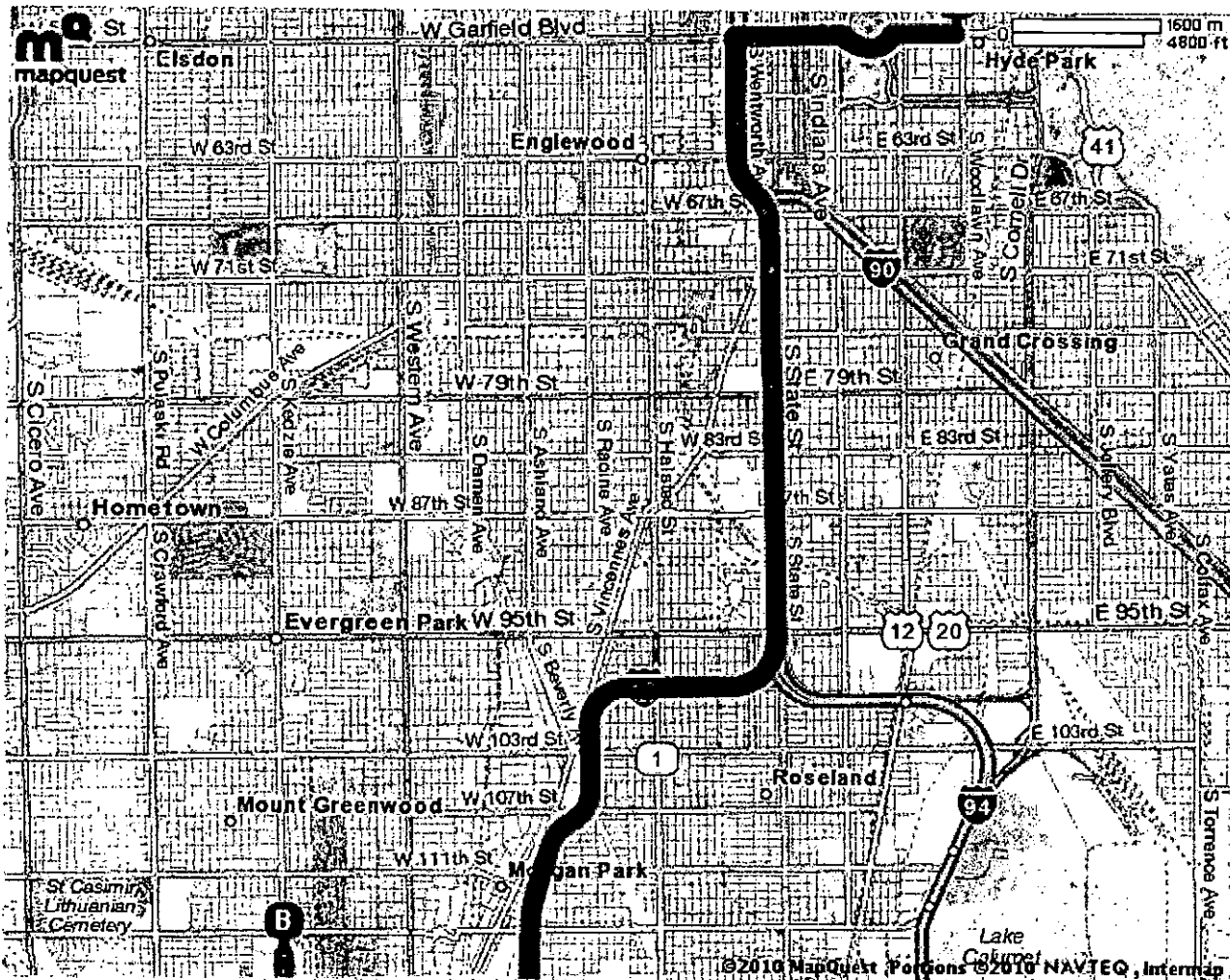
13. **11630 S KEDZIE AVE** is on the **LEFT.**

go 0.0 mi

B 11630 S Kedzie Ave, Merrionette Park, IL 60803-6302

Total Travel Estimate : 13.63 miles - about 25 minutes

Route Map [Hide](#)



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352



Trip to 12200 Western Ave

Blue Island, IL 60406-1398

12.68 miles - about 23 minutes

Notes

FMC - Blue Island

#39

 1164 E 55th St, Chicago, IL 60615-5115

- | | | |
|---|--|-----------|
|  | 1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE. | go 0.5 mi |
|  | 2. Turn LEFT onto PAYNE DR. | go 0.0 mi |
|  | 3. Turn SLIGHT RIGHT onto RAINEY DR. | go 0.2 mi |
|  | 4. RAINEY DR becomes MORGAN DR. | go 0.2 mi |
|  | 5. Turn LEFT onto E GARFIELD BLVD / E 55TH ST. | go 0.9 mi |
|  | 6. Turn LEFT onto S WELLS ST. | go 0.0 mi |
|   | 7. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 5.2 mi |
|   | 8. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 3.8 mi |
|  | 9. Take EXIT 354 toward 119TH ST. | go 0.2 mi |
|  | 10. Stay STRAIGHT to go onto S MARSHFIELD AVE. | go 0.2 mi |

353



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

go 0.9 mi



12. Turn **LEFT** onto **WESTERN AVE.**

go 0.4 mi



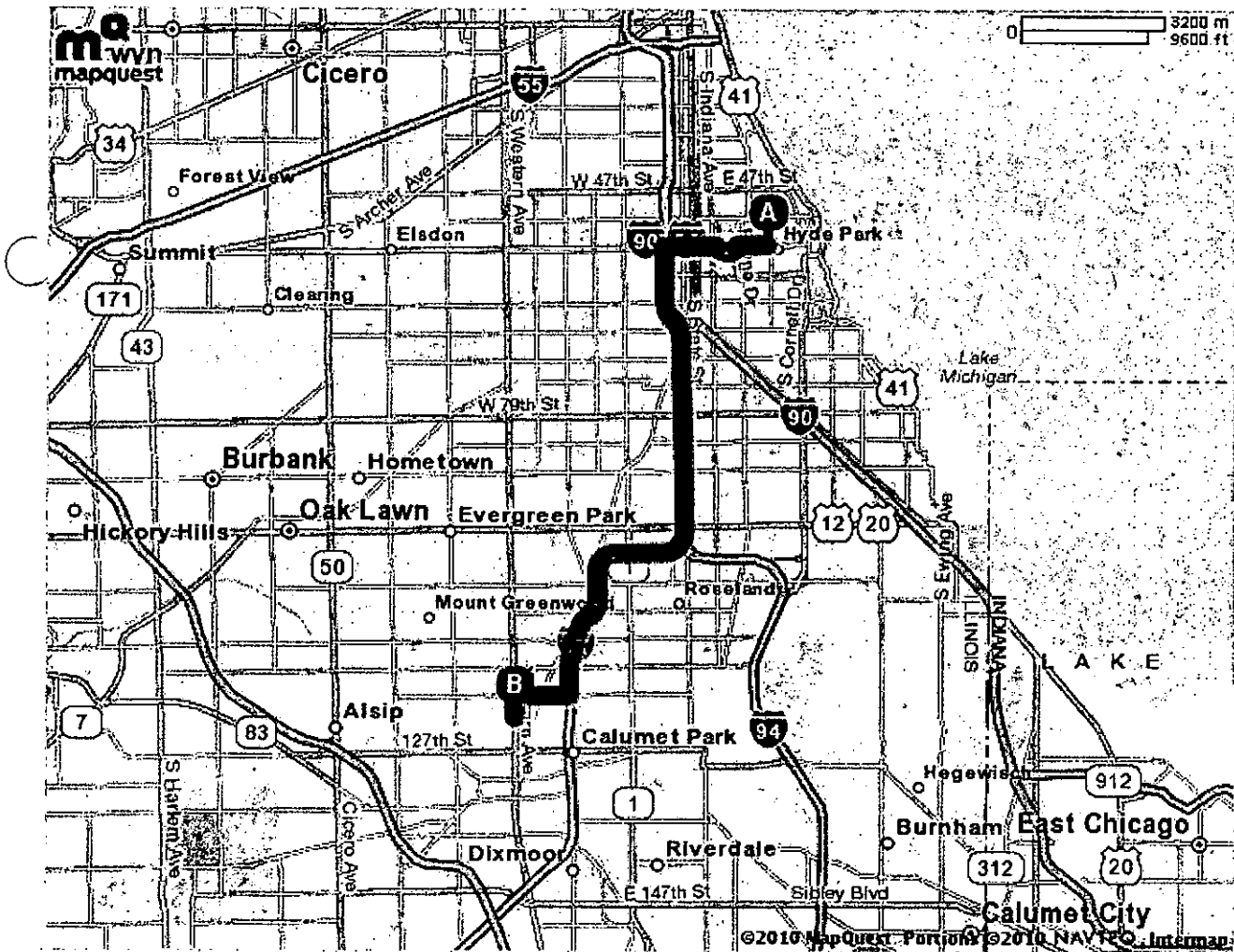
13. **12200 WESTERN AVE** is on the **RIGHT.**

go 0.0 mi

B 12200 Western Ave, Blue Island, IL 60406-1398

Total Travel Estimate : 12.68 miles - about 23 minutes

Route Map Hide



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354



MAPQUEST.

Trip to 4800 W Chicago Ave

Chicago, IL 60651-3223















15.84 miles - about 28 minutes

Notes

FMC - Austin Community Kidney Center

#40

 1164 E 55th St, Chicago, IL 60615-5115

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on E 55TH ST toward S WOODLAWN AVE. | go 0.0 mi |
|  | 2. Turn LEFT onto S WOODLAWN AVE. | go 1.0 mi |
|  | 3. Turn RIGHT onto E 47TH ST. | go 0.4 mi |
|   | 4. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
|   | 5. Merge onto I-55 S / STEVENSON EXPY S toward ST LOUIS. | go 1.4 mi |
|   | 6. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | go 1.8 mi |
|  | 7. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H , toward WEST SUBURBS. | go 0.5 mi |
|   | 8. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SUBURBS. | go 5.7 mi |
|  | 9. Take EXIT 24A toward LARAMIE AVE. | go 0.2 mi |
|  | 10. Stay STRAIGHT to go onto W FLOURNOY ST. | go 0.0 mi |

355



11. Turn **RIGHT** onto **S LARAMIE AVE.**

go 1.6 mi



12. Turn **RIGHT** onto **W CHICAGO AVE.**

go 0.5 mi



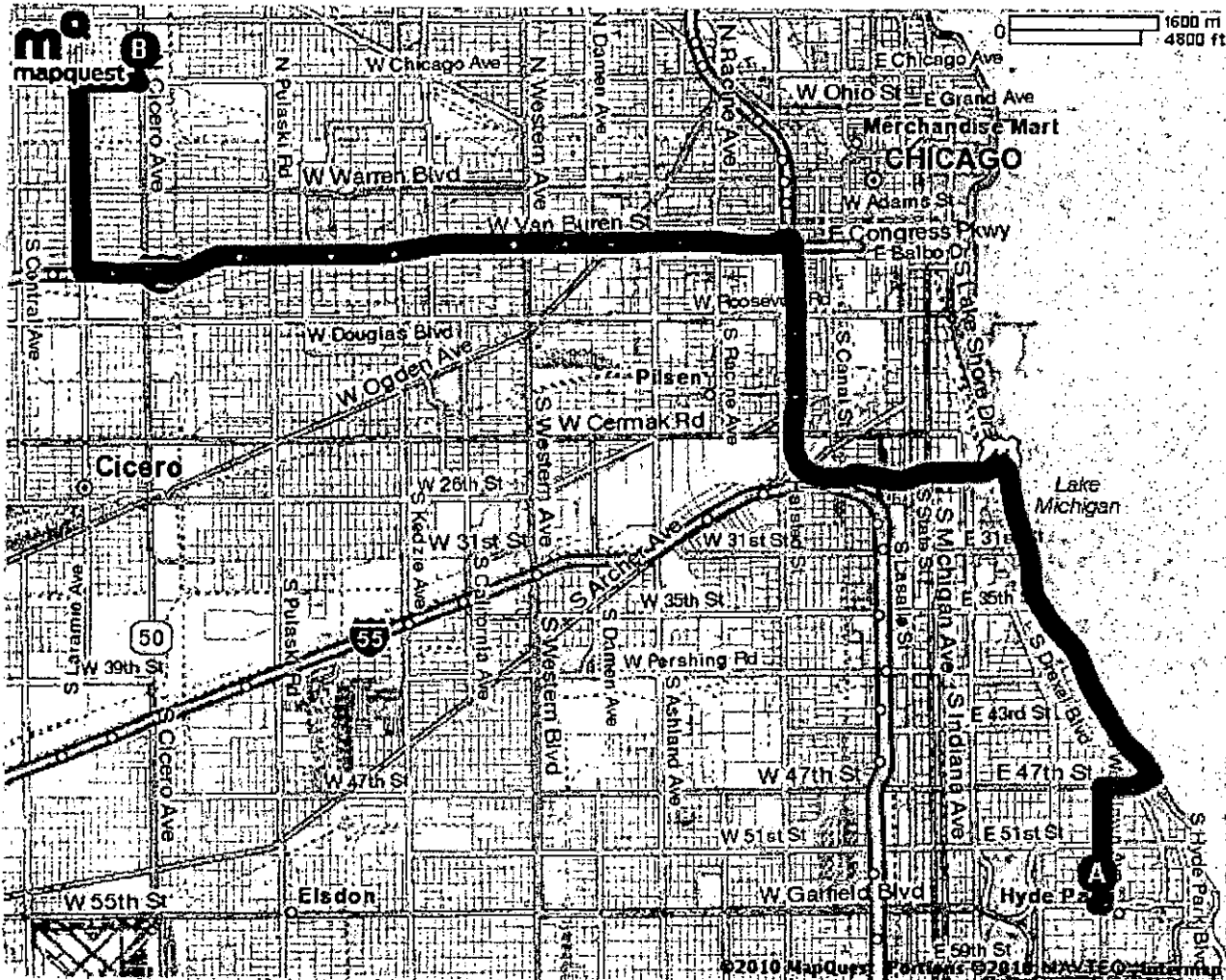
13. **4800 W CHICAGO AVE** is on the **LEFT.**

go 0.0 mi

B 4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate : 15.84 miles - about 28 minutes

Route Map [Hide](#)



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356

MAPQUEST.

Trip to 3157 N Lincoln Ave

Chicago, IL 60657-3111

12.97 miles - about 24 minutes

Notes

DaVita - Lincoln Park

#41

★ 1164 E 55th St, Chicago, IL 60615-5115

1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi

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

go 1.0 mi

3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi

4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi

5. Merge onto **I-55-S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi

6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 5.6 mi

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

go 0.2 mi

8. Turn **SHARP RIGHT** onto **W ARMITAGE AVE.**

go 0.0 mi

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

go 1.5 mi

10. Turn **SHARP RIGHT** onto **N LINCOLN AVE.**

go 0.0 mi

357

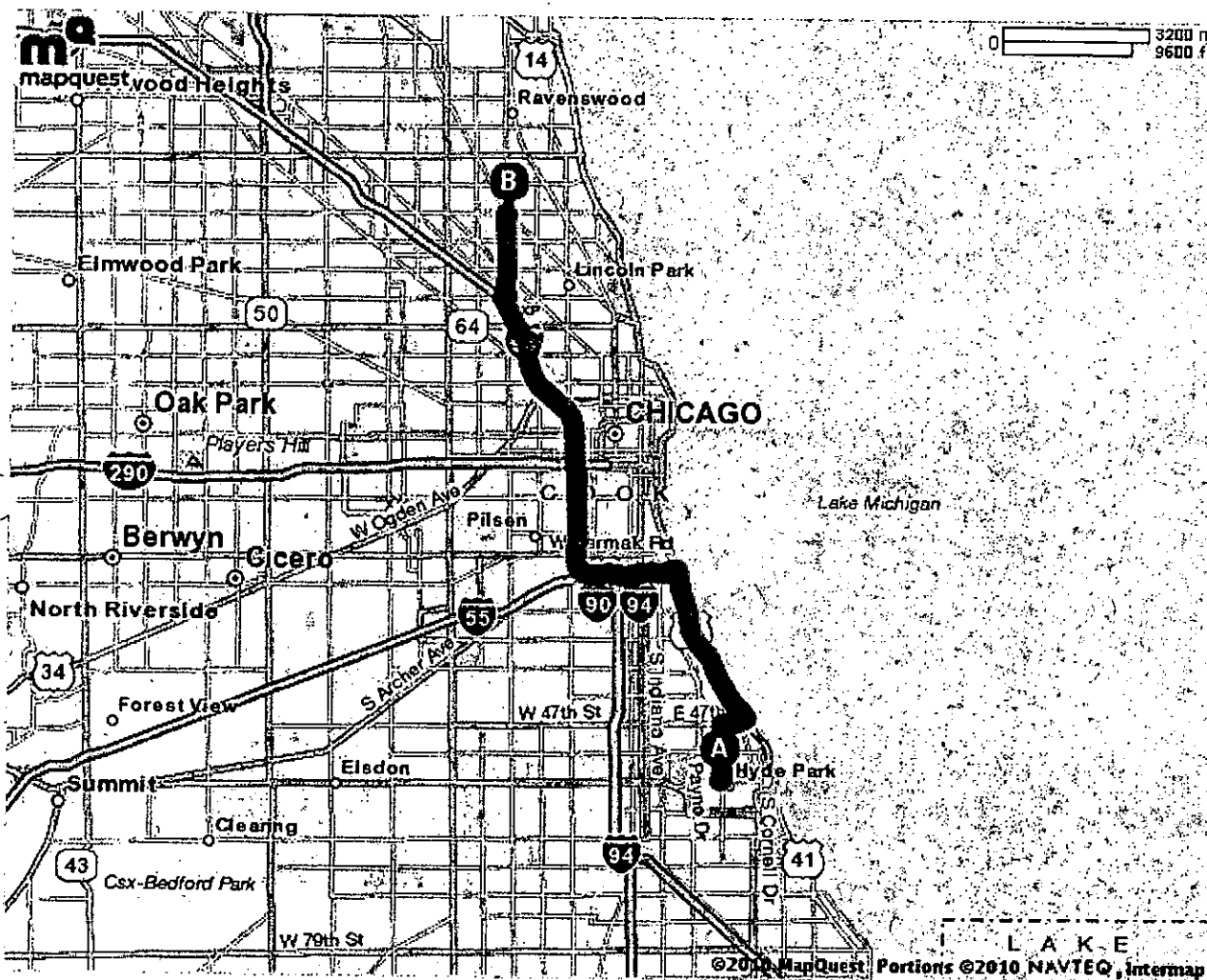
END

11. 3157 N LINCOLN AVE is on the LEFT.

go 0.0 mi

B 3157 N Lincoln Ave, Chicago, IL 60657-3111
Total Travel Estimate : 12.97 miles - about 24 minutes

Route Map [Hide](#)



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358

MAPQUEST.














Trip to 2659 N Milwaukee Ave
Chicago, IL 60647-1643
13.91 miles - about 24 minutes

Notes

DaVita - Logan Square

#42

 1164 E 55th St, Chicago, IL 60615-5115

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on E 55TH ST toward S WOODLAWN AVE. | go 0.0 mi |
|  | 2. Turn LEFT onto S WOODLAWN AVE. | go 1.0 mi |
|  | 3. Turn RIGHT onto E 47TH ST. | go 0.4 mi |
|   | 4. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
|   | 5. Merge onto I-55 S / STEVENSON EXPY S toward ST LOUIS . | go 1.4 mi |
|   | 6. Merge onto I-90 W / I-94 W via EXIT 292 toward WISCONSIN . | go 7.2 mi |
|  | 7. Take the DIVERSEY AVE exit, EXIT 46B . | go 0.3 mi |
|  | 8. Turn SLIGHT LEFT onto W DIVERSEY AVE. | go 0.7 mi |
|  | 9. Turn LEFT onto N KEDZIE AVE. | go 0.2 mi |
|  | 10. Turn RIGHT onto N MILWAUKEE AVE. | go 0.1 mi |

359

END

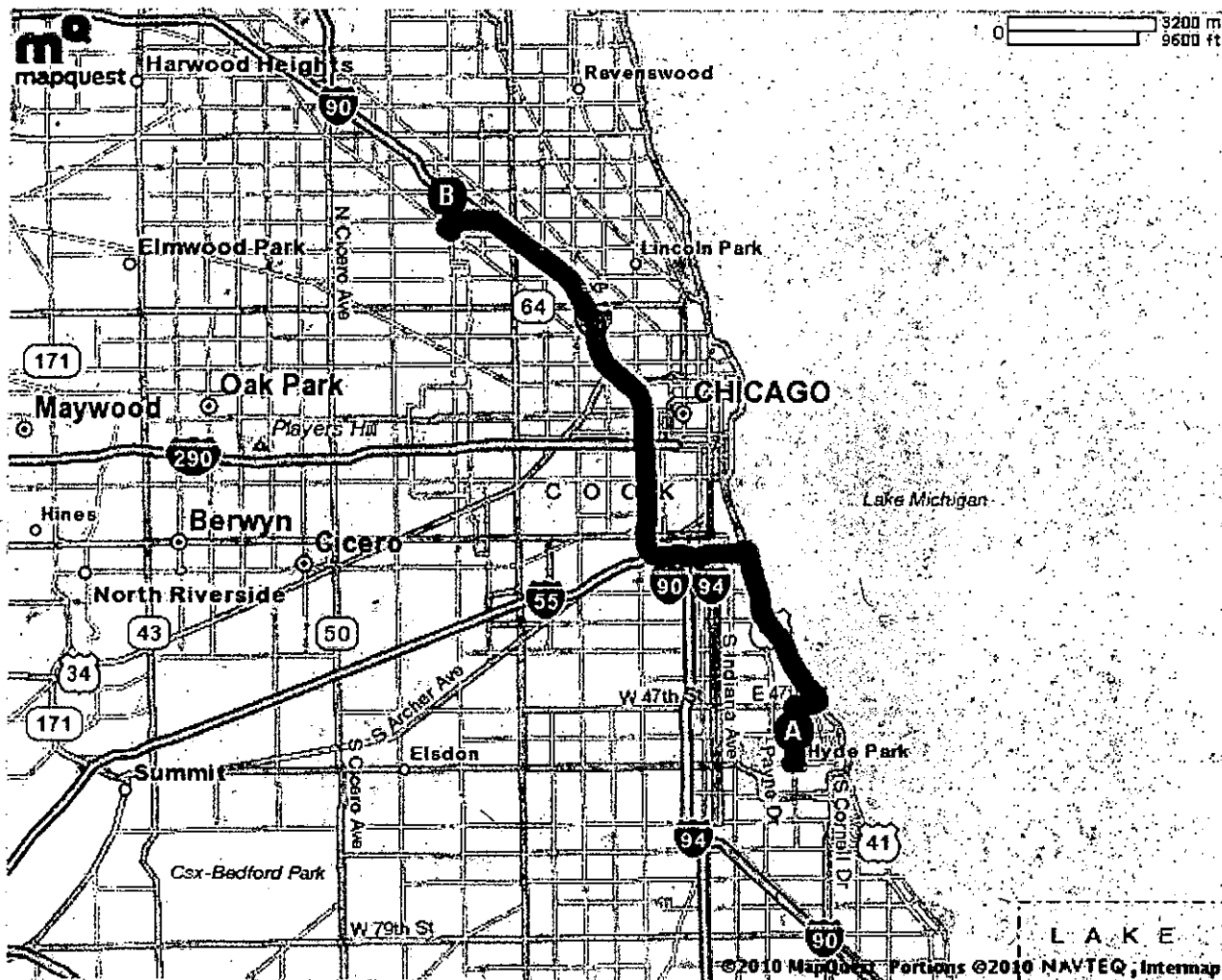
11. 2659 N MILWAUKEE AVE is on the RIGHT.

go 0.0 mi

B 2659 N Milwaukee Ave, Chicago, IL 60647-1643

Total Travel Estimate : 13.91 miles - about 24 minutes

Route Map Hide



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360



MAPQUEST.

Notes

FMC - Berwyn

#43

Trip to 2601 Harlem Ave

Berwyn, IL 60402-2100

18.46 miles - about 30 minutes

★ 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 8.3 mi



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

go 0.3 mi



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

go 2.1 mi

361

END

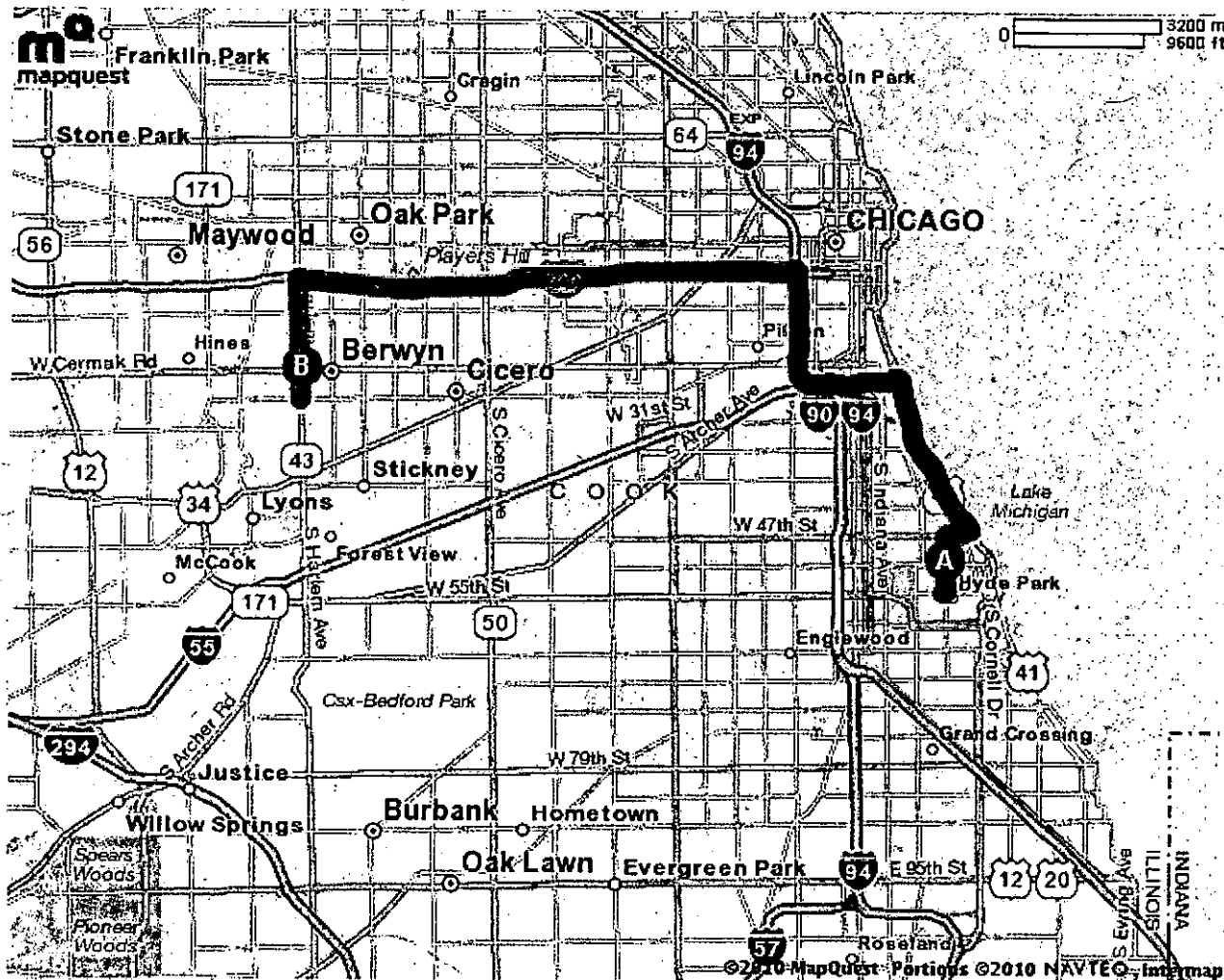
11. 2601 HARLEM AVE.

go 0.0 mi

B 2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate : 18.46 miles - about 30 minutes

Route Map [Hide](#)



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362

MAPQUEST.**Trip to 518 S Austin Blvd**

Oak Park, IL 60304















14.96 miles - about 23 minutes

Notes

FMC - West Suburban Dialysis

#44

A 1164 E 55th St, Chicago, IL 60615-5115

- | | | |
|---|--|-----------|
|  | 1. Start out going EAST on E 55TH ST toward S WOODLAWN AVE. | go 0.0 mi |
|  | 2. Turn LEFT onto S WOODLAWN AVE. | go 1.0 mi |
|  | 3. Turn RIGHT onto E 47TH ST. | go 0.4 mi |
|   | 4. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
|   | 5. Merge onto I-55 S / STEVENSON EXPY S toward ST LOUIS. | go 1.4 mi |
|   | 6. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | go 1.8 mi |
|  | 7. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H, toward WEST SUBURBS. | go 0.5 mi |
|   | 8. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SUBURBS. | go 6.7 mi |
|  | 9. Take the AUSTIN BLVD exit, EXIT 23A, on the LEFT. | go 0.3 mi |
|  | 10. Turn RIGHT onto S AUSTIN BLVD. | go 0.2 mi |

363

ENO

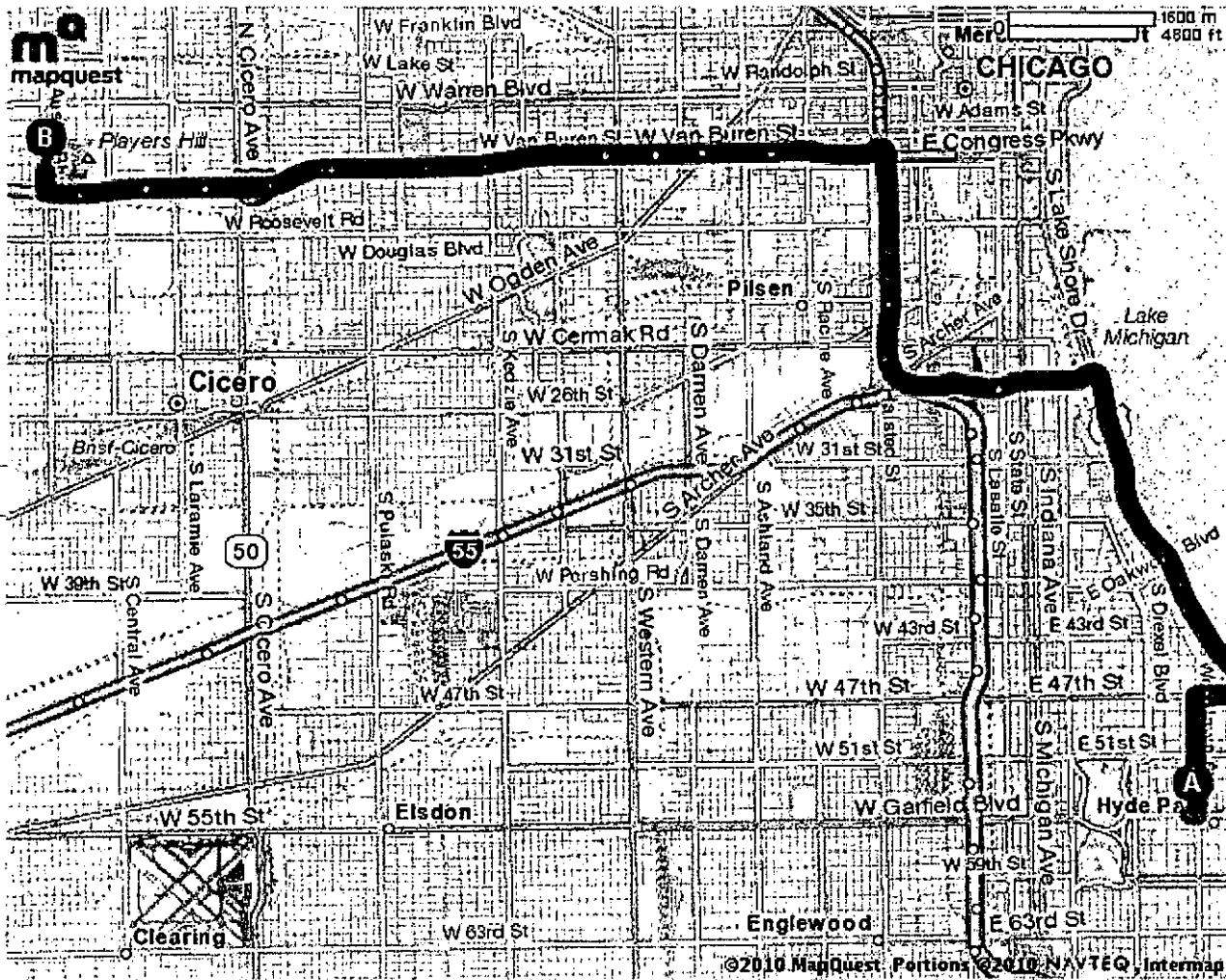
11. 518 S AUSTIN BLVD is on the LEFT.

go 0.0 mi

B 518 S Austin Blvd, Oak Park, IL 60304

Total Travel Estimate : 14.96 miles - about 23 minutes

Route Map [Hide](#)



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364



MAPQUEST.

Trip to 4008 N Broadway St
Chicago, IL 60613-2111
12.72 miles - about 25 minutes

Notes

FMC - Lakeview

#45

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 10.8 mi



5. Take the **IRVING PARK RD / IL-19** ramp. go 0.1 mi



6. Turn **LEFT** onto **W IRVING PARK RD / N RECREATION DR / IL-19.** Continue to follow **W IRVING PARK RD / IL-19.** go 0.3 mi



7. Turn **RIGHT** onto **N BROADWAY ST.** go 0.0 mi



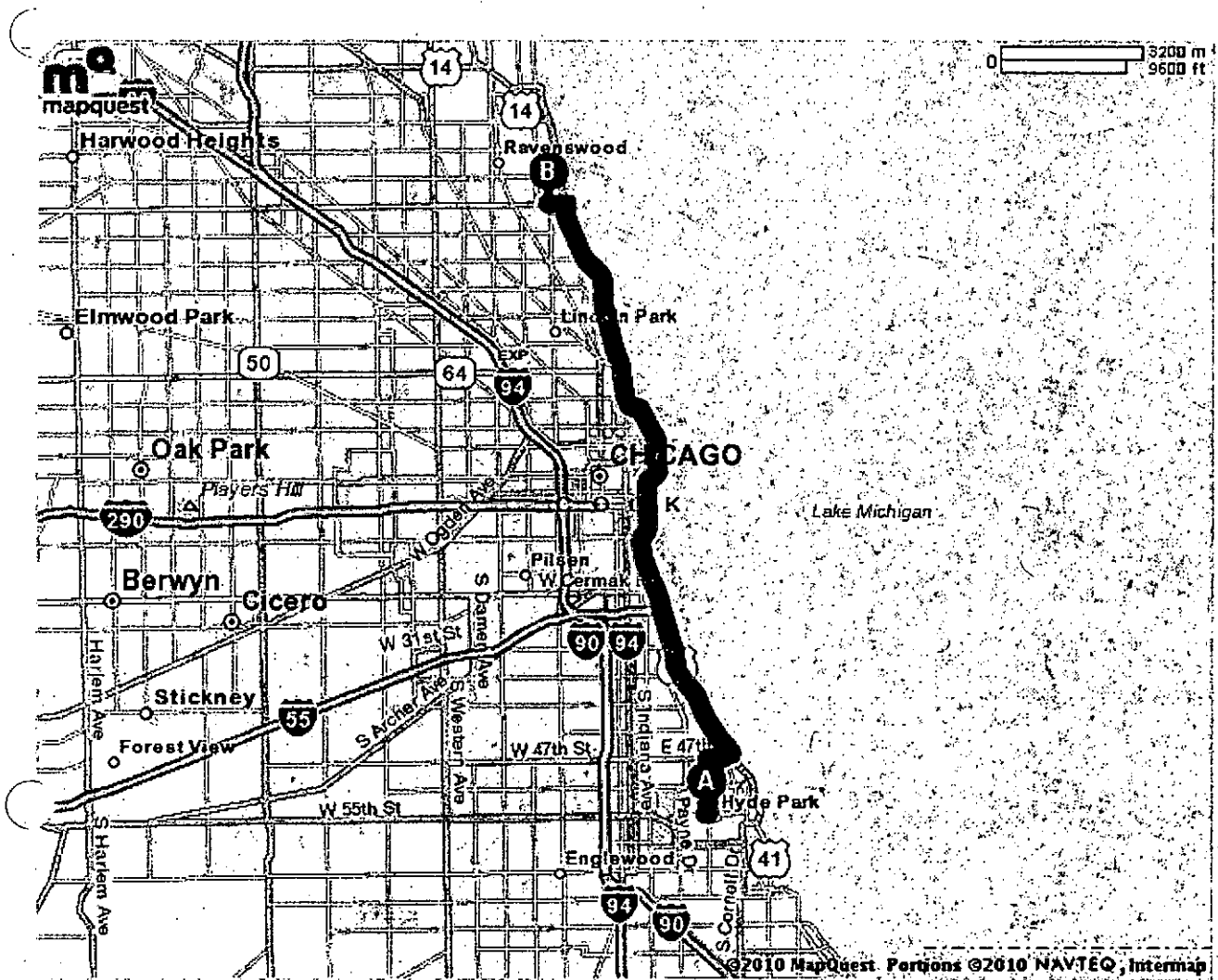
8. **4008 N BROADWAY ST** is on the **LEFT.** go 0.0 mi

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

Total Travel Estimate : 12.72 miles - about 25 minutes

Route Map [Hide](#)

345



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366



MAPQUEST

Trip to 2620 W Addison St
 Chicago, IL 60618-5905
 14.30 miles - about 25 minutes

Notes

FMC - Northcenter

#46

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.** go 7.2 mi



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



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



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



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

367

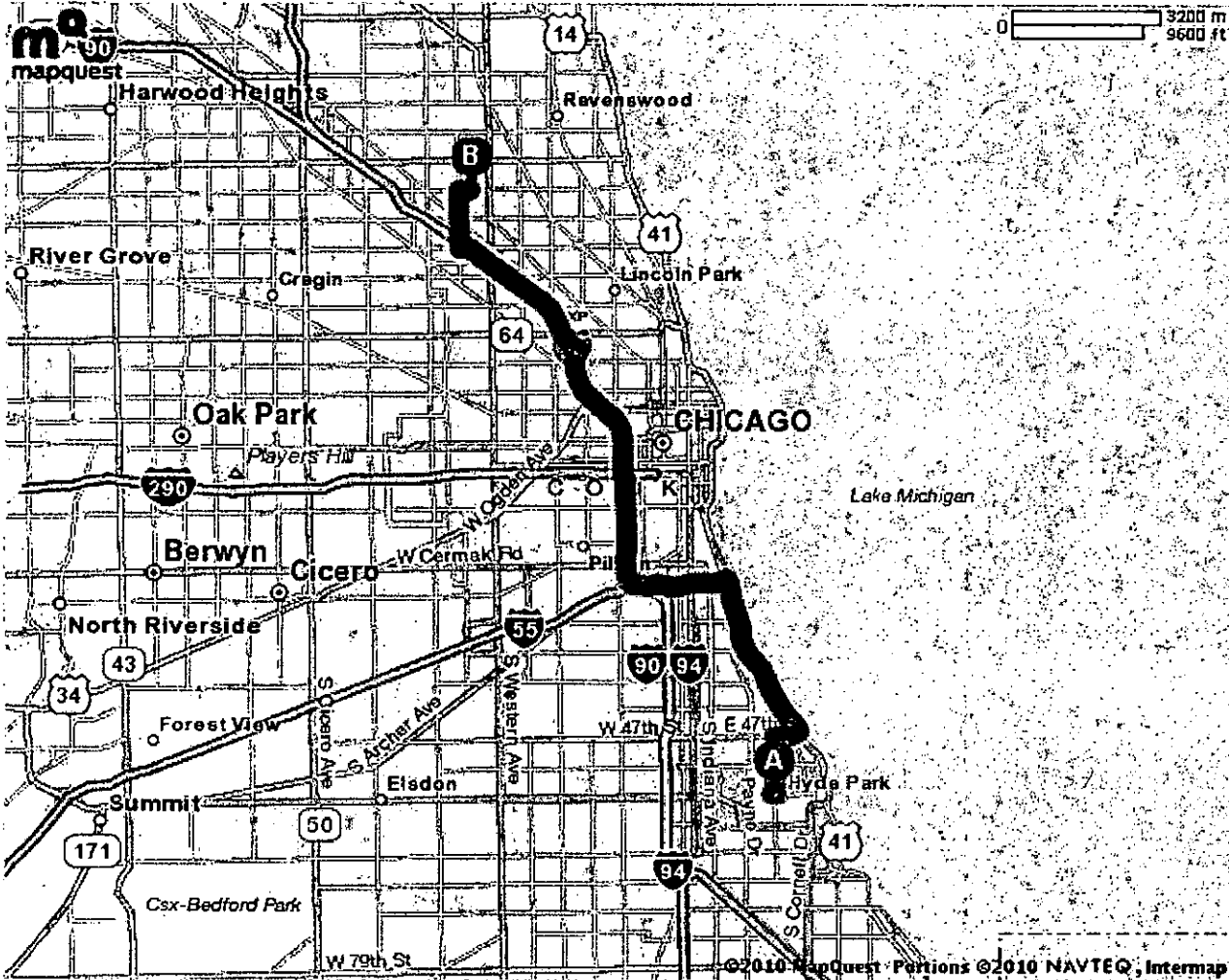


11. 2620 W ADDISON ST is on the LEFT.

go 0.0 mi

B 2620 W Addison St, Chicago, IL 60618-5905
Total Travel Estimate : 14.30 miles - about 25 minutes

Route Map [Hide](#)



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368

MAPQUEST.


Trip to 733 Madison St
 Oak Park, IL 60302-4419
 17.34 miles - about 28 minutes


Notes


FMC - Oak Park Dialysis


#47


A 1164 E 55th St, Chicago, IL 60615-5115



- 
1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**
go 0.0 mi


- 
2. Turn **LEFT** onto **S WOODLAWN AVE.**
go 1.0 mi



- 
3. Turn **RIGHT** onto **E 47TH ST.**
go 0.4 mi


- 
4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**
go 2.6 mi



- 
5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**
go 1.4 mi

- 

6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**
go 1.8 mi

- 
7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**
go 0.5 mi

- 

8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**
go 8.3 mi

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

- 

10. Turn **RIGHT** onto **IL-43 / S HARLEM AVE / HARLEM AVE.**
go 0.4 mi

369



11. Turn **RIGHT** onto **MADISON ST.**

go 0.6 mi



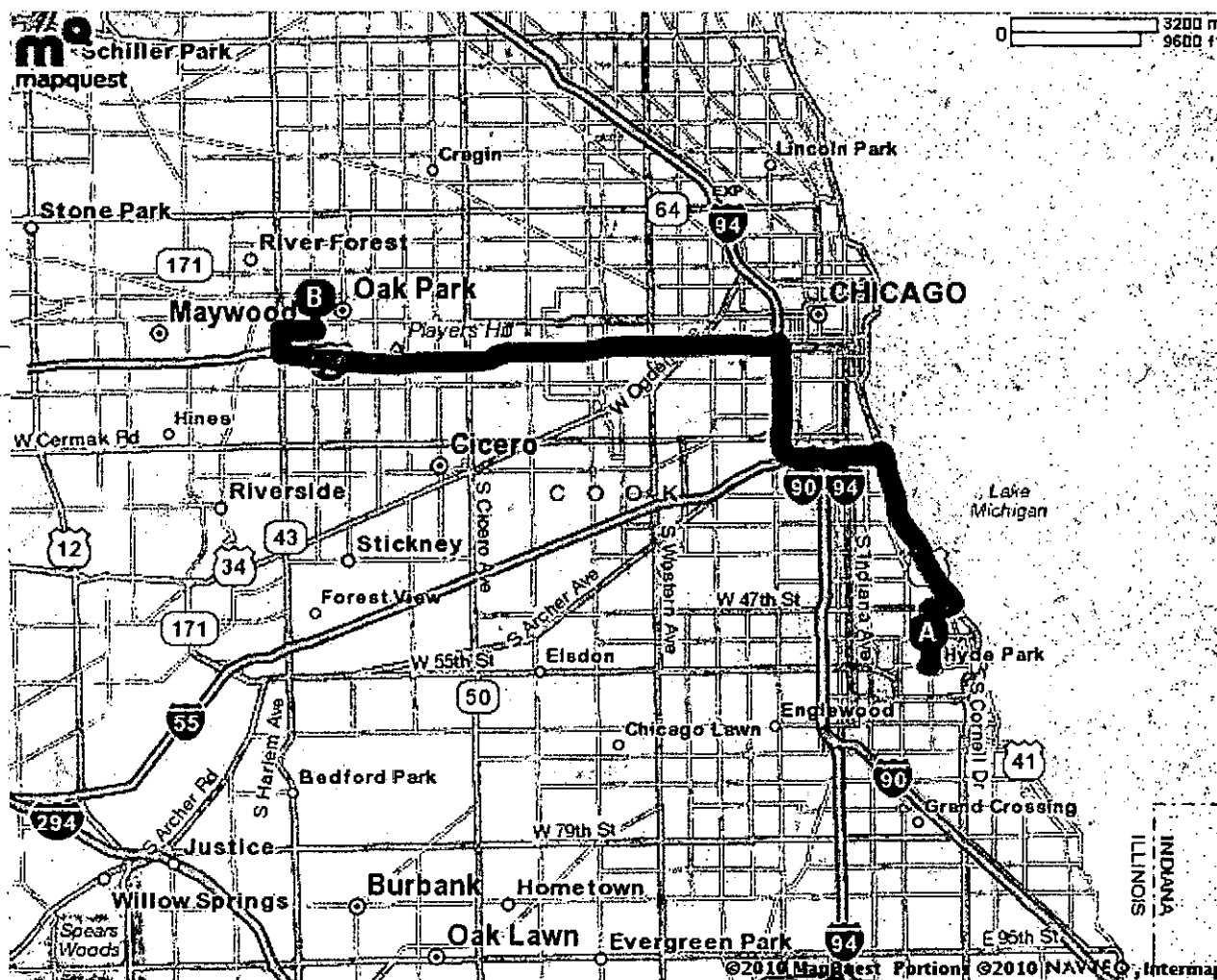
12. **733 MADISON ST** is on the **RIGHT.**

go 0.0 mi

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

Total Travel Estimate : 17.34 miles - about 28 minutes

Route Map [Hide](#)



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370



MAPQUEST.

Trip to 12250 S Cicero Ave
Alsip, IL 60803-2946
16.82 miles - about 32 minutes

Notes

FMC - Alsip Dialysis

#46

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.2 mi



8. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 5.0 mi



9. Take **EXIT 353** toward **127TH ST / BURR OAK AVE.** go 0.2 mi



10. Stay **STRAIGHT** to go onto **S PAULINA ST.** go 0.0 mi

11: Turn **RIGHT** onto **W 127TH ST / W BURR OAK AVE.**

371



Continue to follow W 127TH ST.

go 3.9 mi



12. Turn RIGHT onto IL-50 N / S CICERO AVE.

go 0.6 mi



13. 12250 S CICERO AVE is on the LEFT.

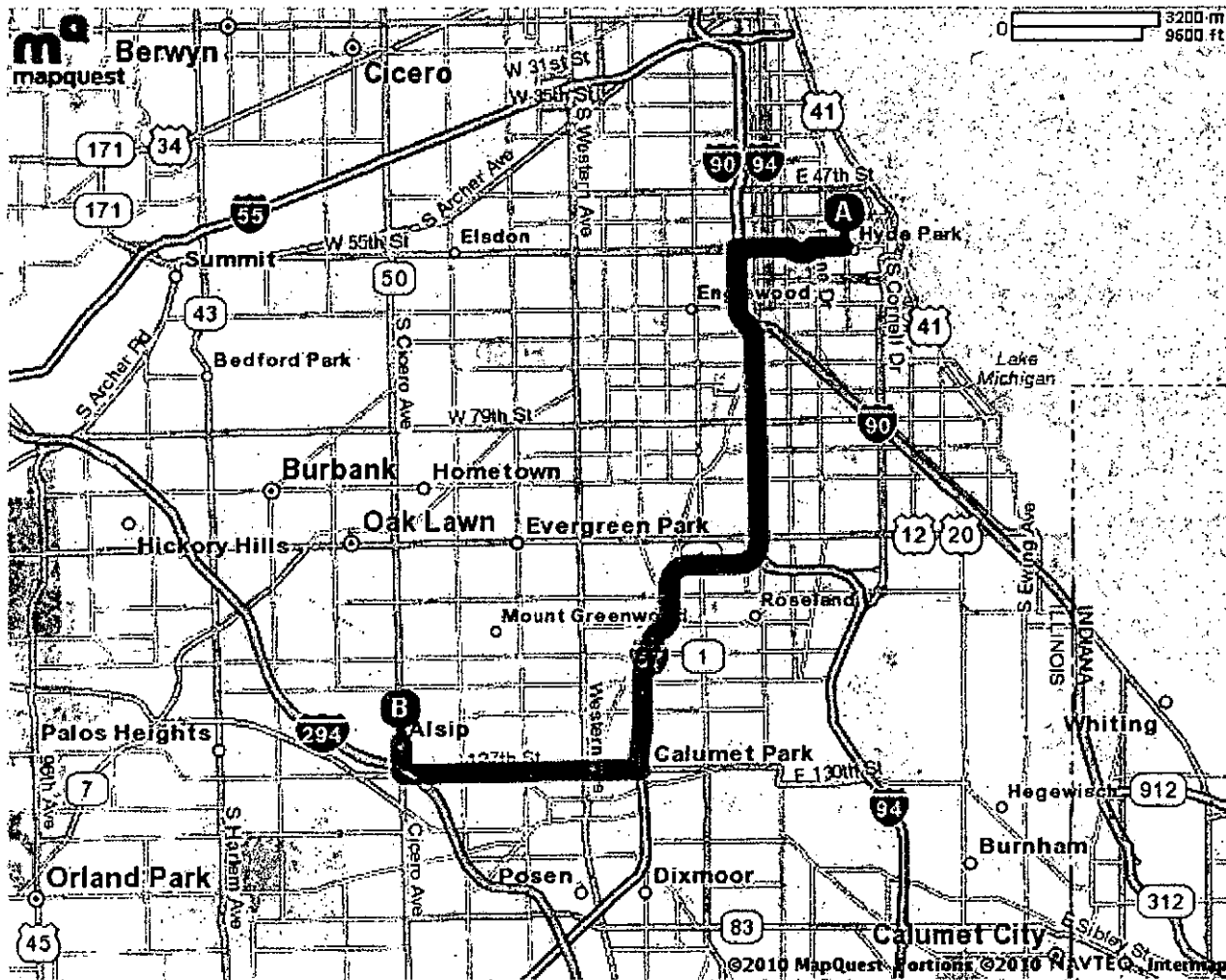
go 0.0 mi



12250 S Cicero Ave, Alsip, IL 60803-2946

Total Travel Estimate : 16.82 miles - about 32 minutes

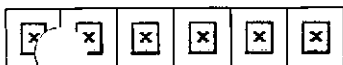
Route Map Hide



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372



MAPQUEST.

Notes

Affiliated Dialysis Centers

#49

Trip to 715 Lake St

Oak Park, IL 60301-1422

16.88 miles - about 29 minutes

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 6.7 mi



9. Take the **AUSTIN BLVD** exit, **EXIT 23A,** on the **LEFT.**

go 0.3 mi



10. Turn **RIGHT** onto **S AUSTIN BLVD.**

go 1.2 mi

373



11. Turn **LEFT** onto **LAKE ST.**

go 0.9 mi



12. **715 LAKE ST** is on the **LEFT.**

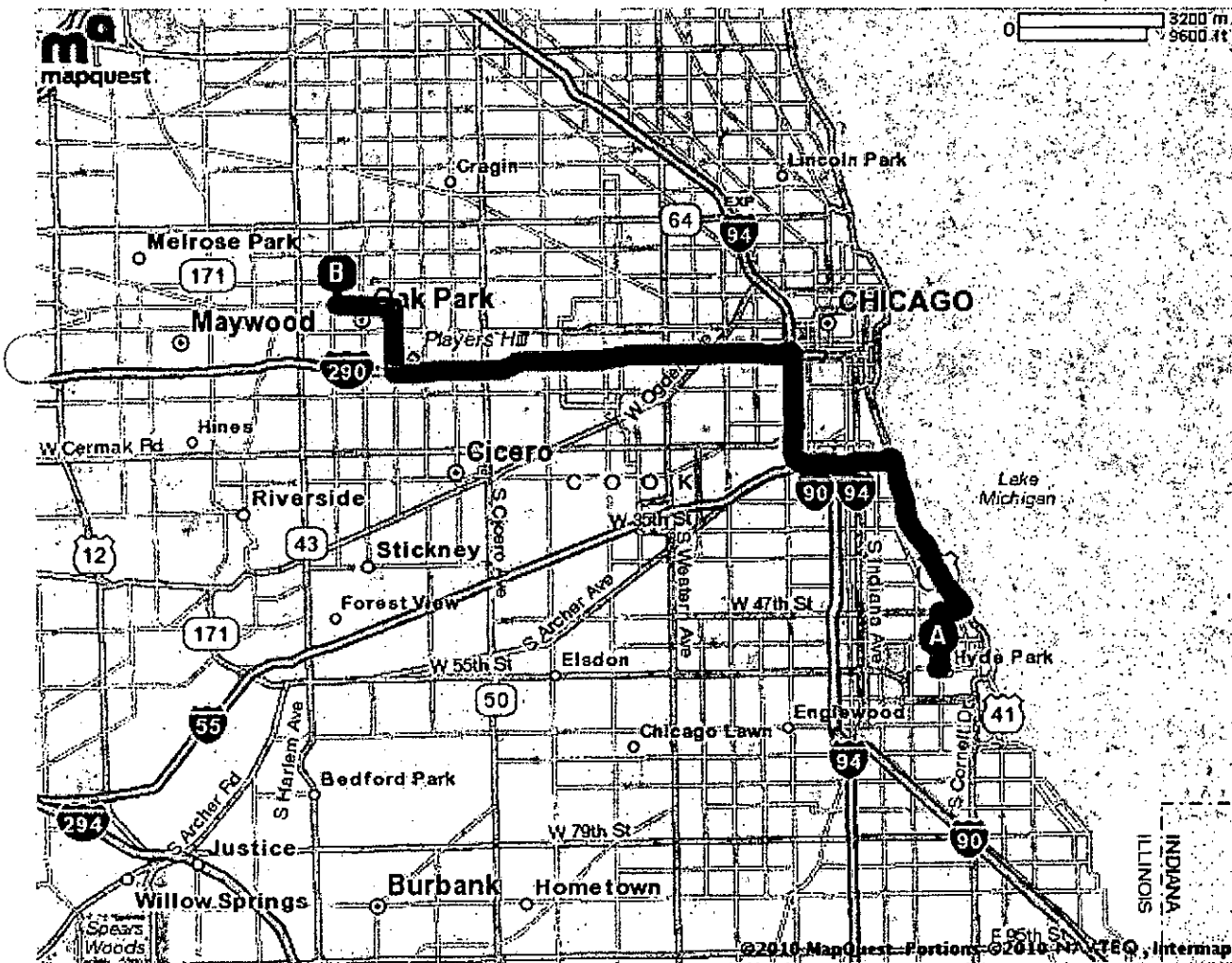
go 0.0 mi



715 Lake St, Oak Park, IL 60301-1422

Total Travel Estimate : 16.88 miles - about 29 minutes

Route Map Hide



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374



MAPQUEST.

Trip to 610 S Maple Ave

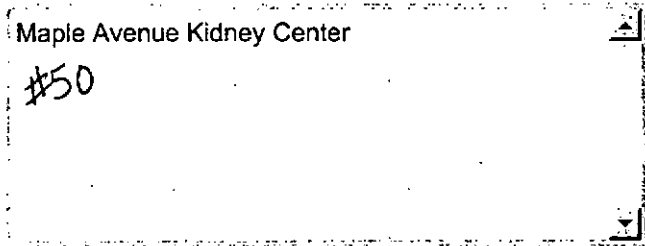
Oak Park, IL 60304-1091

16.71 miles - about 25 minutes

Notes

Maple Avenue Kidney Center

#50



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H**, toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 8.3 mi



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

go 0.3 mi



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

go 0.3 mi

375



11. Turn RIGHT onto MONROE ST.

go 0.0 mi



12. Turn RIGHT onto S MAPLE AVE.

go 0.0 mi

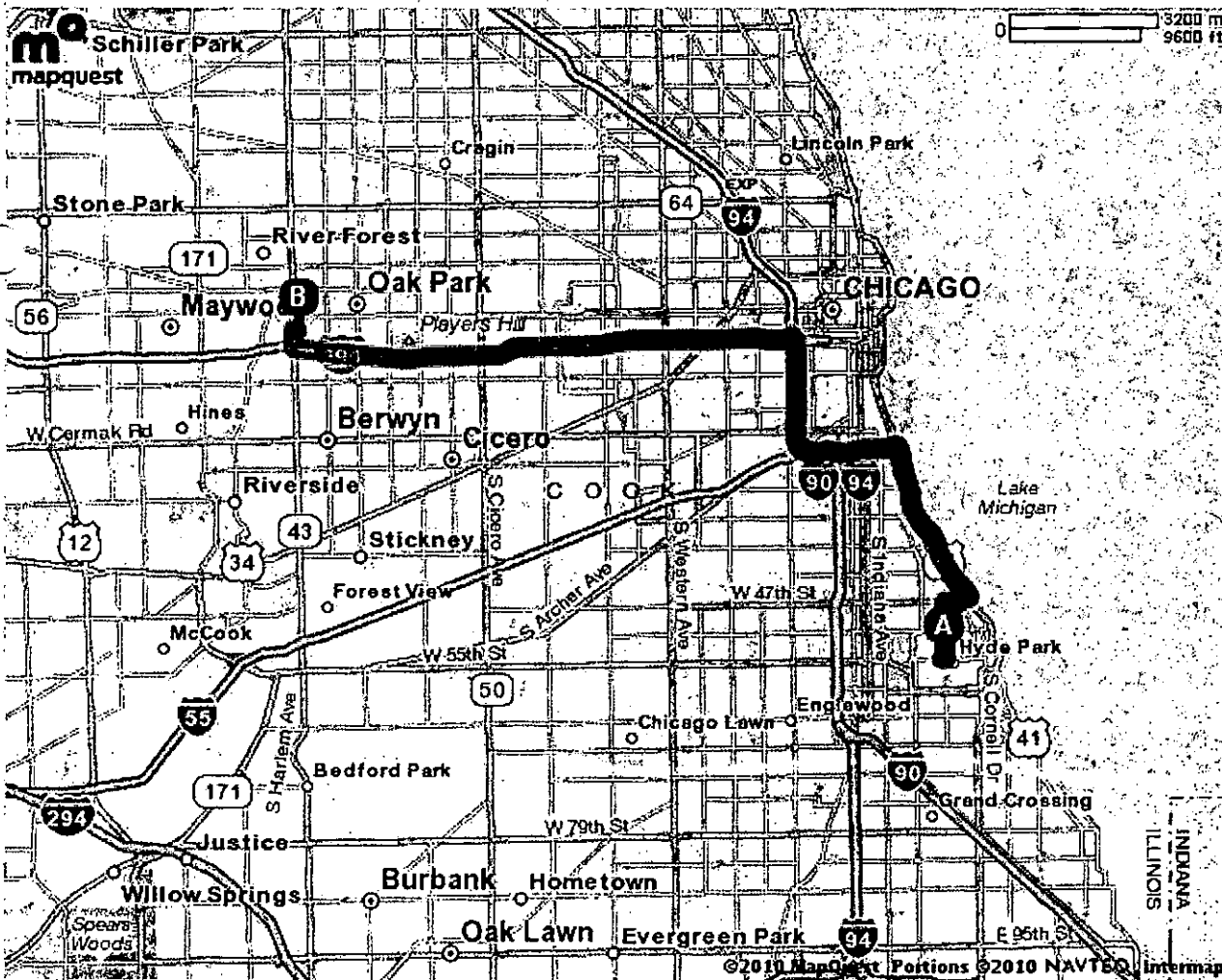


13. 610 S MAPLE AVE is on the LEFT.

go 0.0 mi

B 610 S Maple Ave, Oak Park, IL 60304-1091
Total Travel Estimate : 16.71 miles - about 25 minutes

Route Map [Hide](#)



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376

MAPQUEST.

Trip to 4700 N Marine Dr
Chicago, IL 60640-5120
13.43 miles - about 26 minutes

Notes

FMC - Uptown

#51

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 11.6 mi



5. Take the **WILSON AVE** ramp. go 0.1 mi



6. Turn **LEFT** onto **W WILSON AVE.** go 0.1 mi



7. Turn **RIGHT** onto **N MARINE DR.** go 0.2 mi



8. **4700 N MARINE DR** is on the **LEFT.** go 0.0 mi

B 4700 N Marine Dr, Chicago, IL 60640-5120
Total Travel Estimate : 13.43 miles - about 26 minutes

Route Map [Hide](#)

377



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378

MAPQUEST.

Trip to 4943 W Belmont Ave
 Chicago, IL 60641-4332
 16.00 miles - about 30 minutes

Notes

FMC - West Belmont

#52

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.** go 8.0 mi



7. Take the **BELMONT AVE** exit, **EXIT 45C.** go 0.2 mi



8. Turn **SLIGHT LEFT** onto **W BELMONT AVE.** go 2.2 mi



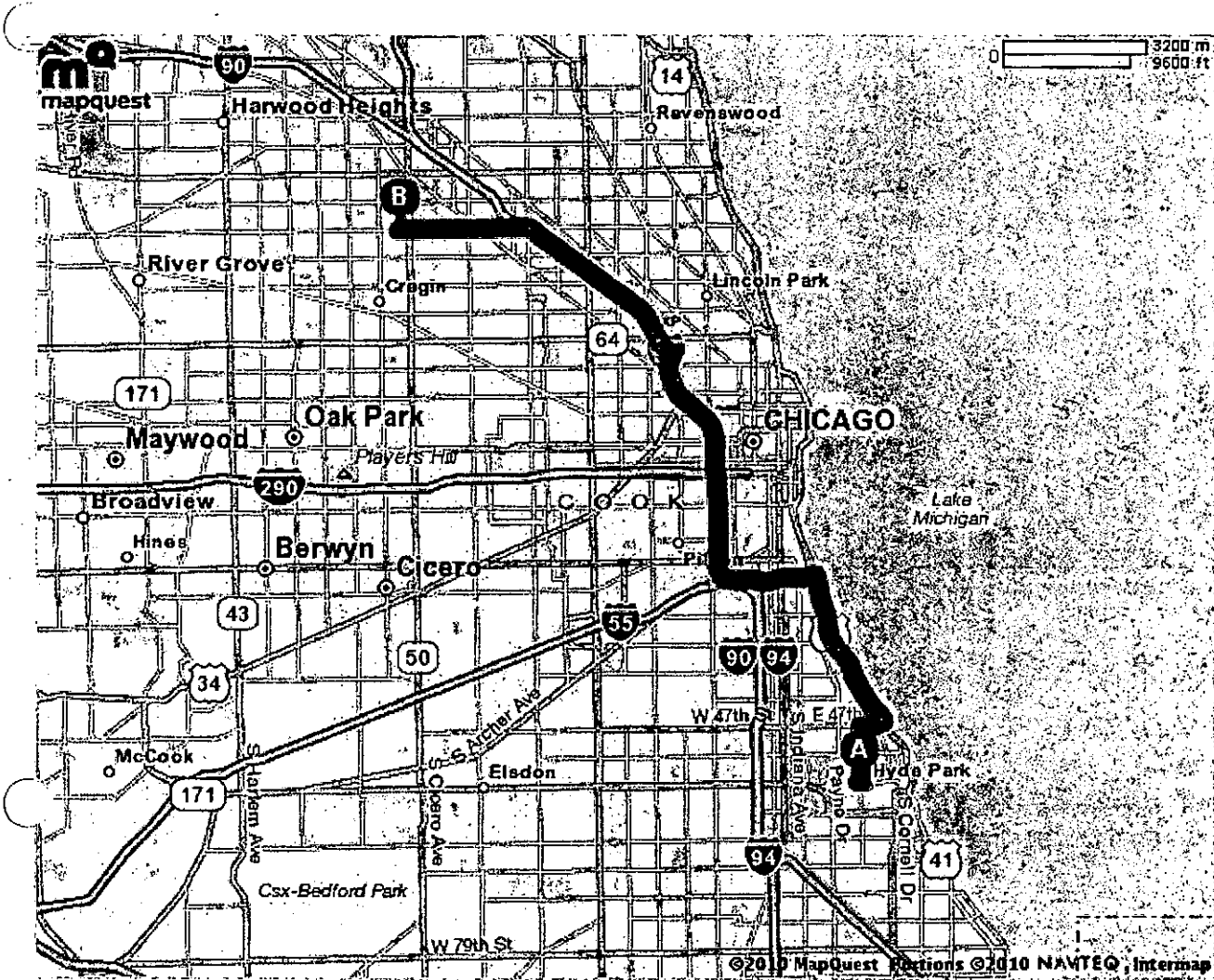
9. **4943 W BELMONT AVE** is on the **LEFT.** go 0.0 mi

B 4943 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate : 16.00 miles - about 30 minutes

Route Map [Hide](#)

379



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380



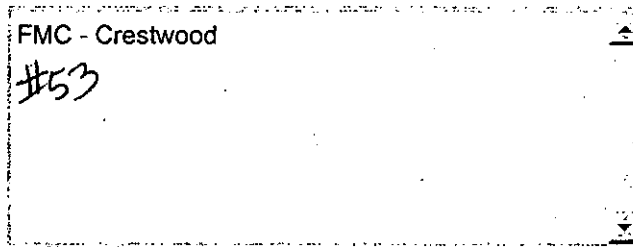
MAPQUEST.

Trip to 4861 Cal Sag Rd
Crestwood, IL 60445-4415
16.93 miles - about 32 minutes

Notes

FMC - Crestwood

#53



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.2 mi



8. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 5.0 mi



9. Take **EXIT 353** toward **127TH ST / BURR OAK AVE.** go 0.2 mi



10. Stay **STRAIGHT** to go onto **S PAULINA ST.** go 0.0 mi

11. Turn **RIGHT** onto **W 127TH ST / W BURR OAK AVE.**

381



Continue to follow W 127TH ST.

go 3.9 mi



12. Turn LEFT onto IL-50 S / S CICERO AVE / IL-83 S.

go 0.6 mi



13. Turn SLIGHT RIGHT onto CAL SAG RD.

go 0.1 mi



14. 4861 CAL SAG RD is on the LEFT.

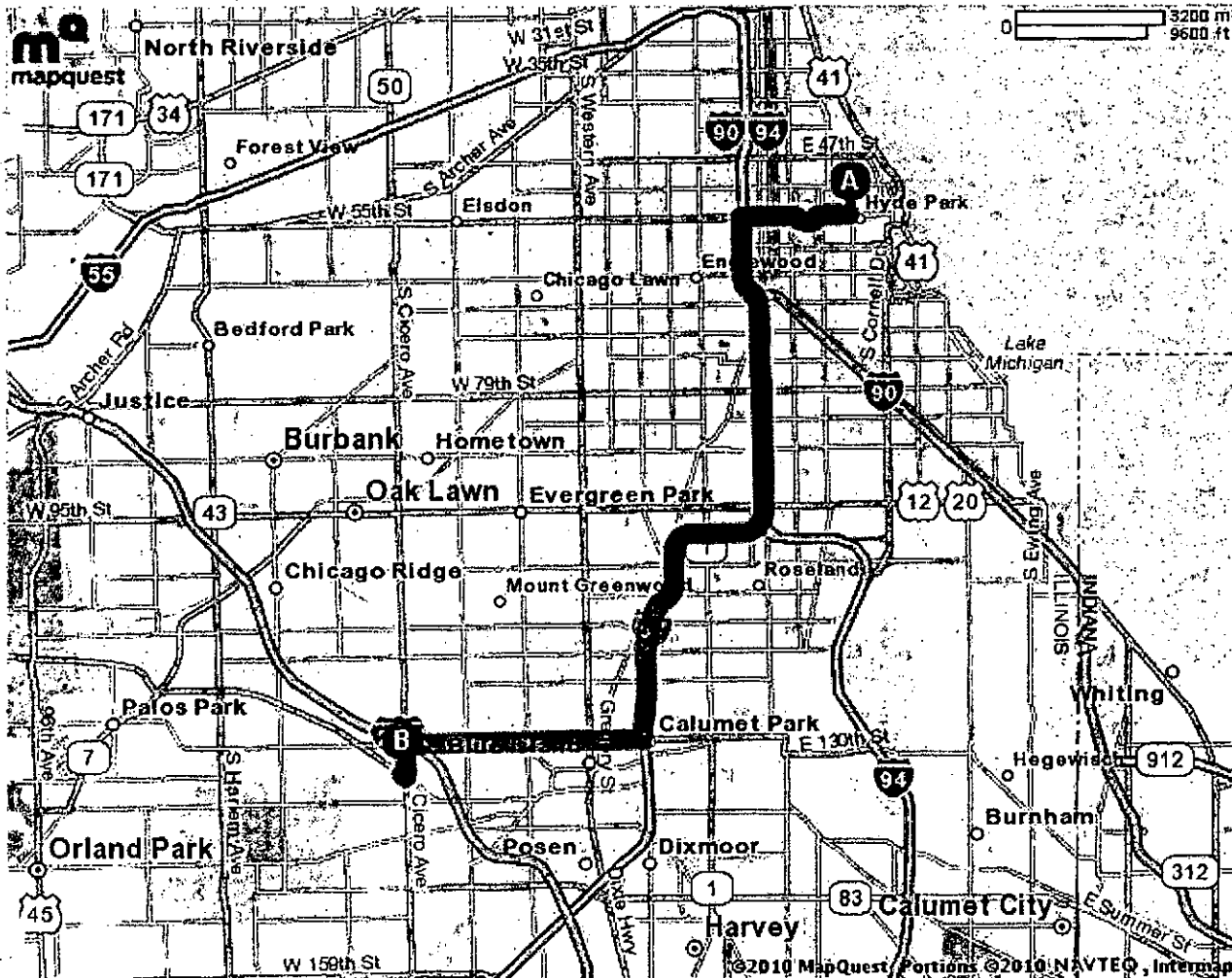
go 0.0 mi



4861 Cal Sag Rd, Crestwood, IL 60445-4415

Total Travel Estimate : 16.93 miles - about 32 minutes

Route Map [Hide](#)



382

MAPQUEST.

Trip to 5140 N California Ave.

Chicago, IL 60625-3645

16.73 miles - about 31 minutes

Notes

Nephron Dialysis Center

#54

A 1164 E 55th St, Chicago, IL 60615-5115

1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi

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

go 1.0 mi

3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi

4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi

5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi

6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 8.0 mi

7. Take the **BELMONT AVE** exit, **EXIT 45C.**

go 0.2 mi

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

go 2.0 mi

9. Turn **RIGHT** onto **W LAWRENCE AVE.**

go 0.5 mi

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

go 0.4 mi

383

END

11. 5140 N CALIFORNIA AVE.

go 0.0 mi

B 5140 N California Ave, Chicago, IL 60625-3645

Total Travel Estimate : 16.73 miles - about 31 minutes

Route Map [Hide](#)



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384

MAPQUEST.

Trip to 1201 W Roosevelt Rd
 Maywood, IL 60153-4046
 19.07 miles - about 29 minutes

Notes

Foster McGaw Hospital of Loyola

#55

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.** go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.** go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.** go 9.9 mi



9. Take the **IL-171 / 1ST AVE** exit, **EXIT 20.** go 0.1 mi



10. Stay **STRAIGHT** to go onto **HARRISON ST.** go 0.0 mi

385



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

go 0.5 mi



12. Turn RIGHT onto W ROOSEVELT RD.

go 0.7 mi



13. 1201 W ROOSEVELT RD.

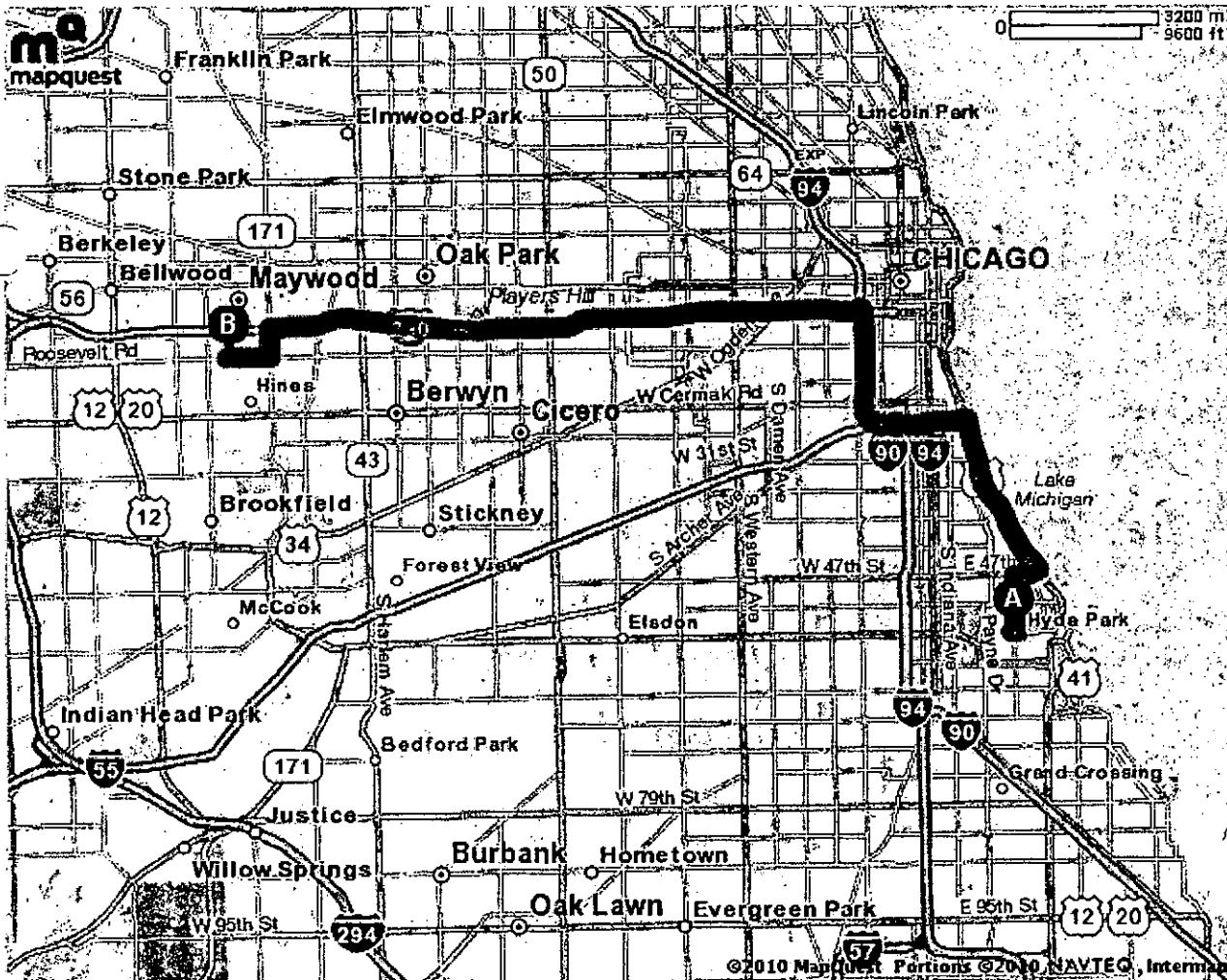
go 0.0 mi



1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate : 19.07 miles - about 29 minutes

Route Map Hide



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J8C



MAPQUEST.

Trip to 14255 Cicero Ave
 Crestwood, IL 60445-2154
 18.95 miles - about 33 minutes

Notes

Direct Dialysis

#56

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.2 mi



8. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 8.1 mi



9. Merge onto **W 147TH ST / IL-83 N** via **EXIT 350** toward **MIDLOTHIAN.** go 3.2 mi



10. Turn **RIGHT** onto **CICERO AVE / IL-50 / IL-83.** go 0.6 mi

317

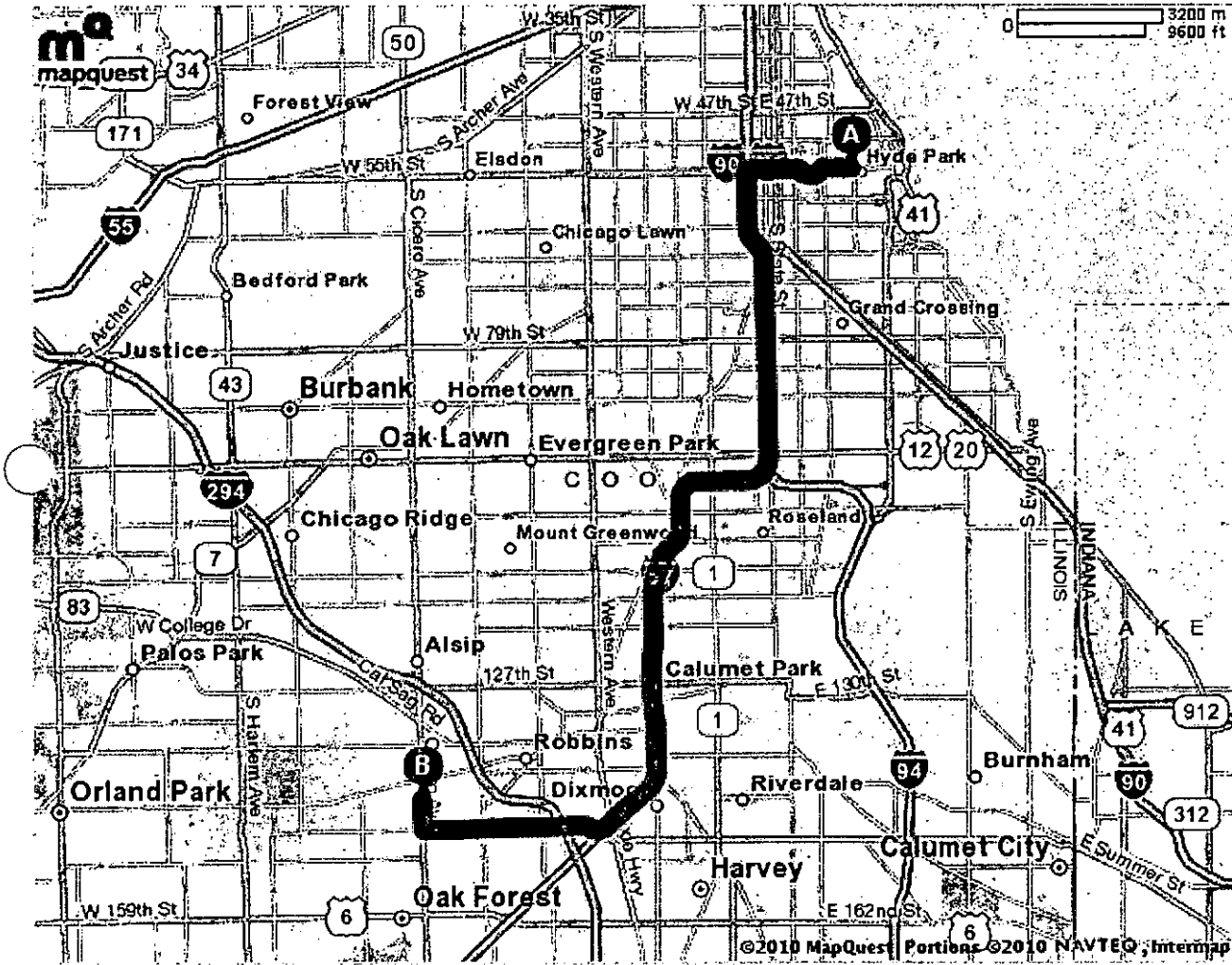
END

11. 14255 CICERO AVE is on the RIGHT.

go 0.0 mi

B 14255 Cicero Ave, Crestwood, IL 60445-2154
Total Travel Estimate : 18.95 miles - about 33 minutes

Route Map [Hide](#)



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358

MAPQUEST.


Trip to 3053 W 159th St
 Markham, IL 60428-4003
 18.87 miles - about 29 minutes

Notes

DSI - Markham


#57

A 1164 E 55th St, Chicago, IL 60615-5115

- 
1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**
go 0.5 mi


- 
2. Turn **LEFT** onto **PAYNE DR.**
go 0.0 mi

- 
3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**
go 0.2 mi



- 
4. **RAINEY DR** becomes **MORGAN DR.**
go 0.2 mi

- 
5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**
go 0.9 mi

- 
6. Turn **LEFT** onto **S WELLS ST.**
go 0.0 mi


- 

7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.**
go 5.2 mi

- 

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

- 

9. Merge onto **W 159TH ST / US-6 E** via **EXIT 348.**
go 1.7 mi

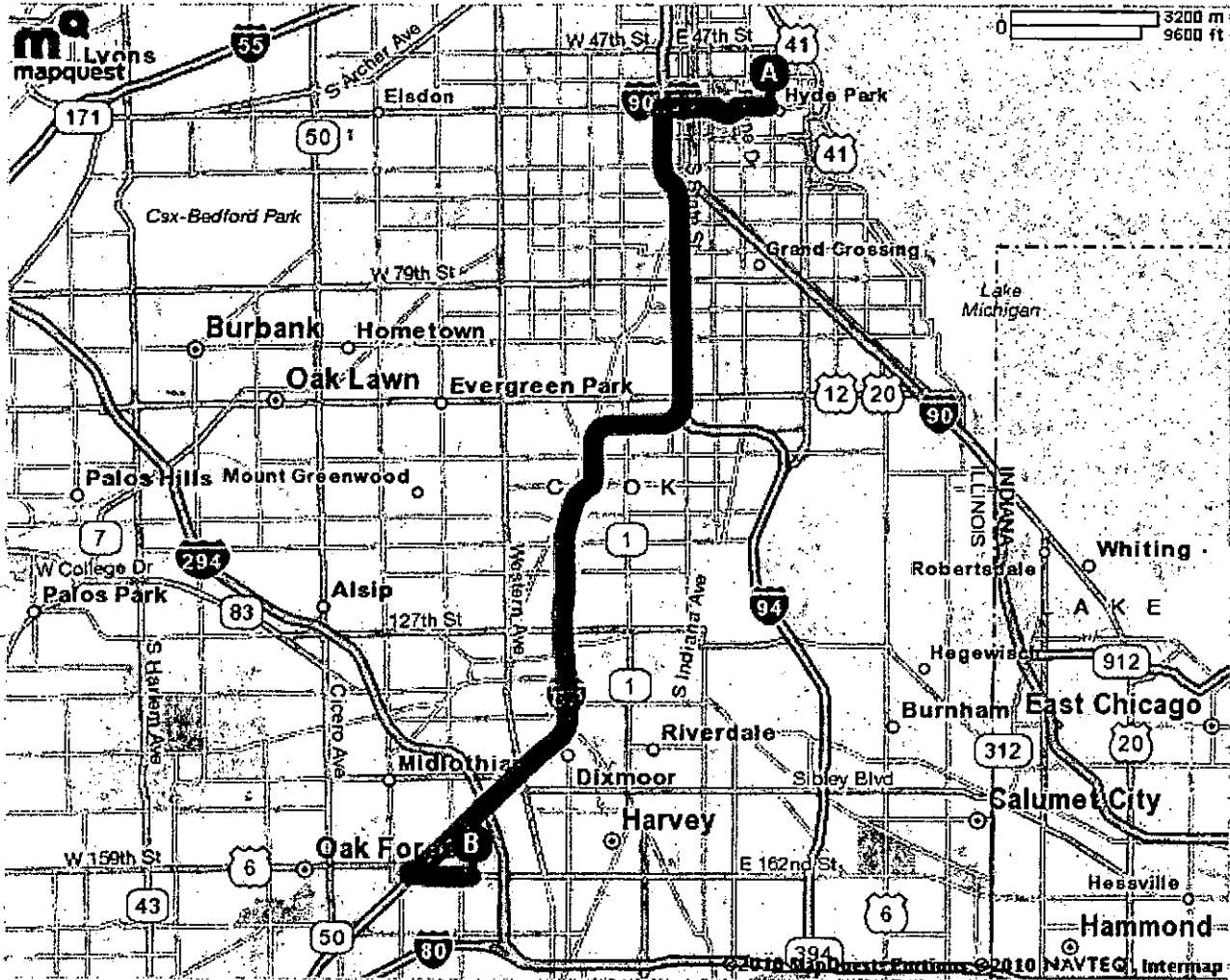
- 
10. **3053 W 159TH ST** is on the **RIGHT.**
go 0.0 mi

B 3053 W 159th St, Markham, IL 60428-4003

389

Total Travel Estimate : 18.87 miles - about 29 minutes

Route Map [Hide](#)



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390


Trip to 4800 N Kilpatrick Ave

Chicago, IL 60630-1725

17.09 miles - about 28 minutes

Notes

FMC - North Kilpatrick

#58


1164 E 55th St, Chicago, IL 60615-5115
1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi

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

go 1.0 mi

3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi

4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi

5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi

6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 10.2 mi

7. Take the **KOSTNER AVE** exit, **EXIT 43D.**

go 0.2 mi

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

go 0.5 mi

9. Turn **RIGHT** onto **W LELAND AVE.**

go 0.0 mi

10. Turn **SHARP LEFT** onto **N ELSTON AVE.**

go 0.4 mi

391



11. Turn LEFT onto N KILPATRICK AVE.

go 0.2 mi



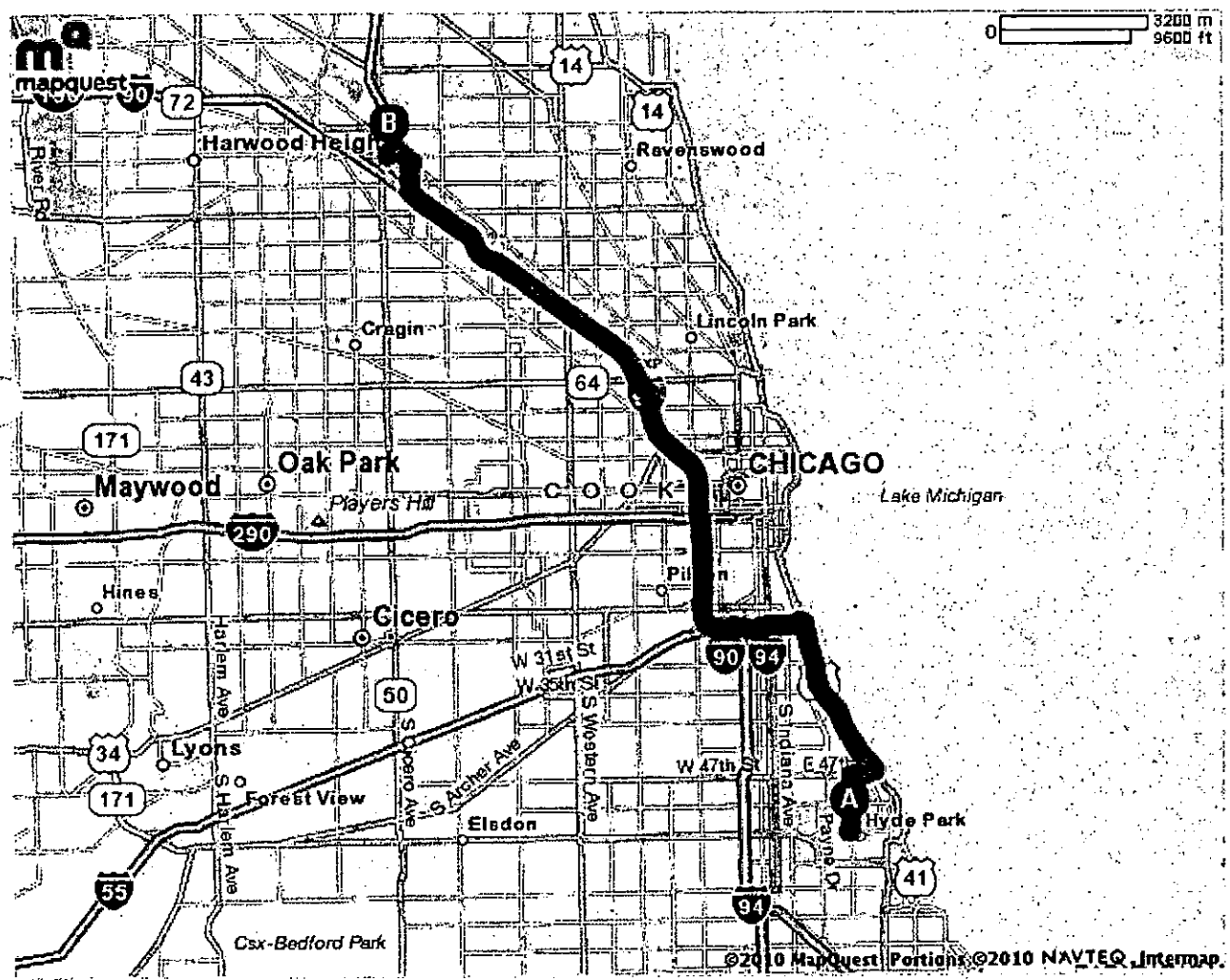
12. 4800 N KILPATRICK AVE is on the RIGHT.

go 0.0 mi

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

Total Travel Estimate : 17.09 miles - about 28 minutes

Route Map [Hide](#)



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392



MAPQUEST.

Notes

DSI - South Holland

#59

Trip to 16136 S Park Ave

South Holland, IL 60473-1511

18.34 miles - about 28 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE.

go 0.5 mi



2. Turn LEFT onto PAYNE DR.

go 0.0 mi



3. Turn SLIGHT RIGHT onto RAINEY DR.

go 0.2 mi



4. RAINEY DR becomes MORGAN DR.

go 0.2 mi



5. Turn LEFT onto E GARFIELD BLVD / E 55TH ST.

go 0.9 mi



6. Turn LEFT onto S WELLS ST.

go 0.0 mi



7. Merge onto I-94 E via the ramp on the LEFT.

go 15.0 mi



8. Merge onto US-6 W / E 162ND ST via EXIT 73A.

go 1.4 mi



9. Turn RIGHT onto S PARK AVE.

go 0.0 mi



10. 16136 S PARK AVE is on the LEFT.

go 0.0 mi

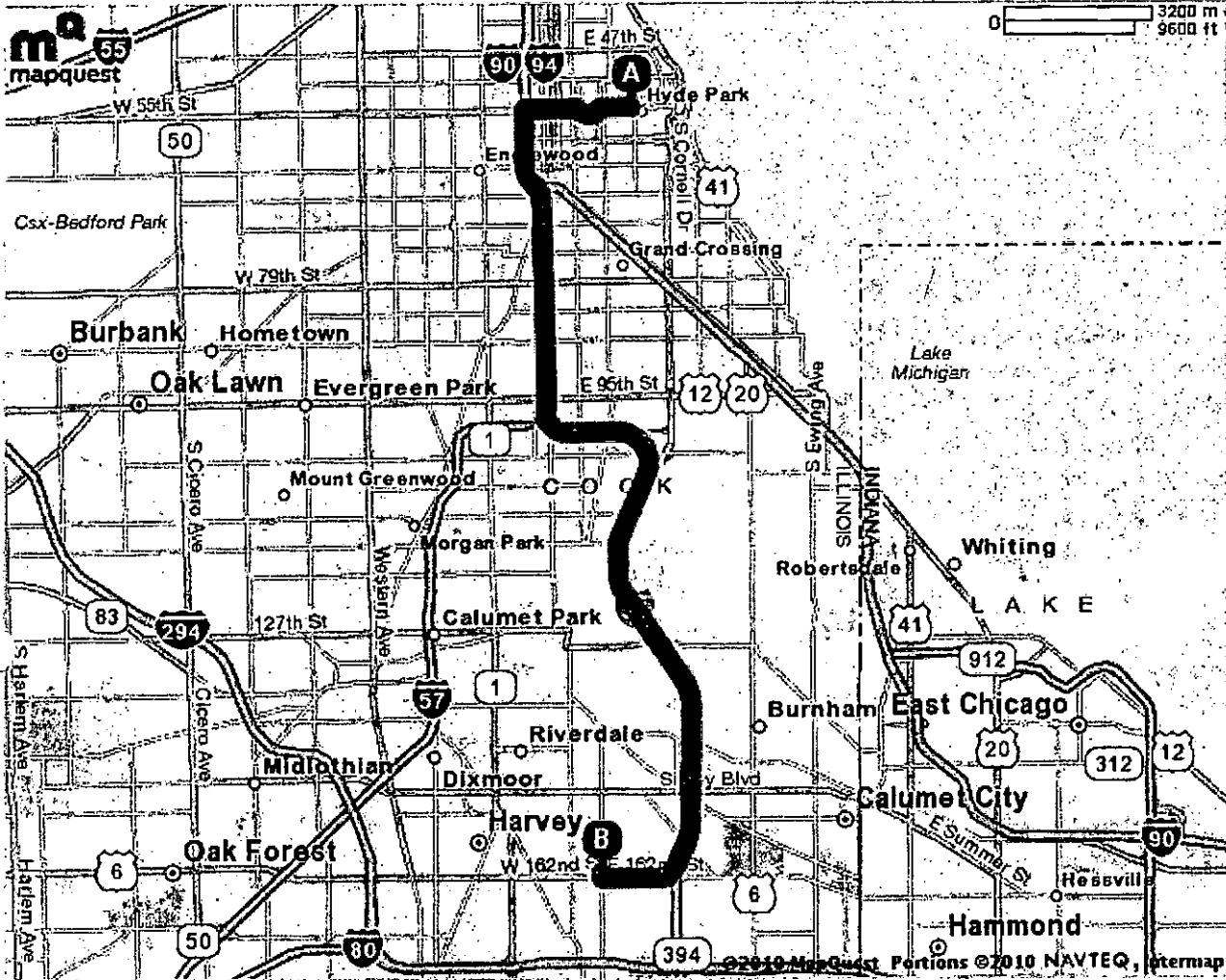


16136 S Park Ave, South Holland, IL 60473-1511

393

Total Travel Estimate : 18.34 miles - about 28 minutes

Route Map [Hide](#)



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394



MAPQUEST.

Trip to 7009 W Belmont Ave
Chicago, IL 60634-4533
18.64 miles - about 38 minutes

Notes

DaVita - Montclare Dialysis

#60

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.** go 8.0 mi



7. Take the **BELMONT AVE** exit, **EXIT 45C.** go 0.2 mi



8. Turn **SLIGHT LEFT** onto **W BELMONT AVE.** go 4.9 mi



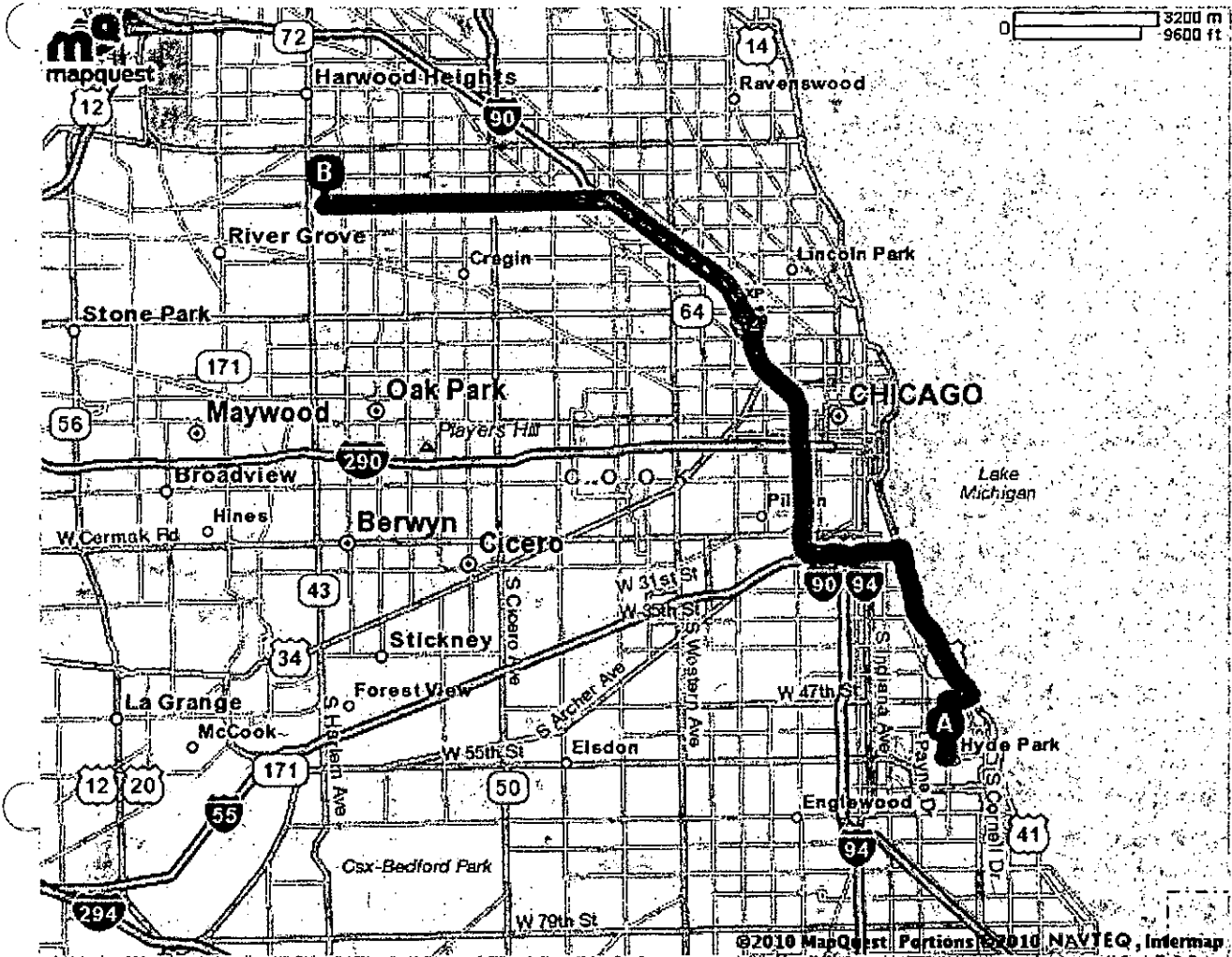
9. **7009 W BELMONT AVE** is on the **LEFT.** go 0.0 mi

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

Total Travel Estimate : 18.64 miles - about 38 minutes

[Route Map Hide](#)

395



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396




Trip to 1111 Superior St
Melrose Park, IL 60160-4138
19.80 miles - about 32 minutes

Notes

FMC - Melrose Park

#61

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 9.9 mi



9. Take the **IL-171 / 1ST AVE** exit, **EXIT 20.**

go 0.1 mi



10. Stay **STRAIGHT** to go onto **HARRISON ST.**

go 0.0 mi

397



11. Turn **RIGHT** onto **S 1ST AVE / IL-171**.

go 1.2 mi



12. Turn **LEFT** onto **LAKE ST**.

go 0.7 mi



13. Turn **RIGHT** onto **N 11TH AVE**.

go 0.0 mi



14. Turn **LEFT** onto **SUPERIOR ST**.

go 0.0 mi



15. **1111 SUPERIOR ST** is on the **LEFT**.

go 0.0 mi

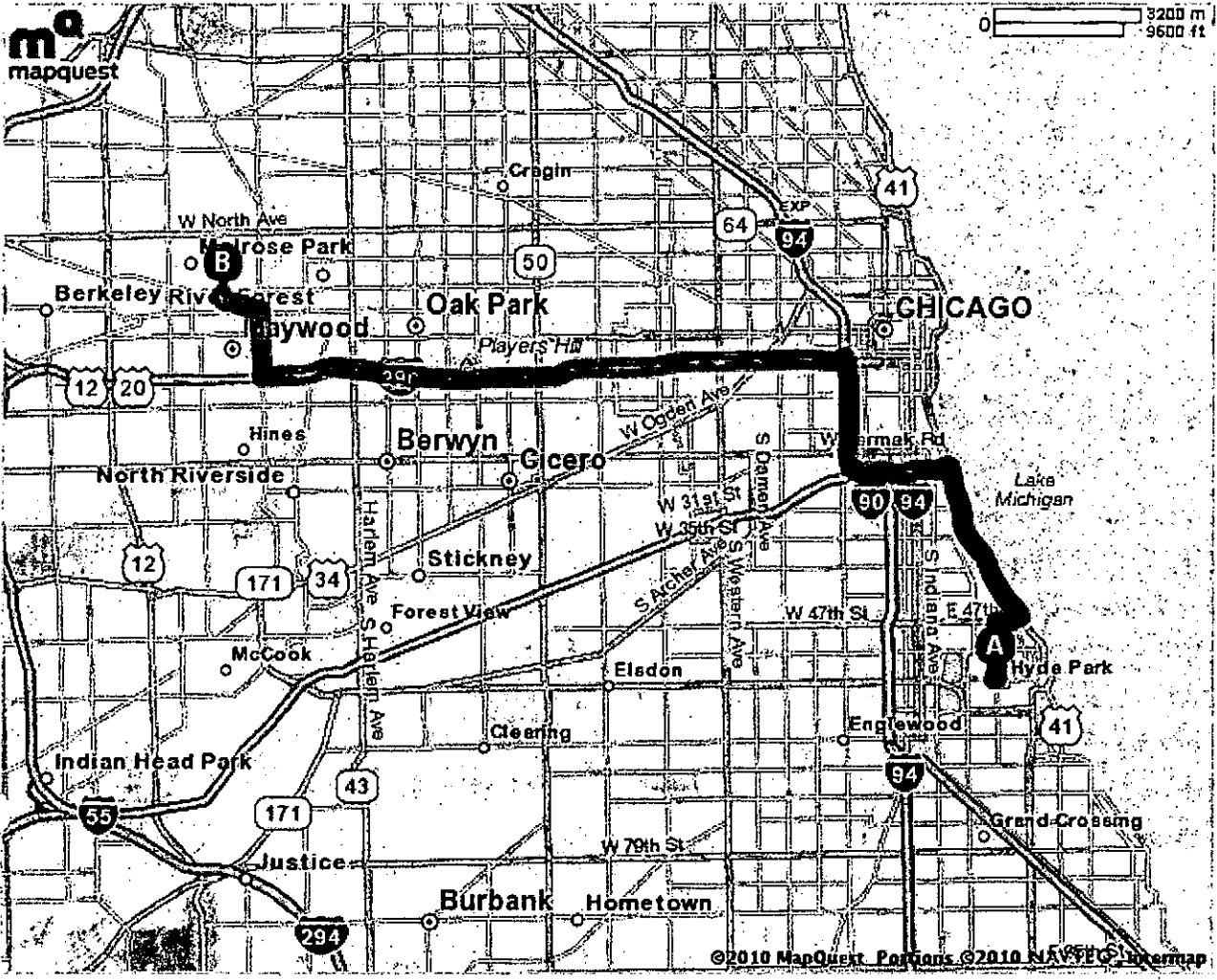


1111 Superior St, Melrose Park, IL 60160-4138

Total Travel Estimate : 19.80 miles - about 32 minutes

Route Map Hide

398



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399



MAPQUEST.

Notes

FMC - North Avenue Dialysis Center

#62

Trip to 911 W North Ave

Melrose Park, IL 60160-1516

20.93 miles - about 33 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 9.9 mi



9. Take the **IL-171 / 1ST AVE** exit, **EXIT 20.**

go 0.1 mi



10. Stay **STRAIGHT** to go onto **HARRISON ST.**


go 0.0 mi

400

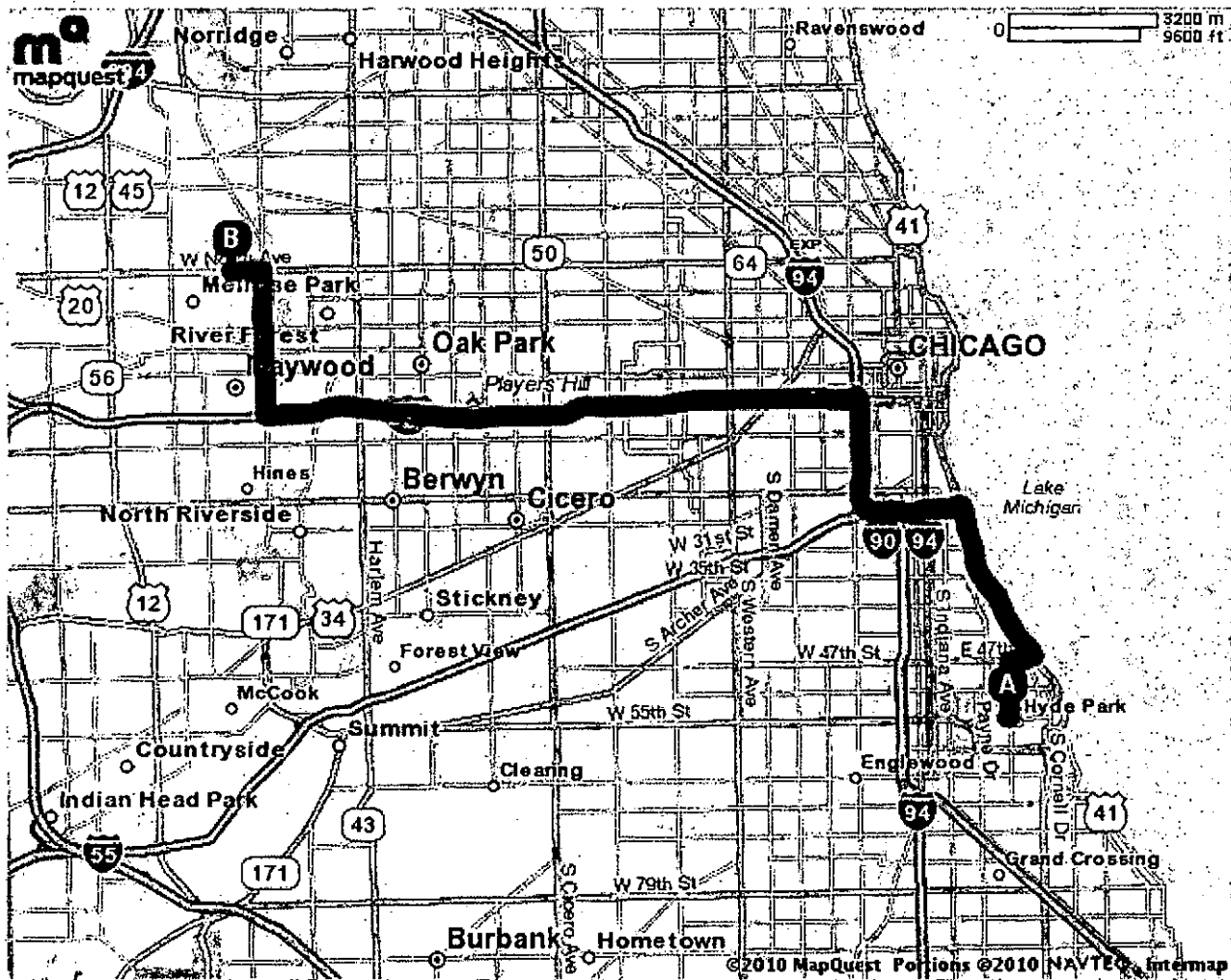
  11. Turn **RIGHT** onto **S 1ST AVE / IL-171**. go 2.5 mi

  12. Turn **LEFT** onto **W NORTH AVE / IL-64 W**. go 0.5 mi

 **END** 13. **911 W NORTH AVE** is on the **RIGHT**. go 0.0 mi

 **911 W North Ave, Melrose Park, IL 60160-1516**
Total Travel Estimate : 20.93 miles - about 33 minutes

Route Map [Hide](#)



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401


MAPQUEST.

Trip to 16641 Halsted St
Harvey, IL 60426-6112
21.98 miles - about 33 minutes

Notes

Community Dialysis of Harvey

#10

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E** via the ramp on the **LEFT.** go 16.0 mi



8. Keep **RIGHT** to take **BISHOP FORD FWY** via **EXIT 74A / B** toward **DANVILLE / IOWA / WISCONSIN.** go 0.5 mi



9. Merge onto **I-294 N / I-80 W** via **EXIT 74B** toward **IOWA / WISCONSIN** (Portions toll). go 2.5 mi



10. Take the **HALSTED ST / IL-1 N** exit. go 0.6 mi

402



11. Turn **SLIGHT RIGHT** onto **IL-1 / HALSTED ST.**

go 0.4 mi



12. **16641 HALSTED ST** is on the **RIGHT.**

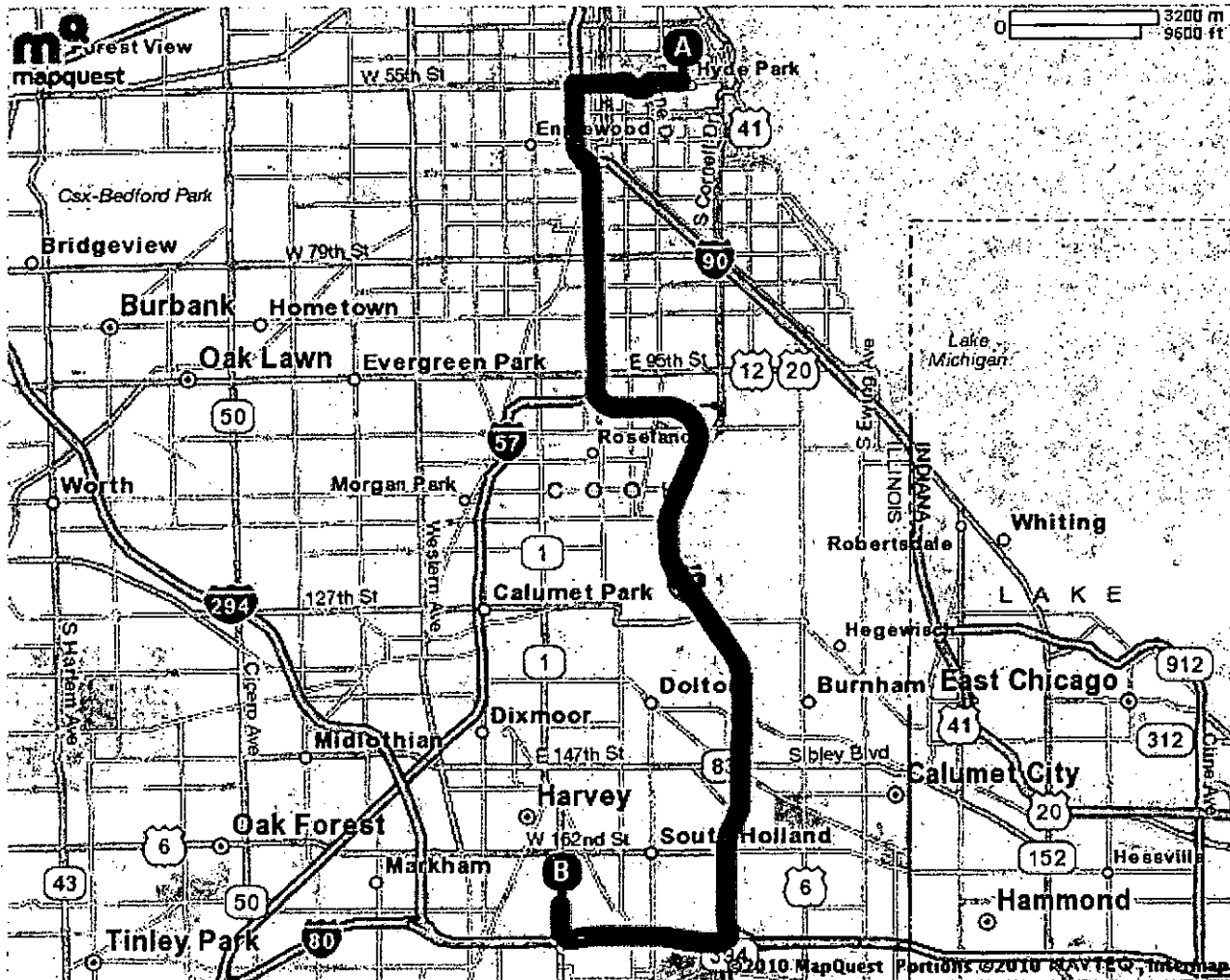
go 0.0 mi



16641 Halsted St, Harvey, IL 60426-6112

Total Travel Estimate : 21.98 miles - about 33 minutes

Route Map Hide



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403

MAPQUEST.

Trip to 17225 Paxton Ave
 South Holland, IL 60473-3757
 20.91 miles - about 33 minutes

Notes

FMC - South Holland

#64

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E** via the ramp on the **LEFT.** go 17.1 mi



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



9. Take the **US-6 W / IL-83 / TORRENCE AVE** exit, **EXIT 161**, on the **LEFT.** go 0.2 mi



10. Keep **LEFT** at the fork in the ramp. go 0.0 mi

404



11. Merge onto **TORRENCE AVE / US-6 / IL-83.**

go 0.2 mi



12. Turn **LEFT** onto **173RD ST.**

go 0.0 mi



13. Turn **LEFT** onto **BERNICE RD.**

go 0.6 mi



14. Turn **RIGHT** onto **PAXTON AVE.**

go 0.3 mi



15. **17225 PAXTON AVE** is on the **RIGHT.**

go 0.0 mi



17225 Paxton Ave, South Holland, IL 60473-3757

Total Travel Estimate : 20.91 miles - about 33 minutes

Route Map [Hide](#)

405



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406

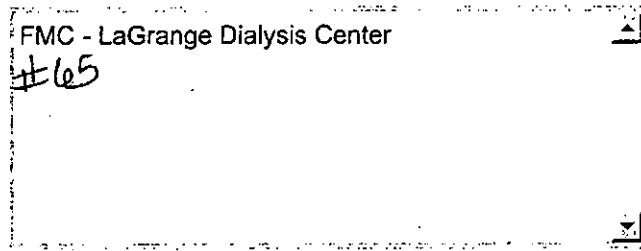


MAPQUEST.

Trip to [2451-2499] Wolf Rd
 Westchester, IL 60154
 23.53 miles - about 36 minutes

Notes

FMC - LaGrange Dialysis Center
 #65



★ 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.** go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H,** toward **WEST SUBURBS.** go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.** go 13.0 mi



9. Take **EXIT 16** toward **WOLF RD.** go 0.2 mi



10. Stay **STRAIGHT** to go onto **FRONTAGE RD.** go 0.0 mi

407



11. Turn **LEFT** to stay on **FRONTAGE RD.**

go 0.0 mi



12. Turn **LEFT** onto **S FRONTAGE RD.**

go 0.2 mi



13. Turn **RIGHT** onto **HARRISON ST.**

go 0.4 mi



14. Turn **LEFT** onto **S WOLF RD.**

go 1.8 mi



15. **[2451-2499] WOLF RD.**

go 0.0 mi

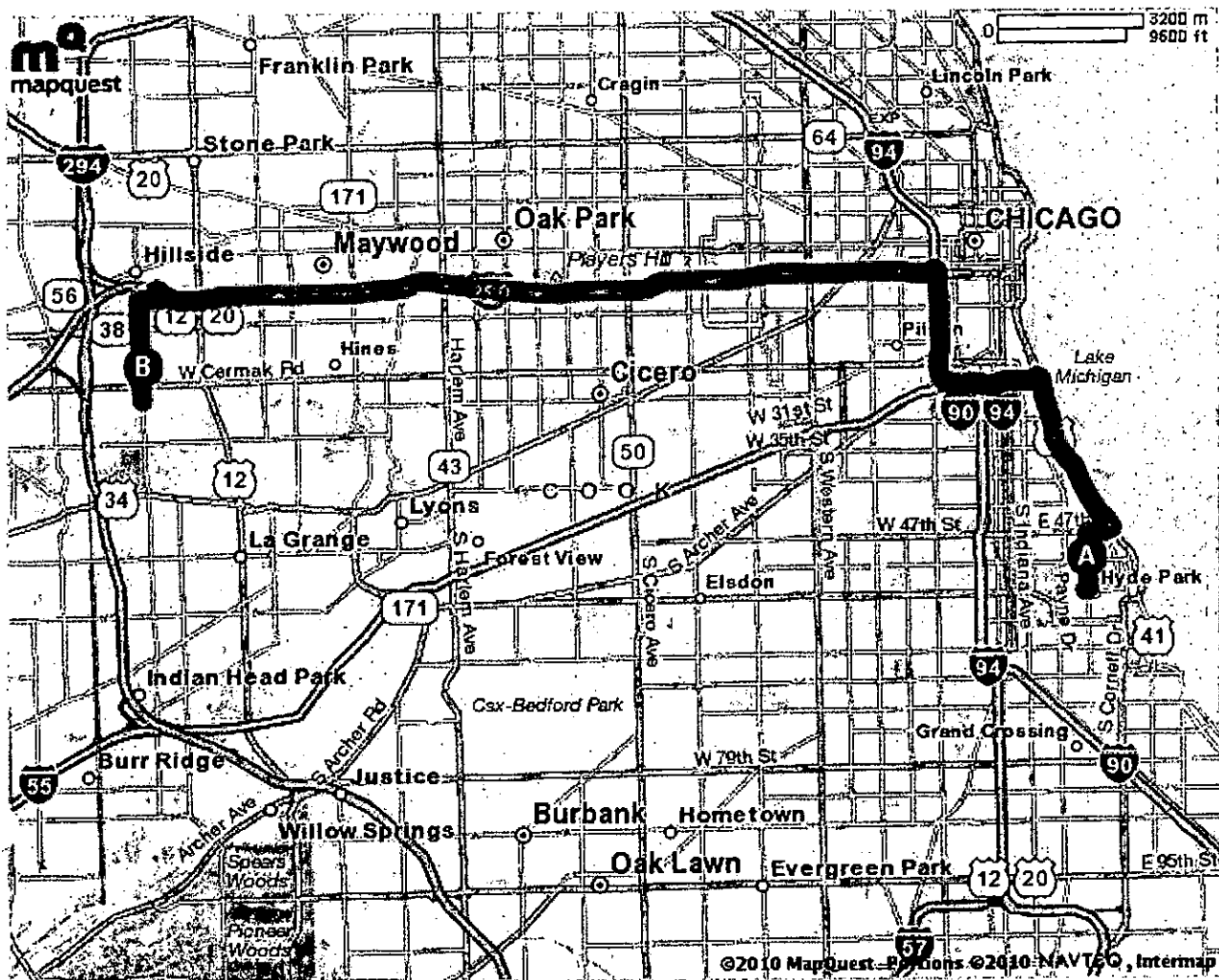


[2451-2499] Wolf Rd, Westchester, IL 60154

Total Travel Estimate : 23.53 miles - about 36 minutes

Route Map [Hide](#)

408



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MAPQUEST.

Trip to [2212-2247] W Howard St
Chicago, IL 60645
17.89 miles - about 37 minutes

Notes

FMC - Rogers Park

#466

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Turn **LEFT** to take the **US-41 N** ramp.

go 0.2 mi



5. Merge onto **S LAKE SHORE DR.**

go 13.0 mi



6. **S LAKE SHORE DR** becomes **W HOLLYWOOD AVE.**

go 0.4 mi



7. Turn **RIGHT** onto **N RIDGE AVE / US-14**. Continue to follow **N RIDGE AVE.**

go 0.8 mi



8. Turn **RIGHT** onto **N RAVENSWOOD AVE / N RIDGE AVE**. Continue to follow **N RIDGE AVE.**

go 0.4 mi



9. **N RIDGE AVE** becomes **N RIDGE BLVD.**

go 1.5 mi



10. Turn **LEFT** onto **W HOWARD ST / HOWARD ST.**

go 0.0 mi

410

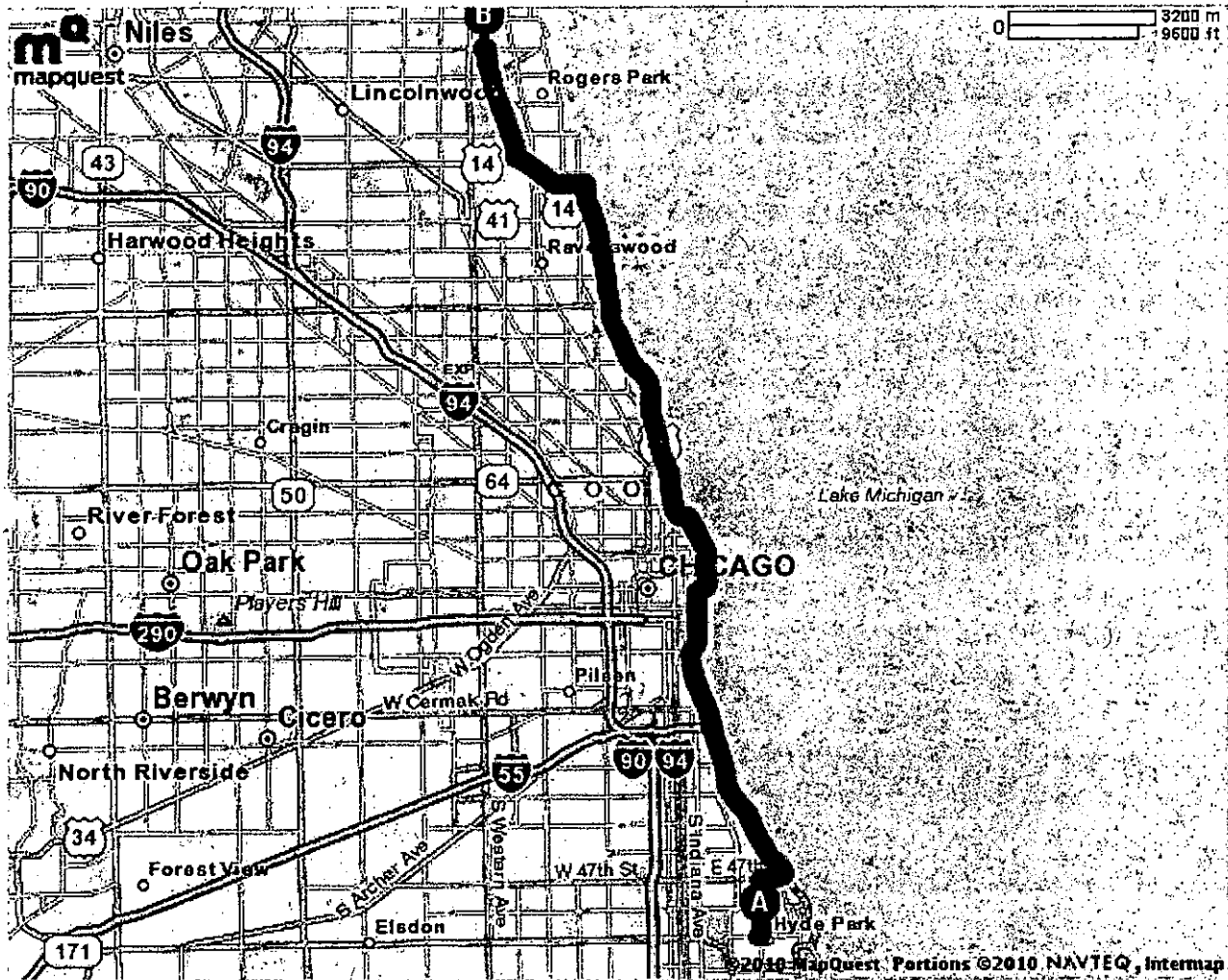
END

11. [2212-2247] W HOWARD ST.

go 0.0 mi

B [2212-2247] W Howard St, Chicago, IL 60645
Total Travel Estimate : 17.89 miles - about 37 minutes

Route Map [Hide](#)



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411



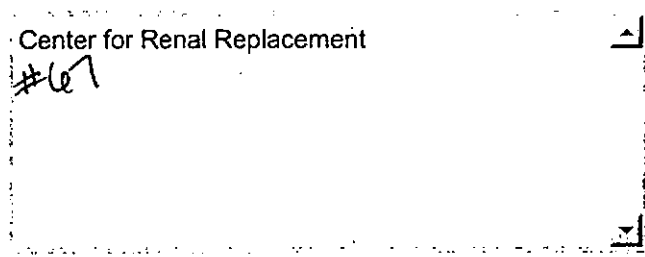
MAPQUEST.

Trip to 7301 N Lincoln Ave
Lincolnwood, IL 60712-1709
20.51 miles - about 32 minutes

Notes

Center for Renal Replacement

#67



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 14.0 mi



7. Take **EXIT 39B** toward **EAST TOUHY AVE.**

go 0.3 mi



8. Keep **LEFT** at the fork to go on **N CICERO AVE / IL-50.**

go 0.1 mi



9. Turn **RIGHT** onto **W TOUHY AVE.**

go 0.4 mi



10. Turn **SHARP LEFT** onto **N LINCOLN AVE / US-41.**

go 0.2 mi

4/2

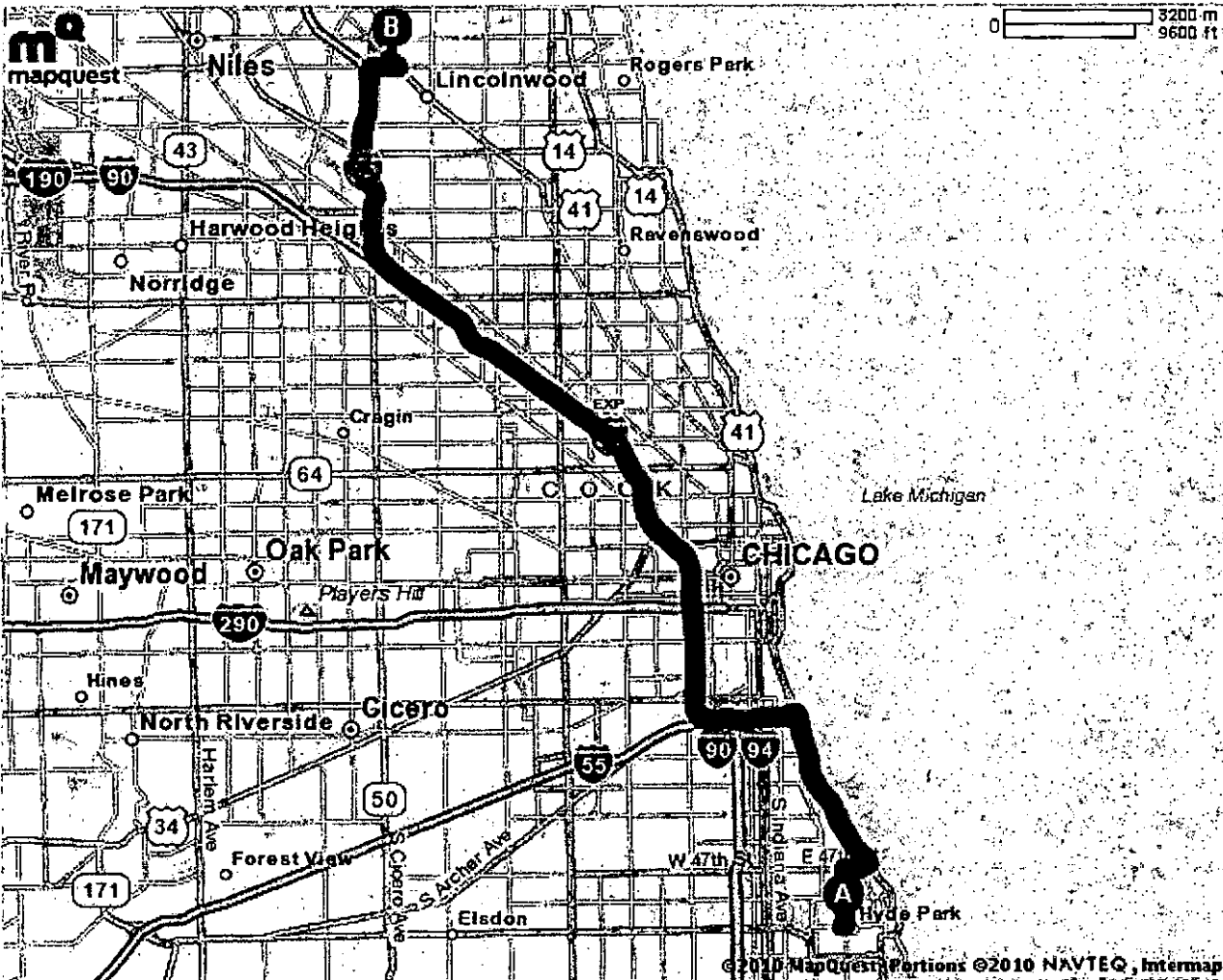
END

11. 7301 N LINCOLN AVE is on the RIGHT.

go 0.0 mi

B 7301 N Lincoln Ave, Lincolnwood, IL 60712-1709
Total Travel Estimate : 20.51 miles - about 32 minutes

Route Map [Hide](#)



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413
















MAPQUEST.

Trip to 17524 E Carriageway Dr
Hazel Crest, IL 60429-2187
21.52 miles - about 34 minutes

Notes

FMC - Hazel Crest
#166

A 1164 E 55th St, Chicago, IL 60615-5115

-  1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi
-  2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi
-  3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi
-  4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi
-  5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi
-  6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi
-   7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.2 mi
-   8. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 10.1 mi
-   9. Merge onto **US-6 W / W 159TH ST** via **EXIT 348.** go 0.8 mi
-  10. Turn **LEFT** onto **CRAWFORD AVE / PULASKI RD.** go 2.2 mi

4/4



11. Turn LEFT onto 175TH ST.

go 1.2 mi



12. Turn RIGHT onto E CARRIAGE WAY.

go 0.0 mi



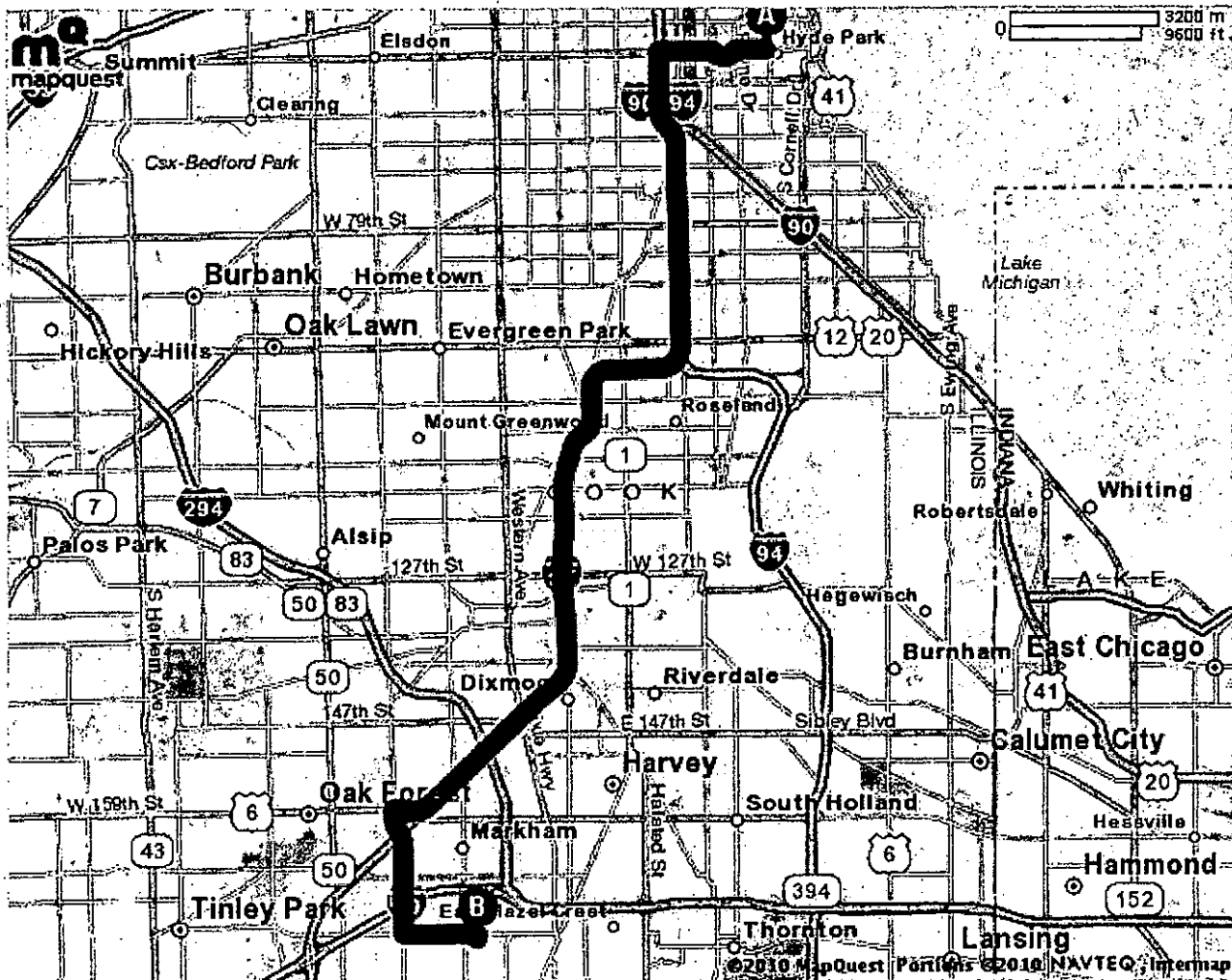
13. 17524 E CARRIAGEWAY DR.

go 0.0 mi

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

Total Travel Estimate : 21.52 miles - about 34 minutes

Route Map [Hide](#)



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415



MAPQUEST.

Trip to 4701 N Cumberland Ave
Norridge, IL 60706-2905
23.15 miles - about 35 minutes


Notes


FMC - Norridge


#69







1164 E 55th St, Chicago, IL 60615-5115



- 



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi
- 



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi
- 


3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi
- 



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi
- 


5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 1.4 mi
- 


6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.** go 10.7 mi
- 


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


8. Merge onto **IL-171 S / N CUMBERLAND AVE** via **EXIT 79A.** go 1.6 mi
- 

9. Turn **LEFT** onto **W LELAND AVE.** go 0.0 mi
- 

10. **4701 N CUMBERLAND AVE.** go 0.0 mi

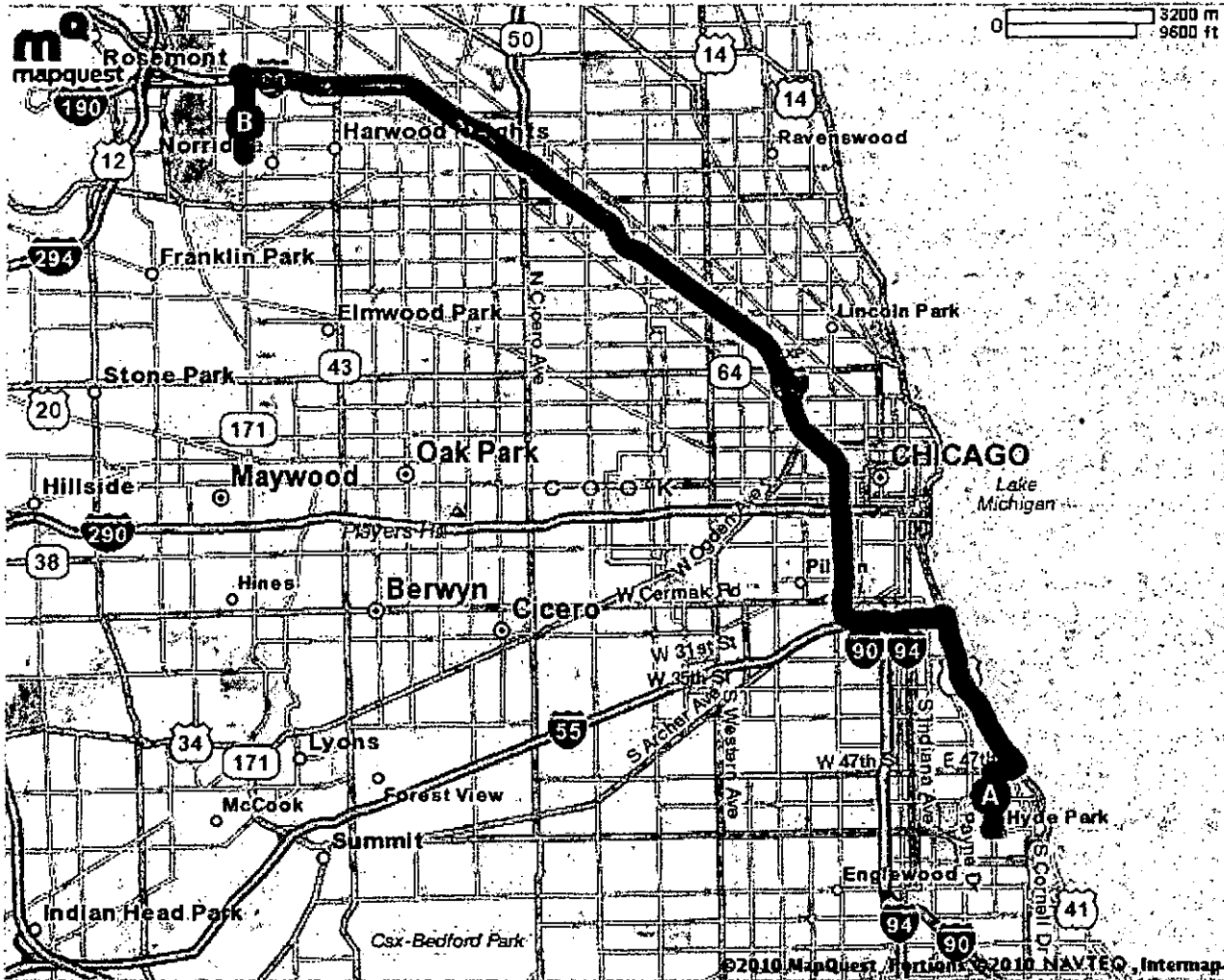


4701 N Cumberland Ave, Norridge, IL 60706-2905

416

Total Travel Estimate : 23.15 miles - about 35 minutes

Route Map [Hide](#)



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417



MAPQUEST.

Trip to 7435 W Talcott Ave
 Chicago, IL 60631-3707
 20.41 miles - about 32 minutes

Notes

Resurrection Medical Center

#70

A 1164 E 55th St, Chicago, IL 60615-5115

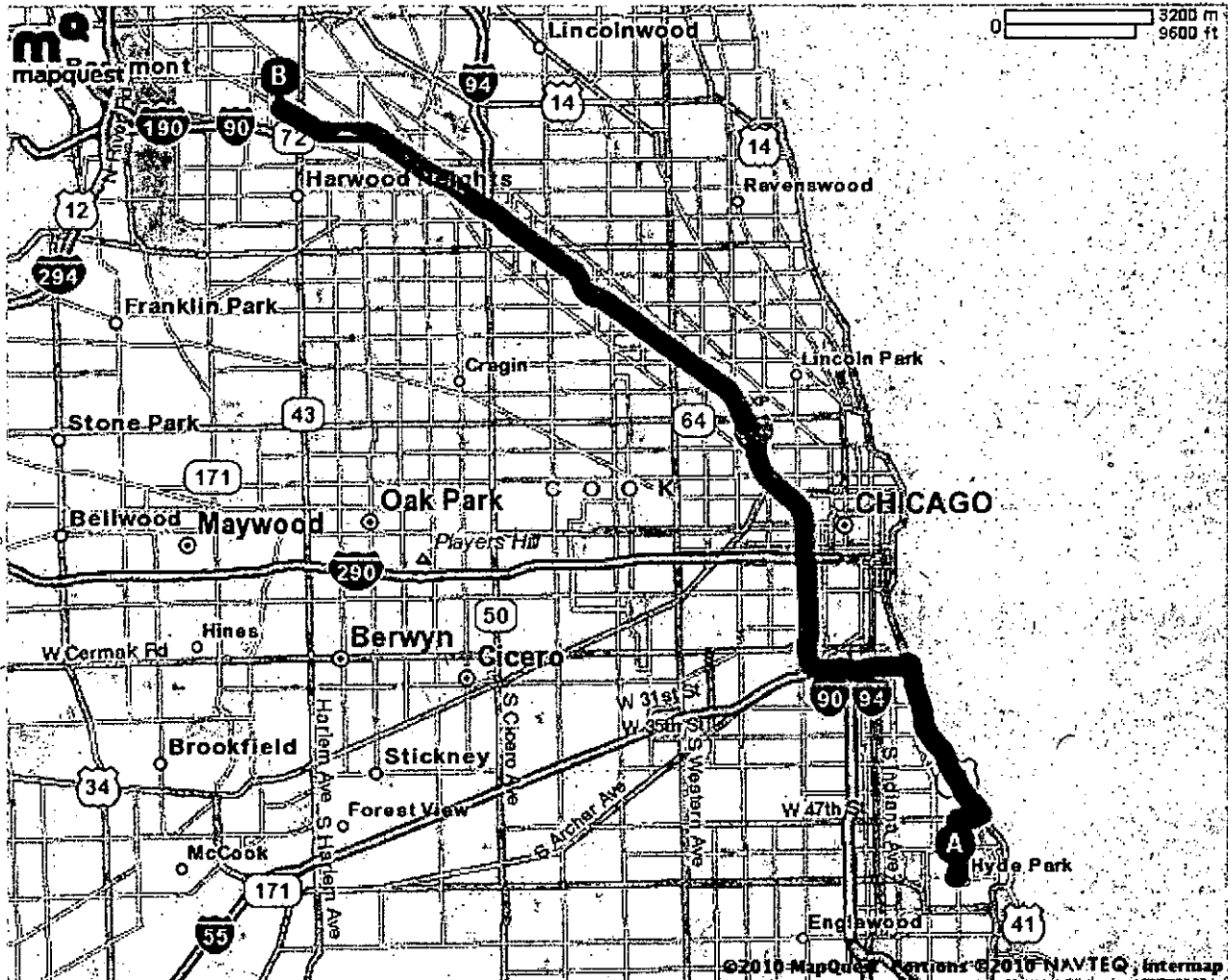
- | | | |
|--|---|------------|
| | 1. Start out going EAST on E 55TH ST toward S WOODLAWN AVE. | go 0.0 mi |
| | 2. Turn LEFT onto S WOODLAWN AVE. | go 1.0 mi |
| | 3. Turn RIGHT onto E 47TH ST. | go 0.4 mi |
| | 4. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
| | 5. Merge onto I-55 S / STEVENSON EXPY S toward ST LOUIS. | go 1.4 mi |
| | 6. Merge onto I-90 W / I-94 W via EXIT 292 toward WISCONSIN. | go 10.7 mi |
| | 7. Keep LEFT to take I-90 W / KENNEDY EXPY W via EXIT 43B toward O'HARE-ROCKFORD. | go 3.2 mi |
| | 8. Take EXIT 81B toward SAYRE AVE. | go 0.2 mi |
| | 9. Stay STRAIGHT to go onto W TALCOTT AVE. | go 0.8 mi |
| | 10. 7435 W TALCOTT AVE is on the LEFT. | go 0.0 mi |

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

418

Total Travel Estimate : 20.41 miles - about 32 minutes

Route Map [Hide](#)



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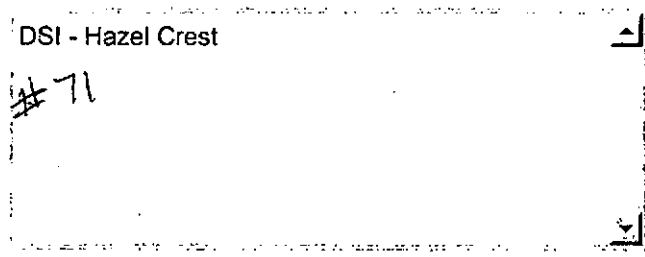
MAPQUEST.

Trip to 3470 W 183rd St
Hazel Crest, IL 60429-2428
21.88 miles - about 35 minutes

Notes

DSI - Hazel Crest

#71



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.2 mi



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



9. Merge onto **US-6 W / W 159TH ST** via **EXIT 348.** go 0.8 mi



10. Turn **LEFT** onto **CRAWFORD AVE / PULASKI RD.** go 3.3 mi

4/10



11. Turn LEFT onto 183RD ST.

go 0.7 mi



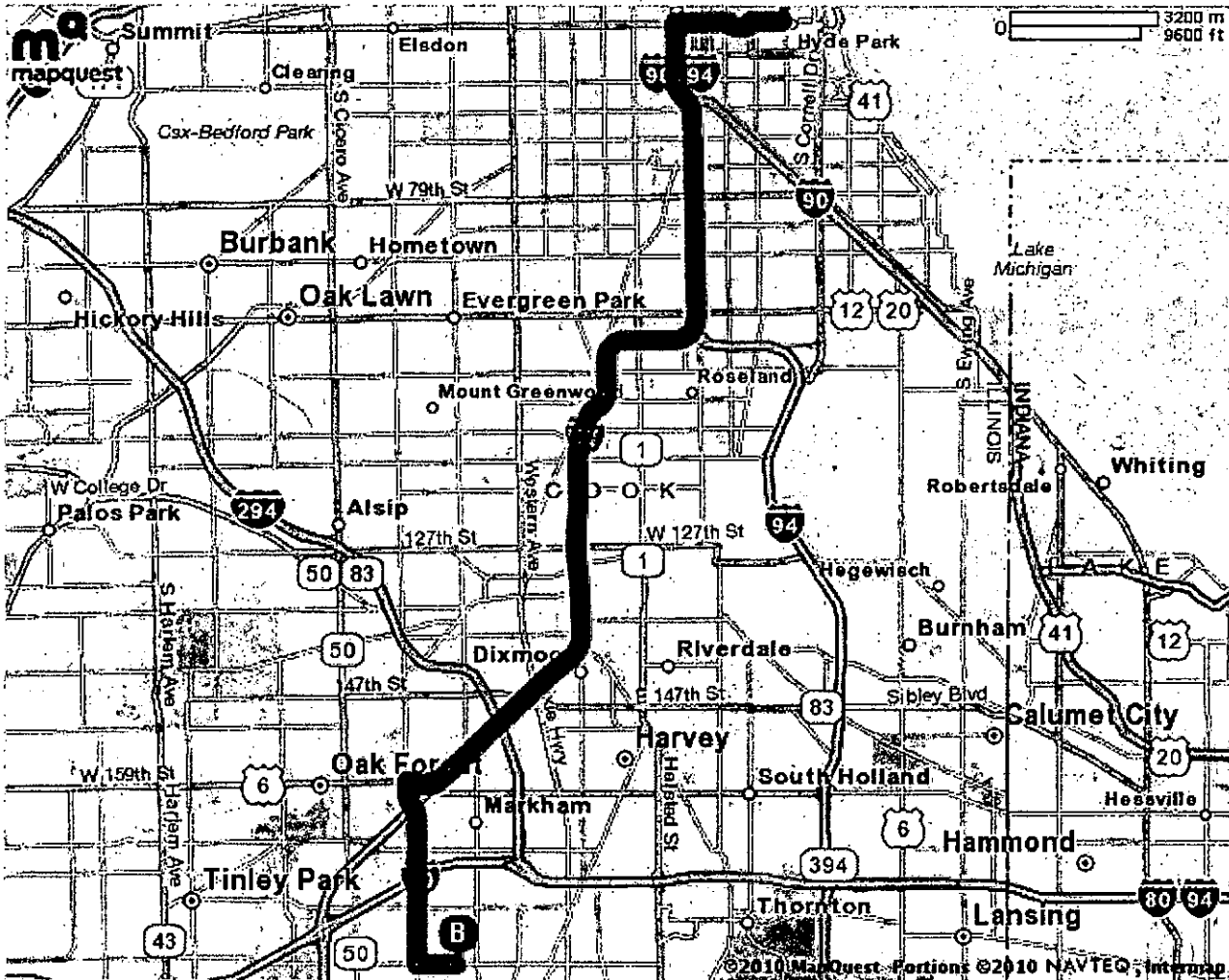
12. 3470 W 183RD ST is on the LEFT.

go 0.0 mi

B 3470 W 183rd St, Hazel Crest, IL 60429-2428

Total Travel Estimate : 21.88 miles - about 35 minutes

Route Map [Hide](#)



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MAPQUEST.

Trip to 9160 W 159th St
 Orland Park, IL 60462-5648
 24.43 miles - about 39 minutes

Notes

FMC - Orland Park
 #72

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE. go 0.5 mi



2. Turn LEFT onto PAYNE DR. go 0.0 mi



3. Turn SLIGHT RIGHT onto RAINEY DR. go 0.2 mi



4. RAINEY DR becomes MORGAN DR. go 0.2 mi



5. Turn LEFT onto E GARFIELD BLVD / E 55TH ST. go 0.9 mi



6. Turn LEFT onto S WELLS ST. go 0.0 mi



7. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. go 5.2 mi



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

9. Merge onto US-6 W / W 159TH ST via EXIT 348. go 7.2 mi

412

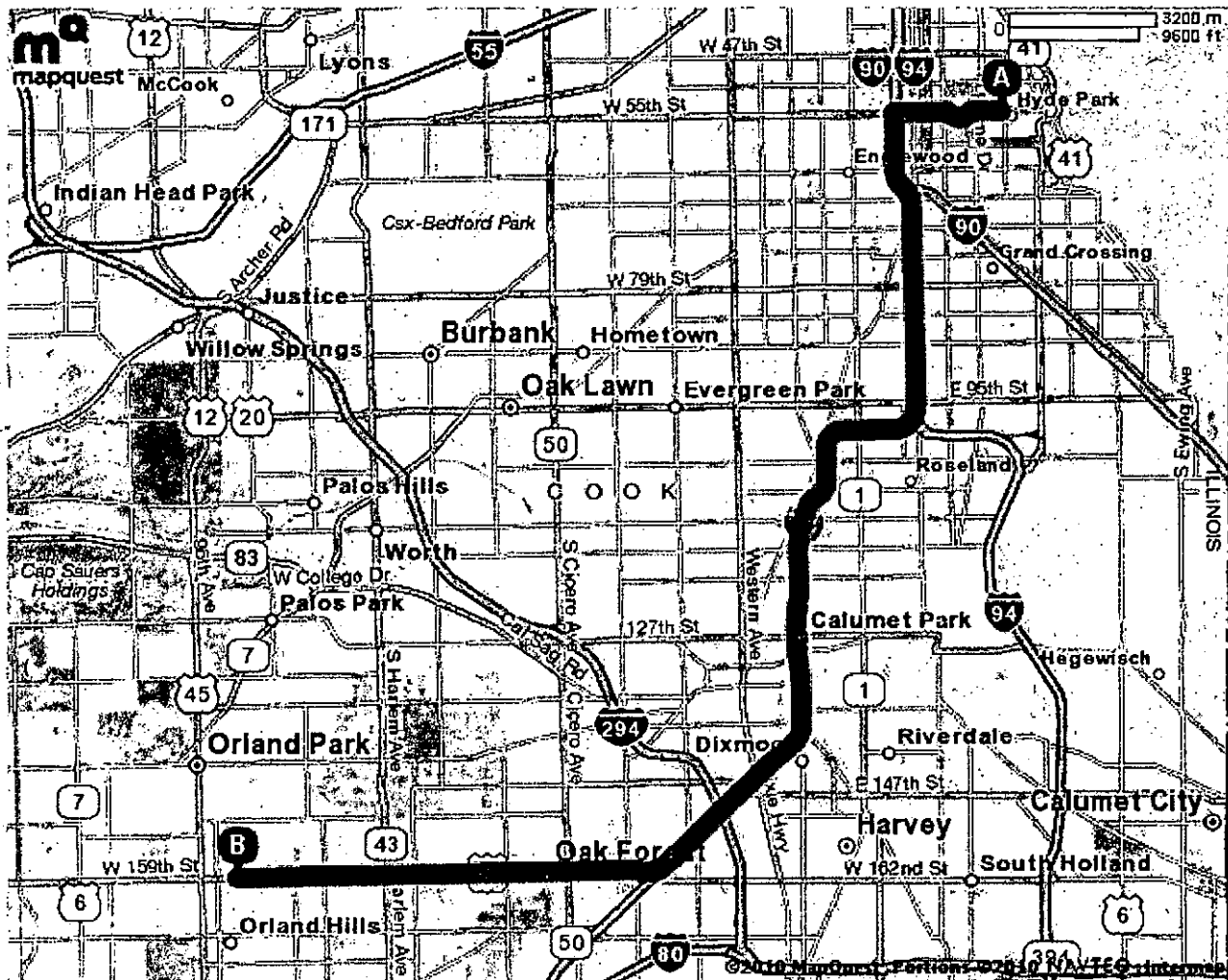


10. 9160 W 159TH ST is on the RIGHT.

go 0.0 mi

B 9160 W 159th St, Orland Park, IL 60462-5648
Total Travel Estimate : 24.43 miles - about 39 minutes

Route Map Hide



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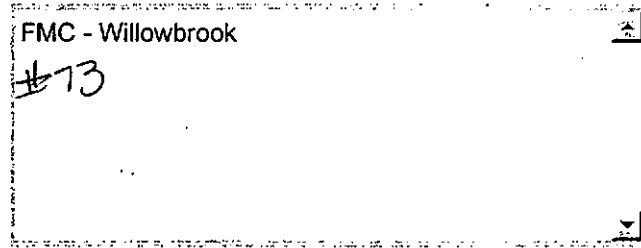
MAPQUEST.

Trip to 6300 Kingery Hwy
Willowbrook, IL 60527-2248
25.96 miles - about 35 minutes

Notes

FMC - Willowbrook

#73



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S** toward **ST LOUIS.** go 19.4 mi



6. Merge onto **IL-83 N / KINGERY HWY** via **EXIT 274.** go 2.4 mi



7. Turn **LEFT** onto **63RD ST.** go 0.0 mi



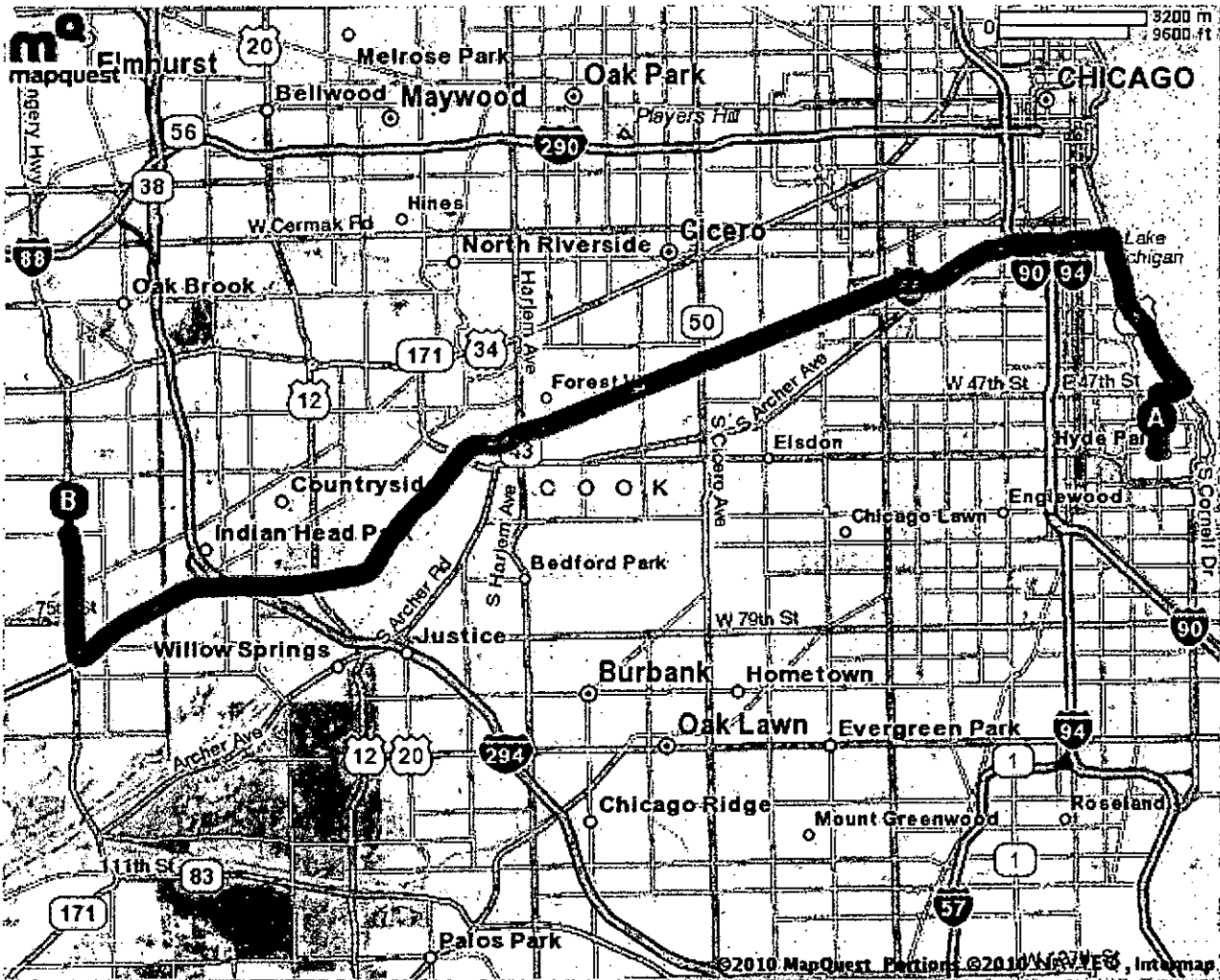
8. **6300 KINGERY HWY.** go 0.0 mi

B 6300 Kingery Hwy, Willowbrook, IL 60527-2248

Total Travel Estimate : 25.96 miles - about 35 minutes

Route Map [Hide](#)

414



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415



MAPQUEST.

Trip to 8950 Gross Point Rd
Skokie, IL 60077-1886
22.89 miles - about 34 minutes

Notes

Wellbound of Evanston

#74



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going EAST on E 55TH ST toward S WOODLAWN AVE. go 0.0 mi



2. Turn LEFT onto S WOODLAWN AVE. go 1.0 mi



3. Turn RIGHT onto E 47TH ST. go 0.4 mi



4. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. go 2.6 mi



5. Merge onto I-55 S / STEVENSON EXPY S toward ST LOUIS. go 1.4 mi



6. Merge onto I-94 W via EXIT 292 toward WISCONSIN. go 16.7 mi



7. Merge onto IL-58 E / DEMPSTER ST via EXIT 37B. go 0.5 mi



8. Turn LEFT onto GROSS POINT RD. go 0.2 mi



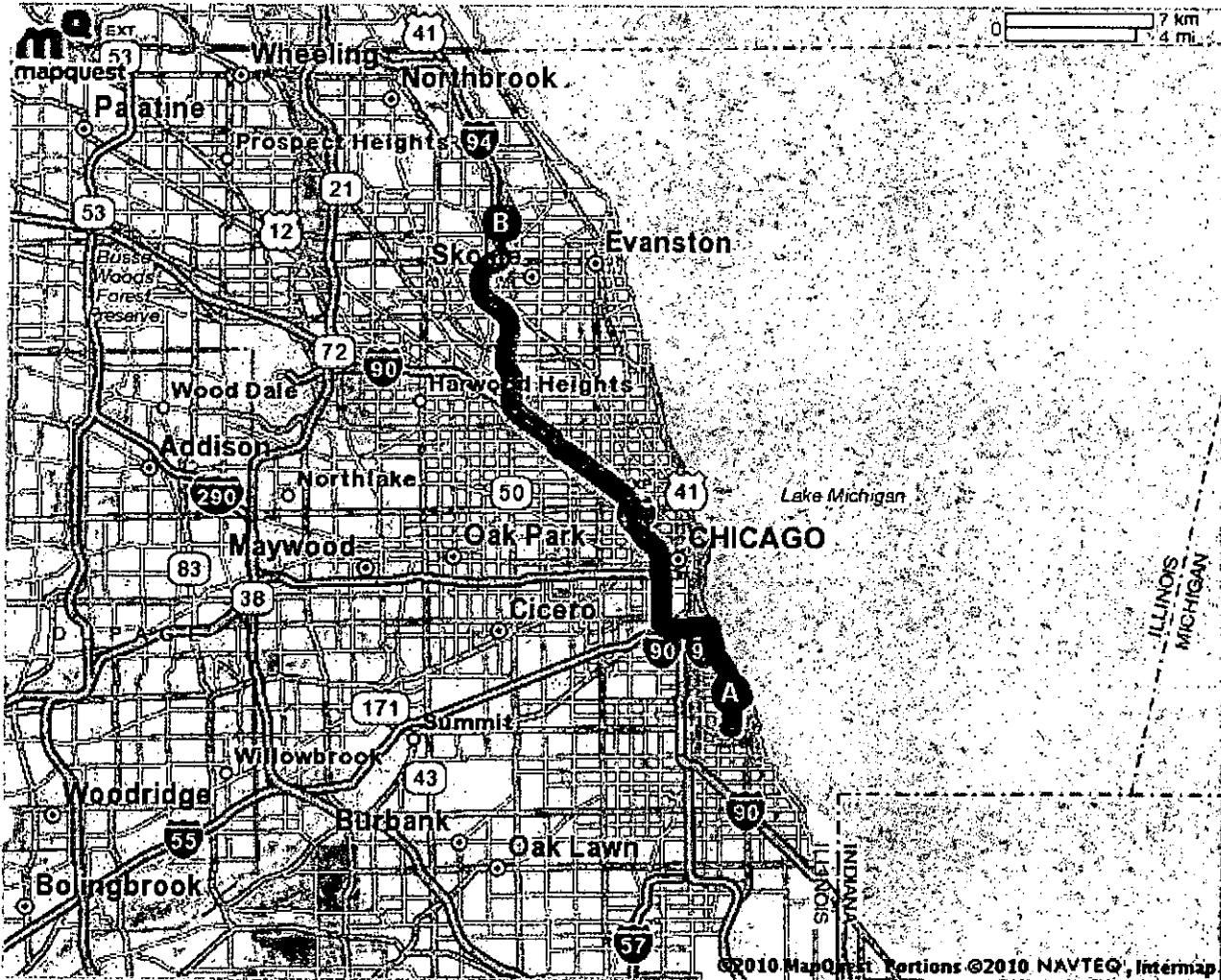
9. 8950 GROSS POINT RD is on the LEFT. go 0.0 mi

8950 Gross Point Rd, Skokie, IL 60077-1886

Total Travel Estimate : 22.89 miles - about 34 minutes

[Route Map](#) [Hide](#)

4/6



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417



MAPQUEST.

Trip to 2953 Central St

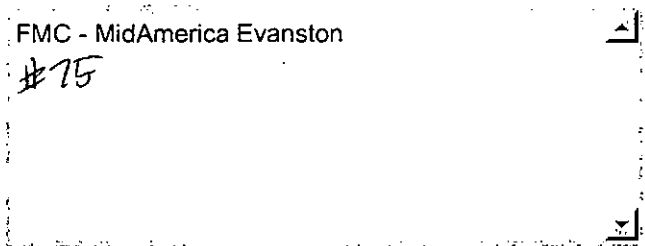
Evanston, IL 60201-1245

25.97 miles - about 39 minutes

Notes

FMC - MidAmerica Evanston

#75



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 18.3 mi



7. Take the **OLD ORCHARD RD** exit, **EXIT 35.**

go 0.1 mi



8. Turn **RIGHT** onto **OLD ORCHARD RD.**

go 1.2 mi



9. Turn **SLIGHT LEFT** onto **GROSS POINT RD.**

go 0.2 mi



10. Turn **SLIGHT RIGHT** onto **CENTRAL ST.**

go 0.6 mi

418

END

11. 2953 CENTRAL ST is on the LEFT.

go 0.0 mi

B 2953 Central St, Evanston, IL 60201-1245
Total Travel Estimate : 25.97 miles - about 39 minutes

Route Map [Hide](#)



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419



MAPQUEST.

Trip to 2650 Ridge Ave

Evanston, IL 60201-1718

27.78 miles - about 45 minutes

Notes

Evanston Northwestern Healthcare

#76

★ 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT**.

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi



6. Merge onto **I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 18.3 mi



7. Take the **OLD ORCHARD RD** exit, **EXIT 35.**

go 0.1 mi



8. Turn **RIGHT** onto **OLD ORCHARD RD.**

go 1.2 mi



9. Turn **SLIGHT LEFT** onto **GROSS POINT RD.**

go 0.2 mi



10. Turn **SLIGHT RIGHT** onto **CENTRAL ST.**

go 2.3 mi

420



11. Turn LEFT onto RIDGE AVE.

go 0.1 mi



12. 2650 RIDGE AVE is on the LEFT.

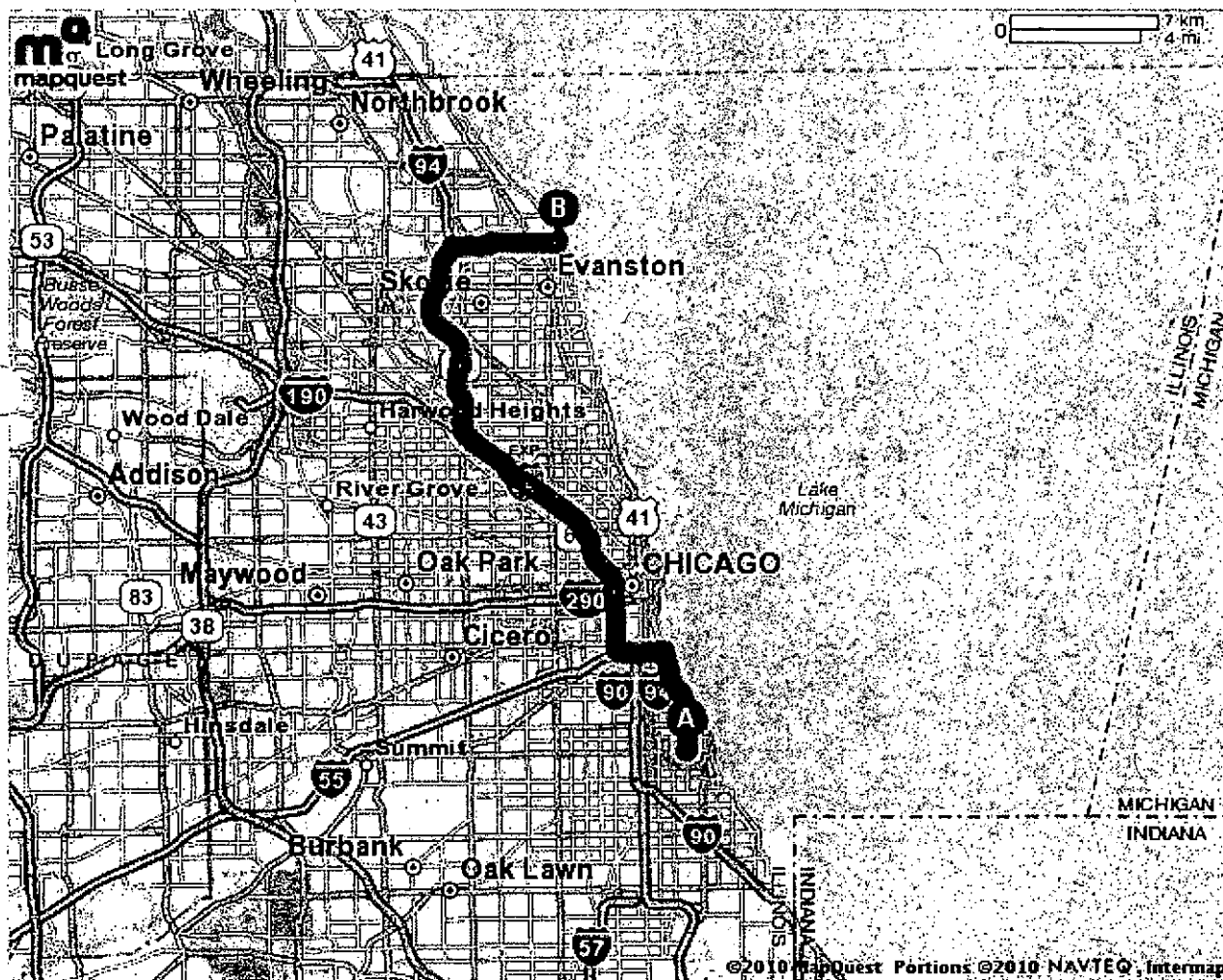
go 0.0 mi



2650 Ridge Ave, Evanston, IL 60201-1718

Total Travel Estimate : 27.78 miles - about 45 minutes

Route Map [Hide](#)



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421

MAPQUEST.**Trip to 1715 Central St**

Evanston, IL 60201-1507

27.05 miles - about 43 minutes

Notes

DSI - Evanston Renal Center

#77

A 1164 E 55th St, Chicago, IL 60615-51151. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi

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

go 1.0 mi

3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi

4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi

5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.**

go 1.4 mi

6. Merge onto **I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 18.3 mi

7. Take the **OLD ORCHARD RD** exit, **EXIT 35.**

go 0.1 mi

8. Turn **RIGHT** onto **OLD ORCHARD RD.**

go 1.2 mi

9. Turn **SLIGHT LEFT** onto **GROSS POINT RD.**

go 0.2 mi

10. Turn **SLIGHT RIGHT** onto **CENTRAL ST.**

go 1.7 mi

422

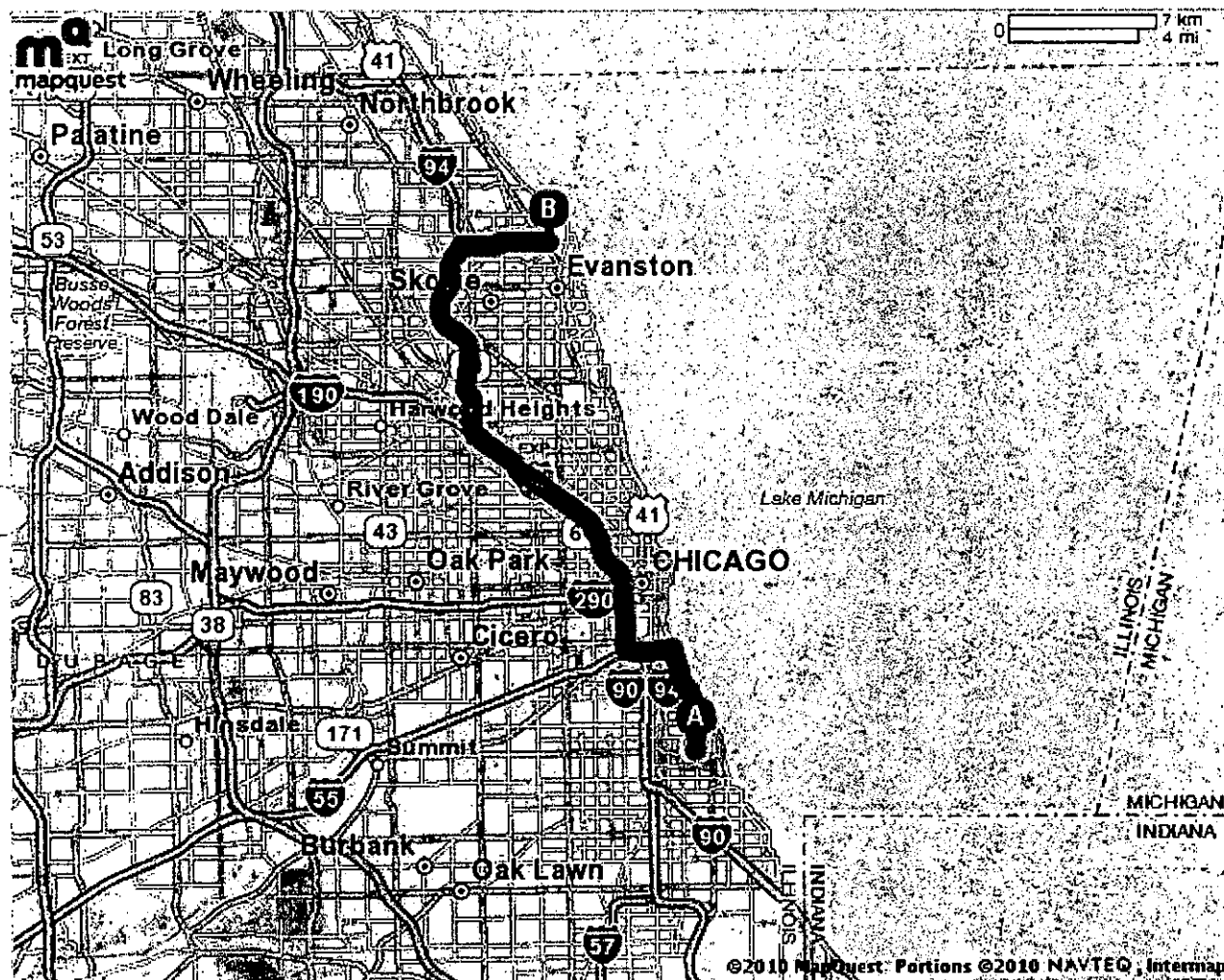
END

11. 1715 CENTRAL ST is on the LEFT.

go 0.0 mi

B 1715 Central St, Evanston, IL 60201-1507
Total Travel Estimate : 27.05 miles - about 43 minutes

Route Map [Hide](#)



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423



MAPQUEST.

Trip to 9801 Woods Dr.
Skokie, IL 60077-1074
24.58 miles - about 36 minutes

Notes

FMC - Skokie Dialysis

#18

1164 E 55th St, Chicago, IL 60615-5115



1: Start out going EAST on E 55TH ST toward S WOODLAWN AVE. go 0.0 mi



2. Turn LEFT onto S WOODLAWN AVE. go 1.0 mi



3. Turn RIGHT onto E 47TH ST. go 0.4 mi



4. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. go 2.6 mi



5. Merge onto I-55 S / STEVENSON EXPY S toward ST LOUIS. go 1.4 mi



6. Merge onto I-94 W via EXIT 292 toward WISCONSIN. go 18.3 mi



7. Take the OLD ORCHARD RD exit, EXIT 35. go 0.2 mi



8. Turn LEFT onto OLD ORCHARD RD. go 0.3 mi



9. Turn LEFT onto WOODS DR. go 0.3 mi



10. 9801 WOODS DR is on the LEFT. go 0.0 mi

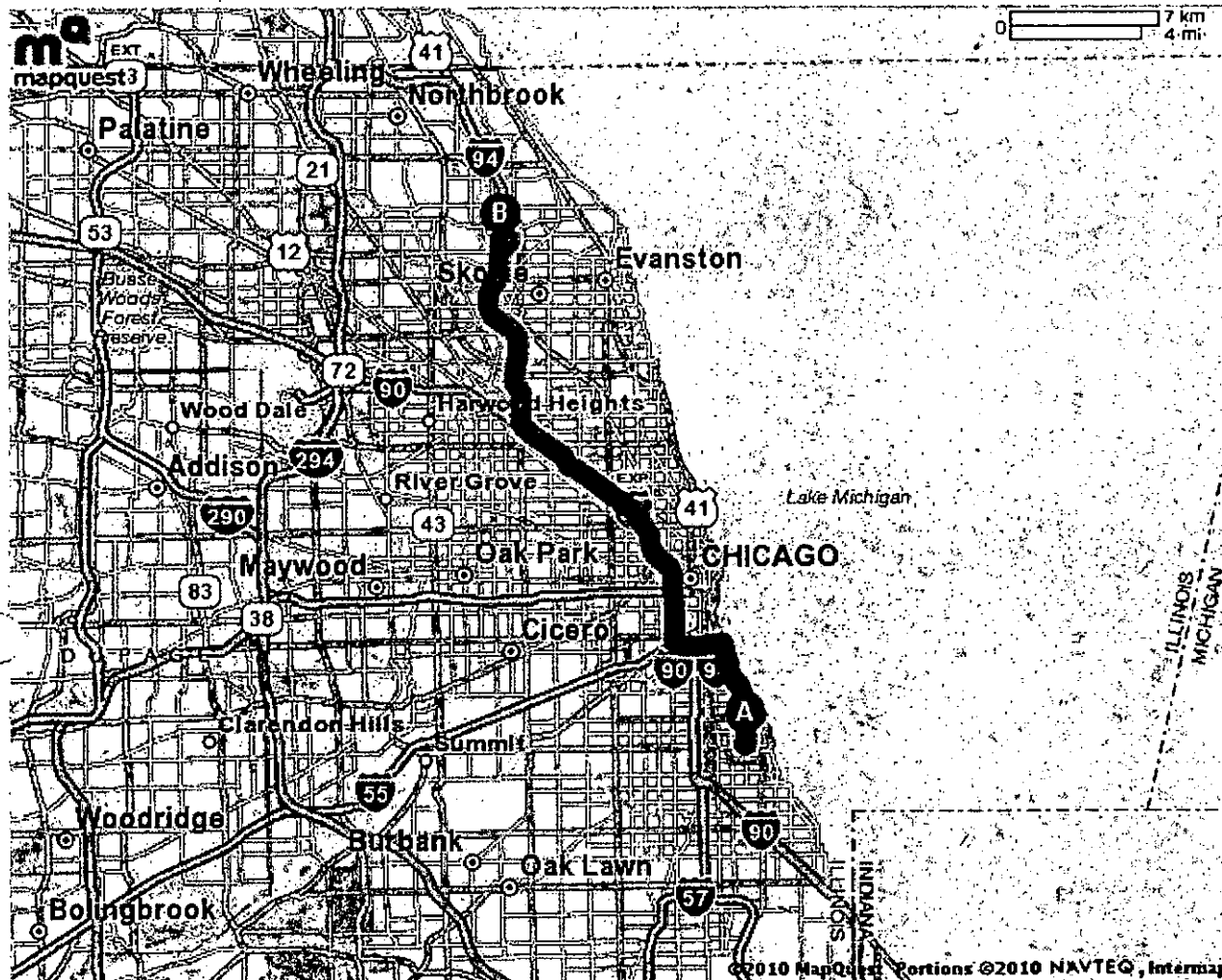


9801 Woods Dr, Skokie, IL 60077-1074

424

Total Travel Estimate : 24.58 miles - about 36 minutes

Route Map [Hide](#)



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425



Trip to 4557 Lincoln Hwy Ste B
Matteson, IL 60443-2385
26.04 miles - about 37 minutes

Notes

DaVita - Olympia Fields Dialysis Center

H-79

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.**

go 0.0 mi



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

go 5.2 mi



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

go 17.8 mi



9. Merge onto **US-30 E / LINCOLN HWY / 211TH ST** via **EXIT 340A.**

go 1.1 mi



10. **4557 LINCOLN HWY STE B** is on the **RIGHT.**

go 0.0 mi



4557 Lincoln Hwy Ste B, Matteson, IL 60443-2385

426



MAPQUEST.

Notes

DaVita - Grand Crossing

#80

Trip to 7311 S Cottage Grove Ave

Chicago, IL 60619-1909

2.72 miles - about 8 minutes

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.4 mi



2. Turn **LEFT** onto **S COTTAGE GROVE AVE.**

go 2.3 mi



3. 7311 **S COTTAGE GROVE AVE** is on the **LEFT.**

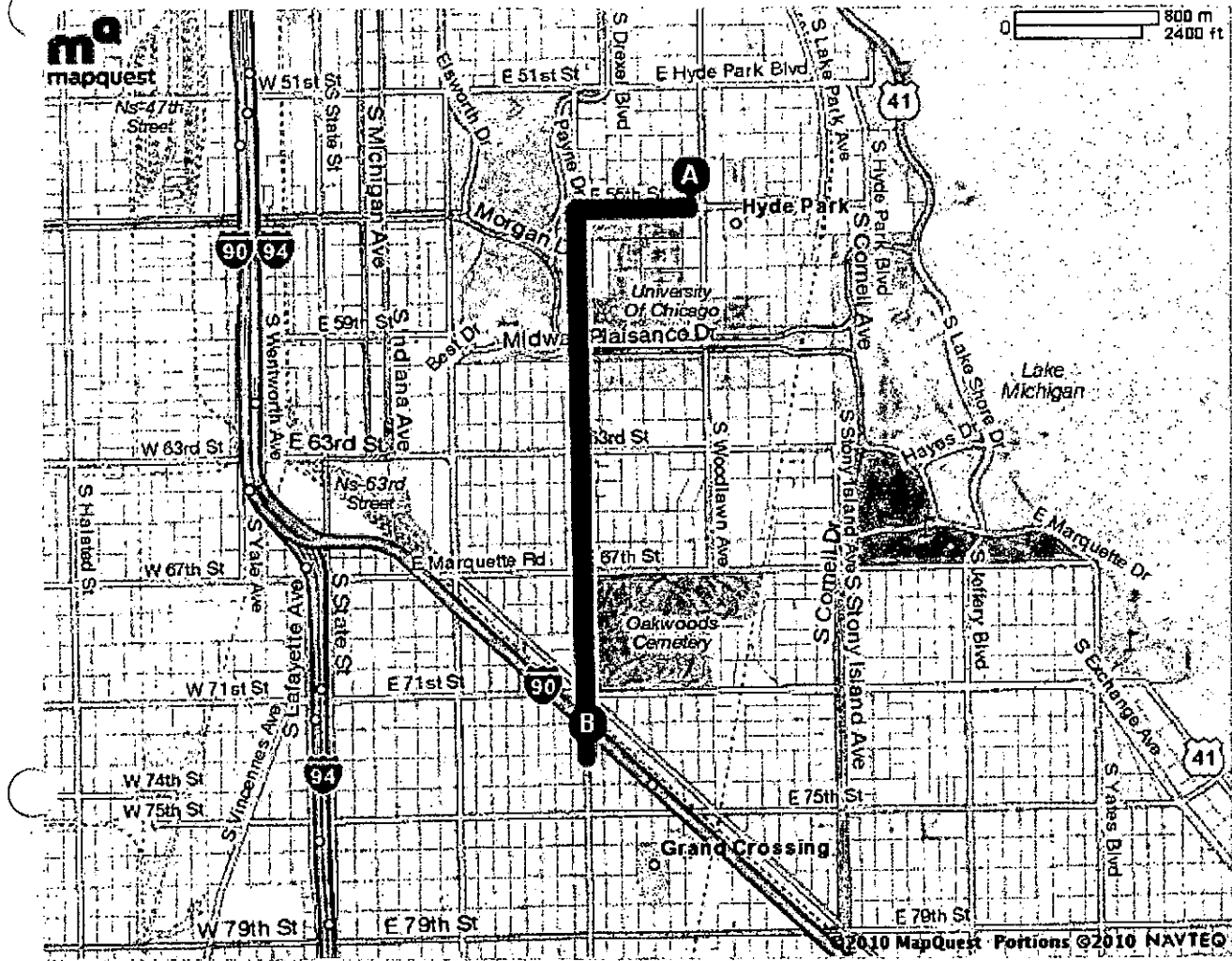
go 0.0 mi

B 7311 S Cottage Grove Ave, Chicago, IL 60619-1909

Total Travel Estimate : 2.72 miles - about 8 minutes

Route Map [Hide](#)

428



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429



MAPQUEST.

Trip to 8910 W 192nd St
Mokena, IL 60448-8110
26.76 miles - about 38 minutes

Notes

FMC - Mokena

#181



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.2 mi



8. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 13.4 mi



9. Merge onto **I-80 W** via **EXIT 345B** toward **IOWA.** go 3.0 mi



10. Merge onto **IL-43 S / HARLEM AVE** via **EXIT 148A.** go 0.9 mi

430



11. Turn **RIGHT** onto **W 191ST ST / CR-84**.

go 2.0 mi



12. Turn **LEFT** onto **S 88TH AVE**.

go 0.2 mi



13. Turn **RIGHT** onto **W 192ND ST**.

go 0.2 mi



14. **8910 W 192ND ST** is on the **RIGHT**.

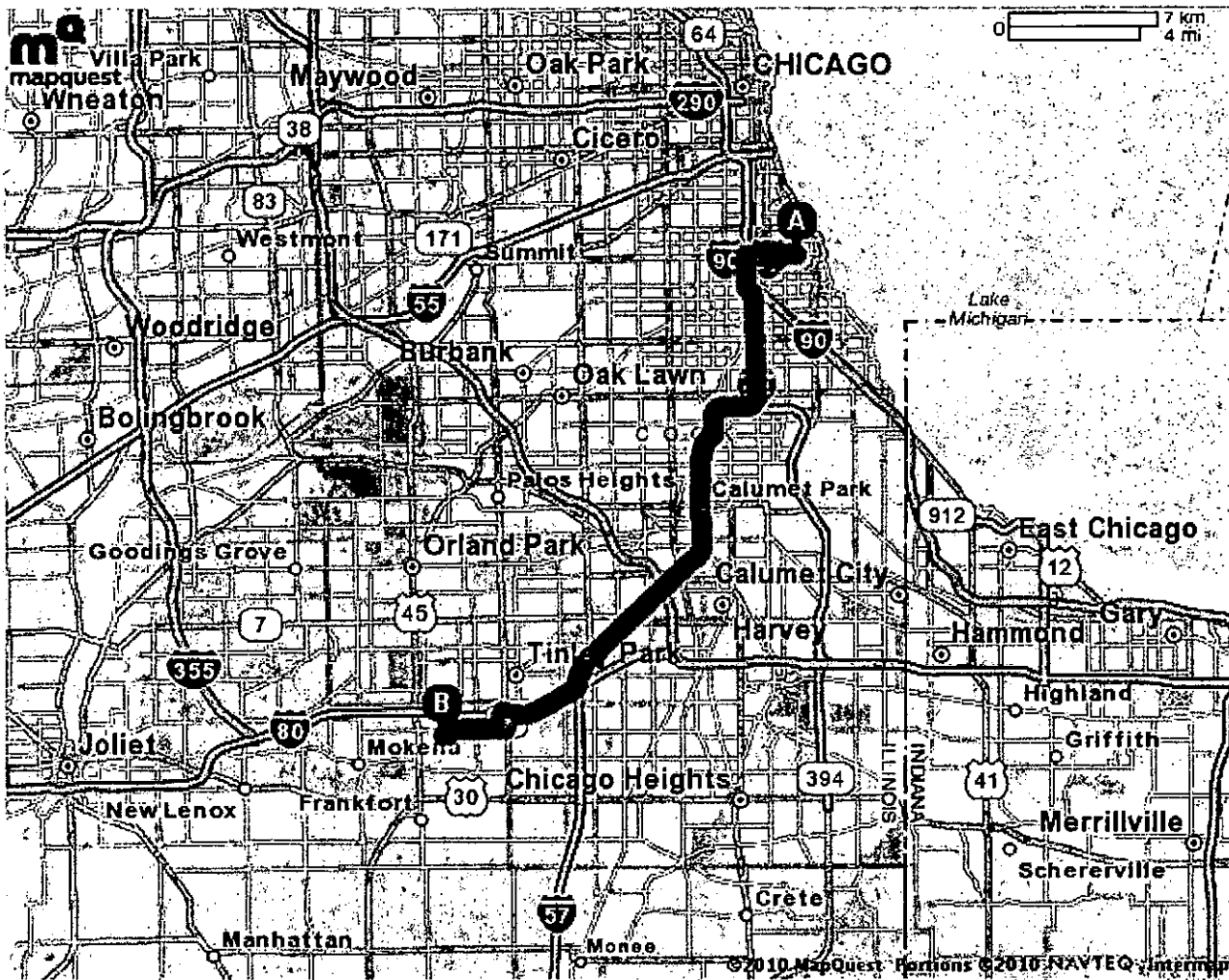
go 0.0 mi



8910 W 192nd St, Mokena, IL 60448-8110

Total Travel Estimate : 26.76 miles - about 38 minutes

Route Map [Hide](#)



431



MAPQUEST.

Trip to 2609 Lincoln Hwy
Olympia Fields, IL 60461-1801
28.51 miles • about 42 minutes

Notes

RCG - South Suburban

H82

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.** go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.** go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.** go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.** go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



7. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.2 mi



8. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 17.8 mi



9. Merge onto **US-30 E / LINCOLN HWY** via **EXIT 340A.** go 3.6 mi



10. **2609 LINCOLN HWY.** go 0.0 mi

B

2609 Lincoln Hwy, Olympia Fields, IL 60461-1801

432



MAPQUEST

Trip to 7000 S Pulaski Rd
Chicago, IL 60629-5842
8.44 miles - about 26 minutes

Notes

DaVita - West Lawn Dialysis

#83



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE.

go 0.5 mi



2. Turn LEFT onto PAYNE DR.

go 0.6 mi



3. PAYNE DR becomes BEST DR.

go 0.5 mi



4. Turn LEFT onto S DR MARTIN L KING JR DR.

go 0.9 mi



5. Turn RIGHT onto E MARQUETTE RD / E 67TH ST.

go 5.5 mi



6. Turn LEFT onto S PULASKI RD.

go 0.4 mi



7. 7000 S PULASKI RD is on the RIGHT.

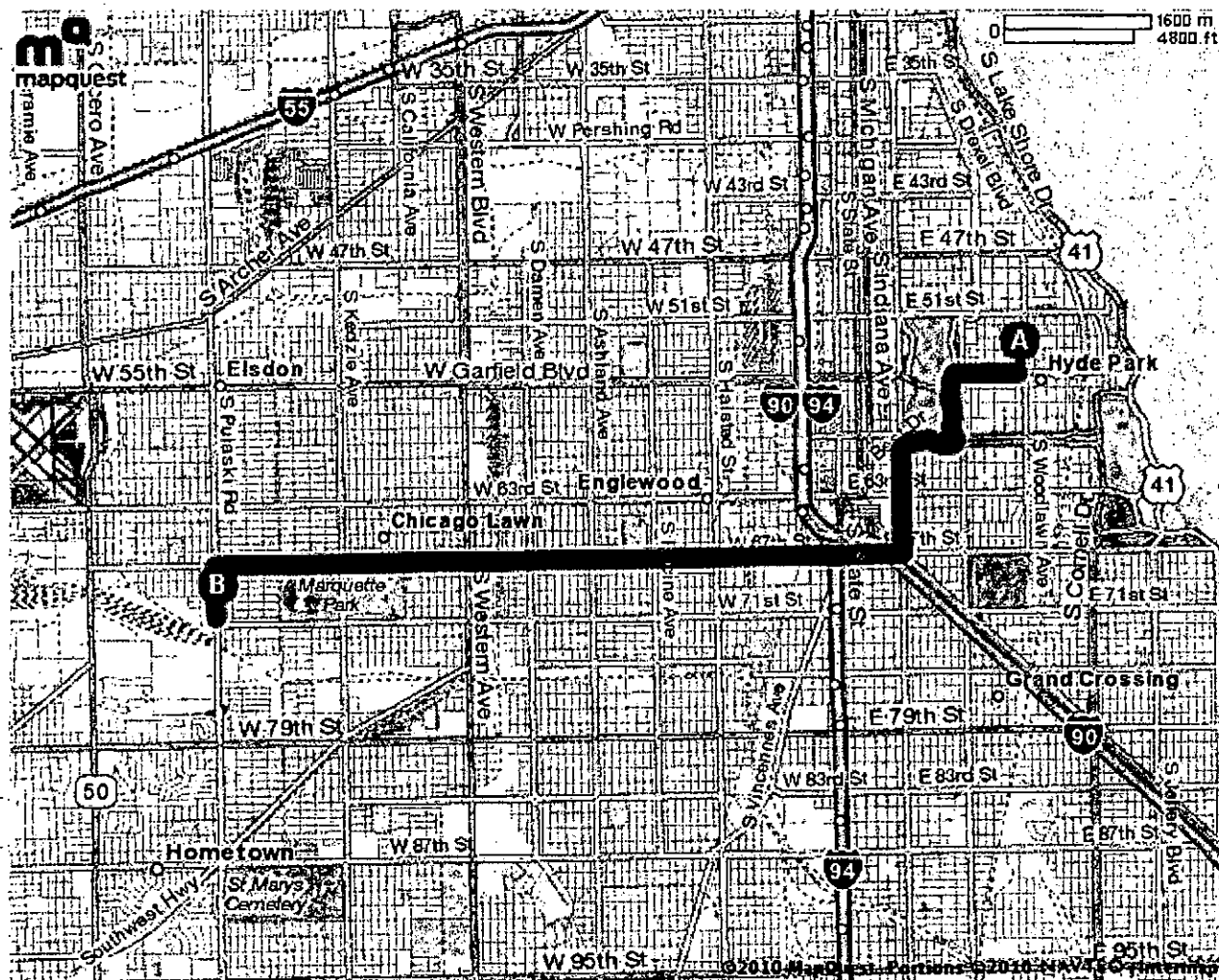
go 0.0 mi

B 7000 S Pulaski Rd, Chicago, IL 60629-5842

Total Travel Estimate : 8.44 miles - about 26 minutes

Route Map [Hide](#)

434



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435



MAPQUEST.

Trip to 6201 W 63rd St
 Chicago, IL 60638-5009
 15.85 miles - about 28 minutes

Notes

FMC - Midway

#84

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 8.4 mi



6. Take the **CENTRAL AVE** exit, **EXIT 285.** go 0.3 mi



7. Turn **LEFT** onto **S CENTRAL AVE.** go 2.3 mi



8. Turn **RIGHT** onto **W 63RD ST.** go 0.8 mi



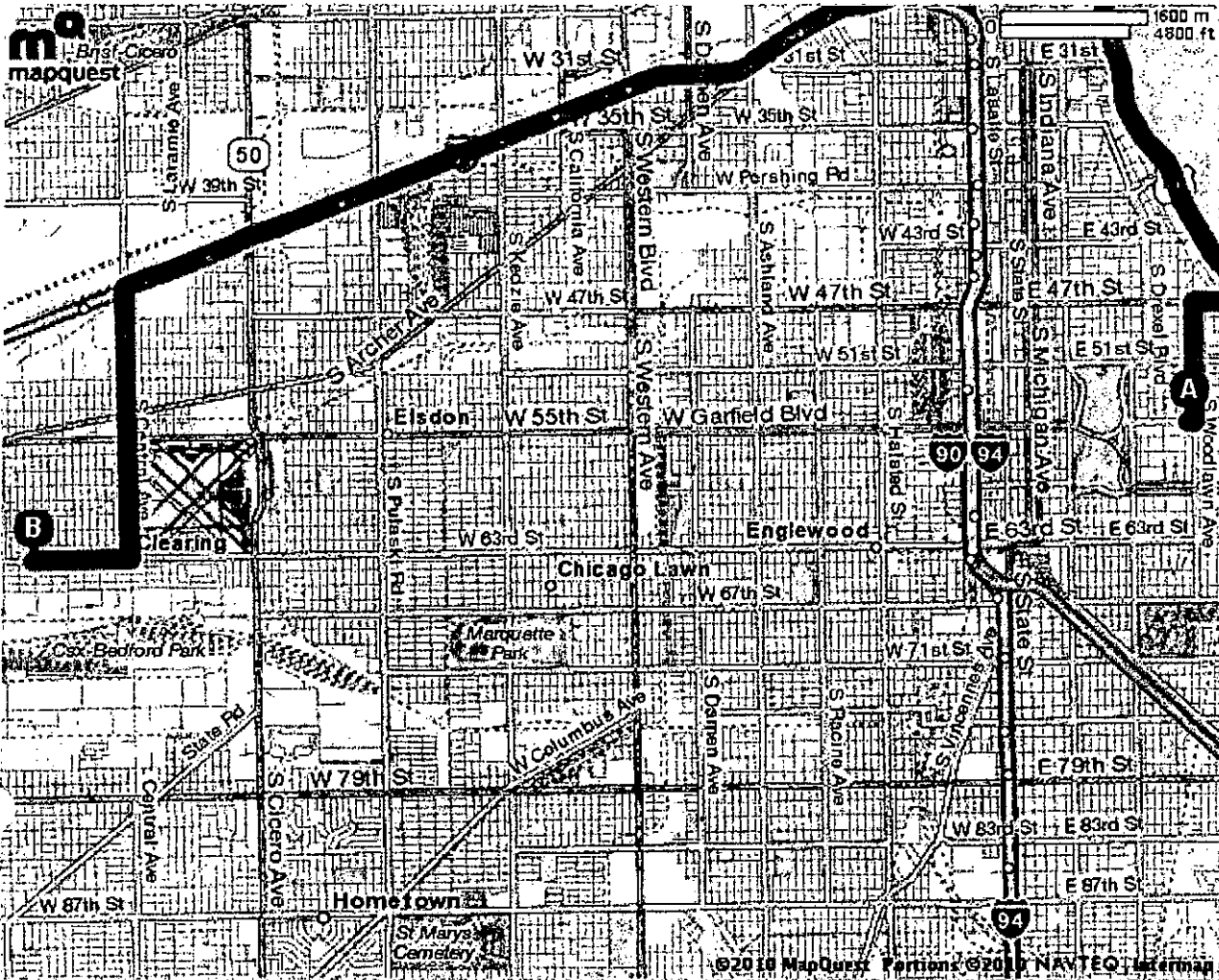
9. **6201 W 63RD ST** is on the **LEFT.** go 0.0 mi

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

Total Travel Estimate : 15.85 miles - about 28 minutes

Route Map [Hide](#)

436



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437



MAPQUEST.

Trip to 13155 S la Grange Rd
Orland Park, IL 60462-1162
27.86 miles - about 38 minutes

Notes

DaVita - Palos Park

#85

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.0 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **ST LOUIS.** go 14.9 mi



6. Take the **US-12 / US-20 / US-45 / LA GRANGE RD** exit, **EXIT 279A-B.** go 0.2 mi



7. Merge onto **US-45 S.** go 8.6 mi



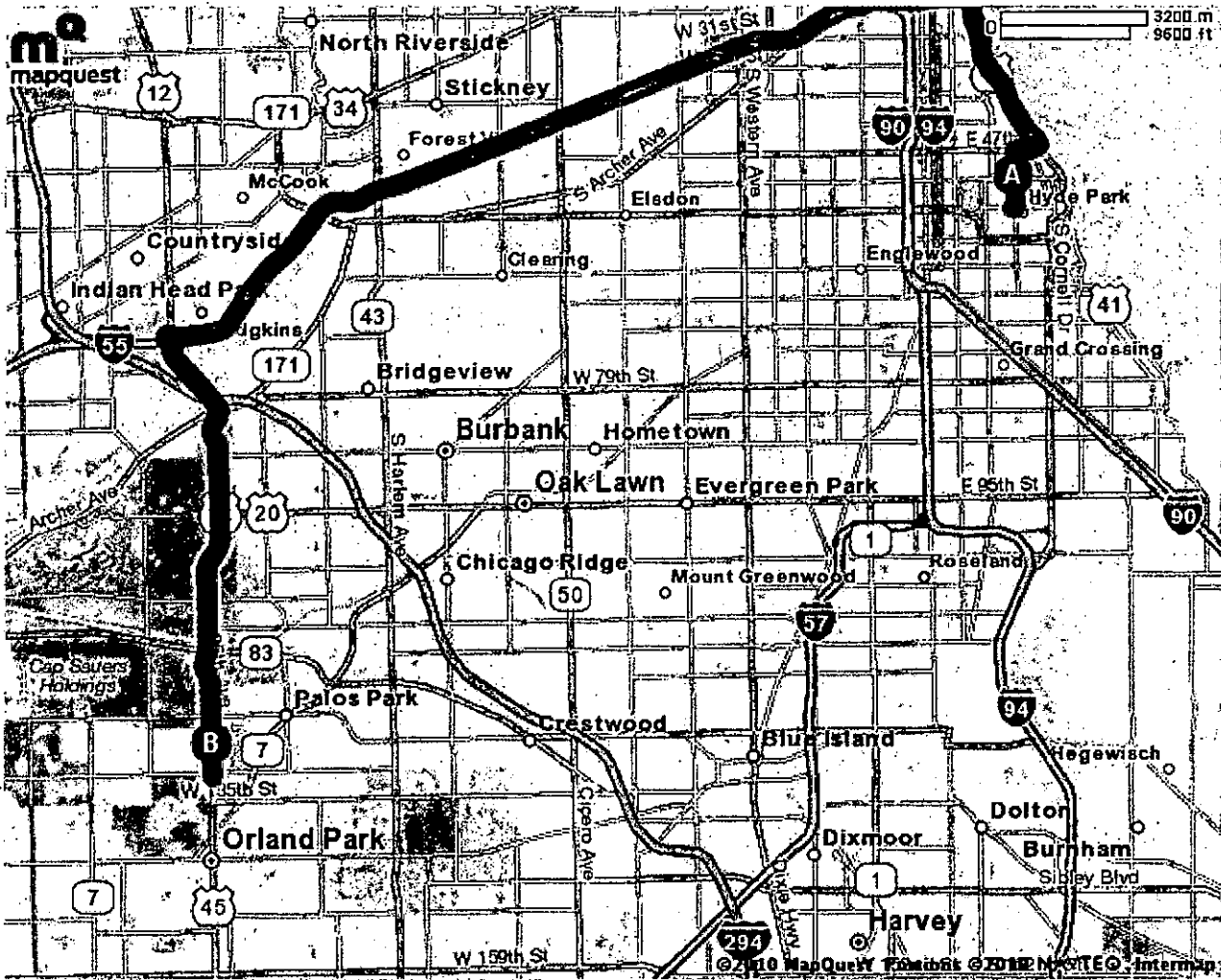
8. **13155 S LA GRANGE RD.** go 0.0 mi

B 13155 S la Grange Rd, Orland Park, IL 60462-1162

Total Travel Estimate : 27.86 miles - about 38 minutes

Route Map [Hide](#)

438



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439



MAPQUEST

Notes

FMC - Steger (DENOVO)



Trip to Steger, IL

29.03 miles - about 42 minutes

86



A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **WEST** on **E 55TH ST** toward **S UNIVERSITY AVE.**

go 0.5 mi



2. Turn **LEFT** onto **PAYNE DR.**

go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **RAINEY DR.**

go 0.2 mi



4. **RAINEY DR** becomes **MORGAN DR.**

go 0.2 mi



5. Turn **LEFT** onto **E GARFIELD BLVD / E 55TH ST.**

go 0.9 mi



6. Turn **LEFT** onto **S WELLS ST.**

go 0.0 mi



7. Merge onto **I-94 E** via the ramp on the **LEFT.**

go 16.0 mi



8. Keep **RIGHT** to take **BISHOP FORD FWY** via **EXIT 74A / B** toward **DANVILLE / IOWA / WISCONSIN.**

go 7.1 mi



9. Turn **RIGHT** onto **E SAUK TRL.**

go 3.2 mi



10. Turn **LEFT** onto **CHICAGO RD / IL-1.**

go 0.8 mi

440



11. Turn **RIGHT** onto **W 34TH ST / W STEGER RD.**

go 0.0 mi



12. Welcome to **STEGER, IL.**

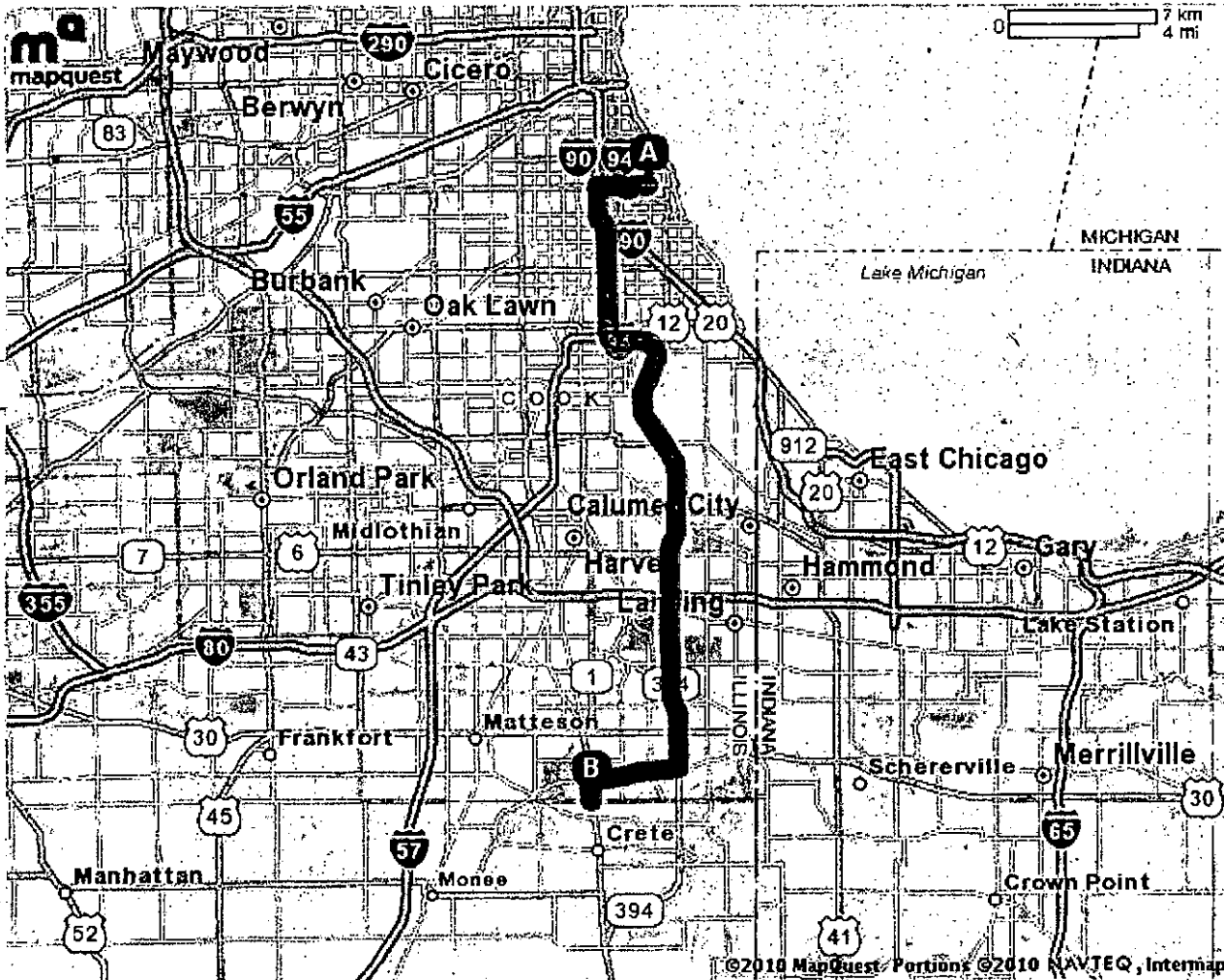
go 0.0 mi



Steger, IL

Total Travel Estimate : 29.03 miles - about 42 minutes

Route Map [Hide](#)



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441

MAPQUEST.

Notes
FMC - Lockport

Trip to 1050 Thornton St
Lockport, IL 60441-3231
38.10 miles - about 51 minutes

#87

A 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.** go 0.1 mi



2. Turn **LEFT** onto **S WOODLAWN AVE.** go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.** [Map](#) go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



5. Merge onto **I-55 S** toward **I-90 / ST LOUIS / I-94.** go 24.3 mi



6. Take the **I-355 / NORTHWEST SUBURBS** exit, **EXIT 269**, toward **SOUTHWEST SUBURBS.** go 0.3 mi



7. Take the **SOUTH JOLIET ROAD** exit. go 0.0 mi



8. Merge onto **I-355 S / VETERANS MEMORIAL TOLLWAY** via the exit on the **LEFT** toward **SOUTHWEST SUBURBS** (Portions toll). go 7.8 mi



9. Take the **IL-7 / 159TH STREET** exit. go 0.4 mi



10. Merge onto **IL-7 W** toward **LOCKPORT.** go 1.1 mi



11. Turn **RIGHT** onto **THORNTON ST / CR-68.** go 0.0 mi



12. Turn **LEFT** to stay on **THORNTON ST / CR-68.** go 0.1 mi

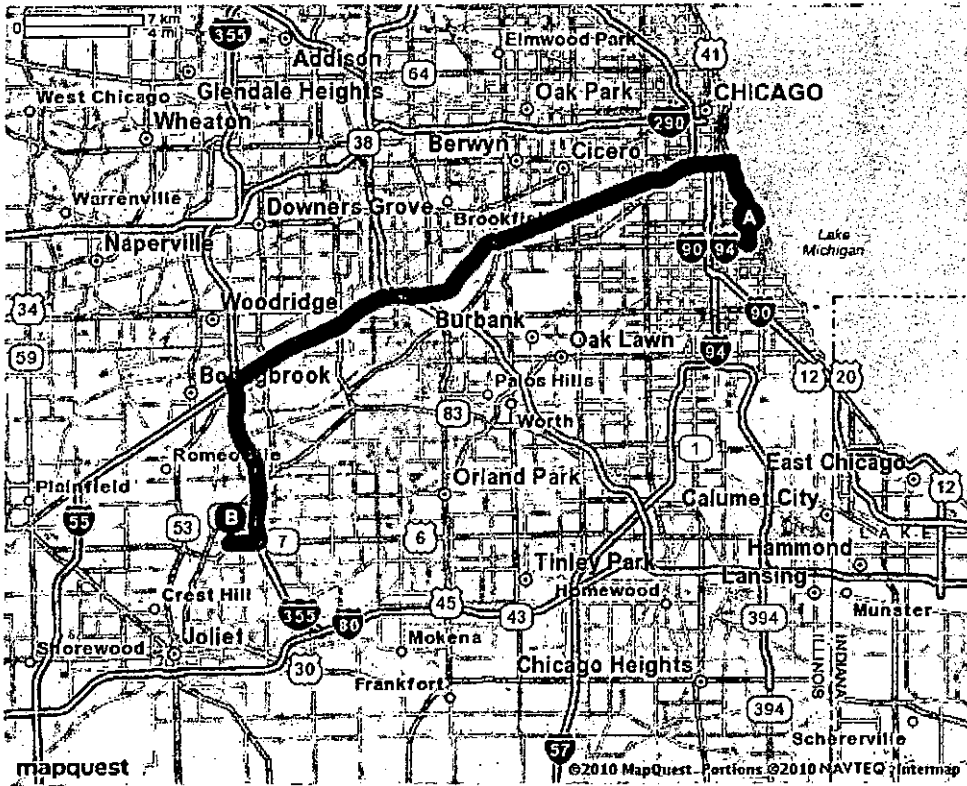


13. **1050 THORNTON ST** is on the **RIGHT.** go 0.0 mi

B 1050 Thornton St, Lockport, IL 60441-3231
Total Travel Estimate : 38.10 miles - about 51 minutes

Route Map [Hide](#)

442



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443



MAPQUEST.

Trip to 1940 Springer Dr

Lombard, IL 60148-6419

30.04 miles - about 44 minutes

Notes

FMC - Lombard (DENOVO)

#88



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT**.

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

go 1.8 mi



7. Take the **I-290 W / EISENHOWER EXPY** exit, **EXIT 51H**, toward **WEST SUBURBS.**

go 0.5 mi



8. Merge onto **I-290 W / EISENHOWER EXPY W** via the exit on the **LEFT** toward **WEST SUBURBS.**

go 13.8 mi



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

go 1.9 mi



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

go 4.3 mi

444

11. Take the **HIGHLAND AVE** exit.

go 0.2 mi

12. Take the ramp toward **LOMBARD / CHIROPRACTIC COLLEGE**.

go 0.0 mi

13. Turn **RIGHT** onto **HIGHLAND AVE / CR-9 N**. Continue to follow **HIGHLAND AVE**.

go 0.0 mi

14. Merge onto **BUTTERFIELD RD / IL-56 W** via the ramp on the **LEFT**.

go 0.8 mi

15. Turn **RIGHT** onto **FINLEY RD**.

go 0.9 mi

16. Turn **LEFT** onto **FOXWORTH BLVD**.

go 0.1 mi

17. Turn **RIGHT** onto **SPRINGER DR**.

go 0.1 mi

18. **1940 SPRINGER DR** is on the **LEFT**.

go 0.0 mi

**1940 Springer Dr, Lombard, IL 60148-6419**

Total Travel Estimate : 30.04 miles - about 44 minutes

Route Map [Hide](#)

445



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446



MAPQUEST.

Notes

FMC - Chatham (DENOVO)

#89

Trip to [8600-8699] S Holland Rd

Chicago, IL 60620

6.38 miles - about 14 minutes



1164 E 55th St, Chicago, IL 60615-5115



1. Start out going WEST on E 55TH ST toward S UNIVERSITY AVE.

go 0.5 mi



2. Turn LEFT onto PAYNE DR.

go 0.0 mi



3. Turn SLIGHT RIGHT onto RAINEY DR.

go 0.2 mi



4. RAINEY DR becomes MORGAN DR.

go 0.2 mi



5. Turn LEFT onto E GARFIELD BLVD / E 55TH ST.

go 0.9 mi



6. Turn LEFT onto S WELLS ST.

go 0.0 mi



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

go 3.8 mi



8. Take EXIT 61B toward 87TH ST.

go 0.2 mi



9. Stay STRAIGHT to go onto S LAFAYETTE AVE.

go 0.1 mi



10. Turn RIGHT onto W 87TH ST.

go 0.4 mi

447



Trip to 1444 W Willow St # 1454

Chicago, IL 60642-1524

11.19 miles - about 20 minutes

Notes

FMC - West Willow (DENOVO)

#90

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going **EAST** on **E 55TH ST** toward **S WOODLAWN AVE.**

go 0.0 mi



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

go 1.0 mi



3. Turn **RIGHT** onto **E 47TH ST.**

go 0.4 mi



4. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**

go 2.6 mi



5. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.**

go 1.4 mi



6. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.**

go 5.0 mi



7. Take the **IL-64 / NORTH AVE** exit, **EXIT 48B.**

go 0.2 mi



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

go 0.1 mi



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

go 0.2 mi



10. Turn **RIGHT** onto **W WILLOW ST.**

go 0.0 mi

449

END

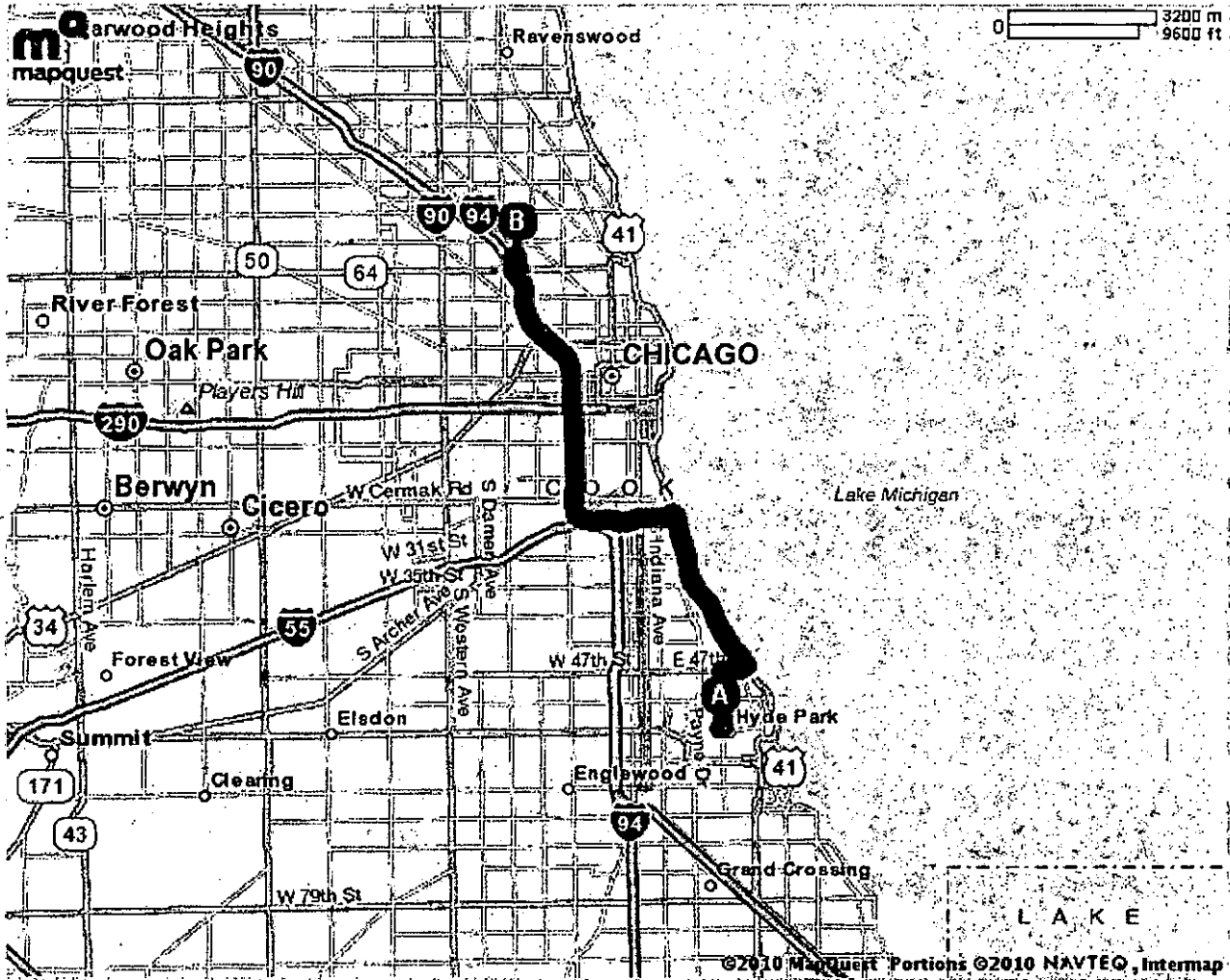
11. 1444 W WILLOW ST # 1454 is on the LEFT.

go 0.0 mi

B 1444 W Willow St # 1454, Chicago, IL 60642-1524

Total Travel Estimate : 11.19 miles - about 20 minutes

Route Map [Hide](#)



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450



MAPQUEST.

Trip to 103 Forest Ave
 River Forest, IL 60305-2003
 17.95 miles - about 29 minutes

Notes

FMC - River Forest (DENOVO)

#91

 1164 E 55th St, Chicago, IL 60615-5115



1. Start out going EAST on E 55TH ST toward S WOODLAWN AVE. go 0.0 mi



2. Turn LEFT onto S WOODLAWN AVE. go 1.0 mi



3. Turn RIGHT onto E 47TH ST. go 0.4 mi



4. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. go 2.6 mi



5. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. go 1.4 mi



6. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. go 1.8 mi



7. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H, toward WEST SUBURBS. go 0.5 mi



8. Merge onto I-290 W / EISENHOWER EXPY W via the exit on the LEFT toward WEST SUBURBS. go 8.3 mi



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



10. Turn RIGHT onto IL-43 / S HARLEM AVE / HARLEM AVE. go 0.7 mi

451



11. Turn LEFT onto RANDOLPH ST.

go 0.5 mi



12. RANDOLPH ST becomes WASHINGTON BLVD.

go 0.3 mi



13. Turn LEFT onto FOREST AVE.

go 0.1 mi



14. 103 FOREST AVE is on the LEFT.

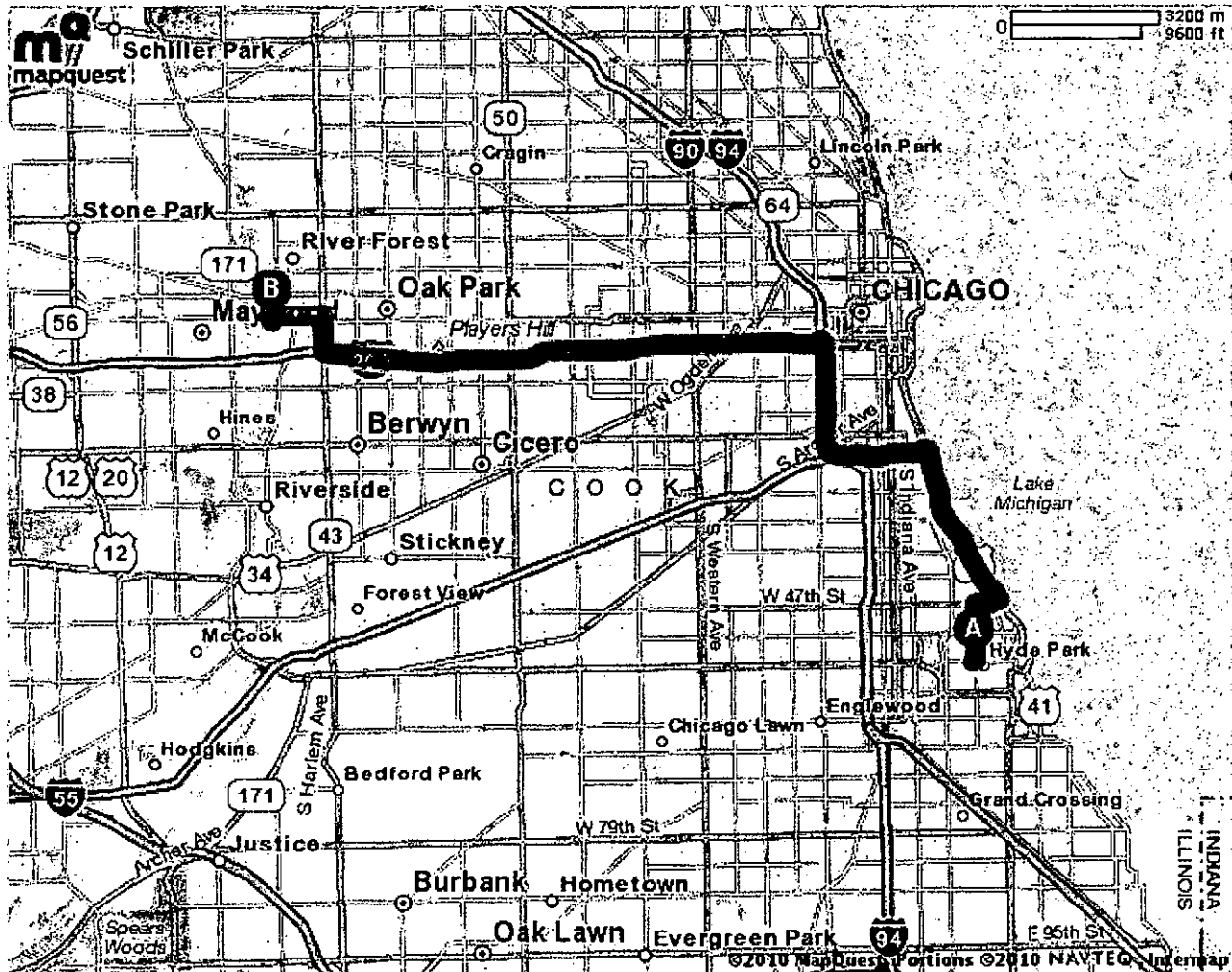
go 0.0 mi



103 Forest Ave, River Forest, IL 60305-2003

Total Travel Estimate : 17.95 miles - about 29 minutes

Route Map Hide



452

APPENDIX 2

Documentation

**Letter of Impact on
Discontinuation and Relocation of
Woodlawn Dialysis**

**Sent by DaVita on July 27, 2010
Received by Area Facilities on July 28, 2010**



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Chicago Dialysis Center
820 W. Jackson Street
Chicago, 60607

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

454

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
a - Chicago Fire Regional
2039 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
Act/Wgt: 0.5 LB
CAD: 4247177/INET3060

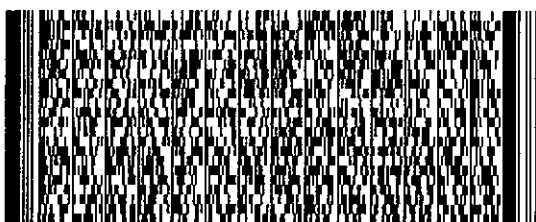
Delivery Address Bar Code



SHIP TO: (312) 930-9365 BILL SENDER
Facility Manager
FMC - Chicago Dialysis Center
820 W JACKSON BLVD

CHICAGO, IL 60607

Ref # Impact - WL
Invoice #
PO #
Dept #



TRK# 7988 8278 5763
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60607
IL-US
ORD

79 GYYA



588C18887/BA24

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455


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882785763 Delivered
Attachments:

Sent: Wed 7/28/2010 11:55 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 11:50 AM
Sign for by: K.VOLK BOEHL
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798882785763

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Chicago Dialysis Center
820 W JACKSON BLVD
CHICAGO
IL
US
60607

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Weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

456



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Greenwood Avenue Dialysis Center
1111 E. 87th Street
Chicago, 60619

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

457

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
3 - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

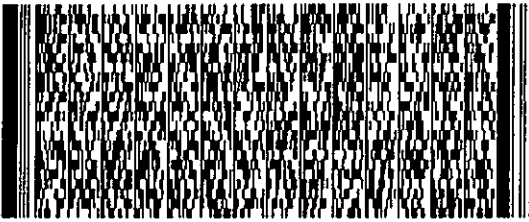
Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (773) 375-5668 BILL SENDER
Facility Manager
FMC - Greenwood Avenue Dialysis Ctr
1111 E 87TH ST

CHICAGO, IL 60619

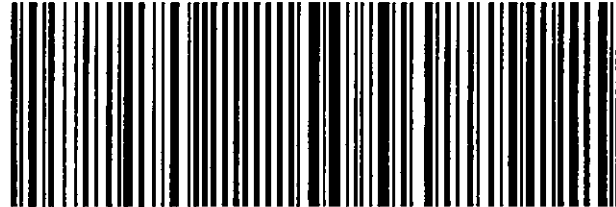


TRK# 7988 8271 2437
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

60619
IL-US
ORD

79 GYYA



5480198075A24

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garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882712437 Delivered
Attachments:

Sent: Wed 7/28/2010 11:58 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:


Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:55 AM
 Sign for by: .TERESA
 Delivery location: CHICAGO, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798882712437

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Greenwood Avenue Dialysis
2659 N. Milwaukee Avenue	Ctr
2nd Floor	1111 E 87TH ST
Chicago	CHICAGO
IL	IL
US	US
60647	60619

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Alsip Dialysis Center
12250 S. Cicero
Alsip, 60803

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

460

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago - Chicago Fire Regional
1 Milwaukee Avenue
2nd floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

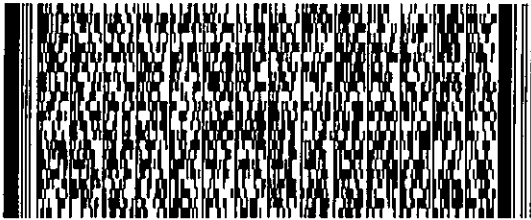
Delivery Address Bar Code



Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (773) 293-2100 BILL SENDER
Facility Manager
FMC - Alsip Dialysis Center
12250 S CICERO AVE

ALSIP, IL 60803



TRK# 7988 8489 8806
0201

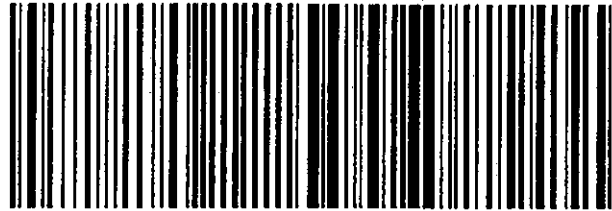
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STANDARD OVERNIGHT

60803

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79 JOTA



5891/907/BA24

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garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884898806 Delivered
Attachments:

Sent: Wed 7/28/2010 12:02 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 11:57 AM
Sign for by: D.STEVENSON
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798884898806

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Alsip Dialysis Center
12250 S CICERO AVE
ALSIP
IL
US
60803

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To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DSI - Scottsdale
4651 W. 79th Street
Chicago, 60652

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

423

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

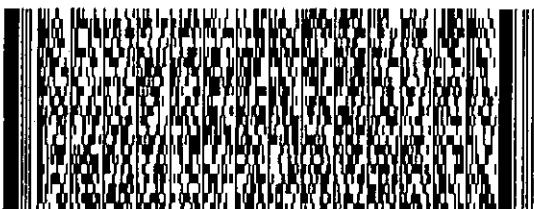
Delivery Address Bar Code



Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (773) 582-8911 BILL SENDER
Facility Manager
DSI - Scottsdale
4651 W 79TH ST

CHICAGO, IL 60652



TRK# 7937 6437 4419
0201

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79 MDWA



669015817/AA24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793764374419 Delivered
Attachments:

Sent: Wed 7/28/2010 12:03 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:53 AM
 Sign for by: J.KRUSE
 Delivery location: BEDFORD PARK, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793764374419

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	DSI - Scottsdale
2659 N. Milwaukee Avenue	4651 W 79TH ST
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60652
60647	

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Weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

465



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
RCG - Crestwood
4861 West Cal Sag Road
Crestwood, 60445

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

466

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
N. Milwaukee Avenue
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



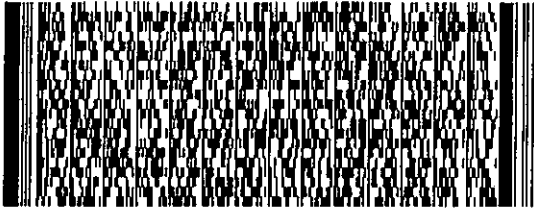
Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (708) 385-1400 **BILL SENDER**
Facility Manager
Crestwood Dialysis
4861 CAL SAG RD

CRESTWOOD, IL 60445

TRK# 7988 8492 5972
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

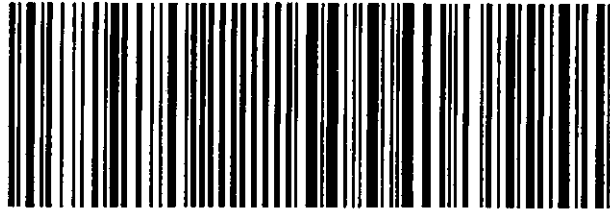


60445

IL-US

ORD

79 JOTA



5861/807/RA24

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469

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884925972 Delivered
Attachments:

Sent: Wed 7/28/2010 12:04 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 12:00 PM
 Sign for by: A.MCKENZIE
 Delivery location: SOUTH HOLLAND, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884925972

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 Crestwood Dialysis
 4861 CAL SAG RD
 CRESTWOOD
 IL
 US
 60445

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Weights are estimated.

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468



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Circle Medical Management
1426 W. Washington Blvd
Chicago, 60607

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

469

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
Act/Ngt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (312) 829-1424 BILL SENDER
Facility Manager
Circle Medical Management
1426 W WASHINGTON BLVD

CHICAGO, IL 60607

WED - 28 JUL A1
STANDARD OVERNIGHT

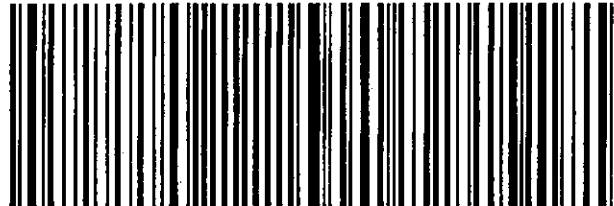
TRK# 7937 5936 0034
0201

60607

IL-US

ORD

79 GYYA



588C124975A24

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470

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759360034 Delivered
Attachments:

Sent: Wed 7/28/2010 12:14 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:55 AM
 Sign for by: E.TURNER
 Delivery location: CHICAGO, IL
 Delivered to: Shipping/Receiving
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793759360034

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 Circle Medical Management
 1426 W WASHINGTON BLVD
 CHICAGO
 IL
 US
 60607

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Weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

471



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica Loop
557 W Polk Street
Chicago, 60607

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

472

From: Origin ID: NBUA (773) 276-2380
Marnaret Enger
3 - Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
Act#/gt: 0.5 LB
CAD: 4247177/NET3060

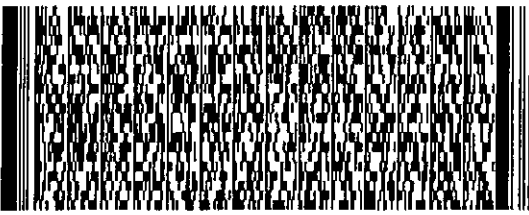
Delivery Address Bar Code



SHIP TO: (312) 834-0653 **BILL SENDER**
Facility Manager
FMC - Loop
557 W POLK ST

CHICAGO, IL 60607

Ref # Impact - WL
Invoice #
PO #
Dept #



TRK# 7988 8275 6756
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

79 GYYA

60607
IL-US
ORD



5801/8887/AA24

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473

garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882756756 Delivered
Attachments:

Sent: Wed 7/28/2010 12:14 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 12:09 PM
Sign for by: E.MORENA
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798882756756

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Loop
557 W POLK ST
CHICAGO
IL
US
60607

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474



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DSI - Hazelcrest
3470 W. 183rd St
Hazel Crest, 60429

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

475

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

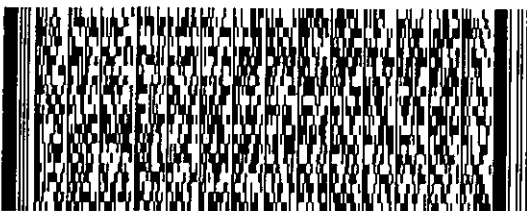
Delivery Address Bar Code



SHIP TO: (708) 799-3101 BILL SENDER
Facility Manager
DSI - Hazelcrest
3470 W 183RD ST

Ref # WL Impact
Invoice #
PO #
Dept #

HAZEL CREST, IL 60429



TRK# 7937 6191 1180
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

79 JOTA

60429
IL-US
ORD



5880158878A24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 12:21 PM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761911180 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 12:16 PM
Sign for by: C.BULTER
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793761911180

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	DSI - Hazelcrest
2659 N. Milwaukee Avenue	3470 W 183RD ST
2nd Floor	HAZEL CREST
Chicago	IL
IL	US
US	60429
60647	

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
University of Illinois Hospital - Dialysis
1859 W. Taylor
Chicago, 60612

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

478

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
1 - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



Ref # WL Impact
Invoice #
PO #
Dept #

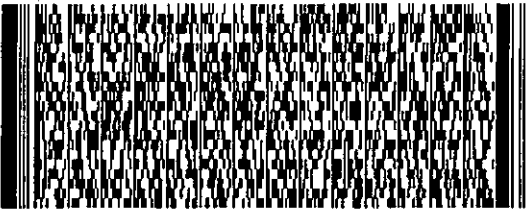
SHIP TO: (132) 413-5202 **BILL SENDER**
Univ of Illinois Hospital-Dialysis

1859 W TAYLOR ST

CHICAGO, IL 60612

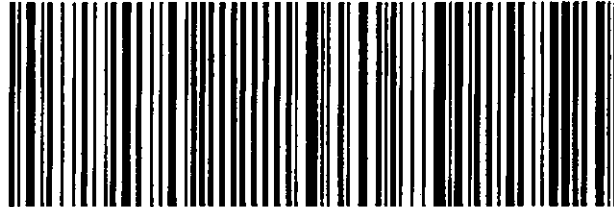
TRK# 7937 5939 7925
0201

WED - 28 JUL A1
STANDARD OVERNIGHT



60612
IL-US
ORD

79 CHIA



588010907/SA24

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479


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759397925 Delivered
Attachments:

Sent: Wed 7/28/2010 12:27 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 12:23 PM
Sign for by: C.SALGADO
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday


Tracking number: 793759397925

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Univ of Illinois Hospital-
Dialysis
1859 W TAYLOR ST
CHICAGO
IL
US
60612

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Oak Park Dialysis Unit
733 W. Madison
Oak Park, 60302

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

4/81

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
1 - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



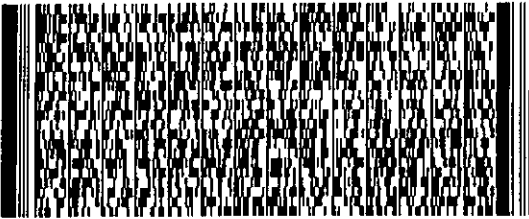
Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (708) 386-8757 BILL SENDER
Facility Manager
FMC - Oak Park Dialysis Unit
733 MADISON ST

OAK PARK, IL 60302

TRK# 7988 8422 1647
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

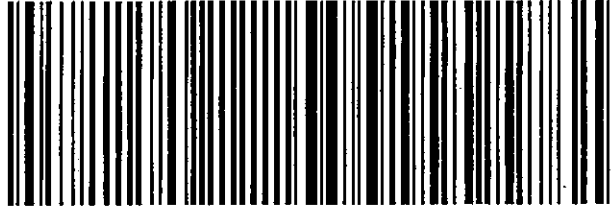


60302

IL-US

ORD

79 BDFA



6061/887/AA24

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482

 Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884221647 Delivered
Attachments:

Sent: Wed 7/28/2010 12:28 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 12:23 PM
 Sign for by: S.JUANICO
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884221647

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Oak Park Dialysis Unit
 733 MADISON ST
 OAK PARK
 IL
 US
 60302

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Weights are estimated.

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483



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - Lincoln Park Dialysis
3157 N. Lincoln Avenue
Chicago, 60657

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

484

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
200 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

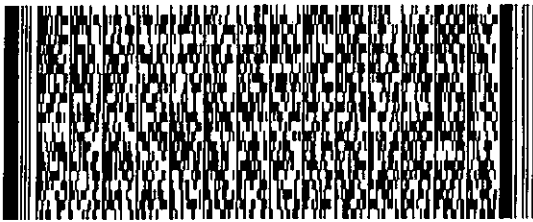
Delivery Address Bar Code



SHIP TO: (773) 348-0101 BILL SENDER
Sandy Hall
DaVita - Lincoln Park Dialysis
3157 N. Lincoln Avenue

Chicago, IL 60657

Ref # WL Impact
Invoice #
PO #
Dept #

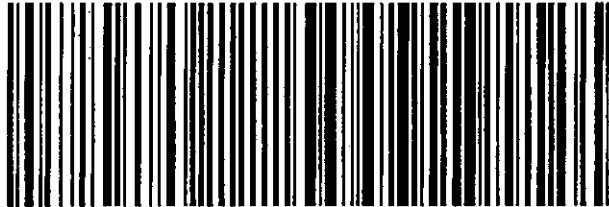


TRK# 7988 8390 1660
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60657
IL-US
ORD

79 NBUA



58801/8807/AA24

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485

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883901660 Delivered
Attachments:

Sent: Wed 7/28/2010 12:48 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 12:47 PM
 Sign for by: M.BOLWIN
 Delivery location: SKOKIE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798883901660

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Sandy Hall
 DaVita - Lincoln Park Dialysis
 3157 N. Lincoln Avenue
 Chicago
 IL
 US
 60657

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486



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica - South
9200 S. South Chicago Avenue
Chicago, 60617

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

487

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
1 - Chicago Fire Regional
200 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27.JUL10
Act/Ngt: 0.5 LB
CAD: 4247177/NET3060

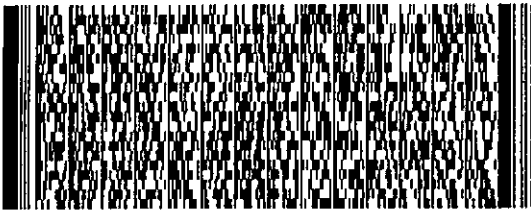
Delivery Address Bar Code



SHIP TO: (773) 734-7433 BILL SENDER
Facility Manager
FMC - South
9200 S SOUTH CHICAGO AVE

CHICAGO, IL 60617

Ref # Impact - WL
Invoice #
PO #
Dept #

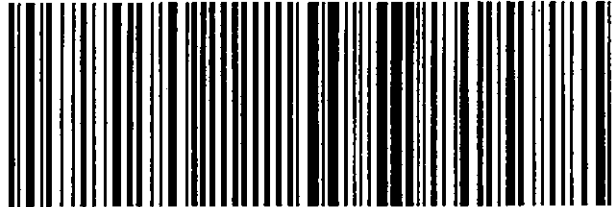


TRK# 7988 8277 0646
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

79 JOTA

60617
IL-US
ORD



580G19887/SA24

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garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882770646 Delivered
Attachments:

Sent: Wed 7/28/2010 12:50 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 12:45 PM
 Sign for by: N.KIMBALL
 Delivery location: SOUTH HOLLAND, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798882770646

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - South
 9200 S SOUTH CHICAGO AVE
 CHICAGO
 IL
 US
 60617

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita Dialysis Mt. Greenwood
3401 W. 111th Street
Chicago, 60655

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

490

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

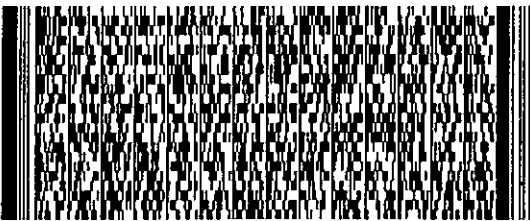
Delivery Address Bar Code



Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (773) 445-0558 BILL SENDER
Fac Manager
DaVita - Mt. Greenwood Dialysis
3401 W 111TH ST

CHICAGO, IL 60655



TRK# 7988 8403 6482
0201

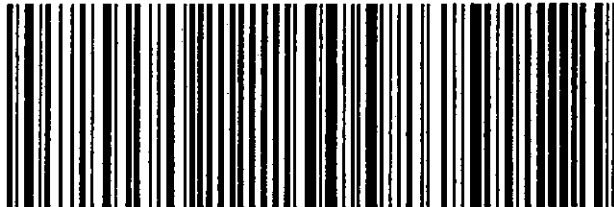
WED - 28 JUL A2
STANDARD OVERNIGHT

60655

IL-US

ORD

79 JOTA



589C1/9987/AA24

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garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884036482 Delivered
Attachments:

Sent: Wed 7/28/2010 12:54 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 12:48 PM
 Sign for by: R.JONAS
 Delivery location: SOUTH HOLLAND, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884036482

Shipper Information


Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information

Fac Manager
 DaVita - Mt. Greenwood Dialysis
 3401 W 111TH ST
 CHICAGO
 IL
 US
 60655

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Dialysis Services of Congress Parkway
3410 West Van Buren St.
Chicago, 60624

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

493

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



J18291005254226

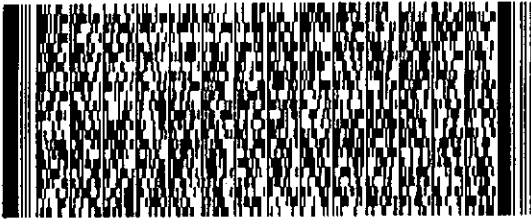
SHIP TO: (773) 722-4245 BILL SENDER
Facility Manager
FMC - Dilaysis Serv of Congress Pkw
3410 W VAN BUREN ST

CHICAGO, IL 60624

Ref # Impact - WL
Invoice #
PO #
Dept #

TRK# 7937 5944 3538
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

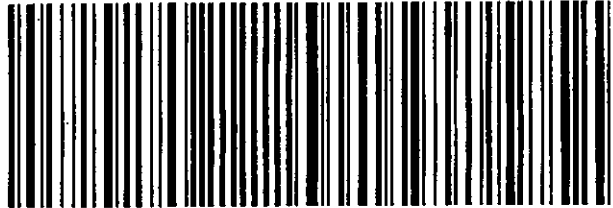


60624

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79 BDFA



086G10807/8A24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759443538 Delivered
Attachments:

Sent: Wed 7/28/2010 12:57 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 12:51 PM
 Sign for by: A.MORALES
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793759443538

Shipper Information

Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information

Facility Manager
 FMC - Dilaysis Serv of Congress
 Pkw
 3410 W VAN BUREN ST
 CHICAGO
 IL
 US
 60624

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495



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - Little Village Dialysis
2335 W. Cermak Road
Chicago, 60608

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

496

From: Origin ID: NBUA (773) 276-2380
Maret Enger
3 - Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



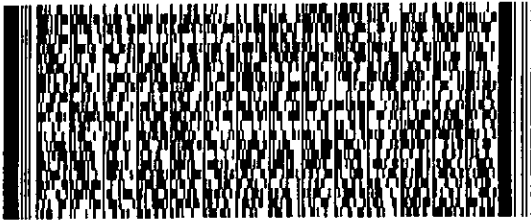
SHIP TO: (773) 523-2939 BILL SENDER
Joan Fieldhouse
DaVita - Little Village Dialysis
2335 W CERMAK RD

Ref #
Invoice #
PO #
Dept #

CHICAGO, IL 60608

TRK# 7937 5932 3670
0201

WED - 28 JUL A1
STANDARD OVERNIGHT



60608
IL-US
ORD

79 CHIA



68618878A24

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497

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 1:04 PM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759323670 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 12:57 PM
Sign for by: E.IRRANSNY
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793759323670

Shipper Information	Recipient Information
Margaret Enger	Joan Fieldhouse
DaVita - Chicago Fire Regional	DaVita - Little Village
2659 N. Milwaukee Avenue	Dialysis
2nd Floor	2335 W CERMAK RD
Chicago	CHICAGO
IL	IL
US	US
60647	60608

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Weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

498



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - Stony Creek Dialysis
9115 S. Cicero Avenue
Oak Lawn, 60453

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

499

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2nd floor
N. Milwaukee Avenue
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

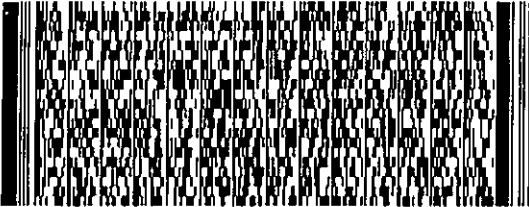
Delivery Address Bar Code



SHIP TO: (708) 423-0300 **BILL SENDER**
Manny King
DaVita - Stony Creek
9115 S CICERO AVE

OAK LAWN, IL 60453

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7988 8470 6103
0201

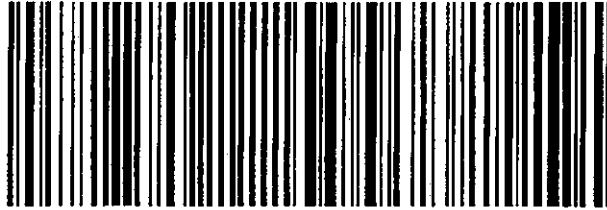
WED - 28 JUL A1
STANDARD OVERNIGHT

60453

IL-US

ORD

79 MDWA



589018887/BA24

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500

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884706103 Delivered
Attachments:

Sent: Wed 7/28/2010 1:10 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:05 PM
 Sign for by: A.NAVARRO
 Delivery location: BEDFORD PARK, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884706103

Shipper Information	Recipient Information
Margaret Enger	Manny King
DaVita - Chicago Fire Regional	DaVita - Stony Creek
2659 N. Milwaukee Avenue	9115 S CICERO AVE
2nd Floor	OAK LAWN
Chicago	IL
IL	US
US	60453
60647	

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501



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Fl.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Dialysis Services of Burbank
4811 W. 77th Street
Burbank, 60459

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

502

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
1 - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



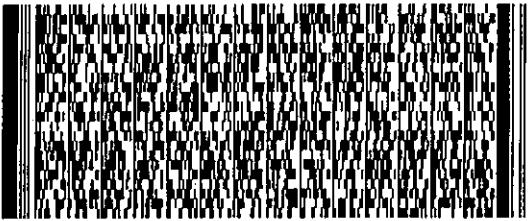
Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (708) 229-0584 BILL SENDER
Facility Manager
FMC - Dialysis Services of Burbank
4811 W 77TH ST

BURBANK, IL 60459

TRK# 7937 6065 8600
0201

WED - 28 JUL A1
STANDARD OVERNIGHT



60459

IL-US

ORD

79 MDWA



5801/8887/BA24

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503

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793760658600 Delivered
Attachments:

Sent: Wed 7/28/2010 1:15 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:11 PM
 Sign for by: A.QEZADA
 Delivery location: BEDFORD PARK, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793760658600

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Dialysis Services of
2659 N. Milwaukee Avenue	Burbank
2nd Floor	4811 W 77TH ST
Chicago	BURBANK
IL	IL
US	US
60647	60459

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - Emerald Dialysis
710 West 43rd St.
Chicago, 60609

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

505

From: Origin ID: NBUA (773) 276-2380
 Margaret Enger
 DaVita - Chicago Fire Regional
 N. Milwaukee Avenue
 1st floor
 Chicago, IL 60647



#18291885258225

Ship Date: 27JUL10
 ActWgt: 0.5 LB
 CAD: 4247177/INET3060

Delivery Address Bar Code



SHIP TO: (773) 843-5668

BILL SENDER

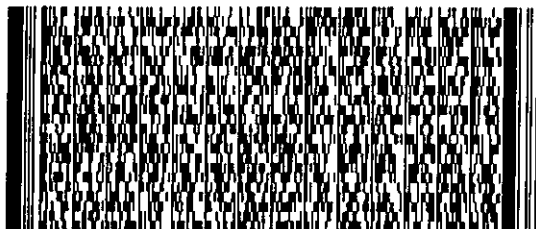
Denise Latham-Lee
 DaVita - Emerald Kidney Center
 710 W. 43rd Street

Chicago, IL 60609

Ref # Impact - WL
 Invoice #
 PO #
 Dept #

TRK# 7937 5332 9030
 0201

WED - 28 JUL A1
 STANDARD OVERNIGHT



60609

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ORD

79 GYYA



588C188078A24

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506

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793753329030 Delivered
Attachments:

Sent: Wed 7/28/2010 1:24 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:18 PM
 Sign for by: P.JOHNSON
 Delivery location: CHICAGO, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793753329030

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Denise Latham-Lee
 DaVita - Emerald Kidney Center
 710 W. 43rd Street
 Chicago
 IL
 US
 60609

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Community Dialysis of Harvey
16657 S. Halsted
Harvey, 60426

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

508

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago - Chicago Fire Regional
111 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



J18291895258225

Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

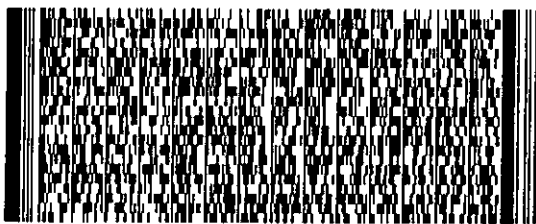
Delivery Address Bar Code



Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (708) 210-9500 BILL SENDER
Facility Manager
Community Dialysis of Harvey
16657 HALSTED ST

HARVEY, IL 60426



TRK# 7937 6186 7709
0201

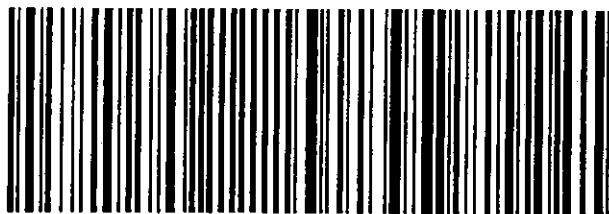
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79 JOTA



589015807/AA24

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509

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761867709 Delivered
Attachments:

Sent: Wed 7/28/2010 1:33 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:28 PM
 Sign for by: M.IDWOU
 Delivery location: SOUTH HOLLAND, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793761867709

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	Community Dialysis of Harvey
2659 N. Milwaukee Avenue	16657 HALSTED ST
2nd Floor	HARVEY
Chicago	IL
IL	US
US	60426
60647	

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510



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - West Lawn
7000 S. Pulaski Road
Chicago, 60629

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

511

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



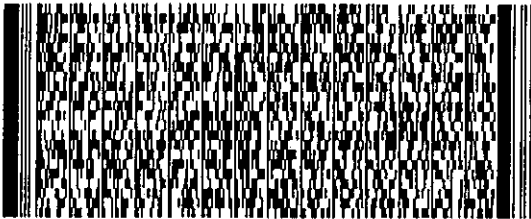
SHIP TO: (773) 284-5324 **BILL SENDER**
Denise Latham-Lee
DaVita - West Lawn
7000 S PULASKI RD

Ref # WL Impact
Invoice #
PO #
Dept #

CHICAGO, IL 60629

TRK# 7988 8410 8636
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

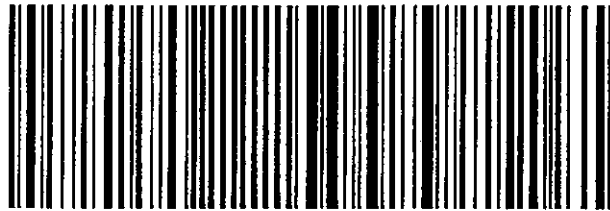


60629

IL-US

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79 MDWA



589C1/5887/BA24

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572


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884108636 Delivered
Attachments:

Sent: Wed 7/28/2010 1:41 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:35 PM
 Sign for by: M.BRYD
 Delivery location: BEDFORD PARK, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884108636

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Denise Latham-Lee
 DaVita - West Lawn
 7000 S PULASKI RD
 CHICAGO
 IL
 US
 60629

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() ights are estimated.

513

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Blue Island Dialysis Center
12200 S. Western
Blue Island, 60406

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

514

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
a - Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

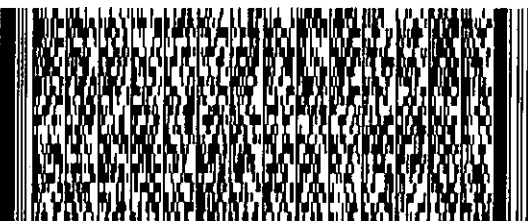
Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (708) 597-9933 BILL SENDER
Facility Manager
FMC - Blue Island Dilaysis Center
12200 WESTERN AVE

BLUE ISLAND, IL 60406



TRK# 7988 8302 8190
0201

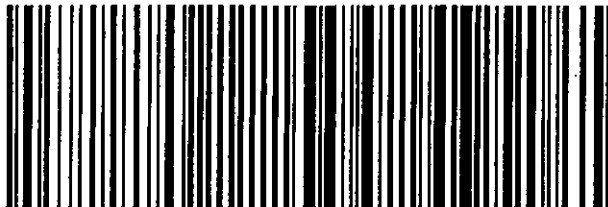
WED - 28 JUL A2
STANDARD OVERNIGHT

60406

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79 JOTA



586CT5807/AA24

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515

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883028190 Delivered
Attachments:

Sent: Wed 7/28/2010 1:41 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 1:36 PM
Sign for by: V.WARE
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798883028190

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Blue Island Dilaysis
Center
12200 WESTERN AVE
BLUE ISLAND
IL
US
60406

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5/6



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC-NA Lakeview Dialysis
4008 North Broadway Avenue
Chicago, 60613

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

517

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



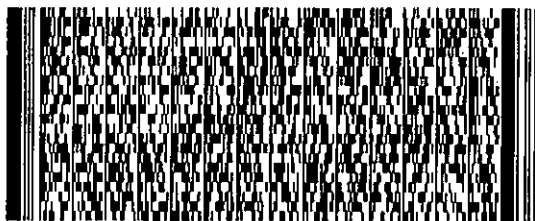
SHIP TO: (773) 248-3105 **BILL SENDER**
Facility Manager
FMC - Lakeview Dialysis
4008 N BROADWAY ST

Ref # Impact - WL
Invoice #
PO #
Dept #

CHICAGO, IL 60613

TRK# 7988 8395 9610
(0201)

WED - 28 JUL A1
STANDARD OVERNIGHT



60613

IL-US

ORD

79 NBUA



688018837/MA24

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518



From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883959610 Delivered
Attachments:

Sent: Wed 7/28/2010 1:43 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 1:39 PM
Sign for by: M.JOSON
Delivery location: SKOKIE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798883959610

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Lakeview Dialysis
2659 N. Milwaukee Avenue	4008 N BROADWAY ST
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60613
60647	

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Willowbrook
6300 S. Kingery Hwy
Willowbrook, 60527

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

520

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
Act/Wgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code

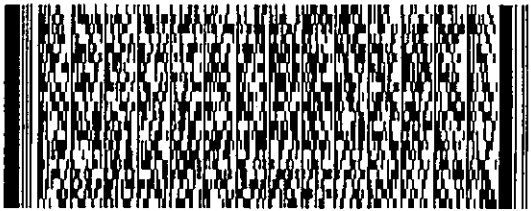


SHIP TO: (630) 325-0309 BILL SENDER
Facility Manager
FMC - Willowbrook
6300 KINGERY HWY

Ref # WL Impact
Invoice #
PO #
Dept #

WILLOWBROOK, IL 60527

WED - 28 JUL A1
STANDARD OVERNIGHT



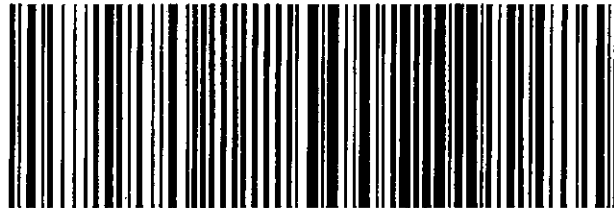
TRK# 7988 8790 6060
0201

60527

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79 ENLA



688019417/BA24

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garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 1:46 PM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798887906060 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:40 PM
 Sign for by: M.VALLEJO
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798887906060

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Willowbrook
2659 N. Milwaukee Avenue	6300 KINGERY HWY
2nd Floor	WILLOWBROOK
Chicago	IL
IL	US
US	60527
60647	

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522



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Nephron Dialysis Center, LTD
5140 N. California Avenue
Chicago, 60625

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

523

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



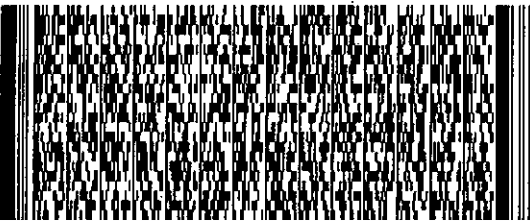
SHIP TO: (773) 293-2100 BILL SENDER
Facility Manager
Nephron Dialysis Center, LTD
5140 N CALIFORNIA AVE

Ref # WL Impact
Invoice #
PO #
Dept #

CHICAGO, IL 60625

WED - 28 JUL A1
STANDARD OVERNIGHT

TRK# 7937 6137 3593
0201



60625

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79 NBUA



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524

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761373593 Delivered
Attachments:

Sent: Wed 7/28/2010 1:48 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:44 PM
 Sign for by: F.HERNANDEZ
 Delivery location: SKOKIE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793761373593

Shipper Information

Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information

Facility Manager
 Nephron Dialysis Center, LTD
 5140 N CALIFORNIA AVE
 CHICAGO
 IL
 US
 60625

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC-Neomedica - North Kilpatrick
4800 N Kilpatrick
Chicago, 60630

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

526

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt 0.5 LB
CAD: 4247177/INET3060

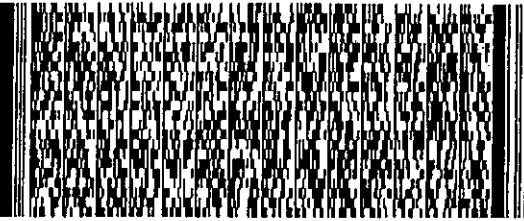
Delivery Address Bar Code



SHIP TO: (773) 545-3693 BILL SENDER
Facility Manager
FMC - North Kilpatrick
4800 N KILPATRICK AVE

CHICAGO, IL 60630

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7937 6073 8622
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

79 NBUA

60630
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09001/0927/RA24

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527

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793760738622 Delivered
Attachments:

Sent: Wed 7/28/2010 1:53 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:47 PM
 Sign for by: D.HUGHES
 Delivery location: SKOKIE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793760738622

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - North Kilpatrick
 4800 N KILPATRICK AVE
 CHICAGO
 IL
 US
 60630

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Weights are estimated.

528

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC-Neomedica - West Belmont
4943 W. Belmont Avenue
Chicago, 60641

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

529

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
N. Milwaukee Avenue
Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

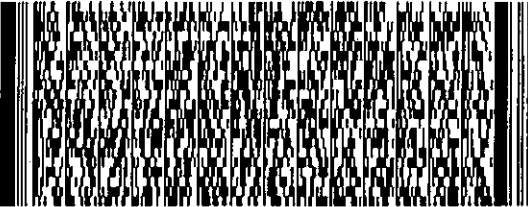
Delivery Address Bar Code



SHIP TO: (773) 481-0814 **BILL SENDER**
Facility Manager
FMC - Belmont
4943 W BELMONT AVE

CHICAGO, IL 60641

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7937 6134 1863
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60641

IL-US

ORD

79 NBUA



586C1/2887/BA24

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530

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761341863 Delivered
Attachments:

Sent: Wed 7/28/2010 1:53 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:49 PM
 Sign for by: C.CEASIS
 Delivery location: SKOKIE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793761341863

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Belmont
 4943 W BELMONT AVE
 CHICAGO
 IL
 US
 60641

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Weights are estimated.

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531



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica - Marquette Park
6535 S. Western Avenue
Chicago, 60636

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

532

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
3 - Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



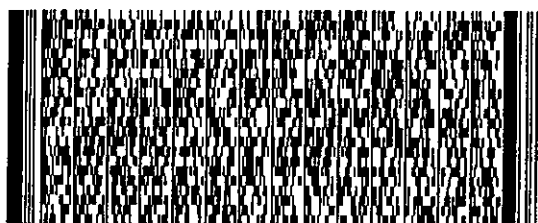
SHIP TO: (773) 471-8525 BILL SENDER
Facility Manager
FMC - Marquette Park
6535 S WESTERN AVE

Ref # Impact - WL
Invoice #
PO #
Dept #

CHICAGO, IL 60636

TRK# 7988 8283 5360
0201

WED - 28 JUL A2
STANDARD OVERNIGHT



60636
IL-US
ORD

79 GYYA



580C1/2887/AA24

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533

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 2:05 PM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882835360 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 2:00 PM
 Sign for by: S.FOSTER
 Delivery location: CHICAGO, IL
 Delivered to: Guard/Security Station
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798882835360

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Marquette Park
2659 N. Milwaukee Avenue	6535 S WESTERN AVE
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60636
60647	

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534



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica - South Shore
2420 E. 79th St.
Chicago, 60649

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

535

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
N. Milwaukee Avenue
loor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (773) 374-9002

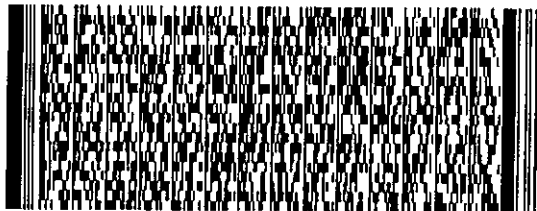
BILL SENDER

Facility Manager
FMC - South Shore
2420 E 79TH ST

CHICAGO, IL 60649

TRK# 7988 8269 6459
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

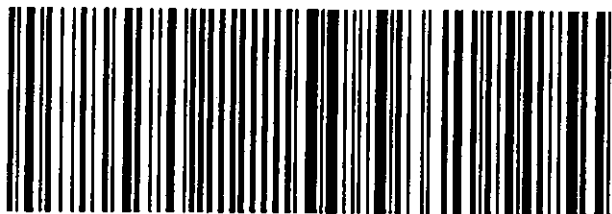


60649

IL-US

ORD

79 GYYA



588G1/8887/8A24

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536

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882696459 Delivered
Attachments:

Sent: Wed 7/28/2010 2:20 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 2:11 PM
 Sign for by: S.BANKS
 Delivery location: CHICAGO, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798882696459

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - South Shore
 2420 E 79TH ST
 CHICAGO
 IL
 US
 60649

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537



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
University of Chicago - Lake Park
1531 E. Hyde Park Blvd.
Chicago, 60615

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

538

From: Origin ID: NBUA (773) 276-2380
 Margaret Enger
 DaVita - Chicago Fire Regional
 N. Milwaukee Avenue
 1st floor
 Chicago, IL 60647



J16281605268225

Ship Date: 27JUL10
 ActWgt: 0.5 LB
 CAD: 4247177/NET3060

Delivery Address Bar Code



Ref # Impact - WL
 Invoice #
 PO #
 Dept #

SHIP TO: (773) 702-1531

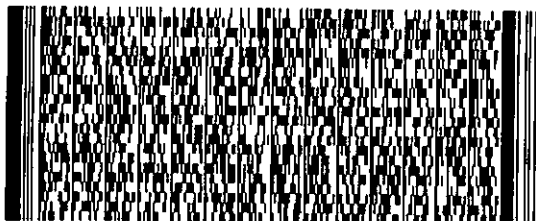
BILL SENDER

David Martinez
 UCMC - Lake Park Dialysis
 1531 E. Hyde Park Blvd.

Chicago, IL 60615

TRK# 7937 5326 8527
 0201

WED - 28 JUL A1
 STANDARD OVERNIGHT

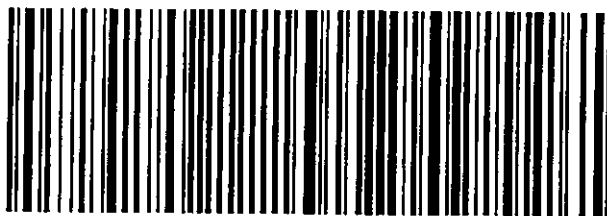


60615

IL-US

ORD

79 GYYA



509C1/8807/AA24

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539


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 2:21 PM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793753268527 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 2:16 PM
Sign for by: H.SIMPSON
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793753268527

Shipper Information	Recipient Information
Margaret Enger	David Martinez
DaVita - Chicago Fire Regional	UCMC - Lake Park Dialysis
2659 N. Milwaukee Avenue	1531 E. Hyde Park Blvd.
2nd Floor	Chicago
Chicago	IL
IL	US
US	60615
60647	

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
RCG - Prairie
1717 S. Wabash Street
Chicago, 60616

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

541

From: Origin ID: NBUA (773) 276-2380
 Margaret Enger
 DaVita - Chicago Fire Regional
 N. Milwaukee Avenue
 1000
 Chicago, IL 60647



Ship Date: 27JUL10
 Act/Wgt 0.5 LB
 CAD: 4247177/INET3060

Delivery Address Bar Code



SHIP TO: (312) 913-0000 BILL SENDER

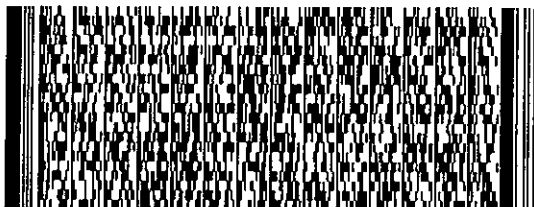
Facility Manager
 FMC - Prairie
 1717 S WABASH AVE

CHICAGO, IL 60616

Ref # Impact - WL
 Invoice #
 PO #
 Dept #

TRK# 7937 5338 0380
 0201

WED - 28 JUL A1
 STANDARD OVERNIGHT



60616

IL-US

ORD

79 CGXA



586C1/5887/AA24

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542

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793753380380 Delivered
Attachments:

Sent: Wed 7/28/2010 2:23 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 2:18 PM
 Sign for by: C.REED
 Delivery location: CHICAGO, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793753380380

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Prairie
2659 N. Milwaukee Avenue	1717 S WABASH AVE
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60616
60647	

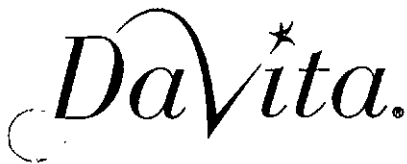
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To learn more about FedEx Express, please visit our website at fedex.com.

Weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

543



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Roseland Dialysis
132 W. 111th St.
Chicago, 60628

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

534

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
1 - Chicago Fire Regional
250 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



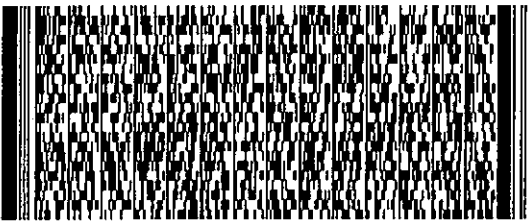
Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



SHIP TO: (773) 995-1783 BILL SENDER
Facility Manager
FMC - Roseland Dialysis
132 W 111TH ST
CHICAGO, IL 60628

Ref # Impact - WL
Invoice #
PO #
Dept #



TRK# 7937 5949 4470
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

60628
IL-US
ORD

79 JOTA



000010007/SA24

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535

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759494470 Delivered
Attachments:

Sent: Wed 7/28/2010 2:24 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 2:18 PM
Sign for by: G.BRENDA
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793759494470

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Roseland Dialysis
132 W 111TH ST
CHICAGO
IL
US
60628

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536



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMCNA-Uptown
4700 N. Marine, Ste 200
Chicago, 60640

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

537

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



J10201005250225

Ship Date: 27JUL10
Act/Wgt: 0.5 LB
CAD: 4247177/NET3060

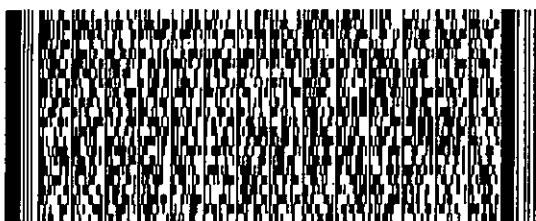
Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (773) 564-7676 BILL SENDER
Facility Manager
FMC - Uptown
4700 N MARINE DR STE 200

CHICAGO, IL 60640



TRK# 7937 6056 2735
0201

WED - 28 JUL A1
STANDARD OVERNIGHT
RES

60640

IL-US

ORD

79 NBUA



508218478A24

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538

Margaret Enger

From: TrackingUpdates@fedex.com
Sent: Wednesday, July 28, 2010 2:30 PM
To: Margaret Enger
Subject: FedEx Shipment 793760562735 Delivered

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 2:22 PM
 Sign for by: M.MODESTA
 Delivery location: SKOKIE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Residential Delivery
 Deliver Weekday

Tracking number: 793760562735

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Uptown
2659 N. Milwaukee Avenue	4700 N MARINE DR STE 200
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60640
60647	

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579

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7/28/2010



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Center for Renal Replacement
7301 N. Lincoln Avenue
Lincolnwood, 60712

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

540

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
111 Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

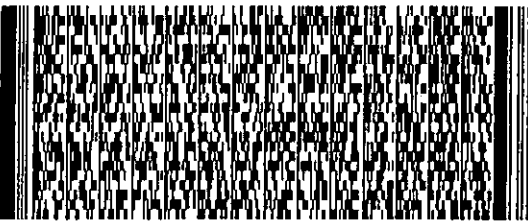
Delivery Address Bar Code



SHIP TO: (847) 675-5555 **BILL SENDER**
Facility Manager
Center for Renal Replacement
7301 N LINCOLN AVE

LINCOLNWOOD, IL 60712

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7988 8498 4250
0201

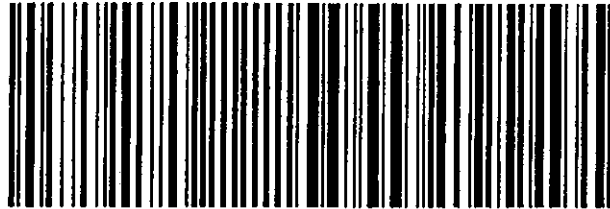
WED - 28 JUL A1
STANDARD OVERNIGHT

60712

IL-US

ORD

79 NBUA



5801/8807/8A26

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541

Margaret Enger

From: TrackingUpdates@fedex.com
Sent: Wednesday, July 28, 2010 2:31 PM
To: Margaret Enger
Subject: FedEx Shipment 798884984250 Delivered

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 2:24 PM
Sign for by: V.MIANKOVA
Delivery location: SKOKIE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798884984250

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	Center for Renal Replacement
2659 N. Milwaukee Avenue	7301 N LINCOLN AVE
2nd Floor	LINCOLNWOOD
Chicago	IL
IL	US
US	60712
60647	

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7/28/2010

542



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Southside Dialysis Center
3134 West 76th Street
Chicago, 60652

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

543

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

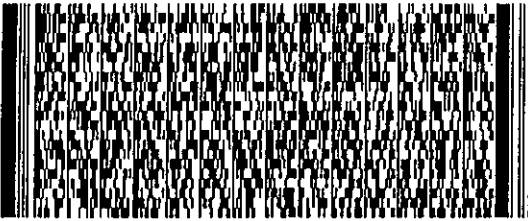
Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (773) 471-0400 BILL SENDER
Facility Manager
FMC - Southside Dialysis Center
3134 W 76TH ST

CHICAGO, IL 60652



TRK# 7988 8300 1779
0201

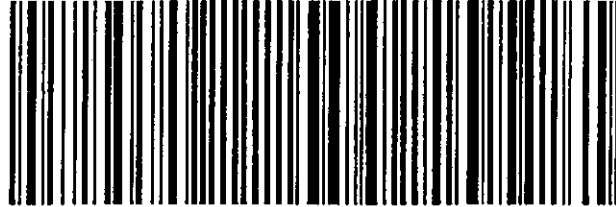
WED - 28 JUL A1
STANDARD OVERNIGHT

60652

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79 MDWA



686C1/9947/BA24

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544

 Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883001779 Delivered
Attachments:

Sent: Wed 7/28/2010 2:40 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 2:32 PM
 Sign for by: .EBONY
 Delivery location: BEDFORD PARK, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday


Tracking number: 798883001779

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Southside Dialysis Center
 3134 W 76TH ST
 CHICAGO
 IL
 US
 60652

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545



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Foster McGaw Hospital of Loyola
1201 W. Roosevelt Road
Maywood, 60153

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

542

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

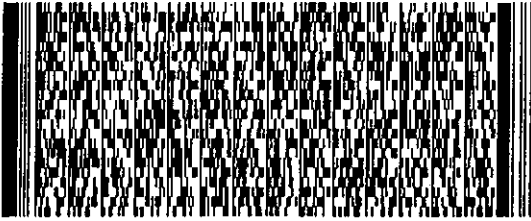
Delivery Address Bar Code



SHIP TO: (708) 531-7050 **BILL SENDER**
Facility Manager
Foster McGaw Hospital of Loyola
1201 W ROOSEVELT RD

MAYWOOD, IL 60153

Ref # WL Impact
Invoice #
PO #
Dept #

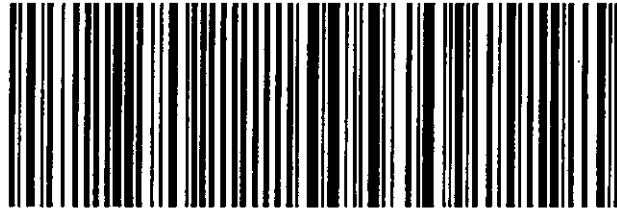


TRK# 7988 8474 6254
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60153
IL-US
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79 BDFA



586C1/5807/BA24

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547

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884746254 Delivered
Attachments:

Sent: Wed 7/28/2010 2:46 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 2:42 PM
 Sign for by: J.GOLUMB
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884746254

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	Foster McGaw Hospital of Loyola
2659 N. Milwaukee Avenue	1201 W ROOSEVELT RD
2nd Floor	MAYWOOD
Chicago	IL
IL	US
US	60153
60647	

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548



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Fl.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
University of Chicago - Stony Island Center
8725 South Stony Island Avenue
Chicago, 60617

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

549

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
3 - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



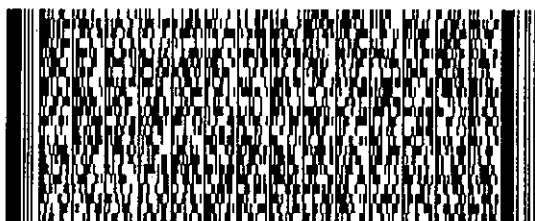
SHIP TO: (773) 834-5830 BILL SENDER
Rena Willis
UCMC - Stony Island Dialysis
8725 S. Stony Island Avenue

Ref # WL Impact
Invoice #
PO #
Dept #

Chicago, IL 60617

TRK# 7937 6440 3669
0201

WED - 28 JUL A2
STANDARD OVERNIGHT



60617

IL-US

ORD

79 JOTA



5860159675A24

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550

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793764403669 Delivered
Attachments:

Sent: Wed 7/28/2010 3:01 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 2:52 PM
Sign for by: R.NEWSOME
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793764403669

Shipper Information	Recipient Information
Margaret Enger	Rena Willis
DaVita - Chicago Fire Regional	UCMC - Stony Island Dialysis
2659 N. Milwaukee Avenue	8725 S. Stony Island Avenue
2nd Floor	Chicago
Chicago	IL
IL	US
US	60617
60647	

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557



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Garfield
5401 S. Wentworth
Chicago, 60609

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

552

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
1100 Milwaukee Avenue
1st floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

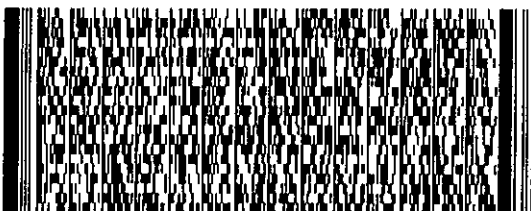
Delivery Address Bar Code



SHIP TO: (773) 548-5714 BILL SENDER
Facility Manager
FMC - Garfield
5401 S WENTWORTH AVE

CHICAGO, IL 60609

Ref # Impact - WL
Invoice #
PO #
Dept #



TRK# 7937 5339 7548
0201

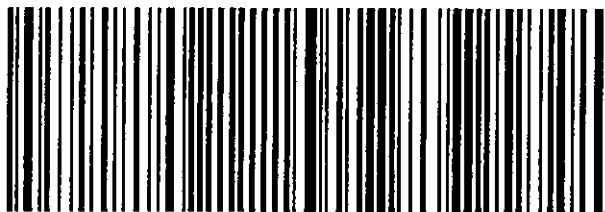
WED - 28 JUL A1
STANDARD OVERNIGHT

60609

IL-US

ORD

79 GYYA



553

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 3:05 PM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793753397548 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 2:56 PM
Sign for by: Signature not required
Delivery location: CHICAGO, IL
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793753397548

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Garfield
2659 N. Milwaukee Avenue	5401 S WENTWORTH AVE
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60609
60647	

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554

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Chicago Westside Dialysis
1340 S. Damen Avenue
Chicago, 60608

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

5-55

From: Origin ID: NBUA (773) 276-2380
Taret Enger
1 - Chicago Fire Regional
2039 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code

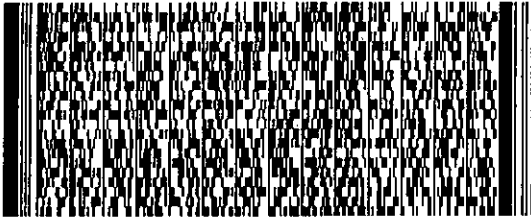


J18281895250225

SHIP TO: (312) 738-2587 BILL SENDER
Facility Manager
FMC - Chicago Westside Dialysis
1340 S DAMEN AVE

Ref # Impact - WL
Invoice #
PO #
Dept #

CHICAGO, IL 60608

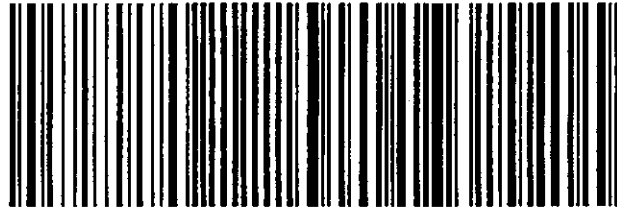


TRK# 7937 5946 9067
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60608
IL-US
ORD

79 CHIA



088C1/8887/AA24

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556

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759469067 Delivered
Attachments:

Sent: Wed 7/28/2010 3:05 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 2:59 PM
 Sign for by: P.CANINO
 Delivery location: CHICAGO, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793759469067

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Chicago Westside Dialysis
 1340 S DAMEN AVE
 CHICAGO
 IL
 US
 60608

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55-7



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica - South Holland
17225 S. Paxton Avenue
South Holland, 60473

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

558

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
111 N. Milwaukee Avenue
2nd floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

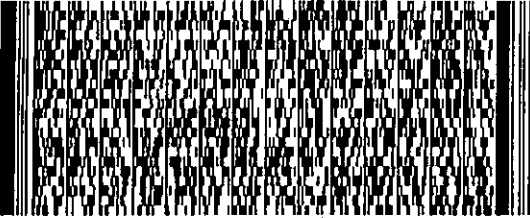
Delivery Address Bar Code



SHIP TO: (708) 331-0200 **BILL SENDER**
Facility Manager
FMC - South Holland
17225 PAXTON AVE

SOUTH HOLLAND, IL 60473

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7937 6188 0669
0201

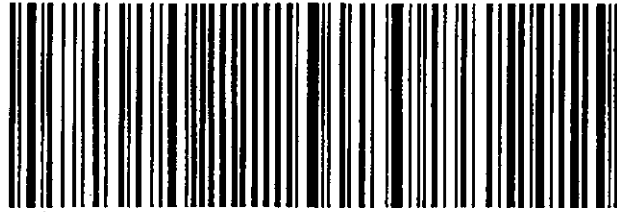
WED - 28 JUL A1
STANDARD OVERNIGHT

60473

IL-US

ORD

79 JOTA



0801/007/0A24

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Follow up

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] Sent: Wed 7/28/2010 2:56 PM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761880669 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 2:49 PM
Sign for by: D.THOMPSON
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793761880669

Shipper Information Recipient Information
Margaret Enger Facility Manager
DaVita - Chicago Fire Regional FMC - South Holland
2659 N. Milwaukee Avenue 17225 PAXTON AVE
2nd Floor SOUTH HOLLAND
Chicago IL
IL US
US 60473
60647

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560

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Renal Care Group - Univ Program
710 N. Fairbanks
Chicago, 60611

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

561

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

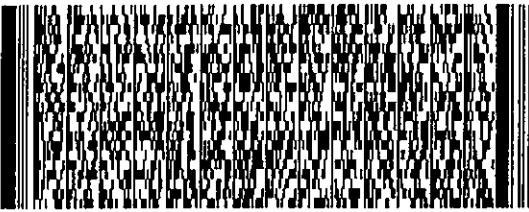
Delivery Address Bar Code



SHIP TO: (132) 274-0202 BILL SENDER
Facilty Manager
RCG-University Program
710 N FAIRBANKS CT

CHICAGO, IL 60611

Ref # WL Impact
Invoice #
PO #
Dept #

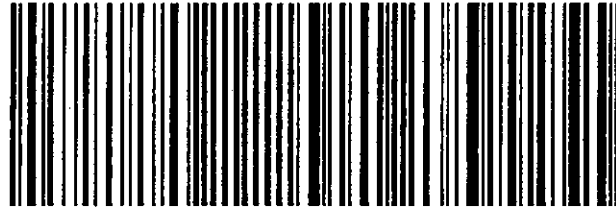


TRK# 7937 5930 7879
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60611
IL-US
ORD

79 GYYA



0880188678A24

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562

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759307879 Delivered
Attachments:

Sent: Fri 7/30/2010 12:49 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 30, 2010 12:44 PM
Sign for by: E.ACHBURN
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793759307879

Shipper Information	Recipient Information
Margaret Enger	Facilty Manager
DaVita - Chicago Fire Regional	RCG-University Program
2659 N. Milwaukee Avenue	710 N FAIRBANKS CT
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60611
60647	

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563



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - West Suburban Dialysis Center
518 S. Austin
Oak Park, 60304

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

564

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
a - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
Act/Wgt: 0.5 LB
CAD: 4247177/NET3060

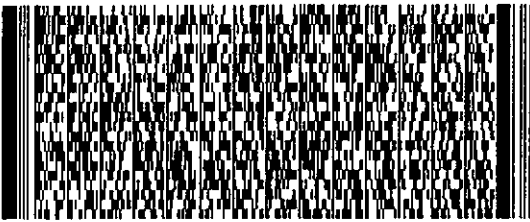
Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (708) 386-5550 BILL SENDER
Facility Manager
FMC - West Suburban Dialysis Center
518 S. Austin

Oak Park, IL 60304



TRK# 7937 5954 5154
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60304

IL-US

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79 BDFA



598C19907/BA24

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565


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759545154 Delivered
Attachments:

Sent: Fri 7/30/2010 9:23 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:


Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 30, 2010 9:21 AM
Sign for by: R.CURA
Delivery location: HILLSIDE, IL
Delivered to: Shipping/Receiving
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793759545154

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - West Suburban Dialysis Center
2659 N. Milwaukee Avenue	518 S. Austin
2nd Floor	Oak Park
Chicago	IL
IL	US
US	60304
60647	

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566



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - Grand Crossing
7311 S. Cottage Grove Avenue
Chicago, 60619

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

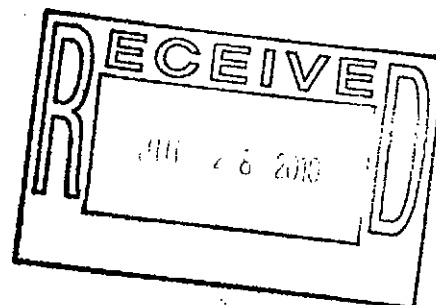
Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.



567



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - Logan Square Dialysis
2659 N. Milwaukee Avenue
Chicago, 60647

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

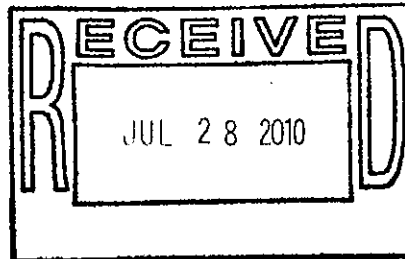
The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

5CF





Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
RCG - Merrionette Park
11630 S. Kedzie
Merrionette Park, 60803

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

569

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



J10291005258225

Ship Date: 26JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

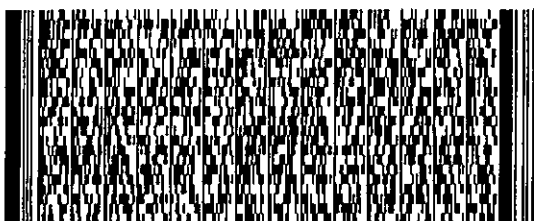
SHIP TO: (708) 389-9099 BILL SENDER

Facility Manager
FMC - Merrionette Park
11630 S KEDZIE AVE

MERRIONETTE PARK, IL 60803

TRK# 7937 6044 1517
0201

TUE - 27 JUL A2
STANDARD OVERNIGHT



60803

IL-US

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79 JOTA



00001/0007/NA24

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570

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793760441517 Delivered
Attachments:

Sent: Thu 7/29/2010 3:28 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Door Tag number: DT102182872308
Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 29, 2010 3:22 PM
Delivered by: D.CLEAVES
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Residential Delivery
Deliver Weekday

Tracking number: 793760441517

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Merrionette Park
11630 S KEDZIE AVE
MERRIONETTE PARK
IL
US
60803

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571



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Ross Dialysis - Englewood
6333 S. Green Street
Chicago, 60621

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

572

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
N. Milwaukee Avenue
2nd floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code

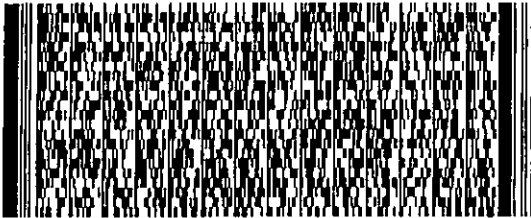


Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (773) 873-2000 BILL SENDER
Facility Manager
FMC - Ross Dialysis - Englewood
6333 S GREEN ST

CHICAGO, IL 60621

J10201005250225

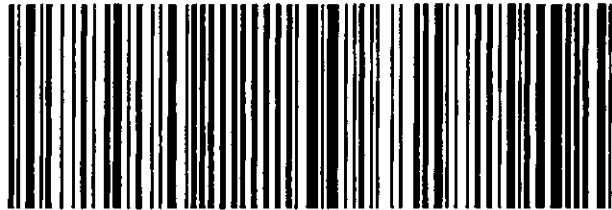


TRK# 7988 7666 2205
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

60621
IL-US
ORD

79 GYYA



586G18847/BA24

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573


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798876662205 Delivered
Attachments:

Sent: Thu 7/29/2010 1:11 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 29, 2010 1:04 PM
 Sign for by: M.GOSS
 Delivery location: CHICAGO, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798876662205

Shipper Information

Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information

Facility Manager
 FMC - Ross Dialysis - Englewood
 6333 S GREEN ST
 CHICAGO
 IL
 US
 60621

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574



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC Midway
6201 W. 63rd St.
Chicago, 60638

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

575

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
a - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



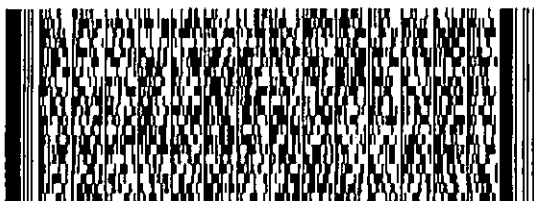
SHIP TO: (773) 735-8347 BILL SENDER
Facility Manager
FMC - Midway
6201 W 63RD ST

Ref #
Invoice #
PO #
Dept #

CHICAGO, IL 60638

TRK# 7937 6117 5260
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

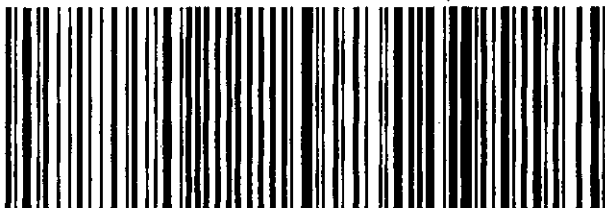


60638

IL-US

ORD

79 MDWA



686C15887AA24

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576

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761175260 Delivered
Attachments:

Sent: Thu 7/29/2010 12:15 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 29, 2010 12:11 PM
Sign for by: A.MCCARTHY
Delivery location: BEDFORD PARK, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793761175260

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Midway
2659 N. Milwaukee Avenue	6201 W 63RD ST
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60638
60647	

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577



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Norridge
4701 N. Cumberland Avenue
Norridge, 60706

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

578

From: Origin ID: NBUA (773) 276-2380
Marnaret Enger
1 - Chicago Fire Regional
2 - N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



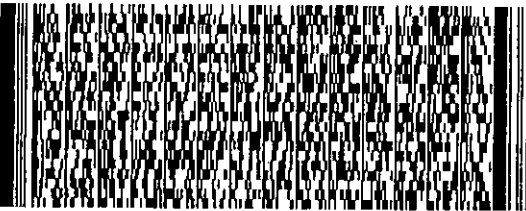
Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



SHIP TO: (847) 456-0152 BILL SENDER
Facility Manager
FMC - Norridge
4701 N CUMBERLAND AVE
NORRIDGE, IL 60706

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7988 8540 0629
0201

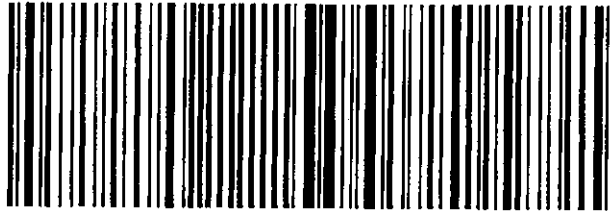
WED - 28 JUL A1
STANDARD OVERNIGHT

60706

IL-US

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79 BDFA



099015847/AA24

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579


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798885400629 Delivered
Attachments:

Sent: Wed 7/28/2010 1:12 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 1:05 PM
 Sign for by: B.WAKNER
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798885400629

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Norridge
 4701 N CUMBERLAND AVE
 NORRIDGE
 IL
 US
 60706

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580



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Mt. Sinai Hosp Med Ctr Renal
2700 W. 15th Street
Chicago, 60608

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

581

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



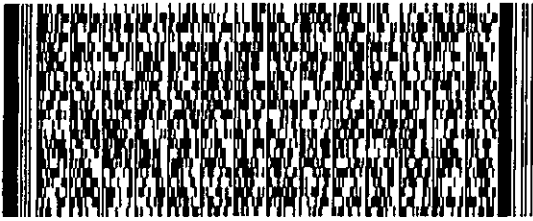
SHIP TO: (773) 257-6686 BILL SENDER
Facility Manager
Mt. Sinai Hospital Med Ctr - Renal
2700 W 15TH ST

Ref # WL Impact
Invoice #
PO #
Dept #

CHICAGO, IL 60608

TRK# 7988 8297 9638
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

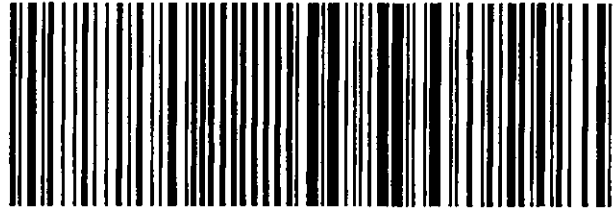


60608

IL-US

ORD

79 CHIA



60601/5887/0A24

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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

JF2

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882979638 Delivered
Attachments:

Sent: Wed 7/28/2010 9:11 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 9:05 AM
Sign for by: E.CURTIS
Delivery location: CHICAGO, IL
Delivered to: Guard/Security Station
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798882979638

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	Mt. Sinai Hospital Med Ctr -
2659 N. Milwaukee Avenue	Renal
2nd Floor	2700 W 15TH ST
Chicago	CHICAGO
IL	IL
US	US
60647	60608

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583



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Chatham
8315-8331 S. Holland Avenue
Chicago, 60620

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

584



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - West Willow
1444-1454 W. Willow
Chicago, 60642.

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

585



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - River Forest
103 Forest Avenue
River Forest, 60305

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

586

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

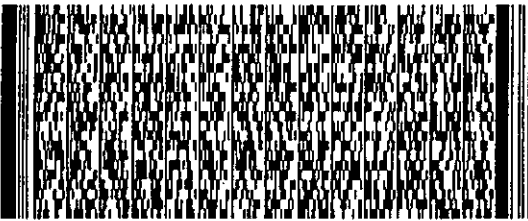
Delivery Address Bar Code



SHIP TO: (708) 562-0371 BILL SENDER
Lori Wright
Fresenius Medical Care
1 WESTBROOK CORPORATE CTR STE 1000

WESTCHESTER, IL 60154

Ref #
Invoice #
PO #
Dept #

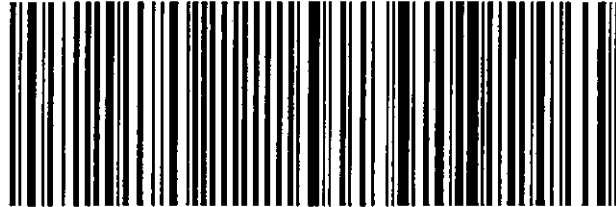


TRK# 7937 6195 1860
0201

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STANDARD OVERNIGHT

60154
IL-US
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79 B DFA



58C1/0807/0A24

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587

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 9:51 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761951860 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 9:47 AM
Sign for by: A.KILIAN
Delivery location: HILLSIDE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793761951860

Shipper Information	Recipient Information
Margaret Enger	Lori Wright
DaVita - Chicago Fire Regional	Fresenius Medical Care
2659 N. Milwaukee Avenue	1 WESTBROOK CORPORATE CTR STE
2nd Floor	1000
Chicago	WESTCHESTER
IL	IL
US	US
60647	60154

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588



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Fl.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Resurrection Medical Center
7435 W. Talcott Avenue
Chicago, 60631

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

589

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Post Office - Chicago Fire Regional
110 N. Milwaukee Avenue
2nd floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

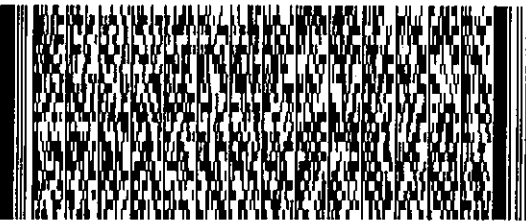
Delivery Address Bar Code



SHIP TO: (773) 990-5670 **BILL SENDER**
Cathy Colombo
Resurrection - Out Pt. Dialysis
7435 W TALCOTT AVE

CHICAGO, IL 60631

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7937 6181 8799
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60631

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ORD

79 PWKA



68615987/RA24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 10:00 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761818799 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 9:51 AM
Sign for by: A.PAYNE
Delivery location: ELK GROVE VILLAGE, IL
Delivered to: Shipping/Receiving
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793761818799

Shipper Information	Recipient Information
Margaret Enger	Cathy Colombo
DaVita - Chicago Fire Regional	Resurrection - Out Pt. Dialysis
2659 N. Milwaukee Avenue	7435 W TALCOTT AVE
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60631
60647	

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591



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Garfield Kidney Center
3250 W. Franklin Blvd
Chicago, 60624

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

592

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

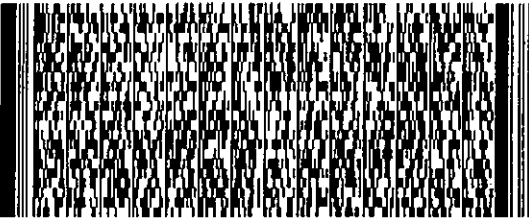
Delivery Address Bar Code



SHIP TO: (773) 638-1160 **BILL SENDER**
Facility Manager
Garfield Kidney Center
3250 W FRANKLIN BLVD

CHICAGO, IL 60624

Ref # Impact - WL
Invoice #
PO #
Dept #



TRK# 7988 8301 5981
0201

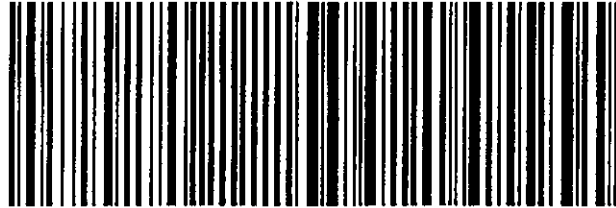
WED - 28 JUL A1
STANDARD OVERNIGHT

60624

IL-US

ORD

79 BDFA



5801/5987/BA24

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593

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883015981 Delivered
Attachments:

Sent: Wed 7/28/2010 10:11 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 10:04 AM
 Sign for by: M.GINAY
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798883015981

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 Garfield Kidney Center
 3250 W FRANKLIN BLVD
 CHICAGO
 IL
 US
 60624

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Weights are estimated.

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594



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Jackson Park Dialysis Center
7531 S. Stony Island
Chicago, 60649

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

595

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
N. Milwaukee Avenue
100r
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

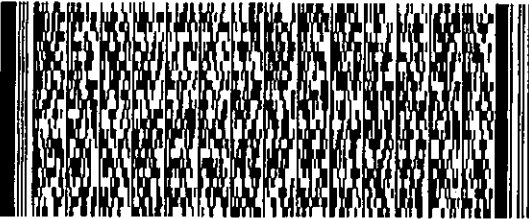
Delivery Address Bar Code



SHIP TO: (773) 947-7510 BILL SENDER
Facility Manager
FMC - Jackson Park
7531 S STONY ISLAND AVE

CHICAGO, IL 60649

Ref # Impact - WL
Invoice #
PO #
Dept #

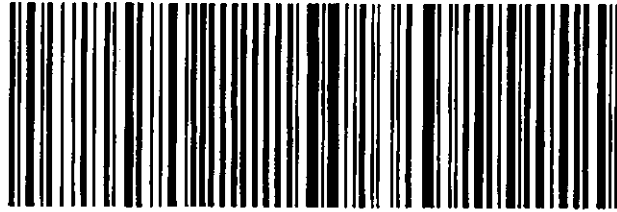


TRK# 7988 7663 9814
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

60649
IL-US
ORD

79 GYYA



58G1/887/AA24

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596

garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 10:20 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798876639814 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 10:14 AM
Sign for by: J.PIERCE
Delivery location: CHICAGO, IL
Delivered to: Shipping/Receiving
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798876639814

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Jackson Park
2659 N. Milwaukee Avenue	7531 S STONY ISLAND AVE
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60649
60647	

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597



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica - Hazelcrest
17524 E. Carriageway Drive
Hazel Crest, 60429

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

598

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
N. Milwaukee Avenue
100r
Chicago, IL 60647



Ship Date: 27JUL10
Act/Wgt: 0.5 LB
CAD: 4247177/INET3060

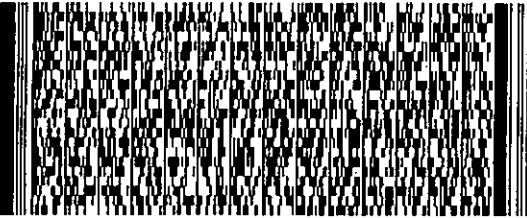
Delivery Address Bar Code



SHIP TO: (708) 798-2899 BILL SENDER
Facility Manager
FMC - Hazelcrest
17524 E CARRIAGEWAY DR

HAZEL CREST, IL 60429

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7937 6189 2353
0201

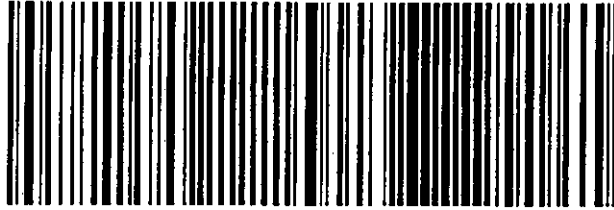
WED - 28 JUL A1
STANDARD OVERNIGHT

60429

IL-US

ORD

79 JOTA



58C18307/AA24

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599

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761892353 Delivered
Attachments:

Sent: Wed 7/28/2010 10:36 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 10:31 AM
 Sign for by: S.RUFF
 Delivery location: SOUTH HOLLAND, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793761892353

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Hazelcrest
 17524 E CARRIAGEWAY DR
 HAZEL CREST
 IL
 US
 60429

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600



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Direct Dialysis
14255 S. Cicero Avenue
Crestwood, 60445

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

601

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
N. Milwaukee Avenue
Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

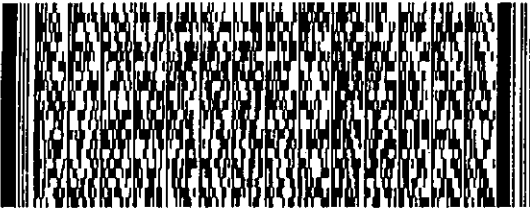
Delivery Address Bar Code



SHIP TO: (708) 824-9200 **BILL SENDER**
Facility Administrator
Direct Dialysis
14255 CICERO AVE

CRESTWOOD, IL 60445

Ref #
Invoice #
PO #
Dept #



TRK# 7937 6183 4177
0201

WED - 28 JUL A2
STANDARD OVERNIGHT

60445

IL-US

ORD

79 JOTA



020C10007/MA24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 10:45 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761834177 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 10:39 AM
Sign for by: C.ERLER
Delivery location: SOUTH HOLLAND, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793761834177

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Administrator
Direct Dialysis
14255 CICERO AVE
CRESTWOOD
IL
US
60445

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603



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - West Metro Dialysis
1044 N. Mozart
Chicago, 60622

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

604

From: Origin ID: NBUA (773) 276-2380
Marnaret Enger
3 - Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



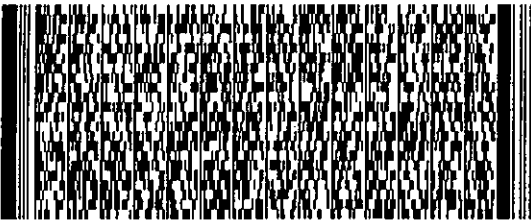
Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (773) 772-9400 BILL SENDER
Facility Manager
FMC - West Metro Dialysis
1044 N MOZART ST

CHICAGO, IL 60622

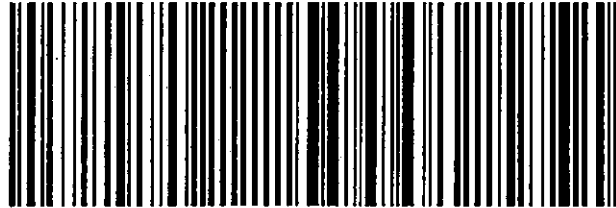
TRK# 7988 8392 6300
0201

WED - 28 JUL A1
STANDARD OVERNIGHT



60622
IL-US
ORD

79 GYYA



588C1980T/BA24

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605

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 10:40 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883926300 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 10:31 AM
Sign for by: S.JOHNSON
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798883926300

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - West Metro Dialysis
2659 N. Milwaukee Avenue	1044 N MOZART ST
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60622
60647	

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To learn more about FedEx Express, please visit our website at fedex.com.

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606



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
RCG - Berwyn
2601 S. Harlem Avenue
Berwyn, 60402

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

607

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
11 Milwaukee Avenue
2nd floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

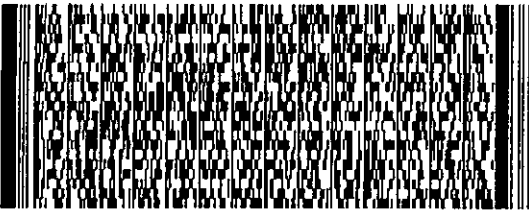
Delivery Address Bar Code



SHIP TO: (708) 484-7300 BILL SENDER
Facility Manager
FMC - Berwyn
2601 HARLEM AVE

BERWYN, IL 60402

Ref # WL Impact
Invoice #
PO #
Dept #

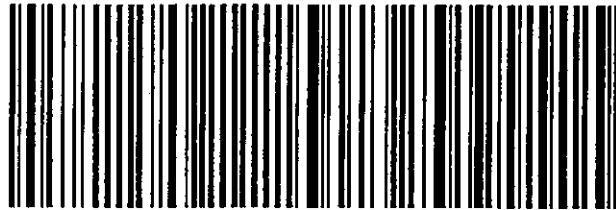


TRK# 7937 6130 7950
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60402
IL-US
ORD

79 BDFA



58801/9987/AA24

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608

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761307950 Delivered
Attachments:

Sent: Wed 7/28/2010 10:55 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 10:47 AM
 Sign for by: M.VASSNER
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793761307950

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Berwyn
 2601 HARLEM AVE
 BERWYN
 IL
 US
 60402

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609



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Fl.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica - Melrose Park
1111 Superior St.
Melrose Park, 60160

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

610

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Delta - Chicago Fire Regional
11 Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



SHIP TO: (708) 338-1780 BILL SENDER

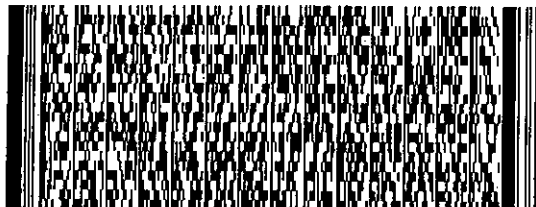
Facility Manager
FMC - Melrose Park
1111 SUPERIOR ST

Ref # WL Impact
Invoice #
PO #
Dept #

MELROSE PARK, IL 60160

TRK# 7988 8495 5633
0201

WED - 28 JUL A1
STANDARD OVERNIGHT



60160

IL-US

ORD

79 BDF A



5891/807/RA24

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611

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884955633 Delivered
Attachments:

Sent: Wed 7/28/2010 11:25 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:19 AM
 Sign for by: .ADAM
 Delivery location: HILLSIDE, IL
 Delivered to: Guard/Security Station
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884955633

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Melrose Park
 1111 SUPERIOR ST
 MELROSE PARK
 IL
 US
 60160

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612

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DaVita - Beverly Dialysis
8109 S. Western Avenue
Chicago, 60620

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

613

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
1 - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

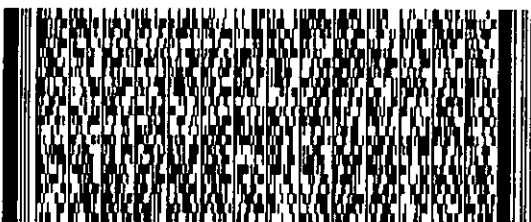
Delivery Address Bar Code



SHIP TO: (773) 778-0173 BILL SENDER
Manny King
DaVita - Beverly Dialysis
8109 S WESTERN AVE

CHICAGO, IL 60620

Ref # WL Impact
Invoice #
PO #
Dept #

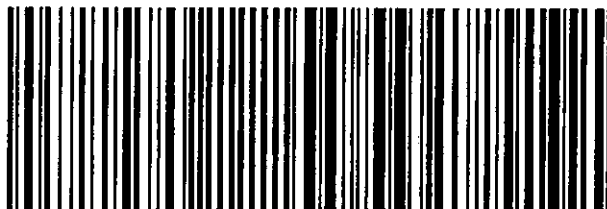


TRK# 7988 8295 4211
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60620
IL-US
ORD

79 GYYA



02010247/AA24

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614


garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882954211 Delivered
Attachments:

Sent: Wed 7/28/2010 11:17 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:13 AM
 Sign for by: D.HAMBRICK
 Delivery location: CHICAGO, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798882954211

Shipper Information	Recipient Information
Margaret Enger	Manny King
DaVita - Chicago Fire Regional	DaVita - Beverly Dialysis
2659 N. Milwaukee Avenue	8109 S WESTERN AVE
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60620
60647	

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Skokie Dialysis
9801 Woods Drive
Skokie, 60077

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

6/4

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
Act/Wgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



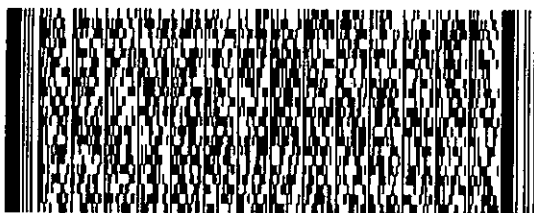
Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (847) 581-1620 BILL SENDER
Facility Manager
FMC - Skokie Dialysis
9801 WOODS DR

SKOKIE, IL 60077

TRK# 7988 8544 4341
0201

WED - 28 JUL A1
STANDARD OVERNIGHT



60077

IL-US

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79 NBUA



080C1/0807/BA24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798885444341 Delivered
Attachments:

Sent: Wed 7/28/2010 11:23 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:18 AM
 Sign for by: M.ANG
 Delivery location: SKOKIE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798885444341

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Skokie Dialysis
2659 N. Milwaukee Avenue	9801 WOODS DR
2nd Floor	SKOKIE
Chicago	IL
IL	US
US	60077
60647	

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2/8

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMCNA - North Avenue Dialysis Center
911 W. North Avenue
Melrose Park, 60160

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

619

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
N. Milwaukee Avenue
Chicago, IL 60647



Ship Date: 27JUL10
Act/Wgt: 0.5 LB
CAD: 4247177/NET3060

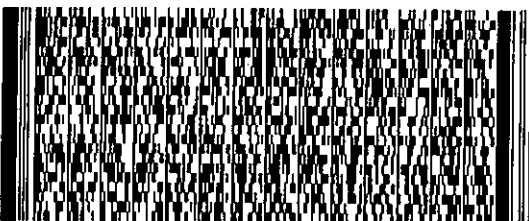
Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept #

SHIP TO: (708) 344-6122 BILL SENDER
Facility Administrator
FMC - North Avenue Dialysis Center
911 W NORTH AVE

MELROSE PARK, IL 60160



TRK# 7937 6185 4374
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60160

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79 BDFA



5801/997/AA24

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620

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 10:38 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761854374 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 10:34 AM
Sign for by: E.QUINTANA
Delivery location: HILLSIDE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793761854374

Shipper Information	Recipient Information
Margaret Enger	Facility Administrator
DaVita - Chicago Fire Regional	FMC - North Avenue Dialysis Center
2659 N. Milwaukee Avenue	911 W NORTH AVE
2nd Floor	MELROSE PARK
Chicago	IL
IL	IL
US	US
60647	60160

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
John H. Stroger Jr Hospital of Cook County
1901 W. Harrison
Chicago, 60612

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

622

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
2000 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
Act/Wgt: 0.5 LB
CAD: 4247177/INET3060

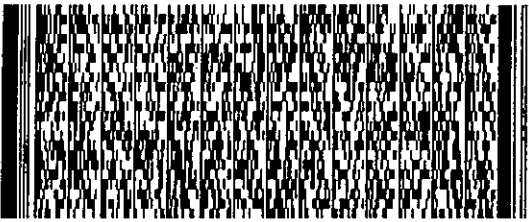
Delivery Address Bar Code



SHIP TO: (312) 864-4600 BILL SENDER
Facility Manager
John H. Stroger Hospital - Cook Cty
1901 W HARRISON ST

CHICAGO, IL 60612

Ref # WL Impact
Invoice #
PO #
Dept #

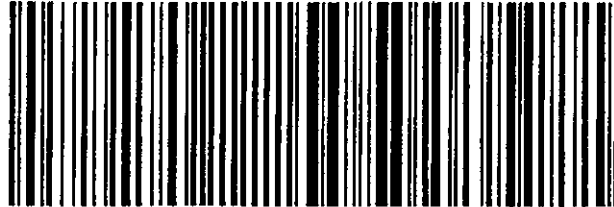


TRK# 7988 8287 5272
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

60612
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79 CHIA



588018807/AA24

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623

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798882875272 Delivered
Attachments:

Sent: Wed 7/28/2010 11:32 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:27 AM
 Sign for by: H.KHAN
 Delivery location: CHICAGO, IL
 Delivered to: Mailroom
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798882875272

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	John H. Stroger Hospital - Cook
2659 N. Milwaukee Avenue	Cty
2nd Floor	1901 W HARRISON ST
Chicago	CHICAGO
IL	IL
US	US
60647	60612

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To learn more about FedEx Express, please visit our website at fedex.com.

Weights are estimated.

624

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DSI - Markham
3053-3055 West 159th Street
Markham, 60426

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

625

From: Origin ID: NBUA (773) 276-2380
Margaret Engor
DeVita - Chicago Fire Regional
111 Milwaukee Avenue
2nd floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code

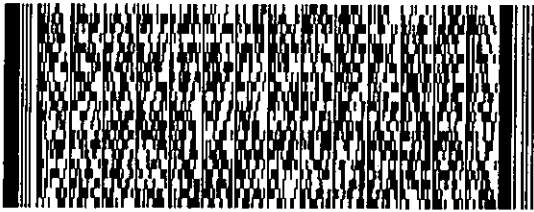


#11271095259225

SHIP TO: (708) 333-3516 **BILL SENDER**
Facility Manager
DSI - Markham
3053-3055 W. 159th Street

Markham, IL 60426

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7988 8477 8250
0201

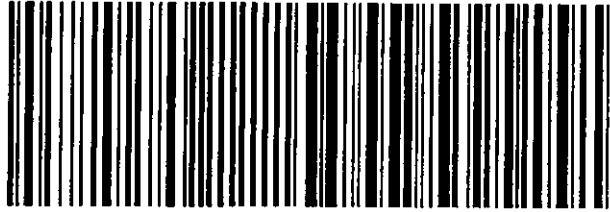
WED - 28 JUL A1
STANDARD OVERNIGHT

60426

IL-US

ORD

79 JOTA



689C19607/BA24

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626

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884778250 Delivered
Attachments:

Sent: Wed 7/28/2010 11:32 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:28 AM
 Sign for by: T.CADDELL
 Delivery location: SOUTH HOLLAND, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884778250

Shipper Information

Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information

Facility Manager
 DSI - Markham
 3053-3055 W. 159th Street
 Markham
 IL
 US
 60426

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To learn more about FedEx Express, please visit our website at fedex.com.

Weights are estimated.

627

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DSI - Loop
1101 S. Canal St
Chicago, 60607

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

628

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
200 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



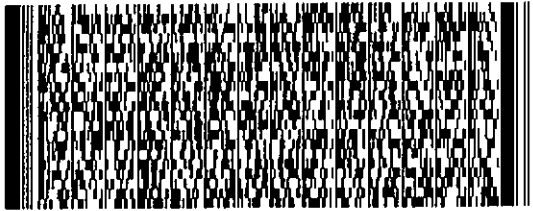
J10291065250225

SHIP TO: (312) 341-2543
Facility Manager
DSI - Loop
1101 S CANAL ST

CHICAGO, IL 60607

BILL SENDER

Ref # WL Impact
Invoice #
PO #
Dept #



TRK# 7937 5924 6222
0201

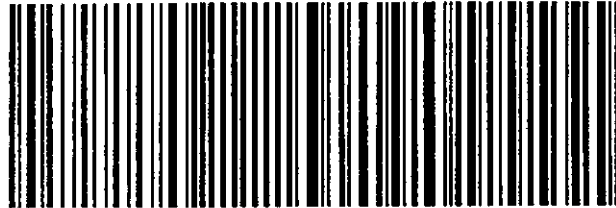
WED - 28 JUL A1
STANDARD OVERNIGHT

60607

IL-US

ORD

79 GYYA



588C1/897/0A24

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629

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793759246222 Delivered
Attachments:

Sent: Wed 7/28/2010 11:33 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 11:28 AM
Sign for by: D.TUCKER
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793759246222

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
DSI - Loop
1101 S CANAL ST
CHICAGO
IL
US
60607

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Weights are estimated.

630

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Fl.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
DSI - South Holland
16136 South Park Avenue
South Holland, 60473

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

631

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
N. Milwaukee Avenue
1st floor
Chicago, IL 60647



Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/ANET3060

Delivery Address Bar Code



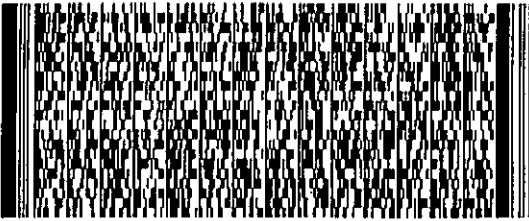
SHIP TO: (708) 331-0200 BILL SENDER
Facility Manager
DSI - South Holland
16136 S PARK AVE

SOUTH HOLLAND, IL 60473

Ref # WL Impact
Invoice #
PO #
Dept #

TRK# 7988 8458 7535
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

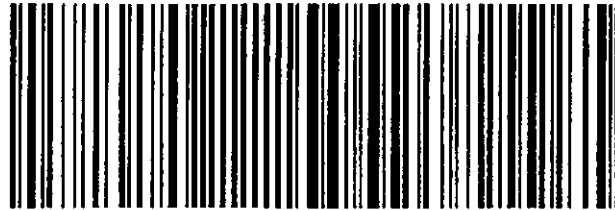


60473

IL-US

ORD

79 JOTA



608G16807/BA26

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672

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 11:37 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798884587535 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:33 AM
 Sign for by: R.TATE
 Delivery location: SOUTH HOLLAND, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798884587535

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	DSI - South Holland
2659 N. Milwaukee Avenue	16136 S PARK AVE
2nd Floor	SOUTH HOLLAND
Chicago	IL
IL	US
US	60473
60647	

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To learn more about FedEx Express, please visit our website at fedex.com.

Weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

633



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - LaGrange Dialysis Center
2400 Wolf Road
Westchester, 60154

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

634

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



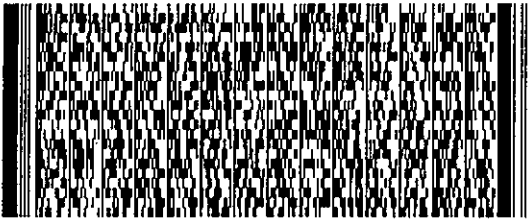
Ref # WL Impact
Invoice #
PO #
Dept #

SHIP TO: (708) 409-7780 BILL SENDER
Facility Manager
FMC - LaGrange Dialysis Center
2400 WOLF RD

WESTCHESTER, IL 60154

TRK# 7937 6193 6882
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

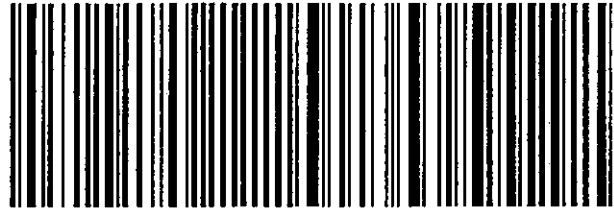


60154

IL-US

ORD

79 B DFA



689C10007/SA24

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635

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 11:41 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793761936882 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:34 AM
 Sign for by: S.CARTER
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793761936882

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - LaGrange Dialysis Center
2659 N. Milwaukee Avenue	2400 WOLF RD
2nd Floor	WESTCHESTER
Chicago	IL
IL	US
US	60154
60647	

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To learn more about FedEx Express, please visit our website at fedex.com.

Weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

636



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - North Center
2620 W. Addison St.
Chicago, 60618

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

637

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



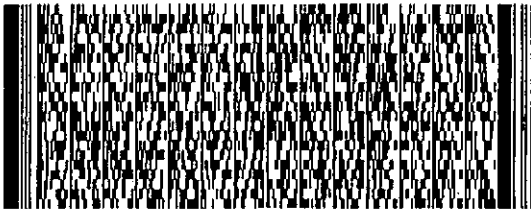
SHIP TO: (773) 248-0462 **BILL SENDER**
Facility Manager
FMC - North Center
2620 W ADDISON ST

Ref # WL Impact
Invoice #
PO #
Dept #

CHICAGO, IL 60618

WED - 28 JUL A1
STANDARD OVERNIGHT

TRK# 7988 8794 2448
0201

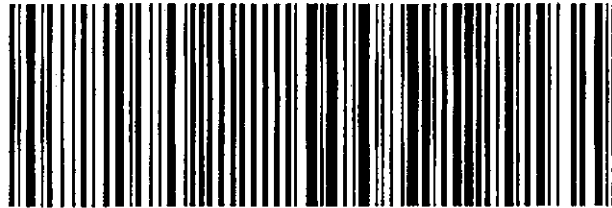


60618

IL-US

ORD

79 NBUA



886G18867/AA24

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638

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 11:41 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798887942448 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:36 AM
 Sign for by: O.SORRIANO
 Delivery location: SKOKIE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798887942448

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - North Center
2659 N. Milwaukee Avenue	2620 W ADDISON ST
2nd Floor	CHICAGO
Chicago	IL
IL	US
US	60618
60647	

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639



Heartland Region 1
2639 N. Milwaukee Ave., 2nd Flr.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Bridgeport
825 W. 35th St
Chicago, 60609

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

640

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
N. Milwaukee Avenue
Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

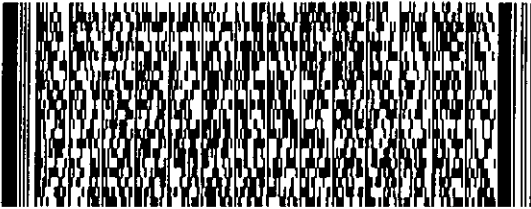
Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

SHIP TO: (773) 890-4330 **BILL SENDER**
Facility Manager
FMC - Bridgeport
825 W 35TH ST

CHICAGO, IL 60609



TRK# 7937 5335 5769
0201

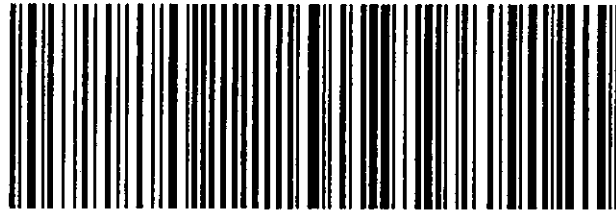
WED - 28 JUL A1
STANDARD OVERNIGHT

60609

IL-US

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79 GYYA



58801/8887/AA24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793753355769 Delivered
Attachments:

Sent: Wed 7/28/2010 11:42 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 11:37 AM
Sign for by: M.CARMONA
Delivery location: CHICAGO, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793753355769

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Bridgeport
825 W 35TH ST
CHICAGO
IL
US
60609

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642



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Austin Community Kidney Center
4800 W. Chicago Avenue
Chicago, 60651

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

643

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 27JUL10
ActWgt: 0.5 LB
CAD: 4247177/NET3060

Delivery Address Bar Code



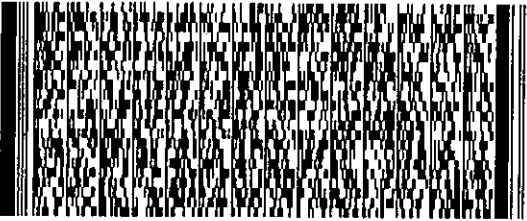
SHIP TO: (773) 287-0680 BILL SENDER
Facility Manager
FMC - Austin Community Kidney Ctr
4800 W CHICAGO AVE

Ref # WL Impact
Invoice #
PO #
Dept #

CHICAGO, IL 60651

TRK# 7937 6070 2573
0201

WED - 28 JUL A1
STANDARD OVERNIGHT



60651

IL-US

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79 BDF A



586C1/2887/0A24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793760702573 Delivered
Attachments:

Sent: Wed 7/28/2010 11:47 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
 Ship (P/U) date: Jul 27, 2010
 Delivery date: Jul 28, 2010 11:36 AM
 Sign for by: Y.CORY
 Delivery location: HILLSIDE, IL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793760702573

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Austin Community Kidney
2659 N. Milwaukee Avenue	Ctr
2nd Floor	4800 W CHICAGO AVE
Chicago	CHICAGO
IL	IL
US	US
60647	60651

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Heartland Region 1
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
Maple Avenue Kidney Center
610 S. Maple Avenue
Oak Park, 60304

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

646

From: Origin ID: NBUA (773) 276-2380
 Margaret Enger
 Chicago Fire Regional
 N. Milwaukee Avenue
 2nd Floor
 Chicago, IL 60647



118201085258225

Ship Date: 27 JUL 10
 ActWgt: 0.5 LB
 CAD: 4247177/NET3060

Delivery Address Bar Code



Ref # WL Impact
 Invoice #
 PO #
 Dept #

SHIP TO: (708) 660-4100

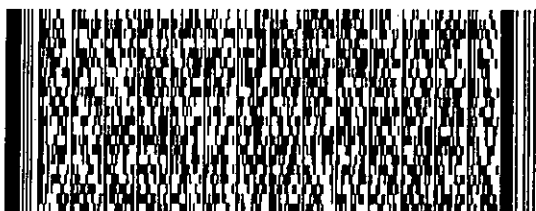
BILL SENDER

Facility Mgr
 Maple Avenue Kidney Center
 610 S MAPLE AVE

OAK PARK, IL 60304

TRK#
 0201 7988 8399 3708

WED - 28 JUL A1
 STANDARD OVERNIGHT

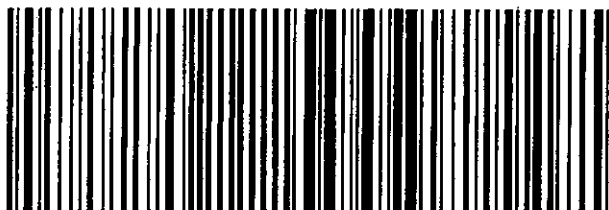


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79 BDFA



588C19807/SA24

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Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com] **Sent:** Wed 7/28/2010 11:52 AM
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883993708 Delivered
Attachments:

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: WL Impact
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 11:48 AM
Sign for by: S.AMED
Delivery location: HILLSIDE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798883993708

Shipper Information	Recipient Information
Margaret Enger	Facility Mgr
DaVita - Chicago Fire Regional	Maple Avenue Kidney Center
2659 N. Milwaukee Avenue	610 S MAPLE AVE
2nd Floor	OAK PARK
Chicago	IL
IL	US
US	60304
60647	

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Neomedica - Evergreen Park
9730 S. Western Avenue
Evergreen Park, 60805

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

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

Sincerely,

Kelly B. Ladd
Regional Operations
DaVita Inc.

649

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
9 - Chicago Fire Regional
N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



162610052502726

Ship Date: 27 JUL 10
ActWgt: 0.5 LB
CAD: 4247177/INET3060

Delivery Address Bar Code



Ref # Impact - WL
Invoice #
PO #
Dept #

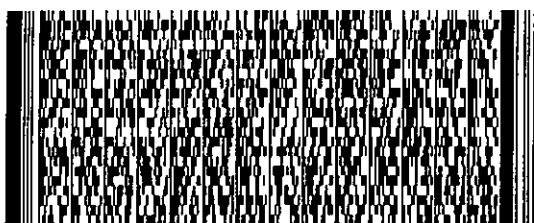
SHIP TO: (708) 423-8833 BILL SENDER

Facility Manager
FMC - Evergreen Park
9730 S WESTERN AVE

EVERGREEN PARK, IL 60805

TRK# 7988 8305 3331
0201

WED - 28 JUL A1
STANDARD OVERNIGHT

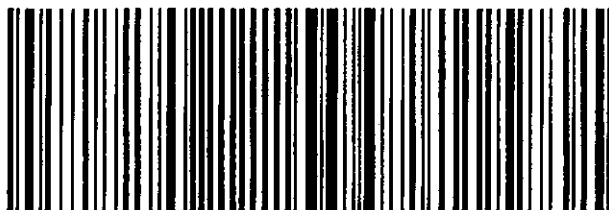


60805

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79 MDWA



588C1987/BA24

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garet Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798883053331 Delivered
Attachments:

Sent: Wed 7/28/2010 11:52 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Reference: Impact - WL
Ship (P/U) date: Jul 27, 2010
Delivery date: Jul 28, 2010 11:46 AM
Sign for by: R.MEENAN
Delivery location: BEDFORD PARK, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798883053331

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC - Evergreen Park
9730 S WESTERN AVE
EVERGREEN PARK
IL
US
60805

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APPENDIX 3

Documentation

Physician Credentials & Licenses

March 2010

CURRICULUM VITAE

Mary Hammes, D.O.

PERSONAL INFORMATION

Office: University of Chicago, 5841 S. Maryland Ave., MC 5100
Chicago, IL 60637
Voice: 773-702-9893 FAX: 773-702-3370
e-mail: mhammes@medicine.bsd.uchicago.edu

Date of Birth: 11/24/59
Place of Birth: LaCrosse, WI
Citizenship: USA

Home: Riverside, IL

Spouse: Steven Beltran, M.D.
Children with DOB: Emily 11/26/94; Nicholas 7/17/96

EDUCATION AND TRAINING

College: Winona State University, BS in Nursing, 1981
Medical School: Texas College of Osteopathic Medicine, 1988
Residency: Loyola University Medical School, 1989-1992
Fellowship in Nephrology, University of Chicago 1992-1995

BOARD CERTIFICATION

Internal Medicine: September 1993
Nephrology: November 1994
Recertification, 2003, 2004

MEDICAL LICENSURE

Illinois Medical License IL 036-081803

PROFESSIONAL/ACADEMIC APPOINTMENTS:

(in chronological order)

Instructor of Medicine	University of Chicago	1995-1997
Assistant Professor in Medicine	University of Chicago	1997-present

653

HONORS, AWARDS, SCHOLARSHIP:

Midwest Trainee Investigator Award
AFRC and Central Society for Clinical Research
October, 1994
Renal Network Award, Anemia Management, Woodlawn Dialysis, 2005
Renal Network Award, Fistula First, Woodlawn Dialysis, 2005, 2006
Lecturer of the Year Nephrology 2008
CTSA Pilot and Collaborative Translational and Clinical Studies Award, 2008

PROFESSIONAL MEMBERSHIPS:

American Society of Nephrology

REVIEW AND EDITORIAL EXPERIENCE

Kidney International, July, 2004
cJASN May, 2008
NDT, June 2008
KI, June 2008
AJKD September, 2008
Translational Research
Hemodialysis International, 2009

CLINICAL PRACTICE

At the University of Chicago, I am an Assistant Professor of Medicine and Medical Director of Woodlawn Dialysis. My practice is primarily out-patient as I assume attending coverage for approximately 140 hemodialysis patients, plus attend two, four hour out patients sessions per week. I also attend on the in-patients consult service and provide week-end coverage on a rotating basis.

ADMINISTRATIVE / COMMITTEE WORK**Intramural**

1. Medical Director Woodlawn Dialysis
2. Chair monthly Hemodialysis CQI 1997-2008
3. Chair monthly Operations meetings 1997-present
4. Vascular Access Advisory Board Renal Network 2009
5. Medical Review Board Renal Network, 2010

National/International:

1. Moderator, Cardiovascular Management of the Renal Patient, American Heart Association, November, 2006

PRESENTATIONS**Intramural**

654

1. Grand Rounds, University of Chicago, Update on Mortality and Dialysis Outcomes, November, 1999
2. Grand Rounds, University of Chicago, Cardiovascular Disease in a Patient with End-Stage Renal Failure, November, 2003

Regional

1. Renal Network Fistula First Learning Session. August, 2006. Chicago, IL. Fistula First and Foremost
2. Renal Network Nephrology Conference, March, 2007. Chicago, IL. Fistula First and Foremost.

National/International

1. Invited Lecture: Advances at the Forefront: Translational Medicine at the Bedside, Preventing Dialysis in Chronic Renal Failure: Critical Decisions, August, 2007

TEACHING EXPERIENCE AND CURRICULUM DEVELOPMENT

1. Invited Lecture. History of Artificial Organ Class, Illinois Institute of Technology, February, 2005, 2006, 2008, 2009.
2. Invited Lecture/Seminar. Undergraduate biomedical engineers and science majors from IIT. "Treatment of ESRD, Implications for Diabetes", August 2006, June, 2007, June 2008, June 2009

MENTORSHIP

2005-present, Cephalic Arch Project, Mentor: Frederic Coe, M.D.

RESEARCH

Current:

Cephalic Arch Project

Past:

Permeability of glomerular epithelial cells

Calcium oxalate crystals and gene expression

Anergy and ESRD

Phosphate control in ESRD

Argatroban use in ESRD

Nasal Mupirocin to prevent catheter-related bacteremia in ESRD

TPA for catheter-associated thrombosis in ESRD

Nephrolithiasis in ESRD

Vasc-Alert surveillance tool for access in ESRD

Religious beliefs in ESRD

Human Tissue Factor and Thrombosis

655

PUBLICATIONS (in chronological order)

Peer-reviewed:

1. **Hammes MS**, Singh A: Effect of polycations on permeability of glomerular epithelial cell monolayers to albumin. *Journal of Laboratory and Clinical Medicine* 123: 437-446, 1994.
2. **Hammes MS**, DeMory A, Sprague SM: Hypocalcemia in end-stage renal disease: a consequence of spontaneous parathyroid gland infarction. *American Journal of Kidney Disease* 24: 519-522, 1994.
3. **Hammes MS**, Lieske JC, Pawar S, Spargo BH, Toback GF: Calcium oxalate monohydrate crystals stimulate gene expression in renal epithelial cells. *Kidney International* 8: 501-509, 1995.
4. Lieske JC, **Hammes MS**, Toback GF: Role of calcium oxalate monohydrate crystal interactions with renal epithelial cells in the pathogenesis of nephrolithiasis: a review. *Scanning Microscopy* 10: 519-534, 1996.
5. Lieske JC, **Hammes MS**, Hoyer JR, Toback FG: Calcium oxalate monohydrate crystals stimulate gene expression and protein secretion in renal epithelial cells. *Kidney International* 51: 679-686, 1997.
6. Poduval RD, **Hammes MS**. Tuberculosis screening in dialysis patients -- is the tuberculin test effective? *Clinical Nephrology* 59: 436-440, 2003.
7. Poduval RD, Wolgemuth C, Ferrell J, **Hammes MS**. Hyperphosphatemia in dialysis: Is there a role for focused *counseling*? *Journal of Renal Nutrition* 13: 219-223, 2003.
8. **Hammes MS**. Medical Complications in hemodialysis patients requiring vascular access radiology procedures. *Seminars in Interventional Radiology* 21: 105-110, 2004.
9. Murray PT, Reddy BV, Groosman EJ, **Hammes MS**, Trevino S, Ferrell J, Tang I, Hursting MJ, Shamp TR, Swan SK. A Prospective comparison of three agartoban treatment regimens during hemodialysis in end-stage renal disease. *Kidney International* 66: 2446-2453, 2004.
10. Stankus N, Worcester E, **Hammes M**, Coe FL. Evidence against a conventional urine risk factor to de novo ESRD renal stones. *Nephrol Dial Transplant* 21(3): 701-6, 2006.
11. Brennan JM, Ronan A, Goonewardena S, Blair JEA, **Hammes M**, Shah D, Vasaiwala S, Kilpatrick JN, Spencer KT. Handcarried Ultrasound Measurement of the Inferior Vena Cava for Assessment of Intravascular Volume Status in the Outpatient Hemodialysis Clinic. *Clin. J. Am. Soc. Nephrol.* 1: 749-753, 2006.

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12. Stankus, N, **Hammes M**, Gillen D, Worcester E. African American ESRD patients have a high pre-dialysis prevalence of kidney stones to NHANES III. *Urol Res* 35: 83-87, 2007.
13. Ko B, Khurana B, Spencer J, Scott B, Hahn M, **Hammes M**. Religious beliefs and quality of life in an American inner city hsemodialysis population. *Nephrol Dial Transplant* doi:10.1093/ndt/gfm341, 2007.
14. **Hammes M**, Funaki B, Coe F. Cephalic Arch Stenosis in Patients with Fistula Access for Hemodialysis. *Hemodialysis International* 12:85-89, 2008.
15. **Hammes M**, Boghosian ME, Cassel KW, Funaki B, Coe FL. Characteristic Differences in Cephalic Arch Geometry for Diabetic and Non-diabetic ESRD Patients. *Nephrol Dial, Transplant* 24: 2190-4, 2009
16. Zawaski S, **Hammes M**, Balasubramanian V. Alternatively Spliced Human Tissue Factor and Thrombotic Tendencies in Hemodialysis Patients. Accepted *International Journal of Nephrology and Urology*, 2010

Reviews, book chapters, books, web-based materials:

1. **Hammes M**, McGilluim D, Brennan S: Acute Renal Failure, in Hall JB, Schmidt GA, Wood LH (eds): Principles of Critical Care, 2nd Edition, McGraw Hill: Acute Renal Failure, Chapter 70, 1117-1131, 1998.
2. **Hammes M**, Brennan S, Lederer ED: Severe Electrolyte Disturbances, in Hall JB, SchmidtGA, Woods LH (eds): Principles of Critical Care 2nd Edition, McGraw Hill, Severe Electrolyte Disturbances, Chapter 73, 1153-1168, 1998.

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Abstracts:

1. **Hammes MS**, Singh A: Effects of polycations on permeability of glomerular epithelial cell monolayers to albumin. American Society of Cell Biology, 1992.
2. **Hammes MS**, Lieske JC, Pawar S, Keeley E, Toback GF: Gene expression during kidney cell-crystal interactions. American Federation for Clinical Research, 1994.
3. **Hammes MS**, Lieske JC, Pawar S, Keeley E: Calcium oxalate monohydrate (COM) crystal induce gene expression in kidney epithelial cells. American Society of Nephrology, 1994.
4. Lieske JC, **Hammes MS**, Hoyer JR, Toback FG: Osteopontin (OPN) gene expression and protein secretion by renal epithelial cells is stimulated by calcium oxalate monhydrate (COM) crystals. *Journal of Investigative Medicine* 43 (S3): 466A, 1995.
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6. Poduval RD, **Hammes MS**: Tuberculosis (TB) screening in Dialysis Patients- Is the Tuberculin Test Effective. *Journal American Society of Nephrology* 12:343A, 2001.
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8. **Hammes MS**, Ferrell J, Poduval RD: Intraluminal Altepase (t-PA) Is an Effective Means to Treat Occluded Hemodialysis (HD) Catheters. *Journal American Society of Nephrology* 12:290A, 2001.
9. **Hammes MS**, Ferrell J, Poduval RD: Prospective, Randomized, Double-blind Study of the Safety, Efficacy and Therapeutic dose of Altepase (t-PA) in the Treatment of Occluded Hemodialysis Catheters, *Proceedings of the Clinical Nephrology Meetings 2002*, A-9.
10. Poduval RD, Wolgemuth C, Ferrell J, **Hammes MS**: Hyperphosphatemia in Dialysis Patients- Is there a Role for Focused Counseling? *Proceedings of the Clinical Nephrology Meetings 2002*, A-18.
11. **Hammes MS**, Poduval R, Ferrell J: The Effect of Intensive Hemodialysis (HD) on Anergy in Dialysis Patients – Results of a Prospective Study. *Journal American Society Nephrology* 14:212A, 2003.
12. Reddy BV, Poduval R, Ferrell J, **Hammes MS**: Effect of Nasal Mupirocin (MP) on the Incidence of Staphylococcus Aureus (SA) Bacteremia in Hemodialysis (HD) patients with Dialysis Catheters. *Journal American Society Nephrology* 14:709A, 2003.
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Khurana A, Shamp T, Swan SK: Pharmacokinetics (PK) and Pharmacodynamics (PD) of Agatrobant Anticoagulation in End-Stage Renal Disease (ESRD) Patients Undergoing Hemodialysis (HD). *Journal American Society Nephrology* 14:728A, 2003.

14. Brennan MJ, Ronan A, Goonewardena S, Blair JE, Kirkpatrick J, **Hammes M**, Spencer K. Handcarried Ultrasound Measurement of IVC Collapsibility Index for Assessment of Intravascular Volume Status and Adverse Event Prediction in an Outpatient Hemodialysis Center. Presented at the Residents Research Day, University of Chicago, 2005.

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16. Khurana A, Ko B, Spencer J, Scott B, Hahn M, **Hammes M**. Religious Beliefs and Quality of Life in a Hemodialysis Population. *Journal American Society Nephrology Abstracts*, 2006.

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18. **Hammes M**, Boghosian ME, Coe FL, Cassel K. Retrospective Study of Cephalic Arch Geometry and Stenosis in Hemodialysis Patients with Brachiocephalic Fistulas. *Journal American Society of Nephrology* 18: 263A, 2007.

19. **Hammes M**, Funaki B, Coe FL. Cephalic Arch Stenosis in Patients with Fistula Access: Relationship to Diabetes and Thrombosis. *Journal American Society of Nephrology* 18:263A, 2007.

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CHICAGO, IL 60637**

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
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DEA REGISTRATION NUMBER BHM402082			THIS REGISTRATION EXPIRES 10-31-2012			FEE PAID Paid		
SCHEDULES 2,2N,3 3N,4,5		BUSINESS ACTIVITY PRACTITIONER			DATE ISSUED 09-03-2009			
HAMMES, MARY SUSAN DO UNIVERSITY OF CHICAGO DEPT OF NEPHROLOGY / MC8100 6441 S. MARYLAND AVENUE CHICAGO, IL 60637								

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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Form DEA-223 (05/04)

APPENDIX 4

Map Quest
Documentation

**List of Facilities within 30 minutes of the
Proposed Location
Total Renal Care d/b/a Woodlawn Dialysis**

ESRD FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF PROPOSED SITE OF WOODLAWN DIALYSIS
4642 - 4658 South Drexel Blvd, Chicago, Illinois 60653

3rd Quarter 2010 - Utilization

MapQuest Number	Facility Name	Address	City	Zip Code	Mileage	Drive Time	MapQuest Time (1.25)
Facilities within 30 Minutes Adjusted Travel Time							
1	DaVita - Lake Park	1531 E. Hyde Park Blv	Chicago	60615	1.24	3	3.75
2	FMC - Garfield	5401 S. Wentworth	Chicago	60609	2.55	8	10.00
3	DaVita - Emerald Dialysis	710 West 43rd St.	Chicago	60609	2.59	8	10.00
5	DaVita - Grand Crossing (DeNovo)	7311 S. Cottage Grove	Chicago	60619	3.46	10	12.50
4	RCG - Prairie	1717 S. Wabash Street	Chicago	60616	5.47	11	13.75
6	FMC - Bridgeport	825 W. 35th St	Chicago	60609	3.78	11	13.75
12	FMC - Ross Dialysis - Englewood	6333 S. Green Street	Chicago	60621	4.57	12	15.00
7	DSI - Loop	1101 S. Canal St	Chicago	60607	7.15	13	16.25
8	FMC - Neomedica Loop	557 W Polk Street	Chicago	60607	7.29	13	16.25
9	FMC - Jackson Park Dialysis Center	7531 S. Stony Island	Chicago	60649	5.43	14	17.50
10	FMC - Neomedica - South Shore	2420 E. 79th St.	Chicago	60649	5.58	14	17.50
11	FMC - Chicago Dialysis Center	820 W. Jackson Street	Chicago	60607	8.17	14	17.50
13	Renal Care Group - Univ Program	710 N. Fairbanks	Chicago	60611	7.56	15	18.75
14	Circle Medical Management	1426 W. Washington E	Chicago	60607	9.15	16	20.00
15	DaVita - Little Village Dialysis	2335 W. Carmak Road	Chicago	60608	8.79	16	20.00
16	John H. Stroger Jr Hospital of Cook	1901 W. Harrison	Chicago	60612	9.37	16	20.00
17	FMC - Dialysis Services of Congro	3410 West Van Buren	Chicago	60624	10.94	17	21.25
18	University of Illinois Hospital - Dialy	1859 W. Taylor	Chicago	60612	9.39	17	21.25
22	FMC - Neomedica - South	9200 S. South Chicago	Chicago	60617	9.11	17	21.25
24	FMC - Greenwood Avenue Dialysis	1111 E. 87th Street	Chicago	60619	5.61	17	21.25
20	FMC - Chicago Westside Dialysis	1340 S. Damen Avenue	Chicago	60608	8.67	18	22.50
21	FMC - West Willow (DENOVO)	1444-1454 W. Willow	Chicago	60642	10.58	18	22.5
23	DaVita - Stony Island Center	8725 South Stony Islar	Chicago	60617	5.85	18	22.50
27	FMC - Neomedica - Marquette Par	6535 S. Western Avenue	Chicago	60636	6.53	19	23.75
25	Mt. Sinai Hosp Med Ctr Renal	2700 W. 15th Street	Chicago	60608	10.6	20	25.00
33	DaVita - Beverly Dialysis	8109 S. Western Avenue	Chicago	60620	8.86	20	25.00
34	FMC - Roseland Dialysis	132 W. 111th St.	Chicago	60628	10.19	21	26.25
26	FMC - West Suburban Dialysis Center	518 N. Austin, Suite 5C	Oak Park	60302	14.43	22	27.50
28	Garfield Kidney Center	3250 W. Franklin Blvd	Chicago	60624	11.76	22	27.50
63	FMC - South Deering	10559 S. Torrence Ave	Chicago	60617	12.31	22	27.50
29	DaVita - Lincoln Park Dialysis	3157 N. Lincoln Avenue	Chicago	60657	12.37	23	28.75
30	DaVita - Logan Square Dialysis	2659 N. Milwaukee Ave	Chicago	60647	13.3	23	28.75
31	FMC - West Metro Dialysis	1044 N. Mozart	Chicago	60622	11.7	23	28.75
32	FMC-NA Lakeview Dialysis	4008 North Broadway	Chicago	60613	12.11	23	28.75
39	FMC - Southside Dialysis Center	3134 West 76th Street	Chicago	60652	10	23	28.75
42	FMC - Blue Island Dialysis Center	12200 S. Western	Blue Island	60406	13.36	23	28.75
35	FMC - North Center	2620 W. Addison St.	Chicago	60618	13.69	24	30.00
36	Maple Avenue Kidney Center	610 S. Maple Avenue	Oak Park	60304	16.1	24	30.00
38	FMCNA-Uptown	4700 N. Marine	Chicago	60640	12.8	24	30.00
43	FMC - Neomedica - Evergreen Par	9730 S. Western Avenue	Evergreen Park	60805	10.9	24	30.00

Average Utilization

Average Utilization of Stations in Operation *

Facilities Over 30 Minutes Adjusted Travel Time

37	RCG - Merrionette Park	11630 S. Kedzie	Merrionette Park	60803	14.3	25	31.25
40	FMC - Austin Community Kidney C	4800 W. Chicago Avenue	Chicago	60651	15.23	26	32.50
41	FMC - Oak Park Dialysis Unit	733 W. Madison	Oak Park	60302	16.74	26	32.50
46	DaVita - West Lawn (DENOVO)	7000 S. Pulaski Road	Chicago	60629	11.73	26	32.50
52	DaVita Dialysis Mt. Greenwood	3401 W. 111th Street	Chicago	60655	13.47	26	32.50
53	DSI - Scottsdale	4651 W. 79th Street	Chicago	60652	11.65	26	32.50
44	FMC Midway (DENOVO)	6201 W. 63rd St.	Chicago	60638	15.24	27	33.75
45	FMC-Neomedica - North Kilpatrick	4800 N Kilpatrick	Chicago	60630	16.49	27	33.75
47	FMC - Dialysis Services of Burbank	4811 W. 77th Street	Burbank	60459	12.09	27	33.75
48	Foster McGaw Hospital of Loyola	1201 W. Roosevelt Road	Maywood	60153	18.46	28	35.00
49	FMC-Neomedica - West Belmont	4943 W. Belmont Avenue	Chicago	60641	15.42	28	35.00
50	RCG - Berwyn	2601 S. Harlem Avenue	Berwyn	60402	17.85	28	35.00
51	FMC - River Forest (DENOVO)	103 Forest Avenue	River Forest	60305	17.34	28	35.00
58	DSI - South Holland	16136 South Park Ave	South Holland	60473	19.01	28	35.00
59	DaVita - Stony Creek Dialysis	9115 S. Cicero Avenue	Oak Lawn	60453	13.16	29	36.25
63	DSI - Markham	3053-3055 West 159th	Markham	60426	19.55	29	36.25
54	Nephron Dialysis Center, LTD	5140 N. California Ave	Chicago	60625	16.12	30	37.50
55	Center for Renal Replacement	7301 N. Lincoln Avenue	Lincolnwood	60712	19.9	30	37.50
56	FMC - Neomedica - Metrose Park	1111 Superior St.	Metrose Park	60160	19.19	30	37.50
57	Resurrection Medical Center	7435 W. Talcott Avenue	Chicago	60631	19.8	30	37.50
60	FMCNA - North Avenue Dialysis C	911 W. North Avenue	Metrose Park	60160	20.32	32	40.00
61	FMC - Alsip Dialysis Center	12250 S. Cicero	Alsip	60803	17.5	32	40.00
62	RCG - Crestwood	4861 West Cal Sag Road	Crestwood	60445	17.61	32	40.00

Average Utilization

Average Utilization of Stations in Operation **

SOURCES: Patients: The Renal Network, Inc., 2010, 3rd Quarter data released December 2010.

Stations: IHFSRB Inventory, Updated, December 17, 2010.

Mileage & Travel Time: Map Quest. See Appendix 4 for documentation.



MAPQUEST.

Trip to 1531 E Hyde Park Blvd
Chicago, IL 60615-3039
1.24 miles - about 3 minutes

Notes

DaVita - Lake Park

①



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.6 mi



3. Turn **RIGHT** onto **S LAKE PARK AVE.** go 0.6 mi



4. Turn **LEFT** onto **E HYDE PARK BLVD / E 51ST ST.** go 0.0 mi



5. **1531 E HYDE PARK BLVD** is on the **RIGHT.** go 0.0 mi

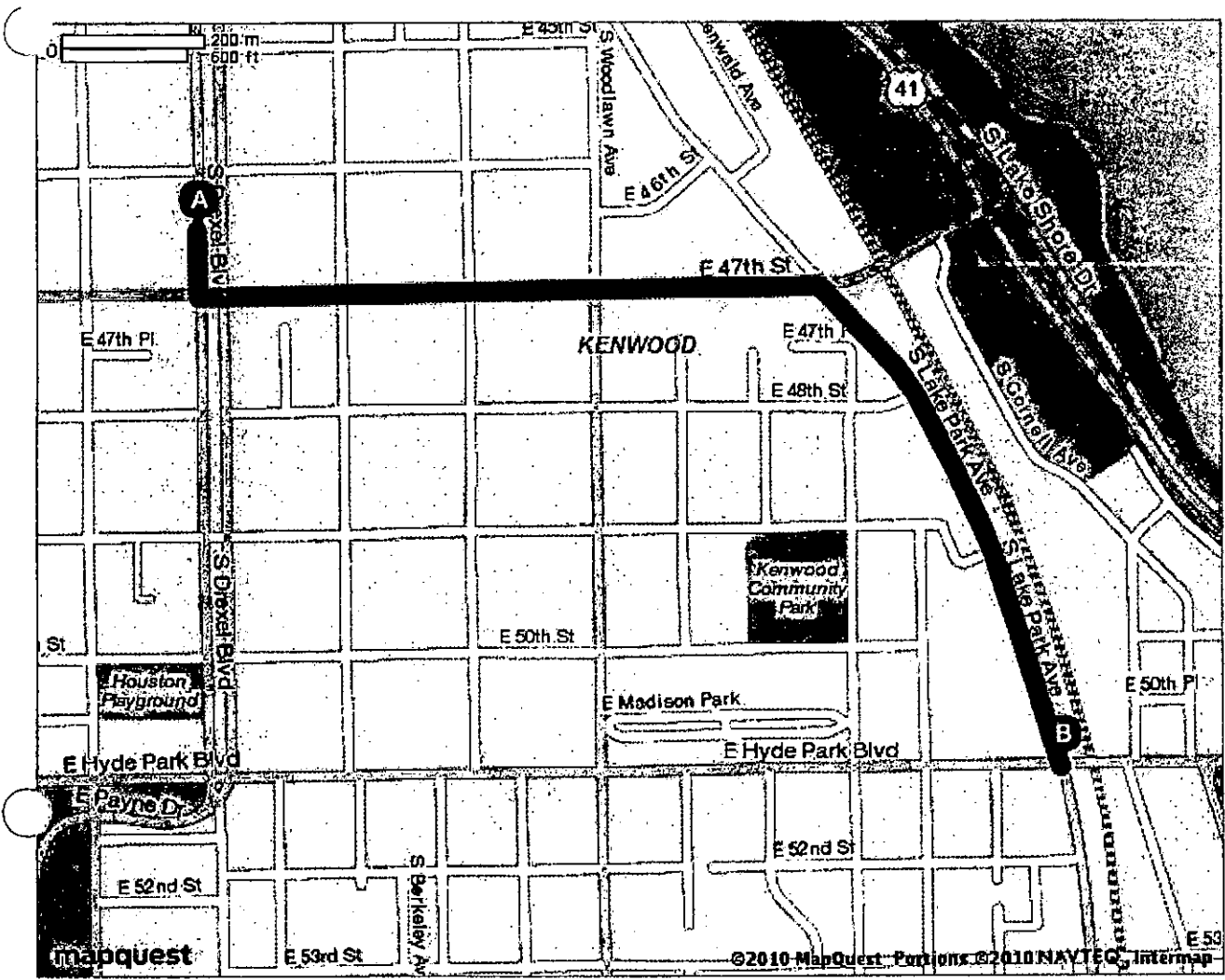


1531 E Hyde Park Blvd, Chicago, IL 60615-3039

Total Travel Estimate : 1.24 miles - about 3 minutes

Route Map [Hide](#)

665



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666



MAPQUEST.

Trip to 5401 S Wentworth Ave
Chicago, IL 60609-6300
2.55 miles - about 8 minutes

Notes

FMC - Garfield
(2)



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn RIGHT onto E 47TH ST. | go 1.0 mi |
| | 3. Turn LEFT onto S MICHIGAN AVE. | go 1.0 mi |
| | 4. Turn RIGHT onto E GARFIELD BLVD / E 55TH ST. | go 0.4 mi |
| | 5. Turn RIGHT onto S WENTWORTH AVE. | go 0.1 mi |
| | 6. 5401 S WENTWORTH AVE is on the RIGHT. | go 0.0 mi |

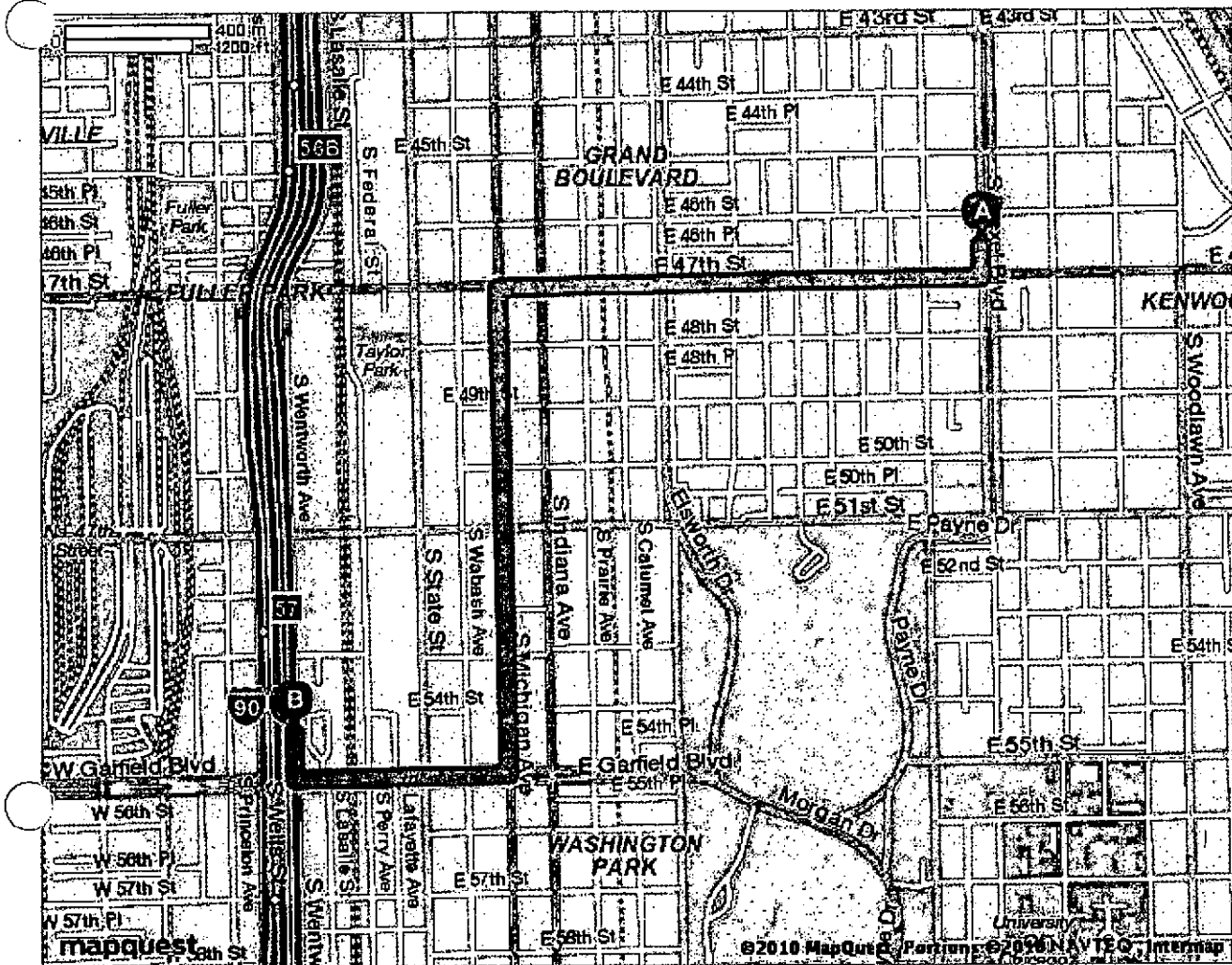


5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate : 2.55 miles - about 8 minutes

Route Map [Hide](#)

667



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MAPQUEST.

Trip to 710 W 43rd St
Chicago, IL 60609-3435
2.59 miles - about 8 minutes

Notes

DaVita - Emerald

③

A 4646 S Drexel Blvd, Chicago, IL 60653-4312

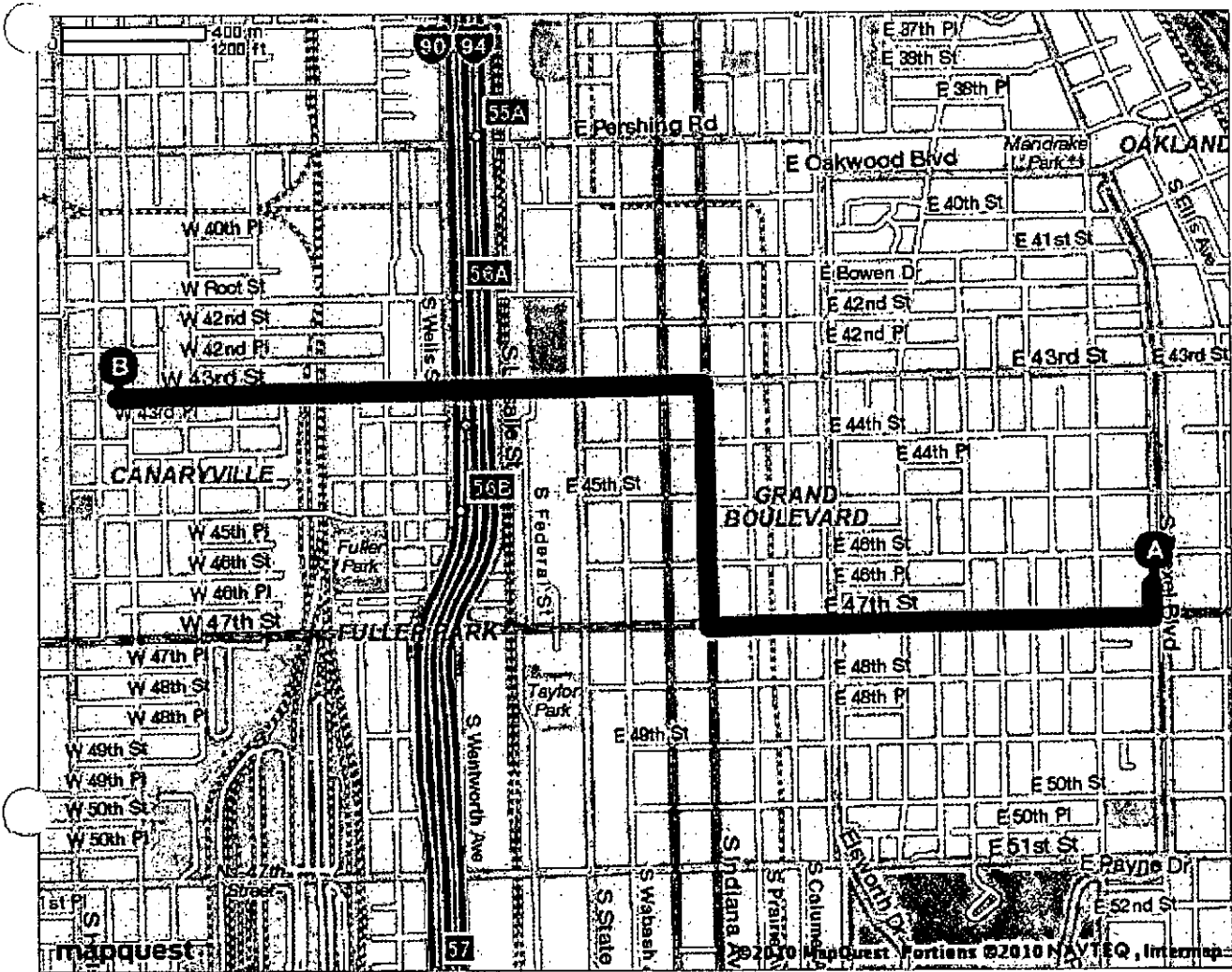
- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn RIGHT onto E 47TH ST. | go 0.9 mi |
| | 3. Turn RIGHT onto S INDIANA AVE. | go 0.5 mi |
| | 4. Turn LEFT onto E 43RD ST. | go 1.1 mi |
| | 5. 710 W 43RD ST is on the RIGHT. | go 0.0 mi |

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

Total Travel Estimate : 2.59 miles - about 8 minutes

Route Map [Hide](#)

669



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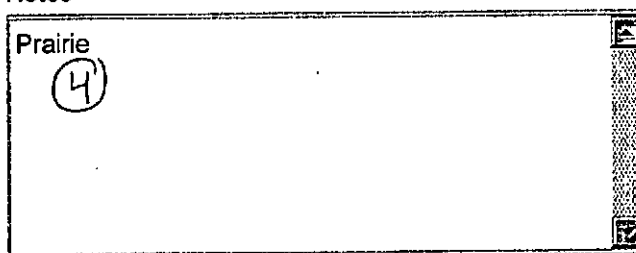
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MAPQUEST.

Trip to 1717 S Wabash Ave
 Chicago, IL 60616-1219
 5.47 miles - about 11 minutes

Notes



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi



3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.** go 1.0 mi



5. Take **EXIT 293C** toward **STATE ST.** go 0.2 mi



6. Stay **STRAIGHT** to go onto **E 24TH PL.** go 0.0 mi



7. Turn **RIGHT** onto **S STATE ST.** go 0.7 mi



8. Turn **RIGHT** onto **E 18TH ST.** go 0.0 mi



9. Turn **LEFT** onto **S WABASH AVE.** go 0.0 mi



10. **1717 S WABASH AVE** is on the **RIGHT.** go 0.0 mi



1717 S Wabash Ave, Chicago, IL 60616-1219

671



MAPQUEST.

Notes

DaVita - Grand Crossing

(5)

Trip to 7311 S Cottage Grove Ave
 Chicago, IL 60619-1909
 3.46 miles - about 10 minutes

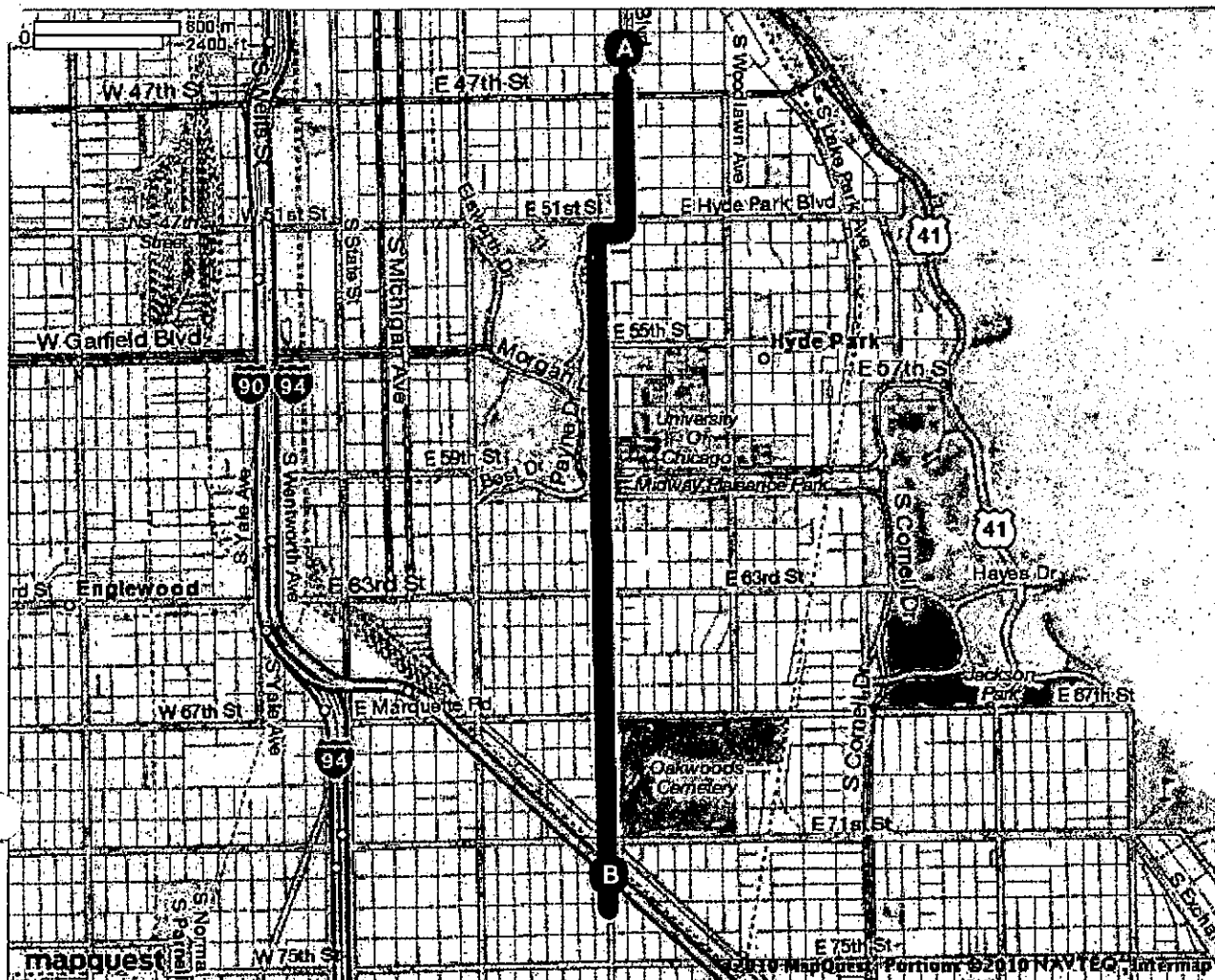
A 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.6 mi |
| | 2. S DREXEL BLVD becomes S DREXEL AVE. | go 0.0 mi |
| | 3. Turn SLIGHT RIGHT onto E PAYNE DR. | go 0.1 mi |
| | 4. Turn LEFT onto S COTTAGE GROVE AVE. | go 2.7 mi |
| | 5. 7311 S COTTAGE GROVE AVE is on the LEFT. | go 0.0 mi |

B 7311 S Cottage Grove Ave, Chicago, IL 60619-1909
 Total Travel Estimate : 3.46 miles - about 10 minutes

Route Map [Hide](#)

673



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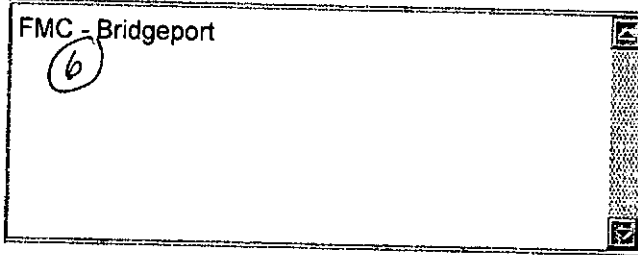
674



MAPQUEST.

Trip to 825 W 35th St
 Chicago, IL 60609-1511
 3.78 miles - about 11 minutes

Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn RIGHT onto E 47TH ST. | go 1.3 mi |
| | 3. Turn SLIGHT RIGHT. | go 0.0 mi |
| | 4. Turn SLIGHT RIGHT onto S LASALLE ST. | go 0.0 mi |
| | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via the ramp on the LEFT. | go 1.0 mi |
| | 6. Take EXIT 55A toward 35TH ST. | go 0.2 mi |
| | 7. Stay STRAIGHT to go onto S LASALLE ST. | go 0.3 mi |
| | 8. Turn LEFT onto W 35TH ST. | go 0.9 mi |
| | 9. 825 W 35TH ST is on the LEFT. | go 0.0 mi |

B 825 W 35th St, Chicago, IL 60609-1511
 Total Travel Estimate : 3.78 miles - about 11 minutes

Route Map [Hide](#)

675



MAPQUEST.

Trip to 1101 S Canal St
 Chicago, IL 60607-4901
 7.15 miles - about 13 minutes

Notes

DSI - Loop
7



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
| | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
| | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
| | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | 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 |



1101 S Canal St, Chicago, IL 60607-4901

677

MAPQUEST.

Trip to 557 W Polk St

Chicago, IL 60607-4388

7.29 miles - about 13 minutes

Notes

FMC - Loop



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
| | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
| | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
| | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | 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 |

679



11. Turn RIGHT onto W POLK ST.

go 0.0 mi



12. 557 W POLK ST is on the RIGHT.

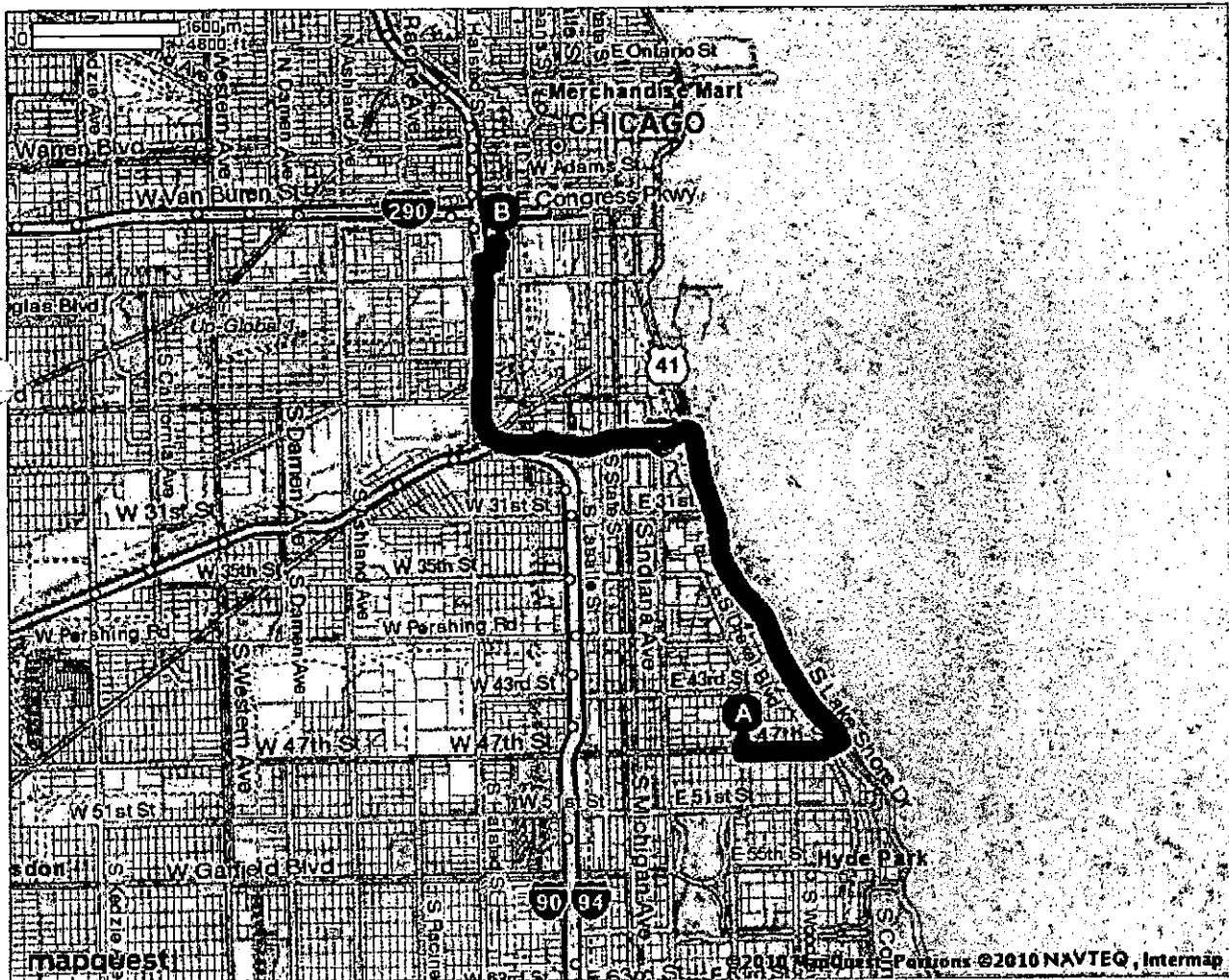
go 0.0 mi



557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate : 7.29 miles - about 13 minutes

Route Map [Hide](#)



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680

MAPQUEST.

Trip to **7531 S Stony Island Ave**
Chicago, IL 60649-3954
5.43 miles - about 14 minutes

Notes

FMC - Jackson Park

⑨

**4646 S Drexel Blvd, Chicago, IL 60653-4312**

1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi



3. Merge onto **US-41 S.** go 2.7 mi



4. Stay **STRAIGHT** to go onto **S JEFFERY DR.** go 0.2 mi



5. **S JEFFERY DR** becomes **S JEFFERY BLVD.** go 1.0 mi



6. Turn **RIGHT** onto **E 75TH ST.** go 0.5 mi



7. Turn **LEFT** onto **S STONY ISLAND AVE.** go 0.0 mi



8. Make a **U-TURN** onto **S STONY ISLAND AVE.** go 0.1 mi



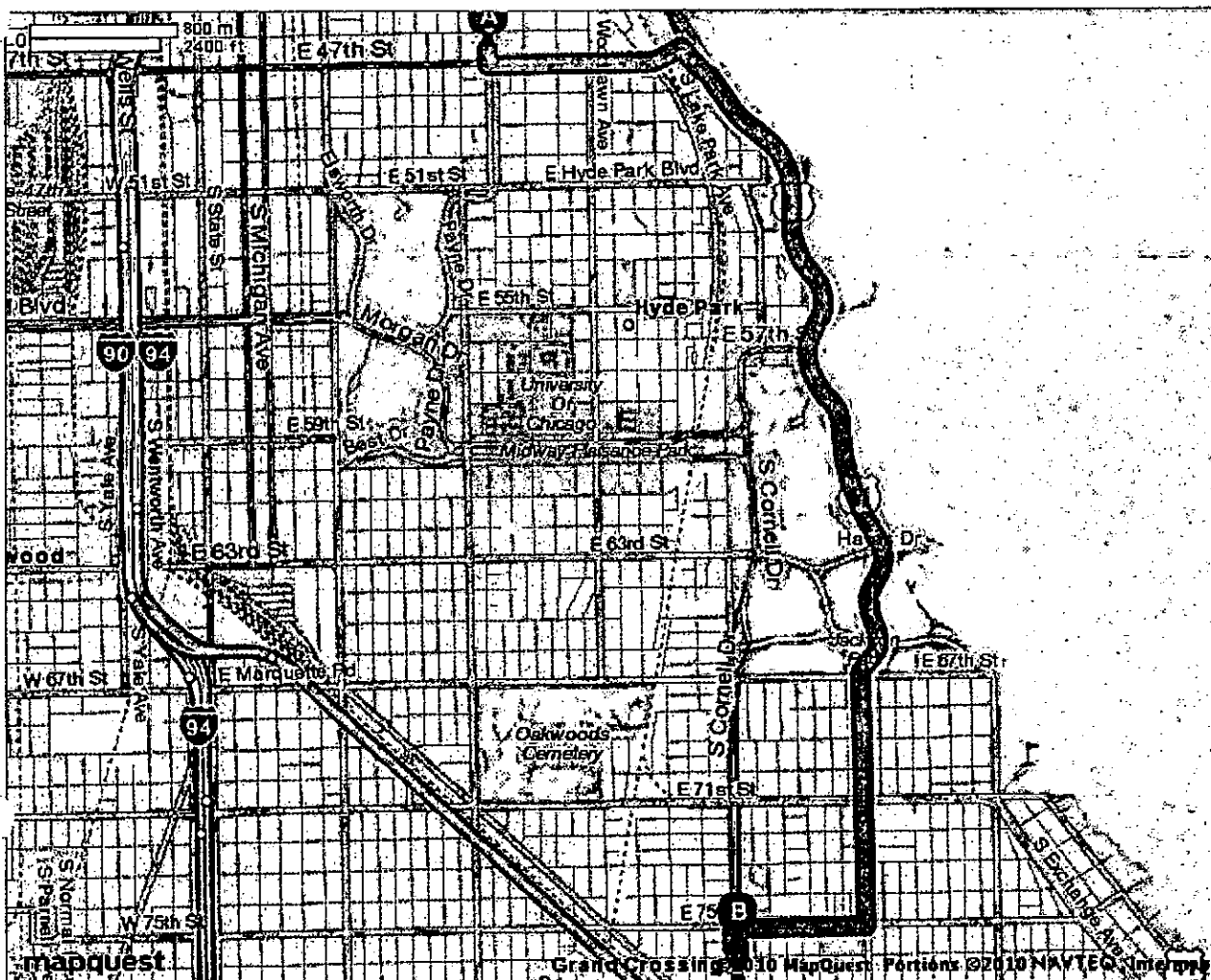
9. **7531 S STONY ISLAND AVE** is on the **RIGHT.** go 0.0 mi

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

Total Travel Estimate : 5.43 miles - about 14 minutes

Route Map [Hide](#)

681



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682

MAPQUEST.

Trip to 2420 E 79th St
Chicago, IL 60649-5112
5.58 miles - about 14 minutes

Notes

FMC - South Shore

(10)

**4646 S Drexel Blvd, Chicago, IL 60653-4312**

1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST.

go 0.0 mi



2. Turn LEFT onto E 47TH ST.

go 0.8 mi



3. Merge onto US-41 S.

go 2.7 mi



4. Turn LEFT onto E MARQUETTE DR / US-41. Continue to follow US-41.

go 1.0 mi



5. Stay STRAIGHT to go onto S YATES BLVD.

go 1.0 mi



6. Turn LEFT onto E 79TH ST.

go 0.0 mi



7. 2420 E 79TH ST is on the LEFT.

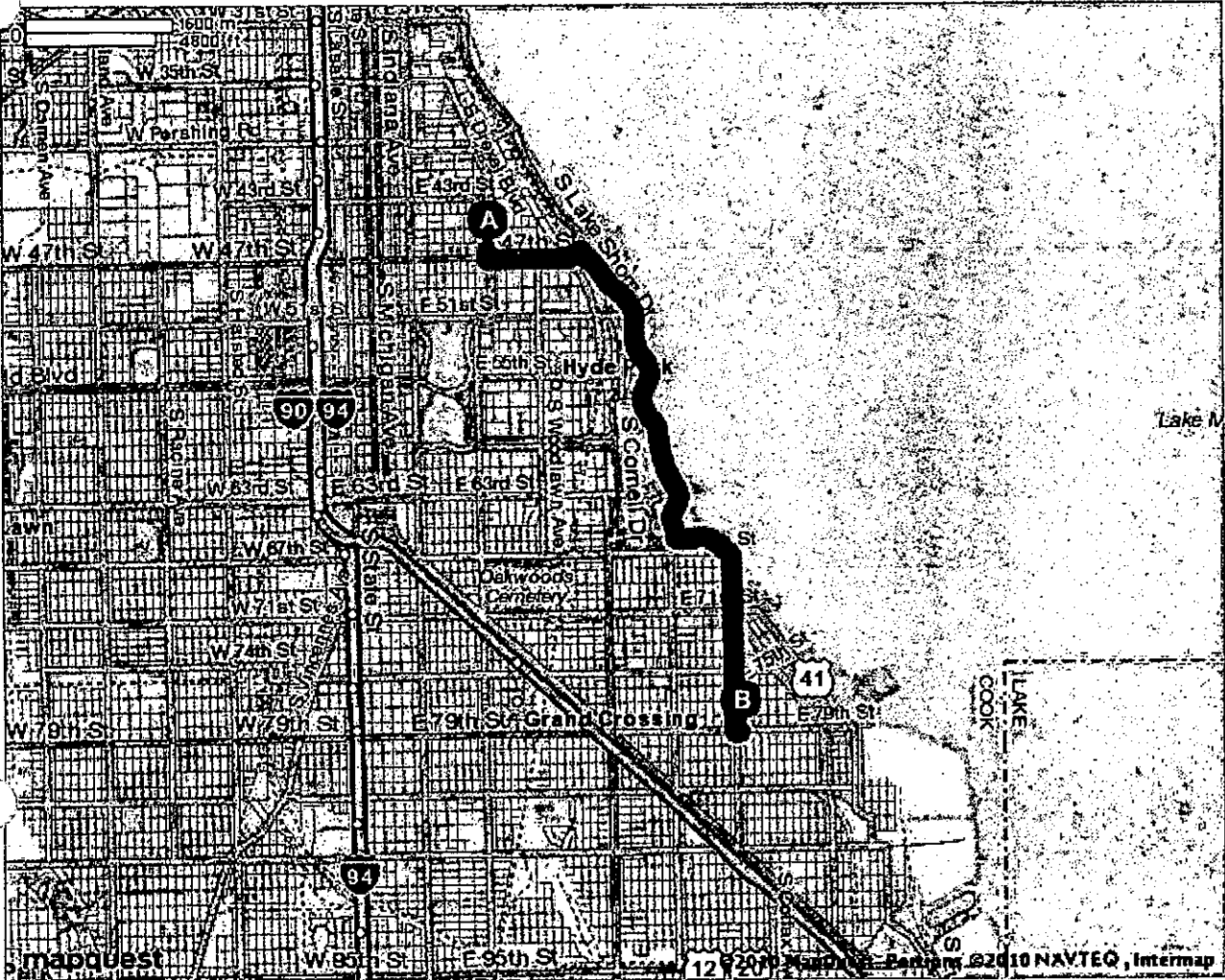
go 0.0 mi

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

Total Travel Estimate : 5.58 miles - about 14 minutes

Route Map [Hide](#)

683



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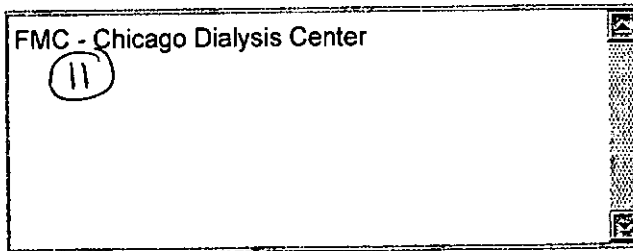
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684

MAPQUEST.

Trip to 820 W Jackson Blvd
 Chicago, IL 60607-3026
 8.17 miles - about 14 minutes

Notes



★ 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
| | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
| | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94 . | go 1.4 mi |
| | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN . | 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 |

685

END

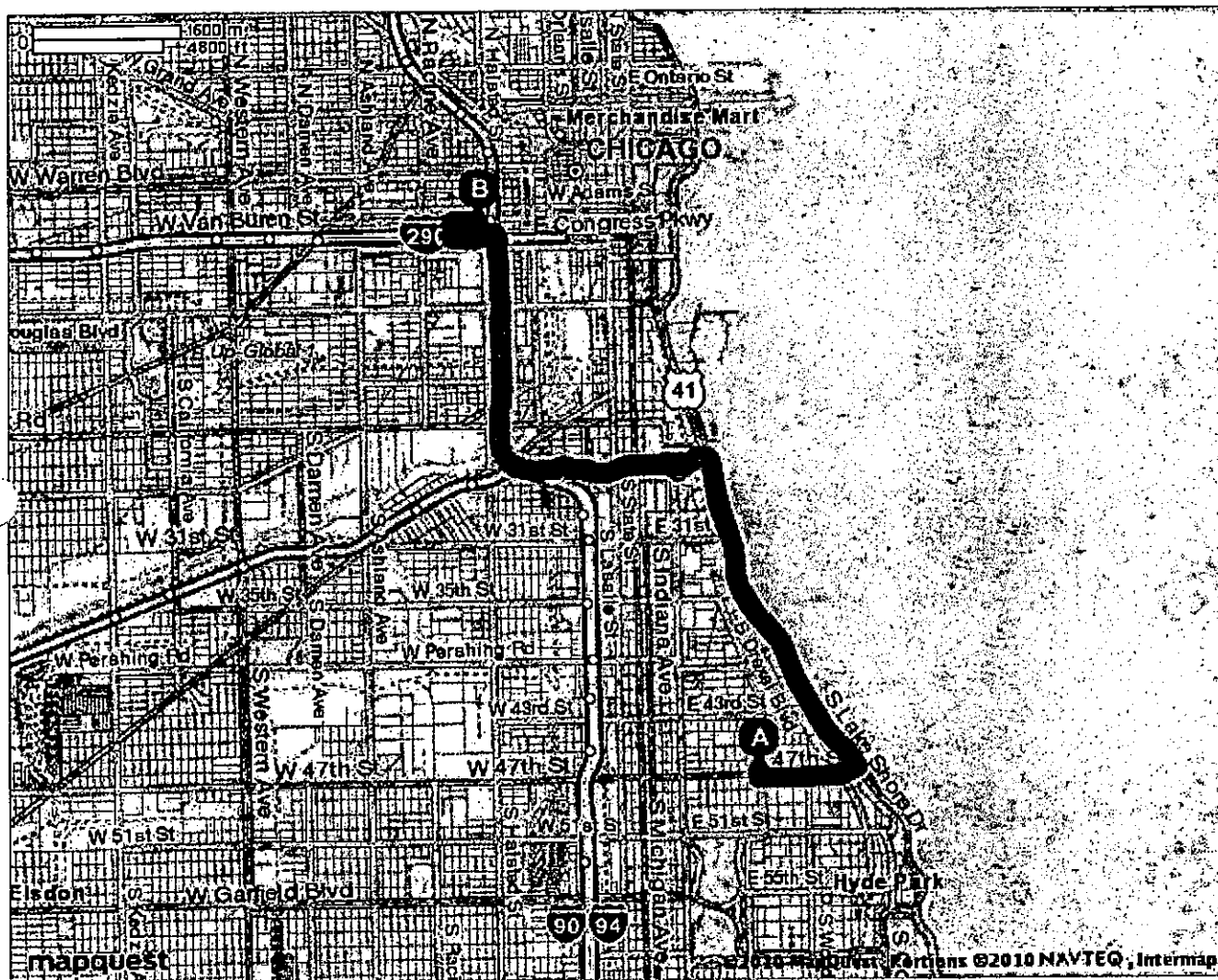
11. 820 W JACKSON BLVD is on the LEFT.

go 0.0 mi

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

Total Travel Estimate : 8.17 miles - about 14 minutes

Route Map [Hide](#)



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686



MAPQUEST.

Trip to 6333 S Green St
Chicago, IL 60621-1943
4.57 miles - about 12 minutes

Notes

FMC - Ross Dialysis

12



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **RIGHT** onto **E 47TH ST.** go 1.5 mi



3. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



4. Merge onto **I-90 E / I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 1.7 mi



5. Take **EXIT 58B** toward **63RD ST.** go 0.2 mi



6. Turn **SLIGHT LEFT** onto **S YALE AVE.** go 0.0 mi



7. Turn **RIGHT** onto **W 63RD ST.** go 0.8 mi



8. Turn **LEFT** onto **S PEORIA ST.** go 0.2 mi



9. Turn **LEFT** onto **S GREEN ST.** go 0.0 mi



10. **6333 S GREEN ST** is on the **RIGHT.** go 0.0 mi

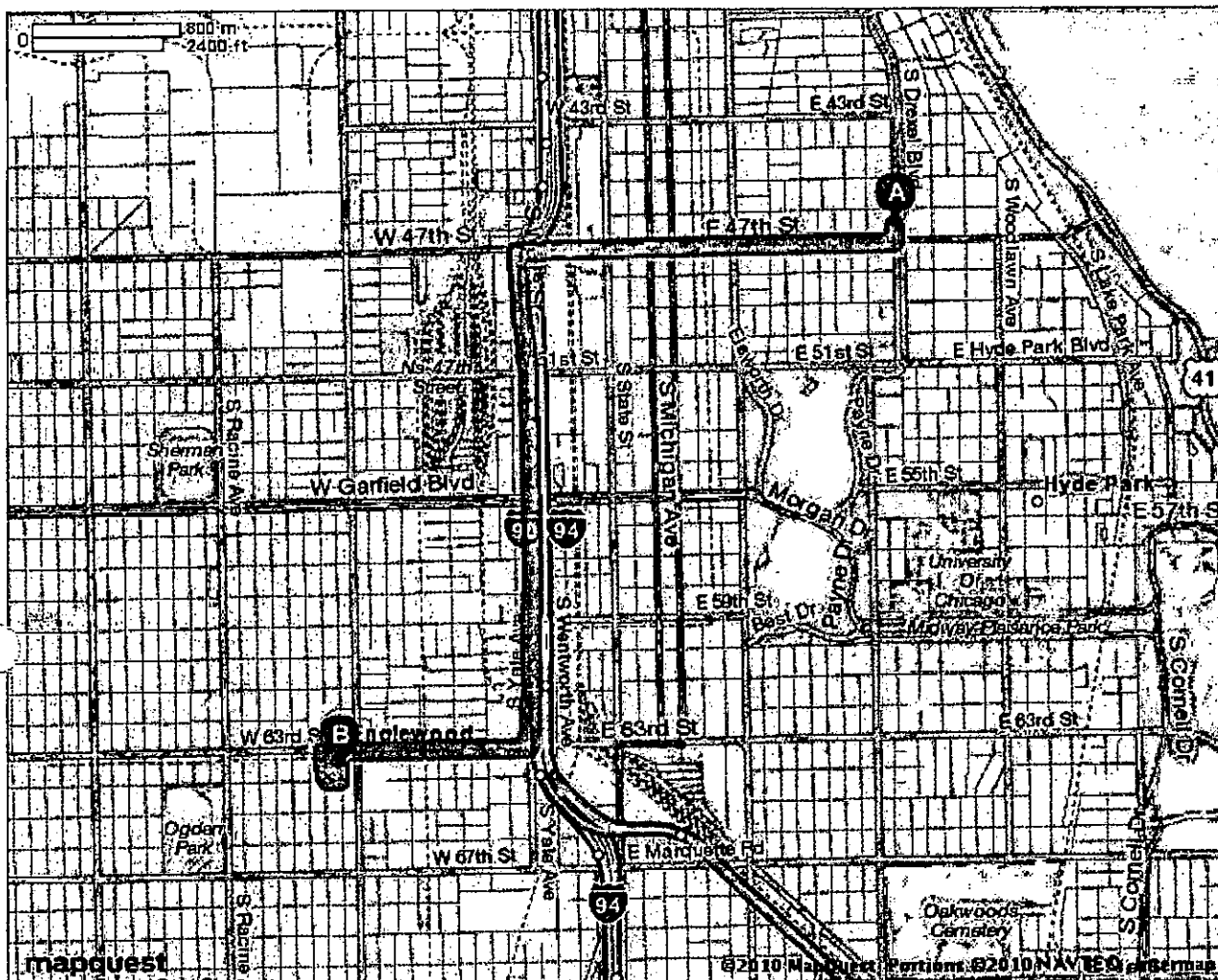


6333 S Green St, Chicago, IL 60621-1943

687

Total Travel Estimate : 4.57 miles - about 12 minutes

Route Map [Hide](#)



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688

MAPQUEST.

Trip to 710 N Fairbanks Ct
Chicago, IL 60611-3013
7.56 miles - about 15 minutes

Notes

University Program

(13)

**4646 S Drexel Blvd, Chicago, IL 60653-4312**

1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi



3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 5.4 mi



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



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



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



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



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



9. Turn **RIGHT** onto **N FAIRBANKS CT.** go 0.2 mi



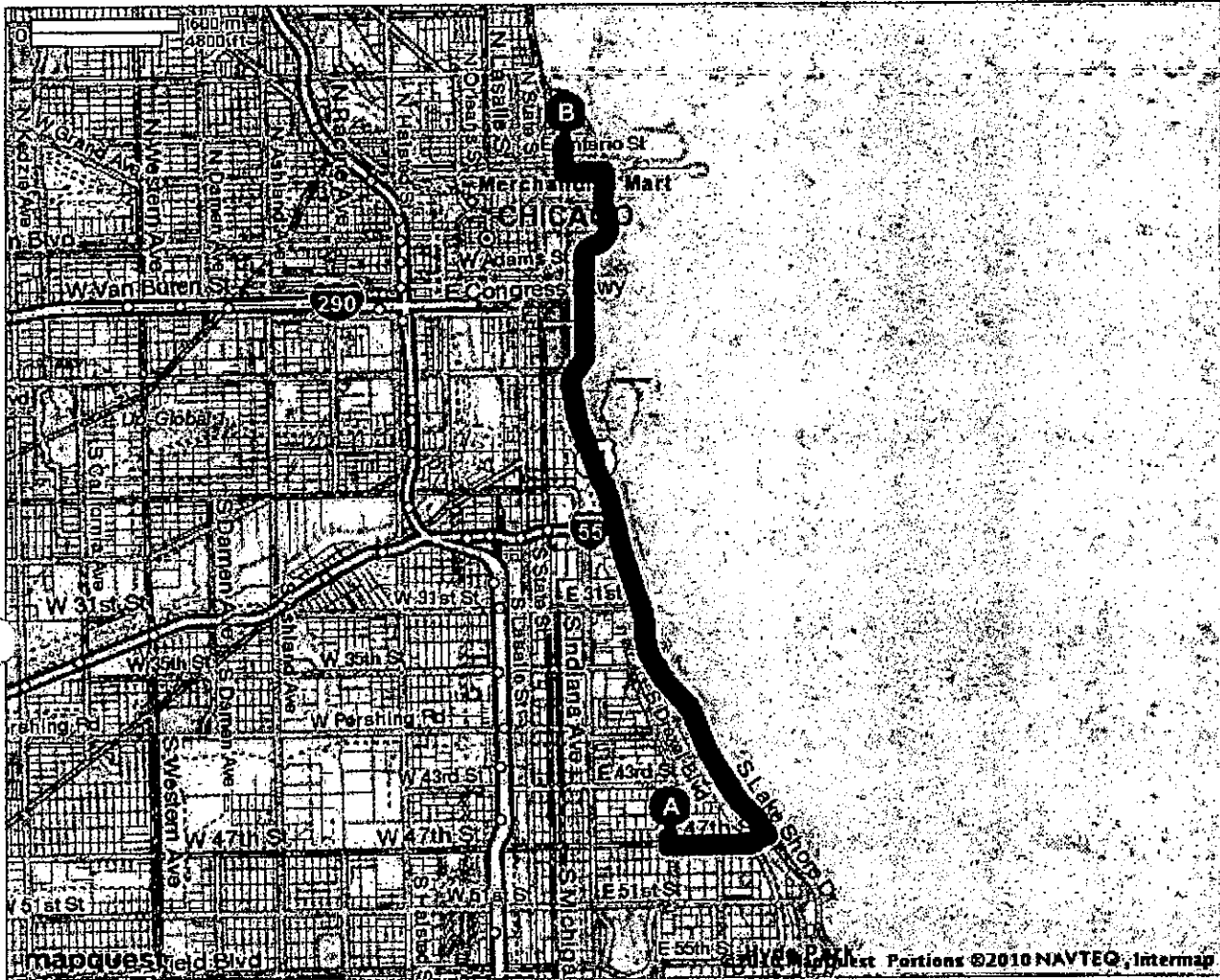
10. **710 N FAIRBANKS CT** is on the **LEFT.** go 0.0 mi

**710 N Fairbanks Ct, Chicago, IL 60611-3013**

689

Total Travel Estimate : 7.56 miles - about 15 minutes

Route Map [Hide](#)



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690

MAPQUEST.

Trip to 1426 W Washington Blvd
Chicago, IL 60607-1821
9.15 miles - about 16 minutes

Notes

Circle Medical Management

14



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
| | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
| | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
| | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | 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 RIGHT onto S ASHLAND AVE. | go 0.3 mi |

691

MAPQUEST.

Trip to 2335 W Cermak Rd
Chicago, IL 60608-3811
8.79 miles - about 16 minutes

Notes

DaVita - Little Village

(15)

A 4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST.

go 0.0 mi



2. Turn LEFT onto E 47TH ST.

go 0.8 mi



3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT.

go 2.6 mi



4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94.

go 3.5 mi



5. Take the DAMEN AVE exit, EXIT 290.

go 0.3 mi



6. Keep RIGHT at the fork to go on S DAMEN AVE.

go 1.0 mi



7. Turn LEFT onto W CERMAK RD.

go 0.5 mi



8. 2335 W CERMAK RD.

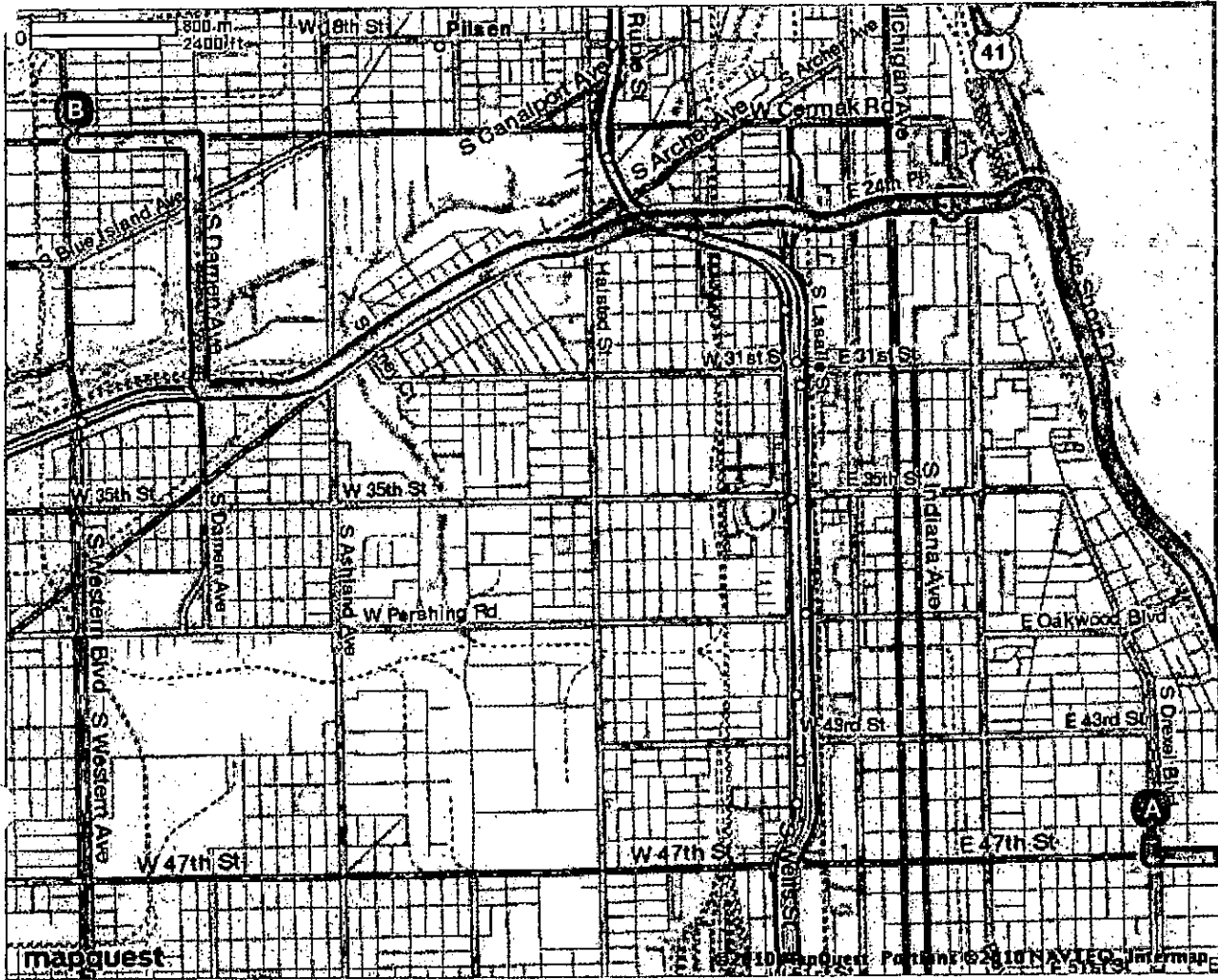
go 0.0 mi

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

Total Travel Estimate : 8.79 miles - about 16 minutes

Route Map [Hide](#)

693



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694

MAPQUEST.



Notes

Stroger Hospital of Cook County

16

Trip to 1901 W Harrison St
 Chicago, IL 60612-3714
 9.37 miles - about 16 minutes

★ 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|---|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
|   | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
|   | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94 . | go 1.4 mi |
|   | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN . | 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 1.7 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 |

695



MAPQUEST.

Trip to 3410 W Van Buren St
 Chicago, IL 60624-3358
 10.94 miles - about 17 minutes










Notes

FMC - Dialysis Services of Congress Parkway

17



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|---|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
| 
 | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
| 
 | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
| 

 | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | 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 |

697



11. Turn LEFT onto W VAN BUREN ST.

go 0.0 mi



12. 3410 W VAN BUREN ST is on the RIGHT.

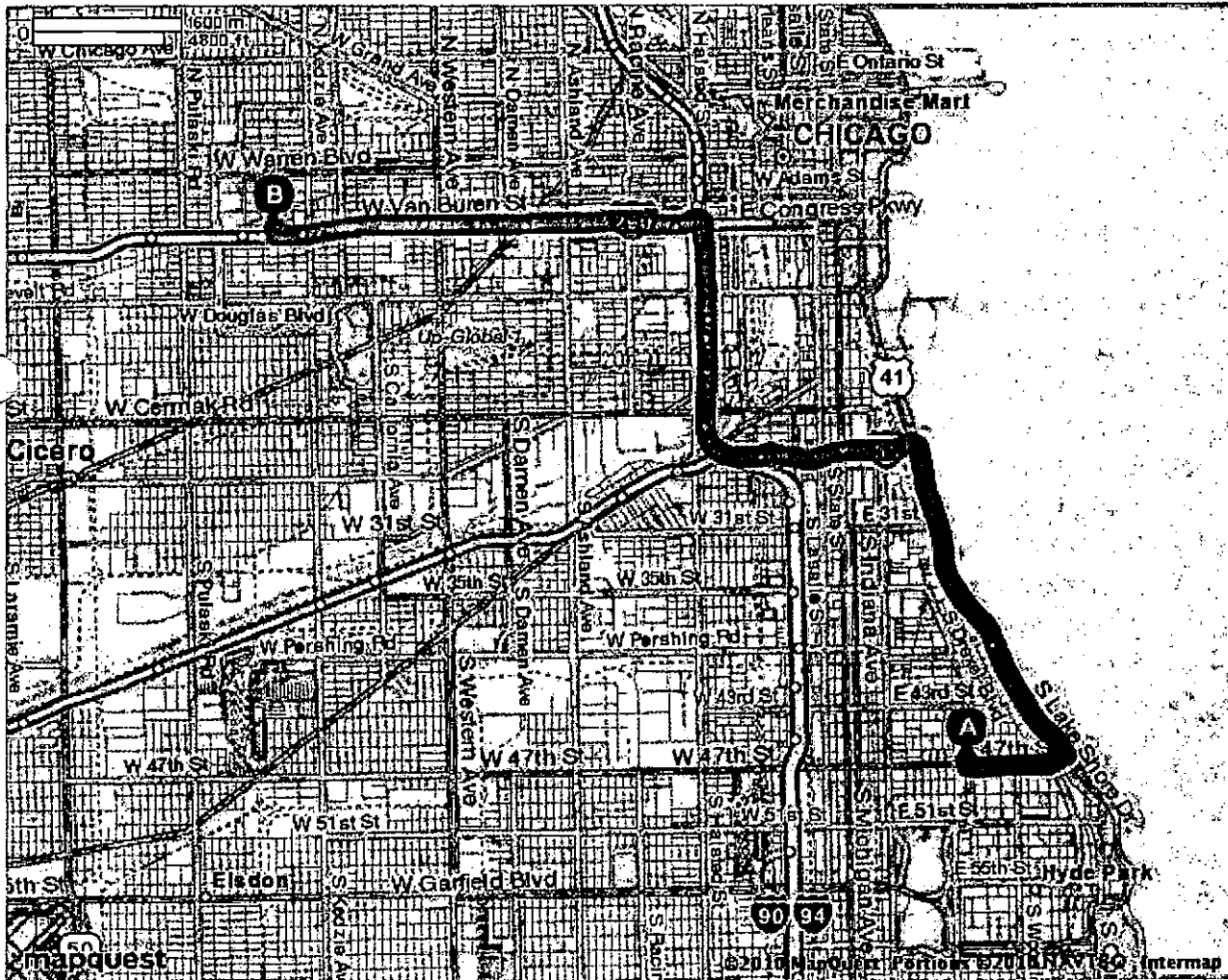
go 0.0 mi



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

Total Travel Estimate : 10.94 miles - about 17 minutes

Route Map Hide



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698


MAPQUEST.


Trip to 1859 W Taylor St
Chicago, IL 60612-4319
9.39 miles - about 17 minutes


Notes


University of Illinois Hospital - Dialysis
18


★ 4646 S Drexel Blvd, Chicago, IL 60653-4312


- 
1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**
go 0.0 mi


- 
2. Turn **LEFT** onto **E 47TH ST.**
go 0.8 mi


- 
3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**
go 2.6 mi


- 
4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.**
go 1.4 mi


- 
5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**
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 **LEFT** onto **S ASHLAND AVE.**
go 0.5 mi

699



11. Turn RIGHT onto W TAYLOR ST.

go 0.3 mi



12. 1859 W TAYLOR ST is on the LEFT.

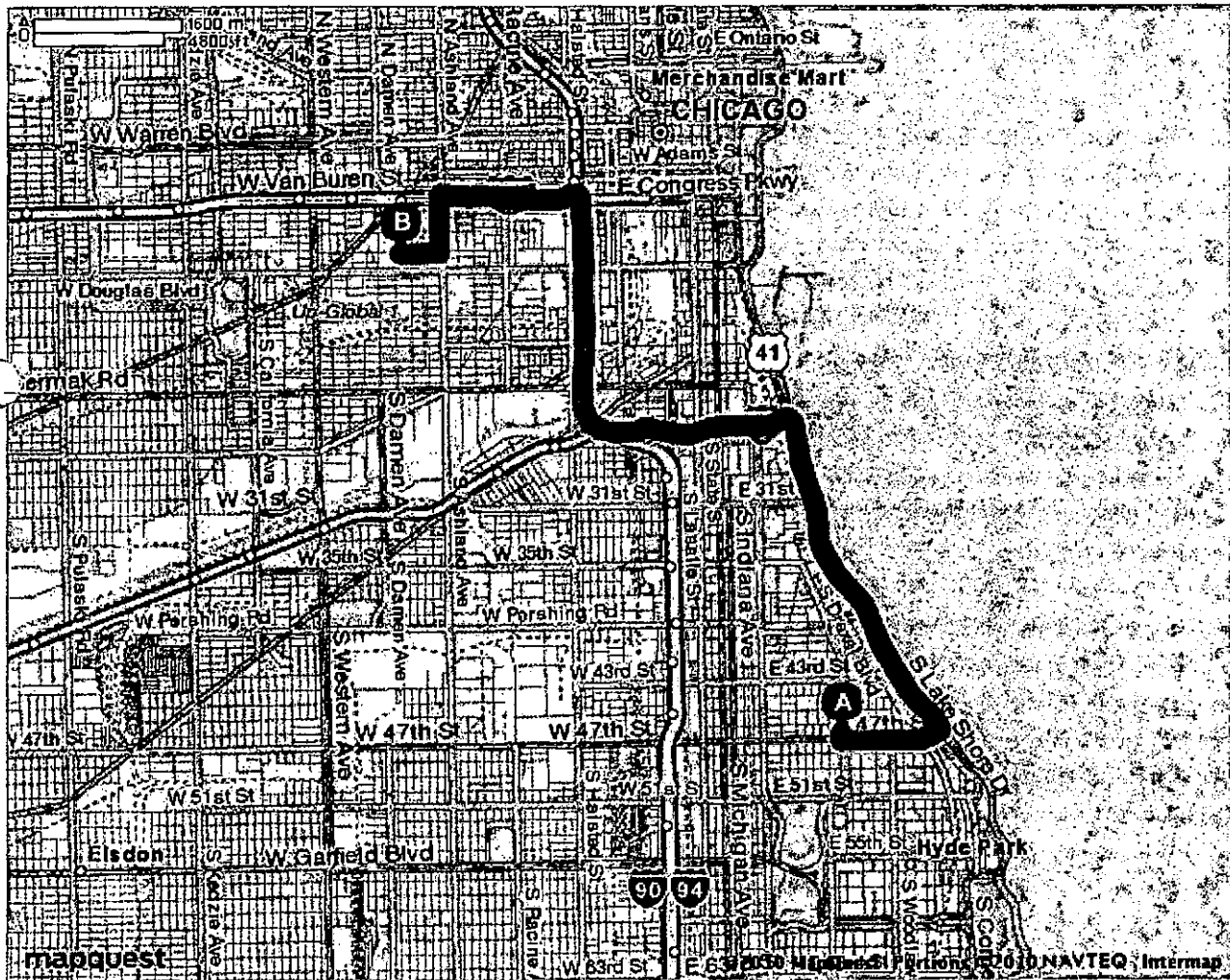
go 0.0 mi



1859 W Taylor St, Chicago, IL 60612-4319

Total Travel Estimate : 9.39 miles - about 17 minutes

Route Map [Hide](#)



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700



MAPQUEST.










Trip to 333 W 87th St
Chicago, IL 60620-1309
7.04 miles - about 14 minutes

Notes

FMC - Chatham

19

A 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn RIGHT onto E 47TH ST. | go 1.5 mi |
|  | 3. Turn LEFT onto S WELLS ST. | go 0.0 mi |
|   | 4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 4.8 mi |
|  | 5. Take EXIT 61B toward 87TH ST. | go 0.2 mi |
|  | 6. Stay STRAIGHT to go onto S LAFAYETTE AVE. | go 0.1 mi |
|  | 7. Turn RIGHT onto W 87TH ST. | go 0.4 mi |
|  | 8. 333 W 87TH ST is on the LEFT. | go 0.0 mi |

B 333 W 87th St, Chicago, IL 60620-1309
Total Travel Estimate : 7.04 miles - about 14 minutes

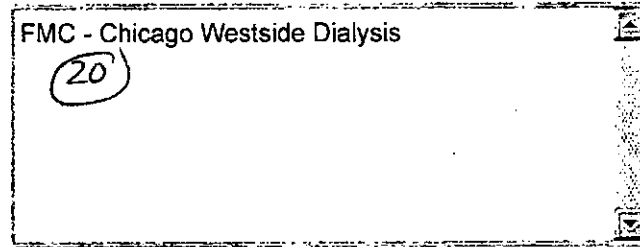
Route Map [Hide](#)

701

MAPQUEST.

Trip to 1340 S Damen Ave
Chicago, IL 60608-1169
8.67 miles - about 18 minutes


Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312


- 
1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST.
go 0.0 mi


- 
2. Turn LEFT onto E 47TH ST.
go 0.8 mi

- 

3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT.
go 2.6 mi


- 


4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94.
go 1.4 mi


- 

5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN.
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

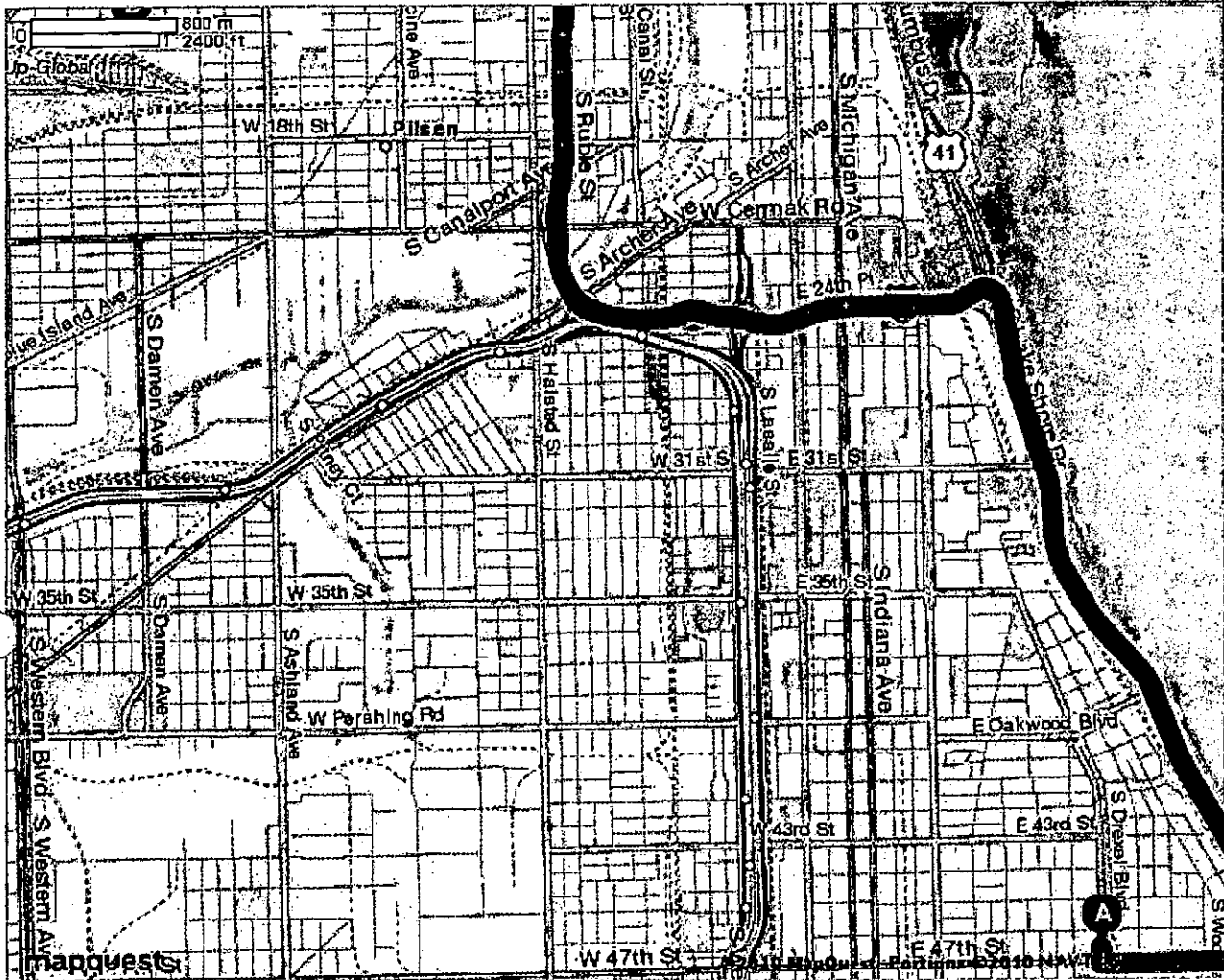
- 
10. 1340 S DAMEN AVE.
go 0.0 mi

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

703

Total Travel Estimate : 8.67 miles - about 18 minutes

Route Map Hide



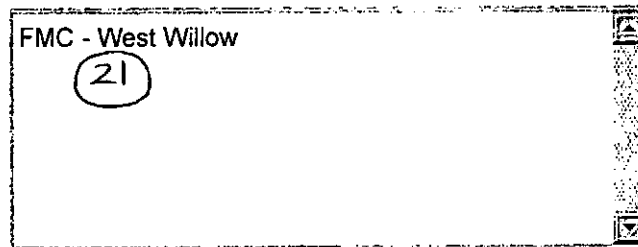
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704

MAPQUEST.

Notes




Trip to 1444 W Willow St # 1454


Chicago, IL 60642-1524



10.58 miles - about 18 minutes







4646 S Drexel Blvd, Chicago, IL 60653-4312


- 
1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST.
go 0.0 mi



- 
2. Turn LEFT onto E 47TH ST.
go 0.8 mi


- 

3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT.
go 2.6 mi


- 

4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94.
go 1.4 mi


- 

5. Merge onto I-90 W / I-94 W via EXIT 292 toward WISCONSIN.
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 # 1454 is on the LEFT.
go 0.0 mi

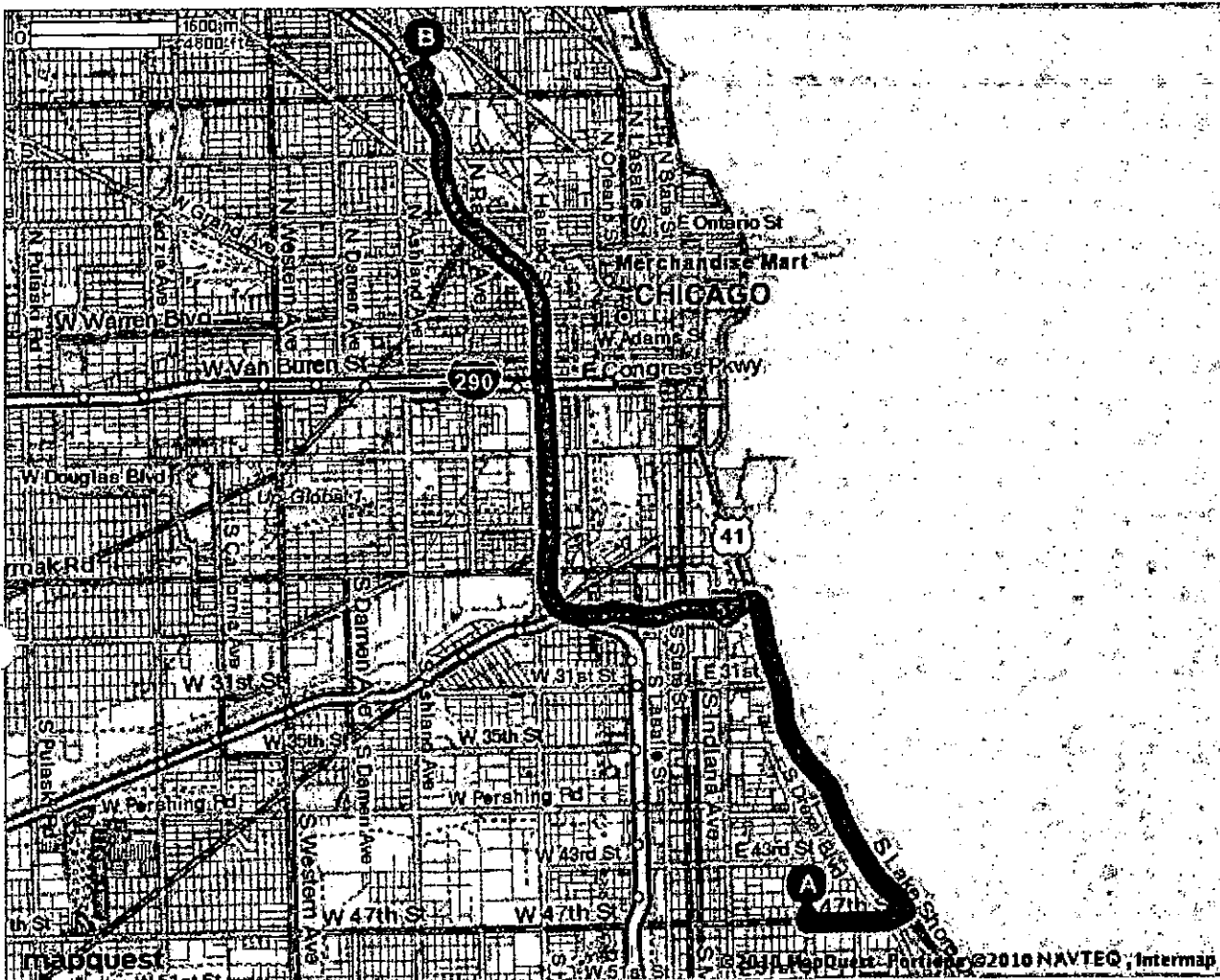


1444 W Willow St # 1454, Chicago, IL 60642-1524

705

Total Travel Estimate : 10.58 miles - about 18 minutes

Route Map [Hide](#)



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706



MAPQUEST.

Trip to 9200 S South Chicago Ave
Chicago, IL 60617-4512
9.11 miles - about 17 minutes

Notes

FMC - South

(22)

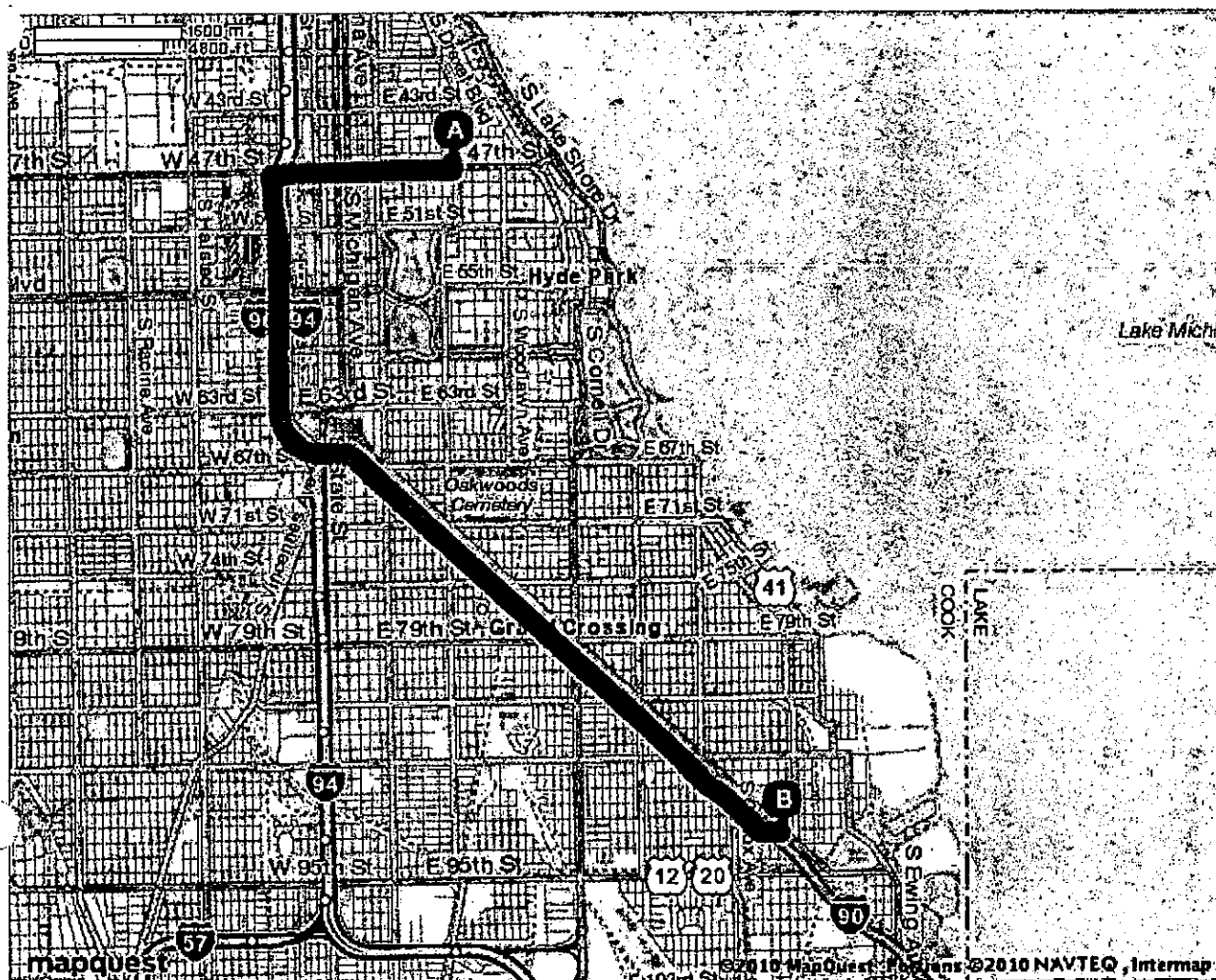
A 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|--|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn RIGHT onto E 47TH ST. | go 1.5 mi |
| | 3. Turn LEFT onto S WELLS ST. | go 0.0 mi |
| | 4. Merge onto I-90 E via the ramp on the LEFT (Portions toll). | go 7.1 mi |
| | 5. Take the ANTHONY AVENUE exit toward 92ND STREET. | go 0.2 mi |
| | 6. Turn SLIGHT LEFT onto S ANTHONY AVE. | go 0.0 mi |
| | 7. Turn SLIGHT LEFT onto E 92ND ST. | go 0.2 mi |
| | 8. Turn SLIGHT RIGHT onto S SOUTH CHICAGO AVE. | go 0.0 mi |
| | 9. 9200 S SOUTH CHICAGO AVE is on the LEFT. | go 0.0 mi |

B 9200 S South Chicago Ave, Chicago, IL 60617-4512
Total Travel Estimate : 9.11 miles - about 17 minutes

Route Map [Hide](#)

707



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708

MAPQUEST.

Trip to 8725 S Stony Island Ave
Chicago, IL 60617-2709
5.85 miles - about 18 minutes

Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.6 mi



2. **S DREXEL BLVD** becomes **S DREXEL AVE.** go 0.0 mi



3. Turn **SLIGHT RIGHT** onto **E PAYNE DR.** go 0.1 mi



4. Turn **LEFT** onto **S COTTAGE GROVE AVE.** go 2.5 mi



5. Turn **SLIGHT LEFT** onto **S SOUTH CHICAGO AVE.** go 1.4 mi



6. Turn **SLIGHT RIGHT** onto **S STONY ISLAND AVE.** go 1.2 mi



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



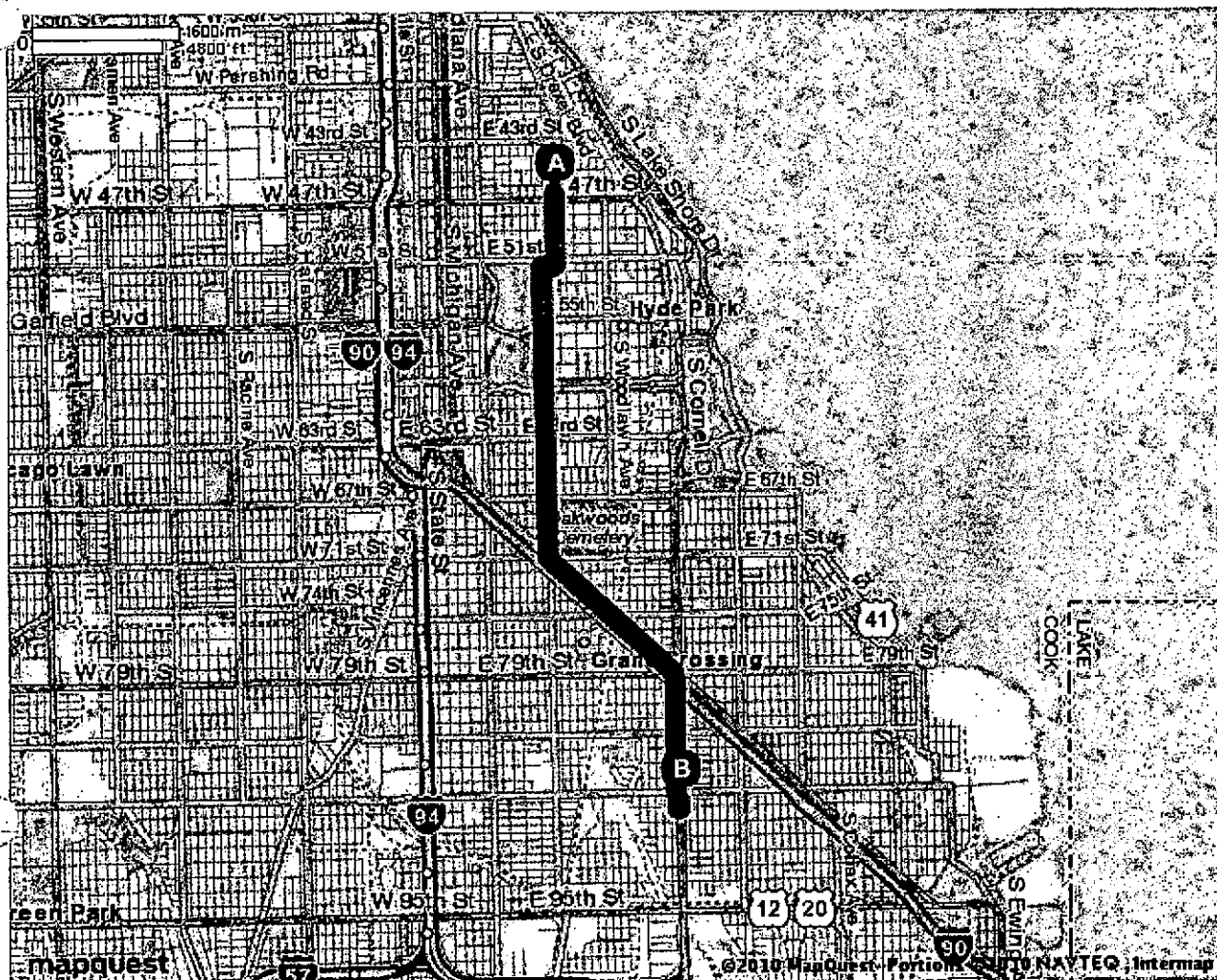
8. **8725 S STONY ISLAND AVE** is on the **RIGHT.** go 0.0 mi

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

Total Travel Estimate : 5.85 miles - about 18 minutes

Route Map [Hide](#)

709



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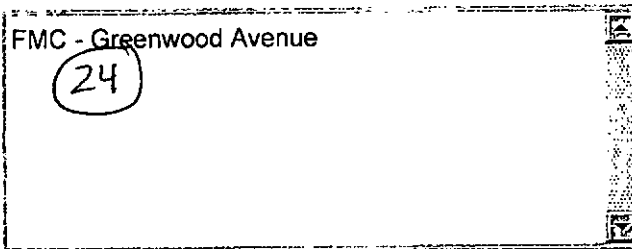
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
MAPQUEST.

Trip to 1111 E 87th St
Chicago, IL 60619-7038
5.61 miles - about 17 minutes

Notes



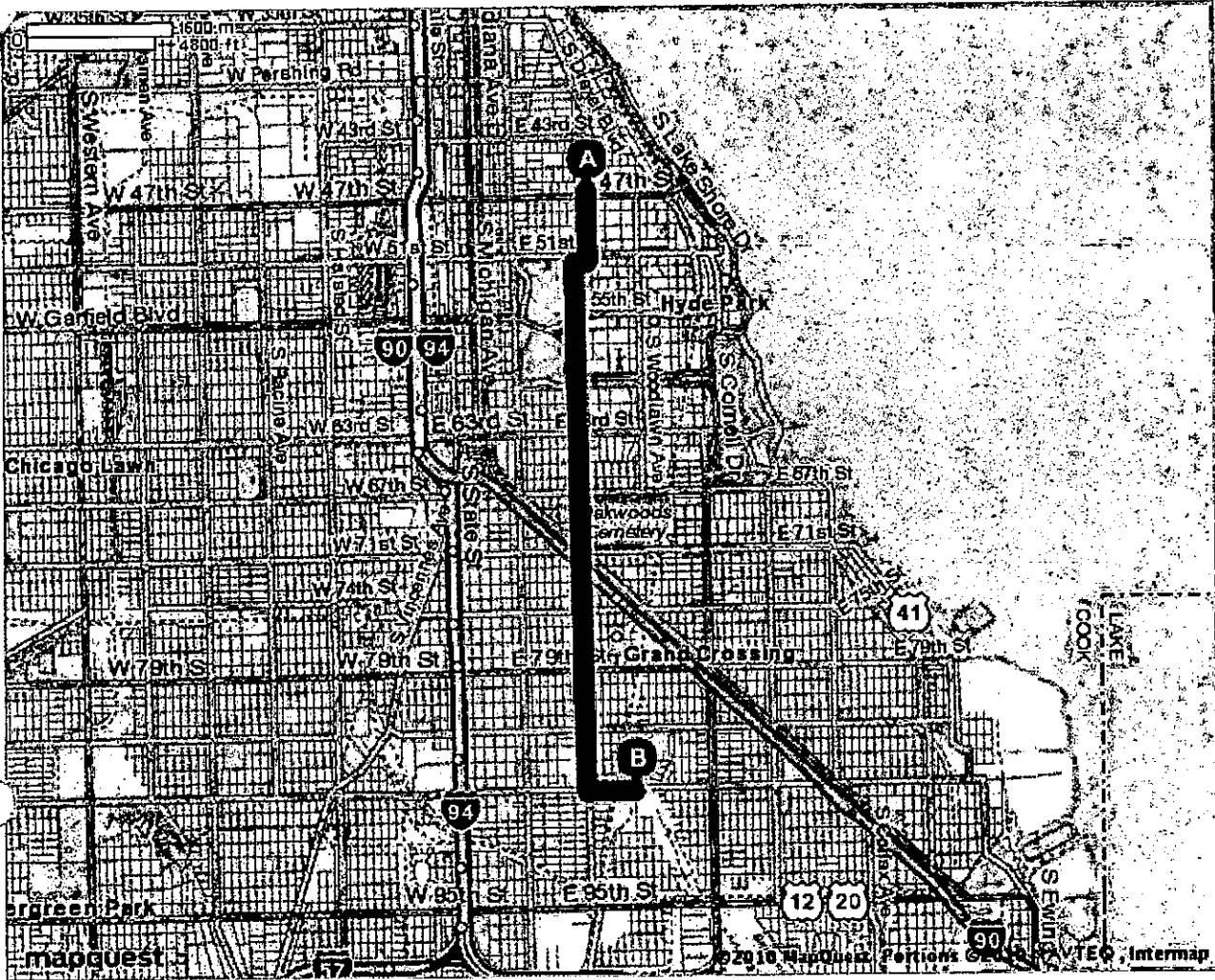
A 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|---|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.6 mi |
|  | 2. S DREXEL BLVD becomes S DREXEL AVE. | go 0.0 mi |
|  | 3. Turn SLIGHT RIGHT onto E PAYNE DR. | go 0.1 mi |
|  | 4. Turn LEFT onto S COTTAGE GROVE AVE. | go 4.5 mi |
|  | 5. Turn LEFT onto E 87TH ST. | go 0.4 mi |
|  | 6. 1111 E 87TH ST is on the RIGHT. | go 0.0 mi |

B 1111 E 87th St, Chicago, IL 60619-7038 Total Travel Estimate : 5.61 miles - about 17 minutes

Route Map [Hide](#)

711



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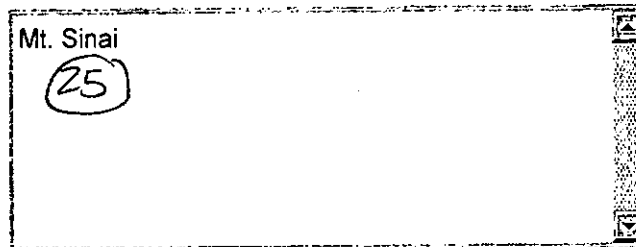
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MAPQUEST.

Trip to 2700 W 15th St
 Chicago, IL 60608-1610
 10.60 miles - about 20 minutes

Notes



★ 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
|   | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
|   | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
|   | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | 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 1.7 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 |

713



11. Turn SLIGHT RIGHT onto W OGDEN AVE.

go 1.2 mi



12. Turn LEFT onto S WASHTENAW AVE.

go 0.0 mi



13. Turn LEFT onto W 15TH ST.

go 0.0 mi



14. 2700 W 15TH ST is on the LEFT.

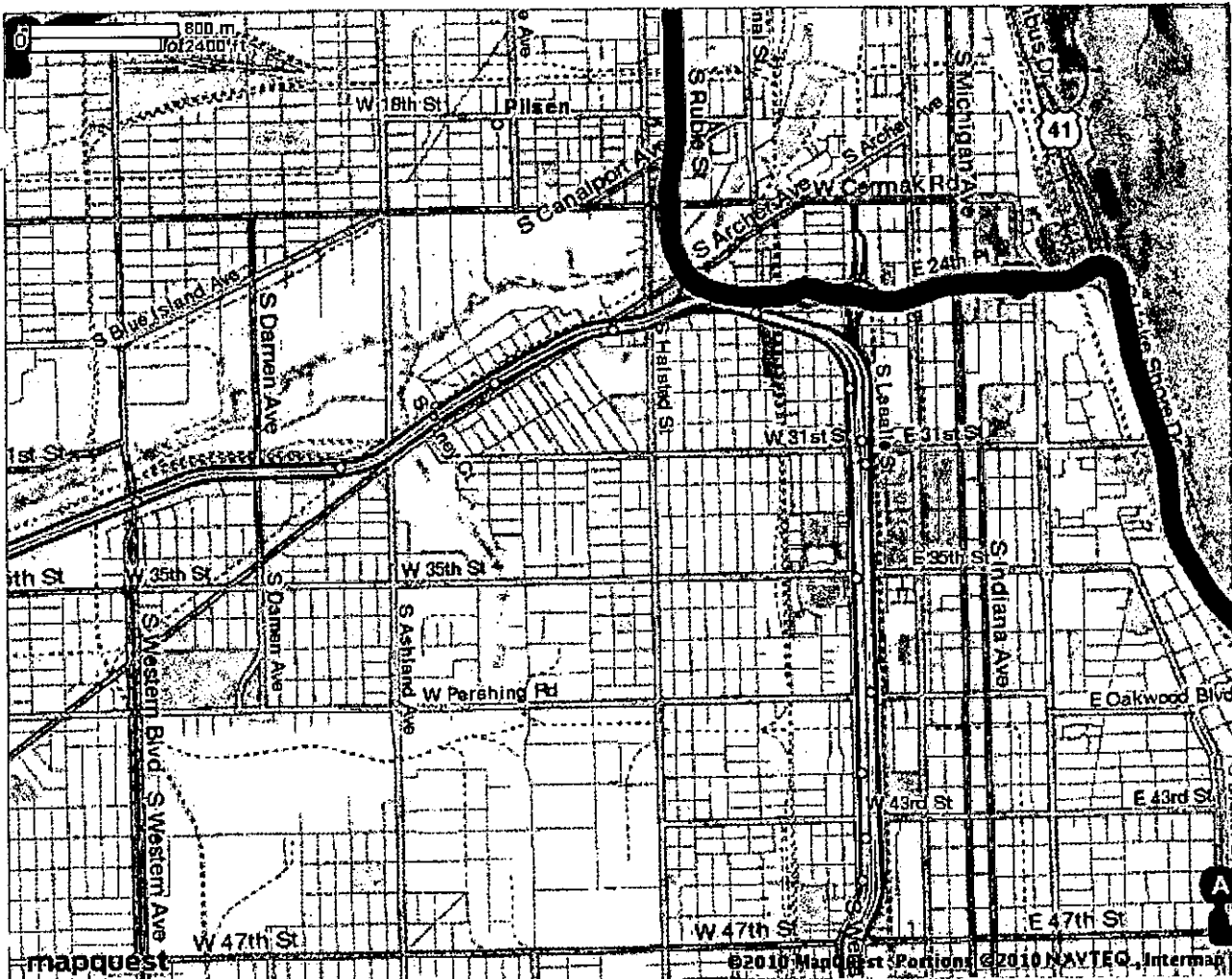
go 0.0 mi



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

Total Travel Estimate : 10.60 miles - about 20 minutes

Route Map Hide



714

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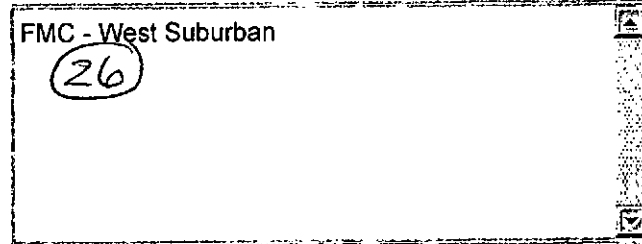
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MAPQUEST.

Trip to [300-550] S Austin Blvd
 Oak Park, IL 60304
 14.43 miles - about 22 minutes

Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312

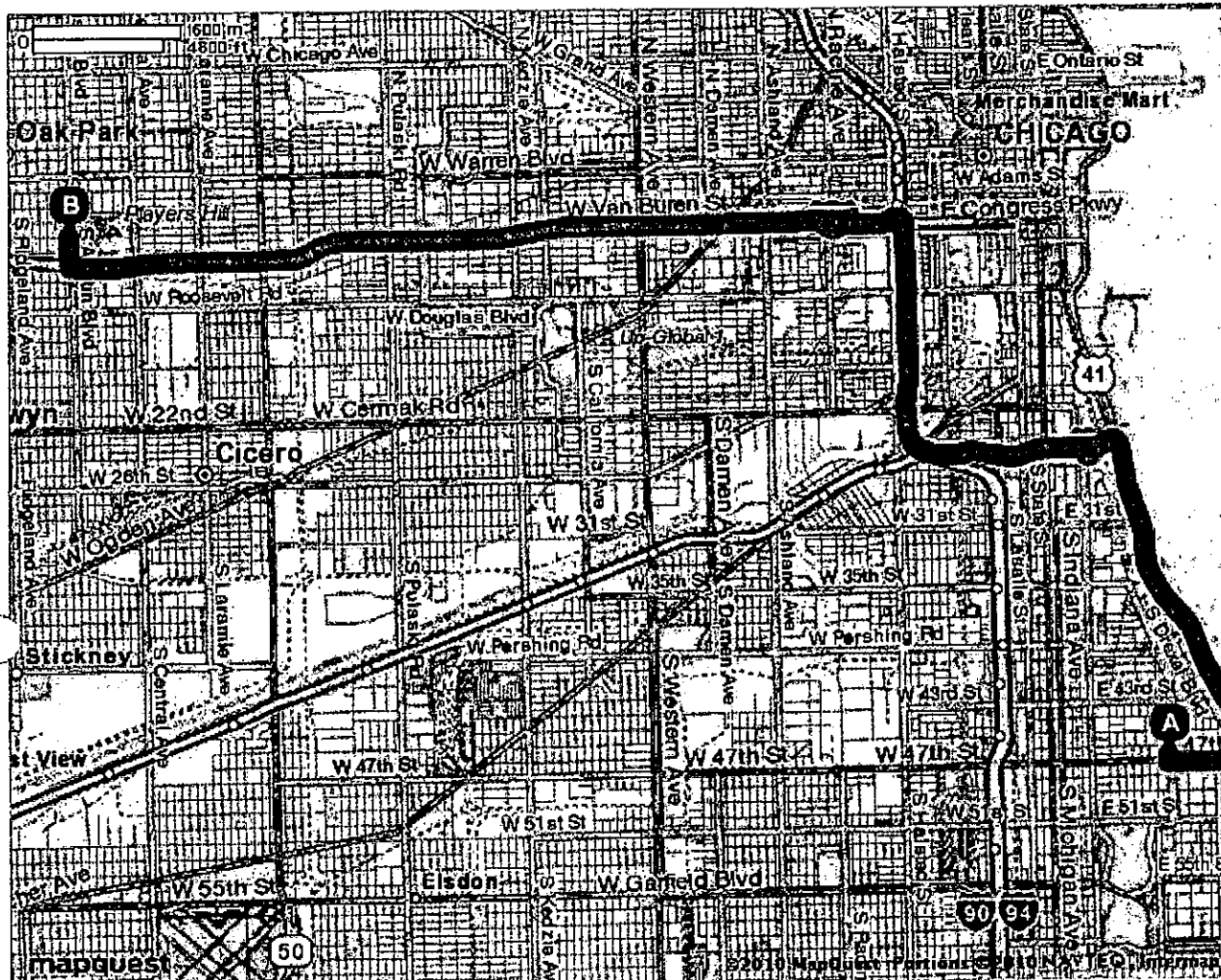
- | | | |
|---|---|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
|   | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
|   | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
|   | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | 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 6.7 mi |
|  | 8. Take the AUSTIN BLVD exit, EXIT 23A, on the LEFT. | go 0.3 mi |
|  | 9. Turn RIGHT onto S AUSTIN BLVD. | go 0.3 mi |
|  | 10. [300-550] S AUSTIN BLVD. | go 0.0 mi |

B [300-550] S Austin Blvd, Oak Park, IL 60304

716

Total Travel Estimate : 14.43 miles - about 22 minutes

Route Map [Hide](#)



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717

MAPQUEST.**Trip to 6535 S Western Ave**

Chicago, IL 60636-2410

6.53 miles - about 19 minutes

Notes

Marquette Park

(27)

**4646 S Drexel Blvd, Chicago, IL 60653-4312**

1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. go 0.0 mi



2. Turn RIGHT onto E 47TH ST. go 1.5 mi



3. Turn LEFT onto S WELLS ST. go 0.0 mi



4. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. go 1.7 mi



5. Take EXIT 58B toward 63RD ST. go 0.2 mi



6. Turn SLIGHT LEFT onto S YALE AVE. go 0.0 mi



7. Turn RIGHT onto W 63RD ST. go 2.7 mi



8. Turn LEFT onto S WESTERN AVE. go 0.3 mi



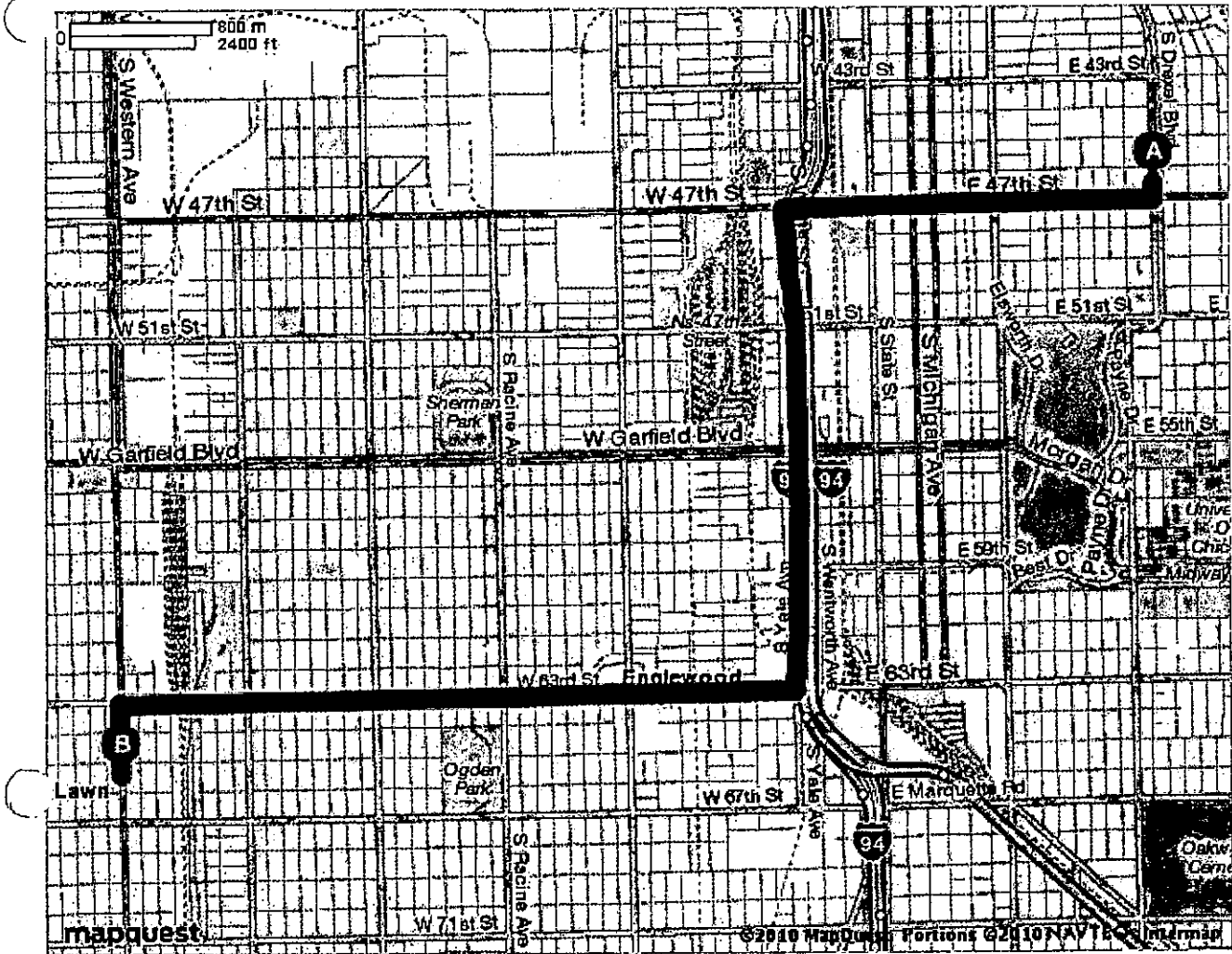
9. 6535 S WESTERN AVE is on the LEFT. go 0.0 mi

**6535 S Western Ave, Chicago, IL 60636-2410**

Total Travel Estimate : 6.53 miles - about 19 minutes

Route Map [Hide](#)

718



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719

MAPQUEST.

Trip to 3250 W Franklin Blvd
Chicago, IL 60624-1509
11.76 miles - about 22 minutes

Notes

Garfield Kidney Center

28



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi



3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.** go 1.4 mi



5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.** 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 2.5 mi



8. Take **EXIT 27B** toward **CALIFORNIA AVE.** go 0.2 mi



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



10. Turn **SLIGHT LEFT** onto **W VAN BUREN ST.** go 0.3 mi

720



11. Turn **RIGHT** onto **S SACRAMENTO BLVD.**

go 1.0 mi



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

go 0.4 mi



13. Turn **RIGHT** onto **N SPAULDING AVE.**

go 0.0 mi



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

go 0.0 mi



15. **3250 W FRANKLIN BLVD** is on the **RIGHT.**

go 0.0 mi

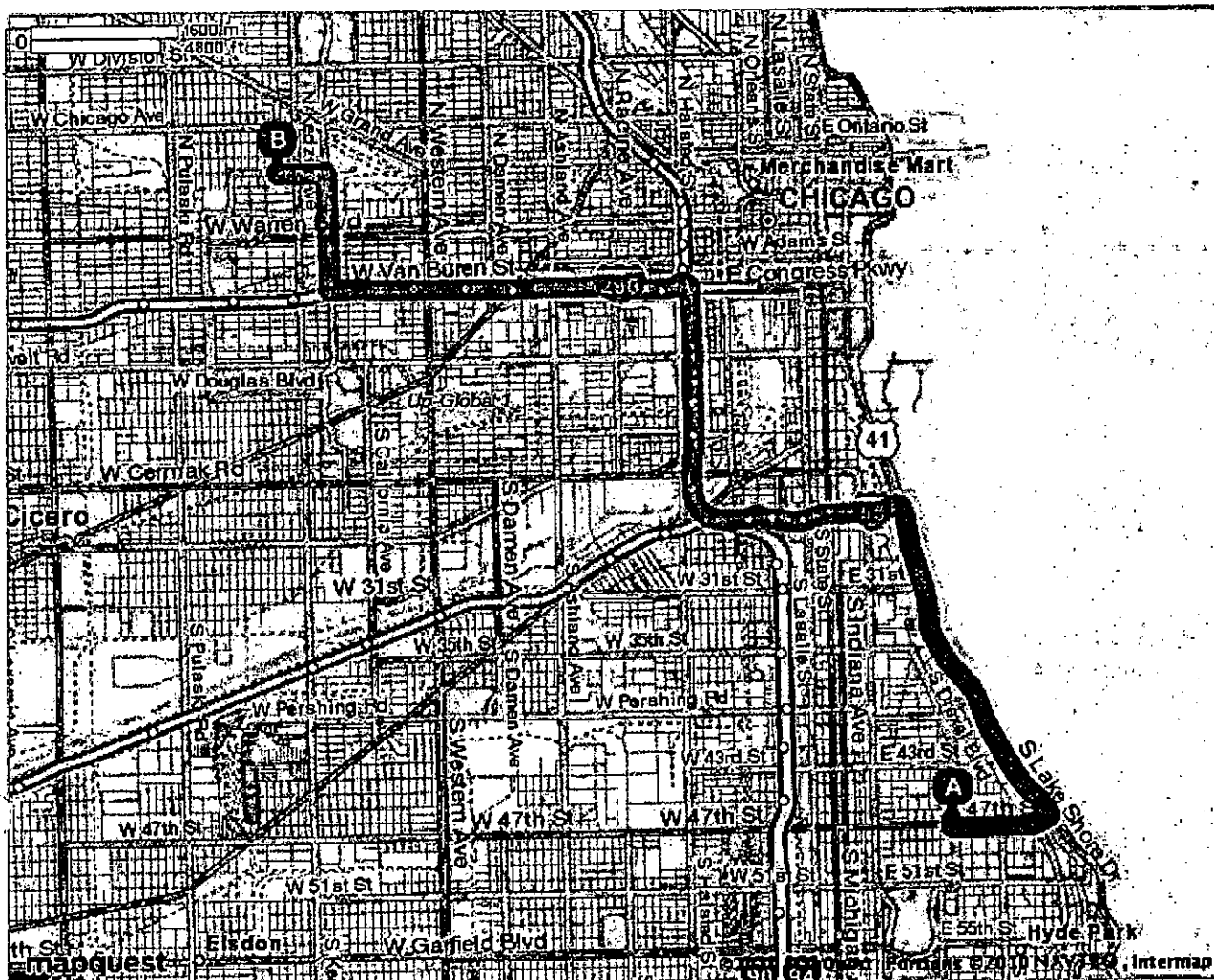


3250 W Franklin Blvd, Chicago, IL 60624-1509

Total Travel Estimate : 11.76 miles - about 22 minutes

Route Map [Hide](#)

721



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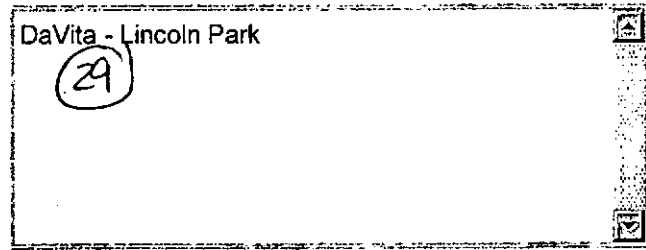
722



MAPQUEST.

Trip to 3157 N Lincoln Ave
Chicago, IL 60657-3111
12.37 miles - about 23 minutes

Notes



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. go 0.0 mi



2. Turn LEFT onto E 47TH ST. go 0.8 mi



3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. go 2.6 mi



4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. go 1.4 mi



5. Merge onto I-90 W / I-94 W via EXIT 292 toward WISCONSIN. go 5.6 mi



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



7. Turn SHARP RIGHT onto W ARMITAGE AVE. go 0.0 mi



8. Turn LEFT onto N ASHLAND AVE. go 1.5 mi



9. Turn SHARP RIGHT onto N LINCOLN AVE. go 0.0 mi



10. 3157 N LINCOLN AVE is on the LEFT. go 0.0 mi

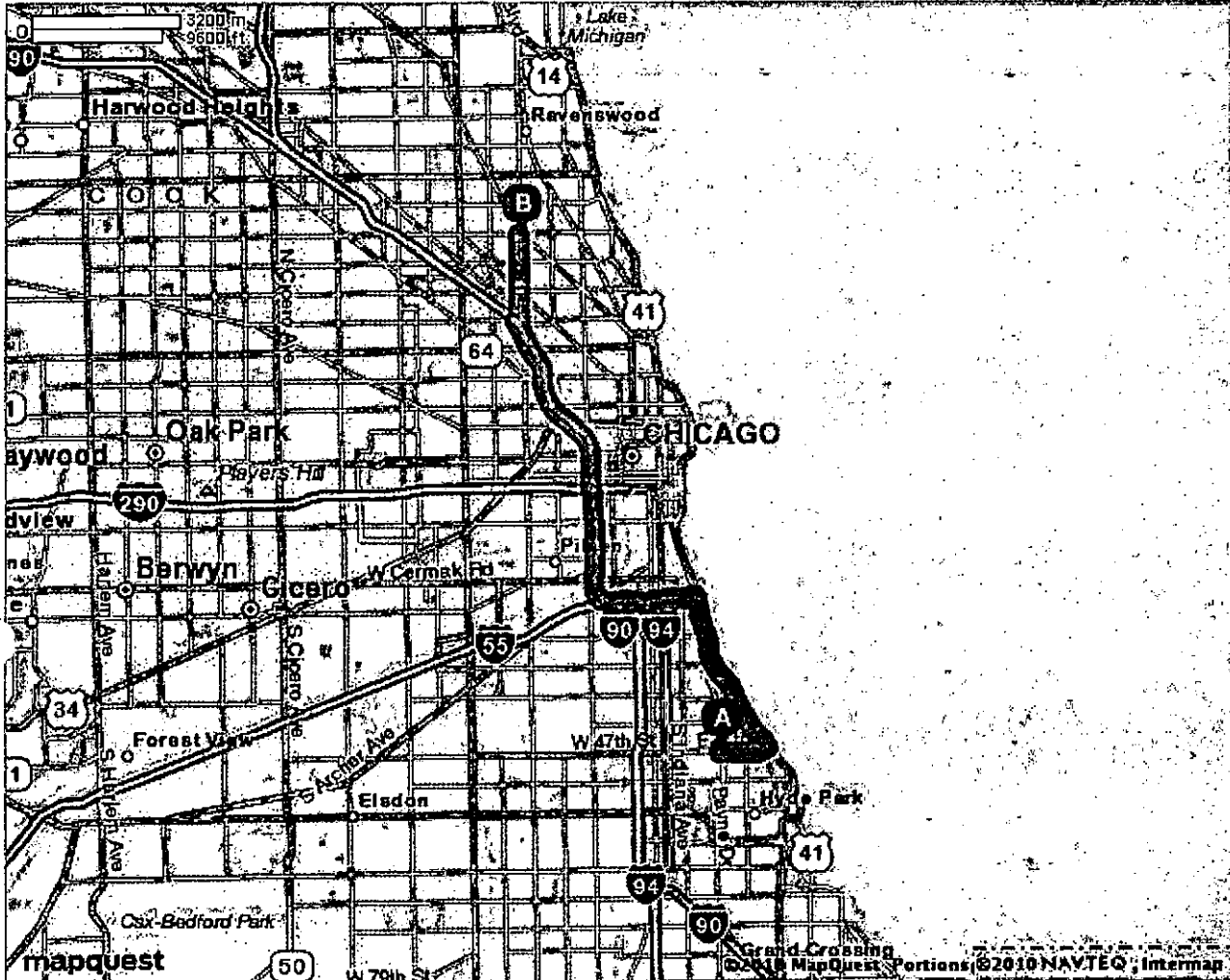


3157 N Lincoln Ave, Chicago, IL 60657-3111

723

Total Travel Estimate : 12.37 miles - about 23 minutes

Route Map [Hide](#)



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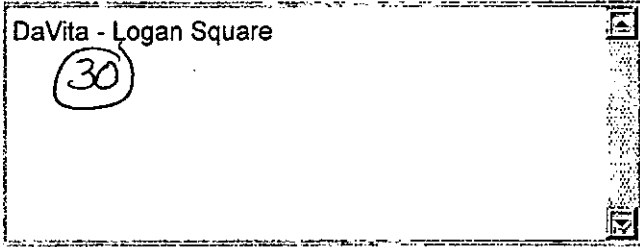
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724

MAPQUEST.

Trip to 2659 N Milwaukee Ave
Chicago, IL 60647-1643
13.30 miles - about 23 minutes

Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312

-  1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi

-  2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi

-   3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi

-   4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.** go 1.4 mi

-  5. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.** go 7.2 mi

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

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

-  8. Turn **LEFT** onto **N KEDZIE AVE.** go 0.2 mi

-  9. Turn **RIGHT** onto **N MILWAUKEE AVE.** go 0.1 mi

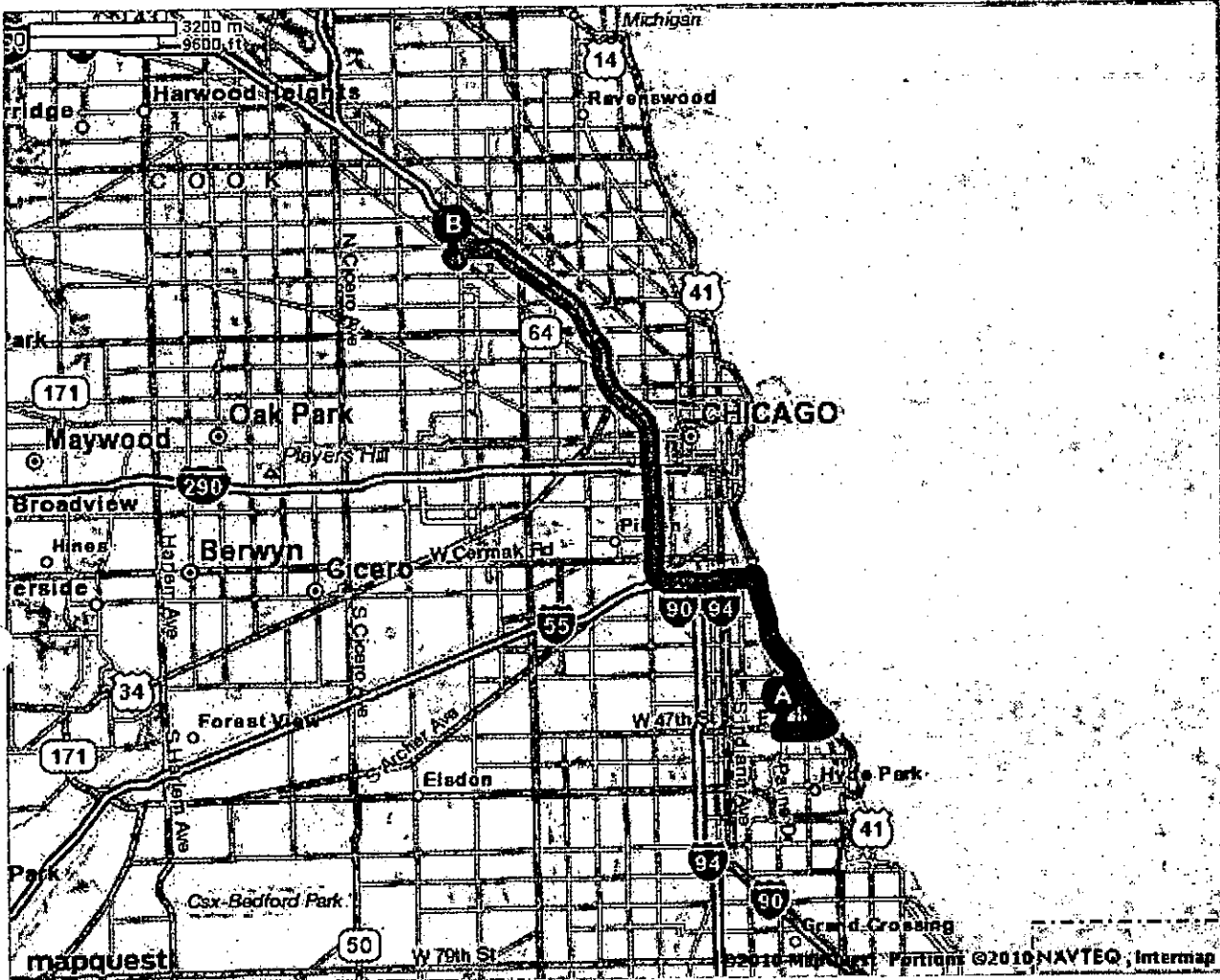
-  10. **2659 N MILWAUKEE AVE** is on the **RIGHT.** go 0.0 mi

B 2659 N Milwaukee Ave, Chicago, IL 60647-1643

725

Total Travel Estimate : 13.30 miles - about 23 minutes

Route Map Hide



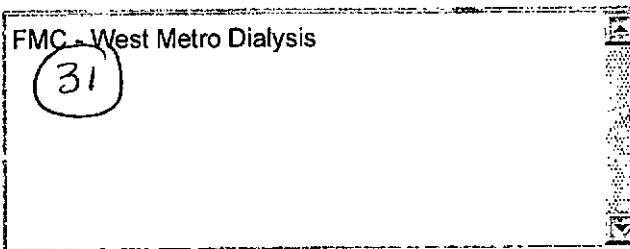
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MAPQUEST.


Notes





Trip to 1044 N Mozart St
 Chicago, IL 60622-2789
 11.70 miles - about 23 minutes


A 4646 S Drexel Blvd, Chicago, IL 60653-4312


- 
1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**
go 0.0 mi


- 
2. Turn **LEFT** onto **E 47TH ST.**
go 0.8 mi


- 
3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**
go 2.6 mi


- 
4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.**
go 1.4 mi

- 
5. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.**
go 4.5 mi

- 
6. Take the **DIVISION ST** exit, **EXIT 49A.**
go 0.2 mi

- 
7. Turn **LEFT** onto **W DIVISION ST.**
go 1.9 mi

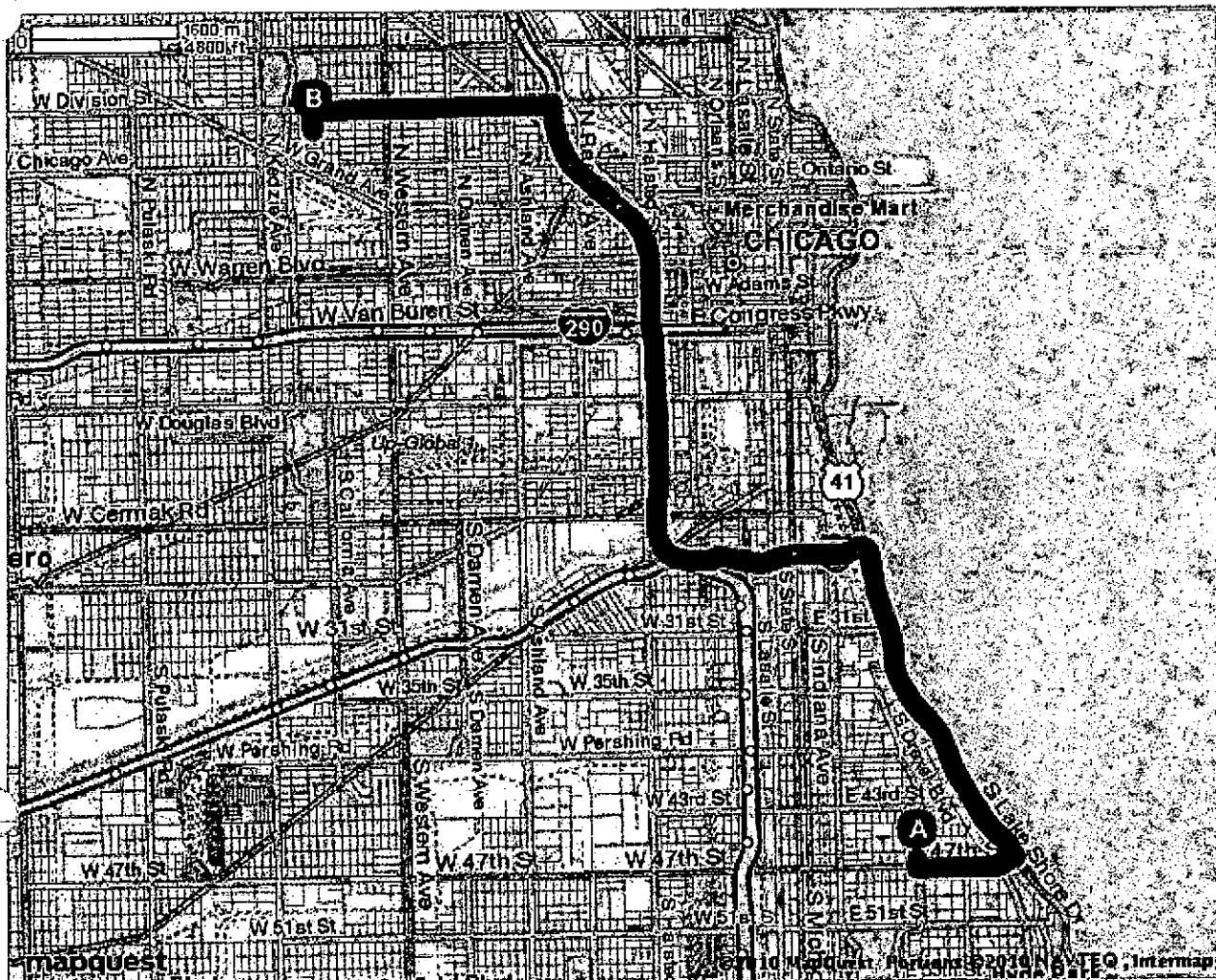
- 
8. Turn **LEFT** onto **N MOZART ST.**
go 0.2 mi

- 
9. **1044 N MOZART ST** is on the **RIGHT.**
go 0.0 mi

B 1044 N Mozart St, Chicago, IL 60622-2789
 Total Travel Estimate : 11.70 miles - about 23 minutes

Route Map [Hide](#)

727



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MAPQUEST.

Trip to 4008 N Broadway St
Chicago, IL 60613-2111
12.11 miles - about 23 minutes

Notes

FMC - Lakeview <i>(32)</i>

A 4646 S Drexel Blvd, Chicago, IL 60653-4312

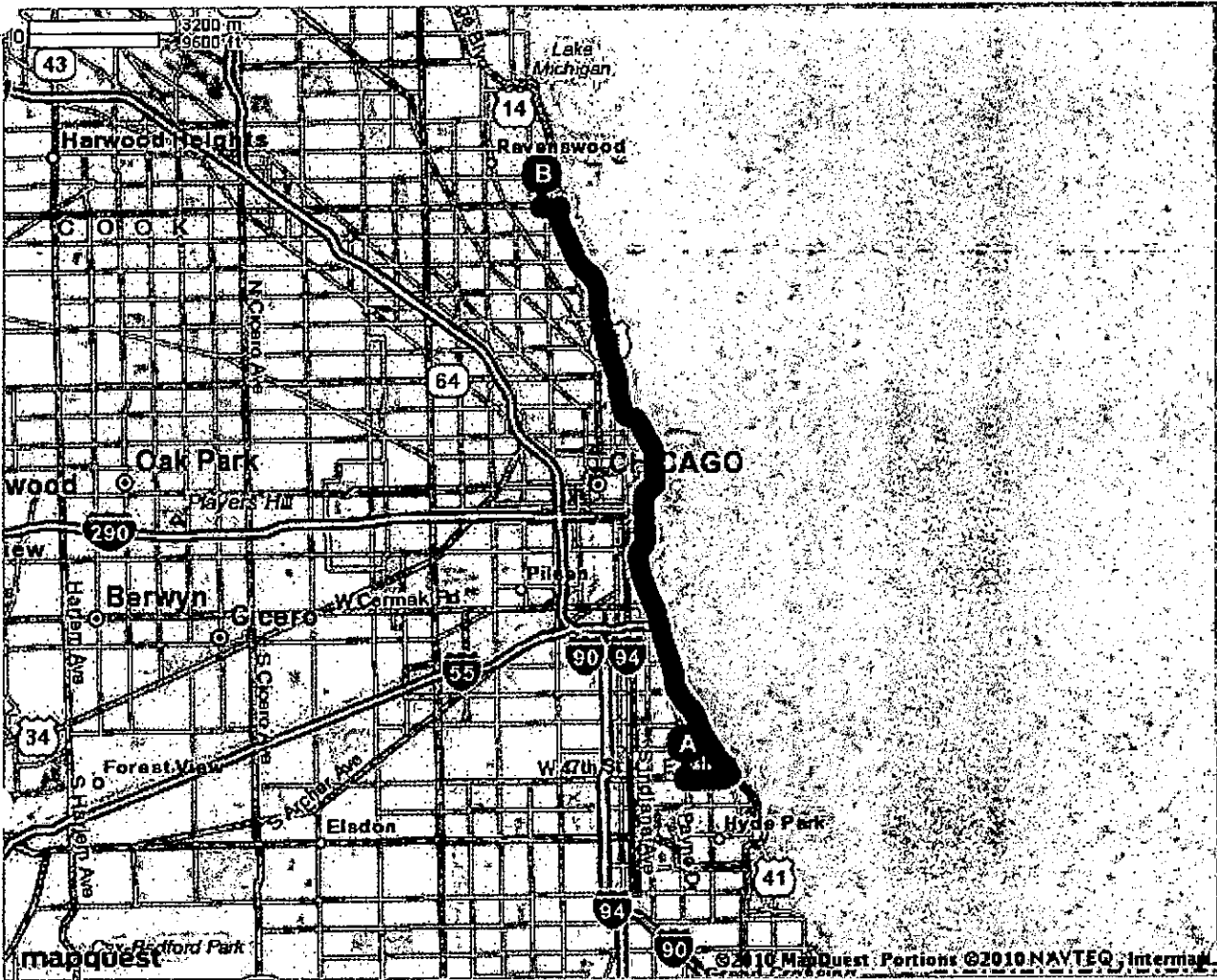
- | | | |
|---|--|------------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
|   | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 10.8 mi |
|  | 4. Take the IRVING PARK RD / IL-19 ramp. | go 0.1 mi |
|   | 5. Turn LEFT onto W IRVING PARK RD / N RECREATION DR / IL-19. Continue to follow W IRVING PARK RD / IL-19. | go 0.3 mi |
|  | 6. Turn RIGHT onto N BROADWAY ST. | go 0.0 mi |
|  | 7. 4008 N BROADWAY ST is on the LEFT. | go 0.0 mi |

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

Total Travel Estimate : 12.11 miles - about 23 minutes

Route Map [Hide](#)

729



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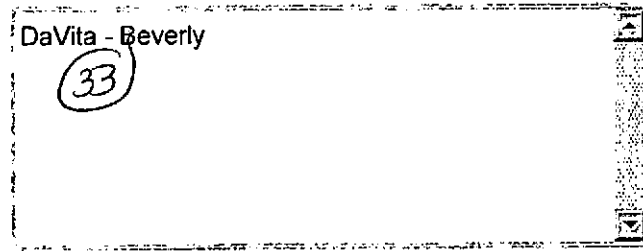
730



MAPQUEST.

Trip to 8109 S Western Ave
Chicago, IL 60620-5939
8.86 miles - about 20 minutes

Notes



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **RIGHT** onto **E 47TH ST.** go 1.5 mi



3. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



4. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 3.6 mi



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



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



7. Turn **SLIGHT LEFT** onto **S LAFAYETTE AVE.** go 0.0 mi



8. Turn **RIGHT** onto **W 79TH ST.** go 2.9 mi



9. Turn **LEFT** onto **S WESTERN AVE.** go 0.3 mi



10. **8109 S WESTERN AVE** is on the **LEFT.** go 0.0 mi



8109 S Western Ave, Chicago, IL 60620-5939

731



MAPQUEST.

Trip to 132 W 111th St
Chicago, IL 60628-4215
10.19 miles - about 21 minutes

Notes

FMC - Roseland

34

4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. go 0.0 mi



2. Turn RIGHT onto E 47TH ST. go 1.5 mi



3. Turn LEFT onto S WELLS ST. go 0.0 mi



4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. go 6.2 mi



5. Take the I-57 S exit, EXIT 63, toward MEMPHIS. go 0.0 mi



6. Take the exit toward WENTWORTH AVE. go 0.2 mi



7. Turn SLIGHT LEFT onto S LAFAYETTE AVE. go 0.0 mi



8. Turn LEFT onto S WENTWORTH AVE. go 0.6 mi



9. Turn LEFT onto W 103RD ST. go 0.3 mi



10. Turn RIGHT onto S STATE ST. go 1.0 mi

733



11. Turn RIGHT onto W 111TH ST.

go 0.2 mi



12. 132 W 111TH ST is on the RIGHT.

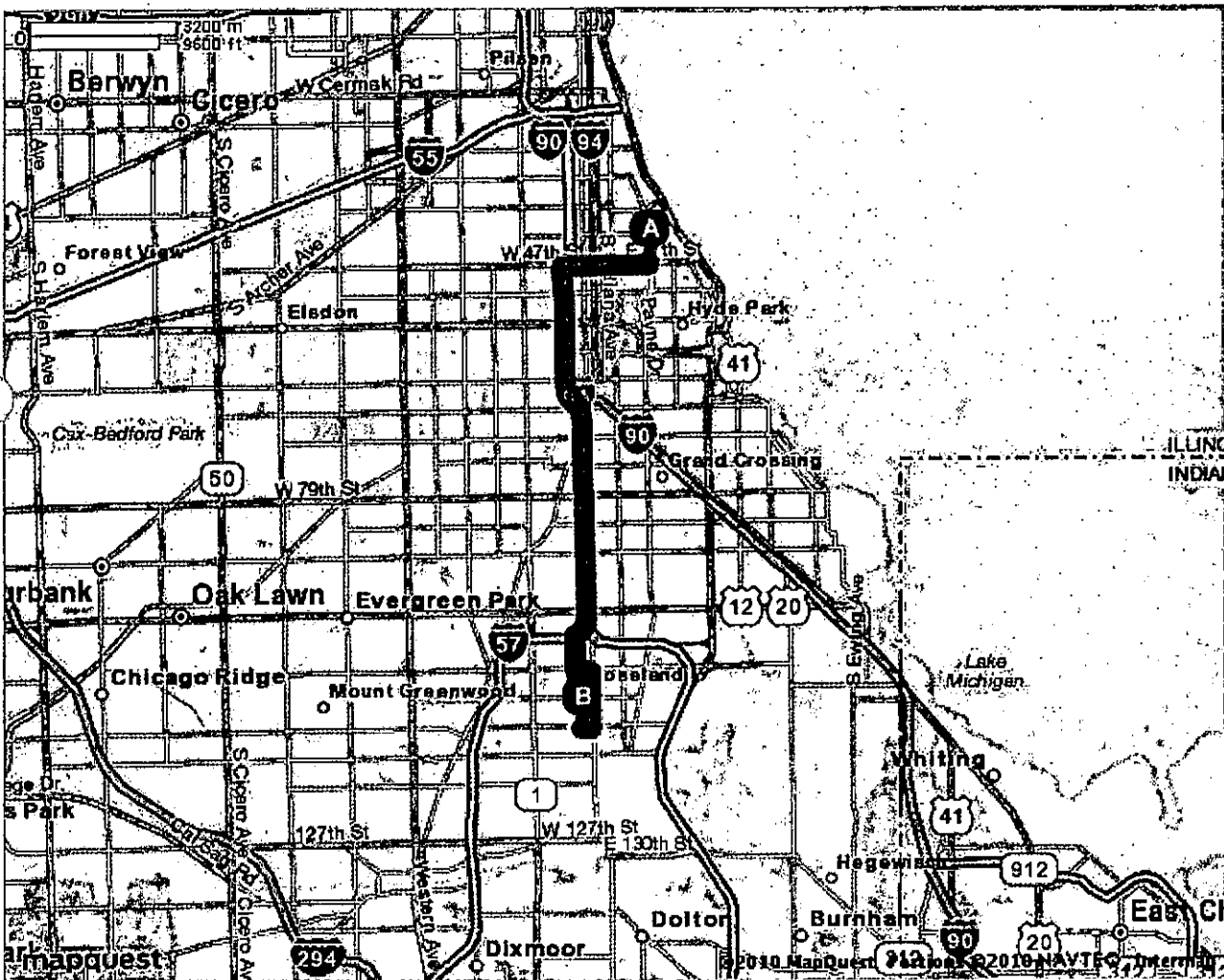
go 0.0 mi



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

Total Travel Estimate : 10.19 miles - about 21 minutes

Route Map [Hide](#)



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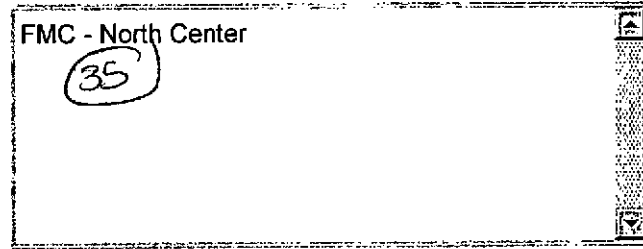
734



MAPQUEST.

Trip to 2620 W Addison St
Chicago, IL 60618-5905
13.69 miles - about 24 minutes

Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. go 0.0 mi



2. Turn LEFT onto E 47TH ST. go 0.8 mi



3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. go 2.6 mi



4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. go 1.4 mi



5. Merge onto I-90 W / I-94 W via EXIT 292 toward WISCONSIN. go 7.2 mi



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



7. Turn SLIGHT LEFT onto W DIVERSEY AVE. go 0.2 mi



8. Turn RIGHT onto N CALIFORNIA AVE. go 1.0 mi



9. Turn RIGHT onto W ADDISON ST. go 0.2 mi



10. 2620 W ADDISON ST is on the LEFT. go 0.0 mi

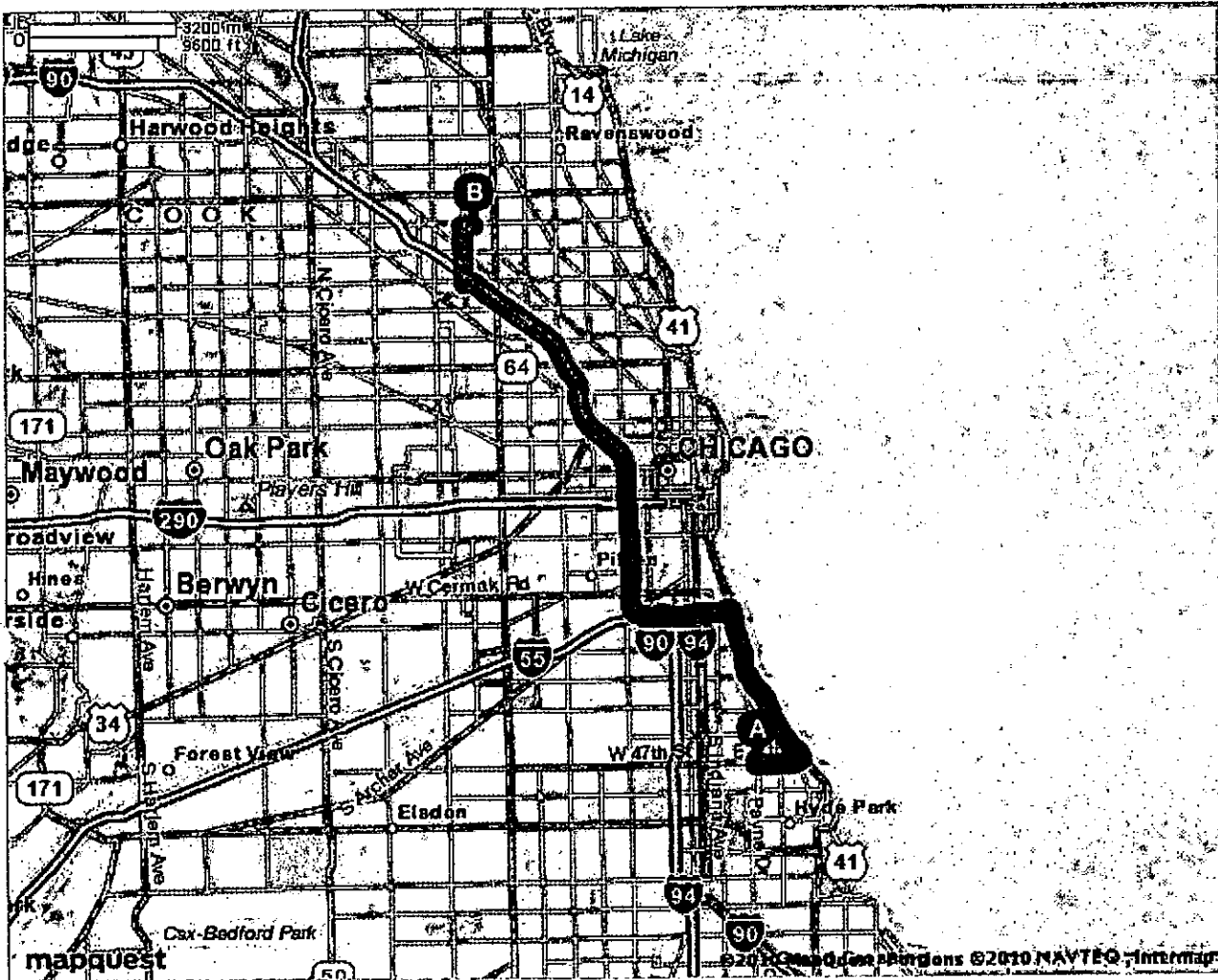
B

2620 W Addison St, Chicago, IL 60618-5905

735

Total Travel Estimate : 13.69 miles - about 24 minutes

Route Map Hide



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736

MAPQUEST.**Trip to 610 S Maple Ave**

Oak Park, IL 60304-1091

16.10 miles - about 24 minutes

Notes

Maple Avenue Kidney Center

36

**4646 S Drexel Blvd, Chicago, IL 60653-4312**1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**

go 0.0 mi

2. Turn **LEFT** onto **E 47TH ST.**

go 0.8 mi

3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT**.

go 2.6 mi

4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94**.

go 1.4 mi

5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN**.

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 8.3 mi

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

go 0.3 mi

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

go 0.3 mi

10. Turn **RIGHT** onto **MONROE ST.**

go 0.0 mi

737



11. Turn **RIGHT** onto **S MAPLE AVE**.

go 0.0 mi



12. **610 S MAPLE AVE** is on the **LEFT**.

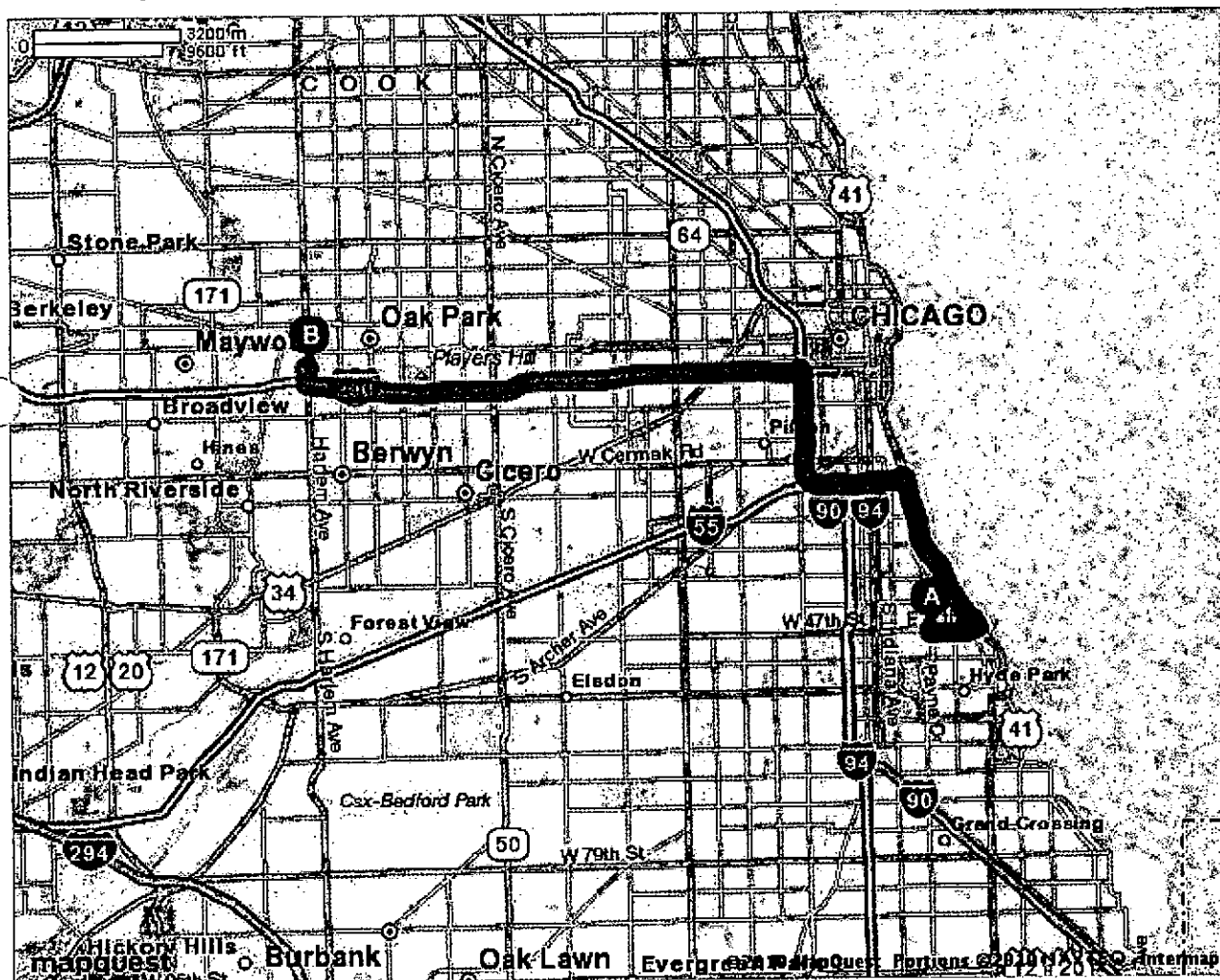
go 0.0 mi



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

Total Travel Estimate : 16.10 miles - about 24 minutes

Route Map [Hide](#)



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738

MAPQUEST.













Trip to 11630 S Kedzie Ave
 Merrionette Park, IL 60803-6302
 14.30 miles - about 25 minutes

Notes

Merrionette Park

(37)

A 4646 S Drexel Blvd, Chicago, IL 60653-4312

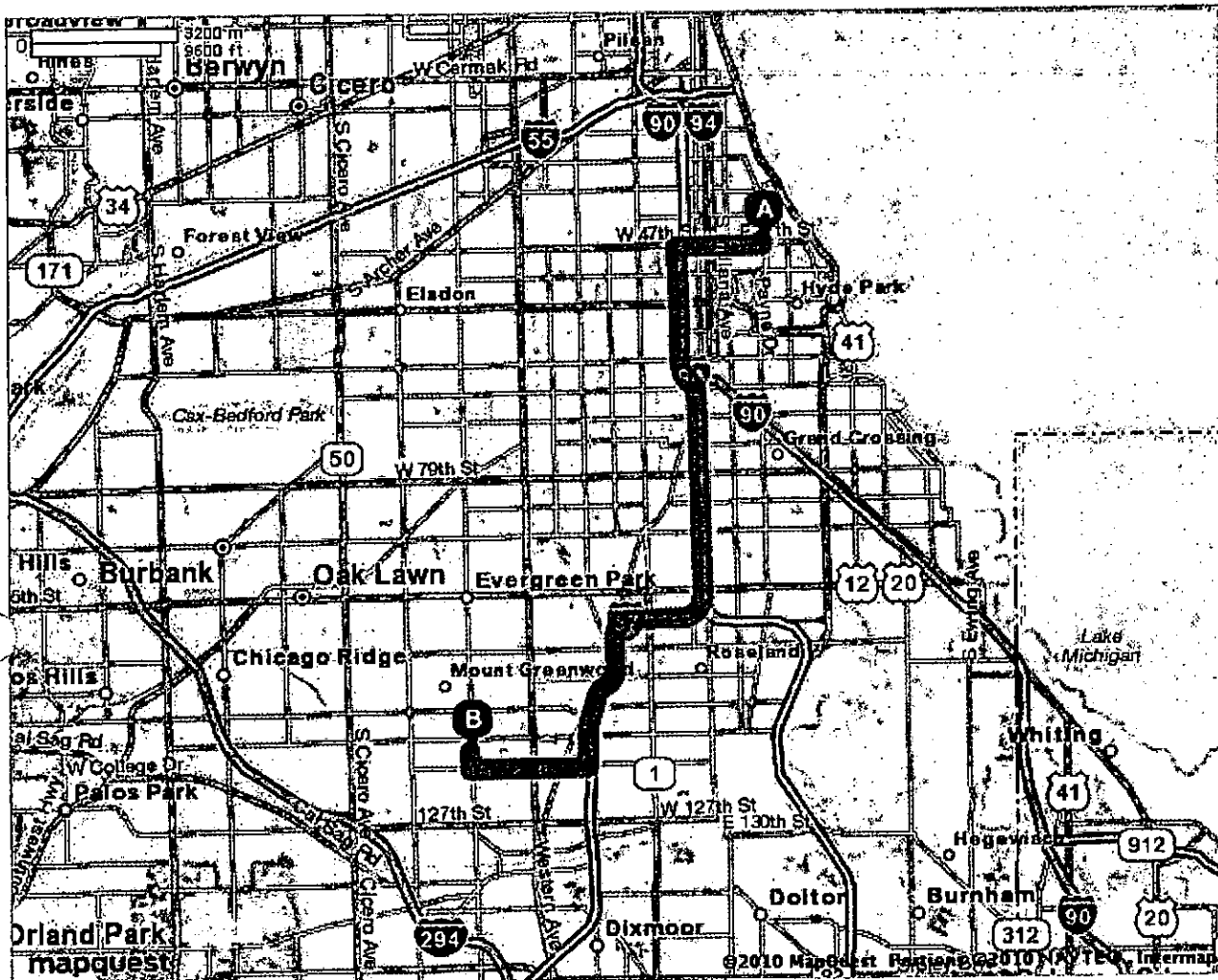
- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn RIGHT onto E 47TH ST. | go 1.5 mi |
|  | 3. Turn LEFT onto S WELLS ST. | go 0.0 mi |
|   | 4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 6.2 mi |
|   | 5. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 3.8 mi |
|  | 6. Take EXIT 354 toward 119TH ST. | go 0.2 mi |
|  | 7. Stay STRAIGHT to go onto S MARSHFIELD AVE. | go 0.2 mi |
|  | 8. Turn RIGHT onto W 119TH ST. | go 2.0 mi |
|  | 9. Turn RIGHT onto S KEDZIE AVE. | go 0.3 mi |
|  | 10. 11630 S KEDZIE AVE is on the LEFT. | go 0.0 mi |

B 11630 S Kedzie Ave, Merrionette Park, IL 60803-6302

739

Total Travel Estimate : 14.30 miles - about 25 minutes

Route Map [Hide](#)



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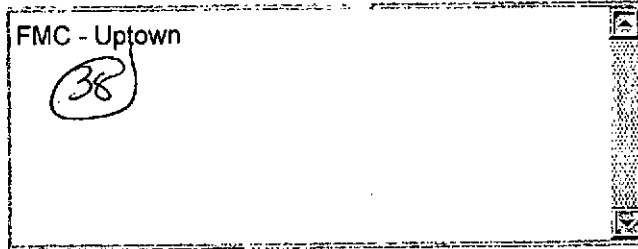
740



MAPQUEST.

Trip to 4700 N Marine Dr
Chicago, IL 60640-7972
12.80 miles - about 24 minutes

Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi



3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 11.6 mi



4. Take the **WILSON AVE** ramp. go 0.1 mi



5. Turn **LEFT** onto **W WILSON AVE.** go 0.1 mi



6. Turn **RIGHT** onto **N MARINE DR.** go 0.1 mi



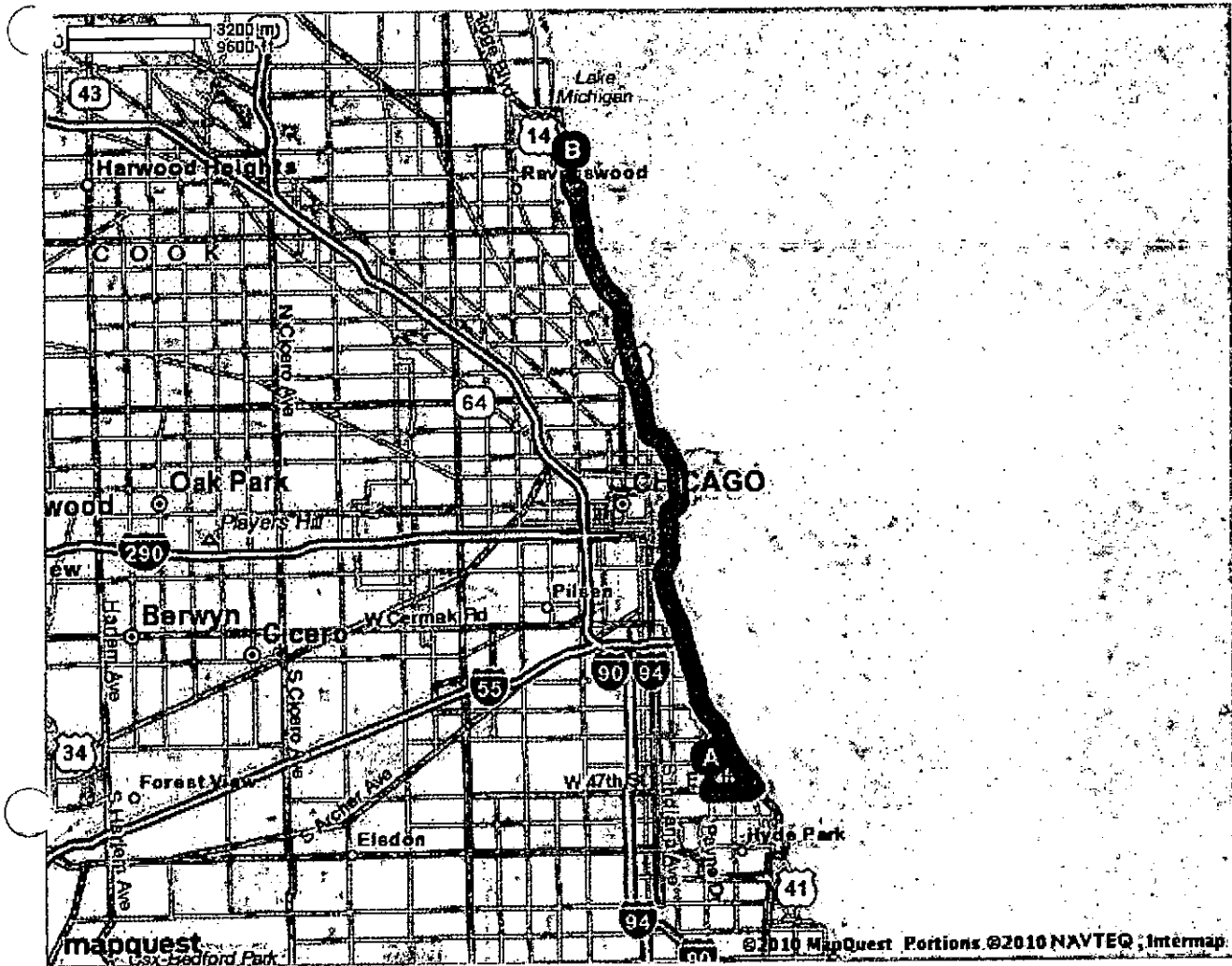
7. **4700 N MARINE DR.** go 0.0 mi

B 4700 N Marine Dr, Chicago, IL 60640-7972

Total Travel Estimate : 12.80 miles - about 24 minutes

Route Map [Hide](#)

741



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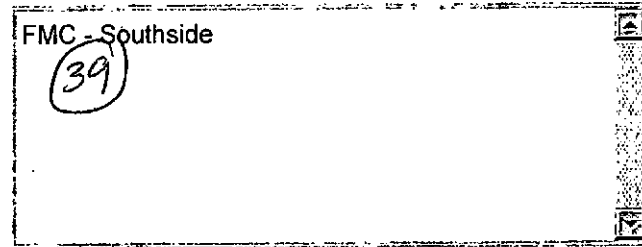
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742

MAPQUEST.

Trip to 3134 W 76th St
Chicago, IL 60652-1968
10.00 miles - about 23 minutes

Notes



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. go 0.0 mi



2. Turn RIGHT onto E 47TH ST. go 1.5 mi



3. Turn LEFT onto S WELLS ST. go 0.0 mi



4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. go 3.6 mi



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



6. Keep RIGHT at the fork in the ramp. go 0.1 mi



7. Turn SLIGHT LEFT onto S LAFAYETTE AVE. go 0.0 mi



8. Turn RIGHT onto W 79TH ST. go 4.0 mi



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



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

743

END

11. 3134 W 76TH ST is on the LEFT.

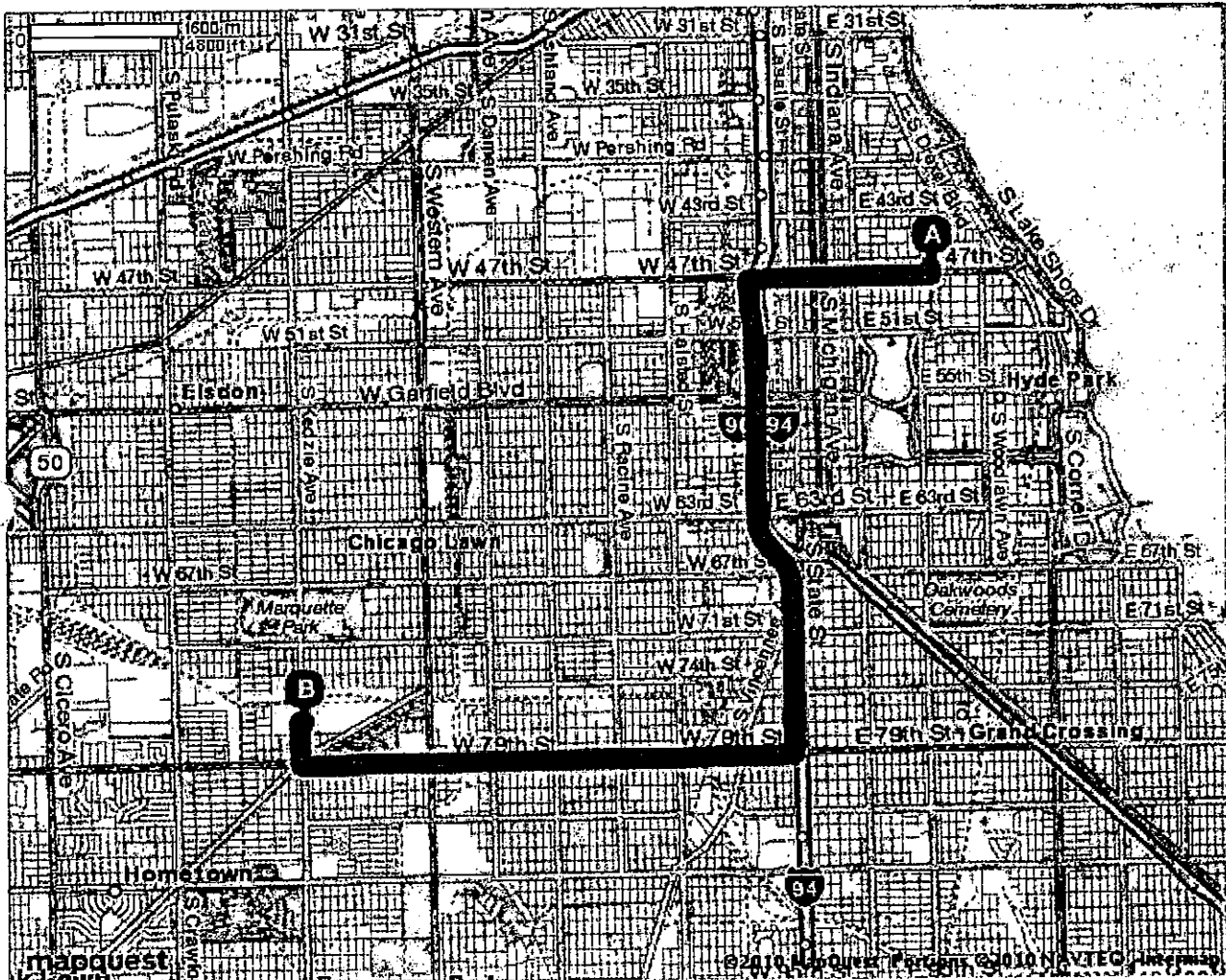
go 0.0 mi



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

Total Travel Estimate : 10.00 miles - about 23 minutes

Route Map [Hide](#)



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744

MAPQUEST.

Trip to 4800 W Chicago Ave
Chicago, IL 60651-3223
15.23 miles - about 26 minutes

Notes

FMC - Austin Community
40

4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi



3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.** go 1.4 mi



5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.** 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 5.7 mi



8. Take **EXIT 24A** toward **LARAMIE AVE.** go 0.2 mi



9. Stay **STRAIGHT** to go onto **W FLOURNOY ST.** go 0.0 mi



10. Turn **RIGHT** onto **S LARAMIE AVE.** go 1.6 mi

745



11. Turn RIGHT onto W CHICAGO AVE.

go 0.5 mi



12. 4800 W CHICAGO AVE is on the LEFT.

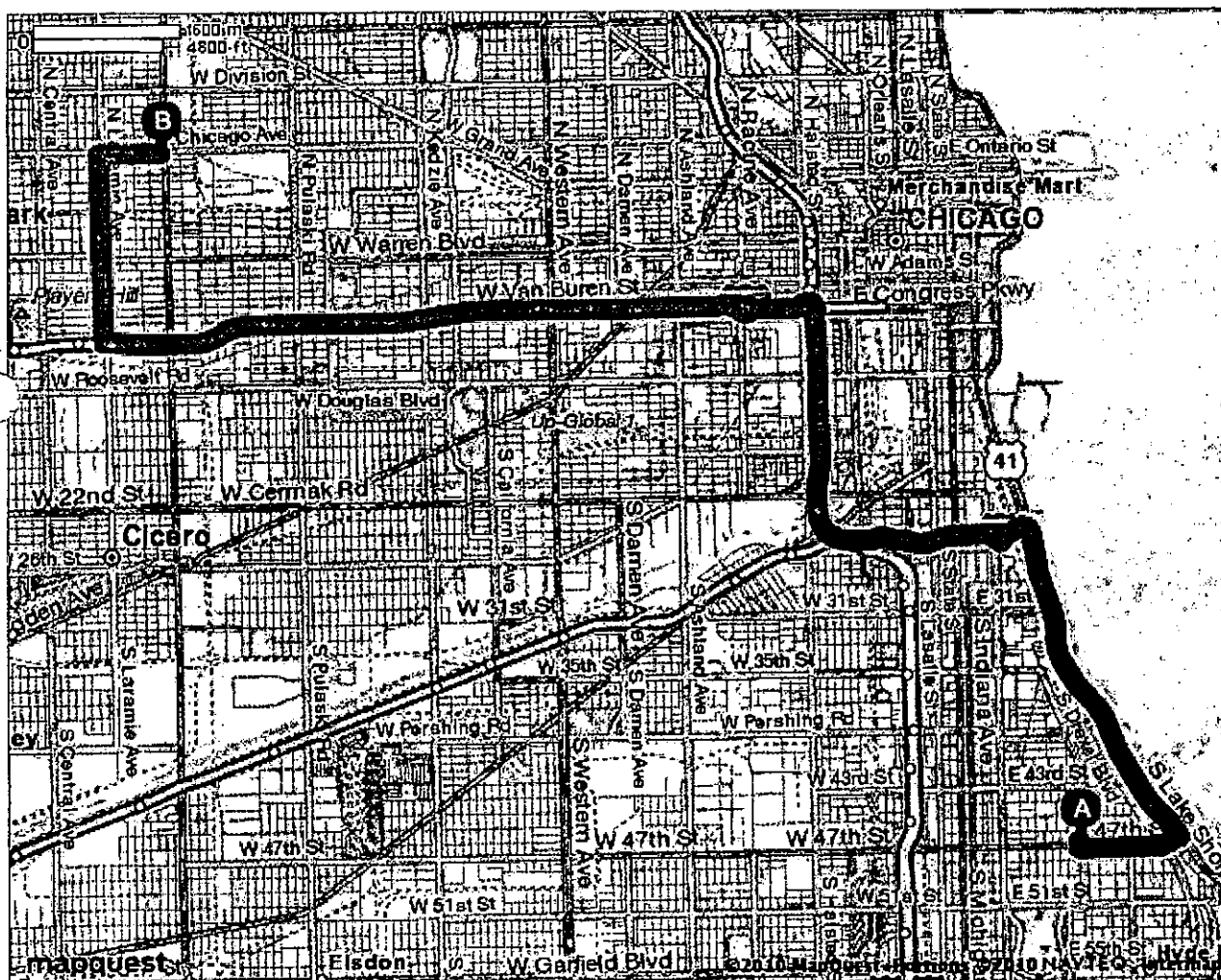
go 0.0 mi



4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate : 15.23 miles - about 26 minutes

Route Map [Hide](#)



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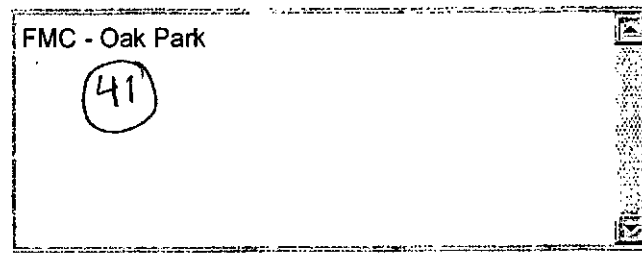
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746
















MAPQUEST.

Trip to 733 Madison St
 Oak Park, IL 60302-4419
 16.74 miles - about 26 minutes

Notes



★ 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|---|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
|   | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
|   | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
|   | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN. | 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 8.3 mi |
|  | 8. Take the IL-43 / HARLEM AVE exit, EXIT 21B, on the LEFT. | go 0.3 mi |
|   | 9. Turn RIGHT onto IL-43 / HARLEM AVE / S HARLEM AVE. | go 0.4 mi |
|  | 10. Turn RIGHT onto MADISON ST. | go 0.6 mi |

747



11. 733 MADISON ST is on the RIGHT.

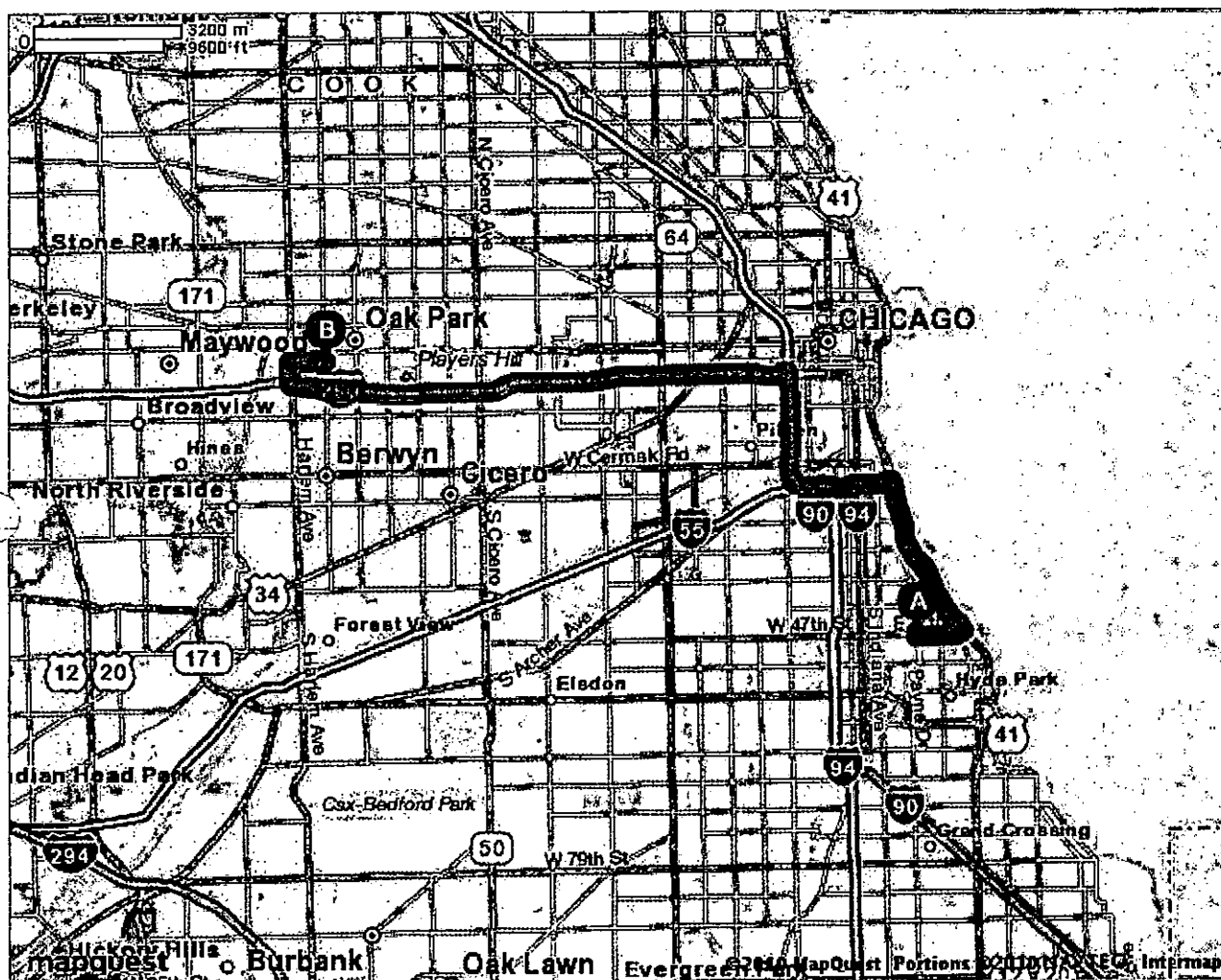
go 0.0 mi



733 Madison St, Oak Park, IL 60302-4419

Total Travel Estimate : 16.74 miles - about 26 minutes

Route Map Hide



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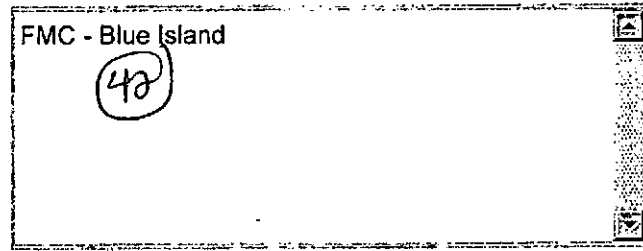
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748



MAPQUEST.

Notes



Trip to 12200 Western Ave
Blue Island, IL 60406-1398
13.36 miles - about 23 minutes

4646 S Drexel Blvd, Chicago, IL 60653-4312

- 1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi

- 2. Turn **RIGHT** onto **E 47TH ST.** go 1.5 mi

- 3. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi

- 4. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 6.2 mi

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

- 6. Take **EXIT 354** toward **119TH ST.** go 0.2 mi

- 7. Stay **STRAIGHT** to go onto **S MARSHFIELD AVE.** go 0.2 mi

- 8. Turn **RIGHT** onto **W 119TH ST.** go 0.9 mi

- 9. Turn **LEFT** onto **WESTERN AVE.** go 0.4 mi

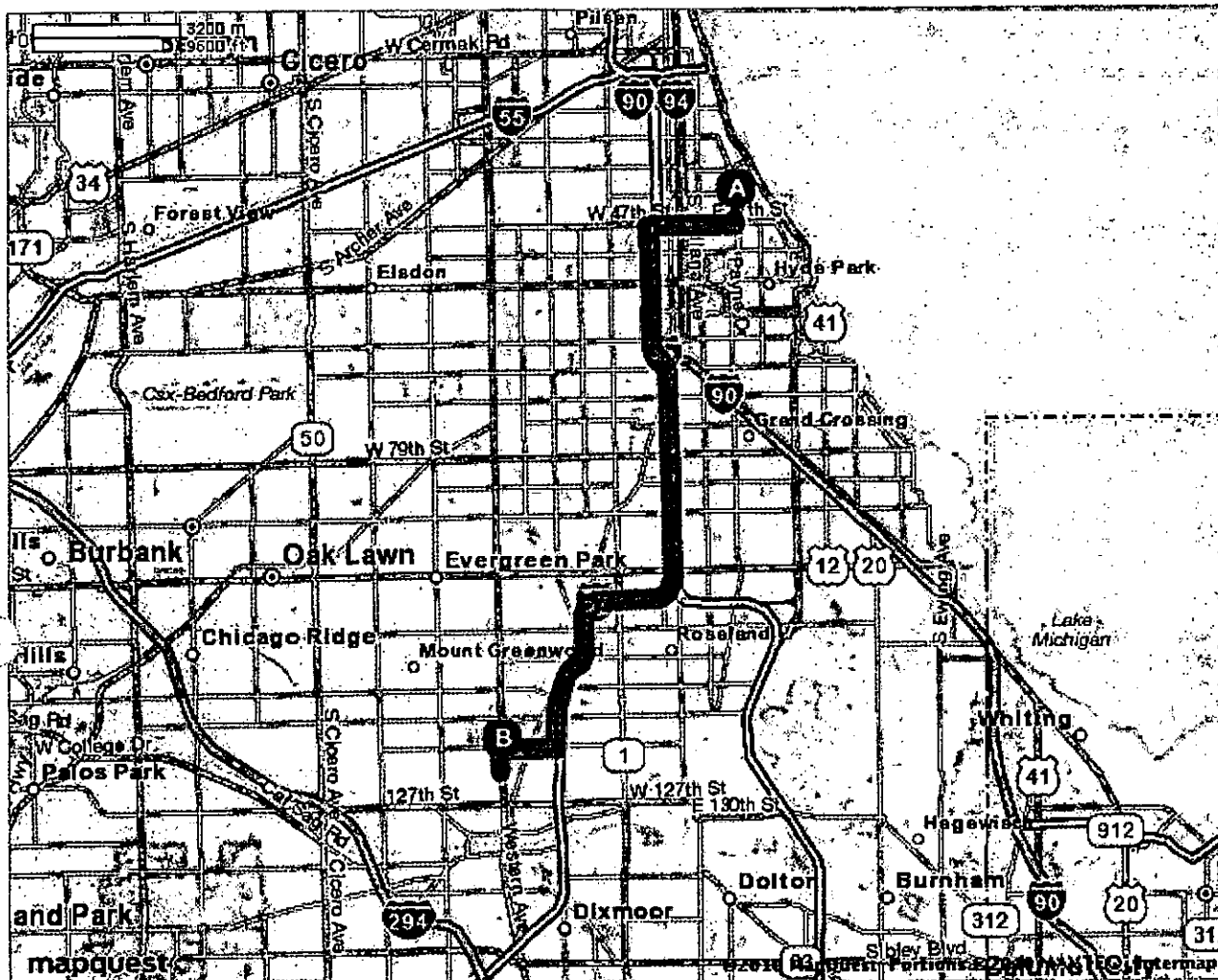
- 10. **12200 WESTERN AVE** is on the **RIGHT.** go 0.0 mi

12200 Western Ave, Blue Island, IL 60406-1398

749

Total Travel Estimate : 13.36 miles - about 23 minutes

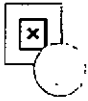
Route Map [Hide](#)



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750




MAPQUEST.


Trip to 9730 S Western Ave
Evergreen Park, IL 60805-2814
10.90 miles - about 24 minutes


Notes






A 4646 S Drexel Blvd, Chicago, IL 60653-4312


-  1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



-  2. Turn **RIGHT** onto **E 47TH ST.** go 1.5 mi


-  3. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi


-   4. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 5.7 mi

-  5. Take **EXIT 62** toward **US-12 / US-20 / 95TH ST.** go 0.2 mi

-  6. Stay **STRAIGHT** to go onto **S LAFAYETTE AVE.** go 0.1 mi

-   7. Turn **RIGHT** onto **W 95TH ST / US-12 W / US-20 W / ULYSSES S GRANT MEMORIAL HWY.** go 3.0 mi

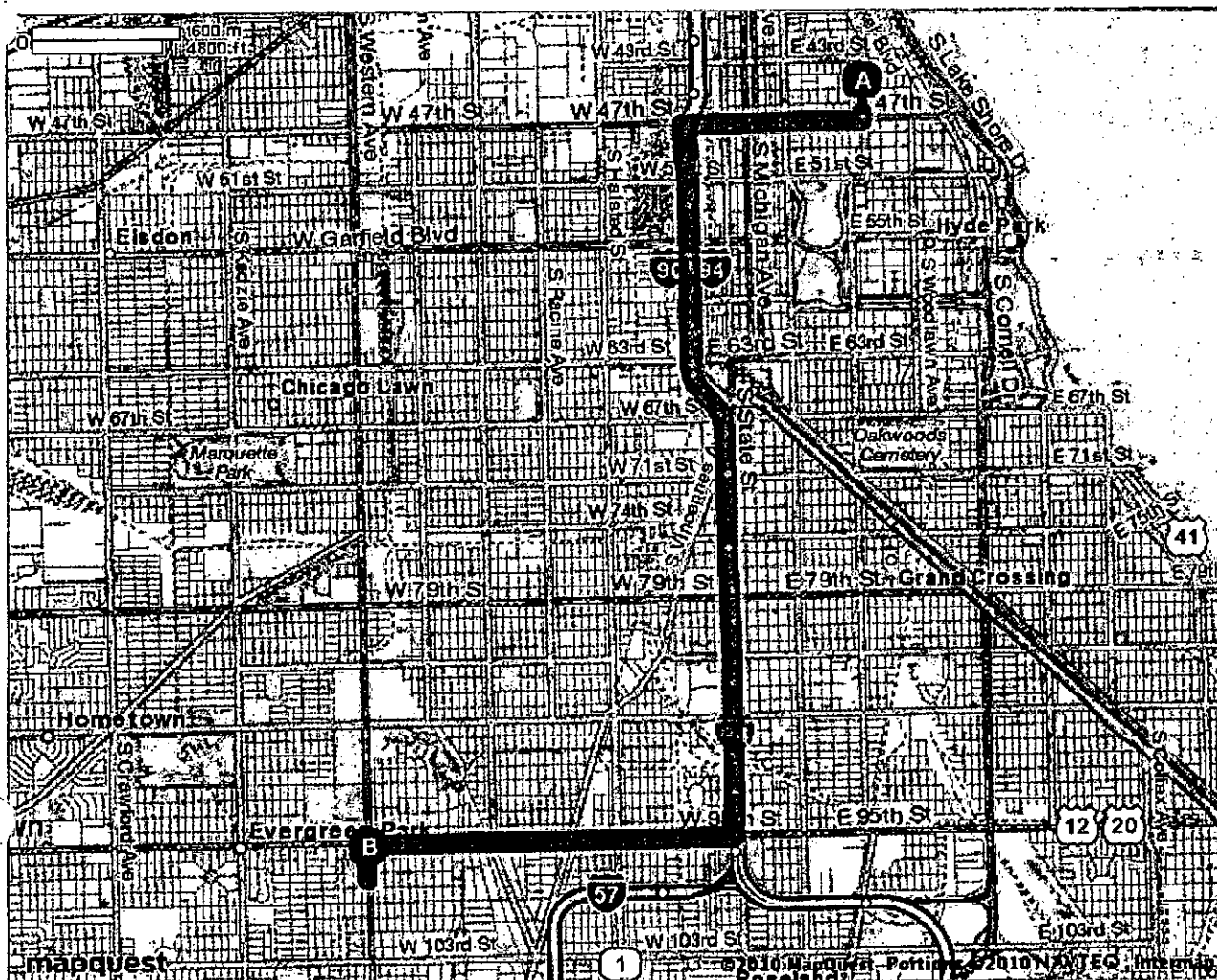
-  8. Turn **LEFT** onto **S WESTERN AVE.** go 0.3 mi

-  9. **9730 S WESTERN AVE** is on the **RIGHT.** go 0.0 mi

B 9730 S Western Ave, Evergreen Park, IL 60805-2814 Total Travel Estimate : 10.90 miles - about 24 minutes

Route Map [Hide](#)

751



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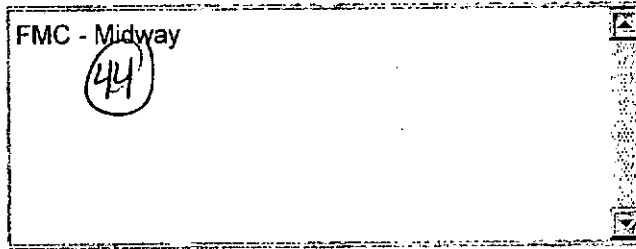
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752


MAPQUEST.


Trip to 6201 W 63rd St
Chicago, IL 60638-5009
15.24 miles - about 27 minutes



Notes






A 4646 S Drexel Blvd, Chicago, IL 60653-4312


-  1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. go 0.0 mi


-  2. Turn LEFT onto E 47TH ST. go 0.8 mi


-   3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. go 2.6 mi

-   4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. go 8.4 mi

-  5. Take the CENTRAL AVE exit, EXIT 285. go 0.3 mi

-  6. Turn LEFT onto S CENTRAL AVE. go 2.3 mi

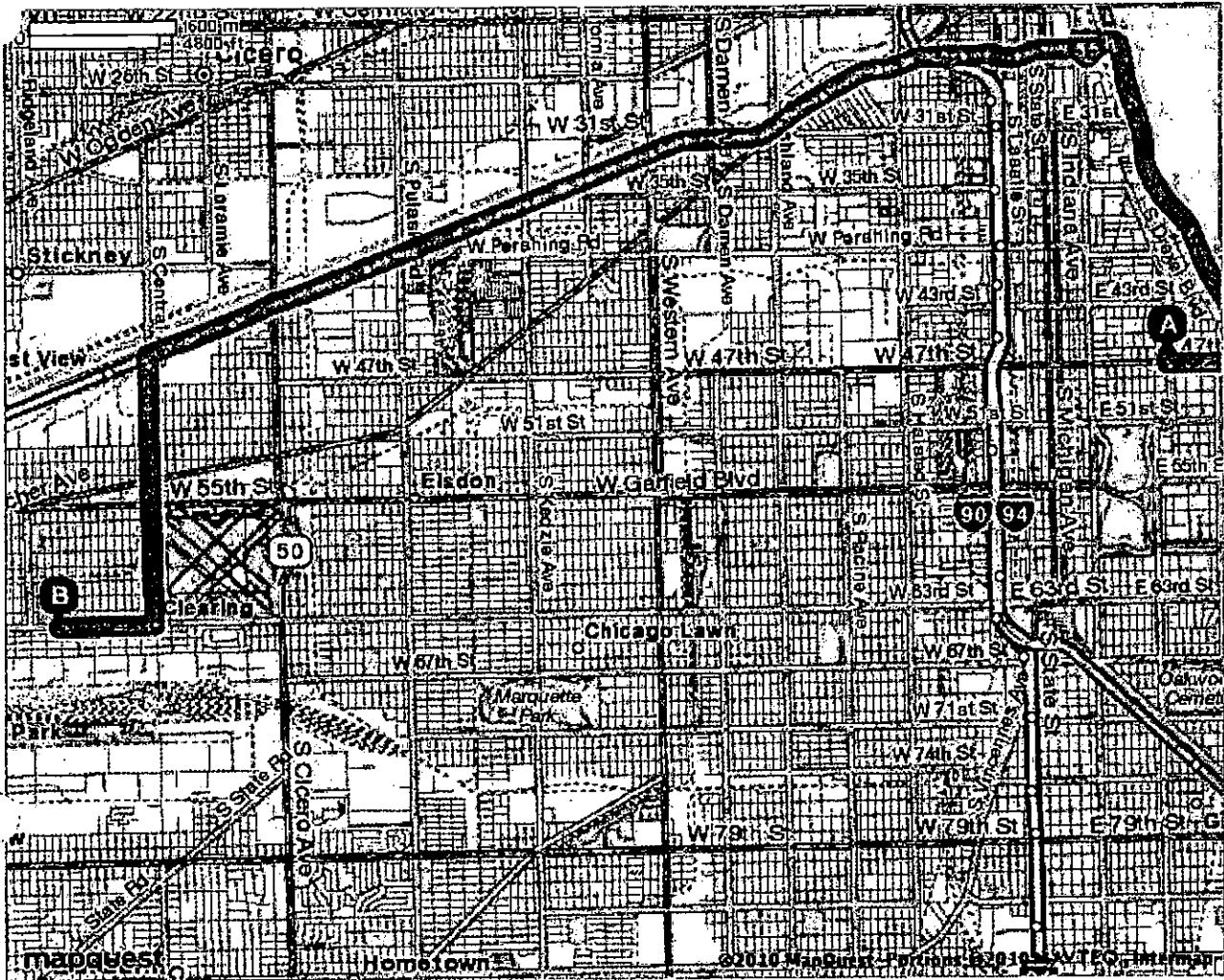
-  7. Turn RIGHT onto W 63RD ST. go 0.8 mi

-  8. 6201 W 63RD ST is on the LEFT. go 0.0 mi

B 6201 W 63rd St, Chicago, IL 60638-5009
Total Travel Estimate : 15.24 miles - about 27 minutes

Route Map [Hide](#)

753



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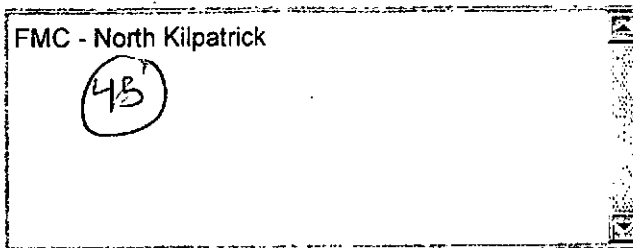
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754

MAPQUEST.

Trip to 4800 N Kilpatrick Ave
 Chicago, IL 60630-1725
 16.49 miles - about 27 minutes

Notes



★ 4646 S Drexel Blvd, Chicago, IL 60653-4312

- 
1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**
go 0.0 mi

- 
2. Turn **LEFT** onto **E 47TH ST.**
go 0.8 mi

- 
3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT**.
go 2.6 mi

- 
4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94**.
go 1.4 mi

- 
5. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN**.
go 10.2 mi

- 
6. Take the **KOSTNER AVE** exit, **EXIT 43D**.
go 0.2 mi

- 
7. Turn **RIGHT** onto **N KOSTNER AVE**.
go 0.5 mi

- 
8. Turn **RIGHT** onto **W LELAND AVE**.
go 0.0 mi

- 
9. Turn **SHARP LEFT** onto **N ELSTON AVE**.
go 0.4 mi

- 
10. Turn **LEFT** onto **N KILPATRICK AVE**.
go 0.2 mi

755

END

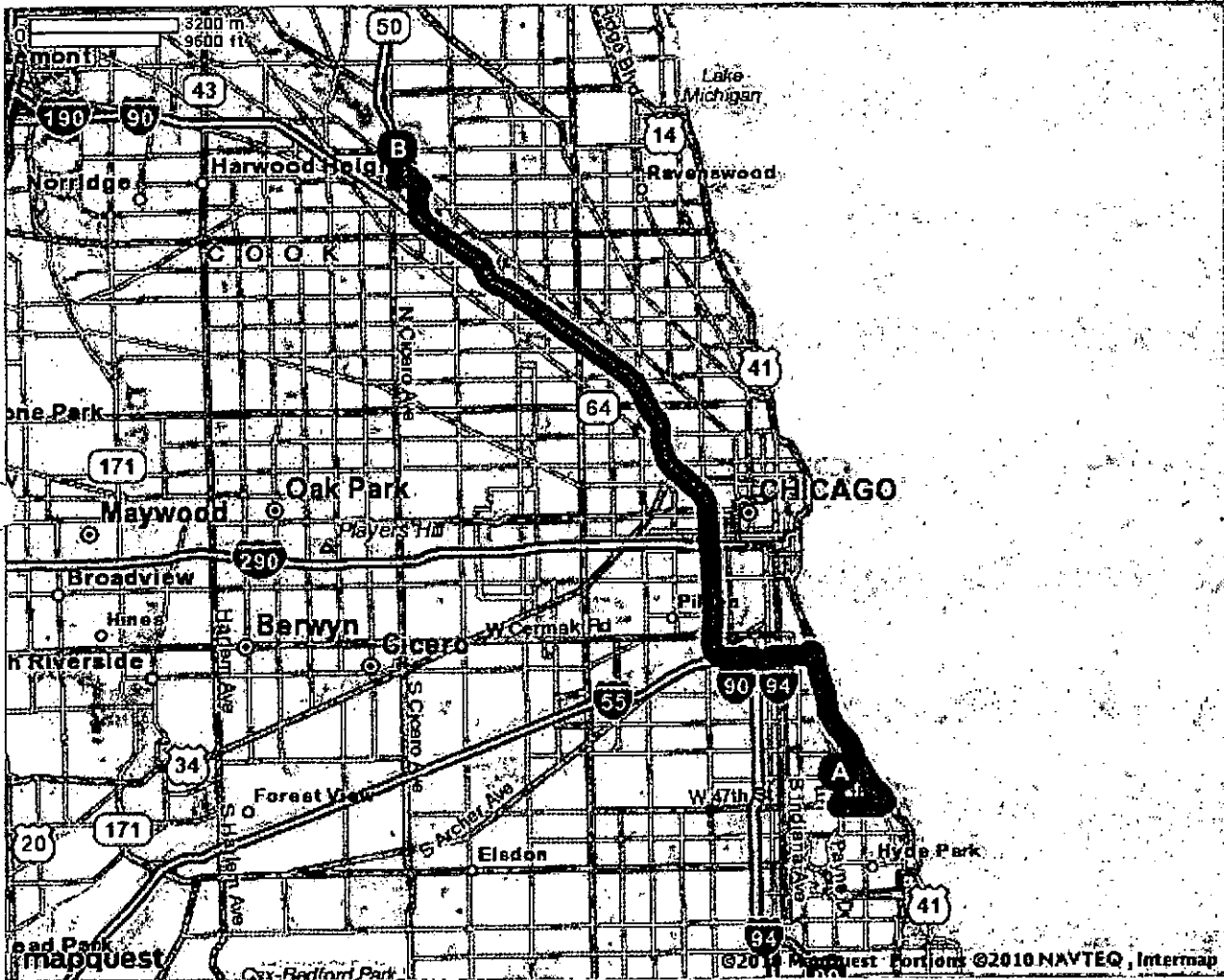
11. 4800 N KILPATRICK AVE is on the RIGHT.

go 0.0 mi

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

Total Travel Estimate : 16.49 miles - about 27 minutes

Route Map Hide



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MAPQUEST.












Trip to 7000 S Pulaski Rd
Chicago, IL 60629-5842
11.73 miles - about 26 minutes

Notes

DaVita - West Lawn

(46)

A 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| <hr/> | | |
|  | 2. Turn RIGHT onto E 47TH ST. | go 1.5 mi |
| <hr/> | | |
|  | 3. Turn LEFT onto S WELLS ST. | go 0.0 mi |
| <hr/> | | |
|   | 4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 3.6 mi |
| <hr/> | | |
|  | 5. Take EXIT 60C toward 79TH ST. | go 0.2 mi |
| <hr/> | | |
|  | 6. Keep RIGHT at the fork in the ramp. | go 0.1 mi |
| <hr/> | | |
|  | 7. Turn SLIGHT LEFT onto S LAFAYETTE AVE. | go 0.0 mi |
| <hr/> | | |
|  | 8. Turn RIGHT onto W 79TH ST. | go 5.0 mi |
| <hr/> | | |
|  | 9. Turn RIGHT onto S PULASKI RD. | go 1.1 mi |
| <hr/> | | |
|  | 10. 7000 S PULASKI RD is on the LEFT. | go 0.0 mi |

B 7000 S Pulaski Rd, Chicago, IL 60629-5842

757



Trip to 4811 W 77th St

Burbank, IL 60459-1586

12.09 miles - about 27 minutes

Notes

FMC - Burbank

47



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST.

go 0.0 mi



2. Turn RIGHT onto E 47TH ST.

go 1.5 mi



3. Turn LEFT onto S WELLS ST.

go 0.0 mi



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

go 3.6 mi



5. Take EXIT 60C toward 79TH ST.

go 0.2 mi



6. Keep RIGHT at the fork in the ramp.

go 0.1 mi



7. Turn SLIGHT LEFT onto S LAFAYETTE AVE.

go 0.0 mi



8. Turn RIGHT onto W 79TH ST.

go 6.0 mi



9. Turn RIGHT onto S CICERO AVE / IL-50.

go 0.4 mi



10. Turn LEFT onto W 76TH ST / W 77TH ST.

go 0.1 mi

759



11. Turn LEFT.

go 0.0 mi



12. Turn RIGHT onto W 77TH ST.

go 0.0 mi



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

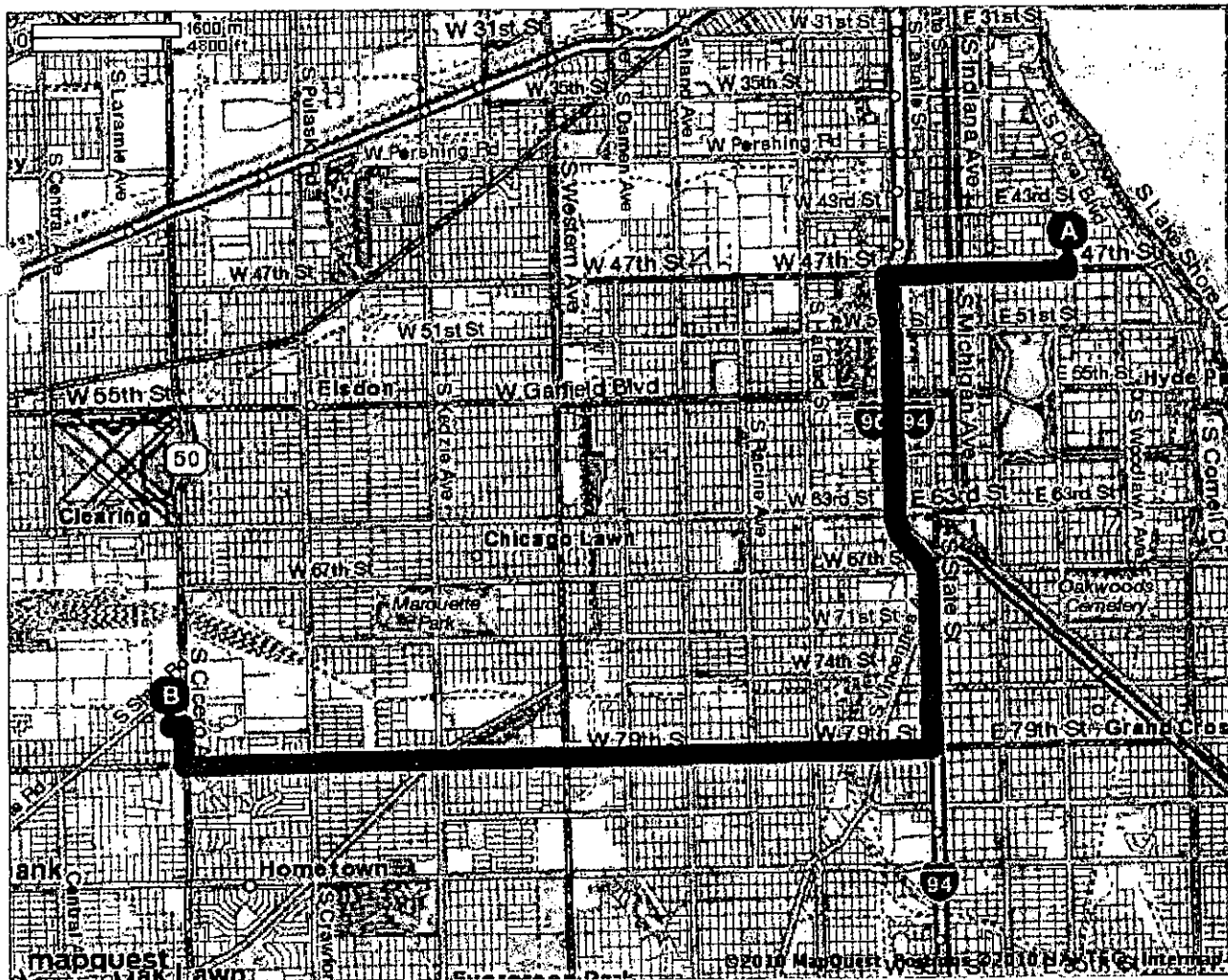
go 0.0 mi



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

Total Travel Estimate : 12.09 miles - about 27 minutes

Route Map [Hide](#)



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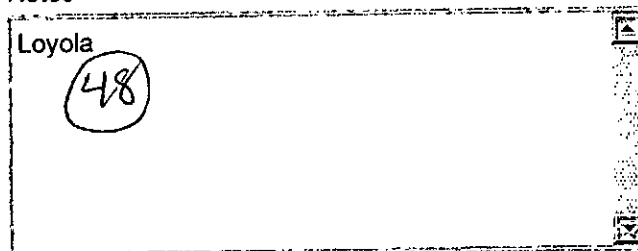
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760

MAPQUEST.

Trip to 1201 W Roosevelt Rd
 Maywood, IL 60153-4046
 18.46 miles - about 28 minutes

Notes



★ 4646 S Drexel Blvd, Chicago, IL 60653-4312

- 
1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**
go 0.0 mi

- 
2. Turn **LEFT** onto **E 47TH ST.**
go 0.8 mi

- 

3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT**.
go 2.6 mi

- 

4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94**.
go 1.4 mi

- 

5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN**.
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 9.9 mi

- 
8. Take the **IL-171 / 1ST AVE** exit, **EXIT 20**.
go 0.1 mi

- 
9. Stay **STRAIGHT** to go onto **HARRISON ST.**
go 0.0 mi

- 

10. Turn **LEFT** onto **IL-171 / S 1ST AVE**.
go 0.5 mi

7.6.1



11. Turn RIGHT onto W ROOSEVELT RD.

go 0.7 mi



12. 1201 W ROOSEVELT RD.

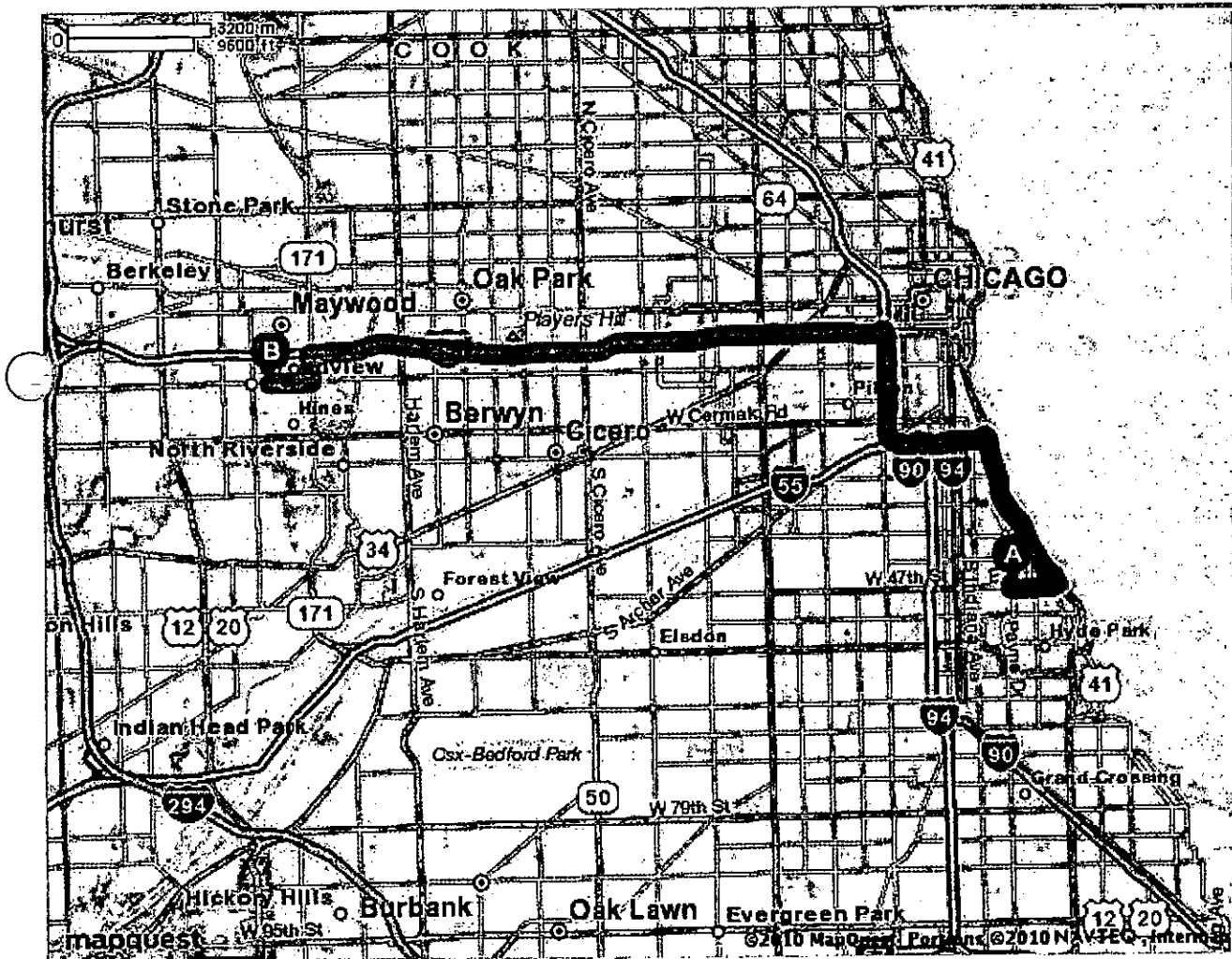
go 0.0 mi



1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate : 18.46 miles - about 28 minutes

Route Map Hide



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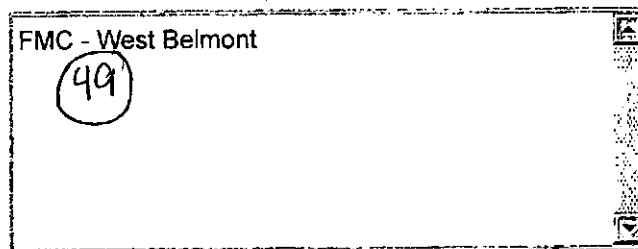
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762


MAPQUEST.


Trip to 4943 W Belmont Ave
Chicago, IL 60641-4332
15.42 miles - about 28 minutes



Notes







A 4646 S Drexel Blvd, Chicago, IL 60653-4312


- 
1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST.
go 0.0 mi


- 
2. Turn LEFT onto E 47TH ST.
go 0.8 mi


- 

3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT.
go 2.6 mi

- 

4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94.
go 1.4 mi

- 

5. Merge onto I-90 W / I-94 W via EXIT 292 toward WISCONSIN.
go 8.0 mi

- 
6. Take the BELMONT AVE exit, EXIT 45C.
go 0.2 mi

- 
7. Turn SLIGHT LEFT onto W BELMONT AVE.
go 2.3 mi

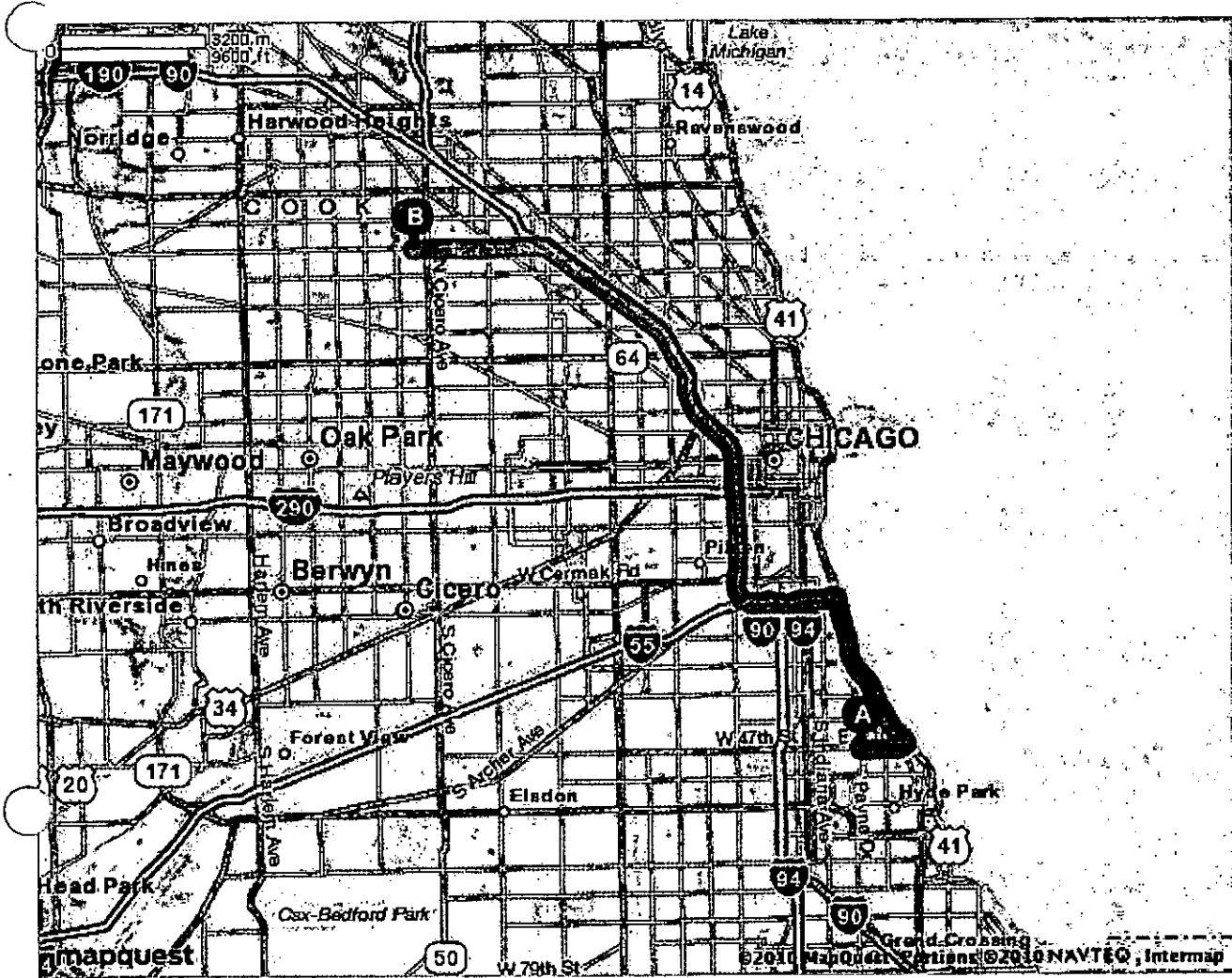
- 
8. 4943 W BELMONT AVE is on the LEFT.
go 0.0 mi

B 4943 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate : 15.42 miles - about 28 minutes

Route Map [Hide](#)

763



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764

MAPQUEST.**Trip to 2601 Harlem Ave**

Berwyn, IL 60402-2100

17.85 miles - about 28 minutes

Notes

RCG - Berwyn

50

**4646 S Drexel Blvd, Chicago, IL 60653-4312**1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**

go 0.0 mi

2. Turn **LEFT** onto **E 47TH ST.**

go 0.8 mi

3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT**.

go 2.6 mi

4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.**

go 1.4 mi

5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

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 8.3 mi

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

go 0.3 mi

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

go 2.1 mi

10. **2601 HARLEM AVE.**

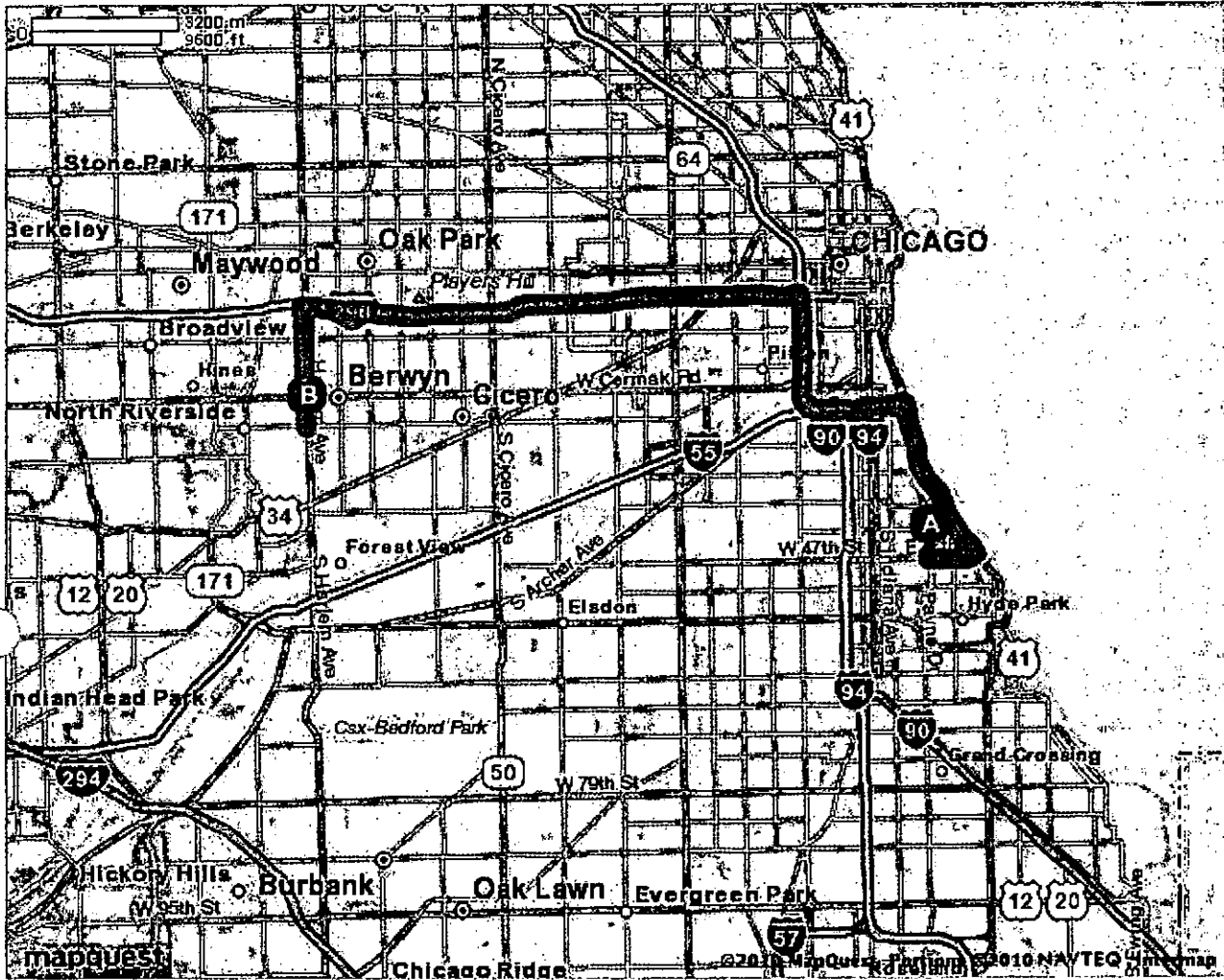
go 0.0 mi

**2601 Harlem Ave, Berwyn, IL 60402-2100**

765

Total Travel Estimate : 17.85 miles - about 28 minutes

Route Map Hide



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766

MAPQUEST.**Trip to 103 Forest Ave**

River Forest, IL 60305-2003

17.34 miles - about 28 minutes

Notes

FMC - River Forest

51

★ 4646 S Drexel Blvd, Chicago, IL 60653-43121. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**

go 0.0 mi

2. Turn **LEFT** onto **E 47TH ST.**

go 0.8 mi

3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT**.

go 2.6 mi

4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.**

go 1.4 mi

5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**

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 8.3 mi

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

go 0.3 mi

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

go 0.7 mi

10. Turn **LEFT** onto **RANDOLPH ST.**

go 0.5 mi

767



11. RANDOLPH ST becomes WASHINGTON BLVD.

go 0.3 mi



12. Turn LEFT onto FOREST AVE.

go 0.1 mi



13. 103 FOREST AVE is on the LEFT.

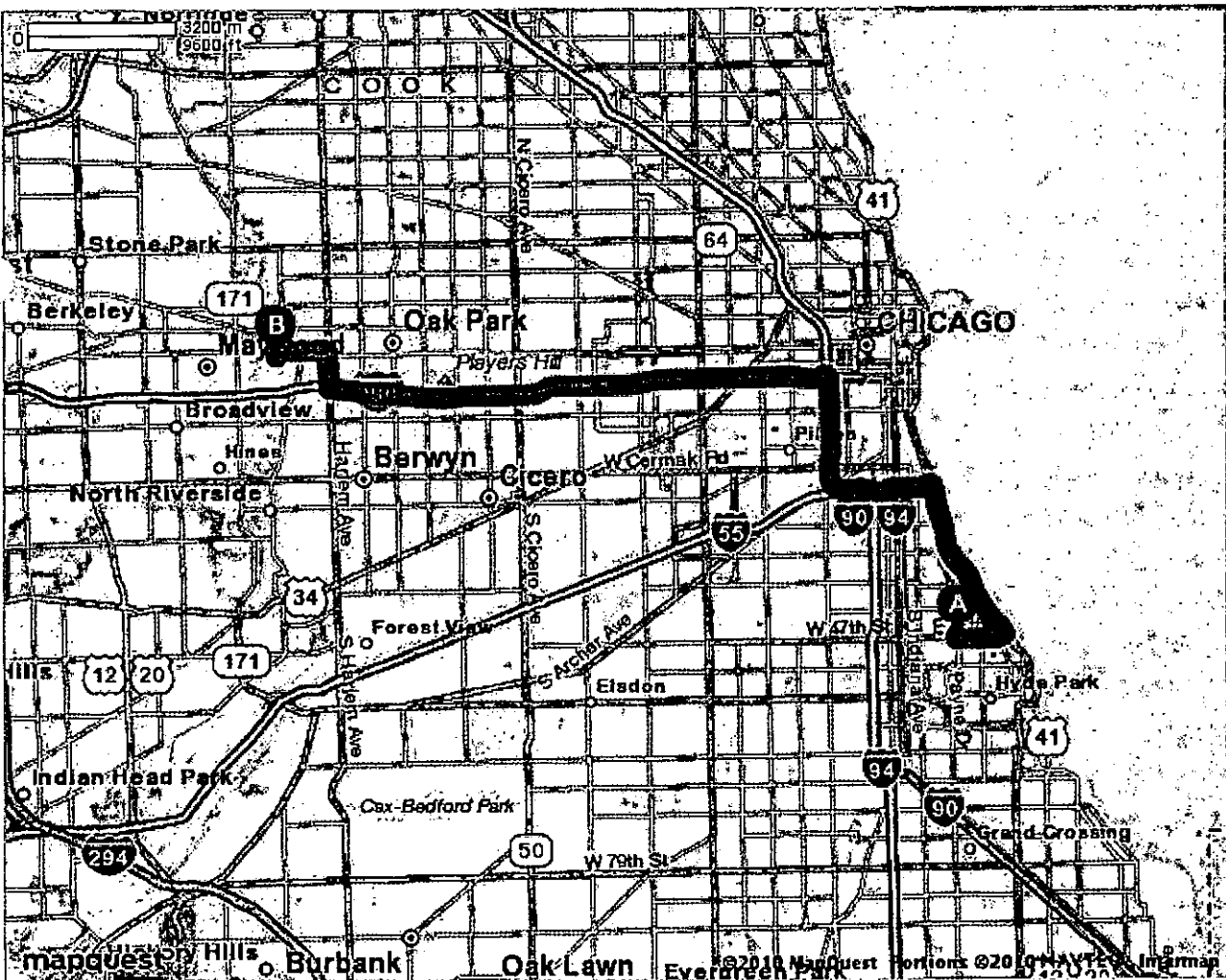
go 0.0 mi



103 Forest Ave, River Forest, IL 60305-2003

Total Travel Estimate : 17.34 miles - about 28 minutes

Route Map [Hide](#)



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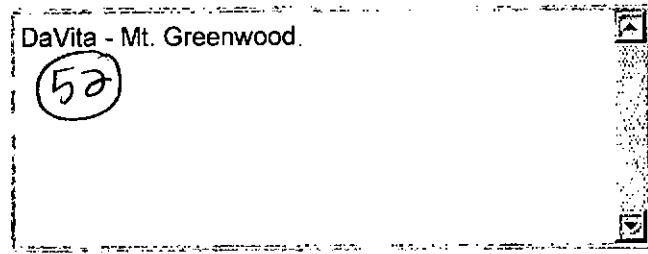
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768

MAPQUEST.

Trip to 3401 W 111th St
Chicago, IL 60655-3329
13.47 miles - about 26 minutes

Notes



 **4646 S Drexel Blvd, Chicago, IL 60653-4312**



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **RIGHT** onto **E 47TH ST.** go 1.5 mi



3. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



4. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 6.2 mi



5. Merge onto **I-57 S** via **EXIT 63** toward **MEMPHIS.** go 2.9 mi



6. Take the **111TH ST** exit, **EXIT 355.** go 0.3 mi



7. Turn **RIGHT** onto **W 111TH ST.** go 0.1 mi



8. Turn **LEFT** onto **S VINCENNES AVE.** go 0.2 mi



9. Turn **RIGHT** onto **W MONTEREY AVE.** go 0.3 mi



10. **W MONTEREY AVE** becomes **W 111TH ST.** go 1.8 mi

769

END

11. 3401 W 111TH ST is on the LEFT.

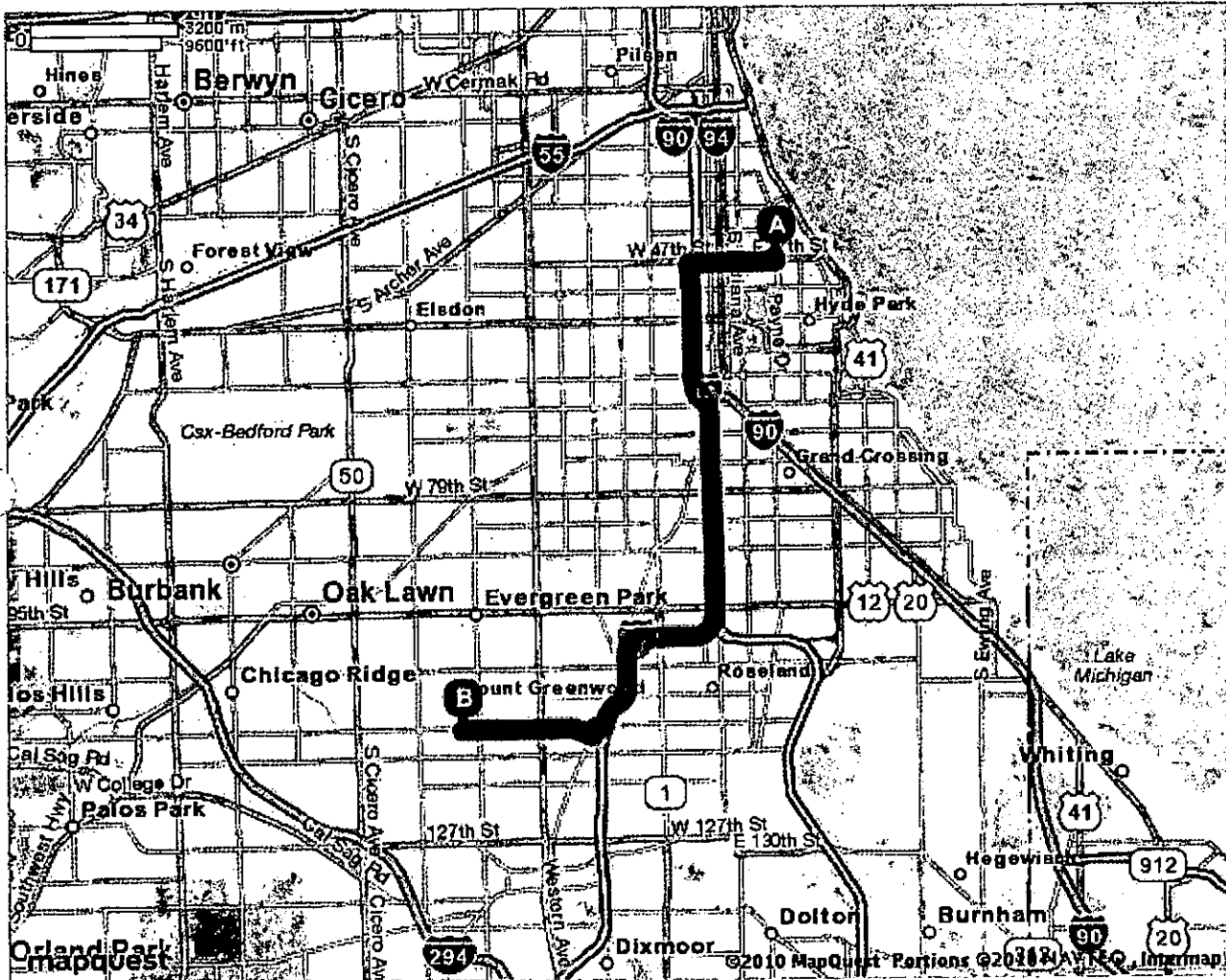
go 0.0 mi



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

Total Travel Estimate : 13.47 miles - about 26 minutes

Route Map [Hide](#)



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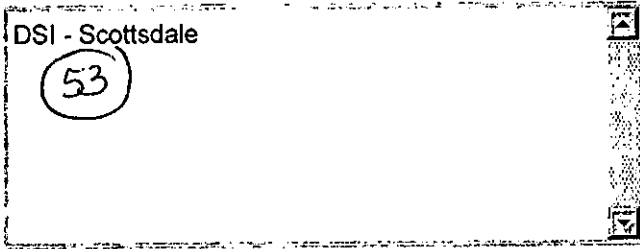
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770

MAPQUEST.

Trip to 4651 W 79th St
Chicago, IL 60652-1186
11.65 miles - about 26 minutes

Notes



A 4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **RIGHT** onto **E 47TH ST.** go 1.5 mi



3. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



4. Merge onto **I-94 E / DAN RYAN EXPY E** via the ramp on the **LEFT.** go 3.6 mi



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



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



7. Turn **SLIGHT LEFT** onto **S LAFAYETTE AVE.** go 0.0 mi



8. Turn **RIGHT** onto **W 79TH ST.** go 5.9 mi



9. Make a **U-TURN** onto **W 79TH ST.** go 0.1 mi



10. **4651 W 79TH ST** is on the **RIGHT.** go 0.0 mi

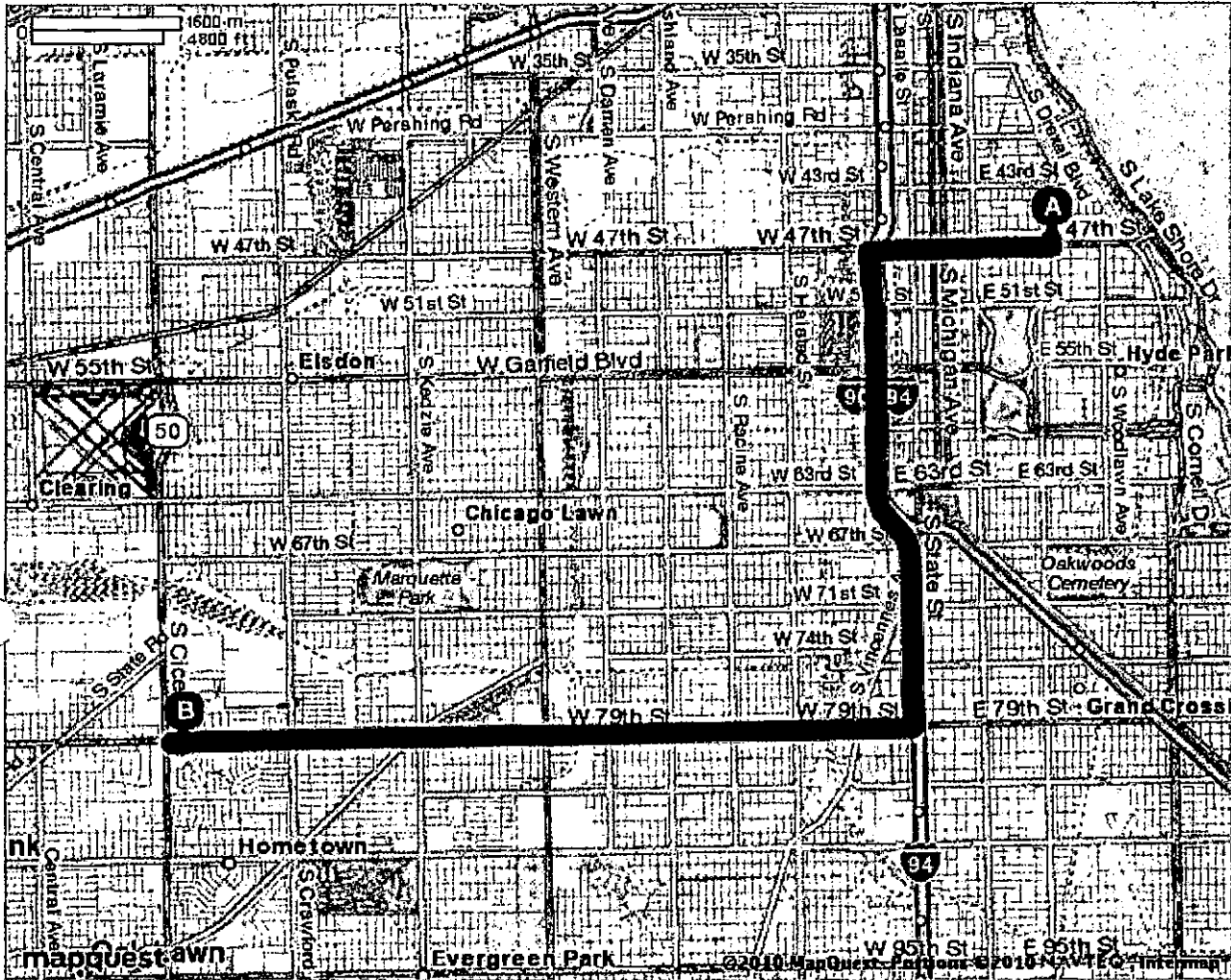
B

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

771

Total Travel Estimate : 11.65 miles - about 26 minutes

Route Map Hide



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772



MAPQUEST.

Trip to 5140 N California Ave
 Chicago, IL 60625-3645
 16.12 miles - about 30 minutes

Notes

Nephron Dialysis

(54)



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **LEFT** onto **E 47TH ST.** go 0.8 mi



3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.** go 2.6 mi



4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.** go 1.4 mi



5. Merge onto **I-90 W / I-94 W** via **EXIT 292** toward **WISCONSIN.** go 8.0 mi



6. Take the **BELMONT AVE** exit, **EXIT 45C.** go 0.2 mi



7. Turn **SLIGHT RIGHT** onto **N KEDZIE AVE.** go 2.0 mi



8. Turn **RIGHT** onto **W LAWRENCE AVE.** go 0.5 mi



9. Turn **LEFT** onto **N CALIFORNIA AVE.** go 0.4 mi



10. **5140 N CALIFORNIA AVE.** go 0.0 mi

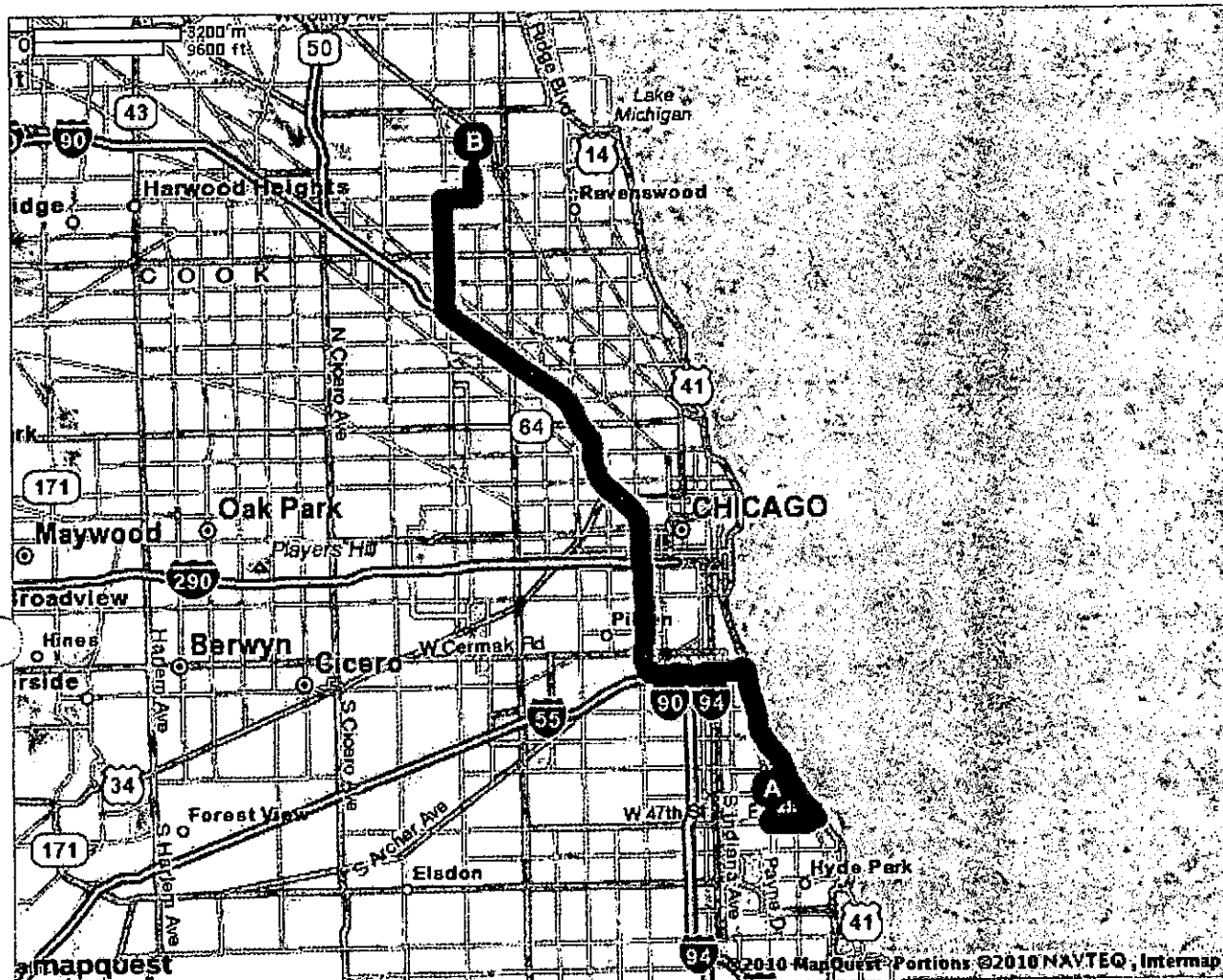


5140 N California Ave, Chicago, IL 60625-3645

773

Total Travel Estimate : 16.12 miles - about 30 minutes

Route Map [Hide](#)



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MAPQUEST.







Trip to 7301 N Lincoln Ave
Lincolnwood, IL 60712-1709
19.90 miles - about 30 minutes

Notes

Center for Renal Replacement

55

A 4646 S Drexel Blvd, Chicago, IL 60653-4312

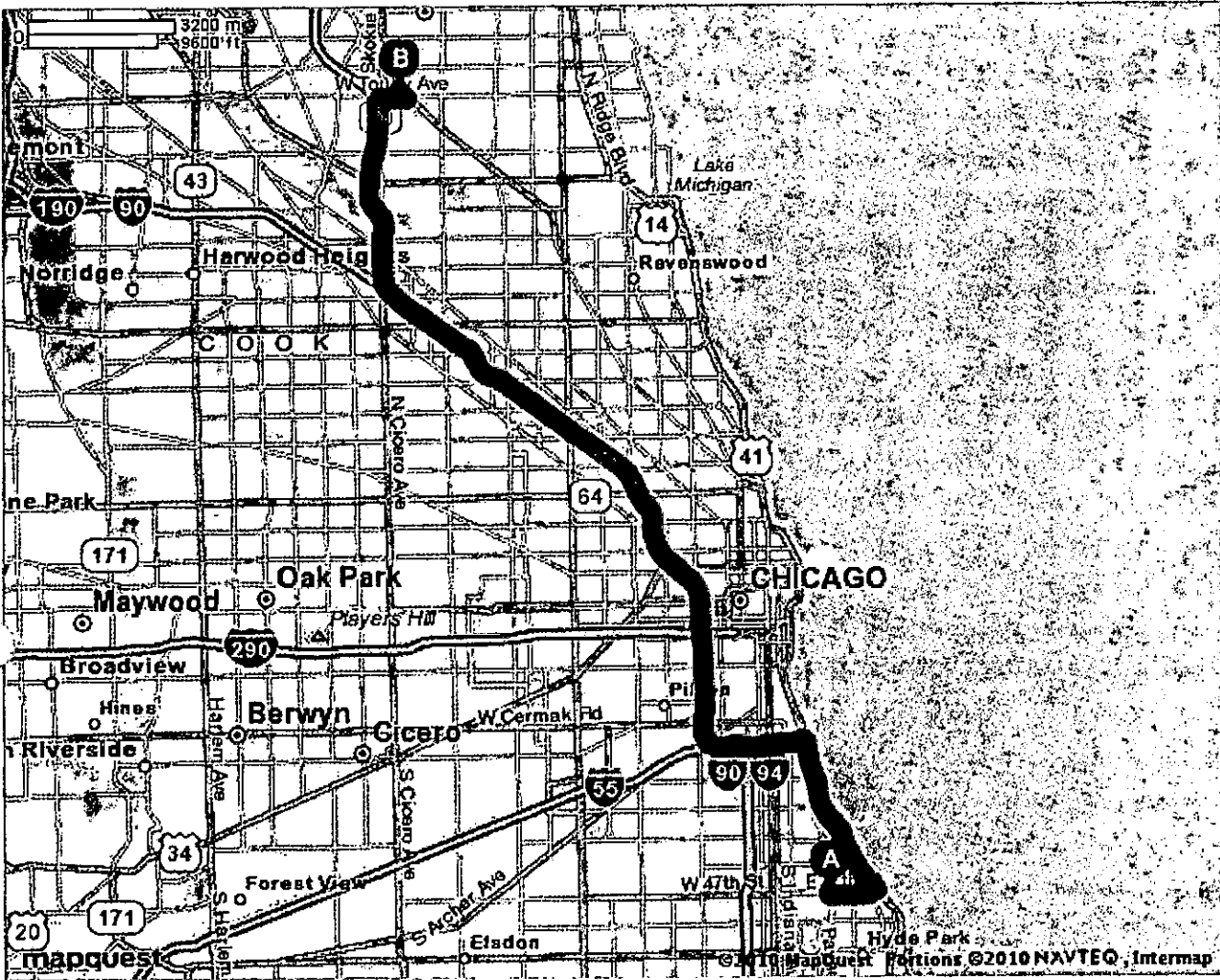
- | | | |
|---|--|------------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
|  | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
|  | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
|  | 5. Merge onto I-94 W via EXIT 292 toward WISCONSIN. | go 14.0 mi |
|  | 6. Take EXIT 39B toward EAST TOUHY AVE. | go 0.3 mi |
|  | 7. Keep LEFT at the fork to go on N CICERO AVE / IL-50. | go 0.1 mi |
|  | 8. Turn RIGHT onto W TOUHY AVE. | go 0.4 mi |
|  | 9. Turn SHARP LEFT onto N LINCOLN AVE / US-41. | go 0.2 mi |
|  | 10. 7301 N LINCOLN AVE is on the RIGHT. | go 0.0 mi |

B 7301 N Lincoln Ave, Lincolnwood, IL 60712-1709

775

Total Travel Estimate : 19.90 miles - about 30 minutes

Route Map Hide



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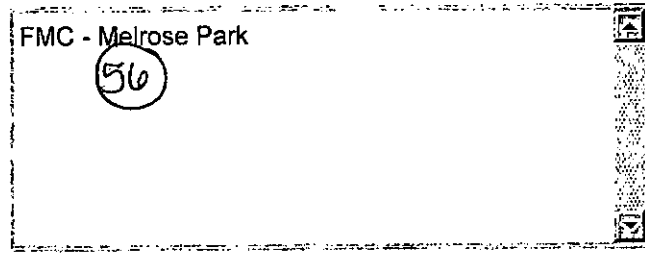
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MAPQUEST.


Trip to 1111 Superior St
Melrose Park, IL 60160-4138
19.19 miles - about 30 minutes



Notes







4646 S Drexel Blvd, Chicago, IL 60653-4312


- 
1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**
go 0.0 mi



- 
2. Turn **LEFT** onto **E 47TH ST.**
go 0.8 mi


- 

3. Merge onto **US-41 N / S LAKE SHORE DR** via the ramp on the **LEFT.**
go 2.6 mi


- 

4. Merge onto **I-55 S / STEVENSON EXPY S** toward **I-90 / ST LOUIS / I-94.**
go 1.4 mi



- 

5. Merge onto **I-90 W / I-94 W / DAN RYAN EXPY W** via **EXIT 292** toward **WISCONSIN.**
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 9.9 mi

- 
8. Take the **IL-171 / 1ST AVE** exit, **EXIT 20.**
go 0.1 mi

- 
9. Stay **STRAIGHT** to go onto **HARRISON ST.**
go 0.0 mi

- 

10. Turn **RIGHT** onto **S 1ST AVE / IL-171.**
go 1.2 mi

777



11. Turn LEFT onto LAKE ST.

go 0.7 mi



12. Turn RIGHT onto N 11TH AVE.

go 0.0 mi



13. Turn LEFT onto SUPERIOR ST.

go 0.0 mi



14. 1111 SUPERIOR ST is on the LEFT.

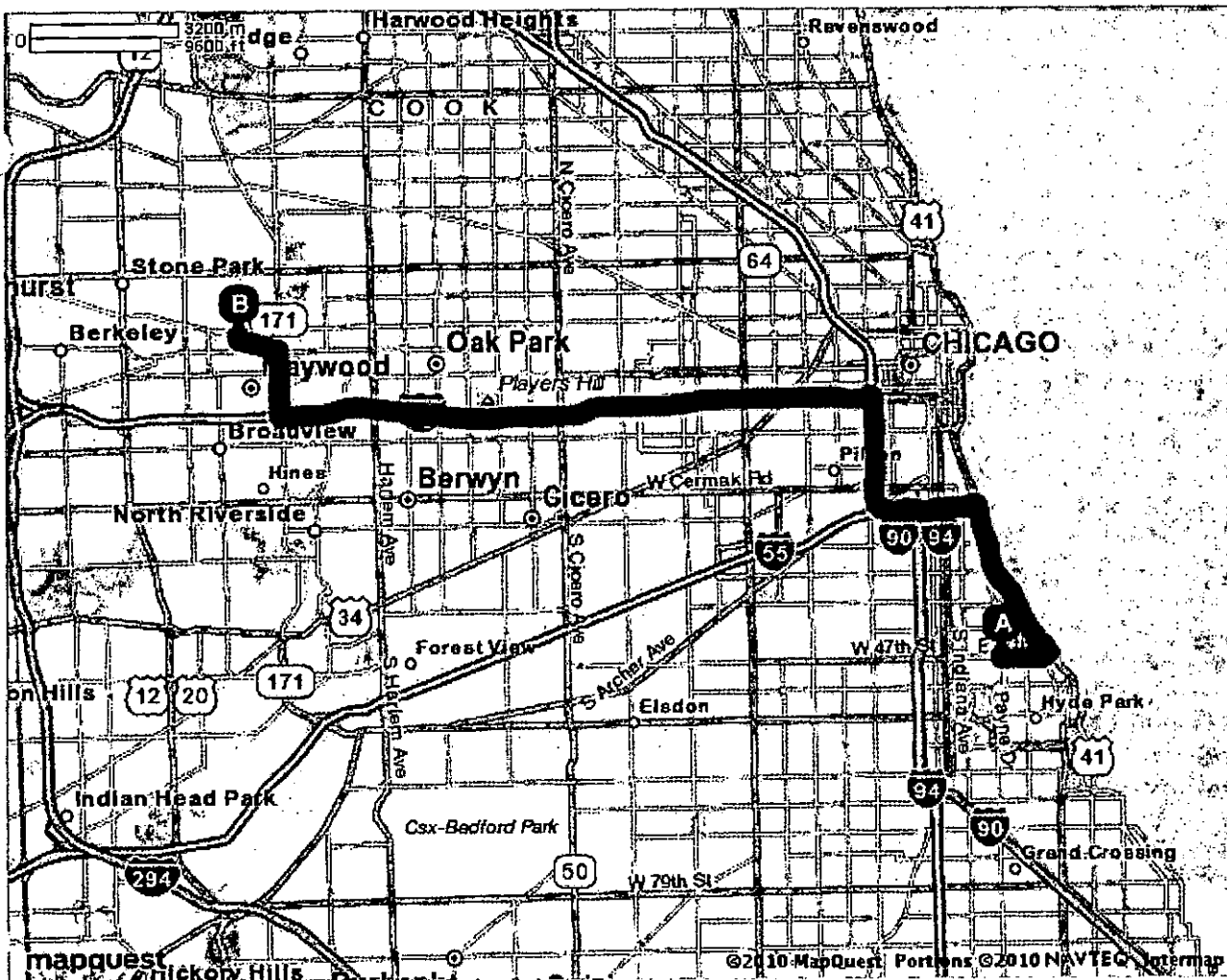
go 0.0 mi



1111 Superior St, Melrose Park, IL 60160-4138

Total Travel Estimate : 19.19 miles - about 30 minutes

Route Map [Hide](#)



778



MAPQUEST.

Trip to 7435 W Talcott Ave
 Chicago, IL 60631-3707
 19.80 miles - about 30 minutes

Notes

Resurrection Medical Center

51

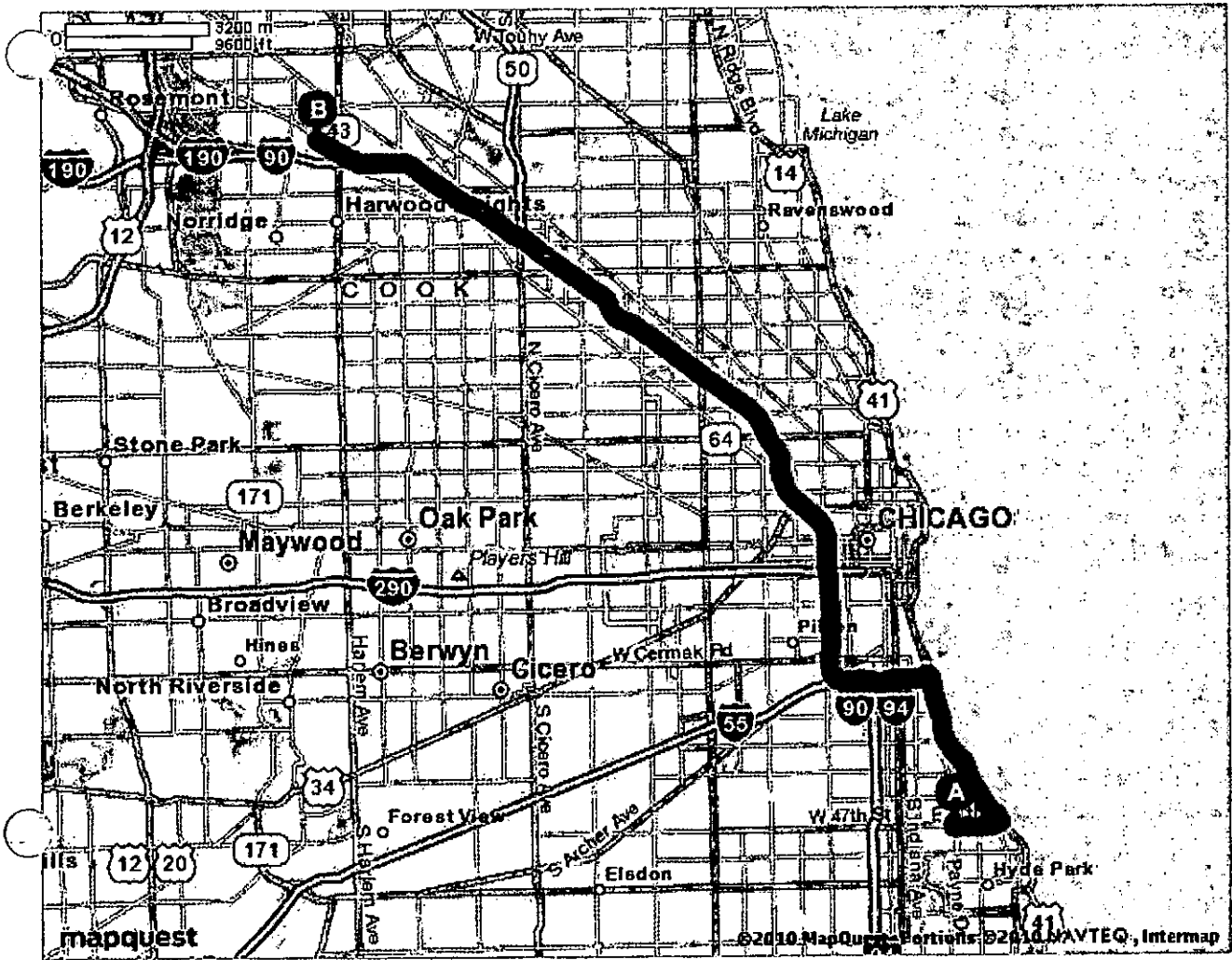
A 4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|---|------------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
| | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT. | go 2.6 mi |
| | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94. | go 1.4 mi |
| | 5. Merge onto I-90 W / I-94 W via EXIT 292 toward WISCONSIN. | go 10.7 mi |
| | 6. Keep LEFT to take I-90 W / KENNEDY EXPY W via EXIT 43B toward O'HARE-ROCKFORD. | go 3.2 mi |
| | 7. Take EXIT 81B toward SAYRE AVE. | go 0.2 mi |
| | 8. Stay STRAIGHT to go onto W TALCOTT AVE. | go 0.8 mi |
| | 9. 7435 W TALCOTT AVE is on the LEFT. | go 0.0 mi |

B 7435 W Talcott Ave, Chicago, IL 60631-3707
 Total Travel Estimate : 19.80 miles - about 30 minutes

Route Map [Hide](#)

779



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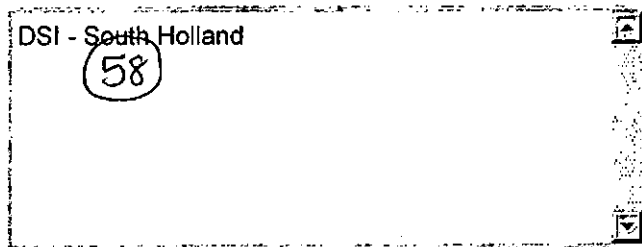
780



MAPQUEST.

Trip to 16136 S Park Ave
South Holland, IL 60473-1511
19.01 miles - about 28 minutes

Notes



A **4646 S Drexel Blvd, Chicago, IL 60653-4312**



1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.** go 0.0 mi



2. Turn **RIGHT** onto **E 47TH ST.** go 1.5 mi



3. Turn **LEFT** onto **S WELLS ST.** go 0.0 mi



4. Merge onto **I-94 E** via the ramp on the **LEFT.** go 16.0 mi



5. Merge onto **US-6 W / E 162ND ST** via **EXIT 73A.** go 1.4 mi



6. Turn **RIGHT** onto **S PARK AVE.** go 0.0 mi



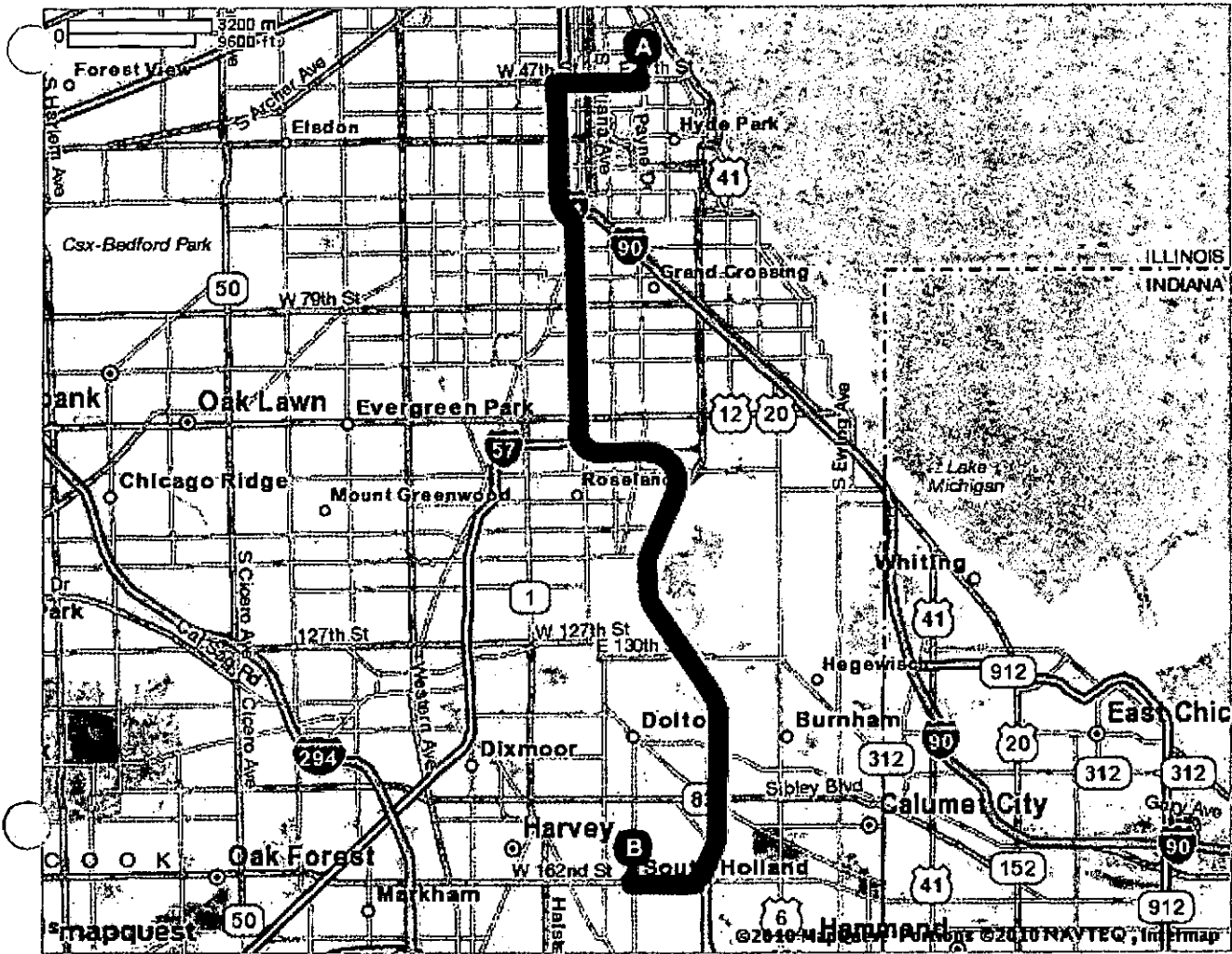
7. **16136 S PARK AVE** is on the **LEFT.** go 0.0 mi

B **16136 S Park Ave, South Holland, IL 60473-1511**

Total Travel Estimate : 19.01 miles - about 28 minutes

Route Map [Hide](#)

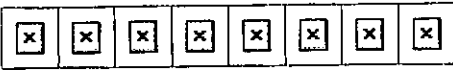
781



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MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

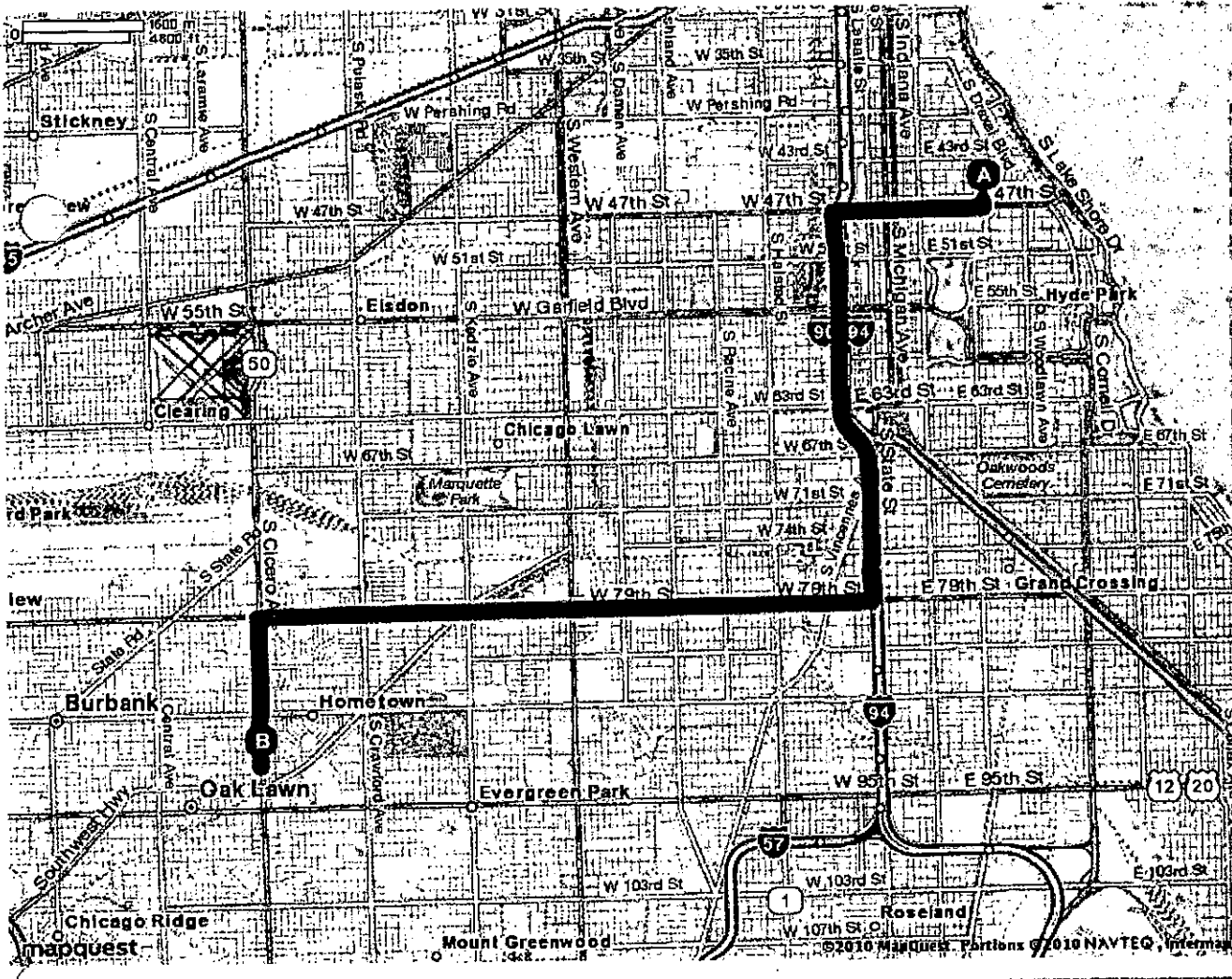
A Starting Location

4646 S Drexel Blvd
Chicago, IL 60653-4312

B Ending Location

9115 S Cicero Ave
Oak Lawn, IL 60453-1895

Total Travel Estimate: 29 minutes / 13.16 miles Fuel Cost: [Calculate](#)



A 4646 S Drexel Blvd [Edit](#)

783

Chicago, IL 60653-4312

- 
1. Start out going **SOUTH** on **S DREXEL BLVD** toward **E 47TH ST.**
0.1 mi

- 
2. Turn **RIGHT** onto **E 47TH ST.**
1.5 mi

- 
3. Turn **LEFT** onto **S WELLS ST.**
0.1 mi

- 

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

- 
5. Take **EXIT 60C** toward **79TH ST.**
0.2 mi

- 
6. Keep **RIGHT** at the fork in the ramp.
0.1 mi

- 
7. Turn **SLIGHT LEFT** onto **S LAFAYETTE AVE.**
0.0 mi

- 
8. Turn **RIGHT** onto **W 79TH ST.**
6.0 mi

- 

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

- 
10. **9115 S CICERO AVE** is on the **LEFT.**

B **9115 S Cicero Ave** [Edit](#)
Oak Lawn, IL 60453-1895

Total Travel Estimate: **29 minutes** / **13.16 miles** Fuel Cost: [Calculate](#)

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784



Trip to 911 W North Ave
Melrose Park, IL 60160-1516
20.32 miles - about 32 minutes











Notes



FMC - North Avenue Dialysis



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|---|---|-----------|
|  | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
|  | 2. Turn LEFT onto E 47TH ST. | go 0.8 mi |
|  | 3. Merge onto US-41 N / S LAKE SHORE DR via the ramp on the LEFT . | go 2.6 mi |
|  | 4. Merge onto I-55 S / STEVENSON EXPY S toward I-90 / ST LOUIS / I-94 . | go 1.4 mi |
|  | 5. Merge onto I-90 W / I-94 W / DAN RYAN EXPY W via EXIT 292 toward WISCONSIN . | 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 9.9 mi |
|  | 8. Take the IL-171 / 1ST AVE exit, EXIT 20 . | go 0.1 mi |
|  | 9. Stay STRAIGHT to go onto HARRISON ST . | go 0.0 mi |
|  | 10. Turn RIGHT onto S 1ST AVE / IL-171 . | go 2.5 mi |

785



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

go 0.5 mi



12. 911 W NORTH AVE is on the RIGHT.

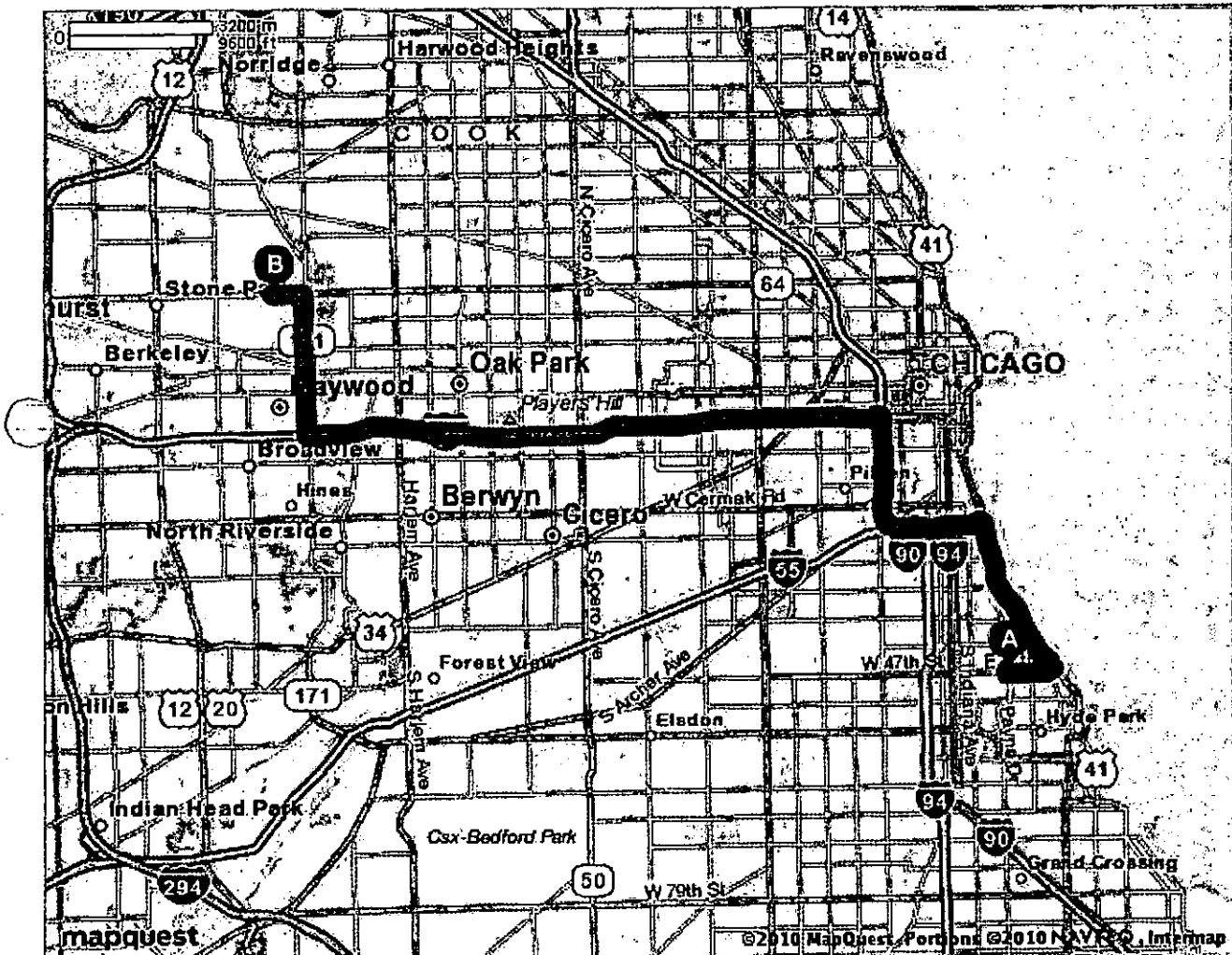
go 0.0 mi



911 W North Ave, Melrose Park, IL 60160-1516

Total Travel Estimate : 20.32 miles - about 32 minutes

Route Map [Hide](#)



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786



MAPQUEST.

Trip to 12250 S Cicero Ave
Alsip, IL 60803-2946
17.50 miles - about 32 minutes

Notes

FMC - Alsip

61



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|-------|--|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| <hr/> | | |
| | 2. Turn RIGHT onto E 47TH ST. | go 1.5 mi |
| <hr/> | | |
| | 3. Turn LEFT onto S WELLS ST. | go 0.0 mi |
| <hr/> | | |
| | 4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 6.2 mi |
| <hr/> | | |
| | 5. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 5.0 mi |
| <hr/> | | |
| | 6. Take EXIT 353 toward 127TH ST / BURR OAK AVE. | go 0.2 mi |
| <hr/> | | |
| | 7. Stay STRAIGHT to go onto S PAULINA ST. | go 0.0 mi |
| <hr/> | | |
| | 8. Turn RIGHT onto W 127TH ST / W BURR OAK AVE.
Continue to follow W 127TH ST. | go 3.9 mi |
| <hr/> | | |
| | 9. Turn RIGHT onto IL-50 N / S CICERO AVE. | go 0.6 mi |
| <hr/> | | |
| | 10. 12250 S CICERO AVE is on the LEFT. | go 0.0 mi |

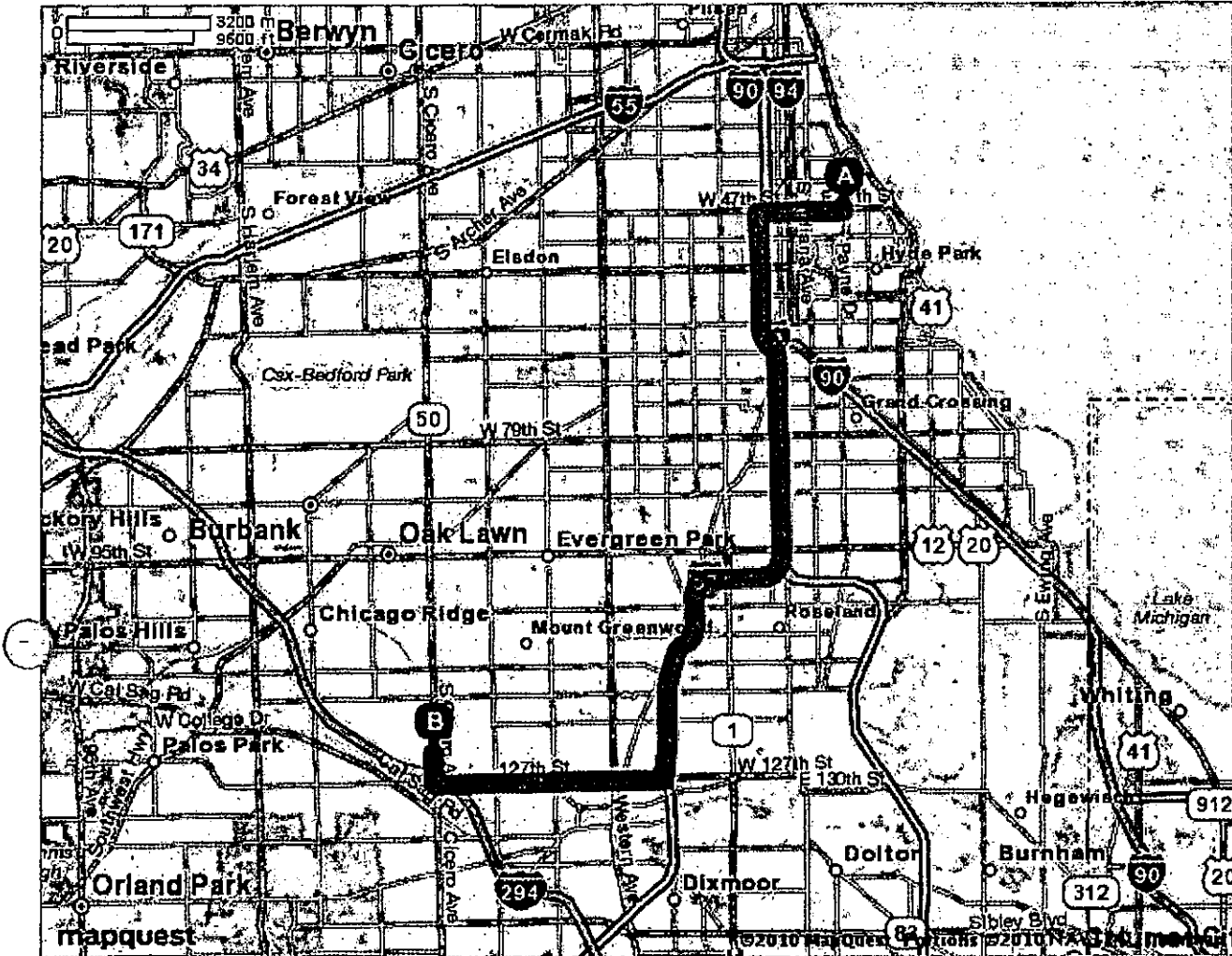


12250 S Cicero Ave, Alsip, IL 60803-2946

787

Total Travel Estimate : 17.50 miles - about 32 minutes

Route Map [Hide](#)



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788



MAPQUEST.

Trip to 4861 Cal Sag Rd
Crestwood, IL 60445-4415
17.61 miles - about 32 minutes

Notes

RCG - Crestwood

(62)



4646 S Drexel Blvd, Chicago, IL 60653-4312

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. | go 0.0 mi |
| | 2. Turn RIGHT onto E 47TH ST. | go 1.5 mi |
| | 3. Turn LEFT onto S WELLS ST. | go 0.0 mi |
| | 4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. | go 6.2 mi |
| | 5. Merge onto I-57 S via EXIT 63 toward MEMPHIS. | go 5.0 mi |
| | 6. Take EXIT 353 toward 127TH ST / BURR OAK AVE. | go 0.2 mi |
| | 7. Stay STRAIGHT to go onto S PAULINA ST. | go 0.0 mi |
| | 8. Turn RIGHT onto W 127TH ST / W BURR OAK AVE.
Continue to follow W 127TH ST. | go 3.9 mi |
| | 9. Turn LEFT onto IL-50 S / S CICERO AVE / IL-83 S. | go 0.6 mi |
| | 10. Turn SLIGHT RIGHT onto CAL SAG RD. | go 0.1 mi |

789

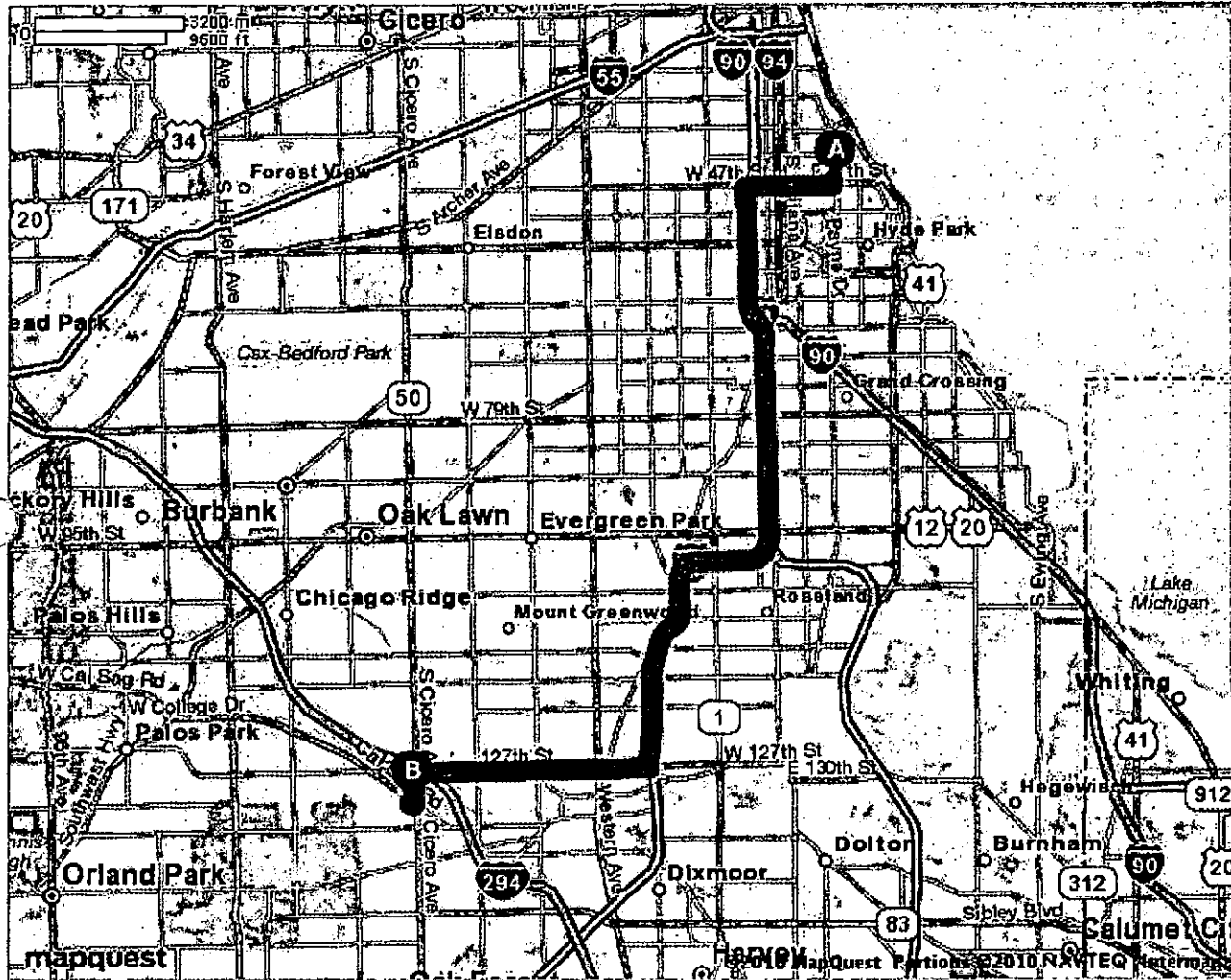
END

11. 4861 CAL SAG RD is on the LEFT.

go 0.0 mi

B 4861 Cal Sag Rd, Crestwood, IL 60445-4415
Total Travel Estimate : 17.61 miles - about 32 minutes

Route Map [Hide](#)



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790



MAPQUEST.

Trip to 3053-3055 W 159th St
Markham, IL 60428-4003
19.55 miles - about 29 minutes

Notes

DSI - Markham

(123)



4646 S Drexel Blvd, Chicago, IL 60653-4312



1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST. go 0.0 mi



2. Turn RIGHT onto E 47TH ST. go 1.5 mi



3. Turn LEFT onto S WELLS ST. go 0.0 mi



4. Merge onto I-94 E / DAN RYAN EXPY E via the ramp on the LEFT. go 6.2 mi



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



6. Merge onto W 159TH ST / US-6 E via EXIT 348. go 1.7 mi



7. 3053-3055 W 159TH ST is on the RIGHT. go 0.0 mi

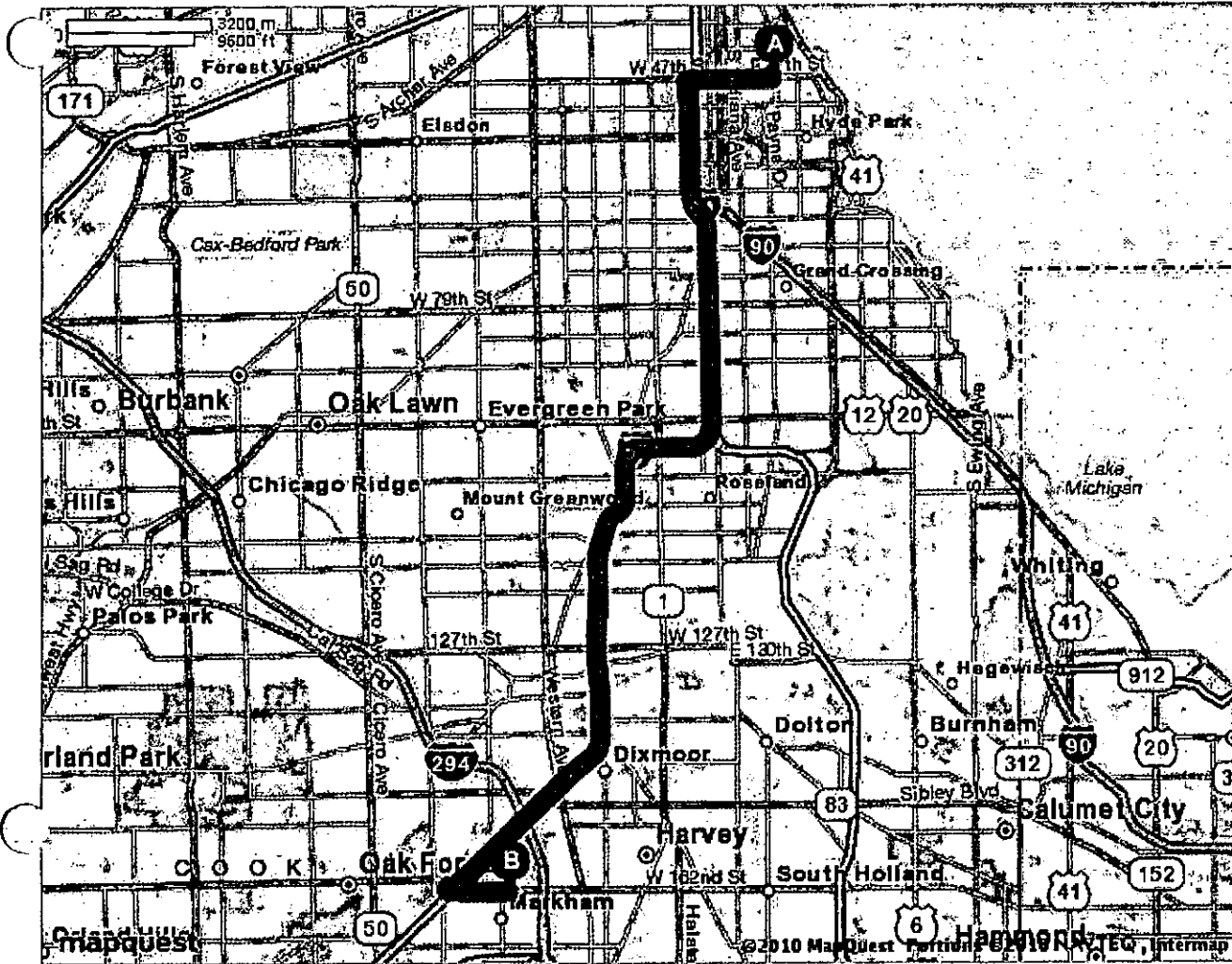


3053-3055 W 159th St, Markham, IL 60428-4003

Total Travel Estimate : 19.55 miles - about 29 minutes

Route Map [Hide](#)

791



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792



Notes

FMC - South Deering

#63

Trip to:

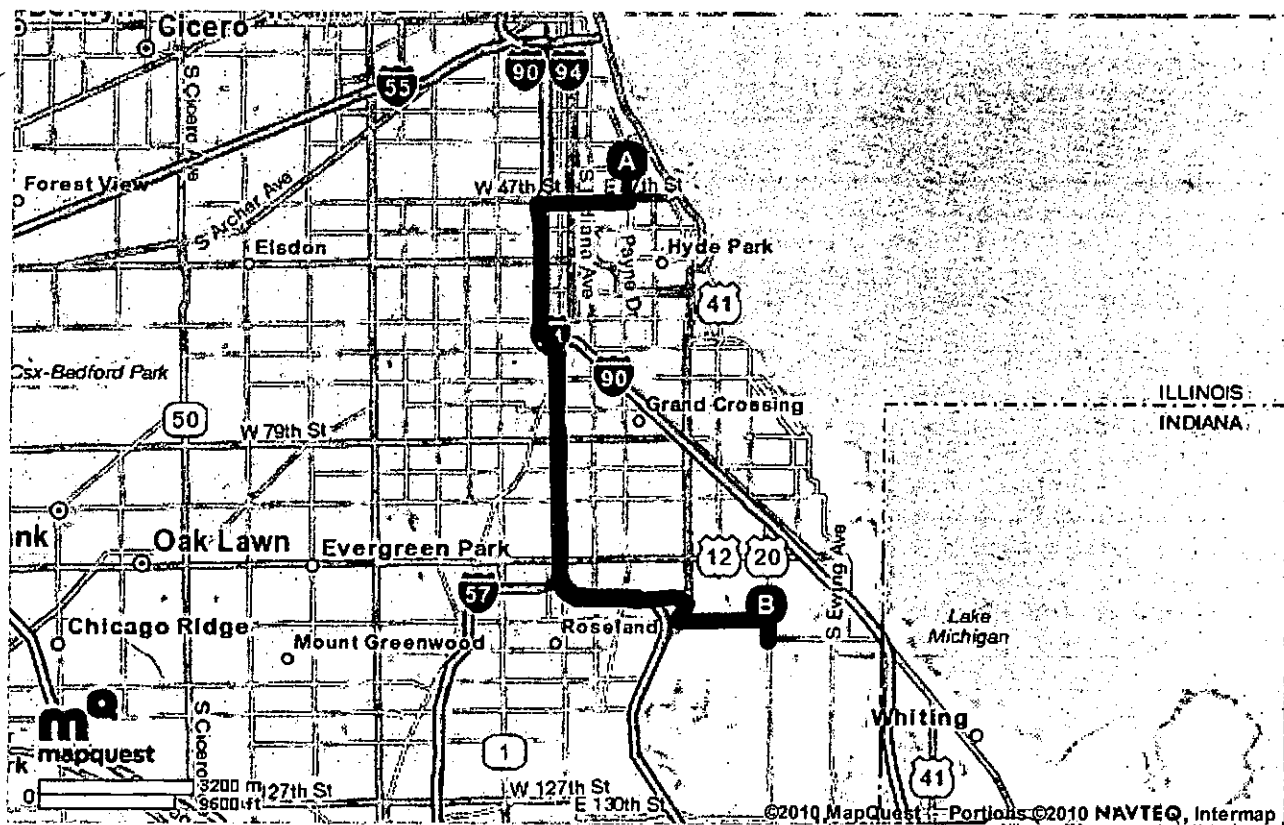
10559 S Torrence Ave
Chicago, IL 60617-6154

12.31 miles
22 minutes

		Miles Per Section	Miles Driven
A	4650 S Drexel Blvd Chicago, IL 60653-4312		
●	1. Start out going SOUTH on S DREXEL BLVD toward E 47TH ST.	Go 0.06 Mi	0.06 mi
➔	2. Take the 1st RIGHT onto E 47TH ST. <i>If you reach E 48TH ST you've gone about 0.1 miles too far</i>	Go 1.5 Mi	1.5 mi
➔	3. Turn LEFT onto S WELLS ST. <i>S WELLS ST is just past S WENTWORTH AVE</i>	Go 0.05 MI	1.6 mi
➔	4. Merge onto I-94 E via the ramp on the LEFT.	Go 7.6 Mi	9.1 mi
➔	5. Take the STONY ISLAND AVE exit, EXIT 65, toward 95TH-103RD STS.	Go 0.8 Mi	9.9 mi
	6. Take the 103RD ST ramp.	Go 0.6 MI	10.5 mi
➔	7. Turn LEFT onto E 103RD ST. <i>If you reach S STONY ISLAND EXT you've gone about 0.1 miles too far</i>	Go 1.4 MI	12.0 mi
➔	8. Turn RIGHT onto S TORRENCE AVE. <i>S TORRENCE AVE is just past S HOXIE AVE</i>	Go 0.4 Mi	12.3 mi
●	9. 10559 S TORRENCE AVE is on the LEFT. <i>Your destination is 0.1 miles past E 105TH ST</i> <i>If you reach E 106TH ST you've gone a little too far</i>	Go 0.01 Mi	12.3 mi
B	10559 S Torrence Ave Chicago, IL 60617-6154	12.3 mi	12.3 mi

Total Travel Estimate: 12.31 miles - about 22 minutes

793



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794